

# Developing coping strategies for children who lost a mother during middle childhood

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## DEDICATION

In loving memory of my late uncle,

*Hansie Cronje*

who initiated this personal journey of loss and rediscovery when he passed away on 1 June 2002.



If you can keep your head when all about you  
Are losing theirs and blaming it on you,  
If you can trust yourself when all men doubt  
you,  
But make allowance for their doubting too;  
If you can wait and not be tired by waiting,  
Or being lied about, don't deal in lies,  
Or being hated, don't give way to hating,  
And yet don't look too good, nor talk too  
wise:

If you can dream—and not make dreams  
your master;  
If you can think—and not make thoughts  
your aim;  
If you can meet with triumph and disaster  
And treat those two impostors just the same;  
If you can bear to hear the truth you've  
spoken  
Twisted by knaves to make a trap for fools,  
Or watch the things you gave your life to,  
broken,  
And stoop and build 'em up with worn-out  
tools;

If you can make one heap of all your  
winnings

And risk it on one turn of pitch-and-toss,  
And lose, and start again at your beginnings  
And never breathe a word about your loss;  
If you can force your heart and nerve and  
sinew  
To serve your turn long after they are gone,  
And so hold on when there is nothing in you  
Except the will which says to them: "Hold  
on!"

If you can talk with crowds and keep your  
virtue,  
Or walk with kings—nor lose the common  
touch,  
If neither foes nor loving friends can hurt  
you,  
If all men count with you, but none too  
much;  
If you can fill the unforgiving minute  
With sixty seconds' worth of distance run,  
Yours is the earth and everything that's in it,  
And—which is more—you'll be a man, my  
son!

- Rudyard Kipling



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To the phenomenal ladies in my life, *Hester Parsons*, *San-Marie Cronjè*, and the late *Evelyn Parsons*, you are all an integral part of the woman I have become, and reflect in everything I do. The support you have provided during this journey has been tremendous. Thank you for not only accepting the intrusion of this study into your daily lives, but assisting me in many different ways to complete it. Your unconditional love and numerous sacrifices are beyond measure.

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To the many *participants* of this study, your conviction of life has been inspiring and you have taught me that broken hearts can still beat. Always remember that you are not alone, and this experience marks the beginning of your life as a wise individual who has the greatest potential to make a difference in this world. I leave you with a quote from Ernest Hemingway, “The world breaks everyone and afterwards many are strong at the broken places.”

The financial assistance of the *North-West University* and *National Research Foundation* (NRF) is hereby acknowledged. Opinions expressed and conclusions arrived at are those of the researcher and are not necessarily to be attributed to the NRF.



*“I can do all things through Christ who strengthens me” – Philippians 4:13*

## SUMMARY

Death is a powerful experience that has the potential to cause disruption, displacement, and profound emotional suffering. The death of a mother has been described as one of the most stressful life events one may have to endure. When one considers the death of a mother in all its complexity, including the highly stressful changes and numerous secondary losses that are implied, it intensifies when children are involved. Middle childhood is the developmental period in a child's life from six to 12 years of life. This is considered the most crucial time to lose a mother as children are cognitively and emotionally mature enough to understand and experience the profound loss, but their coping abilities lack mastery. Twelve per cent of South African children are classified as maternal orphans by the time they complete their middle childhood years, and with the increasing number of maternal deaths in South Africa, there is no denying that this is a matter of serious concern that warrants addressing.

A thorough literature review was conducted for the present study, which revealed valuable insights regarding the experiences and detrimental effects of losing a mother during childhood. Numerous studies identified the implications of losing a mother during childhood. Despite researchers conducting studies in the realm of coping, they have failed to address coping in specific developmental periods. No study on how children in South Africa experienced their mother's death, and attempted to cope with their unimaginable loss during their middle childhood years could be identified. I attempted to fill this apparent and monumental void in the literature and therefore, embarked on describing how children experience losing a mother during middle childhood. The second aim was to develop coping strategies for children to effectively cope with the loss of their mother during middle childhood, based on the experiences of the children and a review of the literature.

The present study implemented a qualitative descriptive research design, and semi-structured interviews were conducted with 22 participants, along with the use of field notes. Each of these interviews were transcribed verbatim and analysed by means of qualitative content analysis. Subsequently, three major themes with categories and subcategories emerged from the data. The conclusion underlined the subjective experiences of losing a mother as well as children's concept of death and responses to the death, before culminating in their available support structures and coping strategies they employed.

The present study has added an invaluable contribution to the available body of literature and expanded on the knowledge base of children's experiences of losing a mother as well as their use of coping strategies. It is hoped that the insights and recommendations provided will benefit healthcare practitioners during therapy and enrichment programmes with bereaved children. Fathers or guardians of bereaved children may also find the insights beneficial. They could identify and nurture their child's protective factors and maximise the external protective factors identified in the present study. It is further hoped that research in the realm of bereavement and coping will continue both globally and in a South African context.

*Keywords:* Bereavement, childhood maternal bereavement, coping, coping strategies, grief, loss, middle childhood, mother

## OPSOMMING

Dood is 'n kragtige ervaring wat die potensiaal het om ontwrigting, ontworteling en diepgaande emosionele lyding te kan veroorsaak. Die dood van 'n moeder word beskryf as een van die mees traumatiese lewenservarings wat 'n individu kan beleef. Die dood van 'n moeder in al sy kompleksiteit, insluitend die spanningsvolle veranderinge en die talle geïmpliseerde sekondêre verliese, word vererger wanneer kinders betrokke is. Die middelkinderjare is die tydperk wat strek van ses tot 12 jaar oud. Hierdie tydperk word beskou as die mees kritieke tyd om 'n moeder te verloor, aangesien die kinders kognitief en emosioneel volwasse genoeg is om hierdie groot verlies te verstaan en die diepgaande verlies te ondervind, maar hulle hanteringstrategieë nog nie voldoende ontwikkel is nie. Twaalf persent van Suid-Afrikaanse kinders word geklassifiseer as moederloos teen die tyd wat hulle middelkinderjare voltooi is, en met toenemende sterftes onder moeders in Suid-Afrika, bestaan daar geen twyfel dat dit 'n ernstige saak is wat aangespreek moet word nie.

'n Deeglike literatuuroorsig vir die huidige navorsing het waardevolle insigte ten opsigte van sowel hierdie ervarings as die nadelige gevolge van die verlies van 'n moeder gedurende die kinderjare onthul. Verskeie studies identifiseer die implikasies van die verlies van 'n moeder gedurende kinderjare. Alhoewel navorsers studies oor die hantering van hierdie probleem gedoen het, het hulle nie daarin geslaag om hanteringstrategieë in die onderskeie ontwikkelingsfases aan te spreek nie. Geen navorsing oor hoe Suid-Afrikaanse kinders die verlies van 'n moeder ervaar kon geïdentifiseer word nie, en ook nie oor hoe hulle probeer om hierdie ondenkbare verlies gedurende middelkinderjare te hanteer nie. Ek het daarom gepoog om hierdie ooglopende en belangrike leemte in die literatuur te vul deur te beskryf hoe kinders die verlies van 'n moeder tydens die middelkinderjare ervaar. Gebaseer op die ondervinding van die kinders en 'n oorsig oor die literatuur was die tweede

doelstelling om strategieë te ontwikkel waarvolgens kinders in hulle middelkinderjare die verlies van 'n moeder effektief kan hanteer.

'n Kwalitatiewe, beskrywende navorsingsontwerp is in die huidige studie geïmplementeer, semi-strukturele onderhoude is met 22 deelnemers gevoer en veldnotas is gebruik. Elke onderhoud is verbatim getranskribeer en by wyse van kwalitatiewe ontleding geanaliseer. Gevolglik het drie belangrike temas met kategorieë en subkategorieë uit die data na vore getree. Die gevolgtrekking het beklemtoon dat die ervaring van die verlies van 'n moeder, asook 'n kind se begrip van die dood en reaksie daarop subjektief is, waarna hulle beskikbare ondersteuningstrukture en hanteringstrategieë bespreek is.

Die huidige studie het 'n belangrike toevoeging tot die beskikbare inligting gemaak en die kennisgebied oor kinders wat 'n moeder verloor het, sowel as hul hanteringstrategieë, verbreed. Die hoop bestaan dat die insig en aanbevelings wat voorsien is gesondheidsorgpraktisyns sal bemagtig tydens terapie en verrykingsprogramme met kinders wat rou. Vaders en voogde mag ook voordeel trek uit die bevindings van hierdie studie. Hulle kan faktore wat hulle kind beskerm identifiseer en koester, en ook die eksterne beskermingsfaktore wat in hierdie studie geïdentifiseer is maksimaliseer. Daar word verder gehoop dat studies oor rou en die hantering daarvan sowel wêreldwyd as in die Suid-Afrikaanse milieu sal voortgaan.

*Sleutelwoorde:* Rouproses, rouproses oor moederlike verlies tydens kinderjare, hantering, hanteringstrategieë, treur, verlies, middelkinderjare, moeder

## PREFACE

- This mini-dissertation is part of the requirements for the completion of the degree Magister Artium in Clinical Psychology. It has been prepared in article format, complying with the requirements of Academic rules A.5.4.2.7 as determined by the North-West University.
- Upon completion of the examination, I will write an article comprising this mini-dissertation, along with my supervisor and co-supervisor. The article will subsequently be submitted to the *Journal of Child and Family Studies*, for possible publication.
- This mini-dissertation is formatted in accordance with the guidelines set out in the Publication Manual (6th ed.) of the American Psychological Association (APA), for the purposes of examination. Upon examination, I aimed to format the manuscript, (and future article) for the selected journal according to the instructions for authors (see Section III). Thus, the mini-dissertation is written in a personalised manner, as preferred by the *Journal of Child and Family Studies*.
- For examination purposes, I chose to present this mini-dissertation as a unit. Therefore, the pages are numbered consecutively from the introduction to the references.
- Dr Ruan Spies and Prof Johan Botha have given permission for the submission of this manuscript for examination purposes.

**PERMISSION TO SUBMIT ARTICLE FOR EXAMINATION PURPOSES**

We, the supervisors of this study, hereby declare that the mini-dissertation entitled “Developing coping strategies for children who lost a mother during middle childhood”, written by Alexandra Parsons, reflects the subject matter. We hereby grant permission that she may submit the manuscript for examination purposes and we confirm that the mini-dissertation submitted is in fulfilment of the requirements for the degree, Magister Artium in Clinical Psychology at the Potchefstroom Campus of the North-West University. Upon completion of the manuscript, an article will be written and sent to the *Journal of Child and Family Studies* for publication purposes.



---

Dr R. (Ruan) Spies  
Supervisor



---

Prof A. J. (Johan) Botha  
Co-supervisor

**DECLARATION BY THE RESEARCHER**

I, the researcher of this study, hereby declare that this research manuscript, entitled “Developing coping strategies for children who lost a mother during middle childhood”, is my own effort. I further declare that all sources used have been referenced and acknowledged. Moreover, I declare that this mini-dissertation was edited and proofread by a qualified language editor as prescribed. I further declare that this research was submitted to the Turn-it-in software and a satisfactory report was received with regards to plagiarism.

A handwritten signature in cursive script, appearing to read "A. S. (Alexandrea) Parsons", is written over a light blue rectangular background. The signature is slanted upwards to the right.

---

Miss A. S. (Alexandrea) Parsons

## SECTION I: INTRODUCTION AND RATIONALE

*“The most beautiful people we have known are those who have known defeat, known suffering, known struggle, known loss, and have found their way out of the depths. These persons have an appreciation, a sensitivity, and an understanding of life that fills them with compassion, gentleness, and a deep loving concern. Beautiful people do not just happen.”*

(Kübler-Ross, 1975, p. 96).

### Introduction

Middle childhood is a developmental period in a child’s life from approximately six to 12 years of age (Newman & Newman, 2015). The developmental phase of middle childhood is renowned for advances in physical, behavioural, emotional and cognitive development; ultimately setting the stage for various components of life (Steinberg, Bornstein, Vandell, & Rook, 2011). During this phase of life, the brain becomes more refined and actively undergoes synaptic pruning, a process that is greatly dependent upon the child’s environment (Mah & Ford-Jones, 2012).

Middle childhood is a time to grow and experience life in all its complexity (Peterson, 2014). It is a time to have fun, play, imagine, explore and believe in a world that is both safe and secure (Howe, 2013). Furthermore, it is a time to be protected, nurtured, and valued by a caring and irreplaceable family (Kail & Cavanaugh, 2016). Middle childhood is also a time to begin forming an identity by discovering and cherishing the person within (Meeus, 2011). It is a time to experience accomplishment, to be innovative and develop a sense of control over one’s behaviour (Sadock, Sadock, & Ruiz, 2015). In addition, it is a critical period for discovering, for learning and for growing from any shortcomings (Shaffer & Kipp, 2014). Middle childhood is a time to acquire values, behaviours and coping skills so that ultimately

the child can become a greater person, partner, parent, and citizen in future (Cummings & Kouros, 2009).

Numerous children in South Africa have such a childhood, but regrettably countless children have been denied this privilege through early loss (Barbarin & Richter, 2001). It is for all children, but especially those in need of a happier and healthier childhood, that this research study was embarked upon in order to develop coping strategies for children who have lost a mother during middle childhood.

A complex foundation of both hereditary and environmental influences is woven together like a tapestry to form the personality of a child and is sensitive to any impactful source (Ashton, 2013; Weiten, 2013). The loss of a mother is one of these impactful sources that has the potential to shatter the dependant child's world and trigger strong biological, psychological, social, and spiritual reactions (Heiderscheit, 2015; Mallon, 2011). According to Edelman (2014), many therapists view middle childhood as the most vulnerable time to lose a mother because while these children are emotionally and cognitively mature enough to experience a profound loss, their coping skills for managing emotions lack mastery.

In this research study, *loss* refers to the human death of a mother. Human death can be defined as the irreversible cessation and loss of personhood (Pihlström, 2016). Furthermore, the concept, *mother* refers to the biological mother of a child, whether married or unmarried, but possessing "full parental responsibilities and rights" (Himonga, 2007, p. 347) in respect of the child. Lastly, the mother should have been present in the child's earliest phase of development (Johnston & Halocha, 2010).

In the section which follows, the problem statement is provided, which highlights the identified gap in current research, and thereby emphasises the need to develop coping strategies for children who have lost a mother during middle childhood. Thereafter, the

literature review serves to provide a conceptual and theoretical framework that relates to the importance of a mother during the middle childhood years, the implications of losing a mother during middle childhood, children's perspectives and understanding of death during middle childhood, as well as the grieving process during middle childhood. Explanations and findings of relevant scientific research studies within this framework serve to inform and consolidate the research topic. This section culminates in a summation of the article's proceedings.

### **Problem statement**

Over the past four decades, the most profound change in families has been the decline in households where children grow up with both biological parents (Strong & Cohen, 2017). On account of so many policymakers, social scientists and members of the general public considering a two-parent household to be the optimal setting for a child's development, "the decline in such households has generated widespread concern" (Amato, 2005, p. 76) regarding the well-being of children. As a result of adverse conditions in South Africa, including death, families are undergoing unprecedented stresses and the roles of parents have become unclear, leaving them unable to fulfil the nurturing and protective roles they once held for children (Barbarin & Richter, 2001).

South Africa is a culturally diverse country, run by a constitutional democracy underpinned by The Bill of Rights (1996). Life, survival, optimal development and access to health care services are basic needs and fundamental human rights of children (World Health Organization [WHO], 2016). In order to protect and fulfil these rights, South Africa has ratified the United Nations Convention on the Rights of the Child (CRC) along with the African Charter on the Rights and Welfare of the Child (AfCRWC), both of which reflect the

international consensus on standards for promoting the overall well-being of children (Rosa & Dutschke, 2006; WHO, 2016).

