

John Marshall Holland MA MSc

# Children and the Impact of Parental Death

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## Abstract

The main aim of the study was to gain an insight into the experiences of children bereaved of a parent, with particular reference to their experiences at school. The research was by interviews and questionnaires and investigated the experiences of *seventy adult subjects* bereaved of a parent when children.

The study also sought to explore whether children's experiences differed from adults, and the adult-based models of grieving. The main differences appear to be in the areas of information, control and understanding. There were collateral losses, including economic effects, as some moved house and surviving parents had new relationships.

Children attending the chapel of rest and funeral were generally positive about the experience, whilst most of those excluded felt regret.

Many reported feelings of isolation both at school and home, and spoke to nobody about the death. None of the subjects reported that school helped them prepare for the bereavement. Most considered that school did nothing to help them after the death. The majority found teachers difficult to approach.

Five types of losses were identified: 'A' loss being based on attachment and separation; 'B' loss is based on the cognitive and experiential stage of the child; 'C' loss on the collateral losses; 'D' loss or delayed losses are those only appreciated in later life; and 'E' losses relating to the loss of future expectations.

Suggestions as to how schools could help included a 'listening-ear', and acknowledging their loss, as well as counselling and loss education in schools.

Sixty-one per cent reported long term difficulties, including depression and effects on their own relationships. Thirteen per cent of the subjects reported that the experience of the death had made them more independent.

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Some achieved 'normality' faster' than predicted by traditional models, although had difficulties beyond the usual time period.

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## **Introduction**

### **The reasons for this study**

This section introduces the concept of the study, and the reasons why I began the research. The main aim of the study was to gain an insight into the experiences of children bereaved of a parent, with particular reference to their experiences at school. The research was retrospective and it was intended to provide unique data on children's experiences of parental bereavement. I wanted to gain a greater insight into the experiences of these children, with the intention of improving things for contemporary children having the sad experience of a parent dying, especially in the context of school. One thrust of the study was to gather data with the intention of evaluating whether or not the traditional models of grieving could be applied to children. Within the period of their grieving after a death of a parent, how were children affected, in the short, medium and long-term. There was no equivalent data on this particular aspect of childhood grieving and this research was unique. A second drive of the study was to attempt to identify the particular strategies that either helped or hindered the grieving processes of these children. There are packages of interventions available to help bereaved children, which seem to not be based on detailed retrospective research, rather grounded in the adult models of grieving. Were any interventions used to help support bereaved children in school, and did they help? The past childhood experiences of the adult subjects could help to inform schools as to how they could effectively support contemporary bereaved children. In this way the research could be of practical application, providing evidence on which interventions could be based, and once again also providing unique data. There are ethical issues in relation to researching grieving children, which do not apply in the same

to adults having hopefully come to terms with their loss. This was avoided by researching the past experiences of adults when they were children.

The third main thrust of the study was to generate data on the general experience of children with regard to parental bereavement. Examples of these issues included whether children perceive that they have any power in the process, and whether their grieving is facilitated, and if so, by whom.

The research was a survey by means of both interviews and a questionnaire, being a retrospective study of adults having been through the experience of the death of a parent. This introduction to the study gives a brief insight into the reasons motivating me to begin the research, which then leads into chapter one. Chapter one sets the scene for the study, locating the topic in both its historical and cultural setting, as well as examining the current position in terms of schools.

Chapter two moves on to the research questions, as well as the methodology both considered and used in the study. The research questions focussed on the investigation of the experience of parental bereavement for children, in terms of their grieving, powerlessness, and the support, facilitation or otherwise they receive from their family and school. How can adults, including teachers, give effective support for bereaved children, and what helps and hinders their grieving? Also, was the issue of bereavement addressed at schools in a meaningful way, and did it have positive outcomes in terms of helping bereaved children? How does the experience of parental bereavement affect children, in the short, medium and long-term? Are the children more likely to have time off school, such as through illness, this as an indirect effect of their grief?

The final chapters relate and discuss the findings of the research, conclusions are drawn and recommendations made.

At first sight a study based around the topic of death and bereavement may seem to be a morbid area of research, especially when involving children! My conclusions, from being involved in the field of education and bereavement for a number of years, was that there was a great need for a greater understanding of the way children grieve, and specifically how they could be helped in schools. Although there were pockets of programmes and interventions relating to bereavement and children, these generally seemed to be based on extrapolation from adult grieving theory, with the focus on loss education rather than on supporting children after bereavement. These programmes and interventions were only infrequently encountered in practice, generally little was in place in schools.

I hoped that the study would have positive practical implications for children and schools, rather than be solely of academic interest. I hoped specifically that the research would be able to provide guidance to schools, as well as to parents, in this potentially difficult area. Ideally it could enable me to press for more relevant teacher training in this area, and also to attempt to influence the curriculum in schools for children generally.

My apprenticeship in the field of children and bereavement stems from the 'stable' of 'action research', with the concept of active practical problem based research. Although it is not claimed that this study is pure action research, the notion of the practical application in the classroom was one that I held dear to heart.

I previously researched the area of children bereavement at school, although this essentially from the perspective of the school and teachers rather than from that of the bereaved child. This initial research had taken place in Humberside primary schools during 1992 and 1993, and was followed by a similar study in Humberside secondary schools with Corinne Ludford in 1993. I also completed further research in the area of bereavement and loss in both 1995 and 1997. The results of these studies seemed to suggest that schools, whilst caring and recognising that the area of bereavement was

important, they were unsure as to how they could actually help these children. Finlay (1998) found quite similar results in a recent study of schools in the Bath area.

My earlier studies provided a platform for this research, which intended to investigate the area essentially, though not exclusively, through the perceptions of bereaved children.

The adults with whom the children came into contact may not necessarily share these perceptions. Death per se, as a subject area for study, is fraught with problems and pitfalls, and does need a careful and sensitive approach, tapping into the emotions.

I was also motivated by the conclusion that culturally in the United Kingdom, we do not deal well with death, and usually there is quite a negative attitude towards the topic. This view seems to have been passed through generations, perhaps through such mediums as poor role models and the general cultural climate, especially since the Victorian era. If parents cope badly with the subject of death, then it seems hardly surprising that their children may also have the same difficulty. This view is of course an overgeneralization, and some communities within our general culture do tend to cope better at times of death. The level of the individual is a microcosm of the general cultural perspective. We do not seem to cope well with death generally as a culture, and now may be reliant on various support professionals to help us through our grief. We often do not respond well to the bereaved, at least in the medium or long-term, after the funeral has taken place and the initial rites concluded.

I experienced a particularly acrimonious divorce, which in many ways is similar to the experience of bereavement, being a loss and separation. The responses encountered from others were similar to those reported by the bereaved, including the 'cross the road' syndrome, and individuals actively avoiding 'close encounters'. If people cannot avoid engaging the bereaved in conversation, then the subject area of death, or whatever, would usually be avoided at all costs, as a topic of conversation. This avoidance seems mainly

because of the individual's own embarrassment or through their perceived fear of the reaction of the bereft to this seemingly sensitive subject. These often very well meaning individuals may just do not know what to say to the bereaved, or not know how to approach the subject, and in a sense, are in a cultural anomie. Many others apparently seem able to provide an appropriate response, and to provide a human contact.

In my experience, other similar well-meaning individuals often try to minimise the loss, this through attempting to manipulate perceptions of the situation. Examples included such platitudes as 'you'll soon get over it' or such as 'you'll soon find somebody else'. These are not very constructive strategies at all to help those suffering a loss, being far from the person centred Carl Rogers humanistic type approach (Nelson-Jones 1989) of acknowledging what has happened to the bereaved. Platitudes generally seem only to devalue the experience of the bereaved, rather than to be helpful.

My experiences will probably be familiar to anybody having been bereaved in a typical English setting; and was experienced by many clients I encountered in my role as a bereavement counsellor. Perhaps the topic of divorce as a research subject was one which was far too 'close to the bone'. I was drawn into the general area of loss through the issue of bereavement by death, and there were echoes of my experience in and around the area. Death may be more sudden and less chronic than divorce, but the experiences are similar, and both include a loss and separation.

Another reason why I began to consider research in this area was through observations of the deep effect that childhood parental bereavement had on several friends and acquaintances. These friends stimulated my interest in the area, as they seemed profoundly affected even many years after the events had taken place. It has been surprising how many individuals have engaged me in this topic when knowing of my research, and it seemed that the death of a parent is always with the bereaved, even

many years after the event. I was particularly interested as to how schools and teachers coped with the consequences of parental death, and the impact that the experience had for children.

Before changing career to become an educational psychologist, I was a peripatetic teacher of children having a special educational need. I had similar experiences of the notion of loss through contact with the parents of children with special needs. These parents were often going through a similar process of grieving such as described by my unrelated namesake Holland in 1996. The grieving of these parents related to their loss of the 'normal' child, this as they became more aware of the reality of the special educational needs. Stewart et al (1991) also reported similar findings.

Before becoming a special educational need teacher, I taught infant and nursery aged children, and I was aware of studies such as Bowlby (1973) into the effects of early deprivation, and of the importance of early experience. These studies were always of an educational interest, but by extrapolation they had implications for bereavement. Much of the work involved separation and the breaking of a bond, or else the failure to establish a bond successfully.

How the child ultimately copes with the area of death and bereavement in their adult life, is probably partly a function of their childhood experiences, and how the adults around them in their turn dealt with these losses. This focus on children and schools would hopefully have positive benefits for children in their later adult life.

Although this study was a vicarious 'odyssey', a mission, perhaps even an obsession, it also seemed to be a very productive area to study.

The final reason for developing this research was through my links with Dove House, the local hospice in Kingston upon Hull. The education officer had an interest in finding out what was happening in schools in the area of death education and support. My initial

research in the primary school phase of education (Holland 1993a) showed that schools expressed the need for help in the area of child bereavement. Schools had little expertise in the area of bereavement and loss, although they rated the topic as quite important. This earlier study had a focus on the perceptions of the school staff, whereas the current study intended to look at children's perceptions. In this study, as opposed to my earlier work, I was interested in hearing the stories of the subjects who had been bereaved as children, rather than those of the non-bereaved teachers supporting them!

This study also enabled me to rotate my negative experience of loss, using it in a positive manner, an aspect shared by many of my colleagues in the area of bereavement counselling. These colleagues too have all too frequently experienced some sort of extreme life trauma, which had later motivated them to become involved in helping others going through similar experiences. Experience is a great awakener to an issue!

Throughout the period of completing this thesis I have at times encountered many individuals who have had the sad experience of having a parent die when they were children. Some of these were subjects in the study, others were individuals I encountered serendipity. Many of these people expressed both keen interest and support, none were been discouraging. It was a salutatory experience listening to many of these stories, and the long-term repercussions that often led from the death of a parent.

In the final stages of the research, Eileen, an aunt I had known all my life died at eighty five years, this after a brief illness. Many of the issues I had encountered in the research were suddenly brought home to me on a personal level. Again I found that some friends and colleagues were reluctant to broach the subject of the death with me, and the emotional side at times overrode the rational.

I recently saw the brilliant bitter-sweet and black comedy film, 'Little Voice', with Jane Horrocks, Brenda Blethyn and Michael Caine, filmed locally at Scarborough'. In the film,

Jane Horrocks plays a young woman who has hardly spoken since the death of her father. She lives in a protective fantasy world of music, which others seek to exploit. The long-term effects of the death of her father on 'Little Voice' are clear, and it seems too that bereaved children have had so little a voice in this area of study.

Professor Harrington (Norton, 1999) recently 'rattled the cages' of many in the bereavement field with a contention that counselling children after death can be harmful, and that children affected by a breakdown in their parent's relationship can be at greater risk. The Harrington research also postulated that the adult models of grieving may not apply to children!

My study makes an important contribution to research on this topic, perhaps at a time when traditionally accepted notions are beginning to be questioned. It appears to be unique in being retrospective research with adults of their childhood experiences when bereaved of a parent. The adults were responding from a reflective perspective over time. The research findings did show that although there were some parallels, the experiences and the grieving process for the subjects did not match that of adults. Some subjects seemed to 'sail' through the experience of parental death with relatively little apparent long-term effect. For other subjects this was not the case, and many were experiencing difficulties well beyond that predicted by conventional models of grieving. For some, these effects were quite serious and 'spilt-over' into their own long-term relationships. The reasons why many of the children's experiences were different from adults seemed to relate at least partly to the lack of facilitation of their grieving. This seemed to be associated with the lack of understanding as to what was happening at the time of the death, and a lack of involvement in the later rituals. The subjects tended to perceive that adults, including their teachers were not at all easy to approach, and they felt excluded. Many subjects seemed to have the capacity to understand what was happening, but

lacked information as to what was happening. Other reasons for difficulties seemed to relate to the cognitive understanding of the subjects and to their life experiences. For the pre-school group of subjects, the main issue seemed to be the loss of the carer and separation. This study also introduced the notion of collateral loss, these being longer term outcomes of events flowing from the death of their parent, but not issues of grieving per se. A significant number of the subjects had either moved house or had their surviving parent remarry after the death of their parent. Here there seemed again to be issues of lack of information, choice and control. The study identified a series of different experiences, at times often summated generally as 'bereavement' but actually being intrinsically different types of losses experienced by subjects.

The study also found some sex differences in the grieving processes, and provided an insight into the experience of subjects being involved or excluded from the two post-death rites of the funeral and chapel of rest. The study also found that many of the subjects were quite isolated both at school, and at home, after the death of their parent. Many of the subjects had no one to confide in and talk with about their experiences. In contrast, some of the subjects were quite resilient, especially where they were in a supportive context, and 'took control' of their lives in a proactive manner.

# **Chapter 1 Background**

## **1.1 Introduction**

This first chapter focuses on my particular interest in the area of bereavement. It then sets the background of bereavement in the context of separation and loss, and relates it to its possible evolutionary origins. Chapter one then proceeds to the investigation of why death appears to be such a difficult and taboo subject in our culture, and hence also in our schools. The consideration of death in an historical context gives a greater understanding of how death as a taboo subject has developed over time. Historically, this was not always the case, for example the Victorians tended to find sex to be a taboo subject rather than death.

Goldman (1994) describes grief as an emotional response to a loss, bereavement being the state of losing something. Goldman defined mourning as taking the internal experience of our grief and expressing it outside ourselves.

Major national disasters such as when Pan Am Flight 103, crashed onto Lockerbie or when nearly one hundred football supporters died on the terraces at Hillsborough, do attract much attention. These tragic events naturally attract a great deal of both media and public attention, if only to help ensure that the chances of a repetition are minimised. The survivors of these quite 'public' tragedies, and those who have been bereaved, attract a battery of trauma and bereavement counsellors, psychologists and other support services from the caring professions. Other traumatic or violent fatalities, such as death by suicide or by murder are also more likely to be more in the public arena. Those of Princess Diana and Jill Dando spring to mind, as do such as the Columbine High School massacre in Colorado, U.S.A. and the recent nail bombs in London. These types of death are however not at all typical types of deaths in general, although they do perhaps reinforce a general perception of death as a violent, and not a peaceful ending to life. Death, despite its

inevitability, is therefore to be feared. Traumatic death of this type is an important area of research, but it was not the direction I intended to pursue this study.

A single death with no element of traumatic rarely makes headlines news in the press, even although it may well have far reaching effects for the bereaved. Most deaths are recorded in the local press under the obituaries, and receive no other public attention or recognition. This is a 'quieter' problem, though it is also one having potential major consequences for the survivors, in particular for any children where a parent has died. Adult children too may not be unscathed by the death of a parent, especially if the death is either untimely or premature, but my particular area of interest was in school-aged children having been bereaved by the death of a parent. Wells (1988) calculated that forty children, in England and Wales, are bereaved daily by the death of one of their parents. I read Wells when I initially became interested in the subject area, and it is still for me a surprisingly high figure of parental deaths. Ward (1994) also found that eighty per cent of childhood parental deaths are paternal, the chance of a father dying being far higher than that of a mother. This may relate to reasons such as women tending to marry men older than themselves, and also men dying younger than women. With regard to parental bereavement, Cruse (1989) considered that approximately three per cent of the school population had lost a parent through death. Well's (1988) figure represents around three hundred such children so bereaved each week, approximately the equivalent of three Hillsborough tragedies each week. Extrapolating these figures still even further, the death rate is then over eleven hundred deaths each month, and nearly fifteen thousand such deaths each year. The accumulated figure represents around one hundred and fifty Hillsboroughs annually. When presented in such a comparative form, it does seem surprising that the issue has received relatively little attention. This question is a 'quiet' or a 'silent' issue, one which does seem not to be generally acknowledged either at a

national level or local level. These bereaved children could be described as the 'forgotten legions', the bulk of the 'iceberg' underneath the 'tip' of the more traumatic deaths which receive much more and often long lasting media attention. In 1999 it was the tenth anniversary of the Lockerbie bombing, and similar of these public death anniversaries will continue to arise, bringing with it the resurrection of media interest. We even have annual ceremonies for the death of those killed at war, and many will recall the media and public hysteria which surrounded the death of Diana, Princess of Wales.

An irony is that whilst many schools and authorities have disaster plans in place for events that are unlikely to happen, they may have nothing in place to react to a single 'non traumatic' death. Pickard (1999) relates how Stirling Council, the local authority in which the Dunblane shootings took place, recently produced an emergency planning booklet, although it was also stressed that schools should have strategies in place for recognising and addressing grief in children. In my role as an educational psychologist for a local authority, I have been involved in such disaster planning, and also in critical incident stress debriefing. These occurred some time before I became more formally involved in relation to supporting schools and bereaved children. Hopefully the former type of major incidents will not frequently occur, children will be bereaved of a parent at a far greater frequency.

### **1.2 Separation and loss**

This section deals with the general issue of separation and loss, with particular reference to the work of Bowlby. It puzzled me as to why, in our culture, we have seem to have problems with grieving and loss. In addition, could there also be an evolutionary component in the reactions we tend to display to such losses? In response to the second question, Bowlby (1973) was in the forefront of the early research work around the area of attachment and loss, recognising the potential trauma caused by babies becoming

separated from their parents. Bowlby parted company from Freud and his notions to develop his own theory. He developed the notion of bonding, the non-physical emotional ties between individuals, such as parents with their children. Bowlby also recognised the possibility of some negative outcomes for these individuals, flowing directly from the sudden separation or breaking of these established bonds. One problem with this early research was that it tended to be carried out with either animals, albeit primates, or else with children living in abnormal and extreme circumstances. These situations included children who were living in relative isolation away from families, in orphanages, raising issues of how far these conclusions can be extrapolated to 'normal' children. This extrapolation is even more contentious in the cases of the animal studies. The Bowlby research did however offer pointers, such as identifying the importance of the bonding process. It also raised the issue of the potential problematic consequences of the child failing to achieve a successful bonding with the parent, or with a carer, and the implications of disrupting the parental-child bonds. Field and Reite (1984) found similar evidence in children's responses when they were separated from their mother whilst she was in hospital for the birth of another child. Agitated behaviour and physiology were noticed in the research, this followed by depression. Increased illness too was reported during this period, perhaps indicating changes in the immune system. Field (1996) contended that these related to psycho-biological attunement between individuals, this bringing things other than stress into the attachment process.

Marris (1974) adopted a slightly different perspective, in a sense postulating that as a species, humans are essentially 'conservative'. We tend to resist change, preferring the predictable, being that which we are used to, and this does have echoes from schema theory. We may find change, especially when it is both sudden and beyond our control, problematic per se. Cannon (1929) contended that stress and crisis were involved in

bereavement, this being both a physiological and psychological reaction to an event. However, there is no real distinction here made between losses and other life events. Bereavement is perhaps a psychological reaction to a specific source of loss, the death of someone with whom we have had a relatively close relationship or bond, such as to be integrated as a relatively highly significant element in our life. We can also mourn for other losses or changes in our life, and not just death. A temporary parting from a loved one may, for example, invoke a loss reaction. Other life events may too involve a loss, although this may not always perhaps superficially seem so apparent. These events, for example, include such as Fried (1962) found with moving house, or when individuals pass through a 'rite of passage' such as starting a new school. These relatively smaller types of losses may themselves be a consequential element in 'death education', and they may be important in the acquisition of loss coping strategies. These smaller 'life losses' are by convention not described as bereavements, but rather just called losses. The term bereavement does imply that the loss has been through the death of an individual with whom we had a bond.

### **1.3 Attachment as a survival technique**

Here the notion of attachment as part of survival is discussed in the context of loss. Attachment itself does seem to be quite plausible as a survival technique. The newly born human infant is extremely vulnerable and it takes a relatively long time for them to become independent of parental help. This contrasts sharply with precocious animals, such as guinea pigs, which are quite independent at birth and can effectively fend for themselves. A long period of dependency seems to be a feature of many of the higher animals, generally seeming to be less 'hard wired' in terms of functioning, and they are more adapted and flexible, being able to learn to exist where they are located. Archer (1999) contends that grief is a universal human characteristic, although the form of how it is

presented is culturally determined. The long period of human dependency may also help to explain both the bereavement response, as well as also our group sociability. These characteristics are also shared with many other primates, and other group mammals also having relatively long periods of 'childhood', such as orcas, gorillas, elephants or baboons. These animals also tend to stay within groups, again perhaps connected with the need to share the protection of the young during their long period of dependency. It seems reasonable to assume that there is a mechanism to maintain us within our social groups. This seems likely to be Bowlby type bonding. The bereavement or reaction to loss does seem likely to have origins in the context of evolution, in terms of keeping the group together as a survival unit with opportunities to reproduce and to gain economies of scale as a unit. It would be important for the young human to have the in built, and 'hard-wired' desire to stay close to the group, and also to respond in an effective way if parted in company. An effective way to maintain contact may well have been to make a lot of noise, or cry to attract attention, at least at first when the group was likely to be within hearing range. This would be an anger or fear panic response, such as through the physiological changes caused by the hormone adrenaline. A later response would be to stay static, calm and retain resources, a sort of depressive reaction, similar to the noradrenaline response. The above does present at least some pointers to there being a hard-wiring element in terms of attachment, but there is also likely to be an effect pertaining to the particular culture in which the individual is located.

#### **1.4 Humans and change**

The notion of loss reaction in the context of change is discussed in this section.

There may also be an issue of loss of control, which may be close to the core of the psychological reaction to bereavement, and which is a slightly different perspective to that of Bowlby. Characteristics of the human species do seem to include those of both

adaptability and flexibility. Homo sapiens have colonised the planet Earth in a variety of hostile environments, from the barren deserts to the equally barren and harsh polar icecaps. Humans generally find ways of solving and coping with problems with which they are presented. There are degrees of change, this from the minimalist position such as the turning of a page in a book or of shifting our gaze, to the coping with a trauma such as the death of a partner, parent or child. It may be that we perhaps do have a capacity for a certain amount of change, but it may be that this capacity can be 'overloaded'. This is similar to stress, though also depends on the nature of the event. It may be that we can only cope with a certain level of change before we suffer a negative psychological impact such as moving or 'tipping over' into a grieving or mourning phase. Control may be an issue, as may our previous life experience, in terms of learning and our coping strategies.

### **1.5 The English experience of death**

This section deals with the particular English experience of death, set in the context of both cross-cultural and longitudinal differences over time.

Our own experience of death is set in the context of both time and place. We are located at the end of the millennium within the context of England a modern western developed country. From the longer archaeological perspective, traces of burial rituals in primitive society can be traced back to over five hundred thousand years ago. More recently, the pyramids demonstrate the importance of death rituals for that Egyptian culture, much more here being concerned with the passing of the deceased to a new state, rather than with the remaining bereaved. Faulkner (1985) relates the large number of 'spells' used in ancient Egypt, in terms of the funeral rites, with the focus on the passage of the deceased. I have visited the Valley of the Kings and the Valley of the Queens, as well as the Great Pyramids and Sphinx in Giza. The enormity of these edifices are astoundingly impressive, and can only be gained by an on-site visit.

The cultural negative view we seem to have of death today is understandable, we do not normally seek death as a state, except through suicide. This perspective, in contrast to earlier ones, such as the Egyptian or Viking, is a reflection of the status which death holds in our society and culture in our particular time and place. One perspective, that presented by Aries (1983) postulates that there have been four periods in our attitude to death. Aries traces this from the middle ages forward to our contemporary times. During the middle-ages, death was accepted stoically with resignation, as life expectancy was only thirty-three years. Death then gradually, over time, became more of an event for the individual, this with the notion of the fear of hell and of divine retribution. It was at this point that death also became feared. However, by the nineteenth century, there had been a change, and death was then seen as a reintegration into the next life. Aries contended that the control of death has shifted from initially the individual, then with the family, and now with the medical profession. Throughout the period up until the early part of this century, children were intimately involved with death, which usually happened in the home and family setting. The creation of the child and childhood, in contrast to simply being a young family member seems to have been part of this process, running parallel with our perception of death. Childhood is a relatively novel and modern concept. It is also a particularly western notion rather than being held world-wide. The status of death also contrasts with other cultures across the world, especially with those in the east, where many religions have a far more fatalistic approach to the subject of death. Death in many of these other cultures seems to present far less of a terror to the individual. Perhaps we, in the Anglo Saxon 'west', prefer to deny the inevitability of death, or at least to avoid it as a topic of conversation, and so regard it as taboo. Perhaps we think that death will 'go away' if we do not talk about it. Illich (1977) regarded our modern approach to death as really quite primitive, and something which we consider quite irrationally can be avoided.

The reluctance to communicate about the subject of death is perhaps a surprise, as from birth, death is the one certainty of life for all. Life will eventually end with the demise of the person, though it may seem to individuals that death only 'happens to others' rather than to themselves.

Although 'new age man' may have marginally encroached upon the image, one stereotyped view of the English is that of the 'stiff upper lip', bringing with it such notions as 'big boys don't cry'. Traditional English males in particular, and probably to their emotional cost, are expected to be stoical in the utmost tragedy, whether sinking with the Titanic or defending the beaches at Dunkirk. Females do seem to have a little more leeway in showing their feelings, though even here there are limits in social acceptability, with regards to both the intensity and time of their grieving. This acceptability is far from the open wailing grieving which tolerated, or even expected of both sexes, at funerals in some cultures around the world, such as in the Middle East. The relatively recent funeral of King Hussein of Jordan, and the reaction of his subjects to the news of his death is rarely matched in our culture, although there were glimpses of similar reactions at the funeral of Diana Princess of Wales! Ward (1994) relates how the Maoris believe that if you do not let feelings out, this including such as rage, then physically and emotionally you do not heal. Maori children play an important part in this process and in talking to the dead person. This idea of grieving, whilst probably helpful, seem quite alien to ourselves today.

We may find the sight of such open grieving difficult to understand, if not embarrassing to watch, but in reality such expressions of feelings may actually be both positive and also therapeutic for those individuals in mourning. Contrast the praise the media commentators heaped on the princes during the Princess Diana mourning period with a typical funeral in a Middle Eastern country. The Princes William and Harry received praise for 'being brave'

and for not showing their feelings, but an outward display of feelings would have been expected in some other cultures. This cultural stereotype will, if anything, be self-perpetuating, as the children and adults watching the funeral both overtly or subliminally have that particular view of normality reinforced. The aftermath of the death of Diana must have been quite an enigma for some of the overseas watchers. It was certainly provided fascination for days for a Mexican friend with whom I shared post-graduate accommodation with in Newcastle! Carlos video-taped much of the proceedings to take back home and show to his friends in Mexico.

### **1.6 Death as taboo**

Death therefore does seem to be one of our cultures biggest contemporary taboo subjects, and the reasons for this are discussed in this section.

Golding (1991) contended that death was not a topic for polite dinner party conversation, but a subject having the potential to cause severe embarrassment; and around which negative attitudes tend to prevail. Maxson (1992) also relates how, paradoxically, children in our culture once lived with death as an everyday part of life, and it was then not a taboo subject. Musty (1990) describes how Victorian children were as used to going to funerals as they were to weddings, and that they took an active part in helping to lay out bodies. Pattison (1976) claimed that many of the problems which families have in coping with death, centres around the issue of death being taboo, and that of poor communication on the issue. If death is taboo, then communication is difficult and these channels are either reduced or closed down. This has not always been the case, for the Victorians the taboo was sex rather than death. The reasons why death has so become taboo are considered in the following sections.

## **1.7 Encounters with death**

In this section the effects of death generally encountered less in modern times is discussed. Grof (1994) contended that a major toll for modern humanity and the price paid for the rapid pace of technological development has been a progressive alienation from our biological nature and our spiritual source. Today, both adults and children seem to have less actual contact with death, and probably also have much less information and experience regarding the subject, compared to previous times of history, and with some other cultures. One reason is that science has tended to extend our life expectancy, and that on average we actually now live longer. There are no longer have the great plagues, and the epidemics of the past, such as cholera or the 'Black Death'. Evidence of the relatively recent cholera epidemics can be seen in the memorials erected in many cities during the last century. When such problems as these do arise, medical science has tended to find solutions, including a whole battery of antibiotics, and other such as life sustaining or supporting systems. With the advent of diseases such as AIDS, which may not respond easily to conventional treatment, then our perceptions as to the ability of medical science in this area may well be based on very flimsy evidence. There may be influenza epidemics in the future, as in the past, which also may change our mind-sets. Despite these caveats, generally, in our more scientific and secular age, death could perhaps now be considered more as a failure, that of the perceived 'all powerful' medical science to sustain the life of the deceased.

Today, with longer life spans and expectancy, compared to even a century ago, and especially with the decline in infant mortality through improved postnatal care, children, as well as adults lack the chance of more frequent encounters with death. In previous eras children would have had more chance of encountering the deaths of a sibling. Children today may lack the opportunity, and the knowledge as to what is happening when a death

occurs. Many children may not have actually seen a real corpse, and not viewed the body of a deceased relation. This lack of information may present ideal conditions for the growth of children's fantasies and myths around the area of death, which may well far outstrip the reality of what is happening. In the past children perhaps would not have needed death education, since death was so much more a part of life. Leaman (1995) observed that there may well be a distinction between urban and rural children, the latter will have more opportunity to see nature in the raw. If knowledge about death 'inoculates' the individual, and this was not an issue with bereaved children in the past, what is happening in schools today? In the past, the adults at school would also probably have been much more at ease in supporting bereaved children than research suggests is the case today. Mishne (1992) suggested that children are actually helped to an understanding of death by parents and teachers being 'open' and able to cope with feelings. Ward (1994) contended that it helps children if they are involved in the rituals around death, but that they should not be forced to attend such events as the funeral. Ward argued that children should be given the choice of whether or not to attend.

### **1.8 The Professionals**

The influence and effects of the professionalism of the area of death are discussed in this section. The family, over a number of generations, has slowly, but surely ceded ground in the area of death to the 'professionals'. We employ professionals to 'undertake' matters in the area of death on our behalf, this again being in sharp contrast to past eras. In some other cultures today, as in our own past history, the corpse of the dead relative was jealously held for a time within the family setting, this for the fulfilling of certain 'rites of passage' rituals. Litten (1991) relates how the first recorded undertakers in the United Kingdom, one William Boyce, practised in London during the late seventeenth century, and this was an indication of the loosening of the hold of the family in this area. From

these early days the trade, or profession of undertaking, expanded into a quasi-industry, and this is perhaps even more so the case in the United States than in the United Kingdom. By the eighteenth century the funeral trade had three branches, coffin-making, undertaking and funeral furnishing. Chamberlain et al (1983) related the role that local women played in the laying out of bodies, in English rural areas, with knowledge being passed down from mother to daughter. The Midwifery Act of 1902 to a degree severed this link generally, excluding many of these women from involvement in these processes. It appears that as the role of the professionals grew, then the role of the family was marginalised. I encountered this aspect a few years ago when visiting Africa in connection with a development project. A young teacher was talking quite openly about the recent death of his brother in what could be perceived as a 'matter of fact' way. The reality was that he lived with death in a similar way to that suggested by Maxson (1992). Death was removed from the realms of the family here, much as in earlier centuries with the industrial revolution, when the system of production had been removed from the family setting. The removal of death from the family may have brought with it benefits in public health, but also seems to have brought with it losses in other areas.

Now that death has been 'sanitised', with such as with public health regulations, the professionals tend to whisk the dying or dead individual quickly away from the home and to an institution, such as hospital or morgue. Children may therefore fantasise over what is happening. In the past the chances were that they would have had a close experience of death, through a family member dying in the family setting. Here, the youngsters had no particular need of either loss education or special support at school, which would have been given provided automatically at home and in the setting of the culture.

## 1.9 Secular society and the nuclear family

The effects of the secularisation of society and the general breakdown of extended families, with the possible implications for the bereaved are discussed in this section. Another factor may be that contemporary society tends to be both more secular than it was in the past. Many families are now nuclear, and even isolated, or perhaps single parent units. Families may be separated, not only from religious comfort when a death occurs, but also from a greater family support system. Neither religion, nor the family, seems to provide the same support network in our contemporary culture than they did in our relatively recent past. Compare the Mexican 'Day of the Dead', where ancestors are remembered, with our 'All Saints day', the closest 'relation' in our culture. All Saints day is now really lost in such as Halloween, a rather frightening 'celebration' of death and the 'supernatural' in comparison to the Mexican celebrations. Ghouls and gross images of death feature in our culture, in comparison to respect for ancestors in Mexico. This suggests that the Mexican culture is more in sympathy with such as Silverman and Klass (1996), and the notion of continuing bonds. Yamamoto (1970) relates how, in Japanese culture, the ancestors remain with the bereaved, and the link is continued. Barley (1995) relates how for many cultures in the world, these links between those alive and the dead 'ancestors' are active and fostered, unlike in our culture, where such attitudes could be considered at the least bizarre or eccentric.

There may well be a connection between religion and the lack of problems after death. Bornstein et al. (1973), for example, found some evidence suggesting that religious faith does provide at least some sort of 'inoculation' against the extremes of grief. Bornstein found that those widows attending church on a regular basis tended to have less post bereavement depressive problems than did those widows not so attending church.

Stroebe and Stroebe (1993) however did not find an association between health and

religious belief in relations to the death of either a husband or a wife. Stroebe and Stroebe proposed that it would seem plausible to suggest that both the community of the religion, as well as the belief itself, would help the bereaved spouse. Without religious belief, death may be perceived as a final act and the end of existence for that individual. This would seem to make the perceived loss of the bereaved far greater than in the past, where perhaps the deceased was more likely to be thought of as going onto 'better things' in an afterlife. This sort of view was found in such as the Egyptian or Viking cultures of the past. Even in contemporary times, in religions such as Christianity, the deceased may also have been perceived as going on ahead of the bereaved. This means that there will be an eventual meeting later in time, rather than as a total break from their loved one. This sort of sentiment can be found expressed in both epitaphs and poems, as well as also within contemporary religious services and funerals. There is other, less surprising, evidence from Rosenblatt (1988) suggesting that the support of friends and acquaintances is also much valued by the bereaved. This does make the assumption that these friends can offer the appropriate support, but this does hint that teachers could possibly potentially fulfil this role for children. Rosenblatt also contended that the family may isolate itself from the wider community, and that then this support may then not be available. The support may also at sometimes not be helpful, if for example the supporter is urging the bereaved to conform to their own preconceived idea of grieving. The support needs to be effective to be helpful.

### **1.10 The influence of the media**

In contemporary times with satellite transmissions and computer links, information flows far more freely than in previous eras, and the effects of this are discussed in this section. A paradox is that, although death in modern times may be encountered less frequently, on a non-personal level, it is probably encountered more than ever through the media. In the

past news and communications travelled at a much slower rate than today, with such as radio and television.

However, a more negative aspect of media death is that it often portrayed as a fearful and traumatic event. In psychological terms, we perhaps have a 'death schema' formed from the evidence around us. This evidence may be in fact quite misleading, and could be the media concept of death rather than the reality, this in the absence of other evidence, such as our own portrait experience. The portrait painting of death today by the media, both in fiction and non-fiction, tends to be that of death being violent and therefore potentially fearful, in contrast to being a peaceful event.

### **1.11 Death and schema theory**

Here the notion of 'death schema' is discussed, the idea that we build up an internal model of death as a concept. Humans are born with no apparent knowledge of the context of which they are born. We therefore have to build up our internal representation or model of the world through our encounters and interactions with the external 'reality'. This is achieved through our senses and cognitive system, and the construction of internal models or schema. Schema theory was first postulated before the Second World War, for example Bartlett (1932) with his 'War of the ghosts' story showed how robust are these schema. There has also been more recent work, such as by Schank (1981) in the same area. Briefly, schema theory relates to 'top down' processing, and postulates that we have linked 'packages' of expectations and concepts for things which we have encountered. We have, for example, our own ideas as to what to expect at such as a picnic or a football match. We may expect an outdoor event and sandwiches at a picnic, and a pitch and players at the football match, and not vice versa. We seem to build up general models of the world using this information acquired from outside ourselves, and in terms of cognitive economy, we do not need then to make a detailed assessment of situations we have

already previously encountered. Kubler-Ross (1982) made the point that perhaps we now subconsciously perceive of death as an act of 'being killed', such as in a road traffic accident or crime, rather than having an image of dying relatively peacefully of old age. This idea was also supported by the recent (1999) Channel Four television programme on 'living dangerously'. This concluded that we may have a quite unrealistic fears about life, for example the chances for example of being murdered are a fraction of what it was just a hundred years ago. This supports the notion that our general 'death schema' may be inaccurate or be derived from inaccurate information gained through such channels as the media. Even if the schema is correct in the media sense, it may not be transferable to the particular situation for the individual. This death schema or vista perhaps tends to be that perspective which is provided through the media, in both fiction and non-fiction, whether on a news programmes or in a film or play. This may be the case, if we have no other data from our experience to replace the media perspective. It may also be the case if the conflicting data is not recent nor strong enough to compete with this 'default position' provided by the media. We frequently encounter death in fact and fiction via the media reporting war, terrorism, or accidents through television, cinema screen, the radio, the daily or newspapers. It may be that this sort of exposure does not 'inoculate us against the experience of death, but conversely only increases our fear of death. Media death contrasts with first hand experience of the death of a parent, partner, child or close friend. There seems to be a potential for the negatives perception already mentioned, and this is perhaps not a helpful learning experience. Children will be gradually building up their models of the external world to include such potentially faulty schema. This may reinforce the issue of death as a difficult one for children, as well as for the staff in school. In the absence of our experience then death education seems an important source of information.

### 1.12 The use of euphemisms

Euphemisms and taboos seem intrinsically linked, and this section discusses the possible negative impact of these on children. Euphemisms tend to arise in taboo areas, such as those relating to body functions, and there are a large number of euphemisms for death which have developed over the years. Using euphemisms avoids actually mentioning the word death directly, and seems intended to help to soften the impact of the word.

Examples of these euphemisms include such as that the deceased has 'passed away', 'gone to sleep', has been 'taken by Jesus' or has 'passed over'. Euphemisms may just confuse or perhaps even frighten bereaved children. For example, the euphemisms 'taken by Jesus' or 'gone to sleep' far from comforting the child, may induce fear. In the first example the euphemism may cause children to become frightened of going to church, in case they too are also 'taken by Jesus' whilst they are in the building. In the second example, children may fear to go to sleep in case they die. Even without euphemisms, the fantasies of children may exceed the reality of what is actually happening, if they lack access to information. Euphemisms may have the propensity to have a negative effect on the situation, even perhaps leading children perhaps to mistrust adults. This has parallels in what I call the 'Father Christmas' syndrome, where children are essentially misled by adults. The 'Father Christmas' misinformation is told with the best of motives from the adult perspective, but gives the impression to children that their presents are delivered down the chimney by a stranger dressed in red riding a sleigh pulled by reindeers. As a child I spent much time puzzled as to how the man could deliver around our village in an evening, never mind visit the rest of the world! Grollman (1991) stressed the importance of not telling children things they will later have to unlearn, and this is certainly the case with Father Christmas, and also surely of death. LeShan (1979) contended that children should be told the truth regarding the situation where a death has occurred, and that they be

allowed to share their feelings with the other family members. Rinpoche (1992) recommended that children be sensitively told the truth about death. However, if adults generally feel uncomfortable in talking about death with other adults, then they may find the subject even more difficult to broach with children. I was interested in how the adults broached the subject of death with children, in particular where a child had been bereaved of a parent. There may well be a large element of denial and avoidance around the whole issue, the adults perhaps shielding the children from death, this with the best of intentions.

### **1.13 Problems associated with bereaved children**

The difficulties encountered by bereaved children, especially in their later adult lives are discussed in this section. I had much anecdotal evidence from some of my friends about the long-term difficulties experienced by adults after being bereaved of a parent as children. I needed to make more substantial research into such problems, this before making general extrapolations from the experiences of my friends. It may have been that their experiences were not typical, and hence that generally there was no great problem in this area. My contention, based on anecdotal evidence, was that children did need support at school for loss and bereavement. However, the argument would be all the more powerful if there were negative outcomes for individuals after bereavement, especially if they extended into the long term, and also if these could be addressed at school.

There was evidence of post-bereavement difficulties. Parkes (1986), for example, found that death by grief, in effect a 'broken heart', was recorded in England as a cause of death in the seventeenth century, this recognising the impact that grief can have on the bereaved individual. The effect of bereavement on both widows, and widowers, reported by Parkes, is that they are at some forty per cent higher than predicted greater risk of mortality, during the period following the death of their partner. This risk decreases to the normal rate over a period of time after the death.

There is also research tending to point to the potential for a negative trajectory of children after the death of a parent. Bunch et al (1971) for example, found that some sixty per cent of single men committing suicide had suffered a maternal bereavement in the preceding three year period. This showed the impact that bereavement can have on individuals in specific circumstances. Males seem to be prone to the 'stiff upper lip' syndrome, as previously described, and those without an immediate family 'on hand' to provide close support appear to be at the greatest risk. Sanders (1995) found that overall there were little gender differences of children to the death of a parent. Sanders found that girls were able to share their feelings more and felt more able to cry, whereas boys tended to feel that it was not socially acceptable for them to display uncontrolled feelings. Yule and Gold (1993) also found that there was a higher proportion of problems amongst girls compared to boys, in this instance after a major tragedy. Schaefer et al (1986) found that emotions can actually cause changes in a girl's hormonal system, and that the menstrual period may stop for a few months. This is an apparent physiological change caused by a psychological response. Holmes (1995) also stated that there was some evidence from psycho-physiological studies that depression in adult life may originate from early environmental trauma, and is encoded in brain changes in protein and RNA.

Ludford (1994) also found studies making a direct link between adult mental illness and bereavement as a child. These particularly included a connection with schizophrenia and psychosis and the death of a parent during childhood. Shoor and Speed (1963), found that some children who had been bereaved in adolescence, tended to act 'out of character' after the death. This included exhibiting delinquent and other anti-social behaviour in the post bereavement phase. There seemed to be a negative shift in the behaviour of these bereaved children, perhaps an outward manifestation of their inner grieving, and perhaps reflected in their anger towards society in general. It may be that the young people were

quite angry about the death, but were not actually in touch with the reasons for their anger, which then manifested itself in a more generalised way. In these circumstances these young people may have needed, but lacked, facilitation to address their grieving. This perhaps suggests the possibility of ineffective grieving by not only themselves, but also perhaps by the adults family members around them. The studies are retrospective and after the bereavement, and a baseline measure is difficult to obtain, other than on a subjective retrospective basis. It is perhaps difficult to acquire a measure of anti social behaviour prior to the bereavement.

Bowlby (1963) suggested that children bereaved of a parent, especially of their mother, are predisposed to 'clinging' type behaviour in their subsequent life, when compared with children not so bereaved. It seems that bereaved children may never recover from this initial loss of security at a formative age. Young people having been bereaved tended also to have problems over the longer term, by measures such as referral to psychiatric services. A problem with some of this research work, which has been mentioned already, is that it has been with primates, and children in extreme conditions, such as in orphanages. It may not be possible to extrapolate these findings to children living in circumstances that are more usual. It is not possible to obtain a true understanding of animal grieving, this through the associated communication barriers, and there is clearly an element of speculation and potential anthropomorphisms. The problems of children found in extreme conditions is that their difficulties may partly relate to the issue of trauma, and to the extremes, rather than to that of the separation and the breaking of bonds. There are too many issues to confidently separate out the causes from the effects of trauma and the bereavement. Birtchnell (1975) also found evidence that bereaved children tended to experience problems in their later life. He found that female psychiatric patients bereaved before the age of eleven years old, scored highly on measures of dependency, and also

that they tended to exhibit more neurotic type behaviour in later life than did the average individual. Gray (1989), in an American study, found that twenty per cent of bereaved adolescents scored within the major depression category of the Beck Depression Inventory, nearly thrice that reported in the general population. Birtchnell (1970) also found that nearly half of the psychiatric admissions to a Dumfriesshire hospital had suffered the death of a parent within the previous twenty years, thirty per cent of these being within the previous ten years. Rutter (1966) detected potentially negative outcomes for such bereaved children. These were twice as likely to suffer a psychiatric disturbance in their later adult life, than were children who had not experienced the death of a parent. Rutter found that some fourteen per cent of child referrals attending one particular Child Guidance Clinic, had recently been bereaved. Rutter postulated that there was a particular connection between later disturbances in life, and the death of a parent between the ages of three and four years old. Hill (1969) found correlation between later adult depressive illness, and childhood bereavement, this when the youngster had experienced the bereavement between the ages of ten and fourteen. Lamers (1986) also found a connection between later adult drug abuse and of grief not successfully resolved during childhood. Black (1974) also found indications suggesting that there were potential negative consequences of bereavement during childhood. There was again evidence here of depression, as well as evidence of school refusal amongst some bereaved children. The loss of a role model was also perhaps a key factor compounding an already problematic situation for the child in some of the bereavements. Brown et al. (1977) found an apparent connection between depressive illness in the adult life of women, and the death of their mother before the woman had reached the age of eleven years. The loss of a role model again here seemed to be an important factor compounding an already problematic situation for the child. Brown et al (1986) suggested that that the childhood

loss of the mother through death can potentially lead to poor parenting, premarital and early pregnancy, as well as to depression in adulthood.

Mishne (1992) found that children having suffered the loss of a parent appeared to suffer from guilt and low self-esteem, even where they later had significant academic or professional achievements. Sadly, none of the children in the Mishne study had received any therapeutic support. Children may experience a loss of concentration after being bereaved, and this may affect their learning at school. Stevenson (1995) suggested that children are more prone to accidents after a parental bereavement, this being through their preoccupation with grief, and their consequential lack of concentration. They may also find the readjustments at home difficult to cope with, although Knapman (1993) suggests that, paradoxically, some of the children may also immerse themselves in work, as a way of avoiding facing the reality of what has happened. These two studies are a pointer to things being potentially more complicated than being one just event, and one outcome. The evidence did seem to suggest that bereaved children are potentially vulnerable and therefore at risk, especially in their later adult life. It seems that the unresolved grieving child may all too easily become the unresolved grieving adult. There seems to be the danger of a potential negative outcome for these bereaved children, in relation to the post bereavement reaction, and the need to address the problem, to maximise these outcomes.

It therefore seemed that my friends were not particularly unusual in still having difficulty in coming to terms with their bereavement, many years after the death. It seemed therefore a reasonable assumption that things were in some ways 'going wrong' for bereaved children. The reasons as to why this was happening were of interest, especially as the answer could well contain the seeds as to how to improve things for bereaved children. If bereaved children were potentially at risk, then I was interested in how schools helped

bereaved children, and how the outcomes could be improved. Bereavement is of course only a part of the area of 'loss', and other life losses include such as moving house, starting or leaving school and parental separation. Herbert (1996) contended that relationship endings were essentially quite similar to bereavement by death.

### **1.14 Schools as helpers of bereaved children**

In this section the potential role of schools in helping their pupils in this difficult area is discussed. Schools could help bereaved children in two specific ways. The first manner of helping these children is through a reactive response. This is by ensuring that a child whose parent has died is helped through their initial grieving, and onto the eventual resolution of their loss. This is emotional first aid, and should hopefully help to minimise the risk of these bereaved children developing problems in their later life. This focus is reactive, a counselling or support type model, this taking time, and helping the child to adjust to the new situation of life without the deceased parent. In general, my previous research revealed that schools did not have systems set up to react to bereavement, although in contrast many had quite complex arrangements in place to deal with a disaster. All the studies revealed that teachers, correctly, consider that bereavement is individual and therefore deserving of an individual response. Whilst acknowledging this position, this does not preclude planning, in terms of prior thinking out strategies and options, before the event, as mentioned by my own publication (Holland 1997c). There seemed little forethought in schools as to how to respond to a particular bereavement, such as how to tell the other pupils, attending the funeral, sending flowers and visiting the bereaved. If schools do not have plans or strategies in place then they will tend to react to bereavements in an ad hoc way, making decisions 'on the hoof'. My current study was interested in the effect that schools had in terms of being helpful or otherwise to their pupils, and how the intervention of their schools impacted on them. Although the pupils

would not really have had knowledge of whether or not schools had a response structure, it would be a fair assumption to make that there was unlikely to be one in place. As such it was of interest as to the experience received by the adult subjects when they were children.

My contention has been that if teachers themselves had a greater awareness of the grief process, then this would help them to better understand and empathise with issues faced by bereaved child, and therefore to be better placed to facilitate this grieving. This support is perhaps the priority need for both schools and teachers to address. Lewis (1992) found that teenagers did find school a safe haven after both marital endings and bereavement by death. However, the bereaved group perceived that they received less teacher support than did their peers who were experiencing a marital breakdown. Capewell (1994) postulated that children need a school environment in which well-being can be nurtured and the potential for damage hence minimised

A second way in which schools could also help bereaved children, is by helping to prepare for losses by actively addressing the issue of loss and bereavement in the curriculum. This is a pro-active approach, and generally known as 'death education'. Gordon and Klass (1979) defined death education as helping children to prepare for the reality of death, being formal instruction dealing with the impact of death and dying on the individual.

The aims of 'death education' could be to help children generally through their feelings around little losses, as well as to help them to gain a greater understanding of the concept of death. This education is intended to help to 'inoculate' the children, with the idea of improving how they cope with their own losses, either currently or in their future. It is through these two methods that schools can help children to be better prepared for losses, and also to support them in relation to bereavements.

However, do teachers have both the skills and the will to engage with children in this area? Silverman and Worden (1995) suggested that school is part of the social network, and as such, it is well placed to help to support the bereaved child. Leaman (1995) too contended that teachers are important in terms of the emotional life of their pupils, and as such they should play a helping role. Ludford (1995) went further and saw the role of the teacher as being responsible for the pastoral welfare of the pupils in their care. An assumption being made here is that teachers are able to fulfil this role. Grollman (1995) suggested that children are helped by the use of physical touch, but great care obviously needs to be taken by teachers, as they are potentially putting themselves at risk in this situation.

My initial research in Humberside schools was by postal questionnaire, as was my later English part of the comparative study with Australian schools (Holland and Rowling, 1997). I also completed a study of secondary schools in the north east of England (Holland, 1997), this in the context of separation and multi-racial issues, and investigated how schools helped young people experiencing loss. This last research was by interview with key teachers at the schools, and I also observed lessons in the area of death education. If loss was addressed at all in the curriculum in the schools, it was organised and delivered generally by an aware and enthusiastic teacher. These teachers were highly motivated, and usually had little other extrinsic support in the school. In fifty-three per cent of these cases, loss was addressed through the area of religious education, this often in the context of cross-cultural studies, rather as a life skill and hence being placed in the current context. Schools tended to place the area of loss in the RE curriculum with a focus on cross cultural and religious issues. It was also placed in other areas of the curriculum, such as English. Both of these subject areas may tend to distance the pupils from their own emotional experiences. In addition, some of the schools produced their own

materials, this often based on packages such as 'Good Grief'. Schools however did not tend to co-operate with each other, but there was some excellent, uncoordinated work in place. Leaman (1995) contended that having the subject of death as an optional add-on to the curriculum sends an implicit message to young people regarding the importance of the area. Leaman also contended that as death is an area affecting everyone, then all young people should receive education in the area. The subject of loss is not addressed in the National Curriculum, an unfortunate omission which Cox and Desforges (1987) considered should be rectified. My previous research had found that loss is sometimes addressed by schools, but only on the initiative of a particular individual school, frequently through a particular teacher with a special interest. This is a haphazard approach, rather than addressing the issue in a consistent manner nationally, although the teachers having introduced these initiatives are to be applauded. Teachers perhaps consider that bereavement is tangential until a death occurs involving a child they teach. Then the issue may quickly become, albeit briefly quite central. Equally perhaps it may go unrecognised as a need. Perhaps one way forward would be to introduce the issue directly into the curriculum. In addition to the issue of whether it is appropriate for teachers to become more involved in supporting their pupils, there is another issue of the availability of time in the curriculum. There is also already quite a high level of curriculum pressure exerted on schools, in terms of the National Curriculum. Teachers are obliged by to address a range of specific areas of knowledge and skills, as so defined in the National Curriculum. These statutory obligations, although to a degree now reduced, do take priority over other potential curriculum areas. Primary schools have already recently introduced the Literacy Hour, and the introduction of Numeracy Hour is quickly approaching. The result of this curriculum pressure may be that teachers have neither the time, resources, nor even

perhaps the motivation, to become skilled in the curriculum area of loss, grief and death education, or in the skills perhaps perceived as being needed to support bereave children. Leckley (1991) carried out a questionnaire survey of primary schools in Belfast, and found that nearly eighty per cent of teachers thought that they had a part to play in helping children to develop an understanding in the area of death. In contrast, however, only thirty per cent of these schools actively addressed death in the curriculum! Henney et al (1980) too found that the topic of death and dying was taught in less than 1% of elementary schools, this in the United States. This has echoes for me of the Humberside survey, where schools reported on how high they regarded the area, but actually had little effectively in place to support children! A study by Schonfeld et al (1990) found that an educational intervention can actually help to improve children's understanding of death. It therefore seemed a puzzle that little loss education actually took place.

Schools may not receive the same sort of support from other 'caring' agencies, such as from Social Services, in the case of a parental bereavement, compared to where there has been a tragic incident deemed to be of national significance. Bereavements in the latter circumstances tend to draw resources from the caring agencies, as well as perhaps unwanted attention from the media. This relates not only to the profile and trauma of these incidents, but also to the limited resources which agencies have available. Teachers will do what they perceive to be the best to support their pupils at these times of crisis, but they may lack the necessary skills and expertise to cope efficiently with bereaved children.

### **1.15 Bereaved children in schools**

The experience of bereaved children in the context of schools is discussed in this section. My own previous research in Humberside primary schools (Holland, 1993a) had identified what was for me a surprisingly high frequency of schools having experienced having a bereaved child on their roll. Over seventy per cent of the sampled primary schools in that

first Humberside survey had a bereaved child on their roll. The definition I used was that the child has experienced the death of a parent or quasi-parent within the past two years. My subsequent research with a secondary school teacher, (Holland and Ludford, 1995) was in the secondary phase of education and also revealed similar findings. Both these Humberside studies also investigated other issues, including the impact of bereavement on children, the level of staff training and the general awareness of bereavement. The research showed that many of these bereaved children did have short-term problems at school, and these may have continued over a longer time scale. Although this is speculation, previous research did suggest the potential for difficulties in later life. It needs to be borne in mind however, that the problems in these studies are the perceptions of the teachers, and not those of the bereaved children. In this current study it was the adults who had been bereaved as children who were to be asked for their perceptions.

In my previous Humberside studies, some of the bereaved children were identified as having a special need. In the educational sense they were achieving less than their potential, the death of the parent having been a bar to their learning. This was similar to the way that problematic behaviour can be a special educational need, in terms of preventing children from gaining full access to the curriculum. In my current work as an educational psychologist, schools do tend to perceive bereaved children as having a pastoral need rather than a special need, that is if there is an issue at all. The education of these young people could well be affected by the bereavement, as well as having potential problems for their future. The effects of bereavement are perhaps like an iceberg, and for the child ubiquitous and having a far greater impact than is apparently superficially obvious. This may be a potentially unrecognised problem leading to under-performance at school. Schools may have neither the resources nor the skills to cope with the grieving child in a reactive manner, and even less ability to prepare children in a pro-active manner

for bereavement, through loss or death education in the curriculum. Although previous research had established the potential for a negative trajectory for a child after bereavement, that research had generally not been school orientated. Raphael (1982) found that ninety two per cent of children showed some behaviour disturbances in the time immediately following bereavement. The Humberside studies in schools revealed that over seventy per cent of primary schools with a recently bereaved child on roll noticed either a physical or a psychological post bereavement effect. In forty per cent of these schools, children displayed disruptive behaviour in terms of violence or anger, likely reflecting the path of the child through the grieving process. Crying was observed in nearly thirty-three per cent of cases and *withdrawal, depression or moods was reported in nearly forty per cent*, again all these all reflecting the stages of the grieving process. The results of the secondary phase study were also quite similar to that in the primary sector. A third of schools in the primary study reported children displaying symptoms of insecurity, such as them displaying over attachment or other obsessive behaviour. Significantly, nearly a third of these schools reported that children had shown either a marked lack of concentration or deterioration in their work. These figures may well be an underestimate, as things may go unnoticed. Aggression, at least in the classroom, may be quite apparent, but it may be less obvious when it occurs in the playground, in the school corridor, or on the way to and from school. Depression could be perceived by their teachers as children 'getting on with things', this an overt sign of recovery. This could perhaps sharply contrast with the possible inner turmoil of the child, this being actually the opposite. The perceptions of teachers too may also well change over time. Those schools having not had a bereaved child on role for several years reported fewer effects with bereaved children, compared to those schools having had a recent bereavement of a parent of a child on role. There was a significant difference in reporting these effects, in the statistical

sense, between whether or not the school actually did have a recently bereaved child on the roll. This difference may well lie in the constructive memories of the teachers involved, rather than in the actual effects, as the bereavement recedes in time. In contrast, for the children these difficulties may not be so easily forgotten.

The secondary sector of education does present quite a different environment for children in comparison to the primary sector. Secondary schools are generally larger than primary schools, and children usually have several subject teachers rather than having a single 'generic' teacher as in the primary sector. Parents may also have less of a profile in the secondary school. There is not perhaps the potential for easy and serendipity contact with teachers, as there is with the neighbourhood primary school. Parents may have greater contact with the primary school teacher as, for example, when taking or collecting the children from school, or taking younger children to the nursery. Secondary school children, as a group, may have a more sophisticated concept of death than do their primary peers, and by the time that children enter secondary school, most of them will have developed an adult concept of death. Children with learning difficulties may well also lag behind their peers in understanding, and these children may well be in need of even greater support. Secondary aged children may still be 'protected' by their parents in a similar potential way to their younger peers. My previous research had found similar problems for secondary aged children after bereavement as were found in the primary school study. The difficulties included depression and anger, as well as deterioration in school-work. The schools in the secondary sector had a higher rate of addressing the issue of death in the curriculum than did the primary schools. They still had problems with bereavements, and saw the need for more staff training in the area, as well as more help with the provision of resources. The rates of bereavement in the secondary study were, as expected, very similar to those in the primary study. Branwhite (1994) found that over sixty per cent of a

sample of children in secondary school had actually 'lost a close relative', though here this 'loss' was not necessarily the death of a parent. Although this study was about bullying it did reveal that many children at school had apparently experienced the bereavement of a relative.

### **1.16 Teacher training in loss**

This section discusses the issue of training for teachers in terms of supporting their pupils, both reactively and proactively. Researchers such as Rowling (1994) have emphasised the need for teachers to receive training in the area of bereavement. The Humberside research which I completed in 1997 revealed that very few teachers had received training in the area of bereavement, most of them had received none at all. The primary schools in Humberside in the 1993a study, and the secondary schools in the follow up research study by myself and Ludford (1993b), maintained that more training and resources were needed to enable them to deliver the optimum help necessary to bereaved children. That little training reported tended to relate to other interests or occupations, and there was none during the initial teacher-training course. It seems a major omission that at least some input in the area of death and loss is not included for teachers in training.

Perhaps schools have the potential and even the will to help the bereaved child, but actually lack the means to be fully effective. Schools did not generally have teachers experienced enough to be able to deal comfortably with the problem of either bereavement or 'death education'. Schools rated bereavement highly as an important issue, and most schools and teachers would be extremely caring. There is however an issue of training issue, and certainly teachers in my Humberside studies reported a 'training-gap'. The Humberside studies found that death and bereavement were areas which teachers tended to find difficult. There was little expertise, in marked contrast to it

being rated quite highly as a priority area by schools. This really confirmed the results of the previously mentioned Leckley research. Charlton and Hoye (1987) too claimed that primary school teachers lacked initial teacher training in the areas of personal and social education and counselling. This leaves them less able to support their pupils in this area. The children's teachers may have difficulty with the subject of bereavement and their own 'baggage'. Teachers may find the area taboo, and have their own problems which potentially hinder them from actively helping bereaved children.

Teachers may have their own unresolved problems with the issue of death and bereavement, this in terms of their own personal experiences, and they may bring this 'baggage' to the situation with the bereaved child in school. Sisterton (1983) also contended that teachers may also have their own issues, which may affect how they interact with the children. Rowling (1994) found the tendency of teachers to address the issue at 'arms length', removing the affective or emotional element seemed to be taken out of the issue. Rowling (1995) in an Australian study, described such teachers as having 'disenfranchised grief', this being grief neither fully acknowledged nor socially supported. Rowling contended that this related to the general cultural context in England. Teachers may also hold back from approaching the child, perhaps by not wishing to broach the subject of the death, through the fear of causing an 'upset'. An alternative reason for this reluctance to approach a child may be that the teacher grossly underestimates the effect that the parental death is having on the child. Abrams (1993) contended that teachers are usually reluctant to bring up the subject of the parental death with a bereaved child. This may then 'bridge' the professional relationship they have with the child, to becoming potentially one involving discussing something of a particularly personal and sensitive nature. This again revolves around the taboo nature of death. Abrams contended that much greater research was needed into the potential impact of parental death on

students, and much more training of teachers in this sensitive area was needed. Previous workers such as Rowling and Leaman would no doubt echo these sentiments. Martin (1983) also considered that teachers need to be both comfortable with the grieving process, as well as facing their own feelings about death, this before they are really able to effectively support their bereaved pupils. On a positive note however, Urbanowicz (1994) found that after receiving in-service training, teachers become more confident in talking to and helping bereaved children in their schools. This is a clear argument for more teacher training in the area of loss education, and supporting bereaved children.

### **1.17 The child at home**

Bereaved children are discussed here in the context of their home experience, in contrast to that at school. There is the apparent danger that children will receive little support for their bereavement at school, this either in terms of proactive loss education or reactive support at the time. My basis for this contention is on the reporting of schools in both my own and others previously reported earlier research in earlier sections of this study.

Kubler-Ross (1991) stressed the importance of children being involved, and talking about things openly with other family members, this to help their own grieving. Holmes (1995) contended that Bowlby regarded the effective support of grieving children as crucial to minimise difficulties in later life. The adults need to help the children in relation to their thoughts and feelings about the bereavement, and it is only then that they are able to move forwards to resolve their grief. Alder (1994) suggests that children face the loss and protection of the adult world through the death of a parent or carer. The child may also have the additional fear that the surviving parent too may die, this through using the 'if one dies, why not the other' notion, which may only compound the insecurity of the child.

Kubler-Ross (1983) postulated that the biggest fear which children had after bereavement was that of being deserted.

Children may also experience grief in a different way to adults. Hemmings (1995) describes this as pockets of intermittent intense and profound involvement. Children may here make use of both denial and fantasy.

Part of the intention of this research was to assess the experience of children in the context of school. Would bereaved children actually be receiving support at home? At the time of a parental death, there will probably be other adult family members around these bereaved children. The surviving parent will probably be of special significance. There may well perhaps also be adult relatives in close touch with the children. These adults may however be working through their own grief, and be distracted as to the needs of the child. The adults in the child's family may not be in a position to fully appreciate that the bereaved children too need to mourn. Wolff (1992) postulated that it is the grief of the surviving parent rather than the sorrow of the children is likely to dominate the household in these circumstances. In summary then, the child may not be receiving effective help either in the home environment nor or at their school. I was also interested in gaining an insight as to how supportive adults other than at school were, in terms of helping the bereaved children. Even if the adult family members do recognise, and acknowledge the need of the bereaved children to grieve, they may still be unable to facilitate the children's grieving. With the best of intentions, adults may seek to protect children from contact with the death, not only through euphemisms, but also by the use of other 'strategies', such as by avoiding the topic, distracting children, or withholding information. Children may be overlooked if there is high drama within the family; especially if the death was sudden and unexpected. It may not have been possible to give advance thought, or contingency planning either before the event or into the post death and mourning phase. This aspect reinforces the potential importance of school in the area of bereavement in terms of supporting the child. Anecdotal evidence from friends suggested that children are

frequently excluded from involvement when the death of a close family member occurs. This was not though my own experience as a child. However my bereavements were of grandparents, and I came from a rural background where perhaps life and death and the cycles of nature and the farming industry were far more a way of life than for many of my peers. From the perception of the bereaved child, it may be that they psychologically seek to protect the surviving parent, and additionally the other adults around them in the family, by containing or repressing their own grief.

If bereaved children are unable to communicate their grief, then they may well be laying the foundations of future problems for themselves in this area, as discussed in some of the earlier studies. These potential problems may not be only for themselves, in terms of their own unresolved grief, as children and later as adults, but also for their own children in later life. The bereaved child with unresolved issues may become a poor role model for their own children's optimum resolution of grieving. How bereaved children can be helped through school was another one of the issues to be addressed by this study.

The resolution of grief may be some years after the actual bereavement has occurred, and this could therefore mean a long delay in grieving for many bereaved children. This view also supports the research indicating the potential for long-term negative outcomes for some adults bereaved as children, this relating to their unresolved grief. There is some evidence suggesting, perhaps not surprisingly, that the care of children does suffer after the death of a parent. Kranzler et al (1990) for example found a thirty per cent reduction in the daily care of pre-school children. Balk (1983) also found that adolescents tended not to confide in their parents for the first year after the death of a sibling. There would seem to be difficulties for both parents and children in the post bereavement period, with the associated danger that the grieving of children is not facilitated.

### **1.18 Children's understanding of death**

Children's understanding of death is discussed in this section, as well as where their knowledge in the area could be obtained. The adult perception of the understanding children have in the area is important. Adults may not consider that children have either the ability or understanding of what is happening in order to grieve, or to become involved in the rites after a death.

The adults in the family, and even the teachers at school, may assume that young bereaved children have no real concept or understanding of death. These adults may or may not be correct in their assumptions about this understanding, and this could be part of the difficulty for the bereaved children. Raphael (1984) hypothesised that the bereaved child will 'mark time' in their grieving until an adult facilitates them. Goldman (1996) suggests that children may be caught in 'frozen blocks of time', and may not be able to break free without the support of adult grief work. The adults may underestimate the knowledge of children in this area. Adolescents, it is contended, are particularly vulnerable to the danger of their grief becoming pathologised if it is not facilitated.

I was interested in looking further into this aspect as a key point of the research. In particular, I was interested in the age when children first gained the concept of death. Children may be given either no information, or censored information, after the death of a parent. The adults are gatekeepers, and they may withhold information from children on the grounds that they may not be able to understand it, having no conceptual framework. The same may also happen because of the taboo nature of death. This does not mean that other, less efficient avenues of information are not available to children. They may for example overhear adults or hear rumours on the playground or from their friends. The danger is that the information gleaned by the children may be highly inaccurate, in effect be misinformation gained through a process of Chinese whispers. Many have contended

that children can cope with information about what is happening, if delivered in terms which they can understand, and they actually need this information to avoid myths and fantasies developing. There is evidence suggesting that even quite young children are quite capable of gaining an understanding of the basic notions of death, perhaps even well before they even reach school age. Initially this concept may be both very confused and distorted

Young babies may be well aware of the breaking of the bond with their main carer, although they will be unlikely to have any conceptual framework upon which to place the idea of death. It is not clear as to how children generally do obtain their information about death, whether this is partially from the media or perhaps even through peer group interactions. It may be that, as with sex, there is a child 'mythology' gathered from various sources, such as in the playground, their peers, older siblings, and over hearing adult conversations. Children do likely frequently encounter 'media' deaths especially on television, this from an early age, witness such as the playground games like 'bang-bang you're dead!' Kastenbaum (1974) contended that children actually could not be sheltered from encountering death through the exposure of such as the media. It would seem strange to suggest that children do not have at least some understanding of death. The gradual acquisition of the concept of death does fit in with the theories of Piaget (1929). Here children move from an animist or a magical thinking stage through to the stage of formal operations and abstract thought as reported by Lovell (1973). There is then a gradual movement to an adult mode of thinking through such mechanisms as the accommodation and assimilation of information. Wass et al (1984) also reported findings which were consistent with Piaget's theories.

Rochlin (1967) also found that children in the three to five year old group actually thought a lot about death. Corr (1991) postulated that death is actually part of adolescent culture

and experience, citing such as the spectre of acquired immune deficiency syndrome (AIDS), and the death related themes often found in adolescent music. Examples of these songs include 'Die young, stay pretty' by Blondie (1979), 'Stairway to Heaven' by Led Zeppelin (1971), 'A hard rain's gonna fall' by Bob Dylan (1963) and 'The way friend's do' by Abba (1981). The song recorded by the rock group Mike and the Mechanics (1988) titled 'The living years' actually related to the experience of paternal death.

Some studies have concluded that children seem to be far more conceptually aware of death than perhaps adults would perhaps consider was the case. This is perhaps a similar position to that regarding other taboo matters, such as those of sex or drugs! Bowlby's (1973) research on attachment and separation contended that even babies notice their separation from the person providing the main care. It would seem extremely doubtful that the young infant could have the conceptual understanding of death itself. This is at the opposite end of the spectrum to adult studies, such as with middle aged women, who are far more likely to be well aware of the implications, social and otherwise, of the death of their partner. Research by Zach (1978) suggested that even by early school age, many young children had begun to grasp at least some embryonic concept of death, in particular both the meaning and also the fear of death. Kane (1979) postulated that even by the age of three years old, many children would have gained the realisation of death, though it would be an embryonic understanding of the concept of death. In the Kane study, it was concluded that the average six-year-old child would have grasped the concept of death as an irreversible state. Lansdown and Benjamin (1985) reported that by the age of around five years old around a third of the children in their sample had acquired quite a good concept of death, including the concept that death is irreversible. Children may have some confused notions as to what death entails. They may wonder, for example, how the dead person goes to the toilet, or how they eat their food. Death may be perceived by children

as being either traumatic or violent, perhaps even as including both, this through media influence, such as the presentation of disasters and death in fiction and in fact. By the time that most young children reach the age of twelve years, they will probably have an understanding of death close to that of an adult. This theory does again link in with the Piagetian concept of children achieving 'formal operations' (Lovell, 1973). In terms of quality of thinking, this is a 'conceptual leap' and achieved by many children at around the age of twelve years old. It is perhaps not coincidental that many children seem to achieve an adult concept of death, at a similar time to also achieving a more sophisticated way of understanding and thinking.

The Vygotskian notion of the zone of proximal development, another social constructivist theory would also fit in here. This includes the idea of 'scaffolding' and children building up their knowledge through experience and guidance from adults, both formally and informally as reported by Van der Veer and Valsiner (1994). However, the teachers of bereaved children around this age group may still either not realise how much the children do understand, or else be unaware as to what is important to the children at the time of their bereavement. Blackburn (1991) identified that there was a mismatch here between bereaved children and their teachers, and there may well be a gap in perceptions between the two. Thirteen children aged from seven to fourteen years old, in this card sort study, were asked to rank some of the issues around the subject of bereavement in terms of importance. The children's twelve teachers were then asked to do the same task. The research by Blackburn also revealed that there was less of a mismatch between secondary school aged children, and the perceptions of their teachers than there was with primary teachers and their age group children. This is perhaps counter intuitive, in that the primary teachers are with children all day, and it would therefore be tempting to suggest that they are more 'in tune' with them. In contrast, the child may have several different

subject teachers in the secondary sector. Blackburn pointed out that secondary aged children will probably have a far more sophisticated system of communication than their younger peers, and are perhaps also potentially more able to articulate their problems far more efficiently to others. Blackburn's study demonstrated the danger of extrapolating adult views and perceptions, and assuming that children share these views. The research also tended to support some of the notions relating to the gradual acquisition by children of an adult like understanding of death, as the older children seemed to share more 'common ground', in terms of perceptions, than do the younger age group with their respective teachers. If teachers tend to underestimate the understanding of children as regards the area of death, then they are less likely to provide a matched and appropriate intervention. The other adults with whom bereaved children have contact will likely too have similar 'mind sets' regarding the perceptions of children's grieving process, and they too underestimate their capabilities. Teachers are also of course, both adults and are also potentially parents too, and as such may too share characteristics with these other groups! Weller et al (1988) in an American study found that parents too underestimated their children, underestimating the effect that the bereavement was having on the youngsters. This was based on an independent assessment of the children and their parent.

### **1.19 The importance of rituals**

The issue of rituals and rites after a death is discussed in this section.

There is the danger of children not fully resolving their loss, and this may at least partly relate to adults not facilitating their grieving. The adults in the family may find the whole area of bereavement both difficult, and uncertain. Children may not be included in the rituals after the death of their parent. There are not the formal 'rites of passage' that in past generations provided an element of certainty to the post death bereavement process.

Barnsley (1995) reported the importance of the funeral as serving to strengthening social bonds through obliging large numbers to share and to show emotions. Marris (1974) observed that in our contemporary culture, only the funeral service remains as a vestige from a once quite precisely defined social convention and formula centred on the area of death. In times past there were prescribed mourning rituals. These rituals included the drawing of curtains in the house after a death, the shuttering of the house windows for a period of time, the laying out the body at home, and black worn for a period. Taylor (1983) points out that it was women rather than the men that were compelled to wear mourning clothes! All these prescribed conventions were clear, with the minimum of ambiguity. Gorer (1965) postulated that the Victorian age of death rites ended with the arrival of the First World War. Rituals are retained in many other cultures, these conventions, and the rites of passage, perhaps also help to provide some sort of meaning and framing for the grieving process. Turner (1969) suggested that the rites were important in terms of being a transition period for the bereaved being 'between states' in the social sense. Wright (1989) found that, in a study of those bereaved at a hospital, the most helpful action provided by the staff was support in viewing the body. This seemed to help the bereaved in the grieving process. Today, for most people, there seems to be little guidance as to how to behave after a death occurs, much being left to discretion. The individual is likely to be in emotional shock during the time immediately after the death, and may be therefore lacking in rational judgement, which will not help them to make decisions. One variable is whether the death was expected, and if any preparations had been made beforehand. Littlewood (1992) reported that there were mixed findings about whether an anticipated death was more problematic than a sudden death. Stroebe and Stroebe (1993) found that there were no significant effects of the 'expectedness' of the death, this in relation to young spouses and health after bereavement. In contrast Parkes (1975) did find evidence

of what he termed 'unexpected loss syndrome' this linked with a terminal illness of a short duration, where there had been no time for the spouses to discuss things to any extent. The symptoms of this included social withdrawal, continued bewilderment and protest, which led to a longer more complex period of grieving.

Death rites would probably assist with the grieving process, especially with the initial task of grieving, this being that of actually accepting the reality of the death. Gorer (1965) was adamant that the decline in these rites has led to an increase in psychological problems for the bereaved. Rites, such as having contact with the body of the deceased, especially when it is retained in the home before the burial or the cremation, would likely help to bring home the reality of the death to the bereaved. Today, the body will probably be removed to a morgue or to a chapel of rest, rather than being retained within the family and home setting. Today, we seem far more uncertain as to how to behave after a death, this combined with a reduced frequency of encountering death, as infant mortality and life expectancy at birth have tended to respectively decrease and increase over time. The greatest effect has been caused by the reduction in infant mortality. This has been reduced from 142 per thousand live births in 1900 to just nine per thousand in 1988 (CSO, 1989). According to the CSO figures, the average life expectancy of life for males at birth in 1906 was forty-eight years, this had increased to seventy-two by 1985. There was only a marginal increase in life expectancy for those reaching adulthood, the discrepancy being explained by the reduction in the deaths of children. Today, children will tend to be denied good role models as to how to deal with bereavement, as they themselves are unlikely to encounter death as frequently compared to earlier generations. In some ways, family circumstances have changed, and with more mobility, we may only have a limited circle of acquaintances compared to the past. This may be reflected in a poorer support system for both individuals and families, now perhaps separated as they may not have been in past

times, by some distance. Children today may not encounter the death of somebody 'close' in the sense that, in a small village in the past, all the inhabitants would tend to know each other. The children would likely be more actively involved in the death of acquaintances, as well as those of their relations. In contrast, today we generally seem to be more 'anonymous', although at times of great tragedy, such as at Lockerbie, communities do seem to be able to respond as a unit. However, in general the death of a parent today, may make a heavy impact on the child, in comparison to a child of times past. Today, generally, relationships seem more transitory and mobile than in the past. We may leave our 'roots' and extended family, and move on far more frequently than in the past.

Marshall (1993) contends that the funeral is an important rite and a stage in the bereaved beginning to start to adjust to their new life.

In summary the rites of passage do seem to help the bereaved, and the study was interested in how far the children were involved in these rites. For example, how many of the subjects actually went to either the funeral of their parent, or to see the body in the chapel of rest. Also, and of more relevance was whether attending these rites actually helped or hindered the bereaved children. The corollary to this question is the effect the non-inclusion of children in these rites had on them. The study was to include adults where the death of their parent had taken place at least five years previously, and therefore they had quite a lengthy time period to reflect on matters.

### **1.20 The process and models of grief**

This section considers the various postulated models of grieving that have developed in modern times. Silverman and Klass (1996) considered that the disengagement model of grief is a 20<sup>th</sup>. Century phenomenon, and as such a relatively recent theory. It could be contended that Freud (1917) founded grief work, this relating to the reinvestment of mental energy away from the bereaved. Freud noted similarities between mourning,

normal grief and melancholia, which is pathological grief. Most of the major research work, in the area specifically of bereavement by death, rather than on attachment or understanding of death, has however revolved around the grieving processes and experiences of adults. The assumption has seemed to be made that children will respond and grieve in a similar way to adults. My concern was that such extrapolation could not necessarily be made from adults to children, and this was partly a focus of this study. Parkes (1998) described three basic types of models of grieving, the phase model, or stage model, the medical model, and the grief work model. The stage model tends to be relatively static and passive and discussed later in this section. Here individuals pass through stages as a train passes through stations on its way to its destination. The grief work model, discussed later, perceives the individual as taking a far more active role in grieving, and is also discussed later. The medical model tends to perceive grief as an abnormal condition, and so pathologises grief. More recently grief work has been thought of in terms of continuing bonds.

The stage model of grieving was postulated by Kubler-Ross (1982) with ground-breaking work in this area, through a research project interviewing over two hundred dying adult patients. Kubler-Ross identified a series of stages through which these terminally ill patients seemed to move from the point when they first heard the news, until they eventually came to terms with their fate. When the subjects first received the news that they were terminally ill, a typical response would be to react with disbelief. These patients were in a state of shock and denial, and the individuals were still very far from accepting that what was happening to them was inevitable. After the initial stage of shock, patients then often tended to go into a denial mode. At first, they could not accept what was happening, and then they would later 'pretend' or deny that it was really happening to them. Later in the grieving process, these patients would become angry and depressed,

there were other identifiable stages, such as feelings of guilt. Eventually the patient would reach the stage of resolution, and by that point they would have actually come to terms with their forthcoming demise, and generally becoming at peace with themselves. This Kubler-Ross model, relating essentially to the terminally ill, seems also to be accepted as a general loss model, postulating that the individual bereaved through death, also themselves moves through a number of stages. These stages include moving from initial shock of the death and denial, and then on through other stages of grief including anger, guilt and depression to, hopefully, the final resolution of the grieving process. Wright (1989) found that bereaved relatives were helped in their grief by having access to the body after a hospital death. *Viewing the body was likely to help the relations to come through the initial stage of shock.* It is at the stage of resolution that mourning is completed, and the bereaved individual at this stage has eventually come to terms with the death. Resolution does not mean that the deceased will be forgotten by the bereaved, a popular misconception amongst many bereaved individuals the writer has counselled. Resolution means that the death does not now impact so highly on the daily living of the bereaved individual, *as they are now able to resume a large element of normality of living.* Memories of the deceased will of course remain, but these memories will not now be impeding the normal functioning of the individual, as they do in the early stages of grieving. Whether the Kubler-Ross model of loss, based on terminally ill adults, can be extrapolated to children, is a matter of debate. Adults, by definition, have a far greater experience of the world than will children. Assuming the adult has no learning disability, they will also have a far more sophisticated conceptual framework on which to 'hang' these experiences than will children. For the young child, the main issues may be separation, uncertainty, and the lack of control they have on the situation. Wolff (1992) contended that for the young child, there is in effect no difference between loss of an

individual by death or by absence. For the adult, with a greater world experience, there surely are other elements, such as future expectancies and relationship losses. Issues such as the loss of companionship and a sexual partner may also probably be raised. Bereaved adults are likely to have a far greater realisation, and understanding of the implications of their loss. They are able to predict that they will not see their future grandchildren. Children tend to live on a more 'day to day' egocentric and concrete basis than adults. The experience of bereavement would seem to be a different experience, in many respects, for the adult compared with the child. It seems questionable whether this grief model, essentially based on adults, can be extended to children. In addition the idea of a fixed framework seemed a rigid concept, and not in line with anecdotal 'ups and downs' experienced by many bereaved individuals. One day the bereft may be quite down and depressed, the next they may be in a more positive mood. Later the bereaved may too be thrown back by a reminder of the deceased, perhaps the chance meeting of an acquaintance not yet aware of the death. This idea was also supported by Heegard (1991) who likened working through grief as riding the waves of the sea, there are calm times as well as stormy times.

Parkes (1986), in a study of London widows, brought forward the notion of fluidity of grieving. Here, the bereaved individual can go through some or all of the previously mentioned stages of grief, but not necessarily experience them in a fixed or in a rigid order. The idea is that, although bereaved individuals often experience similar reactions, the individual is not on a fixed trajectory, but could well return to an 'earlier' stage of grieving before moving on to resolution. Parkes, in this London centred research project, had twenty-two young and middle aged bereaved widow subjects, who were then each interviewed five times during their first year of bereavement. However, the Parkes research was again conducted with adults, a small group of twenty-two females, all having

previously been married, and described as being from young to middle-aged. How far the experiences of married women can be extrapolated to children is debatable, for the reasons previously mentioned relating to life experiences. However the research did support the notion that perhaps the stage model of grieving was inflexible, and did perhaps not actually reflect the individuality or reality of the situation. Theory seemed to be moving towards that of a more integrated model, in that it seemed more accepting of the effect of social factors beyond the individual. The bereaved was not just passing through mourning like a train down a line, but could stop, take a detour or even at times reverse, before eventually alighting at the station of the resolution of their grief. Indeed, Parkes makes the point that the antecedents to bereavement, and the specific circumstances of both the individual and the social setting, are likely part determinants of the outcome of grieving. Parkes cites the case of Queen Victoria, who being so dependent on Prince Albert that her grieving seemed both lengthy, abnormal and without resolution. This is even more surprising, especially when it is set against the social cultural backdrop of those times, being an age where death was far more common, as were the helping rituals, compared to contemporary times. Parkes contended that earlier childhood experiences, especially such as the loss of a significant individual by death, was one element determining how well individuals cope with grief when they are adults.

Worden (1984) had taken a slightly different perspective than Kubler-Ross and Parkes, seeing bereavement as a series of tasks to achieve, rather than just being a series of stages through which the individual has to pass. In this model, the bereaved plays an active rather than a passive role in the grieving process. The first task of the bereaved individual is to acknowledge their loss, that being to accept the reality of the death. Sight of the body probably plays an important role in achieving this task, and bereavement counsellors tend to suggest that it is normally a positive step for the bereaved to view the

body of the deceased. If the bereaved does not actually view the body, it seems to potentially block, and delay the grieving mechanism, that of acceptance of the reality of the death. The rites and rituals after a death, as discussed earlier, would also seem to help in this process. This area would also seem to be a fertile breeding ground for the defence mechanism of denial, the thought by the bereaved that the deceased is not dead after all, and will after all eventually return. It is here, at the beginning of the grieving process, that children especially may need help, and as suggested by Raphael, facilitation of their grieving through adult help. There is the danger that children will be 'over-protected' by the adults in the family, by such as not being allowed to be involved in any of the rituals of death. They may not be allowed to attend the funeral, nor to view the body, the adults perhaps assuming, without asking, that the children would not wish to be involved in these events. It would seem intuitive that children should not be forced to take part in things, such as by attending the funeral, or by viewing the body of the deceased. However, if children do choose to attend either the chapel of rest or the funeral, then it would seem positive, but it would be prudent to give them forewarning of what to expect, and to provide adult support. Marris (1958) found that mothers tended not to encourage their children to attend the rites after the death, this an apparent to attempt to shield them. Duffy (1995) emphasised the importance of children attending the funeral service, as part of their grieving process. This research was to investigate how helpful or otherwise the adult subjects had found attending the funeral. The adults would have had time to reflect on the bereavement, and therefore will have at least a medium term perspective on the issue. It was also intended to ask the subjects how useful it was to attend the chapel of rest or view the body of the deceased, this would also provide unique data on child attendance at both funerals and chapel of rests. Goldman (1994) postulated that by not allowing a child to attend the funeral, an environment of denial is created, which actually

inhibits the grieving of children. It was hoped that this research would help to answer the question of attendance at the funeral, assuming that there was a mixture of attendance and non-attendance amongst the subjects.

The second task of grieving, from Worden, is that of experiencing the pain of grief, which could be both physical as well as emotional. This suggests that actually feeling the pain of the loss facilitates grieving in the long run, in other words it is something to work through.

Worden's third task of grieving for the bereaved is to adjust to an environment without the deceased. This may be difficult for individuals having spent much time together over a number of years, such as married couples, and having no separate and individual lives of their own. The final task of grieving is to invest one's energy elsewhere, by withdrawing this energy from the deceased. Here in a sense this means finding a replacement for an energy, though the memories of the deceased will, of course, always remain, but at this point they do not now hinder a return to a 'normality'.

Fox (1991) suggested that children have to work through four psychological tasks to complete their grieving, these being the tasks of understanding, grieving, commemorating and then moving on. This is similar to the Worden model, and also to that of Ward (1993), which suggested shock, denial, growing awareness and acceptance as stages. Furman (1974) suggested that children have to initially come to terms with the death, then complete their grieving, then finally resuming the progression towards the development of their personality. Helping children through the initial stages is therefore according to Furman quite crucial. Tatelaum (1990) describes the stages through which bereaved children could pass, including anger, depression and the initial shock, the same type of stages as for adults. The problem with making this sort of extrapolation has been mentioned, and it assumes that the experience of bereavement similar for children as for adults

Silverman and Klass (1996) contended that the bereaved maintain links with the deceased, these bonds are not severed, but flow on into time. There is an emphasis here beyond just memories, and the focus here is not the same as previous models. This challenges the notion that grief can actually be resolved as such, and is supported by evidence from other cultures, as described earlier in the study.

This research intended to address that question, with its implications for the sort of help provided to bereaved children. I was interested in whether children's experience of bereavement is similar to that of adults, in other words whether the adult model of grieving can be extrapolated to children. If there is a pattern in the way that bereavement impacts on children, then it may be possible to use these in terms of interventions. This study intended to research children bereaved of a parent when they were at school, and attempt to determine whether either a stage or process model was appropriate. Children could be helped through bereavement through either a stage or process model, although there could well be a different of focus between the two generalisations.

## **Chapter 2 Methodology**

### **2.1 Introduction**

The main aim of the study was to gain an insight into the experiences of children bereaved of a parent, with particular reference to their experiences at school.

This chapter relates the methodology of the study, and initially summarises the research questions that evolved through the discussion in chapter one. The next part of this study revolves around its focus and the methodology considered. Ethical considerations are also discussed, and the questions the subjects were asked are also discussed.