However, South Africa's circumstances are dire, and children are often faced with adverse risks that threaten their well-being (Nel, 2014). During mid-2016, it was estimated that South Africa's total population was 55.91 million people, with approximately 30.1 % of the population younger than 15 years of age (Statistics South Africa, 2016). Children in South Africa are equally distributed in gender and there are approximately 1 million children in every age group between the ages of six and 12 years (Hall & Meintjes, 2016a).

South Africa has experienced a substantial increase in mortality rates during the past two decades (Dorrington & Bradshaw, 2010). Death certificates in South Africa rarely define AIDS or AIDS-related mortality (Cluver, Boyes, Orkin, & Sherr, 2013). However, South Africa is renowned for its high incidence of HIV/AIDS and associated illnesses, which have largely contributed to the increase in mortality rates (Dorrington & Bradshaw, 2010). As a result of the increasing mortality rates, South African children most commonly reside with extended family members (Martin, 2015). A third of the child population in South Africa live with both their biological parents and a quarter with neither biological parent (Van Breda, 2016). Not all children who are unable to reside with their biological parents are orphans; nonetheless, South Africa's number of orphans is increasing (Martin, 2015).

The proportion of children in South Africa under the age of 15 years with at least one deceased parent increased from 5 % to 9.1 % between 1995 and 2000 (Noumbissi, Bawah, & Zuberi, 2005). During 2011, approximately 82,000 children resided in child-only households (Martin, 2015). As children age they are more likely to become maternal orphans. In South Africa, 2 % of children are maternally bereaved before the age of six, but a staggering 12 % are maternal orphans by the time they complete their middle childhood years (Hall & Meintjes, 2016b).

A study of the literature reveals that the gender of the parent who passes away during the childhood years is critical, with the death of a mother having a far more profound effect on the welfare outcomes of a child (Beegle, De Weerd, & Dercon, 2006; Bhargava, 2005; Chen, Chen, & Liu, 2009; Himaz, 2013; Maier & Lachman, 2000; Rostila & Saarela, 2011; Tracey, 2011). Garenne, McCaa, and Nacro (2011) highlighted that the increasing level of maternal deaths in South Africa is a matter of concern. The most recent count, completed during 2014, showed approximately 3 million orphans in South Africa; furthermore, 7 % of South African children are considered maternal orphans, living without a biological mother (Hall & Meintjes, 2016b). Maternal orphans are abandoned to themselves as the traditional nuclear family disintegrates and the safety net becomes overwhelmed (Noubissi et al., 2005; Simons, 2010). Single-parent families need to learn a different set of skills to cope with a society still set for two-parent families (Noubissi et al., 2005; Simons, 2010). Thus, in recent years, research on bereaved children has shifted its perspective from vulnerability and negative consequences following loss to the significance of resilience, of which coping is regarded a key element (Kinman, McMurray, & Williams, 2014; Mallon, 2011).

Psychology was traditionally dominated by the medical model, which focused solely on pathology, and led to an extensive understanding of various mental illnesses and the successful treatment thereof (Baumgardner & Crothers, 2010; Joseph & Patterson, 2016). However, from the 1970s onwards, therapeutic approaches became less dominated and influenced by the medical model, as is evident in Engel's (1977) article, "The Need for a New Medical Model: A Challenge for Biomedicine." During 1998, the field of psychology was revolutionised by Seligman, who shifted the focus from a deficit model to an asset model, which subsequently placed more focus on strengths and new possibilities that contributed to health and well-being (Baumgardner & Crothers, 2010). This shift in perspective was termed *positive psychology*, and is best defined by Wissing (2014) as "the

scientific study of optimal human functioning” (p. 4). Positive psychology further includes the nature and enhancement of individual, group and community strengths, and explores different avenues to achieve well-being (Wissing, 2014). Perhaps the most intriguing concept derived from positive psychology is that of post-traumatic growth.

Positive psychology research pioneers have documented how growth and positive changes may occur as a result of coping after a traumatic event (Baumgardner & Crothers, 2010). A few of these positive changes include, but are not limited to improved relationships, new meaning in life, viewing life as more precious and an increase in spirituality (Carr, 2011). With the move away from the medical model, healthy mourning was pioneered by Bowlby (1963), who suggested that maternally bereaved children could mourn their mothers’ departure in a healthy manner if environmental factors were put in place for them.

Gutman (2009) explained that children require two co-existing conditions in order to become resilient; namely: (1) exposure to a significant threat or adversity on an individual or environmental level; and (2) attainment of positive adaptation. Resilience is seen as a developmental process rather than indefinite progression as it can be modified throughout the child’s life (Gutman, 2009; Theron & Theron, 2010). Nel (2014) explained that there are several interrelated pathways to resilience, including biological, dispositional and psychological attributes, as well as support provided by social systems. Resilient children do not possess extraordinary qualities; rather, they are simply able to procure strength from available resources that will enhance coping and positive development along with life’s changing circumstances (Baumgardner & Crothers, 2010; Papalia, Olds, & Feldman, 2009; Theron & Malindi, 2010). Children are not born resilient nor are they expected to merely bounce back and walk away from adversity unscathed; instead they are encouraged to find healthy ways to integrate these experiences into their lives (Greitens, 2015; Stokes, 2009).

Goldstein and Brooks (2013) proposed the concept of building stress hardiness in children by helping them to develop a “resilient mind-set” (p. 3). Children’s skills and behaviours are developed through their own assumptions of themselves and others in their world; this dynamic process is classified as a mind-set (Brooks & Brooks, 2014). A resilient mind-set is, therefore, defined as the product of rendering children the opportunity to develop the necessary skills in order to *cope* in the face of adversity (Joslyn, 2016). Every child is able to develop a resilient mind-set, which will subsequently, allow him or her to cope more effectively with adversity, trauma and daily challenges (Goldstein & Brooks, 2013). These children will, in turn, be able to rise above disappointments, develop realistic goals and solve problems adequately (Brooks & Brooks, 2014).

It is understood in the literature that both risk and resilience are constructed differently in diverse societies, but it is generally accepted that the interaction of risk and protective factors will play a crucial role in the development of children in all contexts (Nel, 2014; Theron & Theron, 2010; Wright, Masten, & Narayan, 2013). Because resilience is culturally rooted and considered a social construct, it implies that children will become resilient and could cope effectively when their community, culture and family provide healthy and sustaining resources in which they can exercise their personal agency toward these resources (Nel, 2014; Theron & Malindi, 2010). In order for children to develop coping strategies and achieve higher levels of resilience after suffering a loss, they require strong connections to their community, culture and family (Mallon, 2011; Nel, 2014; Theron & Malindi, 2010). This will, subsequently protect them from being overwhelmed by grief and help them adapt to life without the deceased individual (Mallon, 2011; Nel, 2014).

Studies on the ways in which children cope were initiated during the 1980s with two seminal publications (Compas, 1987; Garmezy & Rutter, 1983). This led to interventionists testing programmes that were designed to promote coping in the face of adverse events

(Sandler, Wolchik, MacKinnon, Ayers, & Roosa, 1997). However, one area in which little empirical progress has been made during the past two decades is in the investigation of coping during specific developmental periods (Zimmer-Gembeck & Skinner, 2011). Middle childhood is an exciting developmental period, but one which has also been labelled “the forgotten years” by Walsh and Harrison (2013, p. 173), as a result of the lack of studies on this phase of life. Dowdney (2011) explained that bereaved children’s expression of grief and their subsequent coping is largely influenced by their developmental level, chronological age and gender. Dowdney, therefore, highlighted the importance of including the developmental period of middle childhood in studies. Perhaps one of the reasons for the exclusion of coping with death during this developmental period is that children grow up in a modern-day culture that avoids grief and denies the inevitability of death (Jeffreys, 2011). Tracey (2011) recognised that adults often struggle to relate to bereaved children even though children typically turn to adults to help them understand the event and how to cope.

The death of a mother is critical during the childhood years, and appears to have deep-rooted effects on the child’s well-being. As a result of the lack of studies pertaining to children’s experiences of losing a mother during middle childhood and the coping strategies they employ in order to cope with this loss, I<sup>1</sup> believe it will be unforgivable to leave future generations feeling excluded, isolated, confused and vulnerable, when researchers are able to develop healthy coping strategies for children to utilise after losing a mother. For the aforementioned reasons, the following two research questions were addressed:

- How do children experience losing a mother during middle childhood?

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<sup>1</sup> The *Journal of Child and Family Studies* encourages a personalised manuscript, written in active tense. Therefore, this mini-dissertation is written in first person and is consistent with the journal guidelines throughout Sections I to IV.

- What coping strategies could be developed (based on the experiences of the children and a review of the literature) for children to cope effectively with the loss of a mother during middle childhood?

### **Aims of the study**

The aims of the research study were as follows:

- To describe how children experience losing a mother during middle childhood.
- To develop coping strategies for children to cope effectively with the loss of a mother during middle childhood, based on the experiences of the children and a review of the literature.

To accomplish the aforementioned aims, an appreciation of the middle childhood years is a prerequisite to describe the influence maternal bereavement may have on perennial developmental progress, and how one can prevent and cope with such interference.

### **Literature review**

#### **The importance of a mother during the middle childhood years**

The bond between a mother and her child is a powerful and dynamic, yet fragile indenture that has been studied extensively for many years (Arnold, 2012). Winnicott (1965), a British psychoanalyst and paediatrician, believed that healthy human development was rooted in relationships. Winnicott first coined the term *good-enough mother*, which is arguably his most well-known and enduring contribution to human development. To be a good-enough mother does not mean one should be perfect, but instead it refers to the mother's ability to identify and adapt to her dependant child's needs (Abram, 2007). Being a good-enough mother will allow the child's true self to emerge, which refers to a sense of connectedness, along with feelings of integrity, continuity and creativity (Jones-Smith, 2016). Good-enough mothering will further allow for a transitional period in which the child can gradually let go of his or her mother (Jones-Smith, 2016). Akhtar (2016) reconstructed the

role of a good-enough mother by listing 12 maternal tasks that mothers fulfil, which facilitate optimal development in children. If these tasks are not successfully met, such as in the case of losing a mother, the child will most likely not come into full existence, as the continuity of being is disrupted and the child's personality is subsequently built on his or her reactions to environmental impingement (Winnicott, 1965). Wallbank (1991) explained that when a child becomes an orphan, childhood ends and although the individual may be regarded as a child, one part of his or her life ends. The maternal tasks applicable to middle childhood are briefly elucidated below and serve as a psychological baseline for mothering. Wallbank posited that should the child lose his or her mother, he or she may also lose the following acts of mothering:

**Holding.** The maternal task of holding may be referred to in either a metaphorical or literal way (Reinstein & Burau, 2014). During middle childhood, a mother will metaphorically hold her child by meeting his or her psycho-emotional and biological needs (DeRobertis, 2008).

**Containing.** Akhtar (2016) explained that this task involves the mother containing her child's experiences, until he or she is ready to accept and assimilate his or her own experiences. During middle childhood, the mother gradually helps her child develop the thinking capacity to reflect on his or her own thoughts and realise that events can be interpreted in various ways (Kail & Cavanaugh, 2016).

**Protecting and nourishing.** A mother protects and safeguards her child from external physical threats as well as overwhelming feelings of anxiety (DeRobertis, 2008). The mother further ensures that her child is not injured or harmed, and subtly ensures that her child is not overwhelmed by internal demands or external stimuli (Trappler, 2014). Akhtar (2016) stated that these demands can include hunger, fatigue, noise or even the weather. Through satisfactory protection, the child's protective shield forms, which will protect him or her from

overstimulation throughout life (Akhtar, 2016). During middle childhood, adequate nourishment is particularly important as this helps growth (Kuther, 2017). Stunted growth and nutritional deficits during middle childhood may lead to various problems from which these children may never recover (Kuther, 2017). Mothers further provide internal nourishment through touching, laughing or singing to the child (Paintner & Beckman, 2010).

**Evoke the child's core self and help consolidate his or her gender identity.** The most fundamental role in shaping the child's basic core is played by the mother (Akhtar, 2016). During middle childhood, a sense of core gender identity is formed (Ashford & LeCroy, 2010). Under the care of the mother, the child will become a boy or girl, as the mother consolidates the biological gender sense of her child and helps him or her to acquire the appropriate gender role (Akhtar, 2016).

**Impart ego skills.** During this task, the mother teaches the child activities or skills related to daily living in synchronicity with his or her maturing gross and fine motor skills (Rathus, 2014). Examples of such activities during middle childhood include tying shoelaces, balancing on a beam, holding a pen or pencil with the correct grip, and writing accurately and neatly (Rathus, 2014).

**Observe goodness in the child.** One of the tasks a mother is required to fulfil is to appreciate the uniqueness of her child, and to observe the beauty, intelligence and intrinsic worth of her child, which will subsequently allow her child to feel valued, validated and precious (Vieira, 2009). Observing the child's competencies during middle childhood leads to greater self-esteem (Rathus, 2014). Akhtar (2016) expressed the belief that a mother's capacity for recognising these competencies derives from a combination of her innate altruism and healthy narcissism as well as her overall care and generous attitude.

**Surviving.** Inevitably, as children's anger develops during middle childhood, they will show destructive impulses toward their mother (Parens, 2008; Steinberg et al., 2011).

Akhtar (2016) referred to this task as surviving as the mother will need to resist reacting in a retaliatory manner and sustain her maternal self despite the emotional disturbances brought about by her child. Through surviving these destructive impulses, the mother avails herself as an object to the child through which he or she can internalise the ability to survive future attacks from other individuals (Akhtar, 2016; Parens, 2008).

**Letting go of the child.** During middle childhood, the mother lets go of her child by allowing him or her more autonomy to explore the world (Scher & Harel, 2009). During this phase of life, the child is better able to regulate him or herself (Erford, 2017). They further gain more independence and forms of physical affection such as hugging and kissing diminish (Akhtar, 2016; Cronin, 2016).

**Remain available as a psychological home base.** During middle childhood, children become separate from their mothers, and their peer group becomes more significant; however, the good-enough mother will avail herself as a secure base and allow her child to return for emotional refuelling and psychic stabilisation at any stage (Akhtar, 2016; Potts & Mandleco, 2012; Sadock et al., 2015).

**Helping the child through the oedipal situation, and teaching him or her to respect his or her father.** According to Akhtar (2016), the final maternal task requires a mother to teach her child respect and to acknowledge his or her father's guidance and counsel. By middle childhood, most children have worked through the oedipal situation; however, there is an inevitable triangular constellation between the mother, father and child, which will influence the child's future romantic relationships (Colle & Del Giudice, 2011; Preitler, 2015). The child's mother introduces him or her to this fundamental part of life by being a generative and romantic partner (Corey, 2017; Levine & Munsch, 2011).

When studying the mother-child relationship during middle childhood, the attachment theory becomes highly relevant as the attachment system itself undergoes remarkable

reorganisation (Colle & Del Giudice, 2011). Children may have attachments that are equal in quality to both parents as these relationships are formed independently; however, most children form an attachment with their mother first, and their interactions with her are characterised as comforting and stress-reducing (Newman & Newman, 2015). Weiten (2013) placed emphasis on children with secure attachment representations during middle childhood by explaining that these children will utilise healthier coping strategies, display positive moods and exhibit successful emotion regulation.

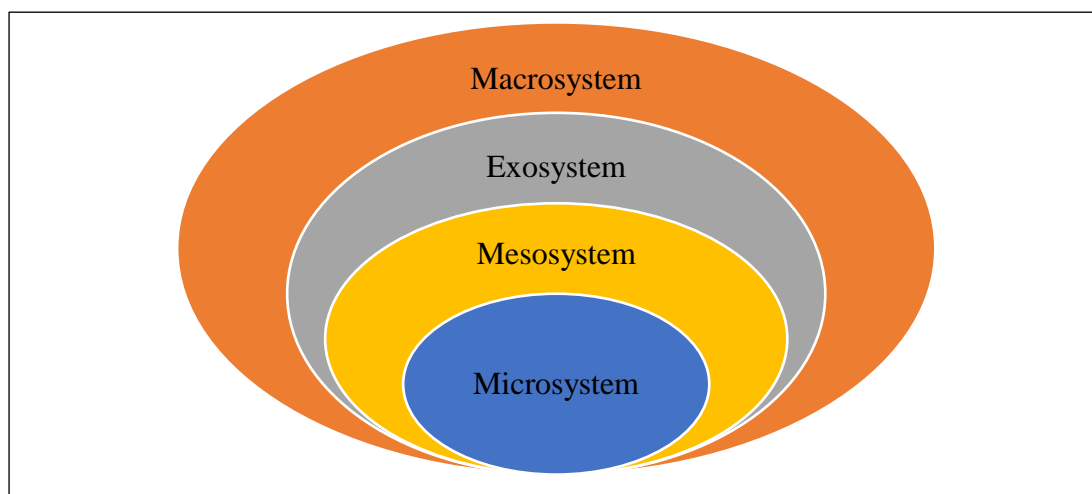
During middle childhood, the mother remains the primary attachment figure and secure base. However, in a secure attachment the system changes from proximity to availability (Bosmans & Kerns, 2015). This change is reflected in the fact that children require less assistance from their mother and their peers become increasingly important (Potts & Mandleco, 2012). In addition, attachment representations are reciprocally shaped in friendships and emerge as developing affective bonds for future romantic relationships (Colle & Del Giudice, 2011). Furthermore, a transitional shift takes place in the mother-child relationship that allows for co-regulation (Bosmans & Kerns, 2015). Co-regulation enables the child to exercise more emotional self-regulation based on internal working models of early attachment representations and the mother's role becomes merely supportive and supervisory in nature (Brumariu, 2015). Papalia et al. (2009) provided the example of children solving their own problems with less direct intervention from their mothers.

### **The implications of losing a mother during middle childhood**

Children who have lost their mothers face significant threats to their survival (Yamin, Boulanger, Falb, Shuma, & Leaning, 2013). Anderson, Morton, Naik, and Gebrian (2007) found that maternal orphans in Haiti, under the age of 12 years, had a 55 % increase in their probability of dying. Another study in Bangladesh found the cumulative probability of survival to be only 24 % in maternal orphans under the age of 10 years (Ronsmans,

Chowdhury, Dasgupta, Ahmed, & Koblinsky, 2010). Apart from children's physical survival, the loss of a mother is considered to be an emotional risk as we live in a world that has limited resources available to protect children's mental health (Stokes, 2009). The loss of a mother will often initiate changes in multiple domains and has the potential to reverberate throughout the family, culture and community (Balk, 2014; Tracey, 2011).

Bronfenbrenner (1974) offered a perspective on child development by providing a detailed analysis of environmental influences. The individual as well as the social and physical contexts in which he or she interacts are inseparable parts of a larger system, which will subsequently affect everything else (Bronfenbrenner, 1974; Shaffer & Kipp, 2014). According to Bronfenbrenner's ecological systems theory, there are four environmental systems that influence the developing person, as is depicted in Figure 1 below.



*Figure 1.* Environmental systems of the ecological systems theory

Accordingly, one can think of the implications of a mother's death through Bronfenbrenner's ecological systems theory because the bereaved child's world is nested in a system that will influence and affect development across the microsystem, mesosystem, exosystem and macrosystem (Barnard, 2013). The *microsystem* is the innermost environmental layer and refers to daily interactions that transpire in the individual's

immediate surroundings (Crowley, 2014). This interaction takes place between other individuals and community resources such as parents, teachers or religious leaders as well as schools and churches (Potts & Mandleco, 2012). The *mesosystem* refers to the interrelationship and connection among two or more microsystems (Bjorklund & Blasi, 2012). For the child in middle childhood, the interrelationship between the school, peer group and family comprise the mesosystem (Potts & Mandleco, 2012). The third environmental layer, known as the *exosystem*, consists of social systems that children may not necessarily be a regular part of but nonetheless still influence their development (Shaffer, 2009). This will include the child's extended family, neighbours, parents' work colleagues, family friends and other institutions in his or her local community such as the School's Governing Body (SGB) (Bjorklund & Blasi, 2012).

Development occurs in a *macrosystem*, which is viewed as a broader cultural, political or social climate in which the microsystems, mesosystems and exosystems are all imbedded (Bergin & Bergin, 2015). This includes beliefs and ideologies as well as how the child is affected by living in a particular economic class and governed by a particular political system (Papalia et al., 2009). Furthermore, Bronfenbrenner added a temporal system known as the *chronosystem*, which is an overview of the whole ecological model (Crowley, 2014). Crowley (2014) explained that Bronfenbrenner added this system as changes within the individual and environment could ultimately have an impact on the child's development over time. A summary of how the impact of a mother's death is observed across the aforementioned environmental systems follows.

The loss of one's mother during middle childhood is considered profound because it occurs during a critical period when the child's brain is organising and developing rapidly (Ludy-Dobson & Perry, 2010). This traumatic experience could influence the trajectory of growth and development in children, and potentially compromise their emotional integration

(Ludy-Dobson & Perry, 2010; Sossin, Bromberg, & Haddad, 2014). Das, Das, and Leibowitz (2012) explained that parentally bereaved children face a greater risk of malnourishment, which will further compromise growth and development. A combination of loss and the subsequent effects on development serve as a precursor for mental health problems (Nickerson, Bryant, Aderka, Hinton, & Hofmann, 2013).

Research has revealed that as many as one in five children or five to 20 % of bereaved children show a psychological disturbance of clinical severity (Draper & Hancock, 2011; Salloum, 2015). Although the extent of clinical severity and disturbance vary among research studies, depending on the variety of factors incorporated in the study, there is a general consensus on the symptoms evidenced in maternal orphans (Dowdney, 2011). Das et al. (2012) provided a summary on the psychological impact of losing a mother as concurred from various research studies. Maternally bereaved children showed a higher occurrence of post-traumatic stress and anxiety, depression and suicidal ideation, lower self-esteem and social withdrawal as well as conduct problems (Das et al., 2012). Furthermore, a mother's death impacts children's sense of optimism about their future (Himaz, 2013). In relation to this, Dennis (2009) elucidated that maternal orphans are more likely to feel hopeless, be depressed and present with suicidal ideation. Children bereaved because of murder or suicide are at a heightened risk for developing clinical disturbances (Dowdney, 2011).

Consequently, secondary psychosocial and physical losses may also result from a mother's death (Lasher, 2008). Secondary losses in the microsystem include, but are not limited to, changes in personal identity, family roles, family structure and financial status (Pomeroy & Garcia, 2009). Children may need to geographically move because of the loss of their mother, which leads to more secondary losses in the microsystem and mesosystem such as schools, teachers and friends (Wolfelt, 2012). Many children seek solace in peers who have undergone a similar traumatic experience, which may cause changes in existing

friendships (Wolfelt, 2012). A bereaved child may need to reassess his or her role as a child in the family after experiencing parental death, particularly if a step-mother is introduced (Wolfelt, 2012). One such example of a change in roles was shown by Himaz (2013) where maternally orphaned boys would spend a significant amount of time completing domestic chores in contrast to non-orphaned boys. Payne (2012) further clarified how the notion of family may be extended as a result of neighbours and friends fulfilling supportive roles that were traditionally played by the parents. Dennis (2009) added a future psychosocial loss by reporting that maternal orphans are less likely to have contact with their siblings during adulthood.

Yamin et al. (2013) expressed the view that maternal orphans display lower levels of educational attainment. Case and Ardington (2006) analysed longitudinal data to examine the impact of parental death on South African children's education outcomes. The results showed that maternal orphans are less likely to be enrolled in a school and that they complete significantly fewer years of schooling in comparison to their counterparts (Case & Ardington, 2006). Depending on enrolment, it was further observed that less money was spent on maternal orphans' education (Case & Ardington, 2006). More recently, Himaz (2013) investigated whether a parent's death influenced schooling and psychosocial outcomes later in life. From a sample of approximately 850 children, the results showed a significant decline in school enrolment after becoming maternally bereaved (Himaz, 2013). Moreover, Oleke, Blystad, Fylkesnes, and Tumwine (2007) found that school attendance and performance decreased for children already enrolled in a school. Bhargava (2005) noticed that girls who were maternal orphans were more likely to have their schooling impacted upon than boys. Chen et al.'s (2009) fixed-effects estimates in their research showed that the loss of a mother can significantly affect children's college enrolment. Numbissi et al. (2005) provided a potential reason for poor enrolment, namely, maternally bereaved children may be

compelled to terminate their schooling careers and find employment because of a lack of adequate support structures. Yamin et al. concurred with this finding, as they reported that the loss of a mother during childhood led to significant financial constraints including the loss of a secondary income and household labour. This concern was further highlighted by Himaz who found children orphaned during middle childhood were more likely to engage in paid employment by the age of 14 or 15 years.

Along with the unfairness death brings and the older child's existential outlook on life, maternally bereaved children prior to the age of 16 years are significantly more vulnerable to exhibiting delinquent behaviour, and may become involved in illegal activities such as consuming drugs and alcohol, which could potentially involve them in the juvenile justice system (Draper & Hancock, 2011; Ludy-Dobson & Perry, 2010).

Despite the devastating odds described above, negative outcomes are not inevitable. Children's exposure to adversity does not lead directly to health-related difficulties or developmental disorders (Theron & Theron, 2014)

### **Children's perspectives and understanding of death during middle childhood**

Striving to understand death is a challenging notion as it incorporates cultural and social beliefs, emotional and personal issues, and conceptual understandings and religious assumptions (Bonoti, Leondari, & Mastora, 2013). According to Charlesworth (2017) children have difficulty coming to terms with the finality of death and understanding why someone who was alive and breathing has now been "turned off" (p. 363) in some way, which is understandable when cartoon characters and superheroes are frequently brought back to life on television. For decades, many believed that children between the ages of 10 and 12 years could accurately understand death in all its complexity (Mahon, 2011). Recently, clinicians and researchers have recognised that life experiences contribute greatly to children's understanding and perspectives of death, but most importantly, this develops in

parallel with their cognitive maturing (James & Gilliland, 2013; Mahon, 2011). The incisive summary of cognitive development as presented here is aimed at reacquainting the reader with the highlights of healthy cognitive maturing during the phase of middle childhood as well as how it relates to children's perspectives and understanding of death.

The cognitive perspective provides insight into the development and nature of the individual's thought processes and thinking skills as well as the behaviour that reflects those processes (Wilmshurst, 2013). Piaget's (1964) contributions to the understanding of cognitive development had a quintessential influence on the field of developmental psychology. Piaget believed that children actively construct their understanding of the world around them, based on their own experiences (Sigelman & Rider, 2015). Piaget described four major stages that lead to the capacity for adult thought; children in middle childhood are located in the stage of concrete operations. During the concrete operational stage, children act and operate on the concrete and perceivable world of events and objects (Levine & Munsch, 2011; Sadock et al., 2015). This demonstrates that they are able to think logically, but are unable to grasp abstract concepts. Consequently, this may complicate the child's perceptions and understanding of death as their questions, "What happened?" and "Where has the person gone?" are often answered with responses such as "Gone to heaven" or "Gone to be a star in the sky" (Tester, 2008, p. 27). These responses can be misleading and taken literally by children, leaving them confused and frightened (Tester, 2008).

Children in the developmental phase of middle childhood have a clearer understanding of death and dying than their younger counterparts because of the commencement of their intellectual thinking (James & Gilliland, 2013). According to Steinberg et al. (2011) five interrelated competencies provide the hallmarks of the concrete operational period, namely, "classification, class inclusion, seriation, transitive inference and reversibility" (p. 272). Reversibility is required to grasp the concept of death and is viewed

as the most critical of all the operations during this stage (Coon & Mitterer, 2013; Piaget, 1964).

Webb (2010) explained that children in this developmental phase understand that death is the irreversible cessation and loss of personhood. As a result of their cognitive development, children during the phase of middle childhood are more likely to realise that observable and concrete functions such as speaking and eating have ceased rather than recognising internal functions such as dreaming and thinking have also come to an end (Carter, 2016). Children in the phase of middle childhood understand external causes of death such as violence and accidents as well as causes of inner processes such as old age and disease (Mahon, 2011). These children are, however, more likely to blame others for the death such as the doctor who cared for the deceased (Mallon, 2011). Children under the age of 10 years, may view death as temporary and assume that the deceased person can hear or see the living because magical components are still paramount in their thinking patterns (Carey, 2010). Portnoy and Stubbs (2012) further stated that children between the ages of five and 10 years are resistant to thinking that death is a possibility for themselves.

Carter (2016) expressed the opinion that younger children are fascinated by the rituals and physical aspects surrounding death and may further personalise death as a ghost, skeleton or monster. During the concrete operational stage, egocentric thought is replaced by operational thought, which involves the realisation by the child that his or her view is not the only view and that events can be interpreted in various ways (Kail & Cavanaugh, 2016). As a result of reduced egocentricity and an increased capacity for reasoning, children from the age of 10 years have a clearer understanding of the complexity of death and its long-term consequences (Webb, 2010).

As children advance past the age of 10 years, they start thinking more abstractly about death, and start reflecting on injustices, fate and occult or parapsychological phenomena

(Dyregrov, 2008). Corr and Corr (2013) stated that older children begin to articulate their understanding of some continued life apart from the dead physical body. This continuation varies from child to child and is based on their social, cultural, personal and emotional beliefs as well as their religious assumptions; the latter may take the form of reincarnation, ascension of the soul to heaven or leaving behind a legacy (Bonoti et al., 2013; Ethier, 2010).

In the literature, four distinct sub-concepts of children's understanding and perception of death are cited; these include universality, irreversibility, non-functionality and causality (Carter, 2016; Sigelman & Rider, 2015; Speece & Brent, 1996). Through research findings, Speece and Brent (1996) added *noncorporeal continuation* as a possible fifth sub-concept, which refers to personal continuation after the actual physical death of the individual's body. *Universality* is the understanding that death happens to all living beings and everyone must inevitably pass away (Carter, 2016). *Irreversibility* refers to the fact that death cannot be undone, whereas *non-functionality* refers to the cessation of all life's processes, such as sensation, thought and movement (Sigelman & Rider, 2015). Irreversibility and non-functionality are both aspects linked to the finality of death (Corr & Corr, 2013). *Causality* refers to the result of natural processes inside the organism, despite possible external causes setting off the internal changes (Sigelman & Rider, 2015).

Charlesworth (2017) explained how the sub-concepts of death are understood in a certain developmental sequence. Universality, irreversibility and non-functionality are usually understood within the first seven years of life, whereas causality and noncorporeal continuation are difficult concepts to grasp, and are understood after the age of seven (Charlesworth, 2017). Carey (2010) and Niethammer (2012) provided a logical explanation for the sequence of the sub-concepts explained by Charlesworth. *Firstly*, children learn the simplest sub-concept of advanced aging by observing that elderly people are closest to death, which is commonly learnt through interaction with their grandparents (Carey, 2010).

*Secondly*, children realise that death cannot be reversed; this is usually learnt through the death of a pet (Carey, 2010). Children gradually learn that death is not subject to their experience or to that which is directly visible, but rather universal and inevitable (Niethammer, 2012). Knowing about death will further be contingent upon the information acquired by the child during this phase of development (Niethammer, 2012). The most difficult sub-concept to grasp is the cessation of all functions and the finite nature of life because an understanding of biological processes is required (Bonoti et al., 2013).

A pervading sense of helplessness and dissolution follows the death of a mother in childhood and evokes the experience of an unbearable affect (Sossin et al., 2014). To make meaning of the countless ways in which death can be experienced by children in middle childhood, the grieving process is thus discussed.

### **The grieving process during middle childhood**

Within the interdisciplinary field of *loss* and the social scientific study of *death*, Bell and Taylor (2011) stated that “a tripartite distinction between bereavement, grief and mourning” (p. 2) is necessary. *Bereavement* is a period of sorrow, defined as an individual’s internal process following the death of a loved one, along with an objective deprivation (James & Gilliland, 2013). Bereavement is accompanied by *grieving*, which is defined as the psychic condition of emotional suffering as precipitated by the death of a loved one (Sadock et al., 2015). This response may manifest in mental, social or physical ways (Bell & Taylor, 2011). Every individual grieves in his or her own way, and grief is expressed through institutional or individual practices of mourning (Mongelluzzo, 2013). *Mourning* is considered the societal expression of the loss of a loved one (Sadock et al., 2015).