### **2.2. The research questions**

The study sought to answer four research questions, and these are detailed below.

#### **1. What is the experience of parental death like for children, in terms of their grieving, power, and the support, facilitation or otherwise they receive from their family and school?**

There was an interest in this question, since previous research relating to the stages or tasks of grieving had only taken place with adult subjects. The Parkes (1987) study, for example, had middle-aged widows as subjects. Perhaps children do pass through a process similar to elderly bereaved women, but this may not be the case. It could be that mourning and the stages of grieving are set against the general 'back drop' of other factors, such as the age of the child. It had been postulated that children achieve an adult concept of death at around the age of twelve. It may be expected that younger children could well have different experiences relating to both their cognitive development and their understanding of the issue of death. At the time of a death, things may be in crisis, and children may not understand what is happening, and are perhaps only slowly, if at all, told the whole reality. This may be because the parent is in crisis, or that the parent's motive is to protect the child from emotional pain. In either case, there are perhaps implications for

both the successful grieving and for the future trust of children, if they are not kept as fully informed by the parent, as their understanding allows. The first task of grieving, postulated by Worden (1984) is accepting the reality of the loss, and this may perhaps be delayed, in the case of children. They may find things out things later, perhaps from their peers, in the school playground, and hence they may well lose trust in the adults around them. For whatever reason, I was interested in the issue of empowering children at the time, hopefully to improve the chances of a positive trajectory in the mourning process. Investigating whether children felt powerless in the bereavement situation could enable a feedback loop to be provided to help with future bereavements.

The research question was also aimed at improving the situation for bereaved children beyond the initial crisis at the time of death and into the medium and longer term. It was aimed specifically at the teachers and adults at school, rather than in the context of the family, addressing more directly the issue of helping bereaved children through school. This help may not be only through the mode of a reactive intervention, but also through the longer-term issue of 'death education'. The question was intended to investigate how children themselves, with hindsight, perceived the school situation. This included the negative or positive effects of children attending school shortly after a death, their peer relations and their general coping with full time education during a time of grieving. The question sought to identify the path of the grieving process of bereaved children, as perceived by the children, to determine whether it mirrored the grieving processes of previous adult based research.

## **2. How can adults, in particular teachers, give effective support for bereaved children at school, what helps and what hinders the grieving process?**

This question was intended to investigate how children themselves, with hindsight, perceived the school situation. This included the negative or positive effects of attending

school shortly after a death, their peer relations and the general coping with full time education during a time of grieving.

**3. Is the issue of loss and bereavement addressed by schools, and if so is it done in a meaningful way, i.e. does it have positive outcomes in terms of helping children?**

This question was intended to investigate the 'death education' strategies used to help to prepare children for bereavement, as well as the overall reaction of the school as an institution, in how it reacted to the bereavement. The added question relating to the schools reaction was regarding the effectiveness of the strategies and what else could have been done, as perceived, in hindsight, by the child, to have further helped.

This question addressed the issue of 'death education', or other school experiences which affected the bereavement of the child, and it was intended to identify those experiences which helped the situation. It also sought to answer whether schools directly addressed the issue of loss and bereavement in the curriculum and, if so how and also, does it help the bereaved child. My research in the context of Humberside schools (Holland 1993a, 1995), suggested that the issue was not always addressed, though the Humberside research was based on the perceptions of teachers rather than the children.

**4. How does the experience of children going through bereavement affect them, the child, in the short, medium and long-term? Are they more likely to have time off school, through illness, as an indirect effect of unresolved grief?**

This question sought to determine whether bereaved children were more likely to have more time off school ill, at least in the period shortly after their bereavement. It may be the opposite, school being perhaps perceived by children as a ' safe haven' and that their attendance is not affected. Children's attendance may even increased after a death, especially if the home is in emotional turmoil. Ward (1994) suggested that many bereaved or divorced parents may encourage their children to have more time off school, this to

provide them with company. Ward also contended that the parents would tend to make the excuse that the children did not want to separate from them.

### **2.3 Research questions- summary**

**1. What is the experience of parental bereavement like for children, in terms of their grieving, powerlessness, and the support, facilitation or otherwise they receive from their family and school?**

**2. How can adults, in particular teachers, give effective support for bereaved children, and what helps and hinders their grieving process?**

**3. Do schools address the issue of loss and bereavement in a meaningful way, and does it have positive outcomes in terms of helping children?**

**4. How does the experience of bereavement affect children, in the short, medium and long-term? Are children more likely to have time off school, through illness, as an indirect effect of unresolved grief?**

### **2.4 Focus of the study**

This section intends to focus the aims of the research. The main aim of the study was to gain an insight into the experiences of children bereaved of a parent, with particular reference to their experiences at school. I was interested in how schools helped, or hindered the grieving process of the bereaved child, and what more could be done to support these children. Did teachers possess the necessary insight and skills to help the bereaved child, and how best could the bereaved children be helped? Pratt et al (1987) found that many teachers were neither adequately trained nor comfortable with the role of supporting bereaved children. This was borne out in my earlier studies in Humberside, already been discussed earlier in the study. It was hoped to identify 'good practice' in both reactive and proactive help, gleaned from the experience of the subjects when they were bereaved children. Another aim of the study was to attempt to provide a theory as to the

grieving process of children. Did this grieving process mirror any of the adult bereavement models, or was the experience of being bereaved as a child essentially different from that of the adult. What were the perceptions of the bereaved child in this area?

## **2.5 Methodology considered for the research**

The various methods considered for the research are discussed here, together with the reasoning for the eventual choice of instruments.

Mouly (1978) suggested that research is the process of arriving at dependable solutions to problems through the planned and systematic collection, analysis and interpretation of the data. Mouly regarded research as an important tool for the advancement of knowledge, for the benefit of the community at large.

Although I had quite a clear idea of the questions I was interested in researching, the next part of the research was to decide on the methodology to use in the project. I considered various methods of researching the project. The experimental method was quickly discarded as not being really appropriate in this instant. This study was really a trawl for information, which could possibly lead to revised perceptions within the area of childhood parental bereavement. An experimental approach, with tightly controlled variables did not seem at all appropriate. In addition, it would have been impossible on ethical grounds not to intervene in circumstances where problems had been observed in children. This could arise, for example, where one group of bereaved children was receiving no counselling, and was being compared with another group of bereaved children receiving counselling. If a child in the former group showed distress, and in need of counselling, it would have been impossible not to intervene, although this action would actually have partly invalidated the experiment. It would have been extremely problematic on ethical ground not to provide both groups of children with counselling! To become involved in an experimental approach did therefore seem to bring with it these increased problems. In

addition, the experimental approach can at times be perhaps so controlled and 'laboratory-based' as to be ecologically invalid, and not a true reflection of real life. Conversely, where an experiment is less tightly controlled, in an attempt to make it more realistic, it may then be difficult to decide what is actually affecting the dependent variables. Dobson et al (1981) claimed that the experimental method dehumanises and may also distort behaviour, and therefore anyway does not provide a true picture of what is actually happening. Orne (1962) also demonstrated that subjects may perhaps simply want to please the researcher in an experiment. Subjects may be prepared to complete totally pointless tasks, such as folding and cutting paper for hours, this being completely at odds with their behaviour in real life. The point regarding the wish to please could of course also apply to any form of research, and is one of which I kept in mind as a possibility.

Participatory or non-participatory observation was another method that I considered. This would have been both difficult and time consuming to organise, and this may also have affected the behaviour of subjects. It would have probably also been quite obtrusive to be productive as a method, and with the potential to cause offence, such as being with the subjects at a chapel of rest or funeral. In theory though, this may be the most ecologically valid method to use, as direct observations could be made at the time. However, it may have also been necessary to question the subjects later, this to clarify matter, or else the researcher could, as Bannister (1994) suggested, make very subjective interpretations of the observations. It would also have been a probably unwanted imposition at the time of a bereavement to attempt such a study, and would perhaps be very similar to the way in which the media pursue their victims. This study would also have been ethically questionable. The researcher too may have become quite emotionally involved in an observational study, this potentially effecting the objectivity of the researcher. Participative

observation was however used successfully by Labov, although this was over a long time span and in a perhaps less potentially traumatic type subject, that of language and its usage. The experimental and observational methods were therefore discounted.

A survey type approach seemed to be a more appropriate method, such by interview or questionnaire. Dane (1995) concluded that surveys were appropriate as a method of investigation when one wants to discover what people are willing to self-report. Here there is an exchange of information between the researcher and the subject, the researcher asking questions and the subject replying with information. Dane (1995) considered that the face to face interview was preferable, if there were a number of questions, and also if these had the potential for generating 'follow-up' questions.

The crux of this investigation hinged around the experiences of children having been bereaved of a parent when they were of school age. The most direct way of finding out about their experiences and the effects that the bereavement had on children, seemed obvious, that is to ask those children having already gone through the sad experience of having a parent die. Much has been written about surveys and also interviews, which broadly divide into structured and unstructured. In the unstructured interview the interviewee is allowed a 'free rein' to talk about their experiences, in a structured interview the interviewee takes more control. Cannell and Kahn (1968) described the interview as a two-person conversation initiated by the interviewer for the purpose of obtaining relevant research information. Briggs (1986) reported that around ninety per cent of all social survey investigations use interviews in one way or another. The interview is a direct verbal interaction, a special form of conversation, in contrast to a questionnaire where subjects make their own written responses. One difficulty outlined by Miller and Glassner (1997) is that the storyteller's narrative can only be told in part, because there is not infinite time within the interview. In addition the coding of the subjects stories further fractures the

process and the wholeness of that story is lost. There are other difficulties, such as the introduction of bias and my own mind-sets. Language shapes meanings but assumes a joint and shared understanding. These points cannot be refuted, but an awareness of potential problems is hopefully part of the way of minimising them. Charmaz (1995) too notes that individuals may not want to reveal themselves totally to an interviewer, although this was hopefully minimised by my procedures

I considered whether to use an open-ended interview, this to allow the subjects 'free rein' to relate, and to talk about their experiences. Kahn and Cannell (1957) described interviewing as a conversation with a purpose. Silverman (1993) considered that the primary issue was for the interviewer to gain an authentic insight into people's experiences. The advantage of this method would have been that the subjects would have been 'rolling out' their thoughts regarding their experiences without prompting or cueing. This lessens the possibility of the interviewer in some way influencing the subject to respond in a particular way. A disadvantage with this method was that there was a chance that elements I was researching may have been completely omitted, in the absence of these 'cue questions'. The subject may not have mentioned the response of school to the bereavement or their experiences at the funeral, and these insights would have been lost to the study.

One difficulty is that potentially subjects may not be truthful. Even if the subjects are truthful, then they may not fully understand a question, misinterpret it, or even try to please the researcher. Even if the subject intends to be open and honest, there could be distortions caused by the lapse of time, although the issue of memory is specifically addressed later in the paper. Coolican (1994) contended that the less structured the interview, the more likely that information would be genuinely given and that it would be both richer and fuller, likely being on the subject's own terms. The balance of power

between the researcher and the subject are perhaps more equal, the less structured the interview, and this could well mean that by empowering the subject that the data obtained was richer than in a tighter interview. However Coolican (1994) also pointed out that there were also dangers in this type of methodology, and that the less structured the interview the potentially greater was the problem of analysing and coding the data. The less structured the interview, the more likely the generation of a large amount of data, making the analysis a potentially very complex procedure. Walker (1989) contended, an interview may lead to 'data-overload', just too much data being produced. This was particularly the case where data is tape recorded, although adopting this procedure, would help to avoid the researcher imposing their own structure on the data when taking notes. The use of a tape recorder gives the opportunity for the interview to be listened to several times this procedure hopefully minimising such problems.

A survey method, that is simply to ask questions about the experiences of the subjects, did seem to have its advantages as discussed. It seemed important to allow for both 'probe' and 'open' questions. The first class of questions is in an attempt to obtain information, the second type is to allow subjects to answer in a more general way, perhaps revealing issues beyond the scope of the probe questions.

Cohen and Manion (1994) suggested that care needed to be taken with the questions, this both to avoid researcher bias, such as leading questions, and also increase the chance of accurate data being obtained. Leading questions, for example, should be avoided, for the obvious reason of suggesting the desired answer. Cohen and Manion also considered that questions should be simple rather than complex, so that the subjects can quickly understand what is being asked. In particular language should be couched in 'every-day' language and be neither ambiguous or use academic or specialist language that may not be understood or could alienate or embarrass the subjects.

Using a questionnaire would have resolved the problem of the possibility of subjects omitting areas of interest to the researcher. Coolican (1994) contended that a questionnaire in itself, where subjects provided a written response, may not produce the richness of the 'face to face' interview, where subjects are relating their own experiences without interruption. There is the problem that subjects may not report accurately, either intentionally, or otherwise. There is also not the possibility of clarification or 'follow-up' question, which are possible with either a face to face, or a telephone interview. Tuckman (1972) however contended that as the questionnaire is anonymous, it is more likely to be completed honestly, as opposed potentially to the face to face situation of the interview. An interviewee may, in some circumstances feel that they have to answer with a socially acceptable answer, especially if they feel that the interviewer may be judgmental. Bradburn and Sudman (1979) found that, when survey responses were compared against official records, under-reporting of socially undesirable behaviour was found whichever method of questioning was used. Cohen and Manion (1994) also suggested that subjects could lie or give socially desirable answers in an interview. These problems could relate to the characteristics of the interviewer and interviewee, and the social interaction between the two of them. Jourard (1971) considered that establishing rapport with subjects is an important prerequisite when dealing with sensitive material, and a face to face interview again seemed to offer the best vehicle to achieve rapport. Kitwood (1977) also contended that if the interviewer establishes a good rapport, and asks the questions in an acceptable manner, then given respondent sincerity and good motivation, accurate data may be obtained. To help minimise these effects, establishing a good rapport with subjects was very important. In addition it was necessary to avoid questions that may have begged a 'social' rather than an honest answer, this by putting an interviewee in a potentially 'good' or 'bad' light.

A structured interview would be similar to a written questionnaire, this having the advantage of being quick to administer, with probably more easily analysable data.

According to Coolican (1994) there may be constraints which would reduce the richness of the data, and could lead to the gaining of information on a relatively narrow front. The subject would also have little power in that situation, and may have been hence less willing, perhaps subconsciously, to provide the greater detail that may be revealed in a more open ended interview. Tuckman (1972) considered that an interview offers the opportunity for probing, which is not possible with a questionnaire.

A compromise between an open-ended interview and a questionnaire is a semi-structured interview. Here a questionnaire type sheet is used as a framework for an interview, but the subject is allowed to expand, the researcher recording, and guiding the interview through the various areas. This type of survey, in contrast to a written questionnaire, also enabled the researcher to be present and collect any additional information, to observe non-verbal communication, and to follow a particular line of inquiry if this was appropriate. Bannister et al. (1994) considered that this type of research method was an open and flexible research tool, the researcher being able, at least to a large degree to follow up issues and respond to the subject. Tuckman (1972) suggested that there were both advantages and disadvantages of both the interview and the questionnaire method. Tuckman contended that there were two potential problematic methodological areas with a questionnaire, that is of the sample and the instrument used.

The use of the interview brought with it two additional potential problems, one especially being that of the interviewer and potential bias or reaction by the interviewer. A relevant issue is that of experimenter bias, and with it the danger of effects such as the expectation found by Rosenthal and Jacobson (1968). The writer had a concern that schools may not be as effective as possible in dealing with childhood bereavement. There was the danger

of transferring this bias to the subjects, who may then present a bias picture of the reality. Guba and Lincoln (1987) suggested that is always the potential for influences between the researcher and the respondent. The situation is one of a human interaction, and as such it would be unrealistic to assume that there can ever be a position of total neutrality. The importance again is really an awareness of such issues, and an attempt to minimise, rather than to pretend that they do not exist.

In addition, the subjects were volunteers, and studies such as by Ora (1965) have shown that volunteers have a tendency to be insecure, dependent, easily influenced, aggressive, neurotic and introverted. With regard to my own position, did interest and concern about an area of life, per se disqualify me from researching that area, on the grounds that I may not be objective! Research is often led by interest, taking as it does potentially a large amount of time and effort. If interest debar research, then there may well be less research, and with that, less solutions to problems. Renzetti and Lee (1993) suggests that there should be some amount of compatibility between the researcher and the subjects being studied, this to help sustain the relationship for the instrumental purpose of collecting data. An awareness of the potential bias, and the dangers following from this, as well as making provision to exclude it from the research, by for example refraining from asking leading questions, will surely minimise these potential effects. Banister et al (1994) contended that research is always carried out from a particular standpoint, and that it was just pretence to be neutral in many qualitative studies. I was quite comfortable with researching the area, and my keen interest would hopefully help me carry out and complete this study over a number of years. Converse and Schuman (1974) considered that the interviewer must shake off self-consciousness, suppress personal opinions and avoid stereotyping subjects. Interviews should also always be conducted in private to avoid contamination if the respondents are aware of others potential evaluation of them by

their views. Concerning the aspect of volunteers, this is a more difficult issue. Subjects could not be 'drafted' to the research and forced to take part, and even if they could be so coerced, and were, then they would perhaps be hostile and uncooperative or deliberately sabotage the study. It would be difficult, as well as questionable ethically, to trick subjects into taking part in the research. It was only possible therefore to use volunteers, with the caveat that they may well represent a special group, perhaps those who 'needed to be heard' and as such the findings of the study may not be extrapolated beyond this group. There were ways of hopefully perhaps minimising the effect, this by obtaining subjects through indirect contacts, such as recommendations and the targeting of groups. Here again, I made attempts to minimise the risk.

The appearance of a questionnaire should also be carefully considered, it should look easy and attractive and have clear instructions for completion. Cohen and Manion (1994) also suggested that a covering letter giving details of the context of the study should ideally be included, that the letter and envelope be of good quality, and that first class stamps be used. Cohen and Manion also suggested that a stamped addressed envelope be included for the respondent to use to reply. It was also suggested that a December mailing should be avoided because of the holiday period and heavy postal load. I intended to avoid this period in any event, for reasons of the subject nature of the study.

I took all these factors into account in the study, and in addition I replied in writing to subjects, acknowledging and thanking all those returning questionnaires.

Whether or not the subjects told the truth or were accurate in their recall were factors that would affect the validity of the data and the conclusions of the research. The issue of memory is addressed later in this chapter. With regard to the issue of truth telling, it is not of course possible to ensure that anybody in any study actually tells the truth. Measures, as already suggested, were taken to attempt to minimise this possibility.

Ultimately I decided to proceed with the research aware that the process could not be ideal, but still striving to make the process, and therefore the findings, as 'watertight' as possible.

## **2.6 The method chosen for the research**

The various methods were subjectively weighed and compared, and the method chosen flows from the previous reasoning. Bearing in mind limitations of time and other resources, I decided that the research would be partly by semi-structured interview, and partly by questionnaire. Walker (1989) contended that questionnaires were in effect an interview by proxy, and as such it seemed reasonable to have both the methods in the study, since they were of a similar ilk. In addition, McLeod (1994) contended that it is actually helpful to use a multi-method approach, and to use different techniques for collecting the data, rather than relying on just one method. I saw the possibility of combining the two types of methodology in one study, and Smith and Louis (1982) also described this as an acceptable approach. I decided that the interviews would take place either at the home of the subject, or else at another conveniently situated location at which the subject felt comfortable.

The study was really qualitative rather than quantitative in nature. Rist (1977) tracked the movement of qualitative methodology to now being far more general acceptable than it was in the past. Qualitative research does bring with it perhaps greater difficulties in terms of the analysis of data, the danger of misinterpretation and the danger of researcher bias are but two of these difficulties. The advantage for me is that it is 'subject rich' and brings with it the ability of subjects to relate their own stories. There is the danger that they may not have accurate recall, although some provision as regards cross-referencing was made. Where the subjects were connected, for example siblings, or parent and children, details that emerged could potentially cross-reference experiences, and bring confidence

that the memories were accurate. Webb et al (1966) favoured the idea of triangulation, that is the use of more than one methodology to cross-check the results. This was adopted to a degree in the study, as subjects were asked late in the study to rate on a scale how they felt, this after being asked earlier to recall their feelings.

The subject-rich aspect is to a degree lost when the data is distilled to more general classification, with again the danger of subjectivity creeping into the research at this analysis stage. These criticisms can be levelled at any research, and it is a truism that the findings of the research will only be as good as its weakest links. There are potential pitfalls at all the stages, from data collection to its reduction and display, and on to conclusion drawing. Guba (1981) postulated the notion of an audit trail, this by actively looking at the research route and the potential for flaws. *This is rigorous self-criticism.*

Rubin and Rubin (1995) argued that a researcher cannot avoid having their data contaminated by bias of one sort or another. However, pre knowledge of these potential pitfalls did enable me to hopefully reduce them to a minimum. In much of the research for example I had no clear idea or preconceptions of what subjects would relate, and I tried to avoid leading questions and was careful with body language throughout the fieldwork.

The other suggestions mentioned previously were also taken into account. Leading questions were avoided, as was making questions too complex. The layout of the questionnaire was carefully considered in order that it appeared one that would be easy to complete, and too had clear instructions as regarding its completion. Leedy (1980) also suggested that colleagues and friends test the questionnaire for purposes of validation, and this too was carried out.

## **2.7 The subjects for the research**

This section discussed the subjects and issues around obtaining them for the study.

I intended to use a sample of adults having sadly experienced the death of a parent when they were children and attending school. I also intended to include surviving parents in the study, and a sample of teachers having had a bereaved child in their class. Mitchell (1973) relates that there will be many variables at play with bereaved children. Variables include such as the age of the subjects, their previous experience, their intimacy with the deceased, within-child factors, and the context of the family. These children are not necessarily a homogenous group. Mitchell however did conclude that most bereaved children do react with behaviour patterns indicating deprivation. There can not be a stereotyped bereaved child, for each one the experience will be different.

Although the focus of the study was on the experience of children, it was intended to attempt a triangulation between the experiences of teachers, children and parents, as a cross check of the perceptions of the three parties involved. It was hoped to obtain at least some dyads, possibly even triads having experienced the same bereavement. Ideally, there would be around three case studies involving a dyad or triad.

I intended to interview a further group of around twenty adults, having been bereaved of a parent when children at school, and to interview several teachers having had a bereaved child in their class. The numbers and permutation of relationships between the triads and dyads would depend on who actually volunteered for the research.

The study was intended to be retrospective, children having been bereaved would not be interviewed until they were adults, nor until they had been bereaved at least five years before the interview. This time scale was both to enable the children to reflect on their experiences over time, and to avoid at far as possible interfering with the normal process of grieving. It was thought that individuals in need of help five years after being bereaved,

could be guided by the researcher into ways of resolving their grief. An example of help could be by seeking the help of a bereavement counsellor. The same rule was also applied to parents, though for teachers in the study, the five-year gap did not seem quite so problematic, and as such was not imposed.

The sample was not a random sample, but an opportunity and snowball sample, and as suggested by Cohen and Manion (1994), this leads to the increased chance of it not being a representative sample. Lee (1993) however contended that the use of snowball sampling, or networking, does allow the researcher to gain access to a particular group. The researcher gains the confidence of a group member who then passes the researcher onto other members in the group. Lee also suggested the use of advertising as a method of obtaining subjects.

The use of non-random sampling has to be conceded as a weakness in the study, but it would have been extremely difficult to obtain a truly random sample of subjects.

## **2.8 The study**

The study was essentially qualitative in nature, rather than being quantitative. The emphasis being on meanings and experiences, although the individuals were asked to rate some of their experiences, thus providing some numerical scores. The study was intended to be 'subject-rich', providing data to address the research questions mentioned earlier. In any event, it would be difficult to represent much of the data numerically.

I considered several methods of researching by survey. In view of the time restrictions, the study needed to be completed in a relatively short time period, to conform to the requirements of the university, it was decided to use a cross-sectional approach rather than a longitudinal study. It would have been interesting to have 'followed' subjects from the time of their bereavement, or at least from a period shortly after the bereavement, and then continue this on for several years. This approach was not practicable, in view of the

constraints of time and resources. Using a cross-sectional approach may have diluted the effects, in that independent samples are being used. A number of subjects were interviewed at various times after bereavement, rather than being tracked individually over a period. However, it did enable a 'snapshot' view of the effects of bereavement in childhood to be gained. In addition, there was not the problem of wastage and 'drop-out' that can be encountered in a longitudinal study, as the researcher may lose track of subjects. Hopefully, depending on the subjects, there would be a range of the time lapsed since bereavement from more recent to a quite lengthy time period. This would enable some of the longer-term effects of childhood bereavement to be examined.

## **2.9 The ethical issues**

Death is a sensitive topic raising ethical issues, which are discussed in this section of the study. Tschudin and Marks-Maran (1992) contended that 'good and right' were both basic principles of the subject area of ethics. Ethics may be legally based or agapeistic, based ultimately on the concept of 'love'. Aristotle (1976), in a much earlier time in history, emphasised that ethics was concerned with power, and that it also provided the conditions for the flourishing of humanity. Humanity can only make progress through investigations, but there surely needs to be some limitations as to the nature of this research. Guidance was given by the World Medical Assembly's declaration of Helsinki (1964) which provided rules as to ethical issues for sound research involving humans.

Psychologists in the United Kingdom have guidance relating to ethics in research, this being through the British Psychological Society. Ethics concerns several elements, including the non-abuse of individuals, where there is a differential in power, as is generally likely to be the case between the researcher and their subject, the former being in control of the situation. The principle of non-abuse also includes such elements as having basic respect for the subjects, and retaining confidentiality as well as also not

misleading subjects. The principles were summarised by Thompson et al. (1994), as being the principles of respect, justice and beneficence. These principles included the duty to respect the rights, the autonomy and dignity of other people. In addition, there were duties of truthfulness, honesty and sincerity. Marks-Maran (1994) contended that it was important not to lose sight of people's feelings or vulnerability in the quest for new knowledge. This was an important element in the study, since individuals were interviewed regarding a potentially traumatic emotional element of their life. Roach (1987) also contended that both competence in research and confidentiality, were important elements regarding such investigations. These also applied to the study, and subjects needed assurance that they were speaking in confidence, and that the research was both competent and credible. The subjects must have trust in the researcher. Tschudin and Marks-Maran (1992) considered commitment an important element, and that the researcher should act in a responsible manner and completed the research, at least as far as possible. Although I was fully committed to the research, at times things were not easy. For example, I suspended the study in the autumn of 1996, to take a post-graduate training course at the University of Newcastle upon Tyne to become an educational psychologist. It was with great reluctance that I suspended the study, as I had just completed the field work and data collection, having achieved a momentum of pace in the research. It had been a goal of mine to seek educational psychologist training, and I could not really forego the offer of a place once offered. As predicted, I did not initially find it an easy task to restart the study. After graduating from Newcastle, there followed an unsettling period of moving around the north-east of England, until I obtained a permanent contract with the City Psychological Service, part of the Learning Services for Kingston upon Hull. Once settled in a permanent job and house, I did return to the study with

renewed enthusiasm, especially as I was also developing projects relating to the topic area within my new work based role.

Tschudin and Marks-Maran also contended that there was the duty to avoid the exploitation of others, the duty of equity, and the duty to do good, and avoid doing harm to people. I hoped that by completing the research and enabling schools to better support bereaved children, this did minimise the element of exploitation. I did concede that I may be interviewing individuals about a quite traumatic and devastating part of their life, but hopefully there would be a positive outcome in terms of the results, and their later application. Many of the subjects voiced that they were pleased to help in the project, this with a view to helping future bereaved children, and were keen to become involved. In addition, Tschudin and Marks-Maran contended that there was also a duty of non-maleficence, not to cause harm to an individual. In some psychological research, subjects had actually been misled as regarding what was happening. An example of this is a study by Milgram (1963), when subjects thought that they were actually inflicting pain on a fellow subject, this to see how far subjects could be persuaded to continue by an authority figure. This type of study seems to have the potential for causing trauma to subjects. In another study by Asch (1955), subjects were misled as to what was actually happening, and were put in the situation of potential social pressure and anguish. Members in their apparent group were in fact 'experimenter's stooges' and answered relatively simple questions incorrectly. In another study, Sherif (1966) induced hostility in a group of children, where the researchers pretended to be leaders at a summer school for boys. It may be questionable as to whether subjects should be manipulated. In a study by Zimbardo (1973) subjects were allocated roles in a 'pretend' prison, this to examine the effect of role and behaviour. This study had to be cut-short after a few days because of quite oppressive behaviour shown by some subjects to others, and again the ethics here

are very questionable. Menges (1973) in a review of 1,000 American studies found that 80 per cent of these involved giving the subjects less than complete information, in other-words there was some form of deception in the majority of studies. Although there were reasons why naivety was important in the studies mentioned, the studies could be regarded as addressing issues of importance, and in some ways perhaps they can be justified in terms of the overall benefit to humanity. On utilitarian grounds, they did though have the possibility of causing problems for individual subjects. J. S. Mill, for example had a perspective broadly relating to the greatest good of humanity as a whole (Lindsey, 1957). Skinner et al (1991) indicated that subjects might not share the concerns to the degree that researchers worry. However surely the responsible researcher takes all steps possible to protect their subjects from any reasonably predictable ill side effects, directly or indirectly from the research. However, despite these utilitarian arguments, I was anxious to avoid any of these types of effects mentioned in the previous studies where subjects have been misled. I considered that, in this research, the experience of those subjects being involved in the study should have at least a benign if not a positive effect on the subjects. Cohen and Manion (1994) postulated the importance of subjects giving their informed consent when taking part in research, this defined as including competence to decide, voluntarism, full information and comprehension. Subjects were made aware of the precise nature of the study, its intentions and the structure of the interview, before becoming involved in the project. Death and bereavement are by their nature sensitive issues involving both very delicate and personal issues. Research in this area needed to retain ethical credibility throughout, and in particular to take great care in any contact with the subjects. The welfare of the subjects was an important issue. I decided that there were 'canons' that needed to be closely adhered to throughout the research. Initially, it was important that all the subjects involved were volunteers, and that they were not coerced

into taking part in the research, in any way by myself or by anybody else, into taking part. I intended to use adults in the study, to avoid the situation where there may be problems of informed consent, but there were also concerns at broaching such a sensitive area with young children. Where there was any doubt about subjects, I acted with caution, and did not press individuals into taking part in the study. I considered it important that subjects were not in way misled as to the purpose of the study. In addition, it was necessary to assure subjects that the interviews would be in the utmost confidence, and that nothing in the research would enable them to be later identified as individuals. Bell (1991) regarded it important that subjects were offered the opportunity to remain anonymous, and that information they provided would be treated with the strictness confidentiality. Subjects may have had fears or apprehensions about coming forward as volunteers, they were really quite brave to talk about painful parts of their past lives, even if their grief had been resolved. It was essential that subjects were respected, and that they were left with the impression that they had made a positive contribution to the research, and hence with positive feelings. It was decided that no offer of help from subjects would be declined, and that all those who volunteered would have the opportunity of contributing in some way towards the study. The subjects were all made aware of the purposes and nature of the study, and were told in writing, that the research was towards a post graduate degree at the University of York. It was thought important, for the reasons previously mentioned, to make the subjects fully aware of the research and of its purpose. I also explained to the subjects that it was an intention of the study to attempt to produce strategies to help schools with children going through bereavement. The time and place of the interviews, were the choice of the subjects, my within own personal constraints. This strategy was in order that subjects were as comfortable as possible, not only with the topic of the research, but also with the surroundings in which the interview was taking place.

I used the core conditions of counselling, that is respect and empathy, during my interactions with the subjects, Rogarian techniques as suggested by Goldman (1996).

### **2.10 Pre-interview explanations to subjects**

This section deals with the pre-interview explanations I discussed with the subjects. When I initially met with the subjects, this before the interview took place, it was necessary to establish rapport. Initially there was a general chat with the subject, first casual, then moving onto an explanation of the study in general, before the formal interview began. It would have been most inappropriate to sit down straight away with a subject, and suddenly start the interview from 'cold'. In these circumstances, the subject may have then felt quite uncomfortable with the interview, and in a sense this would have been like 'jumping in at the deep end' of a swimming pool rather than a 'gradual immersion'. Things may eventually 'work out', but the danger of a disorientation were perhaps high. Likewise at the end of the interview the subjects were brought back to the 'here and now' and not left dwelling on the past. Had this procedure not taken place, subjects may have been left with their thoughts fixed on past events. The interview would most likely have brought back memories, since that was the whole intention of the research, and some of these memories may have been quite emotionally painful for the subjects to have to relate. It was therefore most important that subjects were not left 'dwelling' over the past, but rather returned psychologically to the present. Both these techniques, those of moving carefully into and out of sensitive interviews are used in the process of counselling, and as such I was familiar with these strategies.

Thought was also given to the technique of interviewing before they took place. The subjects had a large degree of control regarding the setting and the timing of the interview. These were essentially to protect the subjects. It was also more likely that richer data would be obtained in the situation where a subject is relaxed, comfortable, and has an

understanding of what is happening. In essence, the interests of the subject and researcher coincided, but for different reasons. The subjects were asked where they would like the interview to take place, and it was made clear that I had no problem in travelling to their house to conduct the interview. I decided not to hold interviews in the period from November to February. Both Christmas and the post Christmas period can be a difficult one for the bereaved, and out of respect for the subjects, I was not prepared to risk causing problems by so interviewing in this period. I also made a conscious decision not to proceed with any interview should the subject become distressed. It was decided that, rather than encouraging the subject to continue, where a subject did become so distressed, that it would be preferable to stop the tape-recorder, and to only continue if the subject so wished. Again, this was a stance chosen out of respect for the feelings of the subject, although in the event this was not a problem. Coolican (1994) related the importance of establishing rapport before the interview, and this has been mentioned earlier in this study. I attempted to adopt the familiar counselling technique of essentially listening, maintaining appropriate eye contact with the subject, not interrupting, but waiting for a natural break before speaking. Care was taken when changing from one question to another, that a subject has finished speaking, and seemed to have finished their dialogue. At a natural break, movement was made to the next question, without the appearance of rushing. In addition, if a later question was answered earlier in the interview, the question was not repeated later, but notes made at the time it was reference was made. Subjects were warned of this, and that the author might turn over a page of the schedule and then back again, and the reason was explained. It was thought important that the subjects train of thought was kept as fluent and as natural as possible. I also attempted to dress appropriately, to reflect a both good professional but friendly appearance. Dressing and appearing in a bizarre manner would probably not have given subjects confidence in the

researcher, and hence they would probably be likely to share less of their experiences. I also tried to adopt a neutral tone throughout the interview, this to avoid as far as possible introducing bias and leading subjects. This was difficult, in that the subjects were well aware of my interest in how schools coped with bereaved children, and this may have planted the seed that I was also concerned about the issue.

The issue of confidentiality was very important in this highly sensitive area. The subjects were asked if the interview could be recorded, in order that the writer could re-check things later. An assurance was given to the subjects that nobody else would listen to the tapes, and that the tapes would be eventually 'wiped' clean. Subjects were assured that their privacy would be respected. The subjects were told that no names or addresses would be published, and that they would not be identifiable from the report. It was thought essential that this assurance was given to the subjects. Lee (1993) regarded the confidentiality of data of great import, this to protect subjects. This was an important ethical consideration for myself, as the subjects had been given the assurance, and as such were likely to have revealed more rather than less in these circumstances.

Coolican (1994) considered it crucial for interviewers to maintain a high level of interest in subjects. Subjects may pick up negative type non-verbal signals, such as a yawn, which may again reduce the richness of the data. Subjects are unlikely to establish a good rapport if they detect lack of interest from the experimenter. Interest was quite easily maintained over the interviews, as not only was the area one of great interest to the writer, but the subjects had interesting experiences to relate.

Subjects were all asked at the end of the interview if they were 'all right' and needed to talk anything else through. They were given the opportunity of a debriefing relating to their interview if they so wished. Several subjects expressed interest in the study in general, and I promised that they would be kept informed of developments.

## 2.11 Issues of memory

This section deals with the important issue of memory, as subjects had often been bereaved of their parent some years before the interview.

Ideally, children could have been interviewed several times, initially from the time straight after the death of their parent, until matters had been finally resolved. Such a method of study would be an intolerable intrusion into the private grief of an individual at a likely time of crisis. In addition it would have been an intervention with the grieving process, would be counter productive in terms of the study, and present an impossible dilemma. It was decided to interview subjects at least five years after the bereavement, with an additional proviso that they must also be adults. One problem with such a delay or time lag is memory, and the question of *reliability of memory over this period*. Before embarking on the study, I had discussed matters with adults bereaved when they were children. In case there had been over a thirty year lapse in time since the death. Whilst it could have been expected that they would remember little of the events at the time, in actuality they seemed to recall much of what had occurred at the time of the bereavement.

Evidence from eyewitness testimony, such as in research by Loftus (1975) would suggest that individuals generally do have constructed memories. At times subjects recall past memories inaccurately, bringing in their own prejudices, expectations with a propensity to be influenced. This is similar to a sort of 'Chinese Whispers', by seeming to rearrange and modify memories in order to make sense, at least sense in terms of current conceptual understanding, and current schema. Evidence from Bartlett (1932) too suggests that we tend to recall in line with our own schema stereotyped assumptions.

One contention I made was that, until the death occurs, then the child would probably have only a flimsy schema regarding the area of death. If this is the case then there will be no supporting schema to distort the memories of the child. The event of the death

may lead to the creation of a 'parent dying' schema which from then will 'stand on its own' as a schema and may not be absorbed into another schema nor modified. Other evidence from cognitive psychology would tend to support the notion of quite accurate recall by bereaved children. Brown and Kulick (1982) used the memory of the J. F. Kennedy (JFK) assassination in a research project. Many people have quite vivid memories of where they were, and what they were doing at the actual time when they heard the news of the assassination. Brown and Kulick contended that the news of the assassination was surprising, emotional and consequential. This had a high impact on individuals, such as to trigger neural mechanisms within the cognitive system which would help them to retain these memories over the long-term. It could be contended that the death of a parent is similar, in terms of the effect on the child, as were the J.F.K. memories to adults. Neisser (1982) questioned the whole concept of these 'flashbulb' memories. Neisser contended that these memories were retained well by individuals because they impacted highly, and there was a frequent reconsideration and rehearsal after the event. This, it was contended kept the recall of events highly accurate over a long time period. This is an alternative explanation as to why some memories are retained accurately. Rubin and Kozin (1984) suggested that flashbulb memories are no different from other vivid memories, relating to events that make an impact, such being encounters with the opposite sex and accidents. Here there is the element of surprise, emotionality and significance to the individual, albeit a private event, such as the death of a parent or a public event, such as the assassination of President Kennedy. From the perspective of Tulving (1972), the event makes such an impact on people that the memory is retained as episodic rather than being converted to semantic memory. This has the potential of being lost to generality. The interview schedule comprised a variety of questions, some probe questions allowing the subjects to elaborate further, other questions being far more

closed and asking subjects to make a judgement or to allocate a score. Lee (1993) saw the advantages of closed questions as offering advantages in terms of reliability and also in terms of processing. Open questions offer the subjects the ability to expand their thoughts in comparison to closed questions, but this does bring with it greater problems in analysis and coding.

It was also intended to make a second contact, after the interview, by letter or by telephone. This was in case details needing checking, and to talk through any outstanding issues which may have developed as a result of the previous interview, as well as providing help if needed.

### **2.12 The interview sheets**

The interview sheets are discussed in this section of the study. Interview sheets were designed which related to the research questions. There was a parallel questionnaire following the same format. The questions are detailed in the next section, copies of the interview sheet, without commentary, are also located in the appendix.

The order of the questions was regarded as important, as the subjects were 'taken back' in their minds to the point when they first heard the news of the death of their parent. The subjects were taken through the initial stages of the chapel of rest and funeral, and on to their return back to school. The subjects were then asked about various time points, again in order, until eventually they were asked about any medium or long term effects. The last three questions related to the scoring of how subjects felt in terms of isolation and schools helping, finally asking at what age they first gained an understanding of death.

### **2.13 The interview sheet for the pupil**

This section discusses the interview sheet prepared for subjects who were bereaved of a parent when they were children of school age. The subjects were allocated a number to retain anonymity. The subject was then asked their current age, their age at the time of

the bereavement, and their relationship with the deceased. There was an introductory talk, as with a delicate issue it would be insensitive to start with what could be perceived as an interrogation. This time was also to help the subject and researcher to 'settle' and establish rapport. It was also important to bring the subjects thoughts back to the 'here and now' at the end of the interview.

**The first question** was to obtain confirmation that the session could be taped using a tape recorder, and assurance was then given that the interview would be confidential and anonymous.

**Question 2** "When your (XXX) died, what were your first reactions?"

This question was to 'jog' the memory of the subject, as well as to attempt to direct an order, at least initially of the experiences of the subjects. The initial reactions of the subjects were also of interest in themselves.

**Question 3** "Did you understand what was happening at the time of the death. If not, what was not clear?"

This question was intended to gauge the level of understanding which the subject had at the time of death. Constructive memory may well affect an accurate recall, though from the experience of working with bereaved people, often experiences are 'etched' on their memories.

**Question 4** "Did you visit the chapel of rest and go to the funeral?"

This question was intended to determine the reaction of the adults around the children at the time close to the death, and how far the children were involved in the rites after the death of their parent.

**Question 5** (If question 4 answered either yes or no) "How did you feel about that?"

This question was open ended and intended to probe the emotional reaction of the subjects, as well as to determine, as far as possible, whether the adults around them had

acknowledged the grief of the children. The children may have been totally dependent on the adults around them as to whether they became involved in either the funeral or the chapel of rest.

**Question 6** "How did you feel when you went back to school?"

This was a measure of how the subjects were feeling when returning to school. This question was open ended and tapped into the emotional side, as well as to how school helped them over this potentially problematic transition.

**Question 7** "How did school help?"

This is a direct question as to the practical and other help received by the subjects when returning to their school after the death of their parent.

**Question 8** "Were teachers easy to approach to talk about things?"

This question attempted to gain a perception into the subject's view of how comfortable, or otherwise teachers were with the area of bereavement. In addition, did the teachers support the subjects at this time period.

**Question 9** "Who did you talk to, if anybody, about the death?"

This question directly sought to pinpoint those, parent or teacher, in whom the subject was able to confide in after the bereavement.

**Question 10** "Do you feel that schools helped you prepare for the bereavement?"

This was an indirect question as to how the subject perceived that school helped prepare them for the bereavement.

**Question 11** "Did you have any 'loss' or 'death' education at school?"

This was a direct question as to whether death education was addressed in the formal curriculum. It may have been redundant, depending on the answer to question 10.

**Question 13** "In what ways did school help/ hinder you with bereaving?"

This was a general question seeking to determine how the school helped or hindered the bereavement, though over a longer time span. It was important to obtain details of those things that actually helped children at this time of potential high crisis.

**Question 12** "In what ways do you think that school could have helped more?"

This was a direct question attempting to identify strategies or approaches that the school did not use, which, in the perception of the subject, may have helped them at the time.

The subjects were able to reflect on this aspect after a period of at least five years.

**Question 14** "Did the other adults around help, were they easy to talk to?"

This question attempted to gain an insight into how adults around the subject both acknowledged their loss, and how easily they were to approach.

**Question 15** "How did you feel generally about things a month after the death?"

This question was an attempt to gain an insight into how the subjects felt shortly after the bereavement.

**Question 16** "How did you feel generally about things six months after the death?"

This question was an attempt to gain an insight into how the subjects felt in the short term, six months after the bereavement.

**Question 17** "How did you feel generally about things a year after the death?"

This question was an attempt to gain an insight into how the subjects felt in the short term, a year after the bereavement.

**Question 18** "How did you feel generally about things two years after the death?"

This question was an attempt to gain an insight into how the subjects felt two years after the death, a time when many adults may have moved through their mourning to the point of resolution.

**Question 19** "Did you have more, or less, time off school after the bereavement?"

This was an essentially factually based question, to determine whether bereavement brought with it other problems, physical or psychological. It may also give some indication of how far school was perceived as a 'safe haven' by the subjects.

**Question 20** "Do you think that there have been any medium or long-term affects from the death?"

This was an open-ended question, with the intent to identify the medium or long-term effects on the subjects, over and above those specifically given in the last four questions.

**Question 21** "Rate on a scale from 0 to 10 (0 low/ 10 high) as a general indicator of how school helped you during the bereavement?"

This question was to provide a 'gut-feeling' measure of the subject's perception of how well the school coped with the bereavement. It lags behind questions specifically aimed at gaining information about the school, this to give the subject some time to mull over the previous answers before responding with a score.

**Question 22** "Rate on a scale form 0 to 10 (0 very isolated/ 10 not at all isolated) how isolated you felt in the period up to around a year after the death?"

This question was aimed at gaining a measure of the perception of the subject as to how isolated or otherwise they felt. This is somewhat of an indirect measure as to how well the adults around the child coped with the bereavement of the subject.

**Question 23** "Can you remember at about what age you first gained the idea of death?"

This was a direct question attempting to determine when the subject first gained an idea, rather than the concept of death. The subject was asked to elaborate further to hopefully provide an idea of when the concept was fully established. This could provide data as to where children obtain information regarding death.

**Question 24** "Do you feel that you need support in this area, if so can I help?"

This question was intended to end the interview, asking the subject if they needed further help, and if they did this would be provided.

**Close down.** Discussion of to return to the reality of the immediate situation.

### **2.14 The interview sheet for teachers**

This section deals with the interview sheet prepared for teachers of children bereaved of a parent when at school. The teachers were allocated a number in order to retain anonymity. Teachers were asked to focus on a particular bereavement, though it may be that they will mention others, in passing which may provide further data. The subjects were asked the age and sex of the pupil at the time of the bereavement, the approximate date of the death and the person dying. There was an introductory general talk, as with a delicate issue it was insensitive to start what could be perceived as an interrogation. It was also to help both the subject and researcher to 'settle' and establish rapport before the main issue was approached. In addition it was important to bring the subjects thoughts back to the 'here and now' at the end of the interview. The first question was to obtain confirmation that the session could be taped using a tape recorder, and assurance were given that the interview would be confidential and anonymous, only generalities used for purposes of the research. It was mentioned that the purposes of the research were an attempt to improve the lot of children bereaved at school.

**Question 2** "Is the issue of loss and bereavement addressed in your school curriculum, and if so how?"

This was a question to determine the amount, if any, of 'death' or 'loss' education' that there was in the school.

**Question 3** Was this the case when (XXX) parent died?"

This question was to determine how, if at all, the issue was addressed in school at the time of the bereavement.

**Question 4** "When (XXX) parent died, what did you first notice?"

This question was intended to determine the perception of the teacher as to the effect the bereavement had on the pupil.

**Question 5** "What happened initially at school, with regards to the pupil, surviving parent and the other children?"

This question focuses on the way the school dealt with bereavement in the broader sense, and may include an element of evaluating a response and adjusting procedures.

**Question 6** "Did you, or a school representative, go to the funeral?"

This question linked with the general question 5, though specifically relating to the funeral.

**Question 7** (If either yes or no in answer to question 6) "How did you feel about that?"

This was an attempt to examine the emotional response of the subject. It may be, for example, that teacher's ability or otherwise, to deal with the situation depended on their own experiences.

**Question 8** "When did (XXX) return to school after the death?"

This was a question seeking information and was also to focus the mind of the subject.

**Question 9** "What was (XXX) like on returning to school?"

This was an attempt to gain the teachers perception of how the pupil was on returning to school, which can be 'cross checked' against the responses of others. Teachers may under or overestimate how well the pupil is coping.

**Question 10** "How did school respond to (XXX) return to school?"

This was a similar question to the last but to investigate whether the school reacted to the problem of the bereavement.

**Question 11** "After the death did (XXX) have much time off school with illness, was this more or less than before the bereavement?"

This was a question attempting to determine whether the pupil was affected in a physical or psychological way by the bereavement, in the perception of the teacher.

**Question 12** "How was (XXX) a month after the death?"

This question was intended to gain an insight into the subject's perceptions of the state of the child, shortly after the death. The perception would be compared with the pupil's replies to determine if the perceptions of pupil, teacher and parents were similar.

**Question 13** "How was (XXX) six months after the death?"

This question was intended to gain an insight into the subject's perception of the state of the child. These were in the medium term after the death and again this was to be compared with the pupil's replies to determine if the perceptions of pupil, teacher and parents were similar.

**Question 14** "How was (XXX) a year after the death?"

This question was intended to gain an insight into the subject's perception of the state of the child. This was in the longer term, a year after the death and again this would be compared with the pupil's replies to determine if the perceptions of pupil, teacher and parents were similar.

**Question 15** "How was (XXX) two years after the death?"

This question was intended to gain an insight into the longer-term perception of the state of the child. This was two years after the death and again was to be compared with the pupil's replies to determine if the perceptions of pupil, teacher and parents were similar.

Generally, after a period of two years, most adults will probably be at the point of resolving their grief, would pupil's experience be different?

**Question 16** "With hindsight, was there anything else that the school could have done to help?"

This question intended to determine whether the school used the bereavement experience to modify their approaches, in the short or long-term.

**Question 17** "Are you aware of any medium or long-term affects from the death?"

This question was to determine whether teachers are aware of any medium or longer term effects, and again can be compared with the experiences of other subjects.

**Question 18** "Rate on a scale from 0 to 10 (0 low/ 10 high) as a general indicator of how you consider that school helped (XXX) after the bereavement?"

This was a measure of the teacher's perception as to how well the teacher perceived that school coped with the bereavement. The perception could be compared with the measures obtained from the pupils.

**Question 19** "Rate on a scale form 0 to 10 (0 very isolated/ 10 not at all isolated) how isolated you consider (XXX) felt in the period up to around a year after the death?"

This was a similar measure to that of question 18 and again could be compared with those of the pupils to determine how close, or apart were the perceptions of teacher and pupil.

**Question 20** "What do you think a four year old understands about death?"

This was a question as to the knowledge of the teacher as to the awareness of children in the area of death.

**Question 21** "What do you think a seven year old understands about death?"

This was a question as to the knowledge of the teacher as to the awareness of children in the area of death.

**Question 22** "What do you think a ten year old understands about death?"

This was a question as to the knowledge of the teacher as to the awareness of children in the area of death.

**Question 23** "At what age do you think that children acquire an adult like concept of death?"

This was a question as to the knowledge of the teacher as to the awareness of children in the area of death.

**Question 24** "Was the issue of death and loss addressed during your initial or post qualification training?"

This was a question to determine whether the teacher had received any form of training in the area of bereavement.

**Question 26** "Do you feel that you need support in this area, if so can I help?"

This question was to end the interview, asking the subject if they need further help.

**Close down.** Discussion to return to the reality of the immediate situation.

### **2.15 The interview sheet for the parent**

This section deals with the interview sheet prepared for the surviving parent of children bereaved of a parent when at school. The parent was allocated a subject number to retain anonymity. The subject was asked the age of the child at the time of the bereavement, how long ago the bereavement took place and the person dying. There was an introductory general talk, as with a delicate issue it was insensitive to start what could be perceived as an interrogation. This time helped the subject and researcher to 'settle' and establish rapport.

The subjects were first asked for confirmation that the session could be taped. An assurance was given that the interview will be confidential and anonymous, and only generalities would be used for purposes of the research. It was mentioned that one purpose of the research was to attempt to improve the lot of bereaved children at school.

**Question 2** "Tell me how (XXX) was after the death?"

This question was intended to gain the subject's perception of the pupil after the bereavement and would be compared with those of the teacher and pupil.

**Question 3** "When did (XXX) return to school after the death?"

This question was asked to all the three types of subjects and was intended both to gain information and to place the subject back in the context of the bereavement.

**Question 4** "What was (XXX) like on returning to school?"

This question attempted to gain the perception of the subject as to how well the pupil was coping with the bereavement and was to be compared with the replies given by teachers and pupils.

**Question 5** "How did school respond to (XXX) return to school?"

This was a question intended to gain an insight into the parent's perception of the reactive responses of the school to the bereavement.

**Question 6** "After the death did (XXX) have much time off school with illness, was this more or less than before?"

This question was asked to all three types of subjects, and the information gained was compared against the reports of the teachers and children.

**Question 7** "How was (XXX) a month after the death?"

This question was intended to gain an insight into the parent's perception of how the pupil was coping shortly after the bereavement. The perceptions of this subject group were compared with the other two groups of teachers and children.

**Question 8** "How was (XXX) six months after the death?"

This question was intended to gain an insight into the parent's perception of how the pupil was coping in the medium term, six months after the bereavement. The perceptions of this subject group were compared against the other two groups of teachers and children.

**Question 9** "How was (XXX) a year after the death?"

This question was intended to gain an insight into the parent's perception of how the pupil was coping in the longer term, a year after the bereavement. The perceptions of this subject group were compared against the other two groups of teachers and children.

**Question 10** "How was (XXX) two years after the death?"

This question was intended to gain an insight into the parent's perception of how the pupil was coping in the longer term, two years after the bereavement, a period after which many adults are at the resolution stage of their grief. The perceptions of this group were compared with the other two groups of teachers and children.

**Question 11** "Rate on a scale from 0 to 10 (0 low/ 10 high) as a general indicator of how you consider that school helped (XXX) during the bereavement?"

This question asks the subject to rate the perceived effectiveness of the school. The perceptions of this subject group were compared with the other two groups of teachers and children.

**Question 12** "What do you think (XXX) understood about death at the time?"

This question was intended to gain an insight into the knowledge the parent had of the pupils' understanding of death. The perceptions of this subject group were compared against the other two groups, of teachers and children.

**Question 13** "Do you think that schools can help pupils by dealing with death in the curriculum, such as through P.S.E. If so, how?"

This question was an attempt to gain an insight into the perception of the parent as to what is, or, potentially could be provided by schools in terms of death education. Did parents consider that schools have a role to play in this sensitive area?

**Question 14** "Do you feel that you need support in this area, if so can I help?"

This question was intended to end the interview, asking the subject if they need further help which, if they did would be provided.

**Close down.** Discussion to return to the reality of the immediate situation.

## **2.16 Strategies to obtain subjects**

This section discusses the problems of obtaining subjects for the study, and the various strategies used to these ends. It was very difficult to predict the response that would be obtained in the search for subjects. It may be that subjects would be easily obtained or conversely quite difficult to find, bearing in mind the sensitive nature of the area of parental death. It was decided to use a 'wave strategy' in the hunt for subjects, this in the military sense of the word. The 'wave strategy' involved working through a list of ideas, until the required number of subjects was eventually obtained. To invoke many of these strategies together may have led to an unmanageable number of potential subjects responding to the appeal, and I wanted to use all those who were kind enough, and perhaps also brave enough, to volunteer.

The initial strategy I used was to contact people personally known to myself who had suffered a bereavement of a parent when they were at school, and also to contact teachers who knew of other such individuals. This strategy was used in late October and November 1994, although not initially with the intention of interviewing at that time, but to develop contacts. This was not at all a very successful a strategy, although one subject was obtained who was the first volunteer. Other individuals I contacted had been bereaved of either a close friend or of a grandparent when they were at school, and therefore did not fulfil the qualifying conditions. I would have not had difficulty if the grandparent had been a quasi parent, for example living with the child, and fulfilling the role of a parent. One quite frustrating factor was that some friends, and also some teachers I knew tended to be very protective of their contacts. These individuals often seemed to act as gatekeepers, and prevented me from gaining access to some individuals who would have fitted into the subject category. This prevention of access, was usually on the grounds that their friend may well find the experience very upsetting to talk

about, even although a number of years had passed. This was despite my assurances that efforts would be made to avoid or minimise such problems. I considered that most of these potential subjects had not even been contacted to ascertain their own views on the matter. These gatekeepers acted in a parental type mode in protecting their friends, and denying them the opportunity to choose whether to become involved in a study, which may have found of great interest. If these individuals were really so affected by just talking about the topic, even after quite a lengthy time period, then really they did perhaps need some sort of counselling to help them to resolve their grief! Another factor may have been the time of year, which was not far off Christmas, and their friends may simply have been being over protective on that account. I was disappointed with having so many refusals. The second strategy I used was to make contact with my local Cruse branch. At the time I was an active counsellor for Cruse, although I was counselling adults not children. An article explaining the research project was inserted in the local Cruse autumn newsletter, as well as being announced at a monthly regular meeting of the Counsellors. Many of the counsellors had themselves experienced bereavement, which had then raised their awareness of the difficulties, and subsequently led them to become involved themselves in helping bereaved individuals through Cruse. Active clients were excluded from the research, this by nature of them still being in the grieving process, even if they had previously also been bereaved as children. The local Cruse initiative produced both directly and indirectly five subjects. The first two strategies, based on personal contact had produced only a handful of subjects, and this was very disappointing. I had hoped that far more subjects would have been produced through Cruse.

The third wave of the strategy to obtain subjects was to contact by letter, all the local Cruse branches in the areas adjacent to the Hull area. A copy of the letter is shown in the

appendix. The results of this initiative were very disappointing, with one notable exception. In the cases where branches made contact with me, the Organisers refused to contact potential subjects either on my behalf nor would they divulge addresses. I had not expected that addresses would be released, but just hoped that a letter, and my address, could have been passed onto these potential clients. This was the case even though these potential subjects complied with the criteria, and they should have now resolved their grieving after the five years period, and were no longer being actively counselled by Cruse. Generally, the ground for declining to co-operate was that it might upset individuals. If an individual is still greatly upset, after a period of five years, and is not receiving counselling, then the individual still needs some form of help, perhaps more counselling. Again, *the potential subjects were not being allowed to choose whether to take part in the study.*

Professionals and friends seemed to be very 'precious' with their friends, and their former clients. A paradox was that these gatekeepers generally expressed support for the project as being a very worthy pursuit! One local organiser was very helpful and sent a copy of my letter to all those qualifying under the criteria. This did produce another three subjects which helped to progress the project, but was far less than I had originally been expecting. In general, the contact with Cruse was most disappointing. It had been anticipated that individuals acting in the bereavement-counselling field would have seen both the need and the purpose of the research, as well as trying to make a more direct contact with potential subjects. I also decided that it would be necessary to extend the study to a far wider geographical area. To seek subjects on a wider geographical scale did however have several implications. One of these risks was an over response of subjects, again with perhaps too many coming forward. I previously mentioned that I did want to use all the volunteers who came forward. I did however consider that it was a risk worth taking, as I

needed to take the research forwards and increase the pace of obtaining subjects. I also was bearing in mind the local response, and felt that it was felt unlikely that there would be an overwhelming response from other areas. Another potential problem was that, by seeking subject's nation-wide, there might be volunteers originating from the widest outposts of the United Kingdom, from the Orkney Islands to the Scilly Islands. I had previously decided that every person contacting the writer should be offered the chance of making a positive contribution to the research. Subjects had possibly made quite a brave step in contacting the author, and it was felt that they should be left feeling that they had contributed rather than just dismissed. I then took a decision to broaden the method of research, and where it was not possible to interview subjects, then they would receive a questionnaire matching the format of the structured interview. This mirrored the semi-structured interview, and the subjects could complete it themselves, with my written guidance, as well as my support on the telephone if this was needed. The questionnaire is shown in the appendix. The questionnaire gave advice on its completion, in particular subjects were asked that they reflect on matters and have somebody relatively close-by in case they needed to talk. The writer too, gave his telephone number with an offer to talk to anybody so feeling the need. It was decided to use a similar letter to those given to subjects completing an interview, this giving details of the study, and enclosing a stamped addressed envelope for the subjects to return the questionnaire. Subjects too were 'talked back' to reality through an exercise at the end of the questionnaire. I also decided to acknowledge the receipt of a completed questionnaire in writing, referring to any issues raised, and again offering the facility of the writer talking to subjects if they so desired. All those who made contact could therefore now make a positive contribution to the research, and questionnaires could be sent to those where it was not feasible to make a visit. I had limited resources of both time and money, in that the research was being conducted on a

part time basis. The research was self-financed, in terms of both fees to the University, as well as my travelling expenses and others costs in connection with the project. In terms of efficiency, I thought that it would be worthwhile to visit a general location where there was a group of subjects in the same area, as well as to give priority to those subjects closer to the Kingston upon Hull area. I began the series of interviews locally during March 1995, although the hunt for more subjects still continued at the same time. A further strategy which I decided was to place an advertisement in the Times Educational Supplement, this asking for volunteers having been bereaved of a parent whilst they were of school age. It was hoped that by placing the advertisement in a publication targeted especially at teachers, then further educational interest might be generated. I was aware that some people may be reluctant to reply to a box number or a private address, and so decided to use the University of York as the return address. This would hopefully provide reassurance to potential subjects that the research was both bone fide and also of a serious academic nature. It was anticipated that the University of York address would provide a large measure of credibility to the study. In addition, my telephone number was also included in the advertisement, so that potential subjects could also make contact by telephone. The advertisement was published in the Times Educational Supplement on 8<sup>th</sup> April 1995, and there was quick responses, by both telephone and letter. Approximately half of the volunteer subjects contacted me by telephone. Some of these then led to yet further contacts, and as a direct and indirect result of the advertisement another twenty subjects were obtained for the research. During April 1995, I began the interviews in other areas of the country, and questionnaires were also sent out to subjects in areas more remote from Humberside. I then also attempted to raise local interest further, and in June 1995 spoke about the project on a local radio station, Radio Humberside. Unfortunately this effort only produced one subject, although things were still gradually moving forward

in terms of subject numbers. During June 1995, an appeal for volunteers was made in the *Humberside Bulletin*, a County Council weekly publication sent out to every school in the Local Education Authority. Four subjects were found from this source, which was disappointing as the project related directly to schools.

The next strategy I used was to place an advertisement in *SESAME*, the Open University publication for their students. A small advertisement was placed in the personal column, similar to that appearing in the *Times Educational Supplement*. It was thought that Open University students could well be responsive to such an advertisement. The advertisement appeared in the Summer Edition of *SESAME*, which was sent out to students during July and August. The response to this advertisement was similar to the response from the *Times Educational Supplement*, there was a quick response by both telephone and letter. This resulted in yet more subjects for the project. During August, I again travelled around the country conducting interviews. There had now been seventy replies from subjects bereaved of a parent when at school, and I considered that this was a large enough sample for the study. Finally in September of that year, I suspended the study to train as an educational psychologist. The analysis stage had been reached, and it was not anticipated that any more subjects would be either interviewed or sent questionnaires.

## **Chapter 3 Analysis of the data**

### **3.1 The analysis stage**

This chapter of the study deals with the analysis and the initial results of the research in general terms. This section considers the analysis stage of the study, when the information from both the interviews and questionnaires was distilled and coded. I ceased the gathering of information stage of the research in the autumn of 1996. This was an appropriate time to stop the data collection, as I was about to embark on a year post-graduate course at the University of Newcastle to train as an educational psychologist, and I suspended this study for the duration of that course. There also seemed to be an adequate number of subjects for the research, and although interest did continue, it was not overwhelming. By this time, seventy-seven subjects had been involved, twenty-one by interview, and another fifty-six had completed and returned questionnaires. The interviews had taken place in the Humberside, Yorkshire and East Anglia areas of England. The subjects responding by questionnaires were located nation-wide, from London to Edinburgh and from Southampton to Cumbria. Most of the replies were from subjects bereaved when they were children, there being little response from either parents or teachers of bereaved children. There were some interesting features regarding the nature of the respondents, for example there had been no replies from widower fathers. There were just six replies from widows, and only one teacher was willing to talk about her experiences of having a bereaved child in her class. However, there were seventy replies from subjects who were bereaved of a parent when they were at school, and were willing to share their experiences. This was considered to be an adequate sample size, without becoming too unwieldy in terms of my limited resources, of time and money, which I had at my disposal. The age group of the subjects, when they were bereaved as children, varied from pre-school to post sixteen years of age.

The poor response from teachers was surprising, and the reasons for this can only be speculation. I had expected more response, especially as I been involved within the local authority as a teacher, and had also been helping deliver INSET. The poor response may reflect that teachers felt uncomfortable about talking about the subject in general. It may have been that they felt threatened, and perhaps teachers did not want to go over the experience again for fear of questioning themselves as to how they had responded at the time. Teachers may also have felt that the research was an intrusion. Despite the lack of teachers in their role as teachers, several did respond in their role of either parents or bereaved children.

Some of the other potential subjects were lost for a variety of reasons, this including 'gate-keeping' by friends. These friends seemed to wish to protect the potential subject from any stress caused by mentioning the subject. I had emphasised that I only wanted them to ask their friends if they were interested in principle, and that this would not commit them to involvement. In these situations I obviously had no option but to let matters rest. It was very frustrating though to have third parties effectively blocking me from approaching several of these potential subjects, who may actually have gladly taken part in the research. A few of the contacts were reluctant to again 'relive' the experience by an interview, but were very willing to complete a questionnaire. They felt that although they did not want to talk about their experiences, although were comfortable completing a written questionnaire. I knew some of these individuals as acquaintances, and guessed that they perhaps also did not really want to take the risk of becoming upset in my presence. Perhaps this was too much intrusion into their private life. Strangers who were unlikely to meet me again did not have this difficulty. The subjects electing to complete a questionnaire, of course, precluded themselves from being interviewed. They were though quite positive about wanting to make a contribution, and this was of course welcomed.

My initial qualms as to the possibility of subjects being put under stress did not come to pass, in fact it was the opposite. The subjects interviewed, without exception, felt positive after the experience of the interview. For some subjects it seemed a cathartic experience, and they welcomed the opportunity to again talk to somebody about the quite significant event that had taken place in their life. There was also a tendency, reflected in both the interviews and the questionnaires, for subjects to feel very positive about the study, and its aim to help bereaved children in the future. If anything, the subjects felt that they were helping to turn what was a negative life event for them to a positive way of helping children in the future. It was interesting too that this also mirrored my own feeling, as outlined in the introduction. I too hoped that the research did have a positive benefit in that way. I did not encounter the difficulties in terms of needing quasi-counselling skills as reported by Skinner (1998) in regard to another sensitive area that of child sexual abuse. Perhaps my avowed intention of neutrality had an impact here, and I did reflect that perhaps even though I had offered help, it had not been taken up. The experience did, as reported also by Skinner, have an effect on myself in gaining a greater awareness of the difficulties which individuals can have in this area.

The main thrust of the study was to investigate children's experiences, and so the lack of teacher input was perhaps not a great loss to the study, although it would have been helpful to have had the thoughts and perceptions of the teaching profession. The same observation also relates to the lack of parents. The scarcity of both teachers and parents, in particular fathers had not been anticipated, and this did mean that there were not enough subjects to be able to make meaningful generalisations. However, the main thrust of the study was more about examining bereavements from the perception of the children, rather than those of the adults.

A total of seventy subjects were either interviewed, or else completed questionnaires in relation to their experiences of having a parent die when they were children. These seventy subjects formed the basis of the research, as there were insufficient numbers of the other categories to draw conclusions. The interviews had been taped with the full consent of the subjects, they were then later replayed, and notes were made at this stage, stopping the tape as necessary. The tapes were finally 'wiped clean', this as had been promised to the subjects. The interviews and the questionnaire results were combined together for this analysis, and the results were then divided by subject type, child, teacher or parent. I analysed the questions from both the interviews and the questionnaires manually, and then combined the results.

Initially, it had not been intended to include subjects who had been bereaved as pre-schoolers. In the event however, several such subjects volunteered, and it was useful to have the experiences of these younger children. They had difficulty answering all the questions, in particular in relation to their school experiences, and they could not always remember events clearly, and some were not actually at school at the time of the death. Recall difficulties were not restricted to the younger age group. Some of the children bereaved at an older age also had difficulties in remembering events.

### **3.2 Treatment of the data**

This section deals with the treatment of the data obtained from the interviews and questionnaires. Cohen and Manion (1994) discussed the particular difficulty of scoring open-ended questions, and the danger of researcher bias. Tuckman (1972) related the importance of the necessity of the interviewer avoiding not bringing his own bias into the research including through the analysis of data. Rubin and Rubin (1995) describes the process of content analysis as 'coding', this allowing an analysis of personal feelings in a way not easily possible with other methods. Moser and Kalton (1977) suggested that there

are three main tasks in checking interview schedules or self-completed questionnaires. The first check relates to completeness, this being whether all the questions had been answered. Missing information could be collected from the respondent later or cross-checked from the other questions. There were no difficulties of this nature and some information was missing because it was not applicable, such as in the case of some of the pre-schoolers. Moser and Kalton suggest that the second task of the researcher is to check that all the questions were answered accurately. This is a difficult task, although I did read through all the return sheets one by one, and look for inconsistencies in both the interviews and questionnaires. I would have expected, for example, that a subject reporting early in the sheet that school did not help on their return, and that they felt isolated, to produce a low score scaling score for that item at the end of the sheet. In contrast, when subjects were more complementary about how school helped them, then a higher score would be expected. In general I had to rely on subjects being both honest, and self-aware about their experience. The third of the Moser and Kalton tasks, that of ensuring continuity between the interviewers, did not apply in this case, as only myself had completed this task.

Closed questions, especially those with a yes or no answer do not seem to be as problematic as analysing discourse. With open-ended questions the researcher has to more subjectively analyse the content of the data. One protection against this potential is to come to the research without any preconceptions. This must be a difficult task for researchers, as they usually are investigating areas of interest, and could well have a position. I concede that I came to this study with the preconception that schools had difficulty with supporting bereaved children. This came from both anecdotal reports from friends and also from indirect evidence from my previous research, which revealed that schools conceded that they lacked expertise in this area. I had no preconceived ideas in

many other areas relating to bereavement and children. I had no position as to the grieving process for children, whether they were included in the rites that took place after a death. I did have a feeling that it was better for children to have been involved in rites, but this was only a feeling, with no evidence. The questions in the study were divided into a mixture of open ended and closed ones. For some of the closed questions, a score was given, and for other questions a 'yes', 'no' or 'no recall' response was made. The closed questions were analysed by calculating the totals and scores. Where the data was an assigned score, the mean, mode and median scored were calculated, as was the range. Analysis of the closed questions was a relatively easy, albeit time consuming task. In contrast the treatment of the open questions was far more complex. Cohen and Manion (1994) regarded the primary task of data reduction to be that of coding the data. It was not possible to pre-code the open-ended questions before the data collection, as I was unsure as to what would be reported. In addition, to attempt to 'second guess' the replies would have been to possibly introduced preconceptions, a risk I wanted to avoid. This was quite a mammoth task, involving an initial scan of all the data sheets, with the identification of the key words and phrases. The sheets were then scrutinised again, and a tally made of the key words and phrases. For example I read through the replies and looked for key words, such as 'sadness' or 'no recall'. These were then recorded by tally onto a summary data sheet, and then summated and shown in the various tables. This stage of the research was very demanding, and was perhaps the hardest and gruelling stage of all, taking several weeks of intensive work. In contrast to the interviews, this was working with words and figures, not people, and the task was quite laborious!

The data for the subjects was then subdivided into five age ranges, that of pre-school, key stage one, key stage two, key stage three and key stage four. The key stages relate to those of the National Curriculum, and the age of the subjects at the time of their

bereavement. In addition, the data was then divided by the sex of the parent dying, either the mother or father. Finally the data was then also divided by the male and female subjects separately, and then combined into a total score. The total scores and results are shown in the tables in the following chapters.

### **3.3 Validity**

This section discusses some of the issues around validity and reliability in the research. Kirk and Miller (1986) point out that issues of reliability and validity are important, as in them the objectivity of research is at stake. The aim of social science is to produce descriptions of a social world corresponding to the social world being described. In practice this involves efforts to ensure both accuracy and truthfulness. Reliability relates about the accuracy of the measure, and Coolican (1994) gave the example of a questionnaire obtaining the same, or very similar results when it was repeated. Validity revolves around the measure actually measuring what it is intended so to do. There are issues beyond the analysis of data that need to be considered, and to a large degree this has already been discussed in the methodology section, such as the issues of bias and memory.

Kyriacou (1990) reported debates amongst writers in the area of the collection, analysis and interpretation of qualitative data, and the need to establish their reliability and validity. Guba and Lincoln (1987) consider the use of the term 'trustworthiness', this revolving around the issues of credibility, transferability, dependability and confirmability.

One issue is that of truthfulness. It was hoped that the precautions taken earlier in the study would maximise truthfulness. Subjects may, for their own reasons seek to mislead researchers, and this is a potential flaw with any research. It was hoped that the precautions mentioned earlier, such as establishing a good rapport with subjects, and assuring them that this was a serious academic study, would help to minimise this

difficulty. In addition, there were a large number of subjects, which hopefully would dilute any element of misleading, and there may be general patterns emerging. There also seemed to be no real incentive on the subjects to mislead, rather they had to opportunity to tell their story to one who would listen. Many of them expressed empathy with contemporary bereaved children and the incentive would seem to be for them to relate their experiences honestly. Kitwood (1977) makes the point that there can be misunderstandings and meaning lost even in a genuine situation, in the interaction of an interview, and also of course in a questionnaire. Individuals may well have different mind-sets and have different albeit subtle meanings. The transfer of information, written or spoken, from the respondent to the researcher may therefore be incomplete. It is here also that personal construct theory is relevant, Kelly (1955). Essentially Kelly considers that there is no objective absolute truth, but that individuals make sense of events in terms of the way they are construed. In a sense we each do then have our own reality.

Subjects may also have avoided answering questions they considered were 'too deep', and therefore their story may only have been related to me in part. I was aware of these issues, and attempted to minimise them through the procedures, including using clear language for the questions, and as well as taking care with the questions. As previously indicated those questions which potentially can show the subject in a good light, or hint as to an expected answer were as far as possible avoided. It would not be reasonable to assume that this element can be completely avoided in this, as in any other study. There was some validation of results where subjects were linked, either as siblings or as a parent and child.

In terms of translating data from the tape-recorder to a summary sheet and then to a coding sheet, there was the danger that meaning could be lost, or could be misunderstood. I came to the research with the intended stance of neutrality, in that I had

no preconceived idea of the final results. The codifying of statements into the broad categories was a potential weakness in the link, key words and meanings were used in this process, but there may well have been misunderstandings with the best will of both myself and the subjects. This stage was the most laborious, as the coding of the data was checked, rechecked and balanced. I was aware that this was a crucial stage, and did underpin the credibility of the results and the findings. This stage also, to a degree did take away the richness of the individual's story, although did enable me to make cumulative generalisations about these experiences. It would not have been possible to relate the stories of the seventy subjects on a case study type approach. Lee (1993) suggests the use of seeking the same information in different ways, this to cross check and verify the information. This could be by repeating the interview or questionnaire, although this has the danger of irritating subjects. This procedure was not seriously considered, as the subjects were in any event giving up valuable time to help with the project, and it was not felt reasonable to ask for them to repeat the survey. In addition, especially for the interviews, it would have meant a lot of additional resources.

Ultimately I could only, as Guba (1981) suggests try and ensure that my methodology and procedures were as 'water-tight' as possible. Guba and Lincoln (1987) suggested that it would be unrealistic to assume that there can ever be a position of total neutrality. The importance again is really an awareness of such issues, and an attempt to minimise them, rather than to pretend that they do not exist.

### **3.4 Introduction to the results**

This section introduces the discussion of the results of the research in general, as well as discussing the characteristics of the subjects and the context of their parental death. Further detailed analysis of the study is contained and discussed in the following chapters.

The results are divided into the various time periods after the bereavement. Chapter four contains the experience of the subjects for the first three weeks after the parental death. This includes the initial reactions of the subjects, their involvement's in the rites after the death, and their initial experiences on returning to their school. Chapter five covers the time period from the period three weeks after the death to two years following the bereavement.

The first three tables summarise the subjects who took part in the research. Table 1 below shows the responses of the female subjects, and the following Table 2 shows those of the male subjects. The results of both the sexes are then combined, and are shown in Table 3 further below.

The headings of the main tables all follow the same general pattern. The results are shown divided into the age groups of the subjects at the time of the death of their bereavement. The age groups used in the study are the national curriculum 'key stage' groups one to four, with the addition of a 'pre-school' group. The five age groups were therefore pre-school, five to seven years old (infants), eight to eleven years old (juniors), twelve to fifteen years old (young secondary), and sixteen years and over that age (older secondary). The general headings also show the results divided by the sex of the parent dying, either their mum or dad.

	Pre-school		5-7 yr.		8-11 yr.		12-15 yr.		16+ yr.		Totals		
	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Total
Not sudden death		1		1	5	3	4	6		1	9	12	21
Sudden death		3	1		2	7	3	6		2	6	18	24
Total		4	1	1	7	10	7	12		3	15	30	45

Table 1 Summary of subjects: Female

	Pre-school		5-7 yr.		8-11 yr.		12-15 yr.		16+ yr.		Totals		
	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Total
Not sudden death			1	1	1	4	1	1		1	3	7	10
Sudden death		1	1	3	2	1	1	5		1	4	11	15
Total		1	2	4	3	5	2	6		2	7	18	25

Table 2 Summary of subjects: Male

	Pre-school		5-7 yr.		8-11 yr.		12-15 yr.		16+ yr.		Totals		
	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Total
Not sudden death		1	1	2	6	7	5	7		2	12	19	31
Sudden death		4	2	3	4	8	4	11		3	10	29	39
Total		5	3	5	10	15	9	18		5	22	48	70

Table 3 Summary of subjects: Totals

Seventy subjects, all bereaved of a parent when they were children, took part in the study.

The sample was of white adult subjects, the majority living in the eastern side of England, in the area from Humberside and Yorkshire through to Lincolnshire and East Anglia.

Forty-five (64%) of the subjects were female and twenty-five (36%) were males. There was a discrepancy between the males and females, there being nearly fifty per cent more females than males. This may have been because women are generally more willing to volunteer for such studies, or to share their experiences in this type of sensitive area. It may perhaps have been that women were more likely to have been targeted through my strategies to obtain subjects. For example, there tends to be far more females involved in *Cruse*, and perhaps they were also more likely to read the personal columns of the *Times Educational Supplement* or *Sesame*, the Open University publication.

The subjects were aged from eighteen to sixty one years old. The age range for males was from nineteen to fifty-five, and for females from eighteen to sixty-one years. The median age for males was thirty-two years, and for females was thirty-five years of age.

There were seventy parental deaths in the study, of which twenty-two (32%) of them were maternal and forty-eight (68%) were paternal deaths. Initially I was quite surprised at the difference between the maternal and the paternal death rate. However, Ward (1994) found that eighty per cent of subject's parental deaths were paternal, so the greater percentage of fathers in this study does actually reflect the situation realistically. Parkes (1991) suggested that the reasons for difference between the paternal and maternal death rate relates to two specific tendencies. The first tendency is that of women marrying or partnering men older than themselves, and the second is of men tending to die at a younger age than women.

Thirty-nine (56%) of the parental deaths were sudden and not anticipated. In contrast thirty-one (44%) of the deaths were anticipated through such as a long-term illness. There are no national figures which report the actual percentages of sudden compared to anticipated deaths, although in terms of death by accidents there are roughly fifty per cent more males than females die in this way (Office for National Statistics, 1997). Deaths in

the tables are recorded by nature, but within the figures there are too many ambiguities in the figures to be clear as to whether the deaths are anticipated or sudden. There was a larger proportion of sudden paternal deaths (60%), compared to maternal deaths (45%), this apparently reflecting the greater risk for males of this age group. There were no significant sex differences between parent deaths in either road traffic accidents or suicides, both mothers and father were equally represented. Conversely however, it was only the fathers that died through heart attacks or fights, none of the mothers died through these two types of events. These differences seem likely to reflect the greater risk of men in general in this age group to be involved in these events.

There was a five year 'embargo' on interviewing subjects after a parental death. The range of time for since the parental death was from five to fifty-two years for all subjects, for males from five to forty-eight years, and for females from seven to fifty-two years. The median age since the death was twenty-five years for males and twenty-six years for females.

Tables one to three show no great discrepancies between the subject sexes in terms of the general patterns. However, all the bereavements relating to the pre-schoolers were of fathers, as were all in the bereavements in the 'sixteen plus' age group.

There were five bereavements by subjects in the pre-school group, with eight in the age group five to seven years (key stage one). There were twenty-five bereavements in the age group eight to eleven years (key stage two), and twenty-seven in the age group twelve to fifteen (key stage three). Finally, there were five deaths of parents in the age group over sixteen years of age (key stage four).

## **Chapter 4: The first three weeks after the death**

### **4.1 Introduction**

This chapter covers the subjects' experience for the first three weeks after the death of their parent. This period includes the initial reactions of subjects to the news of the death, their involvement in the rites and rituals of their parent's death, and their return to school. Although a minority of the subjects returned to school three weeks or longer after the death, their results are retained within this section under the heading of the first reactions on returning to school.

### **4.2 First reactions to the death of a parent**

The initial question to the subjects was about their first reactions on hearing the news of the death of their parent. This would seem to be potentially quite a traumatic time for the subjects. The responses to this question are reported in Table 4 below. Many of the subjects reported more than one initial response, the mean response of subjects being 1.7. During the interviews subjects were left to talk about their initial responses, and were not pressed to reveal more. With regard to the questionnaires, the responses were written in my absence. In both cases, I did not wish to press the subjects to either reveal more or to think that I expected more, this to hope to maximise the accuracy of the results.

	Pre-school		5-7 yr.		8-11 yr.		12-15 yr.		16+ yr.		Totals		
	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Total
Disbelief					3	4	4	9		2	7	15	22
Numbed			2		4	2	4	5		1	10	9	19
Tears		1			1	3	2	2			3	6	9
Shock		2			1	2	1	2		1	2	3	9
Relief				1	2	3	2	1			4	5	9
No recall		3	1	2		2					1	7	8
Sadness					1	2	1	2			2	4	6
Guilt					2		1	1		1	3	2	5
Why me?						1		3			1	3	4
Embarrassed		1			1	1		1			1	3	4
Fear					1			2			1	2	3
Lost/ alone							2			1	0	3	3
Premonition				1				2			0	3	3
Calm							1	1			1	1	2
Screamed					1			1			1	1	2
Unreal								1			0	0	1
Resigned								1			0	1	1
Fainted								1			0	1	1
Terrified										1	0	1	1
Felt sick		1									0	1	1
Resentment										1	0	1	1

Anger					1						1	0	1
Laughed			1								1	0	1
Acceptance								1			0	1	1

Table 4 The first reactions of subjects to the death of their parent

The most frequent responses reported by the subjects were those of 'disbelief' by twenty-two subjects, and 'numbed' being reported by a further nineteen. Both of these reactions indicate an initial inability of some of the subjects to fully absorb the information of the death. Disbelief suggests that subjects did not initially believe what had happened.

Numbed suggests an inability to respond to the event. A total of forty-one subjects (59%) reported either 'disbelief' or 'numbed' as an initial response on hearing about the death of their parent. Other subjects in the study reported being both 'shocked' and feeling that the news was 'unreal'. If these responses are added to those of 'disbelief' and 'numbed', then a total of fifty-one (73%) subjects reported reactions indicating at least in part an initial inability to either fully absorb or respond to the information of the death.

Nine of the subjects (13%) reported having tears on first hearing the news, this indicating that the implications had, at least on one level, been absorbed by them, as also by those subjects reporting sadness (9%). Guilt was reported as an initial response by seven per cent of the subjects, although this is considered to be a much later reaction in the adult models of grief. Eight of the subjects (11%) reported that they had no recall of the event around the parental death, and these subjects were all in the lowest three age groups when bereaved, including three out of the five pre-schoolers.

I then made further analysis of the data. Those subjects who had reported that they had 'no recall' of the events, when they first heard about the death, were then removed from the data pool. The percentage of those subjects with a 'none absorbing' response rises

then from seventy-three to eighty-two per cent. In summary it seems that a high percentage of subjects, over three quarters, did not really fully 'take in' what was happening at the time of the death. The reporting of 'no recall' may also itself imply that the news had not fully impacted on the individual, this perhaps likely being the reason why they did not remember. The younger subjects may simply not have initially really understood what was happening at the time of the death. In my role as counsellor, I have frequently heard this type of reaction reported by adults who had experienced the death of someone close, such as a partner or child. Individual's being counselled often reported such as that the funeral did not seem 'real', but that it was like watching themselves on a film or television. This does also link with some of the adult models previously mentioned earlier in the study. The Kubler-Ross model, for example, has shock as its first stage, and the first task of Worden and others is to accept the reality of the death. In this way it therefore seems that the subject's initial experience of the death of a parent is quite similar to the initial adult experience of death.

There are other some interesting results within Table 4, revealing insights the subject had at the time, indicating some quite sophisticated responses. Eight (11%) of the subjects in the study reported that they felt relief after the death of their parent. All these were subjects in key stages one, two or three at the time of their parent's death. Most of these reports related to the relief of the subjects that the ordeal of their parent suffering had ended after a long illness. Six of the female subjects reported such feelings of relief, these all after the deaths of their parent following a long illness. Seventy-five per cent of these reports were by female subjects for their mothers. Only two of the male subjects reported these initial 'relief' responses, these both being after the death of their fathers. One of these subjects reported that he was relieved that it was not his mum who had died, and the other that he was glad that his dad was dead, as that now he could no longer beat

him. There was certainly therefore a difference between the males and females in terms of this response. The female relief seemed to be based on compassion, which was not shown by either of the males, whose responses related essentially to their own self interest. I have not found similar reports in the literature relating to the relief of bereaved children, although it is a later response I have encountered with bereaved adults, with the potential of a trigger for guilt. Interestingly, none of the subjects in the study reported feeling guilty regarding their relief.

Three of the subjects in the study reported having premonitions of the death of their parent. These premonitions were all about paternal deaths and the reports were by one male and two female subjects. These subjects said that they 'just knew' what had happened before they were actually told that their dad had died. It is difficult to tease out whether or not this was a true premonition. It may conceivably have related to the initial reactions of the adults around them, for example perhaps presenting with very negative non-verbal communication, and thereby giving hints that something extremely dreadful had happened. They may also perhaps have been anxious children, always perhaps tending to fear and anticipate the worst. Although it is not possible to determine the reason for the feelings of the subjects, although it is of interest that four per cent of the sample reported such a premonition. This could well be an area for future investigation, as I have not encountered similar reports in the literature. As with the reported feelings of relief, I have also encountered adults, in the context of counselling, having had feelings of premonition before a death. Four female subjects reported feeling embarrassment by being 'singled out' as being different. They felt that they were receiving too much attention at school. The girls were of various ages, and there was no proportional difference between whether it was their mother or father who had died. Golding (1991) contended that death was a topic with the propensity to cause embarrassment, and it may have been

that the subjects had been reflecting the feelings of the adults around them who were themselves embarrassed, and unsure as how to respond to them.

Amongst reactions reported by subjects was that of fear, this being a solely female response reported by three of the subjects (4%). Some of the other females reported fainting, screaming, being terrified and feeling sick, although none of these reactions were reported by males. One male subject reported that he had an anger response, another screamed 'no', and yet one other male felt resentment. It was only males who reported anger reactions. One male subject reported that he laughed on hearing the news, this perhaps suggesting that he did not absorb the full impact of the death. Other reactions reported by the subjects included guilt and feelings of 'why me?', this also often reported as later reactions in adult grieving.

There did seem to be a slight sex difference between some of the initial responses of the male and female subjects. Fear reactions were only reported by some of the female subjects, whereas anger responses were only reported by some of the male subjects.

The initial reactions reported by the subjects, especially the inability to absorb the information, have also been reported as adult based reactions to the bereavement of a 'loved one'. This is generally referred to in the models as 'shock', although one difference is that generally adults are well able to remember their first reactions to the news. The results do therefore generally fit in with the models of grieving based on adults, such as that by Kubler-Ross, suggesting that a large proportion of children have a similar initial reaction to the news of the death of their parent. Many of the reactions reported by the children were quite similar to the adult reactions as reported in the literature. Table 5 below shows the summary of the main initial reactions by the subjects to the news of the death of their parent.