Theories on grief can be traced back as early as the 1900s to the psychoanalytic perspectives of Freud (Gross, 2016). Referring to the ego development theories, Freud (1917/2001, p. 245) explained that mourning would cease when the individual’s ego could

exempt their investment in the deceased individual or “lost object”, whereas pathological mourning would occur if the individual were unable to detach from the deceased individual. Scott (2007) explained that children were initially excluded from all grief theories as Freud believed that children had an undeveloped ego, thereby concluding that children were unable to comprehend loss and subsequently, experienced little, if any grief at all. Whether children can grieve has been the subject of debate for decades (Bowlby, 1960; Furman, 1974; Wolfenstein, 1966). The most common conclusion appears to be that children of all ages grieve, but their grief reactions vary both emotionally and behaviourally, and they have no specific and normal way to grieve (Baum, Ginat, & Silverman, 2014; Burns, 2014).

Unfortunately, at present there is no specific grief theory for children that is agreed upon by professionals in the field or supported by relevant literature and research (Scott, 2007). There are multiple possible reasons past studies on childhood bereavement have failed at developing a standardised grief theory. Initially, grief theories for children were extrapolated from those done on adults and were taken out of context (Kübler-Ross, 1969; Lindemann, 1944). Researchers further focused on the immediate impact of death, thereby neglecting longitudinal studies (Scott, 2007). Although Freud (1917/2001), Kübler-Ross (1969) and Lindemann (1944) have had an undeniable influence on bereavement literature, their work was refuted when it came to the inclusion of children in grief theories and therefore, is not discussed in depth.

The first recorded research on children’s reactions when separated from their mothers was conducted by Bowlby (1960), and the observations postulated three phases of mourning for children; namely, yearning and searching for the loved one, then entering a phase of despair, where the child displays depressive symptomology before entering a detachment phase, where the child seeks new relationships and companions. Parkes (2015) later amended Bowlby’s theory by adding “numbness” (p. 14) as part of normal grieving; this

develops immediately following the loss. LeShan (1978) was another pioneer in the inclusion of children in grief theories. During LeShan's research, the author noticed that children's mourning never ceased, and resurgence continued throughout their lifespan as they experienced significant events such as birthdays and weddings that served as reminder of their loss (LeShan, 1978; Sadock et al., 2015; Scott, 2007). Wordern (2009) further proposed an active view of grieving by providing four tasks of mourning; namely, to accept the reality of the loss, then to work through the pain of grief, before adjusting to an environment in which the deceased is missing and finally, to emotionally reinvest in other activities while relocating the deceased person. Worden's theory disputes linearity and involves a personal timeline of the grieving child (Rainer, 2013). Edelman (2014) elucidated how encountering the loss of a mother during childhood is a different experience although this does not make it easier or harder than losing her during adulthood. In recent years, significant shifts in perspectives have occurred with regard to grief and bereavement (Rainer, 2013).

Children experience death and express themselves in the subsequent grieving process in innumerable ways; each of these is dependent upon a dynamic interplay between personal, familial, cultural, social and historical influences (James & Gilliland, 2013). Contemporary theorists acknowledged that traditional bereavement theories are based on adults' experiences and ways of grieving and subsequently, have provided an alternative perspective by incorporating major childhood theories into the conceptualisation of bereavement (Scott, 2007). This incorporation makes it possible to clarify children's experiences of death, to define normative processes during bereavement and to further identify when psychiatric intervention is deemed relevant (Cohen & Mannarino, 2011; Portnoy & Stubbs, 2012).

The pre-eminent difference between traditional models of grieving and the alternative contemporary models is their views on what is regarded as the most effective way to cope with the loss (Portnoy & Stubbs, 2012). Traditional models focus mainly on closure and

coming to terms with the deceased person's death whereas contemporary models accentuate the importance of consolidating a new relationship with the deceased (Portnoy & Stubbs, 2012). Attachment theory, other developmental theories and trauma theories have been incorporated by contemporary theorists in order to understand children's bereavement and grief (Scott, 2007). These three major theories are briefly discussed below.

**Attachment theory.** This theory is a linear phase model that originated through the works of Bowlby (1960) and Ainsworth (1985), and revolutionised views on children's connections to their primary caregivers (most frequently mothers) as well as the disturbing results following deprivation, separation and bereavement (James & Gilliland, 2013; Weiten, 2013). Attachment has been defined as a reciprocal and enduring emotional connection between a mother and her infant child, with both parties contributing equally to this connection (Ainsworth, 1985). The development of an attachment relationship occurs in every individual as he or she is biologically predisposed to seek proximity to a caregiver to attend to his or her survival needs (Ainsworth, 1985). Bowlby believed that the mother-child attachment was vital for later development and had important consequences for the child's personality functioning. Ainsworth furthered Bowlby's observations during the 1960s and 1970s by demonstrating that attachment relationships may vary in quality. The attentive behaviour of the attachment figure is essential for the development of the parent-infant attachment relationship (Main, Hesse, & Hesse, 2011). Through sensitivity and responsiveness to the child's needs, many children develop a secure attachment, whereas inconsistency and insensitivity may lead to insecure attachment (Ainsworth, 1985).

When examining children's bereavement and grief processes from an attachment perspective, the type of attachment formed between the child and his or her mother prior to her passing has become a salient matter as it may contribute to the development of complicated grief (Balk, 2014; Worden, 2009). Grieving is understood to be a normal

response because the relationship between the child and his or her mother is severed and the child's subsequent reactions are regarded as a reflection of his or her past attachment (James & Gilliland, 2013; Sadock et al., 2015). Ainsworth, Blehar, Waters, and Wall (2015) conducted the famous "strange situation procedure" (p. 32) to assess children's quality of attachment to their primary caregivers; from their observations the authors identified secure and insecure attachment relationships between children and their caregivers, and then proceeded to propose two categories of insecure attachment in children, namely, *anxious-ambivalent attachment* and *avoidant attachment*. After careful empirical investigation of numerous strange situation procedures, Main and Solomon (1986) identified a third category of insecure attachment, referred to as *disorganised-disoriented attachment*.

Bowlby (1963) described predictable reactions in children when experiencing separation from their mothers. Bowlby stated that when children are separated from their mothers, separation anxiety develops and their energy is diverted in an attempt to regain proximity to their mother. Children with secure attachment relationships avail their mothers as a secure base, from which they can venture off on their own and explore their surroundings (Ainsworth, 1985). Their mothers are also readily available in times of distress to function as a safe haven to which the child can return (Ainsworth, 1985). Balk (2014), Papalia et al. (2009), and Worden (2009) all explained how previously formed secure attachments in children are linked to healthier grief reactions; these children hardly experience anger and can confront the pain of sorrow, along with the ability to tolerate and process separation, and ultimately continue to develop a healthy bond with the deceased mother in future. The searching and longing to be with the mother during the earliest and most intense stage of grief does not overwhelm the child's awareness of reality and acceptance of the loss in the case of a secure attachment relationship (Worden, 2009). Alternatively, children with insecure attachment relationships are likely to encounter complicated grief reactions and an inability to

form a continuous bond with the deceased, which will require them to relinquish their insecure attachments for their own well-being (Balk, 2014).

Scott (2007) noted that attachment perspectives were not developed to explain children's grieving processes; however, the typical behaviours observed during the strange situation procedure can provide a relational context in which to understand children's grief reactions. Ainsworth et al. (2015) found that the typical response to separation of a child with an anxious-ambivalent attachment pattern is severe distress, which is accompanied by ambivalent behaviour of either accepting comfort or completely detaching and disengaging through crying. Children who display avoidant attachment patterns commonly respond to loss and separation with little distress as they seek minimal contact with their mothers and often appear as detached and uncaring (Ainsworth et al., 2015). Lastly, when children with disorganized-disoriented attachment relationships are separated from their mothers, they tend to respond with repetitive, contradictory or misdirected behaviours, and clearly lack an organised strategy to cope with the stress of separation (Ainsworth et al., 2015). These children further appear disoriented, confused or dazed (Rathus, 2014). Older children in middle childhood may also present with role-reversal behaviour in which they try and take control of the disorganisation by inappropriate caregiving or punitive hostility (Cassidy & Marvin, 1992)

**Other developmental theories.** Loy and Boelk (2014) explained how developmental theories have been incorporated by contemporary theorists in an attempt to understand children's normative grieving processes. Multiple dimensions form the focus of developmental theories, and losing a mother during childhood years may overwhelm children psychologically and undermine their future development, adaptation and coping (Connolly & Eagle, 2009; Steinberg et al., 2011). Moreover, the child's developmental phase at the time of the loss influences the amount of risk they may have to face and the outcome thereof (De

Vries, 2007; Edelman, 2014). From a developmental perspective, children's behaviours and responses to the loss of a loved one are compared to the normative processes of their specific developmental stage in order to determine whether their grief reactions are age-appropriate (Loy & Boelk, 2014).

Cognitive development is frequently used to explain children's perspectives and understanding of death (Mahon, 2011). Piaget's (1964) theory, as discussed earlier, shows that cognitive maturing results in better understanding. Children's understanding of death has multiple implications regarding how they will react to the loss (Loy & Boelk, 2014). During middle childhood, children become more empathic and can appreciate and understand the needs and feelings of other individuals, perceiving their grief from family members (Erford, 2017).

**Trauma theories.** To determine whether children's grief reactions are age-appropriate and considered normal, trauma theorists have developed guidelines for abnormal grief processes (Dyregrov & Dyregrov, 2013; Salloum, 2015). During the latter part of the 1900s, clinicians and researchers observed that when death occurred through traumatic means such as murder or a motor vehicle accident, children who were traumatised by the nature and the traumatic event itself were unable to grieve as expected (James & Gilliland, 2013; Nader & Salloum, 2014). Recently, the terms *traumatic grief* and *complicated grief* have derived as a result of the overlapping concepts of trauma and grief, and may manifest in several forms (Raphael, Jacobs, & Looi, 2013). Baum et al. (2014) elucidated that traumatic grief is a loss that occurs under objective or subjective traumatic circumstances. The terms, "pathological grief, unresolved grief, complicated grief, chronic grief, delayed grief, or exaggerated grief" (Worden, 2009, p. 134) are used interchangeably in the literature, but all relate to complicated mourning. The preferred term is, however, complicated grief as this is a function of the individual's emotional relationship with the deceased; on the other hand, traumatic grief

implies the degree of distress with regard to situational factors such as the violence involved in the death as well as the physical proximity and witnessing of the death itself (James & Gilliland, 2013).

Complicated grief is intensified to such an extent that the bereaved individual is overwhelmed and resorts to the use of prolonged maladaptive behaviour, which interrupts healing and does not allow the individual to progress toward accommodation or assimilation of the outcomes of the death (Townsend, 2014; Worden, 2009). There are still no formal or official diagnostic criteria available to diagnose complicated grief, but this phenomenon is characterised by prolonged grief reactions, which usually exceed a year because of the inability to integrate, acknowledge or experience the loss, which subsequently thwarts daily functioning (Barlow & Durand, 2015; Baum et al., 2014). In children, the loss of a mother makes them particularly vulnerable to complicated grief, and prominent symptoms include a distressing and strong desire to be reunited with their mother, intrusive memories and avoiding places or people that may remind them of their mother (Barlow & Durand, 2015).

**Expressions of grief.** Corr and Corr (2013) clarified that grief can be expressed in innumerable ways across different dimensions including physical, psychological such as cognition and affect, behavioural, social and spiritual. Although children's reactions to death are unique and vulnerable to cultural and social conditions, broad guidelines of expected reactions or symptoms across the various dimensions are provided for children between the ages of six and 12 years (Van Der Heijden & Swartz, 2010).

**Physical dimension.** Physical manifestations of grief are prevalent in children, particularly four months after the death (Mallon, 2011). Mallon (2011) explained that "the mind and body are inextricably linked" (p. 14). Physical manifestations may appear, which warrant no medical explanation other than grief (Timby, 2009). Doka (2016) stated that children who have suffered a loss often present with physical ailments as a symptom of

profound distress. When children's emotions remain unspoken and unidentified, emotional reactions may manifest somatically, which will elicit care from other individuals (Doka, 2016).

According to Lasher (2008), changes in the child's eating and sleeping habits are the most significant physical reactions to death. Children who are sad and depressed may sleep for longer periods than usual whereas many grieving children have difficulty falling asleep or will wake up multiple times every night (Lasher, 2008). Dowdney (2011) added that sleeping difficulties are linked to numerous reports of nightmares during the phase of middle childhood. Lasher (2008) further explained how grieving children may indulge in their favourite fast-foods or overeat while other grieving children may lose their desire for food and experience very little appetite. Other physical sensations in children can include, but are not limited to: weakness, fatigue, headaches, stomach aches, chest pains along with a sensation of tightness in the throat, shortness of breath, muscular aches, and oversensitivity to stimuli as well as menstrual irregularities in older girls (Doka, 2016; Dowdney, 2011; Lasher, 2008; Mallon, 2011; Mongelluzzo, 2013).

Nausea and diarrhoea may occur with changes in bladder and bowel functioning. Furthermore, skin rashes and allergic reactions may occur as well as increased bouts of colds and infections (Doka, 2016; Lasher, 2008). It is also common for children to experience similar physical manifestations that were suffered by the loved ones prior to their death (Doka, 2016). Doka (2016) also expressed the view that the physical sensations experienced by the child may have symbolic significance in relation to the loss, such as heartache.

***Psychological dimension.*** Washington (2011) explained how emotional reactions can be powerful and overwhelming, and may be out of the individual's conscious control, leaving the emotional turmoil inexplicable. Emotional responses may include sadness, anger,

numbness, guilt, fear and relief (Torbic, 2011). Dramatic mood swings are common during middle childhood bereavement as the child attempts to cope with his or her dysregulated emotions (James & Gilliland, 2013). Children often experience anger and rage at the unfairness of death and thus, develop a sense that their future and existence are foreshortened (James & Gilliland, 2013). Anxiety and fear after losing a parent are also common, as children may perceive their world as dangerous and unsafe (Doka, 2016). This, however, may become debilitating for the child (Doka, 2016). Furthermore, children who have lost a mother during childhood may present with emotional neglect (Mallon, 2011). Alternatively, children may feel excited or a sense of euphoria for having survived, which is subsequently followed by intense guilt for having survived when other individuals did not (James & Gilliland, 2013). Other positive emotions that may arise because of the loss include a deep sense of gratitude, recounting happier times that were shared with the deceased individual and even humorous anecdotes (Doka, 2016).

The most difficult of the dimensions to observe is the child's cognitive reactions because they have difficulty articulating what they are thinking (Lasher, 2008). Grieving children's thoughts are dominated by ruminations and images of the deceased parent, along with experiences associated with their death (Bull, 2013). In most cases, cognitive reactions are short-term and should not be thought of as pathological during the early stages of grief (Washington, 2011). Cognitive responses to death include forgetfulness and slowed thinking (Torbic, 2011). Deficits in attention and concentration are common during this phase of development, as Mallon (2011) described that 16 % of bereaved children show deficits in concentration abilities a year after the loss of their parent.

Children between the ages of six and eight years frequently talk to and about the deceased parent, and feel a strong presence of the deceased parent; however, in contrast to this, older school children avoid talking about the deceased individual (Leming & Dickinson,

2016). As a result of their cognitive development and better understanding of death, children in their middle childhood years will often intellectualise death and are more likely to experience visual and auditory hallucinations; however, these are viewed as normal reactions to a major loss suffered (Bull, 2013; Humphrey & Zimpfer, 2008). Lastly, Lasher (2008) explained that breaking a close bond with a parent may threaten a child's sense of self and his or her self-esteem may thus diminish.