General reaction	Number of pupils	Percentage 1	Percentage 2
Information not fully absorbed	51	73	82
Tears/ Sadness	15	21	25
Relief	9	13	15
Fear	7	10	11
Anger	3	4	5
No recall	8	11	N/A

Table 5 Summary of the major initial reactions to the death

The percentage1 figure in the table above is based on the total subject pool. A minority of the subjects could not recall their first reactions to the news of the death of their parent.

The percentage 2 figure is based on the data when these subjects with 'no recall', were removed from the pool. The percentage of subjects in the 'information not absorbed group' rises to eighty-two percent, this over three-quarters of the subjects able to remember the events at the time of the death. Table 6 below shows the percentage of subjects in each age group unable to recall their first reactions to the news of the death.

Pre-school	5-7 yr.	8-11 yr.	12-15 yr.	16+ yr.	Total
60	38	8	0	0	11

Table 6 Percentage of subjects unable to recall their first reactions to the death.

The percentages in Table 6 are perhaps intuitively not surprising. All the subjects in key stages three and four at the time of their parent's death were able to recall their reactions. For the younger subjects, there was a connection between the age of the subjects and the percentage able to recall events. The younger subjects as a group tended to recall less

than did their elder peers. An interesting element of the data is that only one of the 'none recall' group related to the death of a mother; this despite there being twenty-five paternal and thirteen maternal deaths over the first three age groups. This perhaps was indicative of the potential greater impact that the death of a mother may have on the younger child, in terms of both their bonding and attachment, as well as of their daily living. The mothers could well have been the main carers of the children, and their absence perhaps therefore more likely to impact in terms of their memory. A Freudian interpretation could be to look for causes in the subconscious, such as repression. The impact of the paternal death may have been so great upon the child's psychological system, that a defence mechanism comes into play, and the memory is so painful that it is repressed.

It is clearly only possible to speculate on this difference, other than to suggest that the death of a mother may have a greater impact in terms of later recall, than does the death of a father. This is, of course, only relates to the three youngest age groups. The percentage of sudden, as opposed to the anticipated deaths in this group was also very similar to the total sample, actually one per cent less at fifty-five per cent. The suddenness of the death therefore seemed to *have no impact on the subject's recall of events.*

The subjects were asked to focus on their first reactions on hearing the news of the death of their parent, and they tended to report just one or two, rather than several. The mean report was 1.7. This suggests that the subjects may have reported the prominent ones, those standing out, although they may well have had other feelings. The idea of the question was however to gauge their first reactions, and it was interesting that subjects tended to so focus, as I had been expecting perhaps more reactions. It may have been that I led onto the next question too quickly, although I was not aware of this, and also this would not explain why the responses to the questionnaire were also similar. Perhaps for the subjects there is one main reaction which is etched on their memory. I am not aware

of previous research with adults that focuses on their first reactions, so can only compare with the adult models which do not have quite the same focus on the actual time of the news of the death.

#### **4.3 Did the subjects understand what was happening at the time of the death?**

The intention of this question was to gain a measure of how much the subjects understood about what was happening at the time of their parent's death. The results of the answers by the subjects to this question are shown in Table 7 below.

	Pre-school		5-7 yr.		8-11 yr.		12-15 yr.		16+ yr.		Totals		
	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Total
Yes				2	4	5	3	15		4	7	26	33
No		4	3	2	4	7	1				8	13	21
Confused information						1	2			1	2	2	4
Initially no						1	2	1			2	2	4
Confused							1	2			1	2	3
Not fully					1	1					1	1	2
Vague recall		1		1								2	2
Couldn't grasp					1						1		1

**Table 7 Did subjects understand what was happening at the time of the death?**

Thirty-three (47%) of the subjects reported that they understood what was happening at the time of the death of their parent. In contrast, just over half of the subjects (53%) in the study did not answer yes to the question, indicating that they did not fully understand what was happening at the time of their parent's death. Twenty-one (30%) of the subjects actually answered that they did not understand what was happening, others indicated

such as having been given confused information (10%), or that they could not fully grasp things fully (4%) or had only a vague recall of the events (3%). One female subject, eleven years old on the sudden death of her father, described how she only found out the full details surrounding the death years later through the help of psychotherapy, and before then felt that she had lived in an imaginary world of her own. The results suggest that the experience of death does seem different for the subject children when compared with adults. There was an age component in the results which is shown in Table 8 below, which summarises these results.

Pre- school	5-7 yr.	8-11 yr.	12-15 yr.	16+ yr.	Total
0	13	36	67	80	47

Table 8 Percentage of subjects by age, answering 'yes' to whether they understood what was happening at the time of the death of their parent

There was an increase with age in the frequency of subjects reporting that they understood what was happening at the time of their parent's death, as shown in Table 8 above. None of the subjects in the pre-school age group reported understanding what was happening at the time of the death. The percentage of subjects reporting that they understood did increase with age perhaps not a great surprise. The median score for a 'no' reply was key stage two, and for a 'yes' reply key stage three. Thirteen per cent of the key stage one subjects reported understanding, this rising to thirty-six per cent of the key stage two subjects. Sixty-seven per cent of the key stage three subjects reported understanding what was happening at the time of the death as did eighty per cent of those in the key stage four group of subjects. One female subject considered that her powers of reasoning were not sufficiently developed at the age of five, when her father

died, to question the finality of death. This realisation came only at a later date. One of the subjects in the eldest age group reported being given confusing information at the hospital by the staff, so in that sense they were not made fully aware of what was happening.

However, the subject was with other older members of the family, and like them made sense of what information was given to the family by the hospital staff. In total four of the subjects were given confusing information by adults and professionals.

There are perhaps two issues here, one that of providing information to children about what is happening of a death, the second relating to what children understand about death. The study reveals that many of the subjects, especially in the younger age groups did not really understand what was happening, and would perhaps have benefited by being provided as to more information as to what was happening. In the difficult circumstances around the death of a parent, it is perhaps not surprising that the needs of the children are overlooked.

With regard to the second issue, the figures also reveal that many of the subject children, especially in the older age groups, did have a good understanding of what was happening at the time of the death of their parent. Previous research does suggest that adults may well underestimate the understanding which children have regarding the area of death. This does fit with the findings of Leckley (1991), who reported that primary school teachers underestimated their pupils understanding. In addition, if adults assume that children do not have a conceptual understanding of death, then they may well exclude them from the post- death rites which may assist grieving. This exclusion may therefore compound the difficulties of the children. The experience of contemporary children would seem to be a 'far cry' from their counterparts a few decades earlier, who likely took a very active part after a death, even being involved in such as helping to lay out the body of the deceased.

The pattern presented by this data does seem to be in line with what would intuitively be expected as regards understanding what was happening. The subjects in the younger age groups often reported being protected by their family. Examples include that whilst the subjects may have been made aware that their parent had been admitted to hospital, the nature of the seriousness of the matter was shared with them. There may have been a combination of factors, including perhaps the other parent not wanting to unduly raise the anxiety levels of the children, perhaps unnecessarily. It may also reflect that the parent themselves was so involved and concerned with the unfolding events that keeping children informed was not a high priority. One must also sympathise with either family or friends looking after the children on behalf of the parent. In these circumstances, the carer may naturally be reluctant to tell the child the bad news, perceiving this as the role of the parent, or again they may not want to alarm the child unduly. Many of the subjects in the study did receive the news of the death of their parent from carers, one being told by the head teacher of the school they attended, after being called from their classroom into the office. There is also the danger that adults may well assume a level of knowledge that is not actually possessed by the child. By virtue of their lack of maturity and experience, as reflected in Table 32, children do need to have things explained to them in terms they can understand. The causes of death could be put in terms which children could understand and relate to, avoiding the use of highly technical medical terminology, which will probably mean nothing. That a heart has 'worn out' may be more meaningful than terms such as a coronary or even 'heart-attack'. The latter term may give quite a misleading impression. LeShan (1979) contended that adults should be truthful with children, and that they should be allowed to share their feelings with the other family members. If an ideal is that children do understand what is happening, then LeShan's suggestion is a positive move. This study revealed that many of the subjects were left 'in the dark' regarding their parent's

death, as were some in relation to the later rites surrounding the death. One female subject, aged nine when her father died suddenly reported that things were like blur, it was like being underwater. She also retold how no one ever spoke of her father's death for years, and it was as if he never existed. The other adults may have spoken amongst themselves, but the subject was quite isolated.

#### **4.4. Visiting the chapel of rest and the funeral**

The subjects were next asked as to whether or not they had attended the chapel of rest or the funeral after the death of their parent. A supplementary question was then also asked, as to how the subjects had felt about either attending or not attending either of these rites. Table 9 below summarises the results of these questions. Raphael (1984) contended that the bereaved child will 'mark time' in their grieving until facilitated by adults. LeShan (1979) contended that adults should be truthful, and that they be allowed to share their feelings with the other family members. Attending the chapel of rest may well help the bereaved in terms of them moving from the initial shock of the death towards helping them to come to terms with the reality of what has happened. Counsellors generally consider that attending both the chapel of rest and the funeral is helpful for adults, and on a personal level I would agree. It therefore seems reasonable to consider that attending these rites may also be helpful to bereaved children. The results for the subjects in the study are shown in Table 9 below.

	Pre-school		5-7 yr.		8-11 yr.		12-15 yr.		16+ yr.		Totals		
	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Total
Chapel of rest yes					4	1	2	7			6	8	14
No		5	3	5	6	14	7	11		5	16	40	56
Forbidden			1	1	3	4	2	9			6	14	20
Distracted		1	1		2	1					3	2	5
Funeral yes					5	6	5	12		5	10	23	33
no		5	3	5	5	9	4	6			12	25	37
Forbidden			1	1	2	6	2	5			5	12	17
Distracted		1	1		2	2		2			3	5	8

Table 9 Did the subjects visit the chapel of rest and go to the funeral of their parent

Duffy (1995) emphasised the importance of children attending the funeral of their parents, this as part of their grieving process. This was supported by Goldman (1994) who suggested that the grieving process could be inhibited if children were not allowed to attend their parent's funeral. Goldman contended that an environment of denial would be created for these children if they were not so allowed to attend. In my experience of working with bereaved adults, parents do often agonise as to whether or not to 'allow' their children to attend the funeral or to visit the chapel of rest in these circumstances. My own stance is always to suggest that they let the children choose, but to prepare them as to what to expect before they actually attend either the chapel of rest or the funeral, if they do so choose to attend. If the children are prepared for what is going to happen, then they are surely less likely to have fantasies about what could happen! There is obviously very little time for consideration of these matters, and the funeral could well follow the death by only a few days, much less in the case of some religions. The adults will also probably be at

least partially in a state of shock, and so perhaps not be able to think implications through calmly. The results of this research could be helpful in such circumstances, as they are based on the views of a sample of adult subjects actually having gone through the experience of being bereaved of a parent when they were children. The subjects had therefore had ample time, at least five years, to consider the matter of their inclusion or otherwise in the funeral rituals.

#### **4.5 The chapel of rest**

Making a visit to a chapel of rest does involve viewing the body of the loved one, and this may well be, for most children the first time they have seen a corpse 'laid out'. It would seem to be an event for which the children do need adequate preparation and to be dealt with very sensitively. This is especially the case if the body has been disfigured in such as a road traffic accident, although there are now good techniques for making it presentable in these sort of circumstances. Table 9 above shows the subject's reports relating to attendance or otherwise at the chapel of rest. Only fourteen of the subjects (20%) in the study actually viewed their parent in the chapel of rest when they were children, the median score was key stage 3. None of the two younger age groups attended, and nor did any of the eldest age group. The former was perhaps understandable, although the latter was a surprise. The percentage of the age groups attending the chapel of rest is shown in Table 10 below.

Pre-school	5-7 yr.	8-11 yr.	12-15 yr.	16+ yr.	Total
0%	0%	20%	33%	0%	20%

Table 10 Subjects, by age, attending the Chapel of rest

The percentage of subjects reporting that they attended the chapel of rest was exactly the same for both of the sexes. However, as a percentage, more mums (37%) were visited than were dads (17%). This may perhaps have related to the greater proportion of dads dying in accidents and therefore more likely to have been disfigured than mums.

Otherwise, there seems to be no obvious explanation, other than perhaps more of the surviving fathers encouraged or allowed their children to attend the chapel, than did the mothers in the reverse situation. The mothers may perhaps have felt more protective towards their children than did the fathers. This may well be a prejudice of my upbringing, in that it as a child I viewed two corpses with my father, who actively encouraged me, this without him pressing. My mother really had nothing to say to me at all on the subject, as far as I can remember, and certainly did not accompany me to the viewings. There was also a subject sex difference in the study, in that whereas the female subjects were marginally more likely to view their mother's body (55%) than they were to view their father's body (45%), the reverse was the case for the males. The males were more likely to visit their father's body (80%) than they were their mother's (20%). The percentage figures here are based on the total number of each of the sexes actually viewing their parent's body, and whom they viewed. Although twenty per cent of the subjects actually attended the chapel of rest, another twenty-nine per cent of the subjects were actually forbidden explicitly from attending to view the body. Another seven per cent of the subjects, these all in the youngest three age groups, reported that they were distracted at the time, so missing the opportunity of seeing the body of their parent. The distraction took various guises, such as the children not being told that it was an option for them to visit the body. Some of the subjects were only made aware of this possibility after it was too late for them to attend, or else they realised themselves, only at a much later date that it would have been possible to have viewed their parent's body. The subjects were then

asked about how they felt attending the chapel of rest, and these findings are reported in Table 11 below.

	Pre-school		5-7 yr.		8-11 yr.		12-15 yr.		16+ yr.		Totals		
	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Total
Nothing/empty					3	1		2			3	3	6
Positive							2	3			2	3	5
Regret							1	1			1	1	2
The thing to do							1				1	0	1
Helped grieving								1			0	1	1

Table 11 How subjects felt about visiting the chapel of rest

Six (43%) of the subjects attending the chapel of rest reported that they had either no feelings or felt empty after the visit to see their parent. Another six of the subjects (43%) were quite positive about visiting, although one subject reported attending the chapel only as a matter of duty. The latter reports sounds as if a large measure of active encouragement to view the body was given by the surviving parent! Only two (14%) of those subjects who actually attended the chapel of rest had regrets that they had so done. These were both girls, one viewing their father, the other viewing their mother.

In summary, of those attending the chapel of rest, eighty-six per cent did not report that it was a negative experience. Fourteen per cent of the subject children attending the chapel of rest however did wish that they had not had the experience. Those subjects who did not attend the chapel of rest were also asked to report on their feelings at the time about their non-attendance, and these results are shown in Table 12 below.

	Pre-school		5-7 yr.		8-11 yr.		12-15 yr.		16+ yr.		Totals		
	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Total
Regret		2	2	1	3	1	1	6			8	10	18
Excluded			1	2		7		1			1	10	11
Unsure		1				2	2	1		2	2	6	8
Vague memory		2		2							0	4	4
Not bothered							1	2			1	2	3
Chose not to					1					2	1	2	3
Felt unreal					1	1					1	1	2
Angry						2					0	2	2
Not grieved						1				1	0	2	2
Family protected					1			1			1	1	2
Upset							1				1	0	1
Nothing						1					0	1	1

Table 12 How subjects felt about not visiting the chapel of rest

Eighteen (32%) of these subjects reported regret and eleven (20%) felt that they had been excluded from proceedings around the death by not so attending. Eight of the subjects (14%) were unsure of how they felt by not visiting the body. Three (5%) of the subjects actually chose not to attend, and yet another three (5%) reported that they were 'not bothered' about not visiting the chapel of rest. Four (7%) of the subjects had only vague memories, another three (5%) of them were angry or upset, and one reported feeling nothing at all.

In summary, of those subjects attending the chapel of rest as children, fourteen percent of them had regrets. Of those not attending the chapel of rest, seventy per cent of the subjects felt some form of regret at not having done so. None of the male subjects reported regretting attending the chapel of rest. Four of the subjects actually chose not to visit their parent's body. A parent faced with having to decide whether to take their child to see their partner and the child's parent in the chapel of rest is in an unenviable position. There is no equivalent data of which I am aware, and this therefore could be helpful both to parents and to their supporters, in these circumstances. This study does provide data potentially helpful to a parent in the position of wondering what to do in these circumstances. A caveat is that none of the two younger age groups actually viewed the body of their dead parent. Perhaps the golden rule is to allow children to choose whether or not to attend the chapel of rest. This thereby empowering them, and trusting in the child's ability, with guidance, to decide for themselves. Some of the subjects in this study, when given the choice, did chose by themselves not to visit the chapel. The option to forbid or to distract subjects, although perhaps tempting as a short-term measure, for many children this potentially may lead to long term regret that they had not visited the body of their parent. It also has the propensity to destroy the trust of the child in the surviving parent, and to affect the parent-child relationship.

#### **4.6 The funeral**

In a similar way to deciding whether or not the children should visit the chapel of rest, the surviving parent very quickly has yet another critical decision over which to potentially agonise. That question is whether their children should attend the funeral of their partner, or else be allowed to choose whether or not to attend the event. The funeral is a public rite of passage, this being unlike the viewing of the body at the chapel of rest, which is a more private, and a family affair. A far greater percentage of the subjects (47%) in the study

actually attended the funeral of their parent than visited them in the chapel of rest (20%), although the median score was still key stage three. The higher number attending the funeral is perhaps not a surprise, as generally in the UK the coffin is closed at a funeral, and hence the perceived potential trauma of seeing a corpse is not present, as it is at the chapel of rest. In addition, as the funeral is far more so than the chapel of rest, seen as a public event to say goodbye to the deceased, it is perhaps both more acceptable and expected that the children do take part in the funeral service. The chapel of rest is a far more private and personal event in comparison, with the added potential trauma of seeing a corpse. It is however a potentially valuable vehicle of saying goodbye to a loved one in private. The frequency of male and female subjects in the study attending the funeral was remarkably similar, and within one percentage point, with the males being the higher. The percentages of the subjects attending a maternal death (40%) was relatively similar to that of a paternal death (48%), although it was surprisingly reversed when compared to the chapel of rest percentages. More mothers, as a percentage, were visited at the chapel of rest than were fathers. Table 13 below shows the percentage of subjects by age group attending the funeral.

Pre- school	5-7 yr.	8-11 yr.	12-15 yr.	16+ yr.	Total
zero	zero	44	63	100	47

Table 13 Subjects, by age, and percentage, attending the funeral of their parent

None of the subjects in the younger two age groups attended the funeral of their parent, and the percentage of the subject children so attending rose by the age group. All the subject children who were in the sixteen years and over age group attended the funeral

of their parent. The subjects were also asked to report on their feelings when attending the funeral, and these results are shown in Table 14 below.

	Pre-school		5-7 yr.		8-11 yr.		12-15 yr.		16+ yr.		Totals		
	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Total
Positive						3		8		1	0	12	12
Nothing/empty					2	2					2	2	4
Said goodbye					1	1	1			1	2	2	4
Not helpful					2		1			1	3	1	4
Helped grieving								2			0	2	2
Unreal							1			1	1	1	2
The right thing to do							1			1	0	2	2
Comforted								1			0	1	1
Unreal								1			0	1	1
Withdrawn							1				1	0	1

Table 14 How subjects felt about attending the funeral

Overall, thirty-three (47%) of the subjects in the study attended the funeral of their parent, and four (12%) of these reported that they found it 'not helpful' as an experience.

However, none of the subjects made observations to the effect that their attendance had a negative or detrimental effect. Sixty-four per cent of the subjects attending reported that they found so doing a positive or helpful event in some way. A female subject, fourteen years old on the death of her father described the profound sense of loss she felt when the curtains closed at the crematorium. This feeling was described as unlike anything she has ever experienced. None of the subjects reported such as being frightening by the

experience, or expressing the view that they had regretted attending the funeral. Another four of the subjects (12%) said that they felt nothing when attending the funeral, although twelve (36%) of them reported that the funeral was, for them, quite a positive event. Six (18%) more of the subjects felt that it helped their grieving or had let them say goodbye to their parent. One subject reported that the funeral had been for her a 'good experience', another commented that she felt that she would have been 'detached from reality and excluded' if she had not attended her dad's funeral. In summary, none of the subjects attending the funeral of their parent had a negative or bad experience. Perhaps some of those subjects reporting nothing at the funeral were still in shock after the death of their parent. Table 15 below shows the feelings reported by those subjects not attending the funeral of their parent.

	Pre-school		5-7 yr.		8-11 yr.		12-15 yr.		16+ yr.		Totals		
	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Total
Regret		1	2	2	3	2	2	1			7	6	13
Excluded			1	1		3		2			1	6	7
Not bothered							2	1			2	1	3
Unsure		3									0	3	3
Vague memories		1		2							0	3	3
Angry						2					0	2	2
Felt not true					1	1					1	1	2
Hurt						1		1			0	2	2
Family protected					1			1			1	1	2
Frustrated						1					0	1	1
Not grieved						1					0	1	1
Nothing						1					0	1	1

Table 15 How subjects felt about not attending the funeral

Thirty-seven (53%) of the subjects in the study had not attended their parent's funeral, and a large proportion of these subjects felt that this had caused them difficulty later in life. Thirteen of the subjects (35%) expressed regret that they had not attended the funeral, with another seven subjects (19%) feeling that they had been excluded from the family events. Yet other feelings expressed by some of the subjects not attending their parent's funeral included those of anger (5%), hurt (5%), frustration (3%) and that they had not been allowed to effectively grieve (3%). A total of twenty-eight of the subjects (76%) not going to the funeral expressed feelings indicating either explicitly or implicitly that they

wished that they had so attended the event. A further seven (19%) of these subjects were either unsure, not bothered or felt nothing with regard to their non attendance at the funeral. Some of these may still have still been in a state of shock in similar manner to the chapel of rest.

There were some differences between the subject sexes, in that more of the females (42%) expressed feelings of regret about not attending the funeral, than did their male counterparts (23%). In contrast however, more of the male subjects were excluded (31%) by their non-attendance at the funeral, than were female subjects (13%). It was also only the male subjects who considered that their family had 'protected them' by shielding them from the event of the funeral. More of the subjects, a total of eight (11%) reported that they were distracted from going to the funeral, than reported being distracted from attending the chapel of rest. These included such tactics such as being sent away with friends for the day, or even being sent back to the school for the day. One subject even reported watching a cortege pass by the school playground, only realising later that it was his father's coffin on the way to the funeral. These tactics are neither in the LeShan (1979) or Raphael (1984) ideal of being truthful with children, and actually including them in the proceedings after a death, this to help them with their own grieving for their dead parent. It also seems a short-term tactic, as the children will sooner or later realise that they could have attended the funeral, and this may bring aftermath's for the parent, such as having to deal with their children's anger or regret.

In summary, three quarters of those subjects who did not attend the funeral of their parent wished that they had been so allowed. Less of the subjects were forbidden to attend the funeral than were forbidden to go to the chapel of rest, although in contrast more of them were distracted from attending the funeral. When summated, the forbidden and distracted

subject group was thirty-six per cent of subjects for attending the chapel of rest and thirty-five per cent of subjects for attending the funeral.

The results of the reports from the subjects would seem to support the received wisdom notion that it does seem a good idea for children to attend the funeral of their parent, although there is no data regarding the younger two age groups. Of the subjects who attended the funeral, none of them reported any negative effects, and the majority of them felt that it was a positive event. Of those subjects not attending the funeral of their parent, three quarters of them wished, with hindsight, that they had taken part. One three year old female subject reported that she only realised what she had missed some fourteen years later, and at that stage had pangs of regret as to having not attended the funeral of her father. It therefore seems that there is nothing to lose, but also much to gain, by children attending the funeral of their parent. This study is supportive of Duffy (1995) in terms of the children generally finding attending the funeral positive, with no negative outcomes. Those who did not attend reported difficulties in their grieving, which they connected with their lack of attendance at the funeral. The study also at least indirectly supports Goldman's (1994) contention that children should be allowed to attend the funeral, although the reasoning was more along the lines of the inclusion of children rather than the mechanism of denial.

#### **4.7 How much time the subjects had off school after the death**

The subjects were asked next to report on how much time they had off their school after the death of their parent, before they returned. The question of whether children should stay off school after a death is yet again another difficult one for the surviving parent to decide. The parent may consider that the sooner the children return to their school, and so achieved some form of perceived normality, the better for the child. There is some evidence presented later in the study that some of the subjects did actually consider that

school did give them such 'normality', and for them returning to school was not an issue. This normality was not however a planned intervention by school, but a consequence of the lack of interaction and attention being welcomed by some of the subjects! The assumption cannot be made that the school is able to explicitly receive these children back to school adequately. In addition, the children may well feel excluded from things at home if they return to school very quickly. Some of the subjects in the study had already reported that they had feelings of exclusion by not taking part in the two rituals of the funeral and chapel of rest. The children could perhaps benefit from being at home, at least for a brief period, not only for purposes of their own grieving, but in particular so as not to feel this exclusion. They could be included, as far as possible, within the arrangements shortly after the death, and could also have ideas for the funeral. They could also be around the home during the day when the friends and other members of the family came to visit and pay their respects, this likely to be within the period shortly after the death. The home may well be a centre of activity at this time. In particular, the involvement with the family at this time would also help to avoid children having fantasies as to what was actually happening at home. Table 16 below shows the figures for the length of time children actually spent at home after the death of the parent. For two of the pre-schoolers this question was not relevant.

	Pre-school		5-7 yr.		8-11 yr.		12-15 yr.		16+ yr.		Totals		
	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Total
Straight back		1	1	4	3	8	5	7		2	9	22	31
In holidays		1	1	1	3	2	2	2		1	6	7	13
A week		1			1	1	1	7		1	2	10	12
2/3 days					3	1		1			3	2	5
Several weeks						2		1			0	3	3
4/5 days						1	1				1	1	2
Month later										1	0	1	1
2 weeks			1								1	0	1

Table 16 The time period before subjects returned to school after the death

Thirty-one of the subjects (44%) in the study went straight back to school after the death of their parent, this without them having any break at all from school. The median score for returning straight back was key stage two. There were minor differences between the subject sexes, as slightly more of the females (47%) than males (40%) went straight back to school after the death. These results are perhaps counter intuitive, in that it could be expected that girls, with a stereotypically more 'caring' role, would be more likely to stay at home to support the remaining parent. This was not the case in this study, although there was no clear picture of what the subject children were actually doing during this time, and they had not been asked. With hindsight, this would have been another area of interest on which to focus attention, and a useful potential future study in itself. Thirteen (19%) of the subjects in the study reported that their parental death took place in the holidays, and so that they could not, in any event, return immediately to school. Twelve subjects returned after a week, the median score being key stage three, higher than those returning at once.

With regard to the rest of the subjects, seven per cent reported returning to school after just two or three days at home. At the other extreme, one subject stayed off school for a whole month, and three others remained away from school for several weeks. Eighty-eight per cent of those subjects whose parent died within term time returned to their school within a week of the death, and fifty-four per cent of those subjects returned to school 'straight away'. Table 17 below shows the effect of age on the amount of time before returning to school after a parental death in term time.

Pre- school	5-7 yr.	8-11 yr.	12-15 yr.	16+ yr.	Total
50%	100%	55%	55%	50%	54%

Table 17 Subjects, by age, returning straight back to school (parental death in term time)

All of the key stage one subjects in the study returned to their school straight after the death of their parent, as did just over half of both the key stage two and three aged subjects. The pre-school sample was based on just one child returning to school straight away and the sixteen plus age group on two so returning, and hence not too much significance can be attached to either of these scores. There was no real interaction between time off school and age or sex. I am not aware of any other data in the area of the time children have off school after a parental death. It would be interesting to look deeper into the issues and motives around this particular area. Were the subjects kept off school to keep the surviving parent company, or to help in an active way, such as with housework or looking after younger siblings. These are really only questions that can be answered by the surviving parent, although it is one of interest, and would itself make an interesting project.

#### **4.8 How the subjects felt on returning to school**

This question related to how the subjects felt when they left their home, which was still in a state of mourning, and returned to the school environment, and their peers and teachers, which they may find sympathetic, unsympathetic or neutral. In the overall scheme of things the event of the parental death would likely have impacted highly on the home environment, but may have had little impact at school. Since the majority of the subjects in the study had returned fairly quickly to school after the death, it was interesting to see how well they fared on their return. Table 18 below shows the reports of the subjects regarding their feelings on first returning to school.

	Pre-school		5-7 yr.		8-11 yr.		12-15 yr.		16+ yr.		Totals		
	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Total
Ignored			1	1	4	4	3	2		2	8	9	17
Isolated		1		1		2	3	6		1	3	11	14
Normal				2	2	1		2		2	2	9	11
Embarrassed				1	3	3	1	3			4	7	11
No memory		3		1		3	1				1	7	8
Uncertain			1				1	2			2	2	4
Different					2	1					2	1	3
Positive					1						1	0	1
Stressed										1	0	1	1
Relief										1	0	1	1
Numb							1				1	0	1
Fragile								1			0	1	1
Strange						1					0	1	1
Stupid			1								1	0	1

Table 18: How the subjects felt on their return to school

Unfortunately, for the large majority of subjects in this study, returning to school was not a positive experience at all. Most of the subjects gave just one reply to this question. The highest reported feeling was by seventeen (24%) of the subjects was that was that they felt ignored on their return to school. The median score for this was key stage two. This seems to be the failure of schools to give the subjects the attention they needed, especially as reported later in the discussion, even just an initial acknowledgement of the

death. It may be that schools had no procedures for the transition back into school for the pupils or that teachers generally found it difficult and did not know how to respond. This may partly relate to the point made in the last section, that the death of the parent will naturally impact highly at home, but will not perhaps be perceived as so important in the general scheme of things at school. The reporting of feeling isolated was spread across all the key stages, although it was not reported in the pre-school group. There was no sex difference between the subjects, although a greater proportion of subjects reported this feeling with a maternal death (32%) than with a paternal death (19%). Perhaps this was a 'hangover' from the home situation, if their mother had been the main carer, and the children were now lacking attention at home. In any event the children would likely lack at least some attention, since half the parenting team had been removed, and the remaining parent would also have much to focus on now, as well as their own grieving. Perhaps the effect of a maternal death was the greater, or perhaps the fathers as a group tended to grieve in such a manner that led to these reported feelings of being ignored. The stereotype of women being able to use language more effectively than males, especially in relation to the emotions, may be having an impact on the situation. For whatever reason it was interesting to note that feelings of isolation reported by subjects on their return to school were greater in the case of a maternal death.

The second highest feeling reported by the subjects in the study on their return to school was that of isolation, which was reported by fourteen (20%) of the subjects, and again there was no subject sex difference, and the median score was key stage three. This was reported in fourteen per cent of maternal deaths and in twenty-three per cent of paternal deaths, a reverse of the reports made by subjects of being ignored. In total forty-four per cent of the bereaved subjects in the study, felt either isolated or ignored when they returned to school, both of these seeming to be indicating a perceived lack of attention at

school. There was, as already mentioned, no sex difference between the subjects, an equal percentage of both males and females reported these feelings of being ignored or isolated. One fourteen year old female subject reported that on her return to school after the death of her father, she felt that she was in a glass bubble, a visual impression of her feelings at the time. The type of attention which the subjects felt would have helped at school is reported later in the study, as they were asked in a later question how their school could have helped them more than it did. The reports do not necessarily mean that schools did not give attention, but it was the perception of the subject's that they did not! In contrast to this lack of attention, eleven (16%) of the subjects reported actually that they felt embarrassed on returning to school, implicit here is perhaps that they did not want 'attention', as they were feeling awkward after the bereavement. There was also no sex difference between the subjects reporting embarrassment, nor was the sex of the parent dying of significance, and the median score was key stage three.

There was a similar number of eleven subjects (16%) reporting they felt quite normal on returning to their school, and that the return to school per se did not present an issue to them. There was only a small difference between the sexes, in that twenty per cent of the male subjects in the study reported this normality, whereas only thirteen per cent of the females made such reports. Feelings of normality suggest that the subjects were quite comfortable on their return to school, and this may have been either because of the response of school to their return, although this was not actually reported. The median score for feelings of normality was key stage three. One male subject, seventeen at the time of the death of his father reported that it was a relief to get away from the oppressive atmosphere at home.

There were a variety of other responses reported by the subjects in the study, and these included eight (11%) of them having no recall of the event of the return, with marginally

more male subjects (16%) making this report than did the females. Most of these subjects were in the lowest three age groups. Four (6%) of the subjects reported being uncertain about how they felt, and three (4%) other subjects reported that they felt different from others. The remaining feelings were all single subject reports, and varied from feelings of relief, to those of fragility and stupidity.

It is not easy to explain the negative reports by the subjects on their return to school. It could be too simplistic, as mentioned, to look for reasons only in the context of school. There may be a variety of reasons, or combinations of reasons for the perceptions of the subjects. The children may have felt excluded or rejected at home, and this was perhaps reinforced on their returning to school. The perceptions of the subjects, as reported later, was that the schools generally did not respond well to them on their return. The children could perhaps have returned to school bringing with them 'baggage' of emotions from their home environment, and this may have been expressed through such as their non-verbal communication. Those individuals with whom they encountered at school may have found these interactions initially difficult with the returning children, and ultimately this may have affected their later transactions with both their peers, and also with teachers at their school.

The school could potentially still play a positive role with these children, in terms of a gentle approach, and making them aware that there was support available if this was wanted. The teachers are also adults, and perhaps could have been expected to take the initiative with their pupils who are, after all, children. It may be that the teachers, as suggested by Abrams (1993) did not want to move from their position of a professional teaching relationship with their pupils to one of a more personal relationship involving feelings and emotions. For many teachers this change of role was perhaps 'an emotional bridge too far'.

#### 4.9 How their school helped on the subject's return

The next question the subjects were asked related to how well they perceived that their school had helped and supported them on their return after the death of their parent. It would also seem reasonable to assume that there would be a connection between how well school helped the subjects on their return, and the subject's feeling on their return to school. Table 18 in the last section indicated that a majority of the subjects did not feel at all positive on returning to school. It is, of course, impossible to partial out of the data whether their feelings related to the home circumstances 'spilling over' into school, or to the reception of the subjects at school. Table 19 below shows how the returning subject subjects considered that their school helped them on their return.

	Pre-school		5-7 yr.		8-11 yr.		12-15 yr.		16+ yr.		Totals		
	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Total
Did nothing		2	3	2	6	11	6	11		5	15	31	46
One teacher spoke		1			1	2	1	3			2	6	8
Primed peers only				1	2		2	2			4	3	7
No recall		1		1		1					0	3	3
Tolerant					1			1			1	1	2
Gave normality				1				1			0	2	2
Stayed in at breaks						1					0	1	1

Table 19 How school helped the subjects on their return

Forty-seven of the subjects (67%) in the study considered that their school actually did nothing for them, which is a large indictment of the response of their schools for them when they were children. One male subject, twelve at the time of the sudden death of his

father, commented that nothing was done for him on his return to school. He went on to describe how it was as if nothing had happened, or as if it was something to be ashamed of. It has to be borne in mind that the reports were of the perception of the subjects, which does not of course mean that school actually did nothing literally. However, this would be the reality for the subjects. Indeed, for any help provided to be effective, it needs to be so perceived by the children at school. There was a sex difference between the subjects, seventy-one per cent of the females held that view, whereas the figure for males this was less at sixty per cent. It may be that the females had higher expectations of schools as helpers or perhaps had greater needs than the males. There was little difference between whether the parent dying was the mother or the father. Of the remaining thirty-three per cent of the subjects, three (4%) of them had had no recall of the events, and two (3%) of them felt that school provided them with what they described as 'normality'. There were no significant differences between the sexes in these responses. Eight of the subjects (11%) reported that just one teacher spoke to them, this being quite a significant event for them, worthy as such of being reported as 'school helping them'. Sixteen per cent of the males reported this, as did nine per cent of the girls, a slight difference between the sexes. What seems more important is how an act of acknowledgement is so perceived by the children. The subjects seemed to regard such an acknowledgement of the death of their parent as an indication of school helping them, and as such this perception was surely their reality. Another seven of the subjects (10%) reported that their teachers had 'briefed' their peers at school. In other-words, the teachers had alerted the other children in their class or at school as to what had happened. The subjects found this a very positive action for schools to take. The subjects then did not then have to tell others at school about their bereavement, nor wonder who actually knew about the death of their parent. It may be perhaps that this is underreported, as perhaps some of the subjects may not have actually

been aware of such a briefing. It may also be that some children would not welcome such a public recognition of the death of their parent, and schools should perhaps liaise with the family and act with caution. One male subject reported that he was allowed to stay inside the school building at break-times, this being his school's response to his parental death. A female subject who was fourteen at the time of her father's sudden death related how she was actually ridiculed by one of the teachers, as she was unable to read out aloud in front of her class without stuttering and stammering. Her teacher did not seem able to have a remotest idea of how she felt at the time of her parent's death. Three of the subjects reported that they had no recall on the matter, these being all in the younger three age groups. Two of the subjects, both females, reported that they considered that their teachers had been more tolerant towards them after the death of their parent. Generally, the sex differences between subject responses were unremarkable, apart from the perception of subjects that school had done nothing, which was reported earlier, a greater percentage of the female subjects held this view. There were no previous research findings that I was aware of, relating to children's experience on returning to school after a parental death. In summary, the large majority of the subjects reported that their school did nothing to help them on their return. Other subjects reported that their school had helped them by such as a teacher speaking to them about the death, or by 'priming' other pupils at school. Two of the subjects also reported that schools gave them normality. These results will be compared with the subjects' thoughts relating to how they perceive that schools could have helped more, this being reported later in the study. It was of interest as to how the subjects thought that their schools could have better helped them after the death of their parent, and this is addressed later in the study.

#### 4.10 How approachable the subjects found their teachers

The teaching staff is arguably the most important resource possessed by schools. The subject's perceptions of how well their schools dealt with their return after the death of their parent will, in effect, probably be related as to how well they considered that the teachers responded. A positive response by teachers is also likely to be good models for the other children at school. The subjects were asked to report as to how approachable the teachers were after the death of their parent. Table 20 below shows these findings.

	Pre-school		5-7 yr.		8-11 yr.		12-15 yr.		16+ yr.		Totals		
	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Total
No		3	2	3	6	13	7	13		4	15	36	51
Didn't want to					1	1	1	2		1	2	4	6
1 teacher ok					1	1		2			1	3	4
Yes				1	1		1	1			2	2	4
No recall		1	1	1	1						2	2	4

Table 20 Did the subjects find teachers easy to approach?

Fifty-two (74%) of the subjects reported that their teachers were not at all easy to approach after the death of their parent. This was not a dissimilar figure to the rate of subjects reporting that school did nothing to help them on their return. There was a difference between the sexes, in that seventy-eight per cent of the female subjects reported that it was not easy to approach teachers, this compared with sixty per cent of the male subjects. This is perhaps a surprise for which there is no obvious explanation. It was interesting to note also that the female subjects reported a greater incidence of their

schools not helping them initially on their return. One female subject, five years old at the time of the death related how she found the teachers were detached and very formal. A male subject, six years old at the time of his father's death reported too that the teachers were very formal, the head teacher telling him, after the death of his father, to keep a stiff upper lip "old chap!" One wonders what this young child would have made of this suggestion at the time, to a remark more appropriate at Rorke's Drift or Dunkirk! A male subject who was thirteen at the time of the death of his father, remarked that talking to the teachers at school was never on the agenda. A female subject, aged twelve at the death of her mother described how the teachers at school did not seem at all interested, and that it was as if her mother had never existed.

Nine per cent of the subjects in the study actually did not want to approach their teachers, and here there were no differences between the sexes. A female subject, fourteen years old when her father died, reported that she was helped by school being 'normal' and by immersing herself in her work at school. This subject was particularly resilient. One female subject reported that she was far too scared to approach teachers, and it seemed that at least some of the subjects were perhaps in some way unwilling to actively seek help.

These results need to be borne in mind and compared with those relating to how subjects perceived that schools could have helped them, which are presented later in the study.

Teachers are adults, and it seems quite sad that they were generally not able to make the first move and initiate an interaction which could potentially have been helpful for the children. This may perhaps reflect both the nature of death as a taboo subject, and also the possible fear, previously mentioned, which teachers may have of crossing the professional boundary to become involved in an emotional transaction with their pupils.

The effect of age and teacher approachability is shown in Table 21 below.

Pre- school	5-7 yr.	8-11 yr.	12-15 yr.	16+ yr.	Total
0%	13%	4%	8%	0%	6%

Table 21 Subjects, by age group, finding their teachers approachable

For purposes of this table, those subjects having no recall of the events were excluded from the data, and the percentage of the subjects finding their teachers easy to approach is shown for each age group. It also needs to be remembered that some of the subjects did not actually want to approach their teachers, and hence the figures in the table could well be an underestimate. If some of that group had actually wanted to approach a teacher, they may have been successful. There was no clear linear relationship between the age of the subject at the time of their parental death, and the approachability of teachers. The key stage one subjects found their teachers most approachable, the pre-school subjects and key stage four reported that their teachers were least approachable. There is no other research data of which I am aware to make comparisons with these results. It does however seem that the subjects, when they were children, and after the death of their parent, did not generally find teachers approachable. These results are perhaps not surprising, since the subjects had already reported that they did not find that their school helped them on their return after the death. Teachers are of course an important element of school.

#### **4.11 With whom the subjects spoke to about their feelings**

It would seem that the subjects were tending not to receive much support at their schools, as epitomised by so many of them having feelings of being isolated and ignored. A minority of sixteen per cent of the subjects did however report that their return to school provided them with normality. This may have related to the contrast with a grieving parent and the sad memories residing in the home context. Sixty-seven percent of the subjects

considered that schools did nothing to help them on their return, and seventy-four per cent of them thought that their teachers were not approachable. It seems that, for a large proportion of these subjects, school was not the 'safe haven' from a grieving home that it potentially could have been, and it was not giving the subjects any perceived support at all. Lewis (1992) had found that some teenagers did find school a safe haven, although teachers were perceived as being more sympathetic to those pupils who were affected by parental separation rather than by parental death. Sharp and Cowie (1998) suggested too that teachers can potentially play a supportive role at the time of potential stress for bereaved children. Although many subjects did find that school provided them with normality, many others reported that they were isolated and felt ignored within the school system. The results of Lewis are only partly supported, and it is a sad irony is that some schools actually seemed to help some of the subjects by doing absolutely nothing! Abrams (1993) contended that teachers may perhaps be unwilling to cross over the bridge from having a professional teaching relationship with their pupils to one of a more personal and emotional nature. The minority of subjects, who seemed to find normality even though the school did not appear to respond, possibly too also shared that view. Some of the subjects were quite embarrassed on returning to school, and did not want attention. This question regarding whom the subjects did actually speak to was to determine from where, if anywhere, they were obtaining support in terms of talking about their feelings. Table 22 below shows the results of the reports of the subjects.

	Pre-school		5-7 yr.		8-11 yr.		12-15 yr.		16+ yr.		Totals		
	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Total
Nobody		4		3	7	12	6	7			13	26	39
Close Friend(s)		1				1	2	5		5	2	12	14
Mum		1		1		1		4		1	0	8	8
Sister				1	1	1	1	1			2	3	5
Brother		1		1		2					0	4	4
Grandmother					1		1	1			2	1	3
Family Friend					1			1			1	1	2
Dad			1				1				2	0	2
Teacher				1							0	1	1
Sunday Schl Teacher								1			0	1	1
Family										1	0	1	1
Psychiatrist						1					0	1	1
Aunt			1								1	0	1
Girl friend								1			0	1	1
Boyfriend								1			0	1	1
No recall			1								1	0	1

Table 22 With whom the subjects talked with about their feelings

The majority of the subjects in the study, thirty-nine (56%) reported that they actually spoke to nobody at all about their experiences after the death of their parent. A male subject, fourteen at the time of his father's sudden death, described his most disconcerting memory at the time was that everyone seemed to be giving him a wide berth. Those who

did talk with others reported sometimes that they had more than one source. Fourteen of the subjects (20%) spoke to either their close friend or friends, and another eight (11%) of the subjects confided in just their mother. There was a slight sex difference here, in that fifty-eight per cent of the female subjects spoke to nobody, this compared to fifty-two per cent of the male subjects. These results do seem to be counter intuitive, the stereotyped view being perhaps that females are more skilled in language than males, and hence it perhaps would be thought that the female subjects would be better communicators.

However, more of the female subjects (20%) did actually speak to their mothers than did males (11%) in the study. The percentage of the sexes speaking to their friends was also quite similar. Some of the subjects (13%) reported that they spoke with their siblings, and others that they spoke to their grandmother (4%), and also to their dad (3%). There was little sex difference between the male and female subjects with regard to confiding in their dads. It also needs to be borne in mind that more dads had died than mums in the total sample.

Sadly, even so shortly after the death, one of the male subjects reported that he was only able to speak to a psychiatrist at this time. In general, it seems that the majority of the subjects when they were children did not talk to anybody about their feelings. Those who did talk generally confided in just one person, this being often a close friend, sibling or their mother. The results of this question seemed to reinforce the subject's general perceptions of both being isolated and being ignored at school. The subjects, when they were children, seemed to be finding a similar situation not only at school, but also at their homes. In these circumstances it seems unlikely that the children's grief was facilitated, as also suggested by Raphael. This also suggests that the grief of the children was not moving onwards towards the resolution stage. I was not aware of any other research data relating to whom children spoke to after the death of a parent, or revealing these issues of

isolation and being ignored. These reports do fit in with the overall picture suggested by previous results of the study.

#### 4.12 How the subjects were a month after the death of their parent

The subjects were next asked to report on how they felt a month after the death of their parent. Table 23 below shows those major reactions recalled by the subjects at this time period.

	Pre-school		5-7 yr.		8-11 yr.		12-15 yr.		16+ yr.		Totals		
	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Total
No recall		3	2	2	3	3		2			5	10	15
Shield up					1	2	3	3		1	4	6	10
In shock		1			1	3	2	2		1	3	7	10
Normal		1	1	1	2	2		2		1	3	7	10
Unreal						1		3		2	0	6	6
Isolated		1			1	2		1			1	4	5
Sad		1		1	1	1					1	3	4
Moved house					1		1	2			2	2	4
Guilt						1	1			1	1	2	3
Angry bitter							1	1		1	1	2	3
Family problems						1	1				1	1	2
Depressed				1			1				1	1	2
School work down					1			1			1	1	2
Economic Problem					1			1			1	1	2
Confused					2						2	0	2

Quiet/ shy		1						1			0	2	2
Lack confidence								2			0	2	2
Hated school								1		1	0	2	2
Breakdown						1		1			0	2	2
Held all together					1						1	0	1
No concentration								1			0	1	1
Insecure					1						1	0	1
Distraught								1			0	1	1
Regressed					1						0	1	1
Positive							1				1	0	1
Desolation						1					0	1	1
Mum working				1							0	1	1
Rebel										1	0	1	1
Fear of losing parent						1					0	1	1

Table 23 How the subjects were a month after the death of their parent

The highest number, that is fifteen of the subjects (21%), reported that they had no recall of the time a month after the death of their parent. Some of the subjects made more than one report, although most made just one observation. The next highest number of subjects, ten (14%) reported that they 'had a shield up'. It was quite remarkable that all these ten subjects used the same word 'shield', this indicating quite a visual image of them being on the defensive. Another ten of the subjects (14%) described themselves as still being in a state of shock. Eight of the subjects, all male, reported what they described as feelings of normality at this time, these from subjects across all the age ranges.

Although this represented eleven per cent of the total sample, it was reported by thirty-two per cent of the male subjects. Thus around a third of the male subjects reported normality after a month, and there was no sex difference as to whether it was their mother or their father who had died. The broader categories in Table 23 were then contracted down into the major categories and shown in Table 24 below. It is interesting, and perhaps surprising that even only a month after the death of their parent, three of the subjects (4%) reported that they had already moved house. One male subject, aged eight at the time of the death, reported being 'whisked-off' straight after the funeral, this for a new life with grandparents, and what was described as a complete culture change. With the move of house came other changes, such as those of neighbourhood, friends and school. One subject also reported sadly that the family pets were all 'destroyed' at this time, this in connection with a house move. The effect of this must have been a great additional loss for the subject to bear, just after the death of their parent. Two of the subjects also reported experiencing what they described as 'family problems' (3%), this being friction, tension and arguments at home. This is likely be a product of the change in dynamics within the family, as well as perhaps relating to the turmoil of feelings. One of the male subjects reported that he had already had what he described as a 'breakdown', and was having psychiatric help.

The death of the parent therefore not only seemed to be taking an emotional strain on subjects, but it also seemed to be starting to make an impact in practical terms. This also had the potential to compound the emotional side. For example, imagine the feelings of the female subject reporting a move of house, the destruction of her pets, as well as a move of school, involving the loss of classmates and teachers, all this following quite quickly on the loss of her parent. One male subject also reported that "Mum had to go out to work, and things were not the same". For many of the subject children things had

changed irrevocably, not only in terms of the death of their parent, but also in terms of other life changes that were beginning to flow as a direct result of the effects of the parental death. The trajectory of the subjects seemed potentially to be changing. Another of the subjects also reported being quite rebellious during this time, and others reported that they were quite bitter and angry. Two of the subjects, both males, said that they hated their school at this time period. Yet two more of the subjects reported that the remaining family was having problems with money, these being economic difficulties associated with the death of their parent. One of the breadwinners in the family had died, and there were also other costs, such as the funeral expenses to pay after this death.

Table 24 below shows a summary of the main reactions reported by the subjects a month after the death of their parent.

General reaction	Number	Percentage 1	Percentage 2
Shock	17	24	31
Defensive	17	24	31
No recall	15	21	N/A
Normal	10	14	18
Isolated	7	10	13
Sad	7	10	13
Angry	5	7	9
Moved house	4	6	7
Guilt	3	4	5
Depressed	2	3	4

Table 24 Summary of the main reactions a month after the death of their parent

Two percentage figures are shown in the table. The percentage 1 figure shows the data expressed as a total percentage of all the subjects in the study. The percentage 2 figure is the figure when subjects unable to remember events at the time are removed from the data pool. The percentages following are those when the 'no recall' group of fifteen subjects had been removed from the data, in other-words the percentage 2 figures from Table 24. Shock was reported by seventeen of the subjects (31%) and another seventeen subjects also said that they were feeling defensive (31%). Ten of the subjects reported that they were now feeling normal, this representing eighteen per cent of those able to recall events at that time. Other feelings reported by some of the subjects included those of isolation (13%) by seven subjects, sadness (13%) by another seven, anger (9%) by five and guilt (5%) by three of the subjects. Two of the subjects reported actually feeling depressed at this time. All the feelings reported by the subject in the study feature in the adult models of grieving, although the initial stages of these models tend to focus on shock. Feelings such as anger, guilt and depression are not features of the initial stages of the traditional models of grief, although they do feature in the later stages. The idea of normality at such an early stage is also not part of the traditional models. Normality in terms of the Kubler-Ross model is thought of as the resolution of the loss, and in terms of Worden when the tasks of grieving have been completed. The traditional models suggest that resolution would be in the region of two years after the death. Table 25 below shows the subjects, by age, who reported that they could not recall the events a month after the death of their parent.

Pre-school	5-7 yr.	8-11 yr.	12-15 yr.	16+ yr.	Total
60%	50%	24%	7%	0%	21%

Table 25 Subjects, by age group, with no recall a month after the death of their parent

There was a relationship between the age of the children at the death of their parent and the ability to recall events at this stage. The percentage of subjects reporting that they were unable to recall events a month after the death of their parent decreased with age. All of the key stage four subjects reported that they could recall events a month after the death, in contrast to just sixty per cent of the pre-schoolers. Intuitively it does seem reasonable to assume that there would be such a relationship between age and recall. There were more males (32%) reporting no recall than females (20%). I did not regard the relatively high rates of subjects reporting that they had no recall as problematic for the study. This was rather a reflection of the subject's honesty in so reporting, which was preferable than perhaps trying to please me by guessing as to their feelings. It is of course impossible to determine fully the reliability of the recall of the subjects at the time, although it was apparent that for many, the event of the death of their parent, and the surrounding circumstances was apparently etched in their minds. I had no comparable data from other studies to compare with these results. However the results do suggest that the reported experiences of the subject children were now beginning to deviate from those of the traditional adult models, especially with regard to the static stage models.

## Chapter 5: From three weeks to two years after the death

### 5.1 How the subjects were six months after the death of their parent

The subjects were next asked to recall how they were six months after the death of their parent. Table 26 below shows the subjects reported feelings at this time period.

	Pre-school		5-7 yr.		8-11 yr.		12-15 yr.		16+ yr.		Totals		
	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Total
No recall		2	2	3	2	1		2		1	5	8	13
Depressed		1	1		3	4	2			2	6	7	13
Normal		1		2		4	2	3			2	10	12
Family problems						1	3	2			3	3	6
Reality hit					1		2	2			3	2	5
Isolated		1			1	3					1	4	5
Unreal						2		1		1	0	4	4
Moved house						1	1	2			1	3	4
Shock		1			1		2				3	1	4
School work down								1		3	0	4	4
More confident					1			2			1	2	3
Parent remarried			1				1	1			2	1	3
Insecure					1	1				1	1	2	3
Guilt						1	1	1			1	2	3
Went away						2					0	2	2
Focus on academic							1	1			1	1	2

Grew up fast				1			1			1	1	2
Family change			1			1				1	1	2
Helping parent					1		1			0	2	2
Harder at school							1		1	0	2	2
Anger						1				1	0	1
Nightmares						1				1	0	1
Confused							1			0	1	1
Economic problems					1					0	1	1
Varied							1			0	1	1
Rebel						1				1	0	1
Flashbacks									1	0	1	1
Quiet		1								0	1	1

Table 26 How the subjects were six months after the death of their parent

The largest number of subjects, this being thirteen (19%) reported that they could not recall events from this time. A greater number of males (28%) than females (13%) reported that they could not recall events. An equal number of the subjects (19%) also reported that they were feeling quite depressed at that time. The percentage of depression reported by the subjects was similar for both sexes. Twelve of the subjects (17%) reported normality at this stage. Eleven per cent of the female subjects reported normality, as did thirty-two per cent of the male subjects. This was a similar pattern of sex difference to the reports of the subjects when returning to school. Family problems were also reported at this time by nine per cent of the subjects, all females, and three of the subjects now reported that their parents had now remarried. One female subject, fourteen years old at the time of the death of her father, reported that her mum now had a new boy-friend, and

that she was now expected to cook for this new man, with whom she did not have a good relationship. There were a host of other reports by the subjects, this as shown in the Table 26 above. The data was then summarised into the main reactions reported by the subjects, and this is shown in Table 27 below.

General reaction	Number	Percentage 1	Percentage 2
Depressed	13	19	23
No recall	13	19	N/A
Normal	12	17	21
Shock	8	11	14
Reality hit	6	9	11
Moved house	4	6	11
Isolated	5	7	9
Defensive	4	6	7
Guilt	3	4	5
Angry	1	1	2

Table 27 Summary of the major reactions six months after the death of their parent

The percentage 1 figure in Table 27 above is based on the total subjects in the study. The percentage 2 figure is based on the data when those subjects with 'no recall', that is thirteen, have been removed from the data pool. Thirteen (19%) of the subjects reported that they could not recall events at this time. This compared with fifteen (21%) of the subjects reporting no recall a month after the death, and eight of the subjects (11%) reporting this regarding the time when the news of their parent's death was received. There was thus little difference in the recall reported by subjects between a month and six

months after the death. The percentage had, however, nearly doubled from the initial time of the death, although intuitively this is perhaps not a surprise considering the likely impact that the news could have made on the subjects. The percentages that follow in this section relate to the percentage 2 figures, this with the 'no-recall' group removed from the data. Compared with the period a month after the death of their parent, there had been a decline in the reporting of both sadness and anger by the subjects. Sadness had declined from being reported by thirteen per cent of subjects a month after the death, to now not being directly mentioned at all by any of the subjects. The reporting of shock had reduced from thirty-one per cent of subjects at a month after the death to being reported by fourteen per cent six months after the parental death. This is perhaps not really a surprise, as the subjects would likely be gradually moving to resolving and coming to terms with their loss, and integrating the changes into their schema of life. The reports of being defensive, which included the 'shields up' reaction reported by subjects, had also declined over this time period from being reported by thirty-one per cent of subjects a month after the death to seven per cent six months later. In contrast, reports of depression by subjects had increased over this time period. Depression was mentioned by just four per cent of subjects a month after the death, although it was now being reported by twenty-three per cent of those subjects able to recall events from this time. Slightly more of the male subjects (20%) reported that they were depressed at this stage after the parental death, compared to the female subjects (16%). Another unexpected result was that thirty-two per cent of the males reported feeling 'normal' at this stage, compared with just eleven per cent of the females. This is a difference between the sexes of twenty one per cent. In the traditional models of grieving, such as Kubler-Ross, depression is the stage after that of shock, although the more flexible models, such as Parkes, do allow

for movement backwards from one stage to another. In these models, normality is usually considered as resolution, this taking place up to two years after the death.

Sex differences between the subjects have already been reported in this study, and here it could be that the male subjects were recovering from the death of their parent quicker than were the females. More of the male subjects reported normality at this stage, although also more reported that they were depressed. Only one of the male subjects (4%) reported that he was still in shock at this time, whereas seven of the girls (16%) reported either shock or still feeling unreal about the death of their parent.

For a minority of the subjects in the study there were still more life changes and further additional losses now taking place. Another six (9%) of the subjects reported that they had now either moved house with their family, or else that they had gone to live with other relations away from their home. These subjects had therefore lost their homes, their friends and contacts in the area, as well as their schools with their teachers and classmates. The new schools would not likely to have the same rapport with the family as the former, as they would not have known the family as long. This would be unlikely to improve the response of the school to either the family or to the child, this at least in the short-term. The teachers could well have had difficulty in deciding, that is assuming that they knew of the parental death, what was 'normal' for that particular child, and may have assumed that a particular characteristic was more personality based than contextually based as a grief reaction. Three (4%) of the subjects in the study reported that their surviving parent had already remarried. The arrival of a step-parent in a family will be bound to at least marginally alter its dynamics. Whilst the introduction of a new partner may cater for some of the emotional and other needs of the surviving parent, this may not be the case for the children. The subjects had now in sense also lost a part of the remaining parent's, this in addition to the death of their other parent. The surviving parent

will probably be quite distracted by the new arrival. The arrival of a 'substitute' for their dead parent may be no consolation for the grieving children. Another two of the subjects (3%) reported that there were other family changes at this stage, and six of the subjects (9%) also reported family problems and difficulties, which they perceived as relating directly from the death of their parent.

The main differences between the two time periods of one month and six months, in terms of the reports made by the subjects, did seem to be the change in some of the emotional reactions. There was some shift in the emphasis of these reports between the periods.

The reaction of shock had declined at the six months period, as had also the reports of defensiveness. Some of the subjects were also now reporting that the reality of the death had now 'hit home', again suggesting that the initial shock phase or inability to 'take-in' the fact of the death had ended. This suggests also that the death had now perhaps impacted more cognitively, something that was not mentioned before this time. It may be that the subjects were now moving towards revised schema or mind-sets, which now had changed quite radically, integrating within it the death of the parent. In other words there was a transition from the old life schema to another revised schema of life.

In contrast, over the two periods, the reports of depression by the subjects had increased, as had the number of subjects now reporting normality. There was clearly some movement towards the direction of normality, as also indicated by those subjects reporting the increased awareness of reality. However, there is a subtle difference between the two reports of normality and that of reality hitting home. The latter reports would seem to be part of the process of moving towards the former. It would seem to be hard to report the condition of normality without implicitly having accepted the reality of the situation, being the death of their parent.

A total of ten subjects (14%) in the study had now reported moving house, and changing schools, neighbourhood and even region. These changes again invoked further change and losses, such as are implicit in these events. The family changes, such as remarriages and difficulties reported would also bring with them elements of their own loss. The subjects had initially lost a parent through death, and they had now lost at least some attention of the surviving parent to another adult, this possibly at a time that they themselves were craving for more attention themselves. Throughout this period the surviving parent too would have been going through their own period of grieving and adjustment, and may not have been fully able to facilitate their children's own grieving. It was also at this stage that third level losses, caused by second level changes, were being reported. For example, because of the death of the parent, there may no longer have been a mother at home to cook the children their tea, and to welcome them home after school. The outcomes for some of the subjects were quite different in similar circumstances, and this may have related to their own personality and inner resources. Some of the subjects reported becoming quite resourceful and independent at this time. These subjects reported that they 'grew up' quickly, and in some ways did seem to grow stronger from the experience. For these subjects, they perceived that they gained a measure of independence, which they quite valued, when comparing themselves to their peers who seemed relatively immature. The remaining parent was perhaps not able to oversee or to control the children as they had done when there were two parents to share this role. This could be described as a positive outcome, although the subjects had in a sense perhaps also partly lost their childhood, by losing some measure of the parental screen and protection. Two of the subjects in the study reported that they had begun to focus on academic work, these were both female and were in key stage three at the time of the parental death. In contrast, some of the subjects did not have such positive reports

about school at this time. It is at this period that reports of a decline in school-work are first reported after the parental death, this by six per cent of the subjects. Previously, one month after the bereavement, the only mention of their school-work by subjects was that it had become harder. This was perhaps an indication of a decline in concentration, this possibly again through being in a state of shock after the death. Stevenson (1995) suggested that children will most likely be preoccupied after a parental death, and lack a focus of attention for school-work. In contrast, Knapman (1993) postulated that some children actually immerse themselves in their school-work after such a death. There was some minimal evidence supporting both the Stevenson and Knapman position at this point. There was, even at six months, a report of rebellious behaviour, and this continued to increase over time period after the death. This could perhaps stem from anger, a response against the death of their parent, and a generic protest against the perceived unfairness of things. Anger is also reported as a grieving response in the models of grieving previously mentioned, such as by Kubler-Ross. The rebellion of the subjects may also relate rather to the understandable lack of parenting management, this at a time when the surviving parent was themselves struggling with their own grief. This was reported by one of the subjects bereaved as a pre-schooler. His perception was that both himself and his brother were quite naughty, and he even described himself as being wild. With his father dead, his mother was not now able to fully control the pair, having previously relied on her partner for discipline. Their mother also needed to begin work to keep the family going, and was herself also around less time than before, the boys being looked after partly by elder relatives. These relations also seemed incapable of providing a firm structure for the growing children perhaps they also felt sorry for the boys, and this led to their unrestrained behaviour. Fortunately the boys did eventually calm down, and were not involved in the clashes with the law. This may have related to their relatively

isolated rural upbringing, and they were also eventually taken 'under the wing' of a kindly schoolteacher. In a more urban upbringing the boys may well have been drawn into less desirable company, with far more negative outcomes. The subject did however consider that they lost out on their education, and as such were unable to take other than labouring jobs. That was a source of regret expressed by the subject, and one he felt was directly related to the death of his father. Two other female subjects reported that they were helping their mothers more after the death of their fathers than they did previously. There was also vulnerability reported, one eldest girl was in effect forced into the role of quasi partner for her bereaved father, by having the role of looking after the younger children. In this case, the role was not one relished by the subject, and she left home soon afterwards to make her way independently. Another girl was less fortunate, and fell prey sexually to a male friend of the family. This again was yet another loss for the subject after the death of her father. She never shared this knowledge with her mother and other members of the family, who were quite taken back when the girl realised that she was being abused, and distanced herself from her abuser. Individual subjects also reported nightmares and flashbacks relating to the death of their parent, one was still reporting being confused at time period.

In summary the experiences of the subjects were still deviating from the traditional models of bereavement relating to adults, in particular in relation to the normality reported, but also to the reports of some of the subjects still being in shock and confusion. The growing reports of depression were however not at variance with the adult models, and having risen from four per cent after a month to twenty-three per cent after six months.

## 5.2 How the subjects were a year after the death of their parent

The third point in time at which the subjects were asked to recall how they were was a year after the death, the first anniversary. Table 28 below shows the feelings reported by the subjects reported after a year, and the main reactions are also summarised in Table 29 further below.

	Pre-school		5-7 yr.		8-11 yr.		12-15 yr.		16+ yr.		Totals		
	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Total
Normal		1		2	3	5	3	7		2	6	17	23
Depressed						4	2	2		2	2	8	10
No recall		2	2	1	2			1			4	4	8
Isolated		1		1	1	4				1	1	7	8
Family problems		1	1		2		1	1			4	2	6
Sad		1	1		2			1		1	2	4	6
Economic problems				1		2		2			0	5	5
School work up							2	2			2	2	4
Shock		1					1	1			1	2	3
Angry						1	1				1	1	2
Substance abuse								1		1	0	2	2
Guilt							1	1			1	1	2
School work down								1		1	0	2	2
Unreal						2					0	2	2
Moved		1					1				1	1	2
Rebel							1	1			1	1	2

Binging							1			0	1	1
Confident						1				1	0	1
Fear mum die		1								0	1	1
No confidence									1	0	1	1
Sensitive						1				0	1	1
New partner				1						0	1	1
Truant								1		0	1	1

Table 28 How the subjects were a year after the death of their parent

The year after the death is the first anniversary, and often one reported as significant.

Many of the adults I have counselled in my role as a bereavement counsellor have approached the first anniversary with a degree of concern. The number of subjects not able to recall at this time point fell to eight (11%) from the six month period of thirteen (19%). Perhaps the subjects were more able to relate to the anniversary, and therefore recall how they felt than they so related to the previous time period of one and six months.

Twenty-one per cent of the subjects could not recall at the month period.

A third of the subjects were now reporting feelings of normality a year after the death, with the median score key stage two. To a degree this suggests that they have, to a measure, come to terms with the death of their parent. The traditional models of adult based grieving would suggest that this is a relatively short time for this to take place. A figure of two years is generally thought of as a more appropriate adult period to resolution. One difficulty in terms of the models is deciding what exactly resolution means. It tends to be taken as meaning that the death no longer impacts on the life of the individual to the degree that it interferes with their everyday life. In other words, as Parkes suggests, the individual 'moves on', and invests their energy elsewhere, close to the Freudian

perspective. This is really what the subjects were describing as feeling 'normal'. They still had memories of their parent, and would not deny moments of both memory and sadness, but to a large degree they had adapted to their new circumstances. This does seem to suggest a tenacity within a proportion of the subjects when they were children. One interesting feature is that the number of male subjects reporting normality was similar to that of the six month period, this at twenty-eight per cent. The number of female subjects now reporting normality had now increased from zero at six months to thirty-six per cent at the one year after the death point. The intervening six-month period seems to have been crucial for many of the female subjects, this in terms of their adjustment to the death of their parent.

Some of the subjects (11%) continued to report feelings of isolation, the median score being at key stage two. Substance abuse was now also reported by two subjects, and other individuals also reported both truancy and lack of confidence. A key stage three female subject described how she began to 'binge' on food, this being overeating behaviour. One pre-school female subject was now concerned that her mum might also die. The main reactions of the subjects were summarised and shown in Table 29 below.

General reaction	Number	Percentage 1	Percentage 2
Normal	23	33	37
Depressed	10	14	16
No recall	8	11	N/A
Isolated	8	11	13
Sad	6	9	10
Shock	5	7	8
Moved house	2	3	3
Guilt	2	3	3
Angry	2	3	3

Table 29 Summary of the major reactions a year after the death of their parent

In similar vein as before in previous summary tables, the percentage 1 figure relates to the whole sample of subjects. The percentage figure 2 relates to the data when the 'no recall' group is removed, and the percentages quoted later in this section relate to that figure.

The number of subjects reporting depression had declined now to eight (14%), a reduction from nineteen per cent six months earlier, and the median score was key stage three. This could be an indication of the movement of the subjects through the traditional stages of grief. The incidence of isolation reported by subjects had increased marginally over this six month period, this from five (7%) to eight subjects (11%). There was a higher percentage of female subjects reporting isolation (13%) than there were males (8%) so reporting. There was also a marginal increase in the reports of anger by subjects, this from one to two (3%), these both being males. It may be recalled that anger was reported by seven per cent of the subjects when they were initially told the news of the death of their parent, although reported only by male subjects.

Six (10%) of the subjects reported feelings of sadness at this time, a feeling that was not mentioned at six months, and this feeling had returned close to the level it was just a month after the death. It is often thought that the anniversary of the death, in particular the first anniversary, is quite a difficult time for the bereaved in general. The reporting of sadness was spread across the age groups and it was also equally divided between the sexes. It may be that the subjects generally 'picked up' the sadness at the time of the anniversary from the adults around them. It could be difficult to accept that the younger children would, by themselves, remember the date of the death. However, it is not impossible, especially when the death took place, around Christmas, a birthday, at the start of the summer holidays or at a similar event. The triggers for the subjects may have been from the reactions of the adults around them, or may have been activated by such aforementioned associations. The feelings of isolation too may have also been triggered by the memories of the death a year earlier. Another two (3%) of the subjects had also moved house over this six month period, and for them this was the most significant event of the time. In total twelve (17%) of the subjects reported that they had moved house in the period up to the first anniversary of the death. The moving of house again leads to the potential and the likelihood of further losses, as related earlier in the study. Another subject reported at this stage that their parent had found a new partner, this making four additional formal partners (6%) in total during the first year after the death. There may have been other less formal arrangements which impacted on the children. Five of the subjects (7%) now reported economic problems, all of these were where their father had died, and the loss of income was now making an impact on the family. Another six (9%) of the subjects reported family difficulties, a feature that was growing over the period of time after the death. It could now be that the full impact of the effects of the bereavement, in terms of secondary loss, was now beginning to have a greater effect on the family and on

the subjects. There were further disturbing reports, adding to those of rebellion that first appeared after six months, and reported by one subject. Two of the subjects were now reporting substance abuse, a year after the death of their parent. Another subject reported becoming a truant at this time. The truant was a male subject whose father had died. It is not possible to determine whether, in any event, this would have occurred in the absence of the death. It is however clear that the subjects, themselves, saw the connection between their problems and the death of the parent. Black (1974) too found evidence of school refusals amongst bereaved children. Substance abuse was reported by two of the male subjects at this stage, again this after the death of their fathers. Lamers (1986) reported drug abuse in subjects as a result of children's unresolved grief. Another two of the subjects reported rebellious behaviour at this time, one of each sex in terms of both the subject and the parent dying. Six of the female subjects (13%) reported general family problems at this time. An improvement in their school-work was reported by four of the girls (9%), although one female and one male subject reported that their school-work had deteriorated. There were no reports by the subjects of either being defensive or of reality hitting at this time point. This suggests that by now most of the subjects had absorbed the impact of what had happened, although seven per cent still reported that they were still in shock. The experiences of the subject children seemed, in some respects not dissimilar to the adult models of grief, although the reports of normality would not be anticipated after just a year.

### **5.3 How the subjects were two years after the death of their parent**

Although the subjects were later asked to report on the longer-term effects caused by the death of their parent, the last time point they were asked to actually recall was the second anniversary, or two years after the death of their parent. This was again an anniversary of

their parent's death, although with perhaps not quite the impact of the first anniversary.

The results of the reports of the subjects are summarised in Table 30 below.

	Pre-school		5-7 yr.		8-11 yr.		12-15 yr.		16+ yr.		Totals		
	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Total
Normal		2		1	3	5	3	7		3	7	17	24
No recall		3	2	1	2			1			4	5	9
Depressed				3	1	1	2	1		2	3	7	10
Isolated				1	1	3		3			1	7	8
Angry						2	1	2			1	4	5
New partner					2	1	1	1			3	2	5
Economics			1			2		1			1	3	4
Sad				2	1	1					1	3	4
Hated school						3					0	3	3
Focus on school							1	2			1	2	3
Odd						1		1			0	2	2
Independent					1		1				2	0	2
Focus on sport							1			1	1	1	2
Guilt							1				1	0	1
Nightmares							1				1	0	1
No interest in school							1				1	0	1
Frightened								1			0	1	1
Helping mum						1					0	1	1
Not positive								1			0	1	1

Embarrassed					1						1	0	1
Implications hit						1					0	1	1
Bullied								1			0	1	1
Feared loss of mum				1							0	1	1

Table 30 How the subjects were two years after the death of their parent

A slightly greater number of subjects (13%) reported that they could not recall their feelings at this time period after the death of their parent. There had been eleven per cent reporting 'no recall' at the first anniversary of the death. This may reflect the point just made relating to the impact of the first anniversary. The second anniversary would be closer to the date of the interview, and it would perhaps have been expected that subjects would have remembered more from a later time period. The main responses of the subjects to the question were then summarised and are shown in Table 31 below.

General reaction	Number of pupils	Percentage 1	Percentage 2
Normal	24	34	39
Depressed	10	14	16
No recall	9	13	N/A
Isolated	8	11	13
Angry	5	7	8
Sad	4	6	7
Guilt	1	1	2

Table 31 Summary of the major reactions two years after the death of their parent

The percentage 1 figure in Table 31, as with previous summary tables, is based on the total number of subjects in the study, whereas percentage 2 is based on the data when those with 'no recall', that is nine subjects in this instance, have been removed from the data. The percentages that follow in this section relate to the percentage 2 figure. There was just a slight increase in the subjects reporting themselves as feeling normal at this stage, this was now thirty-nine per cent of those subjects able to recall events at the time, with a median score of key stage three. Forty-eight percent of the female subjects were now reported feelings of normality. In contrast, twenty-four per cent of the male subjects reported normality. This would seem to indicate that these subjects were not now having great difficulties. It is interesting how initially a greater number of male subjects reported feelings of normality, the percentage being similar over the previous two time points. In contrast, the report of normality by the females had increased over the time period to now be around twice that of the boys. Many of the male subjects therefore seemed to recover quickly at first, whereas for the females it was initially a slower process. For some of the male subjects recovery did not come so quickly. Thirty-nine percent of the subjects now reported normality at the two-year point, this at a time when adults models of grieving would suggest that most griever's will have come to a resolution point. In this study, sixty-one per cent of the subjects did not report normality after two years, suggesting that for the majority of the subjects reaching the stage of resolution did take longer. This is perhaps not surprising in terms of the earlier reports by the subjects. Many of the subjects had felt isolated and excluded at school and at home, and they found that neither their teachers nor the other adults in their lives were easy to approach. It should be recalled that perhaps many of the teachers did not feel that it was appropriate for them to become involved in the issue as postulated by Abrams (1993). Many of the subjects did not take part in the traditional rites of passage, such as attending the funeral and chapel of rest,

and as such had not perhaps said their goodbyes to their parent. It is contended that adults find attending these events helps with their grieving. Those subjects attending the funeral were generally quite positive as a group, and the results for the chapel of rest, whilst not so conclusive, were overall also quite positive. Raphael (1984) contended that children need facilitating by adults in order to resolve their grief, and this did not seem to have been happening for many of the subjects in this study. It is therefore perhaps not a surprise that a minority of the subjects seem to have come to terms with their loss.

The percentage of the subjects reporting that they were depressed was very similar at this point to the one a year after the death, being fourteen per cent, with a median score of key stage three. There was also an increase in the subjects reporting feeling anger, this rising from three per cent to seven per cent. Those reporting sadness had declined from ten per cent to seven per cent over this time period. The numbers of subjects reporting feeling isolated was also similar between these two time periods.

Perhaps the greatest change over this time period was that of the subjects reporting shock. There were no reports by the subjects of shock two years after the death of their parent. Shock here had declined from twenty-four per cent one month after the death to zero on the second anniversary. This does fit in with the adult stage based model of grief, where shock is one of the initial reactions. This also ties in with Worden's (1984) 'task model', task one being that of accepting the reality of the loss.

There were however some additional reports after two years. Although none of the subjects reported moving house during the intervening year, another five of the subjects (7%) reported that the surviving parent now had a new partner, this taking the total for the two year period to nine (13%). This again meant further changes and losses for the children having already experienced the death of a parent. The arrival of a new partner for

the surviving parent would bring with it at least some element of loss, as previously discussed.

Some of the subjects reported putting a focus on either school or sport, this being perhaps a positive distracter for these five subjects (7%). In contrast however, another four (6%) of the subjects reported that they actually either hated school at this time, or at least that they had no interest in their school-work. The male subjects were the ones reporting hating school, a female subject reported that she had lost interest in school. There is again a difference in the responses of the sexes, the males again having more of an anger response, the female response being more depressed. Stevenson (1995) suggested that bereaved children may be preoccupied with their thoughts, and thus that they may lack concentration at school. In contrast, Knapman (1993) had postulated that bereaved children could immerse themselves in their school-work, this as a reaction after the parental death. There is some evidence supporting both Knapman and Stevenson, although neither reported the differences in the responses of the sexes, or the apparent significance of paternal death for boys in connection with their reports of being a truant. One particular subject characterised this as the period when the fuller implications of the death impacted, this being a female subject regarding the death of her father. Until that date the subject had not really understood the full implications beyond the death. Table 32 below summarises the main reactions of the subjects over the two-year period.

Reaction	1 month	6 months	1 years	2 years
Shock	24	11	7	0
Defensive	24	6	0	0
No recall	21	19	11	13
Normal	14	17	33	34
Isolated	10	7	11	11
Sad	10	0	9	6
Angry	7	1	3	7
Moved house	6	9	3	0
Guilt	4	4	3	1
Depressed	3	19	14	14
Reality hit	0	9	0	0

Table 32 Summary, as percentages, of the major reactions to the death, over two years

The results are quite different from the initial reaction, when the majority of the subjects who could recall (82%) were essentially unable to absorb the information of the news of the death. The impact of the death was perhaps just too great for subjects to take in at the time. A month after the death, thirty-one per cent of the 'recall group' still reported as being in shock, and a similar amount reported as being 'defensive', and having their 'shields up'. These were the main two feelings reported a month after the death, although a not insignificant number of the 'recall group' (18%) reported feeling normal. The defensive response declines substantially after six months to six per cent of the subjects. In a similar way, the reports of shock by subjects fell from twenty-four per cent to eleven per cent after six months, and to seven per cent after one year, then to disappear as a report after two years. Eleven per cent of subjects reported 'no recall' regarding their

reactions at the news of the death. This rose to twenty-one per cent for the period a month later, to decline to nineteen per cent after six months. Interestingly, the 'no-recall' group reduced to eleven per cent on the anniversary of the death, the same as that at the first news. The 'no-recall' group slightly increased to thirteen per cent at the two years anniversary.

The feeling of normality reported by the subjects gradually increased from eighteen per cent after a month to thirty-nine per cent after two years. Ten per cent of the subjects reported sadness as the main feeling one month after the death of their parent. An enigma is that sadness was not reported at all by the subjects after six months, although it was again reported as a response by nine per cent of the subjects at the first anniversary, this rate declining to six percent two years after the death of their parent. It may be that the anniversaries had revived the initial feelings of sadness.

Anger too was reported by seven per cent of the subjects after a month, although this only by males. The reports of anger by subjects declined to one per cent after six months, rising to three per cent after a year and then to seven per cent after two years. Anger seemed to be increasing as sadness declined.

Depression was only reported in three per cent of the subjects after a month, this rising to nineteen per cent after six months. It then reached a plateau of fourteen per cent for the first year, falling marginally to thirteen per cent at the end of the second year. Depression is generally considered in previous models to be a later rather than an earlier response to loss. Black (1974) found evidence of depression, as a post bereavement response. Guilt was at its highest level by subjects at a month and six months (4%) after the death. This level fell to three per cent, then one per cent after one and two years respectively.

The patterns for the subject children are far more complex than a simple stage process would suggest. The relatively high level of subjects feeling normal quite soon after the

death, or having adapted to the situation is interesting, and has not been reported previously. This perhaps indicates a higher level of resilience in children than would be anticipated. The male subjects, in particular, initially reported normality at a higher level than did the females. The rate of normality reported by the females was however twice that of the males by the two year point. Despite these indications of resilience amongst some subjects, there were still sixty-six per cent not having reached the stage of normality after two years. The two year period is a 'rule of thumb' guide, the period a frequently one used by counsellors in predicting the resolution of grief, and the some adult models of grieving.

For some subjects perhaps there was a return to normality, but for others there were the second or third level losses, this not related to the breaking of the bonding relationship with their parent, but connected to the life changes that came about as a result of the death. These changes include such as moving house, district or school, or the arrival of a new partner for their parent. This issue has been referred to already, and will be discussed in greater detail later in this study.

## Chapter 6: Schools, time off and how school helped

### 6.1 Time off School after the bereavement

The subjects were next asked to report on how much time they had off school after the death of their parent. A previous question had asked as to how long they been off school after the death, this before returning to school. The current question related to the medium term, and whether the subjects tended to have more or less time off school after the death of their parent. Table 33 below shows the reports of the subjects for this question.

	Pre-school		5-7 yr.		8-11 yr.		12-15 yr.		16+ yr.		Totals		
	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Total
No			1	2	8	10	4	12		2	13	26	39
Yes		2	1	2	1	2	3	5		3	5	14	19
Less				1	1	2	2				2	4	6
No recall		3	1			1		1			1	5	6
Psychosomatic		1		2	1			2		1	1	6	7
Truant		1					1	2			1	3	4
School phobic						1		1			0	2	2

Table 33: Did the subjects have more, or less time off school after the bereavement

Thirty-nine of the subjects (56%) reported that they did not have more time off school after the death of their parent, and the percentages were the same for both sexes. There were also no differences between the reporting of time off school and the sex of the parent dying, and the median score was key stage two. Six of the subjects (9%) reported that

they actually had less time off school than they did before the bereavement, there were more male subjects (12%) than female subjects (7%) making this report.

It may be that perhaps it was difficult for the surviving parent to arrange for the care of the children when they were ill, so perhaps they were marginally more likely to send them to school when the illness was minor.

Twenty-seven per cent of the subjects did however report that they had more time off school after the death of their parent, with the median score key stage three. This tended to be for a variety of reasons, including illness, although ten per cent of the subjects considered that their illnesses were psychological in nature rather than physical in origin. Four of the subjects (6%) also reported playing truant in the period immediately after the death, these being two male and two female subjects. Another two of the male subjects reported that they became school phobic at this time, and that they did not want to attend school. Black (1974) also reported evidence of school refusals amongst bereaved children. There may be a combination of factors in play for these six subjects (9%). The truants were perhaps now more easily able to evade the surviving parent, especially if they were out at work, and there may have been nobody at home, in contrast to previous times. In addition, if school was for many children not a safe haven, subjects reported feeling isolated and ignored, then they may not have wished to engage with an unfriendly system. This does however contrast with the findings of Lewis (1992) reporting that many teenagers did find school such a safe-haven. In these circumstances, the marginal attraction of school would decline perhaps to such a point that the marginal benefits of other activities, even solitude, were more attractive. In addition, many teachers may not have considered that school was unfriendly as such but contended, as suggested by Abrams (1993) that it was not appropriate for them to become involved in these circumstances. In this situation, then playing truant can perhaps be seen as a logical

response by children, this made easier by the halving of the parental management team, as well as the surviving parent themselves probably themselves going through the process of grieving and being more distractible. These are difficulties that arose, not so much because of the death, but through these secondary factors. There also seems to have been a perceived uncaring response from school, as well as less parental management. There is no equivalent data of which I am aware to compare directly with the results of this study.

### 6.2 Did schools help the subjects to prepare for the bereavement?

The study was essentially a focus on the subject's experience when they were at school, although of course things could not be taken out of the context of their home. Part of the idea behind the study was the hope that it would assist schools to better help their pupils. Table 34 below reports the findings as to how the subjects perceived that their schools helped them to prepare for their bereavement.

	Pre-school		5-7 yr.		8-11 yr.		12-15 yr.		16+ yr.		Totals		
	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Total
Nc		5	3	5	10	15	9	18		5	22	48	70
Yes											0	0	0

Table 34 Did school help the subjects to prepare for the bereavement?

Table 34 shows an unambiguous response from all the subjects in the study. This was constant across both the sexes of the individual and also independent of the sex of the parent dying. All the subjects in the study considered that their schools had not prepared them for the bereavement. These results do beg two fundamental questions, one of which is whether schools should have such a role, and the other is how the schools could have

better helped the subjects when they were children. My own contention is that school could potentially be a vehicle for preparing children for life, with a focus on life skills. From this perception, life skills such as those of sex education and parenting are relevant to the curriculum. This is a question of educational philosophy, and current priorities seem to be in other directions. Education does not seem particularly related to life skills, nor to the education of loss. Leckley (1991) reported that nearly eighty per cent of primary teachers in a Belfast study thought that they did have a role to play in the area of loss education. There is a training issue here to consider. Urbanowicz (1994) found that after training teachers were more confident in supporting and interacting with bereaved children at school. My own impressions, after giving such INSET is to agree. If the needs of these children are considered, then clearly those in this study did not perceive that their school helped to prepare them for the bereavement. With regard as to how the schools could have helped the subjects for the bereavement, one element could be death and loss education. Sharp and Cowie (1998) agreed, and regarded the inclusion of this in the curriculum as part of the way in which schools can respond to support bereaved children.

### **6.3 Did the subjects have any death or loss education at school?**

The next question asked whether or not the subjects had received any such loss education when they were at school. In view of the subjects responses to the question relating to the help school gave, then it would seem likely that there was either little education in place, or if it was so in place, then it would not seem to be effective. This question related to the former being a measure as to the amount of the death or loss education received by the subjects. Table 35 below shows the percentage of the subjects reporting as to whether they had any loss or death education at school.

	Pre-school		5-7 yr.		8-11 yr.		12-15 yr.		16+ yr.		Totals		
	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Total
No		5	2	5	10	15	9	18		5	22	48	69
Yes			1								1	0	1

Table 35: Did the subjects have any 'loss' or 'death' education at school

Only one of the subjects in the study reported receiving any death or loss education when they were at school. My own previous research in Humberside, reported in 1993a and 1995 had revealed that there was very little loss education in the county's schools. My later research (Holland, 1997b) which included secondary schools in both Humberside and also in the Sunderland and Newcastle areas was however more optimistic. In some of these schools, albeit generally led by a keen individual, there was at least some loss education in place. I did have a time embargo on interviewing subjects, and would not interview anyone where the death had been within the last five years. It is perhaps not surprising that all (99%) but one of the subjects reported that there was no such education at school, as this reflected my previous research findings. This does connect with the previous question, regarding whether the subjects felt that school had helped prepare them for the bereavement. Had there been more loss education in schools then this study would hopefully have helped to evaluate its effectiveness. Instead, this aspect must be left to a later study, although the subjects were asked later in this study as to how they felt that their school could have helped them more effectively.

#### **6.4 Did schools help or hinder with the bereavement?**

This question related as to whether their schools either helped or hindering the subjects with the bereavement, and was another measure of the subjects perceptions about their

schools. Table 36 below shows the summary of the responses made by the subjects in the study.

	Pre-school		5-7 yr.		8-11 yr.		12-15 yr.		16+ yr.		Totals		
	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Total
No help		2	2	2	5	8	4	7		1	11	20	31
Gave normality		1		1	1	4	2	6		2	3	14	17
Neither			1		1	3	1	2		1	3	6	9
School OK		1					2	2		1	3	4	7
No sympathy					2		1	1			3	1	4
Told peers						1		1			0	2	2
Escape from home						1		1			0	2	2
Smothered at school					2						2	0	2
No recall		1		1							0	2	2
Teachers ignored								1			0	1	1
Distracted								1			0	1	1
Kind teacher						1					0	1	1
Friends there						1					0	1	1
No recognition								1			0	1	1
Nobody to talk to							1				1	0	1
Listening				1							0	1	1
Felt rejected					1						1	0	1

Table 36 Did the school help or hinder the subjects with their bereavement?

The previous questions had related as to whether the subjects felt that schools helped them to prepare for the bereavement, and also as to whether they had received any loss or death education when they were at school. The subjects had already reported on how they felt when they initially returned to school after the death of their parent, and whether or not the teachers at school were approachable.

The results of these previous questions were generally neither positive nor encouraging as to the role schools were playing in helping these bereaved children.