***Behavioural dimension.*** Altered behaviour is often an indirect expression of grief (Speck, 2010). Regressive behaviour is typical of bereaved children and often reflects an inner sense of insecurity (Mallon, 2011). Regressive behaviour includes thumb sucking, bed-wetting, excessive clinginess and separation anxiety, along with a fear of abandonment and that other significant individuals may pass away (Oltjenbruns, 2013). Temper tantrums and bullying behaviour are further seen as normal reactions to grief and generally cease over time (Morris, 2012). Acting out and the use of aggressive behaviour may be used to defend against innate feelings of helplessness (Webb, 2010). By acting out in an aggressive manner, bereaved children can exert some power and control over a situation in which they feel helpless (Mallon, 2011). Children may also respond in a callous or self-centred manner (Webb, 2010). Washington (2011) wrote that crying is also a normal grief reaction during middle childhood.

Because school is a primary environment for children in middle childhood, a disinterest in school as well as poor school adjustment and performance is expected (Jeffreys, 2011). Worden (2009) further added that children may want to avoid places that remind them of the bereaved or on the other end of the continuum, want to visit places or treasure objects that remind them of the deceased. Lastly, James and Gilliland (2013) stated that during this phase of development, bereaved children are often judgmental of others' behaviour,

particularly with regard to coping with the trauma itself and their behaviour toward the deceased individual.

***Social dimension.*** As a result of their vulnerability, bereaved children may become overly sensitive (Torbic, 2011). Torbic (2011) and Washington (2011) both stated that extreme dependence on others is a normal grief reaction during middle childhood as their safety and innocence has been destroyed. This dependency could be evidenced by an increasing desire to sleep in the parental bed (Mallon, 2011). Torbic provided an alternative by stating that certain children may become hyper-mature rather than dependent. Given their circumstances and life experiences, these children may display much more responsible and mature behaviour than what is expected of children their age (Torbic, 2011). Social manifestations of grief may further ignite feelings of discomfort around peers and social withdrawal may increase over time (Heidrich, 2017; Morris, 2012). Children may also lose interest in the activities they enjoyed prior to their loss and may further lack initiative with regard to social engagements (Torbic, 2011; Washington, 2011).

***Spiritual dimension.*** Spiritual manifestations of grief are also possible (Washington, 2011). Children may have difficulty re-establishing a sense of identity and order following the loss, and may further grapple to find meaning and purpose in life (Doka, 2016). Furthermore, children may present with hostility towards a higher power or alternatively find solace in their spirituality and become religious (Corr & Corr, 2013; Doka, 2016).

Grief has the potential to transform the individual and culminate in personal growth or it can be detrimental; this depends on personal experience and the social context (Reevy, 2010). Lin et al. (2014) described how grief reactions range on a continuum with regard to duration and severity. Children in the developmental phase of middle childhood are likely to have an accurate understanding of death, which may trigger strong responses to the loss of

their mother (Pomeroy & Garcia, 2009). Children experiencing healthy grief will be confident and experience short bouts of grief across their life span (Humphrey & Zimpfer, 2008; Mongelluzzo, 2013). Kissil (2016) explained that this intermittent nature of grief is due to children's developing cognitive abilities and their difficulty to tolerate powerful emotions for prolonged periods of time. The aforementioned theories offer insight into children's experiences of grief, and have led to the emergence of three new assumptions: (1) children's reactions to death are typically distinctive for each individual child, and grief may take various forms even for the same loss suffered; (2) the grieving process does not have a particular time period and may become apparent days or even weeks after the loss and may last throughout the surviving individual's life; and (3) complete detachment from the deceased individual is beyond the bounds of possibility (Kissil, 2016; Mongelluzzo, 2013; Townsend, 2014). Finally, a thorough understanding of children's grief reactions will prove valuable in developing ways to cope with the loss of a mother because bereaved children will need to diminish and manage the physical, psychological, behavioural, social and spiritual burdens linked to the death of their mother (Aldwin, 2011; Compton & Hoffman, 2013; Corr & Corr, 2013; Cummings & Kouros, 2009).

### **Article proceedings**

Section I served as an introduction to the research study; it pivoted around placing the relevant and existing literature within the context of the research study. Furthermore, some salient aspects pertinent to the research study were deliberated. In Section II, the research design and methodology are explored, and furthermore, the rationale for employing the selected methodology is provided. The conducted research is presented as a manuscript in Section III, with emphasis on the findings of the research study. Thereafter, a critical reflection follows in Section IV, culminating in a summation of this mini-dissertation.

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## SECTION II: RESEARCH DESIGN AND METHODOLOGY

In this section, the research approach and paradigm selected as a point of departure for this research study is discussed. Thereafter, the ratification of a qualitative descriptive research design is placed within a theoretical context and its operation in this study is explained. Significant features with regard to the participants and research context, data generation and data analysis are also provided. In addition, an illumination of the criteria and an explanation of the strategies used to ensure research quality and methodological soundness are provided, together with the key ethical principles that were considered. In the final analysis, by means of a conclusion, the research procedure is sketched.

### Methods

Creswell (2014) defined a research design as either a plan or proposal to conduct research. Punch (2014) stated that a research design should consist of various main components. This research study sought to describe how children experience losing a mother during middle childhood, and further develop coping strategies for children to cope effectively with the loss. Thus, the following main components underscored the research design and methodology: (1) the *methodology*, which was used to execute the proposed research; (2) *the site, sampling and sample* from where and whom the data was generated; (3) *the data generation strategies*; and (4) *the data analysis* that was implemented in the research study.

### Research approach and paradigm

A child's experiences, especially coping with the loss of his or her mother during middle childhood, is subjective and therefore, cascades into the employment of qualitative research methodology. Qualitative research attempts to explore and understand the processes as well as the cultural, social, environmental and institutional contexts which underlie behavioural patterns (Creswell, 2014; Yin, 2016). Qualitative research is further concerned

with collecting rich descriptive data by observing and interacting with people in their natural environments (Nieuwenhuis, 2007b). Emphasis is placed particularly on the individual's perspectives, meanings and interpretations of happenings or incidents under study (Yin, 2016). Punch (2014) listed numerous strategies used in qualitative data generation. Thus, employing qualitative research methodology gave me a much wider range of possible empirical materials. Children's experiences and how they cope with the loss of their mothers cannot be genuinely appreciated if it were to be defined exclusively by quantifiable constructs. This does not imply that the framework of quantitative research methodology would be nugatory, but merely incongruent with the context of this study.

A paradigm is the researcher's frame of reference or set of beliefs about fundamental aspects of reality and is used to organise reasoning and observations (Delpont, Fouché, & Schurink, 2011). A paradigm ultimately leads to a distinct worldview, which addresses assumptions about ontology, epistemology and methodologies (Kim, 2014). A basic assumption in the constructivist paradigm is that knowledge is socially constructed by the various individuals actively involved in the research study (Mertens, 2015). Bereaved children have multiple subjective realities that are equally valid. Furthermore, they are competent and capable social agents that are shaped by their social situations. Therefore, the social constructivist paradigm was adopted as the lens through which I observed everything, and these convictions, in turn, led to the action of the research process (Kim, 2014; Rubin & Babbie, 2010). Thus, as the researcher, I had the responsibility of interpreting the complexity of the social experiences, as described and interpreted by the participants rather than relying on my own assumptions (Richards, 2015). I was further aware that my personal, historical and cultural background played a major role during the interpretation of the participants' experiences as well as in the assembling of my field notes, which included observations.

## **Research design**

Gorard (2013) argued the importance of a research design by explaining that it organises a research study from its inception and increases the likelihood of generating convincing evidence for the research questions. A qualitative descriptive research design was adopted as it is eclectic and possesses a mindful combination of sampling, data generation and analysis (Sandelowski, 2000). Neergaard, Olesen, Andersen, and Sondergaard (2009) asserted that while qualitative descriptive studies differ from grounded theory, and ethnographic, narrative and phenomenological studies, they possess tones, hues and textures from these approaches. Qualitative descriptive studies draw from the general principles of naturalistic inquiry, which encompasses studying people and the happenings or incidents under study in their natural state (Grove, Burns, & Gray, 2013). Descriptive research focuses particularly on “how” and “what” questions to obtain rich and straight descriptions of experiences or events and to ultimately depict these findings in language that is easily understood (Neergaard et al., 2009, p. 53). During this research study, language itself was a vehicle of communication and not only an interpretive structure that had to be read (Sandelowski, 2000). Therefore, I remained close to the data as well as to the meaning of words and events.

## **Participants and research context**

**Site.** Research should be conducted in an appropriate setting as this will provide answers to the research questions (Hesse-Biber & Leavy, 2011). Therefore, forethought and attention was given to the accessibility, suitability and feasibility of the setting prior to selecting the site (Hesse-Biber & Leavy, 2011). The North West Department of Education granted permission for the research study to be conducted (Appendix A) and identified 10 primary schools in the Tlokwe area of the Dr Kenneth Kaunda district. Based on the North West Department of Education’s prior knowledge of the schools’ co-operation and

willingness to participate in research, schools were selected by means of convenience sampling. Stangor (2015) explained that this method of sampling selects participants through easy and convenient availability. Subsequently, The North West Department of Education sent out a letter to the chosen schools regarding the research study. Thereafter, a letter of goodwill (Appendix B) was obtained from all the identified schools, indicating their voluntary agreement to participate in the research study.

**Sampling.** Nieuwenhuis (2007c) explained sampling as “the process used to select a portion of the population for study” (p. 79). Twenty-two participants were recruited through purposive sampling as this is regarded as the most effective technique in qualitative descriptive studies (Sandelowski, 2000). The participants were further purposefully selected as they possess specific knowledge concerning the studied event and were therefore, most suited to answer the research questions (Yin, 2016).

**Sample.** A sample refers to a set of individuals selected with the intention to represent a population (Gravetter & Forzano, 2016). The participants’ contributions were relied on to illuminate the research questions and advance understanding of human behaviour; therefore, participants were purposefully selected to meet certain selection criteria (Houser, 2012). For this study, participants had to meet the following *inclusion criteria*:

- Children had to be between the ages of 10 and 12 years, and in the developmental phase of middle childhood (Newman & Newman, 2015).
- Children of both genders could participate in this research study.
- Children of different languages could participate in this research study.
- Each child’s father or legal guardian had to give permission for him or her to be included as a participant in the research study. Furthermore, the children themselves needed to give assent.

- Children whose fathers or legal guardians gave permission for the interview to be audio recorded, and who had themselves sanctioned such a procedure, could also be included.

The only *exclusion criterion* that pertained to this study constituted cases where children had lost their mothers within the previous 12 months (at the time of data generation) as uncomplicated grief typically lasts six months (Wakefield, 2013). Therefore, 12 months would possibly have allowed participants sufficient time to undergo uncomplicated grief and begin reflecting on their own experiences and coping strategies.

***Vulnerability of the participants.*** In research studies, vulnerability refers to individuals' diminished abilities to safeguard their own interests fully; the latter could be due to their limited capacity or limited access to social rights, power and opportunities (Department of Health Republic of South Africa [DoH], 2015). The participants in this research study were classified as vulnerable owing to the traumatic loss they had suffered and their young age. As a result of this vulnerability and the research study's sensitivity, the participants required careful consideration to ensure that where appropriate, additional precautions were available. The participants in this research study were minors between the ages of 10 and 12 years. They were, consequently, unable to perform legal transactions and each participant required assistance from his or her father or legal guardian (DoH, 2015). The time that had passed since the loss of their mothers, ranged from a year to six. The participants attended various departmental schools which catered for inclusive education. These schools were situated in the Tlokwe area of the Dr Kenneth Kaunda district in the North West Province in South Africa.

***Recruitment of participants.*** Firstly, the North West Department of Education as well as the principals of the various schools were identified as *gatekeepers*. Register teachers of the prospective participants served as *mediators*. A register teacher, also commonly referred

to as a homeroom or form teacher, is a teacher assigned the responsibility for a particular class in a school (Fleming, 2004; Muschla, Muschla, & Muschla, 2010). The mediators identified prospective participants through their school admission form, which contains a question concerning the loss of a mother, or through a national survey developed by the Department of Basic Education (DoBE), which is completed annually in the classroom by the register teacher.

*Secondly*, the mediators approached each prospective participant's father or legal guardian to obtain *parental permission*. To adequately explain the research and answer any questions, I trained the mediators prior to the recruitment process. I was present when the mediators issued the fathers and/or legal guardians with parental permission forms (Appendix C). Thus, I was available to answer any questions and address any concerns regarding the research. The fathers and/or legal guardians were then granted the opportunity to take the parental permission forms home for two working days before deciding whether they would grant permission. If the fathers and/or legal guardians of the prospective participants agreed to their child's participation in the research study, they then signed the parental permission form in the presence of the mediator.

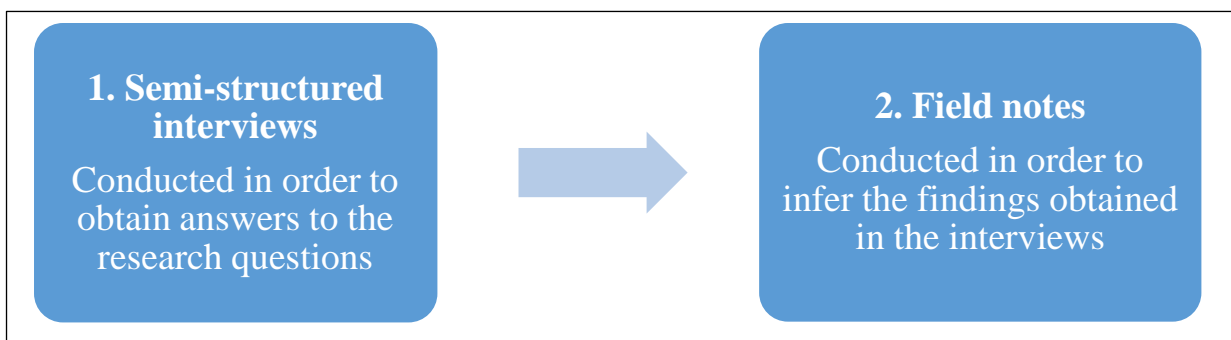
*Thirdly*, each prospective participant's father or legal guardian was contacted telephonically by me to schedule a meeting time at the school so as to conduct the semi-structured interview with the prospective participant. The general purpose of the interview, the role the interview played in the research, the approximate length of the interview and the fact that information would be treated confidentially was, once again, explained (Doody & Noonan, 2013).

*Finally*, upon receiving parental permission from the fathers and/or legal guardians, *assent* was sought from the prospective participants. The mediators were present when I issued the prospective participants with assent forms (Appendix D) so as to explain the

purpose of the study and the procedure that would be followed and to address any concerns. The participants were granted the opportunity to take the assent form home for at least two working days; this afforded them the opportunity to discuss the research study with their father or legal guardian. Both myself and the mediator were present with the signing of the assent form, which was done only if the participant voluntarily agreed to participate in the research study. The signing of the assent form took place prior to the interview so as to avoid potential harmful risks and preserve confidentiality. Thereafter, the mediator left the classroom to allow for data generation.

### **Data generation**

Punch (2014) stated that data generation is the set of ideas or reasoning by which the research study intends to proceed to answer the research questions. As outlined below in Figure 2, semi-structured interviews and field notes were utilised to generate a rich database (Galletta, 2013; Punch, 2014).



*Figure 2.* Data generation procedure

**Semi-structured interviews.** In qualitative research, interviewing is viewed as the primary mode of data collection, particularly when the researcher is unable to observe behaviour directly (Greeff, 2011). The individual interview is a social relationship between the participant and researcher, designed to exchange information with the purpose of understanding the experiences of others and the meaning they make of their experiences (Magnusson & Marecek, 2015; Rabionet, 2011). Semi-structured interviews are organised

around an area of interest, which allows substantial flexibility in both scope and depth, particularly when working with children (Bernard & Ryan, 2010). Conducting semi-structured interviews further allowed me to probe, seek clarity and follow up on interesting avenues that emerged during the interview (Galletta, 2013; Irvine, Drew, & Sainsbury, 2013). Bernard and Ryan (2010) also explained that semi-structured interviews require the participants to answer a set of predetermined questions from an interview schedule (Appendix E).