In relation to this question about whether school either helped or hindered with the bereavement, most of the subjects made just one report. Thirty-one of the subjects (44%) thought that their school actually gave them no help. There was a sex difference, in that fifty-one per cent of the female subjects, compared to just thirty-two per cent of the male subjects held this view. This is a difference of nearly twenty per cent between the males and females. It could be that the schools tended to respond better to the bereavements of the male subjects that they did to those of the females. It may relate to sex differences as to the perceptions of school helping. It could be that perhaps the female subjects expected more help relatively than did the males. In general in the study, there were remarkably little differences between the sexes, and at times the percentages of responses of both sexes were identical.

The second highest number of subjects, that is seventeen (24%), reported that school did help them by providing a normality that was missing from their life at home. It is interesting that exactly the same percentage of female as male subjects reported this view, in contrast to the previously reported sex difference. An irony is that their school's apparent inaction in not responding to the subjects seemed to actually have helped the children! It may be recalled that a minority of subjects, but still thirty-two per cent of the subjects had reported normality two years after the death. This does supports the notion of school as a

potential 'safe haven' for children after the death of a parent, a view which I have previously contended, and one also espoused by Lewis (1992). School could therefore be potentially well placed and able to support bereaved children. A group of seven subjects (9%) in the study reported that school was generally 'OK'. These subjects reported that on balance they were comfortable with school, and yet another nine subjects (12%) reported that really school neither helped nor hindered, but was broadly neutral. In total forty of the subjects (57%) reported this neutrality, or considered that school had actually helped in some way. This does leave quite a large minority of thirty subjects (43%) reporting that school was hindering or was a negative aspect after the death of their parent. In addition, those subjects having been helped could have perhaps been helped to a greater degree than actually took place, since there was no relative measure of the help received. Reports as to the positive benefits of school included that for two of the subjects it provided an escape from the more problematic environment of home, and for another that it gave them the opportunity to be with their peers and friends. One subject found that school was a positive distraction from the difficulties that they were experiencing at home. Two (3%) of the subjects reported that they were aware that the teachers had briefed their peers about the death of their parent, and they felt that this had helped them. This saved the subjects from what they perceived to be the additional trauma and embarrassment of either having to tell their friends about the death, or being uncertain as to who actually knew about the death of their parent. Golding (1991) remarked on the propensity for death as a subject to cause embarrassment. Other subjects reported individual teachers as having responded in a kindly manner, or had listened to them, which had helped them at school. In contrast, two (3%) of the subjects reported being 'smothered' by attention at school and subsequently feeling quite embarrassed. There is a balance to be struck in this

area, and this may to a degree also depend on the personality of the child, the 'within child' factors.

In general many of the subjects did not consider that schools had actively helped during their time of grieving, this as also borne out in previous questions. However, there was a significant number for whom the school either provided normality, this being a positive benefit, or was at least neutral. For many of the group feeling helped by school, this had been because of the possibly the unplanned response of leaving them alone, and restoring what the subjects considered was normality. There is yet again the issue of training, and the findings of Urbanowicz (1994) that it tends to be effective in helping teachers to become more confident in this area. There is no previous data of which I am aware to compare with these figures.

#### **6.5 How their school could have improved their help to the subjects**

There was evidence from my previous research that schools rated the area of child bereavement highly. In addition, teachers perceived that they lacked the skills to help their pupils. This implies that schools perceive that they could have a role in supporting bereaved children. Leckley (1991) supported this contention, with research in Belfast primary schools. Leckley found that nearly eighty per cent of primary school teachers saw that they had a role in helping their pupils in this potentially problematic area. The question asking the subjects how their schools could have helped more was intended to trawl for such ideas from subjects having actually been through the experience of having a parent die when they were at school. Table 37 below reports the answers made by the subjects to this question.

	Pre-school		5-7 yr.		8-11 yr.		12-15 yr.		16+ yr.		Totals		
	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Total
By listening		2	3	1	6	7	4	7		4	13	21	34
Counselling		1		1	5	5	5	8		2	10	17	27
Acknowledgement				1	1	8	4	4			5	13	18
Death education		1			3	5	1	7			4	13	17
Explain things					4	5	4	3			8	8	16
Tell peers				1	2	1	1	3			3	5	8
Be more open		1			1			1			1	2	3
Reassure					1		1	1			2	1	3
Telling teachers							1	2			1	2	3
Group sessions					1	1		1			1	2	3
Help reach potential								1		1	0	2	2
Share feelings								2			0	2	2
Nothing				1				1			0	2	2
Tact								1			0	1	1
Train teachers								1			0	1	1
No recall				1							0	1	1
Physical comfort								1			0	1	1
Explain to dad					1						1	0	1
Communicate						1					0	1	1
Life-skill classes					1						1	0	1
Support & sympathy						1					0	1	1

Normalising						1					0	1	1
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Table 37: How the schools could have better helped the subjects

This is perhaps quite a key question in the study, crucial in the future in terms of responding to the needs of bereaved children, and thereby enabling the subjects to make a positive contribution to help currently bereaved children, this with the benefit of some years of reflection. It was hoped that the subjects would feel that they had made a positive contribution towards helping children through this process. The subjects in the study made just over two suggestions each (mean 2.1) as to how their schools could have helped them better in relation to the death of their parent. The greatest number of subjects, thirty-four (49%), reported that school could have helped just by listening to them, the median score was key stage two. This does link with the reports of the majority of children feeling isolated and ignored when they returned to school, and of them finding teachers difficult to approach, as well other adults. One thirteen year female subject described how there was no one to talk with at school, and she advocated that a person be allocated for this role in school; someone who had been through the experience of death. One fourteen year old female subject also made similar comments, adding that it would help if teachers had more awareness and empathy with pupils going through the experience of having had a parent die. She felt that teachers as a group were not sympathetic at all, and would benefit from a greater awareness, including from training, although she also added that she thought that parents too needed advice on the issue. A female subject who was sixteen at the time of the sudden death of her father, related how she felt very bitter that no one at school had 'bothered' to say anything at all to her about the death. There was a comment on her end of year report that she had had a difficult year, a remarkable understatement of how she had felt.

Mishne (1992) suggested that children are helped to an understanding of death by their teachers being 'open' with them. The teachers help through accepting and coping with the feelings of the children. It does also suggest a quite simple answer, many of the subjects considered that they would have been helped if there had been somebody just to listen to them. The children could perhaps have been helped by having a sympathetic teacher willing to listen to them. This is a very 'low-level' intervention, not counselling, but just a basic human to human 'connection'. Teachers may have find this quite uncomfortable, not only because of their own potential 'baggage' in the area of loss, but also as it steps outside the professional teacher-pupil relationship, as suggested by Abrams (1993) and into the perhaps perceive 'dangerous' area of emotions. Teachers may well not consider that this is appropriate for them to be so involved, and be reluctant so to do. However, those teachers who did overcome this taboo, and did make a more personal connection, actually did help their pupils, as shown by the reports of the subjects in the study. Twenty-seven of the subjects (39%) in the study considered that counselling would have helped them at school after the bereavement, here the median score was key stage three. This is a more specialist and powerful type of intervention than is listening, and these subjects may actually have been helped by the latter and lighter intervention. There was again only a slight difference between the sexes, with one per cent more of the female than male subjects holding the view that counselling would have helped. At a time when many secondary schools in the USA and Australia already have their own school counsellor or psychologist, this type of post in English schools is very rare indeed. I encountered just one school counsellor during a series of training placements in the north east of England. Educational psychologist are also 'very thin on the ground' and not really able to provide this type of ongoing support; if it is always appropriate for an outside agency to become involved other than on an advisory basis. The health service may be able to provide

psychiatric support, but again this is introducing more alien professions, less likely to have a background in education. It would perhaps be more appropriate for children to be talking things through with a trusted teacher, rather than a stranger from outside their school. If nothing else, the use of an outsider brings with it the message that death and bereavement are issues with which the staff at school cannot cope with, and for which an outside agency is needed. This must surely be 'de-skilling' for the teaching profession, who would perhaps best help their bereaved pupils by gaining at least some simple skills in the area of supporting the bereaved child.

The third highest reported way in which the subjects thought that school could be supportive of children was raised by eighteen of the subjects (26%). These subjects reported that just acknowledging their loss would have helped them at the time of the bereavement, the median score here was key stage two. Twenty-seven per cent of the girls and twenty-four per cent of the boys reported this as an opinion. This also links in with the reports of the subjects feeling isolated and ignored at school. Subjects tended to report that teachers would avoid mentioning the subject in their presence, although the few teachers having the courage to talk with the subjects were very well received. A simple acknowledgement, such as just expressing regret that the parent had died would probably have been sufficient. In contrast, the subjects tended to be faced with a 'blank wall' at school, a reaction reported earlier by many of the subjects during the survey. Teachers, as already reported were not at all easy to approach, and they may not have considered that it was appropriate for them to make an approach to bereaved children. Seventeen of the subjects (24%) thought that one way in which school could have helped more would have been by having death education included in the taught curriculum. A greater percentage of the female subjects (29%) held this view compared with the males (16%), and the median score was key stage two. Here there was therefore a marked

difference between the sexes, perhaps a reflection of a greater perceived need of the females. Another subject suggested that it would have helped them if life-skill classes had been available at their school, and yet another subject suggested that teachers in general needed more training in this area.

It has already been reported earlier in the study that many of the subjects did not really understand what was happening at the time, and this was reflected by sixteen of the subjects (23%) reporting that the school could have helped more by explaining things to them. This is not death education, but is far more reactive, in that many subjects reported that they did not understand what was happening at the time of their parent's death. Many subjects were quite confused and lacked information about what was happening at the time of the death. Other subjects in the study reported that it would have been helpful if teachers had told their peers that their parent had died (11%) and also if all the teachers at their school had been made aware of the circumstances (4%). Subjects had also reported earlier in the study that one way in which school had helped was by alerting their peers to their parent's death. Two of the subjects were adamant that their school could actually have done nothing to help them after the death of their parent. There were other responses from the subjects giving suggestions as to how school could have better helped, this including providing them with reassurance (4%) and also by being more open (4%). These suggestions are perhaps also reflections of the isolation that was felt by the subjects at the time of the death. Four per cent of subjects reported that they would have liked to have been involved with group sessions within their school, this to enable them to have access to peer support. Another three per cent of subjects wished that their school had explicitly enabled them to share their feelings. These subjects would therefore seemed to have welcomed an active facilitation of their grief.

There were therefore a variety of strategies that the subjects felt would have helped them at the time of the death in the context of school. Nearly half of the subjects would have been helped simply by having a teacher to listen to them, and another quarter just by some simple acknowledgement of their loss, the death of their parent. Neither of these strategies are ones which are onerous in terms of resources, and they do seem relatively simple procedures. Essentially these strategies are the school staff making human links with the bereaved children. In terms of some of the other suggestions, these are more expensive in terms of resources. The employment of school counsellors would have implications in terms of their costs, and death education would involve curriculum changes, and a change of current educational thinking, at least at the margins. Yet again the issue of training for teachers arises, with contentions by Urbanowicz (1994) and Rowling (1994) that training is needed to enable teachers to become more confident in the area of death and loss. Silverman and Worden (1995) contended that schools are very well placed in society to help to support bereaved children, and this view seems to be supported by the views of most of the subjects taking part in the study. There is no previous data of which I am aware with which to compare with the results of this question in the study.

#### **6.6 Did other adults help the subjects?**

The study was essentially based around the responses of the school to the parental bereavement of their subjects when they were children. There was also interest in whether subjects were helped by the other adults in their life? Did these other adults in the life of the subjects facilitate their grieving? The results of this question are shown in Table 38 below.

	Pre-school		5-7 yr.		8-11 yr.		12-15 yr.		16+ yr.		Totals		
	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Total
No		5	3	2	7	12	6	6		5	16	30	46
Generally yes				2	1	1		5			1	8	9
Only siblings					1	2		1			1	3	4
Didn't want to					1		1	2			2	2	4
Only parent							1	3			1	3	4
Varied							1	1			1	1	2
No recall				1							0	1	1

Table 38: Did other adults help the subjects, and were they easy to talk to

A total of forty-six of the subjects (66%) in the study reported that they did not find other adults at all easy to approach, and the median score was key stage two. There was a higher percentage of female subjects reporting difficulty (70%) than there were males (58%), which is again a surprise in view of the stereotyped notion of females superior language and communication skills. However ten per cent of the female subjects reported that they did not actually want to talk to anybody, a response that was not recorded at all by any of the males. A minority of nine of the subjects (13%) reported that adults were generally easy to talk to, this was by twenty percent of the male subjects and nine per cent of the female subjects, another sex difference in reports. The median score here was key stage three. Only one of the subjects reported that they could not recall this aspect, another two said that there was variation in the response of adults. In general many of the subjects were as isolated at home as they were at their school. The findings here do support the notion of Pattison (1976), that some of the difficulties which families and children have with death is partly related to their poor communication about the topic.

There is however, no other data I am aware of to make a direct comparison with this study.

### **6.7 Medium or long-term effects relating from the death of the parent.**

The subjects in the study had already been asked about their feelings at various points after the death of their parent. They had already been asked to report on how they perceived things on five specific occasions. The first occasion was on the news of the death of the parent, then a month later, followed by six months after the death. Finally the subjects were asked to report on their perceptions on the first and second anniversaries of the death of their parent. It was hoped that the subjects would have a reasonable recall of events at those times, which were hopefully easier on which to peg onto their experiences. There was also an interest as to whether the subjects perceived that the death of their parent had resulted in any medium or long-term effects on their own lives. The reports of the subjects to this question are summarised in Table 39 below.

	Pre-school		5-7 yr.		8-11 yr.		12-15 yr.		16+ yr.		Totals		
	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Total
Delayed grief		1	1	2	2	2	2	6		1	5	10	15
Relationship problems		1			1	8	3	2			4	11	15
Being Vulnerable		2			3	1	3	3		3	6	9	15
Depression		2		1	3	6	1	1		1	4	11	15
Psychiatric referral			1	1	3	3		5			4	9	13
Moved house		2		1	2	3	1	1			3	7	10
Separation anxiety		2	1		2	3	1			1	4	6	10
Independent					1	3	3	1		1	4	5	9

Education		1	1			2	2	1		2	2	6	8
No confidence			2		2		1	2		1	5	3	8
Felt 'Missed out'					1	1	1	3		1	2	5	7
New step parent			2		1	2		1			3	3	6
Economic difficulties		1		1	1	2				1	1	5	6
Truant		1				2		1		1	0	5	5
Aloof						2	2	1			2	3	5
Inward looking								2		2	0	4	4
Guilt						1	1	2			1	3	4
No role model		1		1			1	1			2	2	4
Abused					1	1		1			1	2	3
Live life to full					1			1		1	1	2	3
Bitter		1			1	1					1	2	3
Protect parent		1		1							0	2	2
Substance abuse								1		1	0	2	2
No								1			0	1	1
Yes		1									0	1	1
Nightmares								1			0	1	1
Can Survive bad							1				1	0	1
Crime						1					0	1	1
Marned father figure								1			0	1	1
Become hard						1					0	1	1
Spoilt		1									0	1	1

Crime						1					0	1	1
Flashbacks										1	0	1	1
Lost religion								1			0	1	1

Table 39 The medium or long-term effects from the death reported by the subjects

This question was to examine any effects beyond the traditional two-year period of grieving. At this time period conventional wisdom would suggest that the bereaved individual would by now have had recovered from their bereavement. This does not mean that individuals no longer had memories, but that the effects of the death no longer impact on their lives. One difficulty is that it could well be that the effects of the bereavement were underestimated and underreported. The subjects, for example, may have been set on quite a different trajectory after the death of their parent, and they may not connect the event of the death with the repercussion. Conversely the subjects may also connect an event falsely with the bereavement. They may perhaps mistakenly perceive, for example, that their own later relationship difficulties may be so related to the death of their parent. It is extremely difficult to try and 'unpack' these situations in the longer term, although the things reported below were, for the subjects in the study, their own reality.

On average subjects each reported 2.6 long-term effects which they considered were of some significance and also related to the death of their parent. Fifteen (21%) of the subjects in the study reported that they had experienced delayed grief. Broadly these subjects considered that, even some time after the death, they had not still not fully resolved their grief. One twelve year old female subjects reported that she even now avoids mother and daughter situations, tending to be friends with single parent families, and finding relationships difficult. She described as tending to avoid close relationships, as she felt that becoming 'too close' to adults was difficult in terms of potentially being hurt.

Another female subject, seventeen at the time of her father's sudden death, observed that she found relationships hard to cope with, and that she tended to 'bottle things up'.

Hemmings (1995) had suggested that children could well experience delayed grieving, and may take a longer time than adults to resolve their grief. The results of the study in general support this for the majority of subjects, although a minority considered that they resolved their grief relatively quickly. The delay may relate to the lack of help and facilitation from adults, as suggested by Raphael (1993). This study found that the subjects generally did not consider that they received help or support either at school or at home. This lack of support or facilitation could be a *prima facie* reason why the subject's grief pattern did differ in some ways from the traditional adult models. The results did show also show some interesting difference between the sexes of the subjects. Twelve (27%) of the female subjects reported delayed and unresolved grief, this in comparison to just three (12%) of the males in this study. A further fifteen (21%) of the subjects reported depression in the longer term, this again suggesting that the recovery stage of mourning had not been reached. One subject who was ten when her father died reported that she was still depressed when she went to college. Here, again there were a higher percentage of female subjects (27%) compared with males (12%) making this report. It seems that the females were far more likely to have long-term problems with unresolved grief and depression than were their male counterparts. Four of the subjects (6%) also reported that they had become 'inward looking', these were all females, after a paternal death. Inward looking seems also to be likely on the depression continuum. If the figure reporting being inward looking is added to those reporting depression, then thirty-six per cent of the female subjects were on this continuum. Brown et al. (1977) postulated an apparent connection between depressive illness in the adult life of women, and earlier maternal bereavement when the girls were young. This study also supports those results.

Hill (1969) too found correlation between later adult depressive illness, and childhood bereavement in the early teenage years. Although medium and long-term depression was reported by a greater percentage of the female subjects (27%) than by the males (12%), roughly half the rate, there was no connection between the age of the subjects at the death of their parent. This does not support Hill's contention of the early teenage connection between parental death and longer-term depression. There was also no connection between whether the death was maternal or paternal. In this study females reported the same percentage rates of depression whether the death was of their mother or of their father. These results do not support some of the previous work, such as by Black, which had suggested a link between the death of a mother and longer-term depression of their daughters. Overall, depression was reported in eighteen per cent of maternal deaths and in twenty-three per cent of the paternal deaths. Some subjects were so affected by the death that they needed a psychiatric referral. Thirteen of the subjects (19%) in this study reported this as a longer-term effect, and there were a higher percentage of female subjects (20%) than there were male subjects (16%) reporting receiving such help. Rutter (1966) had found that fourteen per cent of Child Guidance referrals in one sample were of individuals having been bereaved of a parent at school, and that bereaved children were twice as likely to have a psychiatric referral than those not so bereaved. There was no link in this study between age and psychiatric referral, the median age range was key stage two, and the modal age key stage three. None of the pre-school subjects had such a referral, and just two key stage one subjects, or fifteen per cent of the total having made such a referral.

Fifteen of the subjects (21%) reported that they had feelings of vulnerability. Twenty-four per cent of the female subjects reported this, as did sixteen per cent of the male subjects. Here again there is another sex difference. The death of a parent would seem to take

away a centre pillar in the life of a child, and its removal would also seem to remove a large element of trust of life. Having experienced such trauma, some of the bereaved subjects reported that they never seem to fully recover this trust in life. This can potentially have both a positive and a negative effect as related by some of the subjects in this study. One female subject in particular stands out in the research, saying that she was determined to 'make the most' of life and enjoy it to the full, this because she now regarded life as so fragile. Another two of the subjects had similar stories about how the death of their parent had quite drastically changed their mind-sets about their enjoyment of life. The theme was that life is precarious, we never know when it might end, and it should therefore be lived to the full. In a similar vein a subject who was ten years old at the age of his father's death reported that the experience makes you appreciate what you have got. Nine of the subjects (13%) reported that they became quite independent in their life after the death of their parent, and that they felt that this was a positive effect relating to the death. This was only reported by subjects in the three older age groups at the death of their parent, and by six (13%) of the female subjects and three (12%) of the male subjects in this group. A subject whose father had died when she was twelve years old spoke how she was hit very hard by the death of her father, and how she had to grow up quickly. A similar aged female subject whose mother had died said that she described too that she thought that she had lost her childhood. The younger subjects probably did not have the same opportunities of independence presented to them after the death of their parent, as did the older subjects.

A group of eight of the male subjects (11%) felt that they had 'no confidence' as a result of the bereavement. As a percentage this was thirty-two per cent of the male subjects and a greater percentage of these related to maternal death than to paternal death. Seventy-one

per cent of the male subjects whose mother had died reported this lack of confidence, in contrast to seventeen per cent of the male subjects whose father had died.

Overall there were twenty-two (31%) maternal deaths in the sample compared to forty-eight (64%) paternal deaths. In the case of the male subjects reporting that they had no confidence, sixty-three per cent of these reports were where the mother had died.

Other subjects in the study reported their own relationship problems, and they related these as directly caused through the effects of the death of their parent. In this group of fifteen (21%) subjects many reported that the insecurity they felt about life had filtered through into their own relationships, and relationship separations were often reported.

Twenty-seven per cent of the females reported this as a long-term effect of the death of their parent, this compared with twelve per cent of the male subjects. In these days when relationships do seem to end more frequently than in previous eras, and there is also more of a social tolerance of events like divorce, then it is quite difficult to untangle the effects of the bereavement from the general cultural climate. However, it was the perception of these subjects that it was the effect of the bereavement led to their relationship difficulties and at 'face value' it is for them their reality. Another ten of the subjects (14%) had moved house over this longer time period, which they related directly to the death of the parent. This brought the total number of subjects reporting that they had moved house as a result of the death of their parent to twenty-two (31%). This means that nearly a third of the subjects had moved house for a reason connected to the death of their parent. This again may well be an underreporting, as perhaps in particular the subjects in the younger age groups may perhaps not have connected a house move in this way with the death, and hence not reported it as an effect. A move of house, sometimes involving a move in area and school, also bring with it other potential losses, as described earlier in the study. There seemed to be no connection here between

whether it was the mother or the father dying. There were a total of twenty-two (32%) maternal deaths in the sample compared to forty-eight (68%) paternal deaths. This proportion as a percentage was exactly reflected in those subjects reporting that they moved house, and connecting it with the death of their parent.

Another six of the subjects (9%) reported that their surviving parent had remarried over the longer term. This was a formal introduction of a new partner into the family, and may be an underestimate of the relationships in which their parents were involved. The subjects, in some cases, may not have thought of the new partner for their parent as a long-term effect. There was little sex difference, in that nine per cent of females subjects reported this compared to eight per cent of male subjects. This brought the total number of subjects reporting that their parent had remarried to a total of fifteen (21%), and there was a greater proportion of new partners where the mother had died compared to the father. There were twenty-two (32%) maternal deaths in the sample compared to forty-eight (68%) paternal deaths. With regard to those parents who took new partners and where subjects had reported this as relating to the bereavement, fifty-five per cent were where their mother had died, and forty-five per cent where their father had died. It seemed that the fathers were marginally more likely to find a replacement partner than were the mothers. This may also well be an underestimate, as other parents may well have entered into less formal new relationships that would still, to a degree, impact on the subjects. Six (9%) more of the subjects in the study reported longer term economic difficulties, this bringing the total number of subjects reporting such difficulties to a total of eleven (16%). Economic difficulties were reported as a greater proportion where the father had died than when compared with the death of the mothers. There were twenty-two (32%) maternal deaths compared to forty-eight (68%) paternal deaths. Fifteen per cent of those reporting economic difficulties were where the mother had died, and eighty-five per cent were where

the father had died. The death of the father therefore seems more likely to bring with it economic difficulties than does the death of the mother.

Ten of the subjects (14%) reported long-term separation anxiety. Twenty per cent of the females reported separation anxiety, as did four per cent of the male subjects in this study. Here again the females are reporting fear type feelings at a greater rate than were the male subjects. To a degree these findings support Birtchnell (1975) who found a greater level of dependency amongst children less than eleven years old when bereaved of a parent. There was a sex link in separation anxiety, the female subjects reported this at a higher rate than did the males. There was some weak link with age, eighty per cent of the ten subjects reporting this effect were in the lower three age groups. This would seem to be intuitively consistent, in that the older subjects may already have achieved a good measure of separation from their parents. This also seems to link with the feelings of vulnerability reported by twenty-one per cent of the subjects. Twenty-four per cent of the female subjects and sixteen per cent of the male subjects reported feelings of vulnerability. Three of the subjects (4%) in the study reported being physically abused as a direct result of the death of a parent. All these subjects were females, and this may well also be an underestimate of abuse. There were further reports of being 'vulnerable' from twenty-one per cent of all the subjects, and by a quarter of the female subjects, which may perhaps hint at abuse or of the perceived potential threats of abuse. The subjects may have been understandably reluctant to disclose their experiences in the study. Guilt was also reported as a long-term effect by four (6%) of the subjects, these being all females. Four subjects (6%) raised the lack of role models as a long-term effect. These reports were equally divided between the sexes, and reported only in the youngest four age groups. It was a surprise to me that this did not feature more in the study, as it is something I find often raised in these circumstances. Thirty-three per cent of the female

subjects and seventy-two per cent of the male subjects had lost their same sex role model. Sixty-seven per cent of the female subjects and twenty-eight per cent of the male subjects had lost their cross sex role model. Parents would seem to play an important part of how children generally gain an idea both of their own identity and role, as well as also their schema and expectations of the opposite sex. I did find it quite surprising that relatively so few of the subjects raised this aspect as an issue.

Seven of the subjects (10%), all females, reported that they thought that they had 'missed out' because of the death of their parent. The female subjects were in the three eldest age groups and there was no real difference between whether the death was of a mother or father. There were twenty-two (32%) maternal deaths compared to forty-eight (68%) paternal deaths, with regard to the group reporting that they had 'missed out' twenty-eight per cent were where the mother had died. This was not reported by any of the male subjects, and again is interesting as a sex difference in the subjects.

Eight of the subjects (11%) in the study reported that their education had suffered, and the percentage was the same for male and female subjects and was across all the age ranges. Elements of loss caused by the trigger of the death seemed to be at play here, especially where the children had to move area and school, or where the death came at a crucial time for exams. Several of the subjects commented that their education had been delayed or interrupted by their parent's death, and that this was a matter of regret to them. Subjects reported becoming involved in education after the age of compulsory education, such as through The Open University and they were quite rightly very proud of their achievements. One subject in particular felt that she was engaging in a very menial type of occupation at work, and regretted the lack of achieving her potential educationally which she related directly to the bereavement.

It was also over the longer term that another five of the subjects (7%) reported that they had played truant from school. It may be recalled that Black (1974) had also found evidence of school refusals amongst bereaved children. Four of the subjects in this study were males and one was female, all having a paternal bereavement. This behaviour was initially reported by a male, this a year after the death of his father. Two years after the deaths, there was starting to be a division between two of the sub-groups within the study. Three of male subjects (4%) reported that they 'hated school', whereas a female reported that she had no interest in school at the time after the death of her parent. In contrast, three of the females focussed on their school-work and were high achievers, whilst another two females focussed on sport. Six of the male subjects, nine per cent of the total subjects and twenty four per cent of the male subjects, admitted to playing truant over the period, all again after the death of their father. *Three of the subjects reported continued* feelings of bitterness and resentment as a longer-term effect, all these reports were made by male subjects. Previous workers discussed, such as Stevenson (1995) and Knapman (1993) had not reported these sex differences in connection with the two possible trajectories of immersion in work, or lack of focus caused through lack of concentration. Two of the male subjects reported that they now became involved in substance abuse, both of these being males whose fathers had died. This substance abuse was reported by eight per cent of the males, although none of the female subjects had disclosed this as an issue. There is the danger of underreporting by the subjects, and also it may be their perceptions that what they were or are doing was normal. Cigarette users are unlikely to describe the substance they use, tobacco and nicotine, as an abuse, but many would argue that this is exactly what the correct description. The same could be suggested of the drinking of alcohol!

Another of the male subjects reported that he became involved in crime, and yet another reported 'becoming hard', both these again after the death of their father. A further male subject reported losing his religious faith after what was for him the devastating death of his father. These are poor outcomes for some of the male subjects after the death of their father. In contrast, one female subject reported that the event of the death had actually made her stronger in the long run. She felt that if she could overcome the death of her mother, then nothing else could really affect her again. In a sense she felt that there could be no worse experience for her than the death of her mother, and that she had coped with and survived that loss. She therefore felt that she could survive anything else that came along in her life. Two of the subjects also reported having nightmares and flashbacks as long-term difficulties. Several of the subjects commented about relationship difficulties, not always in answer directly to the question regarding the medium and long-term effects. Relationship difficulties reported related to those with their spouses and partners, and also with their families, even some years after the death of their parent. One female subject, twelve years old at the death of her father, still did not speak to her brother about the death. Another male subject, eight years old at the time of the death of his father, never talked to his brother about the death. His mother even destroyed photographs showing his father. One female subject who was thirteen at the time of the death of her father, still does not communicate with her sister, even in adulthood. These are quite sad little scenarios revolving around the difficulty of death as a subject, and as a taboo. It may be too simplistic to postulate a causal link between the death and these later difficulties, as they may have occurred in any event. It is the perceptions of the subjects that these problems have arisen as a result of the death of the parent.

## Chapter 7 Ratings of schools and the first idea of death

### 7.1 The ratings of how school helped

The subjects were asked to provide two scores towards the end of the survey. The first score related to the help which subjects perceived that their school had given them over the period of the bereavement. Table 40 below shows how the subjects rated the help provided by their school.

	Pre-school		5-7 yr.		8-11 yr.		12-15 yr.		16+ yr.		Totals		
	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Total
0		5	3	3	6	10	3	8		2	12	28	40
1					1		2	1		1	3	2	5
2					1	2		3			1	5	6
3				1	1		1	2		1	2	4	6
4							2	1			2	1	3
5											0	0	0
6						1	1	1		1	1	3	4
7						1					0	1	1
8											0	0	0
9				1	1			2			1	3	4
10						1					0	1	1

Table 40 The subject's rating of how they felt school helped during the bereavement

The subjects were asked to allocate a score on a scale from zero to ten, as I had anticipated that some of the subjects may have felt that their school had been no help, and that they may have wanted to choose a zero score. A zero score indicated that the school had been no help, ten the highest allocated score. The scores provided by the subjects were quite revealing, and I had not really expected them to be as low as they were. Forty of the subjects (57%) gave their schools a zero rating. The bulk of the scores were in the range of zero to three, although ten of the subjects (14%) rated the help given to them by their schools in between six and ten on the scale. The mean score allocated by the subjects was 1.8, the mode and median scores were both zero, and the range of the scores was from zero to ten. There was a slight sex difference in the scores allocated by the subjects. The male subjects gave their schools a higher average rating of 2.7, compared to the female average score of 1.4. The range of the female's scores was slightly less than was the males at zero to nine, and their median and mode was also zero. The range of the males score was from zero to ten, and their modal score was also zero, although their median score was one. Overall the male subjects in the study perceived that their schools helped them more than the females perceived that their schools helped them. There was also a weak pattern suggesting that the older the subjects were when they were bereaved, then the higher they rated the school. The scores were quite low, and they do link in with the other general reports from the subjects, that they actually received little direct help from their schools. The scores were compared with those allocated by the mothers who took part in the survey. These subjects rated the help given to their children as a mean score of 6.3, over three times the mean of the subject children. The range of the parent's scores was from 0 to 10, as shown in the appendix. This suggests that the parents overestimated the help that children were

receiving at school. Here again the perceptions of the adults differ from those of the children. There is no equivalent data with which I can compare these findings.

### 7.2 The ratings of how isolated the subjects felt during the first year after the death

In the penultimate question in the survey, the subjects were asked to rate how isolated they felt during the first year after the death of their parent. Table 41 below shows the scores of how isolated the subjects felt during the first year after the death of their parent.

	Pre-school		5-7 yr.		8-11 yr.		12-15 yr.		16+ yr.		Totals		
	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Total
0		4	2	2	5	6	3	8		3	10	27	33
1		1				1	2	3		1	2	6	8
2				1	2	1	3	1		1	5	4	9
3			1	1	1	2		2			2	5	7
4					1	1					1	1	2
5						1					0	1	1
6						1		2			0	3	3
7								1			0	1	1
8					1	1					1	1	2
9						1					0	1	1
10				1			1	1			1	2	3

Table 41 The subject's rating of how isolated they felt in the year after the death

The subjects were asked to allocate a score on a scale similar to the last question that is from zero to ten. The lower was the reported score, the more the feeling of isolation perceived by the subjects. Thirty-three of the subjects (47%) in the study gave a score of zero, and this was also the modal score, although the median score was one, and the average score was two. The range of the scores was from zero to ten. There was a slight sex difference in the scores, the average male subject score being 2.2, the average female score was 1.9, indicating that the females felt marginally more isolated over this period than did their males counterparts. The modal score was the same for both sexes at zero, and the median score was also one for both sexes, with a similar range of scores from zero to ten. There was also a weak pattern suggesting that the older the subjects were when they were bereaved, then the less isolated they felt. This would seem to indicate that most of the subjects were quite isolated during this period, and it does fit in with, and support, answers made by subjects to some of the other questions in the research. The subjects had generally reported that they felt quite isolated at their schools and that their teachers were not easily approached, and also the other adults in their life were also not easy to talk to about the death. There is no equivalent data that I am aware of with which I can compare these findings.

### **7.3 The age at which subjects first gained the idea of death**

Table 42 below shows the responses that the subjects gave to the question of what age they had first gained the idea of death.

	Pre-school		5-7 yr.		8-11 yr.		12-15 yr.		16+ yr.		Totals		
	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Mum	Dad	Total
Pre-school				1	1	1		2			1	4	5
5-7 yr.			2	2	4	6	3	5		2	9	15	24
8-11 yr.		3			5	4	3	3		1	8	11	19
12-15 yr.						2		4			0	6	6
16+ yr.						1				1	0	2	2
No recall		2	1	2		1	3	4		1	4	10	14
Total		5	3	5	10	15	9	18		5	22	48	70

Table 42 The age at which the subjects first gained the idea of death

The data showed that some of the subjects reported that they did not gain an idea of death until they in their teens, whereas five (7%) of the subjects said that they had an idea of death at the age of four years. The reason behind the question was to check the findings of workers such as Zach (1978), this relating to the age at which children gained an adult understanding of death. Zach contended that most children will have gained an adult understanding of death by the time they are around twelve years of age. This age does fit in with the Piagetian notion of children at this age achieving the capability of abstract thought, beyond those of concrete and iconic, as discussed by Lovell (1973). Table 43 below shows the results of the answers by subjects as to the age when they first gained the idea of death.

Age	Pre-school	5-7 yr.	8-11 yr.	12-15 yr.	16+yr.
Percentage	9	43	34	11	3
Cumulative	9	52	86	97	100

Table 43 The percentage of subjects, by age, when first gaining the idea of death

The figures tend to support the Zach study, in that by around the age of twelve, ninety seven per cent of the subjects interviewed did consider that they had an understanding of death. Despite this, I was still puzzled by the reports of some of the older subjects. It still did seem strange that subjects as old as sixteen years were reporting that they were only just gaining their first idea of death. There were also other clues from other interviews that led me to believe that something more complex was happening within the data. There had been comments from some of the subjects bereaved at the older age groups to the effect that they did not appreciate the effects of death, and the impact that it potentially would have on their life. Some subjects made comments such as that they only really understood what death was when they actually went through the experience of their parent dying. Five of the subjects were of pre-school age at their parent's death. None of these reported gaining an understanding of death until they were in the key stage two. One reported that he only really gained an idea of death when his uncle died when he was nine, this despite him experiencing the death of his father as a pre-schooler. Another reported that although he knew what death was in an abstract way, this as a five year old, it was only when his father died five years later that he gained an understanding of the finality of death.

There therefore seemed to be two things could have been happening within the answers to the question. Some of the subjects seemed to have answered the question in terms of their first actual experience of death, and the realisation that things do not go on forever,

and we are not immortal. For many of the younger subjects this was when a pet died, and this was generally at quite a young age, one female subject reported that she bred mice when she was four, and was well aware at that age that things died.

In contrast, other of the subjects seemed to have answered the question directly in relation to their bereavement. It is unlikely that a twelve year old would not have at least some notion of the idea of death, witness the 'bang bang you're dead' games, and the media exposure in both fact and fiction. However, it seems that for these subjects, they were perhaps only gained the full idea of the impact of death through the experience of actually having a parent die. To claim that children gain an understanding of death at a particular age does seem to be simplistic. Children learn through interacting with their environment and context, and this may of course be limited or extended by their cognitive ability and their life experiences. A four-year old child can likely understand death in the terms of a four-year old, and their own experience. Even if the four year old has gained a sophisticated notion of death, including such as irreversibility, their understanding is still surely limited by their level of maturity, egocentricity and experience of the world. This was the case with some of the younger aged subjects, who related their experiences around the care providers at the time. For the elder subjects the experience was different, as for example they were forced into roles that were not anticipated or at times not welcomed, such as the care of younger siblings.

Taking the discussion further, the dying patients in the Kubler-Ross study, and the widows in the Parkes research were all mature and quite old in comparison to the subjects in this study. The patients or widows in those studies had life experiences, such as having had offspring themselves, which was likely way beyond the conceptual understanding of children. The older subjects, having experienced more of life would have developed expectations about their future life, and surely would have more of a future loss

component in their grieving that would the younger subject children. A mature individual having gone through the experience of having children could, for example appreciate and mourn that future loss, that loss of not actually seeing the children of the deceased grow up and have their children. In comparison, the grieving for the youngest subjects seemed to revolve around the change of the carer. Here the future was quite a short term ahead, rather than a future projection.

Some of the older subjects reported that they gained their first understanding of death at the age they were bereaved. This may have been because they had not realised the full impact that death can have until it actually happened to them. Death was not just the loss of a parent, and in simple terms the realisation that the parent would not return, nor was it just the loss of a carer. In addition the death of the parent brought with it the potential difficulties of grieving, such as the isolation felt at school and at home. There were also secondary losses, such as the moving of house, and of school, as well as the economic difficulties and the introduction of new partners for surviving parents into the family. For many of the subjects in the study their lives changed quite dramatically, and was moved to a trajectory previously neither predicted nor for many welcomed, beyond just the effect of their parent's death.

The data was further analysed, and the average age of subjects reporting gaining their first idea of death are shown by age group in Table 44 below.

	Pre-school	5-7 yr.	8-11 yr.	12-15 yr.	16+yr.	Mean	Mean 2
Age in years	9	5.6	8.2	8.4	9.2	8.2	8.5

Table 44 The average age of subjects, by age group, when first gaining the idea of death.

The mean scores for each of the subject age groups is shown above, that is subjects grouped in the key stage when the death of their parent took place. The total mean age was 8.2 years, the 'mean 2' figure in the table is the mean when the key stage two data is removed from the data pool, this for reasons following in this section.

The average age for those subjects bereaved as children in the pre-school group was the second highest of all the averages. This seemed quite counter-intuitive, in that they were the group having experienced the death of a parent at the earliest age! Although this is a small group, it was still of great interest. Subjects in the group had reported that they hadn't really understood or grasped the full reality of death until they experienced a close bereavement later in their life, for one male subject this was the death of an uncle when he (the subject) was nine years old. For another subject, four years old at the time of death, the report was that she knew that her dad had 'gone' but that she had no real understanding at the time of death. This suggests that the experience of this group contained issues more around such as separation and change of carer than a full understanding of death. The mean age of the understanding of death is relatively close for all the key stages except for key stage one. Interestingly the pattern is different for the subjects experiencing the death of a parent when they were key stage one children. The average age of this group reporting an understanding of death was six years, the same average age as when they actually had experienced their bereavement. It seems that perhaps this group of subjects experienced the death of their parent in a far different way to their pre-school peers. Whilst the pre-school group had not seemed to gain a full grasp of the implications of the death, and for them the experience may have been more an issue of attachment and separation. This may not have been the case for the key stage one group. They may have been an appropriate stage for them to cognitively to understand death as a concept, and when overlaid with the experience of the death of

their parent, this may have enabled them to grasp the experience at a different level to their pre-school peers. The average scores for the other subjects were all within .7 of a year of the mean, relatively close, where as the pre-school group was 2.9 years away from the mean. This would imply that the subjects in key stages two, three and four had some grasp of death before the death of their parent.

#### **7.4 Different types of loss**

It became apparent during the study that the losses experienced by the subjects were quite complex. To describe the experience of children after the death of a parent as bereavement was too simplistic. The different types of loss identified within the study are shown in Table 45 below.

A	Attachment	An appreciation of the separation
B	Bereavement	The appreciation of the death and implications
C	Collateral	Second and third level losses
D	Delayed	Losses that only later became evident later
E	Expectations	The anticipation of future losses

Table 45: Different types of loss encountered by subjects

For those subjects in the pre-school group their experiences of the death of their parent seemed to be different from the other subjects, as outlined in the previous section. Their loss seemed to be that associated with attachment, the 'A' loss as shown in Table 45 above. This was more of a basic type of loss, and that associated with survival and perhaps rooted in the limbic system of the central nervous system. The subjects who were in the youngest group did seem to have an essentially different experience to their older

peers. These subjects did not really, at the time, 'mourn' the death of their parent in the traditional sense of the word. It was only later in their life, around the age of nine, that the full impact of death became apparent to them. At this later stage in their lives the implications of what had happened became clearer to the subjects, the average age of the group for gaining an understanding of death was around the age of nine years. These subjects had relatively little recall of events at the time of the death of their parent, they even lacked clear memories of the parent. This is a reason why it is difficult to accept that there is a generic template for grieving which can be equally applied to all children.

The second strand of loss, 'B' loss, as shown in Table 45 was a more traditional type bereavement response reported by the subjects relating directly to the death of their parent as an individual. However, this was within the limitations of the cognitive level and life experiences of the subjects. Only subjects in the four highest age groups reported this 'B' type of loss. These subjects did seem to mourn and miss their parent on a more personal level than their younger peers, and their memories of were often 'etched' in their minds. These subjects did have an appreciation that their parent was actually dead, and would not return, this epitomised by the reports of the key stage one subject group as to their understanding of death. The subjects at this age seemed to have grasped that their parent was dead, something not experienced by the younger subjects. This group also had the lowest score in terms of the age at which they considered that they gained an understanding of death. This loss seemed to be dependent on the developmental stage of the subjects. For some it was the realisation that the parent will no longer be able to take them out on trips. In a sense this was more egocentric, although other subjects still did show signs of quite sophisticated responses to the death, as previously related in the study, such as relief that their parent was no longer suffering. This element of 'B' loss seemed to increase with age and maturity, and is a reason why it is difficult to accept that

there is a generic template for grieving that can be equally applied to all children. It could be postulated that the children in the younger age group experienced this 'B' loss later in their life. However, there is no clear evidence for this. These subjects only later realised the significance of the death of their parent. The relationship the subjects had with their parent seems to have been qualitatively different from the older subjects. In later years, the younger subjects may perhaps have 'mourned' the loss of their parent in terms of that parent's role, they had no real memories on which to attach what could be described as true mourning for a specific individual person.

The third type of loss shown in Table 45 is 'C' loss that is collateral loss caused by the death of the parent. Before the death of the parent the individual subjects were on a particular life trajectory. After the death of the parent then things irrevocably changed. The younger subjects seemed to experience 'A' loss, with the older ones also experiencing 'B' loss, both these types of loss associated with the immediate loss of either a carer or a parent, and perhaps needing time for resolution, in terms of the conventional grieving models.

The outcome for 'A' and 'B' losses did seem also to depend on within-child factors, as well as to the context of the loss. For many of the subjects they did achieve what they considered to be 'normality' within a relatively quick time, compared to conventional wisdom regarding recovery. This was despite what could be described as a general lack of adult facilitation. The subjects had generally considered themselves quite isolated and found teachers and other adults quite difficult to approach

The 'C' loss was dependent on how circumstances developed after the death of their parent. For many of the subjects their life was thrown into turmoil, and they were involved in yet more losses that were related to the death of their parent. However, the changes were caused by life adjustments, and were not what would be described as flowing from a

grief reaction. These sometimes included a quick move of house, sometimes even a move of area, this quite quickly after the death of their parent. The subjects then had to contend with yet further changes to contend with, such as a move of school and friends. The subjects having to cope with either 'A' and 'B' losses, or both, and these additional and not insignificant changes of 'C' losses were overlaid on the 'A' and 'B' losses to perhaps overwhelm subjects. The male subject who was eight years old and mentioned earlier, was 'whisked off' to a new life which was a total culture shock was an example, as was the female subject who also had the experience of moving area, as well as having her pets destroyed. Many of the subjects reported moving house over the period after the death, this as well as experiencing their parent's remarrying and also economic difficulties. Other such losses included such as the introduction of a step-parent into the home have the potential for great changes and loss. The attention of the surviving parent may now be at least marginally diverted, with subjects having to fit into unwelcome roles, such as babysitting duties and cooking for the family as a whole. Some of the subjects in the older age group left home relatively quickly to escape such situations, and reports and hints at abuse were made. One male subject, a young boy at the time of his father's death reported that his mum then went out to work, and that things were never the same again. The halving of the parental caring team, and the loss of role models also seemed to lead to difficulty for some of the subjects, and substance abuse and truancy were reported. These losses were to a degree economic and organisational, as well as relating to the family network. Such as insurance cover enabled one family to remain in their house after the death of the father, and the mother was therefore able to keep a stability for the children in terms of school. This report was by one of the few subject mothers interviewed in the study, and again she had a family network of support close-by. Collateral loss will

depend on the context and circumstances after the death of the parent, and it seems difficult to accept that there is a generic template for this type of loss.

The fourth identified type of loss in Table 45 is 'D' or delayed loss. This loss relates to the cognitive level of the individual as well as to their life experiences, and is that which is not anticipated at the time of the bereavement. The literature contends that by the age of twelve the child has an adult understanding of death, this confirmed by the study.

However, this seems far too simplistic a statement. The experience of a twelve year old is quite different in quality when compared with a twenty year old, as it would be for a thirty or forty year old. 'D' loss is similar to a minefield, lying in wait for the individual, albeit child or adult, and comes into play only at the appropriate time. In essence it is 'B' loss which is moving and developing by experience gained through time. An eight-year old, for example, may not mourn the loss of their dead parent now not seeing their children. That particular loss would not seem to be resolvable at the age of twelve years, perhaps not even at twenty, but at a later date. One subject for example, spoke of being in a maternity ward and visited by her husband, but at the same time feeling tinges of sadness when seeing other mothers being visited by their mothers. The loss had, like a 'time bomb' or 'booby trap' being waiting for the context and awareness to appear before becoming apparent. For some of the subjects they only realised at a much later date the implications of the death of their parent. This seemed to apply to the subjects in the younger age group, who reported gaining an understanding of death some years after their parent had died. These younger subjects experienced 'A' loss, not 'B' loss, but 'D' loss when their awareness and life experiences were such as to enable them to actually appreciate what they had lost. In summary, 'B' loss is that loss actually experienced at the time of the death, especially the mourning for the individual who had died. 'D' loss, in contrast is that

loss which can only, by definition, be mourned for at the stage when there is a realisation that there has been a loss.

The fifth type of loss 'E' loss is the mourning of the loss of a future event, and this again relates to the cognitive and experiential level of the individual. It is similar to 'B' loss, but is separate in that it that part of grief which relates to events not yet happened, rather than an events which have already taken place, in essence on memories. To experience 'E' loss the individual needs to be able to predict and project their loss into the future. The young child may realise that their parent can no longer take them out on trips or to buy them ice-creams. At a later age the children may realise that their parent will not see them pass milestones such as graduation from college or seeing their own children, the parent's grandchildren.

Adults may well experience all these types of losses after the death of a loved one. However the adult experience will generally be different for a variety of reasons. One of the main differences is that the adults do not generally suffer the loss of control, this both in terms of the understanding of what is happening at the time of the death, and the involvement in the rites and rituals after the death. Choice and the control of choice, albeit unwelcome, would not seem to be the issue that it is with children. In addition, adults would likely have more control especially in terms of the collateral losses flowing from the death. In addition, the children's grief is generally not facilitated, and even although a minority seem to survive the experience of the death of their parent with resilience, for many others there are long term difficulties, and opportunities to improve their outcome are lost both at school and at home.

### **7.5 Factors related to more positive outcomes**

There were wide variations in the experiences reported by subjects, some of whom seemed to encounter few difficulties after the initial few months, whilst other subjects

reported experiencing problems years after the death of their parent. The subjects had been asked explicitly how their school could have helped more, and also other questions such as how their school either helped or hindered their bereavement. The data was then reanalysed, looking at those subjects reporting high scores in terms of how their school helped, and to look for common features within this sub-group. The data from the top ten (14%) of subjects were looked at in terms of detecting patterns.

The level of males in this positive group was fifty per cent, this being greater than the total subject group which was thirty-six per cent male. This suggests that, on the whole there may be better outcomes for males, although this figure was not significant in the statistical sense it did indicate a trend. As mentioned earlier in the study, the male subjects tended to report reaching normality far quicker than did their female peers, although the females did catch up and overtake them as a group. Females did report more longer term difficulties along the depressive continuum.

The context of the death of the parent was considered. It seemed perhaps reasonable to assume that those subjects whose parent's death was not sudden would have had better outcomes, this in terms of them having time for such as to say goodbye to the parent, and the death not being such a 'shock'. This however was not the case, seventy per cent of the 'positive' group had the experience of a sudden death, this compared to fifty-six per cent in the subject group as a whole. This does seem counter-intuitive, and as with the greater number of males, was not significant in the statistical sense. It may perhaps be that subjects experiencing the death of their parent over a long period suffer a continued series of loss experiences compounding the issue for them. The subjects may in a sense have to grieve for the suffering of their parent during the time before the death, this on top of the death itself. This may further complicate their experience and make it harder to resolve their total loss. The results in relation to both males and sudden death were

counter intuitive, I would have expected females to cope better, and the sudden death of a parent to produce worse outcomes for the bereaved, all other things being equal. In the complex study of human beings, all other things cannot of course be equal, but the trends shown were not expected.

Another possible variable was the sex of the parent dying, and twenty per cent of the subjects in the positive group had their mother dying, this compared to thirty-two per cent in the main subject group. This again this difference between the 'positive' group and the whole subject pool was not significant in the statistical sense.

With regard to the chapel of rest, there was a similar percentage in the 'positive' group as in the subject pool as a whole. The position was slightly different with regards to the funeral, thirty per cent of the positive group attending, as opposed to seventy per cent of the total pool. One of the subjects in the 'positive' group decided not to attend either the funeral or the chapel of rest. Here the female subject, fourteen years old at the time of the sudden death of her father, had control over these elements. Other factors in the 'positive' group seemed to relate to school and social report from peers, as well as to resilience.

Twenty per cent of the subjects in the 'positive' group found teachers easy to talk to, as opposed to just six per cent in the total subject pool. One of the subjects in the 'positive' group reported that adults were easy to approach. In this subgroup, thirty per cent of the subjects seemed to have easy access to adults, and therefore perhaps also facilitation. In the main subject pool, thirteen per cent of subjects found that adults were easy to talk to, this being an unremarkable difference compared with the 'positive' group.

One of the subjects reported that her close knit primary school responded well and helped to support her, another found it helpful that her teacher told the rest of her class. Forty per cent of the 'positive' group did consider that their peers at school helped them just through having somebody with whom to talk. One male subject, fifteen years old at the time of the

sudden death of his mother, was helped by a teacher acknowledging the death, saying that they were sorry and offering to talk. For the majority of the 'positive' group they seemed to gain support either from adults, either at school or in their life, or from their peers at school. For these subjects, school did seem to provide an element of normality. In contrast two of the subjects did seem to be particularly resilient. One male subject, eleven years old at the death of his mother, thought that the adults around him were 'useless'. He related how he thought 'stuff them' and that he could fend for himself. His good outcome seems to relate to his taking of control, at a time when everything around him seemed to be out of control. A female subject who was fourteen years old at the sudden death of her father related how at first she was insecure, but this did not last long, and she was then determined to make herself a good life. Here again, the subject had seized control of their life like the male subject previously mentioned.

The modal age of the 'positive' group was twelve years old, quite close to the modal age of the main subject pool of eleven years. There seemed to be no other factors relating to a more positive outcome after the death of the subject's parent.

### **7.6 How teachers and adults could help bereaved children**

This section briefly relates in summary how the findings from this research could be used to positively help bereaved children. Many of the subjects reported that they did not understand what was happening at the time of the death. This gives the message that children should not be forgotten during the time of a death, and need to be given clear information as to what is happening. Without such good information, children will potentially be left with fantasies about what is happening, which may well far exceed the reality. With regard to the two main rituals that take place after a death, the chapel of rest and the funeral, the message from the study is that children benefit from being given the choice as to whether or not to attend these ceremonies. None of the subjects attending

the funeral reported any adverse effects. In contrast, many of the subjects not allowed to attend the funeral did report difficulties such as regret. There were slightly different results regarding the chapel of rest. A minority of subjects attending the chapel of rest wished that they had not, although a large number of those excluded wished that they had so attended. If children are not involved in these rites, then not only will they not be able to say goodbye to the deceased, which should assist with their grieving, but they will also feel isolated and excluded from the family proceedings.

The subjects did tend to feel isolated on their return to school, and would have been helped by simple measures, such as having somebody to listen to, and an acknowledgement of their loss. Some would have welcomed counselling, although for many a low level intervention would have been sufficient. The subjects generally did not find either teachers or other adults easy to approach. Children could be helped if the adults around them were open to making an initial approach, just perhaps to confirm whether they need somebody with whom to talk. The children could well have been helped by facilitation of their loss, both on a simple level, as well as a more complex approach, such as counselling.

Children could be helped by their careful transition back into school, by the acknowledgement of their loss and also by having staff willing to listen to them.

Consideration could be made to alerting staff and the children's peers about the death of their parent. A caveat is that some of the subjects seemed quite embarrassed by having been given attention at school after the death of their parent, which they did not welcome. It would seem to be prudent to talk things through with both the children and their parent before their return to school. This does imply that the school has other things in place. The first is a good communication system and rapport with the parents, so that they are approachable at this time of stress for the home. The second is that ideally there is a plan

in place at school to address matters when a parental death occurs. Without a plan in place, then responses to a parental death will likely be ad-hoc and not considered. With regard to the medium term, and in particular with regard to collateral loss, this could be minimised through a variety of interventions. An awareness of the potential problems caused by such losses to children is perhaps the main way that the effects can be minimised. Careful consideration could be given to decisions that are taken in the post death period, and the potential effect which these choices may have on children. Many of the subjects found the lack of control in the situation an issue, and involving children as appropriate, and as far as possible in decisions could seem to be one way to minimise difficulties.

## **Chapter 8: Conclusions**

In this final chapter, I briefly discuss the initial research questions in the context of the results, and then draw together the findings of the study. This chapter also includes my own reflections on the research, and finally the implications of the findings for current practice in schools.

### **8.1 The research questions**

The study intended to address four research questions already outlined earlier. These are now briefly revisited below, as they have already been considered in previous chapters.

The four research questions are presented in bold type below, preceding the brief discussion.

**1. What is the experience of parental bereavement like for children, in terms of their grieving, powerlessness, and the support, facilitation or otherwise they receive from their family and school?**

Former research tended to assume that bereaved children pass through similar stages to adults. However previous studies had been carried out with subjects including dying patients and adults. The subjects in Kubler-Ross's (1982) original study were terminally ill patients, and in Parkes' (1987) study were elderly widows. I had questioned whether the experiences of these subjects can be extrapolated to children.

This study suggested that the experience of loss can be quite different for children, even if they seem to have an adult understanding of death. The experiences of pre-schoolers seemed qualitatively different from other subjects. Their loss seemed to relate to that of the carer and separation, rather than to the death of a parent. These subjects only gained an understanding of death in later life, this often perhaps when bereavement occurs after the age when they were able to cognitively rationalise death. It may be that mourning and

the stages of grieving are set against the general 'back drop' of other factors, such as the age of the child and the context of the death.

Many of the subjects in the study had collateral losses caused indirectly through the death of their parent, but not directly related to bereavement. These further losses included major life changes, such as moving house, or having their parent remarry. These losses were overlaid onto the context of the death of their parent. Whilst adults may also experience these consequential losses, children seem more helpless and lack control over events.

The subjects in the study seemed to divide into two broad groups. The first group recovered from the death of the parent relatively quickly, certainly well before the traditional two-year period. For other subjects, their difficulties extended well beyond the traditional two-year mourning period, and well into their later adult life.

The results of both the interviews and the questionnaires revealed powerlessness as a major issue for many subjects. They tended to report that they did not really understand what was happening at the time of the death. A paradox was that they found their teachers and other adults difficult to approach, these adults being the potential source of information. None of the subjects reported having shared discussions with their surviving parent on major events, such as the moving house or a remarriage. Whilst these issues are such that perhaps children ought not to be highly involved, the experience for them tended to be one of powerlessness. The typical experience was that subjects were just told what was happening to them, often at very short notice.

At the time of a death, things will likely be in crisis, and children may not understand what is happening. It is perhaps only slowly, if at all, that they are told the whole reality. This could be because the parent is preoccupied, or perhaps that their motive is to protect the child. In either case, there are perhaps implications for both the successful grieving, and

for the future trust of children, if they are not kept as informed by the parent, as their understanding allows. The first task of grieving, postulated by Worden (1984) is accepting the reality of the loss, and this may well be delayed for children. Children do generally seem to find things out things later, perhaps from their peers, in forums such as the school playground, and hence may lose trust in the adults close to them.

The subjects generally did not find either their teachers or other adults easy to approach and talk with about the death, and hence did not receive facilitation.

## **2. How can adults, in particular teachers, give effective support for bereaved children, and what helps and hinders their grieving process?**

The subjects generally reported that their grieving was not facilitated by adults. This was the case both at home or at school. Some subjects reported that their school helped them by omission. In these circumstances, staff at school did not attempting to engage with them around the bereavement. These subjects did welcome this, although it does not seem to have been a planned intervention by the school!

The subjects were asked how things could have been made better for them at their school. They provided a series of suggestions, many being quite 'light' interventions, such as having somebody to listen to them, and an acknowledgement of their loss. The subjects all too frequently seemed to encounter a 'wall of silence' at school. This may have been because the teachers just did not know what to say, or felt that they did not want to risk upsetting the children. In some cases, as mentioned, subjects welcomed being 'left alone'. However, this was not the case for many of the subjects who experience a sense of isolation and being ignored.

Some suggested that counselling at school would have helped them, this is a heavier intervention than the two previously mentioned. Many of the subjects thought that loss education in the curriculum and training for teachers would also have helped them during

their bereavement. The strategies mentioned by the subjects were in a sense potential first-aid that did not take place at the time of the parental death. It is only possible to speculate, but the long term difficulties reported by subjects may have been avoided had an intervention taken place at the time of the death.

### **3. Do schools address the issue of loss and bereavement in a meaningful way, and does it have positive outcomes in terms of helping children?**

Research in the context of Humberside schools (Holland, 1993a, 1995) suggested that loss and bereavement were generally not addressed at school, although there was some interesting but uncoordinated work taking place in some schools. These results were based on the perceptions of teachers rather than the children.

Only one of the subjects in this study reported that they had any loss education in school. It could be that their schools had actually delivered loss education, but it had not been perceived as so by the subjects. In any event, if delivered it does not seem to have been effective, as the subjects reported that their schools had done little to help prepare them for the death of their parent. Another explanation is that with the five year embargo on interviewing subjects in this study then this underestimates the amount of work that is taking place in this area. My more recent research (Holland, 1997) is more optimistic, in this area. It was therefore not possible here to fully address this research question, although it could be a fruitful area for future research.

### **4. How does the experience of bereavement affect children, in the short, medium and long-term? Are children more likely to have time off school, through illness, as an indirect effect of unresolved grief?**

The results of the study showed that there were some wide variations in the longer-term experience of the subjects. For a minority of the subjects, they achieved a self-described 'normality' relatively quickly after the death of their parent. These subjects seemed quite

resilient and did not appear to suffer long-term effects relating to the death of their parent. However, for a large number of the subjects this was not the case, as reported previously in the study. Many of the subjects considered that a lot of their problems in later life related to their early experience of their parent dying. These difficulties included such as long term depression and their own relationship difficulties with partners and spouses. With regard to time off school through illness, there was again a mixture of experiences for the subjects. Although some subjects did have more time off school, and psychosomatic illness was reported, a minority actually had less time off school. The reasons for this may have related to the difficulty of one parent being able to organise looking after children compared with children with two parents.

## **8.2 Looking for patterns**

The traditional models of grieving tend to suggest that there is a pattern through which individuals pass, much as a train passes along a track. The data from this study suggests that to find a single pattern for all bereaved children would be to oversimplify a complex situation. Each child is unique, and there are wide variations of both 'within-child' and also contextual factors which influences the course and the outcome of the bereavement. Huxley (1977) expressed the difficulty we have in gaining an insight into each other's experiences. Words can be uttered but can fail to enlighten, and are symbols belonging to mutually exclusive realms of experience. I heard or read the perceptions of the subjects, translating them within my own perceptions and experiences, with the danger of distortions. Within this caveat of communication, there were patterns within the data, and the results of the reflections and experiences of the subjects may help contemporary bereaved children. Schools and teachers can potentially play a key role in both loss education and also in supporting the bereaved young person in school. Teachers perhaps need to understand that children's comprehension of death is gradually acquired over

time, and that they possibly have a greater actual understanding than is apparent.

However, this understanding of death has to be balanced against the limited life experiences of the children, and the true significance of death is often realised only much later in life. Teachers too need to understand that children will be affected by bereavement, this in a variety of ways and intensities. Children may need support and help to resolve the various issues with which they are confronted. Children may also lack an understanding of what is happening in terms of facts, and also in terms of control.

Things just seem 'to happen' to bereaved children, they are in a sense disenfranchised of choice: for example they can find themselves suddenly uprooted from their home and move some distance, away from their friends, school and neighbourhood. Children's school work may also be affected, for some this may be an increase or a surge in their attainments, academic or sporting, but for many others their attainments may decline, especially in the short term. This is really hardly surprising, as the children will have things on their minds, and may well find attention and concentration difficult.

Other children seem to be drawn into areas that perhaps they may not have encountered but for the death of their parent, for example some truant, others become involved in substance abuse and other activities on the fringes of society.

All these may represent a response to the death of their parent, and teachers need to adopt an empathetic and sympathetic approach. The subjects reported that they gained from such as an acknowledgement of their loss, such as a teacher mentioning that they were sorry about the death. Others felt that they would have benefited from somebody available just to listen to them, and provide a friendly ear. There seems little to be lost, and much to be gained by making a human approach to a bereaved child.

### **8.3 Summary**

The results of the research suggest that for many children the experience of death is not the same as for adults. There are various ways in which children have a different experience of death. They seem starved of information as to what is happening at the time of the death, and may not understand that information. Examples are such as how is a 'heart attacked', or how can something so gentle as a 'stroke' kill you. There is an issue of communication, and it may extend beyond the child to parent interaction. Communication between the home and school could also be crucial. The surviving parent will have had the experience of their partner dying, and could well be in turmoil dealing with their own grief. They may not be able to fully deal with the potential needs of their children at this time, and making contact with the parent may help the situation generally.

Children, like adults, do find the initial news of the death of their parent quiet difficult to absorb. This is not really a surprise, striking as it does at the heart of the 'given world' for the young person. A major assumption of their life is suddenly removed. Children are quite isolated both at home and at school by this experience, being one way in which the experience of death for children seems to differ from that of many adults. The adults, in any event, potentially have other avenues of support, such as counselling, which may not be easily available to children.

Some female subjects reported having initial fear reactions on hearing the news of the death of their parent, as some of the male subjects reported anger. Although only a minority of subjects reported such reactions, there were clear and interesting sex differences, and this represents a potential area for further investigation.

One particular problematic area for the surviving parent is whether to include the children in the rites after the death, the chapel of rest and the funeral. The conclusion from this study is that most children will benefit from attending these rituals, although they do need

careful preparation in terms of being told what to expect. Most of the children not allowed to attend these rites felt regret, and again they had been disenfranchised of choice and excluded, which was an issue as much as the non attendance per se.

Most of the children returned back to their school within a week of the death of their parent, where the death had occurred in term time. The motives of the parent in keeping the children off school were unclear, and this could be an area of future research.

As reported earlier, many of the subjects reported feeling quite isolated or ignored on their return to school. There seemed to be no transition measures in force at schools to help the children return smoothly to school and to maintain a watch during the months after the death. The majority of subjects reported that their school did nothing to help them, and that they found teachers difficult to approach. This was the perception of the children rather than of the teachers. However, this does indicate that interventions in place were not perceived as effective by the subjects. The perceptions of surviving parents suggested that they may not have a realistic view of the difficulties experienced by their children, as generally they had a more optimistic view of how schools helped their children.

The female subjects as a group found teachers harder to approach than did their male peers, this could perhaps reflect a greater need of females to make such an approach. A minority of the subjects were quite positive, finding that school provided them with a normality which they valued.

Many subjects reported initial disbelief and shock, on hearing the news and a month later. This is typical of the traditional pattern of grieving, although even a month after the death some males considered they felt 'normal', a deviation from conventionally accepted wisdom.

Collateral losses began to be suffered by the subjects almost immediately, after the death, this in terms of some quickly moving house, and surviving parents remarrying.

Six months later many subjects reported depression, this as predicted by the traditional models, but a similar number were reporting normality, which was not so predicted.

A year after the death of their parent, a third of the subjects were again reporting normality, depression had declined, although sadness and isolation increased. This is not generally in line with the traditional models.

Traditional models of grieving suggest that resolution of grief is reached around two years after the death. Many of the subjects reported longer term difficulties, including isolation, depression, anger, sadness and guilt. Others reported vulnerability, effects on their later education, were also reported, as were effects on their own relationships. In contrast some of the subjects found that the experience led to a greater independence.

A high proportion of subjects reporting difficulties in the longer term is not compatible with the traditional models of grieving.

Subjects reported that schools could have helped them cope better with their bereavement through a variety of suggestions. Many reported that simply having somebody to listen to would have helped, as would an acknowledgement of their loss.

These were basic low level interventions, essentially a human connection, although other subjects suggested that counselling should be available in schools, and that teachers be better trained in this area.

Subjects thought that loss or death education should be integrated into the curriculum, and others that an explanation of what was happening at the time would be beneficial. The reality may have been far less than the fantasies the children may have been having about what was happening.

Various strands of loss were identified in subjects, the pre-school subjects experience of the death of their parent seemed to relate to separation and attachment. For the older children the experience was in some ways parallel to adult based models, in that they

seemed to be aware, at a level, of the death of their parent, although many of the implications were not fully grasped until much later in their life.

Five types of losses were identified: 'A' loss being based on attachment and separation; 'B' loss is based on the cognitive and experiential stage of the child; 'C' loss on the collateral losses; 'D' loss or delayed losses are those only appreciated in later life; and 'E' losses relating to the loss of future expectations.

Subjects fairing better tended to be those with either a good peer or teacher support base at school, or having access to an adult with whom to talk. Others took control of their life and were quite proactive. This group was highly resilient.

Children's grief was generally neither facilitated nor understood, and although a minority were resilient, for many there were long term difficulties, and opportunities to improve their outcome were lost both at school and at home.

#### **8.4 The implications for current practice**

One rationale behind this study was to inform current practice in schools as to how to support bereaved children. I considered it important that the research had practical implications in terms of helping teachers in schools to support currently bereaved children, a view shared with subjects. The results of the study have already been used to help teachers to gain an insight into the experiences of bereaved children, as well as to help them to gain empathy. This has taken place through the INSET I have already delivered. Perhaps one of the most important messages from the study is the benefit that relatively small interventions by teachers can bring to children. Two examples are the acknowledgement of the loss and children having somebody to talk with about the death of their parent. Teachers should not be afraid to make an approach to bereaved children. The subjects reported that they found teachers difficult to approach, and generally they were isolated. Teachers may be reluctant to make the first move, this through the fear of

perhaps causing upset. The reality seems to be that making the first move, as adults, does much to help children in these circumstances.

The awareness that children may experience a variety of emotions and reactions after the death of a parent is also important. I have had many encounters where teachers seem too easily to discount the effects of loss, through bereavement or relationship breakdowns of their parents. I recently heard the case of a boy now in a residential school for emotionally and behaviourally disturbed children, the cause of which seems to relate to the death of a parent and the surviving parent's remarriage. The issue of these losses was not addressed at the time, nor thought of as significant, but could well have played a major part in these difficulties. Instead, the boy was labelled as 'naughty', and his life course is now on a completely different and likely negative trajectory. This mirrors the sort of difficulties experienced by many of the subjects in this study.

Teachers need to be aware that children need time to resolve matters, in a similar way to adults.

Counselling may be appropriate for a minority of children, but if an intervention is in place quickly, then the need for longer term help may be minimised.

This does have implications for both policy and training, without these issues being addressed then progress in this area is less likely. My previous research revealed that the vast majority of teachers did not have training in this area at all, and certainly not during their initial teacher training courses. The introduction of even a brief awareness module for teachers in training would seem to be a preferable vehicle of addressing the problem, rather than later INSET, although this does need to be available. Many teachers may be relatively young and lacking in life experience, and unless they themselves have been through a close bereavement, may not be able to empathise with such children. In my own

authority I am pressing for a loss module to be included in the NQT training, as well as developing training through INSET for individual teachers and schools as a whole.

Teachers will likely only grow in confidence in dealing with the issue of bereavement if they receive training, in particular in relation to the experience and understanding of death by children.

Policies in schools need to also address the issue of home and school communications, as well as how information is communicated within schools. These are of importance in terms of reacting to bereavement in schools.

This is really only part of the story, and the integration of loss and death into the curriculum would surely help to foster communication between teachers and children. If the issue is smoothly integrated into the curriculum, and mechanisms such as circle-time or tutor time are used to explore feelings, then the barrier of the 'wall of silence' reported by many bereaved children will likely be reduced.

Teachers too may have their own 'baggage' in the area of loss and bereavement, and also need their own support systems. Ideally, teachers interacting with pupils in this sensitive area do need some form of supervision, preferably on a formal basis, to allow them both to reflect and deal with what they hear.

The establishment of a dialogue between the surviving parent and the school is an issue that could be addressed in a policy. Communication between the parent, themselves likely deeply affected by the death of their partner, and the school could have benefits in the spin-off, for bereaved children. An example could be the recognition of the potential for truancy, which could be 'nipped in the bud'. Even earlier, the involvement of school in such as sending flowers to a funeral, or attending if appropriate, would again bring an acknowledgement of the loss for children, hopefully to reduce their isolation.

It does seem ironic that whilst most schools have policies and procedures on place in terms of a disaster response, only a minority of around a quarter address the area of loss in a policy.

Potentially teachers could also help the surviving parent with decisions such as whether to involve the children in such as the rites of passage and the funeral. My own experience working with newly bereaved adults is that they would welcome help in this area.

Teachers could also provide warnings to the surviving parents as to the danger of children being isolated, and having nobody to talk with about the experience. In addition they could warn parents of the dangers of excluding children from the proceedings after the death, and about the issues of control, power and understanding.

Ultimately, this area will only gain real credibility when it is recognised as important in terms of gaining a place in the curriculum that is recognised on a national level. That can only come through research, such as this, its dissemination, and those with political power made aware of the benefits of such an inclusion, and the consequences of its omission. I will be pursuing this path.

### **8.5 Reflections on a five year journey**

I began this research some five years ago, motivated initially by an interest in friends' experiences of bereavement. At that time I had a vague understanding of these experiences, although a curiosity and a desire to try and improve things.

The research was not without its difficulties and disappointments. I encountered many gate-keepers who prevented me from gain access to subjects. Included in this number were individuals actually involved in bereavement support work. The research took a large proportion of time throughout, from reviewing the literature, organising and finding subjects, interviewing, assembling and analysing the data. A break for a year whilst I trained as an educational psychologist at the University of Newcastle-upon-Tyne, also

added to the strain. At times I did wonder whether I could continue, as there has been a mountain to climb, and some activities both social and academic have been neglected. During the five year period of this research my insight into the experiences of bereaved children has been considerably enlightened. I feel that I have been allowed vicarious entry into the world of bereaved children, and encountered many remarkable individuals on the journey. A great deal of data was revealed about the experiences of bereaved children, and some remarkable and surprising findings made. The traditional models of grieving, for example, cannot be grafted onto children's experiences. There were clearly different types of losses and different experiences reported by subjects, and where possible these have been assembled into patterns and generalisations. It should not be lost sight of the fact that for each individual the experience of the death of a parent is unique. It would not have been possible not to have great sympathy with some of the reports made by subjects. Their motivation in revealing their experiences was to help to break what they considered was a cycle of neglect and silence. Many subjects felt that the adult world did little to help them through difficult times, and there was a sense that they had been 'let-down' by society. Children tend to be powerless and lack the mechanisms to gain power, and it was as adults that many of the subjects felt that this study was a method in which could make an impact, and help improve things for children both currently and in the future. During some of the difficult times I have experienced over the past five years I have tried to hold that perception as a beacon, and it was an incentive which did spur me on to complete this work. There are many areas that are ripe for further research, and these have been mentioned. The sex differences in responses to the death, fear for females, anger for males is fascinating, as also is why parents keep their children off school after the death. Both these represent areas of potential future research. The response from both parents and teachers was disappointing, and that too is an area that would benefit from future

research projects. Why so few teachers were willing to talk to me about their experiences of children and bereavement is an issue in itself. I do feel that I have a clearer idea of what teachers need to know in terms of helping them to support bereaved children, but this too is another area needing research, as is how to integrate loss into the curriculum. Teachers need to be empowered in the area, and not perceive it as one for the expert. At times it may be prudent to involve outside agencies to help support a bereaved child, but I would contend that most could be helped relatively easily, with an increase in teacher knowledge and confidence in their own abilities to relate on a human level.

To a large degree I achieved the link between research and practice, in that I am using some of the results of the study to address INSET training currently. This will be developed through work with schools on both addressing loss in the curriculum, as well as developing procedures to react to bereaved children. I am also continuing to address the area through the medium of journal articles, conference presentations and publications. Finally I will be continuing to build on this study by carrying out further research.

## Epilogue

This study is part of the jigsaw of my interest in the area of children and bereavement, albeit an important piece! During a year of post graduate study at the University of Newcastle I continued along parallel tracks in the area. I completed a brief project on children 'looked after' by local authorities, and again identified issues of loss and separation. I completed a study relating to parental separation and grief, this also with a multi-cultural element, in connection with my MSc in educational psychology.

I also completed a joint comparative study on suicide and grief in schools, this with an Australian researcher, Dr. Rowling. The results of this study were presented at the Association of Death Education and Counselling, International Conference held at in Washington DC in July 1997 (Rowling and Holland 1997) and are shortly to appear in the journal *Mortality*. I am currently employed as an educational psychologist in the Learning Services of Kingston upon Hull City Council. In the course of my current post, I recently completed a needs assessment exercise in the area of bereavement, this within schools in the city of Kingston upon Hull. I am developing and delivering INSET packages, in cooperation with workers at Dove House, the local hospice, and with social services. I have already made use of the findings of this, and previous research within the context of these packages. I am shortly to deliver a paper at the Association of Death Education and Counselling, International Conference to be held at Bristol UK in September 1999 regarding my experience in the area of teacher awareness an child bereavement in Humberside. In addition, I am in the process of submitting a paper for consideration at the International Conference to held at in Jerusalem in July 2000, where I hope to present some of these findings.

# **Appendices**

## **Timetable**

1994 Jan - Commenced study at the University of York.

1994 July - Developed a broad plan of action, including the issues to investigate and the methodology to be used.

1994 Summer Holidays- Prepared interview schedule and questionnaire or similar ready for use in the study. Considered how to obtain subjects.

1994 September- Developed a system for the study and to search for subjects.

1994 Autumn Term- Searched and located an appropriate number of subjects. Prepared sheets, tapes and equipment.

1995 Spring and early summer term- Interviewed subjects (well after Christmas/ January blues time). Began writing.

1995 Over Summer Holidays- Continued the questionnaire element.

1996 Spring term- Began to analyse the data and review the position as to where the study is going.

1996 Summer term and summer holiday- began writing introduction.

1996 Autumn term study suspended whilst at The University of Newcastle.

1997 Autumn term reinstated the study,

1998 Continued the analysis and writing. Conversion from MPhil to DPhil.

1998/9 Completed data analysis and continued writing!

## **Letters sent to schools**

45, Plantation Drive, North Ferriby, Humberside, HU14 3BD

27th. November 1994

Dear Colleague,

Some of you may know that I am working on a project at the University of York, the aim being to help schools with bereaved child.

I am looking for children, now adults, bereaved of a parent at least five years ago and willing to take part in a short interview.

I am also seeking parents to interview, these having had a partner die whilst their child(ren) have been at school, again at least five years ago, ideally but not necessarily the parent of a former child volunteer.

I also need to interview teachers, these having had a bereaved child in their class or tutor group, ideally the teachers of the first group.

The interviews will of course be completely confidential. Could you please contact me by telephone (0482) 631982 or letter, if you can help.

Yours sincerely,

John Holland

## Letter sent to the Cruse organisers

45, Plantation Drive, North Ferriby, Humberside, HU14 3BD

7th. February 1995.

Tel. 0482 631982

Cruse Administrator,

Dear Cruse Administrator,

I am a Hull Cruse member, and am working on a project at the University of York; the aim being to assist schools to help bereaved children.

I am seeking children, now adults and bereaved of a parent at least five years ago and willing to take part in a short interview.

I am also seeking parents to interview, having had a partner die whilst their child(ren) have been at school, again at least five years ago, ideally but not necessarily, the parent of a former child volunteer.

I also need to interview teachers, having had a bereaved child in their class or tutor group, ideally the teachers of the first group.

The interviews will of course be completely confidential.

I wondered if you could bring the above to the attention of your members and thank you for your assistance.

Yours sincerely,

John Holland

## Interview sheet (pupil)

Subject number

Subject age            Subject sex            Years since bereavement

Age at bereavement            Who died

Questions:

1. Initial general talk, then more specific explanation as regards the project and its intention to benefit bereaved children. Confirmation sought that OK to tape the session, assurance given re confidentiality.
2. "When your (XXX) died, what were your first reactions?"
3. "Did you understand what was happening at the time of the death. If not, what was not clear?"
4. "Did you visit the chapel of rest and go to the funeral?"
5. (If yes or no) "How did you feel about that?"
6. "How did you feel when you went back to school?"
7. "How did school help?"
8. "Were teachers easy to approach to talk about things?"
9. "Who did you talk to, if anybody, about the death?"
10. "Do you feel that schools helped you prepare for the bereavement?"
11. "Did you have any 'loss' or 'death' education at school?"
12. "In what ways did school help/ hinder you with bereaving?"
13. "In what ways do you think that school could have helped more?"
14. "Did the other adults around help, were they easy to talk to?"
15. "How did you feel generally about things a month after the death?"
16. "How did you feel generally about things six months after the death?"
17. "How did you feel generally about things a year after the death?"

18. "How did you feel generally about things two years after the death?"
19. "Did you have more, or less, time off school after the bereavement?"
20. "Do you think that there have been any medium or long-term affects from the death?"
21. "Rate on a scale from 0 to 10 (0 low/ 10 high) as a general indicator of how school helped you during the bereavement?"
22. "Rate on a scale form 0 to 10 (0 very isolated/ 10 not at all isolated) how isolated you felt in the period up to around a year after the death?"
23. "Can you remember at about what age you first gained the idea of death?"
24. "Do you feel that you need support in this area, if so can I help?"
25. Close down, discussions of matters close to the reality of the immediate situation.

## Interview sheet Teachers

Subject number    Subject age    Subject sex

Years since bereavement    Age of pupil at bereavement    Sex of pupil

Who died

Questions:

1. Initial general talk, then more specific explanation as regards the project and its intention to benefit bereaved children. Confirmation sought that OK to tape the session, assurance given re confidentiality. The teacher will be asked to recall the first time a child having been bereaved of a parent in their class, and whilst the emphasis will be placed on the one they have in mind, if there were other bereavements, the teacher will be invited to compare these.
2. "Is the issue of loss and bereavement addressed in your school curriculum, if so how?"
3. "Was this the case when (XXX) parent died?"
4. "When (XXX) parent died, what did you first notice?"
5. "What happened initially at school, with regards to the pupil, surviving parent and the other children?"
6. "Did you, or a school representative, go to the funeral?"
7. (If yes or no) "How did you feel about that?"
8. "When did (XXX) return to school after the death?"
9. "What was (XXX) like on returning to school?"
10. "How did school respond to (XXX) return to school?"
11. "After the death did (XXX) have much time off school with illness, was this more or less than before?"
12. "How was (XXX) a month after the death?"
13. "How was (XXX) six months after the death?"

14. "How was (XX\ ) a year after the death?"
15. "How was (XX.X) two years after the death?"
16. "With hindsight, was there anything else that school could have done to help?"
17. "Are you aware of any medium or long-term affects from the death?"
18. "Rate on a scale from 0 to 10 (0 low/ 10 high) as a general indicator of how you consider that school helped (XXX) during the bereavement?"
19. "Rate on a scale form 0 to 10 (0 very isolated/ 10 not at all isolated) how isolated you consider (XXX) felt in the period up to around a year after the death?"
20. "What do you think a four year old understands about death?"
21. "What do you think a seven year old understands about death?"
22. "What do you think a ten year old understands about death?"
23. "At what age do you think that children acquire an adult like concept of death?"
- 24 "Was the issue of death and loss addressed during your initial or post qualification training?"
26. "Do you feel that you need support in this area, if so can I help?"
27. Close down, discussions of matters close to the reality of the immediate situation.

## Interview sheet: Parents

Subject number    Subject age    Subject sex    Years since bereavement

Age of pupil at bereavement    Sex of pupil    Who died

Questions:

1. Initial general talk, then more specific explanation as regards the project and its intention to benefit bereaved children. Confirmation sought that OK to tape the session, assurance given re confidentiality. The parent will be asked to recall the time around the bereavement the emphasis will be placed on the role played by school, not the parent.
2. "Tell me how (XXX) was after the death?"
3. "When did (XXX) return to school after the death?"
4. "What was (XXX) like on returning to school?"
5. "How did school respond to (XXX) return to school?"
6. "After the death did (XXX) have much time off school with illness, was this more or less than before?"
7. "How was (XXX) a month after the death?"
8. "How was (XXX) six months after the death?"
9. "How was (XXX) a year after the death?"
10. "How was (XXX) two years after the death?"
11. "Rate on a scale from 0 to 10 (0 low/ 10 high) as a general indicator of how you consider that school helped (XXX) during the bereavement?"
12. "What do you think (XXX) understood about death at the time?"
13. "Do you think that schools can help pupils by dealing with death in the curriculum, such as through P.S.E. If so, how?"
14. "Do you feel that you need support in this area, if so can I help?"
15. Close down, discussions of matters close to the reality of the immediate situation.

## Questionnaire sheet- Pupils

Thank you for your interest in the project, which is aimed at helping schools better help bereaved children. Your experiences and feelings are vital for the study, as only these can help identify things that helped and things that hindered matters. It would be helpful if you could spend a little time reflecting on and then filling in the questionnaire. Please complete as much as you feel able, if there is not enough room please attach another sheet.

Because this activity may bring back memories, please ensure that you have somebody available to talk with after completing the sheets. Please contact me on 01482-631982 if I can help or if you need anything clarifying.

Thank you for your help with the project, which is very much appreciated.

Name .....

Age now..... Sex M/F

Address..... Age at bereavement.....

..... Years since bereavement.....

.....

.....

1. Please give brief details as to whom died and the general circumstances.
2. Can you recall your first reactions?
3. Did you understand what was happening at the time of the death. If not, what was not clear?
4. Did you visit the chapel of rest and go to the funeral?
5. Whether yes, or no, how did you feel about that?
6. When did you return to school, and how did school help you on your return?
7. How were things, and what were your feelings, on returning to school?
8. Were teachers easy to approach to talk about things?

9. Who did you talk to, if anybody, about the death?
10. How were you, and how did you feel generally about things, a month later?
11. How were you, and how did you feel generally about things, six months later?
12. How were you, and how did you feel generally about things, a year later?
13. How were you, and how did you feel generally about things, two years later?
14. Do you feel that schools helped prepare you for the bereavement?
15. Did you have any 'loss' or 'death' education at school, if so what, and was it before the bereavement?
16. In what ways do you think that school helped/ hindered you with bereaving?
17. In what ways do you think that school could/ should have helped more?
18. Did the other adults around help you, and were they easy to talk to?
19. Did you have more, or less, time off school with other illness after the bereavement, if so please describe?
20. Do you think that there have been any medium or long-term effects from the death, if so what were these?
21. Please rate on a scale from 0 to 10 (0 low/ 10 high) as a general indicator of how you felt school helped you during the bereavement?
22. Please rate on a scale from 0 to 10 (0 very isolated/ 10 not at all isolated) how isolated you felt in the period up to around a year after the death?
23. Can you remember at about what age you first gained the idea of death?

Thank you for your help, this is the end of the questionnaire.

Please now relax, consider your plans for the weekend, what are you intending to do, shopping gardening or other activity? Make a short written plan for yourself of the things, which you intend to do.

## Questionnaire sheet: parents

Thank you for your interest in the project, which is aimed at helping schools better help bereaved children. Your experiences and perceptions are vital for the study, as only these can help identify things that helped or hindered. It would be helpful if you could spend a little time reflecting on and then filling in the questionnaire. Please complete as much as you feel able, if there is not enough room please attach another sheet.

Because this activity may bring back memories, please ensure that you have somebody available to talk with after completing the sheets. Please contact me on 01482-631982 if I can help or if you need anything clarifying.

Thank you for your help with the project, which is very much appreciated.

Name .....

Age at bereavement..... Sex M/F

Address..... Years since bereavement.....

..... Ages and sex of children at bereavement.....

.....

.....

1. Please give brief details as to whom died and the general circumstances.
2. How was/were your child(ren) after the death?
3. How did school react to the death?
4. Did your child(ren) go to the funeral or chapel of rest?
5. Whether yes, or no, do you think that this helped or hindered matters, if so how?
6. When did the child(ren) return to school after the death?
7. What was/were your child(ren) like on returning to school?
8. How did school respond to your child(ren) on their return to school?
9. How was/were your child(ren) a month after the death?

10. How was/were your child(ren) six months after the death?
11. How was/were your child(ren) a year after the death ?
12. How was/were your child(ren) two years after the death?
13. After the death, did your child(ren) have much time off school with illness, was this more or less than before?
14. Rate on a scale from 0 to 10 (0 low/ 10 high) as a general indicator of how you consider that school helped your child(ren) during the bereavement?
15. Have there been any medium or longer-term effects on your children?
16. What do you think your child(ren) understood about death at the time?
17. Do you think that schools can help pupils by dealing with death in the curriculum, such as through P.S.E. (Personal and Social Education) *If so, how?*
18. What more do you think that schools could do to help bereaved children?

Thank you for your help, this is the end of the questionnaire.

Please now relax, consider your plans for the weekend, what are you intending to do, shopping gardening or other activity? Make a short written plan for yourself of the things, which you intend to do.

## **The subjects' rating of how they felt school helped during the bereavement**

	<u>Female children</u>		<u>Male children</u>		<u>Mothers</u>	
	<u>Mean</u>	<u>Range</u>	<u>Mean</u>	<u>Range</u>	<u>Mean</u>	<u>Range</u>
<u>Total</u>	1.4	0-10	2.8	0-10	6.3	0-10

The subjects' rating of how they felt school helped during the bereavement

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