*Development of the interview schedule.* The interview questions were developed through a thorough literature study, and were further prepared and reviewed by experts in the field (Magnusson & Marecek, 2015). The interview questions were designed to allow for two levels of inquiry, namely, addressing the needs of my line of inquiry while simultaneously asking questions in a non-threatening manner (Yin, 2016). Several open-ended questions were prepared before the interviews; however, during the initial phases of this research study, through trial and error, the ordering and wording of questions were field-tested with participants in early interviews (Greeff, 2011; Magnusson & Marecek, 2015). Therefore, the continuous nature of qualitative interviewing allowed the questioning to be redesigned throughout the study (Galletta, 2013). After developing the question areas that needed to be covered in the interview, the areas were arranged in the most appropriate sequence (Galletta, 2013). Greeff (2011) provided two questions that helped sort the sequence, the first question was, “What is the most logical order in which to address these areas?”; and the second, “Which is the most sensitive area?” (p. 352). Appropriate questions were arranged from simple to complex and from broad to more specific questions, to allow participants time to adjust to the pattern of the interview schedule (Braun & Clarke, 2013; Holloway & Galvin, 2016). Through funnelling and redrafting the interview questions, they became less loaded and gentler, which proved vital in building rapport and collecting rich

data, particularly since this was considered a sensitive study, and the participants were classified as vulnerable (Braun & Clarke, 2013). The interview questions posed to the participants were as follows:

- “I know it must be very difficult for you to have lost your mother, and I am sorry about your loss. Today I want to talk to you about losing your mother and all the different activities you did to help you feel better during that time. Could you firstly tell me how you understood what happened to you?”
- “Tell me about anything you did that made you stronger during that time?”
- “Tell me about anything others did that made you stronger during that time?”
- “Tell me about anything in your community that made you stronger during that time?”
- “Is there anything else you would like to tell me about losing your mother?”

***Conduction of the semi-structured interviews.*** The participants were regarded as experts on the phenomenon of loss and coping and were, therefore, given maximum opportunity to tell their stories. Thus, the interview schedule guided rather than dictated the interview (Holloway & Galvin, 2016). Greeff (2011) elucidated how the quality and quantity of the interview depends on the researcher’s creativity and ability to understand and manage the relationship. I was attentive and responsive throughout the process in order to avoid confinement in solely asking questions and recording answers (Irvine et al., 2013).

Careful planning was done so as to avoid problematic interviews (Galletta, 2013). I was aware of potential challenges as outlined in Greeff (2011, p. 343), which included: establishing rapport with the participants; coping with unanticipated problems or rewards; and recording as well as managing the large volume of data generated by the interviews. Furthermore, I considered the common pitfalls warned against, namely, interruptions; stage fright; competing distractions; awkward questions; jumping; teaching and preaching;

counselling; revealing one's own response superficial interviews and confidential information (Greeff, 2011, p. 346).

The semi-structured interviews were conducted in an allocated classroom at the participants' various schools, after formal tuition hours, in order to minimise potential harmful risks, and to comply with the North West Department of Education's request. This setting allowed for privacy, comfort and familiarity, and was easily accessible for the participants as well as their accompanying fathers and/or legal guardians (Galletta, 2013). The various interviews were audio recorded, which secured a comprehensive record in comparison to solely using field notes; this further ensured that no information would be lost (Schurink, Fouchè, & De Vos, 2011). The use of an interpreter from the Educational Interpreting Services at the North-West University (Potchefstroom Campus) would have been organised prior to the interviews, should the participants not have been competent in English or Afrikaans. However, this was not deemed necessary.

Upon obtaining assent from the participating child, I handed the interview schedule to the participant prior to the interview, and allowed him or her to read the questions. The participants played a strong role in determining how the interview proceeded as they could choose the order in which they answered each question (Holloway & Galvin, 2016).

During the interview process, my goal was to get participants to express their ideas clearly, explain and elaborate on these ideas, and focus on the topic at hand rather than deviating onto unrelated topics (Holloway & Galvin, 2016). I followed several communication and interview techniques, which included probing; minimal verbal responses; paraphrasing; clarification; reflection; a reflective summary and listening as well as allowing pauses and encouraging reluctant participants through speculation (Bernard & Ryan, 2010; Galletta, 2013; Greeff, 2011). I also monitored the effect of the interview on the participants. Furthermore, I listened for implicit and explicit meanings, and differentiated between process

and content during the interviews (Magnusson & Marecek, 2015). According to Greeff (2011) content is the easiest component to study as it involves what the participant is saying whereas the process is an elusive yet powerful component of the interview.

The interviews did not end abruptly as I summarised the major points of each interview and asked whether the participants had any further questions (Bernard & Ryan, 2010). I thanked the participants for their availability and participation, and provided them with my contact details as well as the details of my supervisor and co-supervisor (Appendix F). This was done to address any concerns or potential harmful risks, both during and after the research study.

Lastly, the number of participants was not established ahead of time, but continued until data saturation occurred in order to avoid incomplete, untrustworthy and unbalanced findings (Fusch & Ness, 2015). Fusch and Ness (2015) further stated that saturation occurs when the researcher begins to hear the same information repeatedly, with no new information surfacing. Data saturation was reached after the 22nd interview.

**Field notes.** According to Greeff (2011), field notes refer to the written account of events the researcher experiences, thinks about, hears and sees during the data generation process or data analysis. Field notes represent participant observation in the form of raw data (Taylor, Bogdan, & DeVault, 2016). The purpose of taking field notes in this study was to provide detailed descriptions of the observations made and subsequently allow me to infer the findings obtained during the semi-structured interviews (Palmer, 2010). Thus, complete and accurate field notes were made directly after the interviews to allow for engagement during the interviews (Strydom, 2011b). I used Schatzman and Strauss's (1973) strategy for recording the field notes as set out in Palmer (2010), which entailed the use of observational notes, theoretical notes, methodological notes and reflective notes during the data generation process.

**Observational notes.** Observational notes can be described as notes of the what, when, who, where and how of human activity (Palmer, 2010). I made use of a strategy called salience hierarchy whereby I wrote notes on the observations that struck me as the most interesting (Wolfinger, 2002). These notes included a record of the participants' body language as well as the way in which they answered questions during the interviews. I wrote my observational notes during the data generation process, to assist with the meaning making of the texts and other related issues in the data analysis (Schutt, 2012). Direct observations correspondingly allowed me to draw inferences about the participants' meaning and perspectives that I could not have obtained by relying solely on the interview data (Taylor et al., 2016).

**Theoretical notes.** Theoretical notes attempt to derive meaning from the observational notes (Palmer, 2010). Thus, I noted the connections with the existing literature and ensured that I kept referring to the main research questions and aims during the research study.

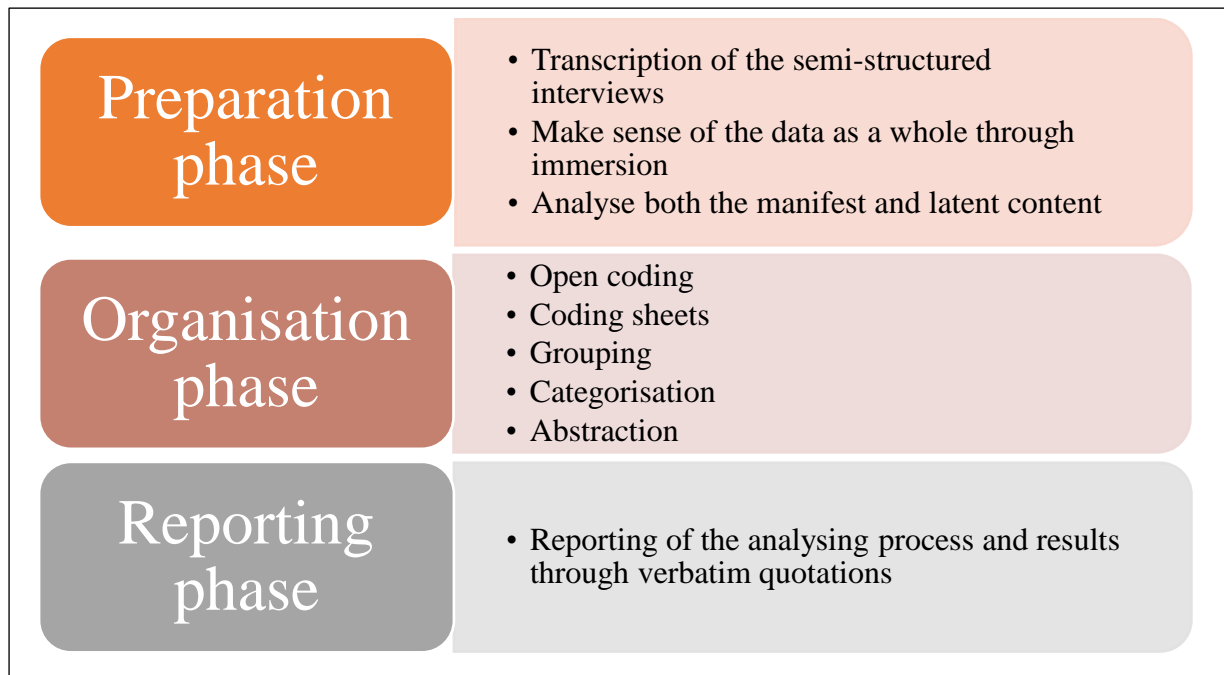
**Methodological notes.** I used methodological notes to reflect on the effectiveness and appropriateness of the planned research design and methodology, and to serve as a reminder of why I chose the various data generation and analysis strategies (Palmer, 2010). Apart from reminding me to obtain parental permission from the fathers and/or legal guardians and assent from the participants, these notes provided a record of instructions and a critique of the research process that followed.

**Reflective notes.** I included reflective notes as this allowed for unusual insights and thoughts to arise, and further allowed for creativity during the data analysis process (Marshall & Rossman, 2016). I included my feelings, thoughts, insights and reflections in my reflective notes, as well as the broad themes that arose during the data generation process (Creswell, 2014; Marshall & Rossman, 2016; Palmer, 2010).

The field notes made are included in Section IV.

### **Data analysis**

As recommended by various researchers, qualitative content analysis was employed, to complement the qualitative descriptive research design (Drisko & Maschi, 2016; Sandelowski, 2000; Schreier, 2012; Sullivan-Bolyai, Bova, & Harper, 2005). Qualitative content analysis incorporates several strategies to dynamically explore large amounts of data and is particularly popular when exploring a new area of interest (Drisko & Maschi, 2016; Vaismoradi, Turunen, & Bondas, 2013). Through systematic coding and categorising, it is possible to provide a condensed summary of the data generated (Schreier, 2012; Schurink et al., 2011). Qualitative content analysis is not a linear process, but rather recursive, and is characterised by reflexivity and interactivity (Elo & Kyngäs, 2008; Sandelowski, 2000). Therefore, data generation and analysis were conducted concurrently, which allowed for the accommodation of new insights and consequently, added to the quality and depth of the data analysis (Vaismoradi et al., 2013). Elo et al. (2014) provided three main phases of qualitative content analysis, namely, preparation, organisation and reporting. The steps taken to analyse the data in each phase are presented below, in Figure 3.



*Figure 3.* The process of qualitative content analysis (Adapted from Elo & Kyngäs, 2008).

**Preparation phase.** The organisation and management of the data began during the early phases of data generation, thus, adding to the depth and quality of the data analysis (Merriam & Tisdell, 2016). During the preparation phase, the audio recordings of the semi-structured interviews were transcribed in a meticulous manner, which captured question-by-question responses, and indicated vocalisations (Braun & Clarke, 2013; Schurink et al., 2011). I made use of an independent coder who was sent the interview transcripts (Kuckartz, 2014). We analysed the data independently, and followed the three main phases as outlined. Guided by the aims and research questions of the study, I immersed myself in the data and chose to analyse both the manifest and latent content (Drisko & Maschi, 2016). Through analysing the latent content, I considered among others, the participants' sighs, laughter and silences (Elo & Kyngäs, 2008). I looked for themes of meaning and any issues of potential interest by asking myself questions such as: "Who is telling?"; "Where is this happening?";

“When did it happen?”; “What is happening?”; and lastly; “Why?” (Elo & Kyngäs, 2008, p. 109), while reading the data.

**Organisation phase.** Upon completion of listing the initial ideas, the independent coder and I worked systematically, but independently through the entire data set, coding as many potential themes as possible (Schreier, 2012). Phase two entailed open coding and creating categories as well as grouping codes under higher order headings and formulating a general description of the research topic by means of generating categories and subcategories as abstracting (Schreier, 2012). Open coding refers to the notes and headings that are written in the text while reading it (Elo & Kyngäs, 2008). Abstraction refers to the formulation of a general description of the research topic through generating categories (Elo & Kyngäs, 2008). During this phase, themes were named, defined and reviewed (Vaismoradi et al., 2013). Thereafter, categories were created and themes were grouped under higher order headings before culminating in a general description (Elo & Kyngäs, 2008; Schreier, 2012; Vaismoradi et al., 2013). The aim of grouping the data was to reduce the number of categories by merging those that were similar into higher order categories; this increased understanding, as well as generated knowledge on the incident under study (Drisko & Maschi, 2016; Elo & Kyngäs, 2008). Thereafter, a consensus discussion was held with the independent coder, wherein we refined the identified themes and built consensus (Appendix G). During this consensus discussion, the few discrepancies were dealt with by finding the underlying cause of the inconsistencies (Roller & Lavrakas, 2015). As suggested by Roller and Lavrakas (2015), the independent coder and I reviewed the coding, the comments made on the transcripts and the current literature before correcting the inconsistencies. Consensus was reached expeditiously. Thereafter, the data was not adjusted, augmented or invalidated by either one of us.

**Reporting phase.** After interpreting the data, I had to arrive at findings and draw conclusions (Schurink et al., 2011). Each conclusion was based on the findings of the data generated and substantiated through verbatim quotations from the participants (Schreier, 2012). The findings were further reported in relation to existing knowledge so as to corroborate what is known and provide new insights (Nieuwenhuis, 2007a). All conclusions were based on verifiable data and had strong supporting evidence from the literature.

### **Trustworthiness**

Trustworthiness is the acid test of data analysis and findings, and is used to claim methodological soundness (Nieuwenhuis, 2007a; Pitney & Parker, 2009). Trustworthiness is equivalent to validity and reliability, and determines whether the findings of the research are accurate from the viewpoint of the researcher, participants and readers (Creswell, 2014; Pitney & Parker, 2009). In this research study, trustworthiness was accomplished by utilising Guba's (1981) model of trustworthiness, which entails criteria and strategies for qualitative research studies, as adapted from Krefting (1991).

**Truth value (credibility).** Tracy (2010) referred to credibility as the plausibility and verisimilitude of the current research findings to ensure that the incident under study has been identified and described with accuracy. This was ensured through audio recording the semi-structured interviews and transcribing them so that interpretations could be critically assessed from the verbatim quotes. During the interviews, I reframed and repeated the questions, and asked for further expansion on answers. Furthermore, I immersed myself in the data and continuously reflected on the process through field notes. Finally, I utilised a formal qualitative method and ensured competence to conduct the research study.

**Applicability (transferability).** Schurink et al. (2011) explained that transferability is achieved when other researchers can transfer the findings of the study into a specific situation or related fields. This construct was achieved by means of a comprehensive account of the

available literature, full research framework, process and findings. In respect of ethical parameters and considerations, the research context and participants were depicted in as much detail as possible. Furthermore, data saturation had occurred.

**Consistency (dependability).** Guba (1981) and Krefting (1991) clarified how dependability relates to the consistency of one's findings if they were to be replicated in a similar context or with the same participants. To prove that the findings occurred in the manner in which they had, I elucidated the methodology, data generation and analysis. This was further necessitated by replicating and implementing the coding-recoding procedure, as outlined in the data analysis section. Upon initial coding, I waited two weeks and then returned to recode the same data and compare the results. To further ensure dependability, an independent coder dealt with the data separately and findings were compared until a consensus was reached.

**Neutrality (confirmability).** The final construct, confirmability refers to objectivity and whether the findings of the research study can be confirmed by another individual (Schurink et al., 2011). To ensure the findings are a result of the ideas and experiences of the participants, rather than my own characteristics and preferences, I consciously set aside my own thoughts and experiences. Furthermore, I utilised reflective notes and engaged in a supervisory environment in which my supervisor, co-supervisor and independent coder scrutinised the study and suggested alternative or congruent views to the analysed data, which ultimately provided a reflective and psychologically sound framework.

### **Ethical considerations**

Alderson and Morrow (2011) explained how many ethical concerns arise during the research process, particularly with children. Ethical considerations were a pivotal prerequisite in conducting this research study, particularly due to the vulnerability of the population. Ethical considerations in research studies are concerned with meeting agreed

upon standards to ultimately respect and protect participants throughout the process as well as to respect the discipline of science (Alderson & Morrow, 2011; Strydom, 2011a). I familiarised myself with the ethical considerations for health research, as outlined by the DoH (2015) and had a thorough understanding of the document before embarking on this research study, in an environment of respect and conviction. The following key ethical principles were acknowledged during this research study:

**Respect for persons (dignity and autonomy).** Because the participants in this research study had diminished capacity for deliberation about their choices, they needed to be protected against harm from irresponsible choices. The primary concern in this research study was to maintain the participants' dignity, well-being and safety. For this reason, specific attention was paid to obtaining permission from both the North West Department of Education and the various schools. Thereafter, the fathers and/or legal guardians were approached for their permission before the prospective participants were asked to provide assent. Each participant was given ample time to discuss the research study with his or her father or legal guardian before deciding whether to take part in the study. Furthermore, the data generation for this research study took place in a familiar venue as well as one that was regarded as safe and secure for the participants. All personal details were kept confidential to protect the participants. I took the potential risks of harm into consideration and provided precautionary measures, as discussed extensively under the risk-benefit ratio. Accordingly, the involvement of children in middle childhood was justified earlier in Section I, under the problem statement. Finally, my own welfare and safety interests, authorship and intellectual property interests as well as collegial and professional interests were regarded.

**Relevance and value.** This research study is both relevant and responsive to the needs of South African children (DoH, 2015). With the completion of this research study, there will be a better understanding of the experiences of losing a mother during middle

childhood as well as the coping strategies children in middle childhood employ to effectively cope with the loss of their mother. I developed healthy coping strategies and will promote these amongst the participants, to ultimately obtain higher levels of well-being. Furthermore, the *indirect benefits* arising from this study are as follows:

- This research study provides healthy coping strategies and useful terminology. By expanding on age appropriate concepts, researchers and clinicians can now readily assess the personal experiences of children recovering from maternal bereavement during middle childhood.
- It is foreseen that the findings may be of use during therapy or during enrichment programmes with children who have lost a mother during their middle childhood years.
- Knowledge gained on coping strategies after losing a mother has substantial potential to guide the development of future interventions, not only during the middle childhood years, but also for other developmental periods.
- Fathers and legal guardians could also be taught to maximise any external protective factors such as assessing their own parenting skills and nurturing their children's internal protective factors.
- Most children who are bereaved want to return to school shortly after the death as this offers some degree of predictability and routine (Carter, 2016). This research study could help teachers recognise the impact of loss and equip them to support bereaved children. Teachers will now be able to recognise the behaviours that a bereaved child exhibits and be in a better position to support the child as they grieve.
- Furthermore, each participant in this research study will benefit in the distant future by means of the application of the developed coping strategies in his or her unique situation, during a facilitation session with a qualified clinical psychologist registered

at the Health Professions Council of South Africa (HPCSA) upon completion of the study. This facilitation session will allow for the identification of healthy pathways through which the children can acquire robust resources for dealing constructively with their loss, challenges and obstacles in future.

**Scientific integrity.** Sound qualitative research design and methodology was guided by the specific aims set out in this research study, which provided reliable and valid data. The use of sound qualitative research design and methodology ensured that the participants were not exposed to any unnecessary potential harmful risks and burdened with little or no compensating benefit in the form of useful knowledge gained (DoH, 2015).

**Risk-benefit ratio.** A risk-benefit analysis preceded this research study as it involved greater than minimal risk for the participants, with no potential for direct benefits. Accordingly, this research study was sent to the Health Research Ethics Committee (HREC) and ministerial consent was obtained. There are manifold personal, social and political factors, which mediate experiences and influence whether an individual will become traumatised (Pupavac, 2001). Pupavac (2001) emphasised that the occurrence of clinical trauma, which renders people with the inability to function is relatively rare. In this research study, there were potential risks for harm and for this reason, I took precautionary measures into consideration. Participants were told the nature and extent of the possible harmful risks; however, unforeseeable harmful risks could not be explained. The potential harmful risks that could have occurred during this research study were as follows:

- Possible vulnerabilities associated with the life stage of middle childhood and the participants' vulnerability with regard to the loss they had suffered. Because the participants were minors, parental permission was first sought from their fathers and/or legal guardians before obtaining assent. Furthermore, the participants' developmental phase guided the way in which they were treated. The general

purpose of the interview, the role of the interview in the research, the approximate length of the interview and the fact that information would be treated confidentially was explained to each participant as well as to his or her accompanying father or legal guardian. Both parties had the opportunity to ask questions and raise any concerns. Furthermore, the semi-structured interviews were conducted appropriately and all the ethical requirements usually associated with qualitative interviewing such as confidentiality and professionalism were upheld.

- Only partial anonymity could be guaranteed as I had face-to-face contact with the participants while conducting the semi-structured interviews. Furthermore, it was possible that fellow pupils saw the participants arrive or leave from the interview. I minimised this risk by waiting for the participants in the allocated classroom at a previously agreed upon time and allowed the participants to leave the classroom first after completion of the interview. In doing so, the participants were not seen with me on school premises.
- Furthermore, secondary trauma and emotional discomfort could have occurred, which may have manifested as feelings of shame or guilt, fear, sadness, anger, social withdrawal and/or sleep disturbances. I was willing to organise psychotherapeutic sessions for any participant that requested such services or required such services through my discretion during the interview. The psychotherapeutic sessions would have been done by either one of two registered clinical psychologists, as arranged prior to commencement of the study. An adverse event report and incident report form (Appendix H) was developed, which would have been completed prior to arrival at the clinical psychologist. No such services have been requested to date.

**Parental permission and assent.** Participation in this research study was voluntary and agreed on with parental permission and assent. Volunteering and parental permission are

evidenced by the process which took place prior to and during the research study.

Participants as well as their fathers or legal guardians were informed prior to commencement that they had the choice to withdraw from the study at any given time and could do so without providing the reason(s) for their decision. The participants could at any given time request to have their data removed from the research study. It is important to note that because of ethical concerns, participants whose fathers or legal guardians did not give parental permission were excluded from this research study. Furthermore, participants who did not give assent, regardless whether their fathers or legal guardians had given parental permission, were excluded from this research study.

**Fair selection of participants.** Recruitment, selection, exclusion and inclusion of the participants were done in a just and fair manner, and based on sound scientific and ethical principles. Persons were not excluded unreasonably or unfairly, based on any of the prohibited grounds for discrimination, namely, race, age, sex, language, sexual orientation, disability, education, religious beliefs, ethnic and social origin. The inclusion and exclusion criteria of participants for this study were based solely on the nature and aims of the study.

**Ongoing respect for enrolled participants.** All participants in a study have the right to privacy and confidentiality (DoH, 2015). Therefore, the participants of this research study were ensured that all their information would be treated anonymously and confidentially. I took measures to ensure privacy and confidentiality interests throughout the research period, including the writing of the manuscript for examination. The independent coder signed the confidentiality agreement (Appendix I), prior to her involvement in the research study in order to adhere to this regulation. None of the participants' identifying particulars were published. All documents and confidential material obtained is stored in a locked filing cabinet at the North-West University (Potchefstroom Campus), and will be for a minimum period of six years, as required by ethical stipulations. Upon completion of the six years, the

data will be destroyed. Myself, my supervisor and co-supervisor have access to the material. Data stored electronically is protected by means of a password. Audio recordings were deleted from the recorder upon completion of the transcription. Each participant as well as his or her accompanying father or legal guardian were informed of these arrangements.

**Reimbursements.** Reimbursement is a payment made to participants to ensure no direct or indirect financial disadvantage resulted from participation in the study (DoH, 2015). Each participant and their accompanying father or legal guardian were reimbursed for lost earnings, transportation costs and other research-related expenses. A fair rate of reimbursement was calculated using the time, inconvenience and expenses (TIE) method (National Health Research Ethics Council [NHREC], 2012). The payment of a flat rate could have resulted in unfairness; therefore, the amount paid to each participant and their accompanying father or legal guardian depended on the following three components: time, inconvenience and expense (NHREC, 2012). The following questions were considered for each element prior to payment:

- How much time did participants spend in the research procedure?
- What inconvenience did participants experience because of the research procedure?
- What expenses did participants have so as to take part in the research activities that were additional to costs they would have experienced?

As the interviews took place outside of formal tuition hours, transportation costs were covered for those participants who needed to remain at school for a longer period than usual. Reimbursements for each participant's accompanying father or legal guardian's transportation costs were also provided using the TIE method. The participants were also given a token of appreciation in the form of a stationery pack. The stationery pack was given upon completion of the interview so as not to be perceived as a bribe and influence informed choices regarding participation in the study. Transportation costs will also be covered for each participant and his or

her accompanying father or legal guardian to attend the future feedback session and future individual facilitation session.

**Role-player engagement.** I engaged key role players at various stages of the research study to improve the quality and rigour of the research as well as to increase its acceptability, harness role player expertise and to offset power differentials where these should exist (DoH, 2015). To ensure scientific integrity of the protocol, the research was carried out with input from a research supervisor and co-supervisor at the North-West University (Potchefstroom Campus). Moreover, research methods and results were open for review and scrutiny by my supervisor and co-supervisor. To ensure competency in the qualitative content analysis, an independent coder was consulted, which further contributed to the trustworthiness of the study.

**Dissemination of research findings.** Research results will be disseminated in a timely, accessible, responsible and competent manner (DoH, 2015). I documented the findings of the research study in this manuscript presented for examination. Upon completion of the manuscript, I will hold an individual feedback session with each participant and his or her accompanying father or legal guardian. During this feedback session, the findings of the research study will be discussed. The individual feedback session is optional, and the participants and their accompanying fathers or legal guardians have the choice as to whether they would like to attend this opportunity. Because of the sensitivity of this research study and ethical concerns, a group feedback session was refuted. Myself, my supervisor and co-supervisor will further collaborate to present conference papers, and write an article on the research study's results, which will be presented for possible publication to the *Journal of Child and Family Studies*.

## Research procedure

- A thorough literature study was conducted through multiple databases, pivoting on the child's experience of the loss of a mother during middle childhood as well as the coping strategies employed to cope effectively with the loss.
- Permission was obtained from the North West Department of Education to conduct the research study. Subsequently, goodwill letters were obtained from the principals of the various schools identified.
- The Health Research Ethics Committee (HREC) of the North-West University (Potchefstroom Campus) endorsed ethical approval for this research study under ethics number NWU-00090-15-A1 (Appendix J).
- Register teachers of the prospective participants were identified as mediators through whom participants were recruited. The prospective participants' fathers and/or legal guardians were asked to give parental permission.
- The fathers and/or legal guardians of the prospective participants were contacted telephonically by me in order to schedule a time for the semi-structured interview with the prospective participants.
- The participants were asked to give assent after they voluntarily agreed to take part in the research study.
- The semi-structured interviews took place at the participants' various schools after formal tuition hours. There was a possibility of potential harmful risks occurring, but each participant as well as his or her accompanying father or legal guardian were told about the nature and extent of possible harmful risks and the necessary steps that would be followed prior to the interview.
- I transcribed the semi-structured interviews myself, which were used during data analysis. I chose to transcribe the data myself so as to familiarise myself with the data

and already generate an initial list of ideas of what would be interesting for the data analysis.

- Qualitative content analysis was conducted separately by myself and the independent coder.
- A consensus discussion was held with the independent coder.
- The manuscript was written.
- The mini-dissertation and manuscript for examination was edited and proofread by qualified language editors as prescribed (Appendix K). The summary of the study was translated into Afrikaans by a qualified translator (Appendix K).
- The mini-dissertation was submitted to the Turn-it-in Software, and a satisfactory report was obtained (Appendix L).
- All documents and confidential information have been stored in a locked filing cabinet at the North-West University (Potchefstroom Campus), and will be for the next six years. All electronic data is protected by means of a password. Upon completion of the six-year period, the data will be destroyed.
- Upon completion of the manuscript, I will hold a feedback session on the findings of the research study with each participant and his or her accompanying father or legal guardian.
- Upon completion of the individual feedback session, an individual facilitation session will be held by a qualified clinical psychologist with each participant. During this session, the clinical psychologist will help each participant with the application of the developed coping strategies.
- Finally, the results of this study will be documented in an article written by myself, my supervisor and co-supervisor. The article will be presented for possible publication to the *Journal of Child and Family Studies*.

## Conclusion

In this section, the research design and methodology, which focused on a reconnaissance of qualitative research methodology as well as the consideration of a social constructivist paradigm was discussed. The justification for using a qualitative descriptive research design was further substantiated, which led to the use of qualitative content analysis. Once the foundation of the research approach, paradigm and design was illuminated, a pragmatic description of the participants and research context, data generation, data analysis, trustworthiness and ethical considerations were provided. By way of concluding this section, the research procedure was offered. The conducted research is presented in the following section, which constitutes the manuscript for examination. The manuscript is presented in article format, which will be submitted to the *Journal of Child and Family Studies* for possible publication.

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**SECTION III: ARTICLE**

Developing coping strategies for children who lost a mother during middle childhood

## **Selected journal and instructions for authors**

As the researcher, I chose to submit the article to the *Journal of Child and Family Studies* for possible publication, as the chosen research topic is in line with the aims and scope of the journal.

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In general, the journal follows the recommendations of the 2010 Publication Manual of the American Psychological Association (Sixth Edition), and it is suggested that contributors refer to this publication. The research described in the manuscripts should be consistent with generally accepted standards of ethical practice. The anonymity of subjects and participants must be protected and identifying information omitted from the manuscript.

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All manuscripts should be formatted to print out double-spaced at standard 8" x 11" paper dimensions, using a 10pt. font size and a default typeface (recommended fonts are Times, Times New Roman, Calibri and Arial). Set all margins at one inch, and do not justify the right margin. Double-space the entire manuscript, including title page, abstract, list of references, tables, and figure captions. After the title page, number pages consecutively throughout including the reference pages, tables, and figure legends. The average article length is approximately 30 manuscript pages. For manuscripts exceeding the standard 30 pages, authors should contact the Editor in Chief, Nirbhay N. Singh directly at [nirbsingh52@aol.com](mailto:nirbsingh52@aol.com).

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- Book:

McBee, L. (2008). *Mindfulness-based elder care: A CAM model for frail elders and their caregivers*. New York: Springer.

- Book Chapter:

Singh, N.N., Winton, A.S.W., Singh, J., McAleavey, K., Wahler, R.G., & Sabaawi, M. (2006). Mindfulness-based caregiving and support. In J.K. Luiselli (Ed.), *Antecedent assessment and intervention: Supporting children and adults with developmental disabilities in community settings* (pp. 269-290). Baltimore, MD: Paul H. Brookes.

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Developing coping strategies for children who lost a mother during middle childhood

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## Manuscript for examination

### Abstract

Bereavement during the childhood years fundamentally affects the children concerned. The developmental stage they have reached strongly influences their comprehension of death and how well they cope with its aftermath. This study focuses on the experiences of children in middle childhood who have lost their mothers and their coping strategies, an under-researched area. This qualitative descriptive study was designed to close that gap. Twenty-two participants between the ages of 10 and 12 years were purposefully selected to share their experience of losing a mother. The method of data generation was individual semi-structured interviews. Qualitative content analysis was used to analyse the data. The findings elucidate: (1) children's experience of losing their mothers during middle childhood, (2) children's concept of death and various responses to losing their mother during middle childhood and (3) The participants' experiences of support offered to them when they lost their mother during middle childhood and the coping strategies they employed. Failure to promote effective coping and to nurture resilience in bereaved children has detrimental effects on their well-being. Therefore, coping strategies were developed to enable children to cope effectively with the loss of their mother during middle childhood. Garmezy, Masten and Tellegen's three primary models of resilience are proposed as a means of equipping bereaved children to develop coping strategies. These models operate ecologically and incorporate individual, familial and external support factors.

*Keywords:* Childhood maternal bereavement, coping strategies, loss, middle childhood, mother

## Introduction

Greeff and Human (2013) described the death of a family member as the most stressful life event that families face. They have to use all their available resources to restore equilibrium and harmony within the family structure (Walsh & McGoldrick, 2013). Children are often affected most by death and its aftermath because of their vulnerability in terms of their youth, lack of social power or capacity to safeguard their own interests (Masten & Narayan, 2012).

During the past 40 years, there has been a rapid decline in two-parent households (Strong & Cohen, 2017). This is particularly true in South Africa where 12 % of children have lost their biological mother by the time they reach the age of 12 (Hall & Meintjes, 2016b). At present, less than 29 % of children live in two-parent households (Hall & Meintjes, 2016a). As various studies have shown, bereavement presents children in South Africa with serious challenges (Chuong & Operario, 2012; Cluver, Orkin, Gardner, & Boyes, 2012; Garenne, McCaa, & Nacro, 2011; Thupayagale-Tshweneagae, Wright, & Hoffmann, 2010). The first attachment children usually form is with their mother, a dynamic, powerful and comforting relationship (Ainsworth, 1985; Bowlby, 1960). Consequently, losing a mother triggers strong reactions and even threatens the child's survival, as numerous studies have shown (Beegle, De Weerd, & Dercon, 2006; Bhargava, 2005; Chen, Chen, & Liu, 2009; Himaz, 2013; Maier & Lachman, 2000; Rostila & Saarela, 2011; Tracey, 2011). Moreover, secondary physical and psychosocial losses inevitably result from a mother's death, which reverberate across the various systems of the child's world (Lasher, 2008; Pomeroy & Garcia, 2009; Wolfelt, 2012). South African households are often characterised by extended family members having to become guardians, which could cause atypical stresses, increasing the difficulty of taking over the protective and nurturing roles played by the mother (Makiwane, Gumede, & Molefi, 2016).

Whether children can grieve and comprehend loss was debated for decades (Bowlby, 1960; Freud, 1917/2001; Furman, 1974; Wolfenstein, 1966). Recent studies have concluded that children of all ages are capable of grieving and comprehending loss, but their reactions vary in duration and severity (Baum, Ginat, & Silverman, 2014; Burns, 2014; Corr & Corr, 2013). Although losing a mother is difficult at any stage, the period between six and 12 years, known as middle childhood may be the most vulnerable time (Edelman, 2014; Mah & Ford-Jones, 2012). Physical, behavioural, emotional and cognitive development is a strong feature of middle childhood (Newman & Newman, 2015). At that stage, children's brains undergo synaptic pruning and refinement during the middle childhood years, making them sensitive to any environmental influence (Mah & Ford-Jones, 2012).

Recent studies by clinicians and researchers have revealed that children's concept of death develops in conjunction with their cognitive maturation (James & Gilliland, 2013; Mahon, 2011). There are five distinct sub-concepts to describe children's comprehension of death: universality, irreversibility, non-functionality, causality and noncorporeal continuation (life after death) (Carter, 2016; Sigelman & Rider, 2015; Speece & Brent, 1996). The first three of these sub-concepts relate to children before the age of seven and the other two thereafter (Charlesworth, 2017). Thus, children in middle childhood have a better understanding of death and its consequences because of their increased capacity to think and reason, but they lack the ability to manage their powerful emotions, which may explain why children in this age group appear to be so strongly affected by the loss of a mother (Edelman, 2014; James & Gilliland, 2013; Webb, 2010). As yet, little research has been done on this developmental period with regards to experiences of losing a mother and the coping strategies used and is thus labelled as "the forgotten years" (Walsh & Harrison, 2013, p. 173).

Children in middle childhood express their grief in innumerable ways, which includes personal, familial, historical, social and cultural influences (Corr & Corr, 2013; James & Gilliland, 2013). However, experiencing a traumatic event such as the loss of a mother does not only lead to developmental or health-related difficulties or other negative outcomes (Theron & Theron, 2014). Since the latter part of the 1990s, more emphasis has been placed on the strengths, health and well-being of individuals rather than their deficits (Baumgardner & Crothers, 2010). Thus, in recent years, bereavement studies have documented resilience and post-traumatic growth, rather than negative consequences and vulnerability following loss (Baumgardner & Crothers, 2010; Cofini, et al., 2014; Michael & Cooper, 2013).

There are several different, but interrelated pathways, to resilience including support offered by social systems as well as dispositional, biological and psychological attributes (Nel, 2014). Nel (2014) states that resilience is a social construct rooted in culture, which can be modified throughout life. Sutcliffe, Wilson, and McCoy-Hill (2007) define culture as the customs, ideas and art of a specific society. This implies that bereaved children may become more resilient and able to cope effectively with their mother's death if their family and community offer them sustaining and effective resources to draw on that are culturally meaningful to the bereaved child, his or her family and community (Ungar, 2013). If children are encouraged to develop and find healthy ways to integrate loss into their life, their ability to cope increases (Brooks & Brooks, 2014; Greitens, 2015; Stokes, 2009). According to Goldstein and Brooks (2013), every child is capable of building stress hardiness by developing a "resilient mind-set" (p. 3). A resilient mind-set refers to a set of skills that make it possible to cope in the face of adversity (Joslyn, 2016). Thus, *coping* is regarded as the key to resilience since it

has the potential to promote a better quality of life and restore homeostasis (Aldwin, 2011; Humphrey & Zimpfer, 2008; Kinman, McMurray, & Williams, 2014; Mallon, 2011).

The terms *coping* and *resilience* cannot be used interchangeably. Fergus and Zimmerman (2005) explain that the ability to cope with a traumatic event helps an individual to become resilient. Coping is defined as behavioural changes and cognitive efforts that help the individual to overcome the emotional, psychological and physical stresses that exceed the individual's current resources (Aldwin, 2011; Compton & Hoffman, 2013; Cummings & Kouros, 2009). This implies that the individual reduces stress by changing their thoughts and behaviours in order to build resources that can reduce the impact of future challenges (Compton & Hoffman, 2013). Smith and Kirby (2011) described two general but important types of coping strategies: *problem-focused coping* and *emotion-focused coping*. The former refers to changes in the source of stress in the relationship between the individual and his or her environment whereas emotion-focused coping refers to the individual's ability to deal with the emotions caused by external or internal stress (Smith & Kirby, 2011). Seaward (2012) argued that successful coping strategies comprise four basic components: increased awareness, information processing, modified behaviours and peaceful resolution. The first step in any effective coping technique is to *increase awareness* by having a clear focus on and full picture of the situation (Seaward, 2012). A successful coping strategy makes the individual aware of a wide array of appropriate choices (James & Gilliland, 2013). *Processing information* necessitates secondary appraisal, which involves manipulating information perceived through the senses to deactivate the perception of the stressful situation prior to the occurrence of any physical damage (Coon & Mitterer, 2013; Seaward, 2012). Information processing also involves evaluating the resources available to the individual that could be used in a peaceful resolution (James & Gilliland, 2013; Sammarco, 2017). *Modified behaviours* involve confronting the stressor, using the changed thoughts and behaviours gained from information processing (Sammarco, 2017). *Peaceful resolution* is the final and most important component needed for the coping strategy to be integrated into the individual's life and allow healthy living to commence (Sammarco, 2017; Seaward, 2012).

In essence, children's concept of death, their expression of grief and their ability to cope with the aftermath of death are strongly influenced by their personal history, gender, chronological age and developmental stage (Dowdney, 2011; Frydenberg, Deans, & O'Brien, 2012). Zimmer-Gembeck and Skinner (2011) reviewed studies and models of children's neurology, emotions, cognitions, memory, language and social development. They identified middle childhood as a phase in which coping processes are very likely to undergo significant quantitative and qualitative shifts, particularly between the ages of five to seven, and 10 to 12 years

(Zimmer-Gembeck & Skinner, 2011). However, little is known about the coping strategies used during these developmental periods, despite extensive research on coping in the past 20 years (Zimmer-Gembeck & Skinner, 2011). This highlights the importance of research on how children experience losing a mother during middle childhood as well as the need to develop coping strategies so children can integrate this unimaginably traumatic experience into their daily lives. This is the rationale for the two research questions addressed in this study: How do children experience losing a mother during middle childhood; and what coping strategies could be developed (based on the experiences of the children and a review of the literature) for children to cope effectively with the loss of a mother during middle childhood? Therefore, the first aim of the study was to describe how children experience losing a mother during middle childhood. The second aim was to develop coping strategies for children to cope effectively with the loss of a mother during middle childhood, based on the experiences of the children and a review of the literature.

## **Method**

### **Research design**

This study adopted a qualitative descriptive research design and methodology to provide rich descriptions of how children experience losing a mother during middle childhood, along with their meanings, perspectives and interpretations of this incident in its natural state (Fouchè & De Vos, 2011; Neergaard, Olesen, Andersen, & Sondergaard, 2009; Sandelowski, 2000; Stangor, 2015; Yin, 2016). As the participants in this study were capable and competent social agents that had been shaped and influenced by their social situations and possessed multiple but equally valid subjective realities, I chose a social constructivist paradigm as the lens for my perceptions (Johnson & Christensen, 2012; Mertens, 2015; Rubin & Babbie, 2010).

### **Participants**

Purposive sampling was used to select 22 participants between the ages of 10 and 12 years (Houser, 2012; Sandelowski, 2000; Yin, 2016). The participants all met the following criteria: they had all lost their mothers between the ages of six and 12 years, but not within the previous 12 months so the completion of uncomplicated grief was likely (Wakefield, 2013). The sample size of 22 participants was the result of data saturation or the point when no new information surfaced (Fusch & Ness, 2015).

### **Procedure**

Ethical approval for this study was granted by the Health Research Ethics Committee (HREC) from the relevant university (NWU-00090-15-A1). Ministerial consent was also obtained as this study involved greater

than minimal risk for the participants. This study was facilitated by the North West Department of Education in collaboration with primary schools in the Tlokwe area of the Dr Kenneth Kaunda district of the North West Province in South Africa. Based on their prior knowledge of ready availability, the North West Department of Education used convenience sampling to allocate 10 schools (Stangor, 2015). Rigorous efforts were made to meet the most stringent requirements of ethical research, including creating and maintaining an environment of respect. Participation in the study was voluntary, thus the children's assent and parental permission were a prerequisite. Each participant as well as their accompanying father or legal guardian were informed that the data generated would be treated confidentially and stored at the relevant university upon completion of the study. Furthermore, each participant and their accompanying father or legal guardian were assured that they could withdraw from this study at any stage without penalty. They could also request the services of a qualified psychologist should any need for this arise as a result of the emotionally sensitive information elicited during this study.

### **Data generation**

Semi-structured interviews and field notes were used to generate rich data and provide a holistic description of how children experience losing a mother during middle childhood.

**Semi-structured interviews.** To follow up on interesting avenues, gain clarification and probe the data that was generated, I conducted a semi-structured interview with each participant (Galletta, 2013; Irvine, Drew, & Sainsbury, 2013). Although semi-structured interviews allow substantial flexibility, I decided to use an interview schedule (Bernard & Ryan, 2010; Holloway & Galvin, 2016). The following questions were posed to the participants during the interview: (1) *"I know it must be very difficult for you to have lost your mother, and I am sorry about your loss. Today I want to talk to you about losing your mother and all the different activities you did to help you feel better during that time. Could you firstly tell me how you understood what happened to you?"* (2) *"Tell me about anything you did that made you stronger during that time?"* (3) *"Tell me about anything others did that made you stronger during that time?"* (4) *"Tell me about anything in your community that made you stronger during that time?"* (5) *"Is there anything else you would like to tell me about losing your mother?"* These questions, which were based on a rigorous literature review, were sent to experts in the field for appraisal (Magnusson & Marecek, 2015). Due to the participants' age and traumatic loss suffered, the interview questions were designed to allow for benevolence during the interviews (Yin, 2016). I therefore implemented the funnelling technique, to ensure that the interview questions became gentler and less loaded

(Braun & Clarke, 2013). Each interview was audio recorded to ensure a comprehensive record of the data for the purposes of data analysis (Schurink, Fouchè, & De Vos, 2011).

**Field notes.** The field notes in this study were taken to provide rich descriptions of the observations made and draw inferences from the findings obtained in the semi-structured interviews (Palmer, 2010). Observational, theoretical, methodological and reflective notes were taken directly after the interviews in accordance with Schatzman and Strauss's (1973) strategy, as outlined in Palmer (2010).

### **Data analysis**

The data analysis and data generation processes were conducted simultaneously in the interests of the quality and depth of the analysis process (Vaismoradi, Turunen, & Bondas, 2013). The audio recordings of the interviews were transcribed meticulously, including the participants' vocalisations (Braun & Clarke, 2013). I employed an independent coder who was an experienced qualitative content analyst, which further contributed to the quality and trustworthiness of the study (Kuckartz, 2014). The three phases of qualitative content analysis, namely *preparation*, *organisation* and *reporting* (Elo et al., 2014) were employed by the independent coder and me. During the first phase, we read and re-read the transcripts independently to immerse ourselves in the data and identify any areas of potential interest (Braun & Clarke, 2013; Drisko & Maschi, 2016; Elo & Kyngäs, 2008). During the second phase, open coding was completed and categories were developed (Elo & Kyngäs, 2008; Schreier, 2012; Vaismoradi et al., 2013). Thereafter, the codes were grouped under higher order headings and an orthodox description of the research topic was generated through abstraction (Elo & Kyngäs, 2008; Schreier, 2012; Vaismoradi et al., 2013). We then reached consensus on the themes (Roller & Lavrakas, 2015). During the final phase, all the themes were named, defined and predicated on verifiable data, which included supporting evidence from current literature and verbatim quotations from the participants (Kuckartz, 2014; Schurink et al., 2011).

### **Trustworthiness**

I employed the four criteria in Guba's (1981) model of trustworthiness and the strategies outlined in Krefting (1991) to ensure the trustworthiness of the study. *Truth value (credibility)* was achieved through continuous reflection as well as through consultation with supervisors. *Applicability (transferability)* was achieved through providing a comprehensive account of the available literature, the full research process and the framework, as well as the saturation of the data generated. *Consistency (dependability)* was achieved through a lucid and comprehensive description of the methodology employed, the data generation process and the analysis

of the data, as well as a consensus discussion with the independent coder. *Neutrality (confirmability)* was achieved through constant consultation with the supervisory team and the independent coder. This allowed congruent or alternative views of the findings to emerge, which led to a psychologically and reflectively sound framework.

### Findings

An analysis of the data generated encompasses three major themes, which was differentiated in terms of categories as displayed in Table 1. Themes relating to the participants' experiences of losing a mother during middle childhood and the particular coping strategies they employ to cope with the loss are reported with verbatim quotations to substantiate the respective themes.

Table 1

*Themes and categories of the participants' experiences of losing a mother during middle childhood*

<b>Themes</b>	<b>Categories</b>
Children's experience of losing their mothers during middle childhood	Emotional expressions of losing a mother during middle childhood
	Behavioural manifestations of losing a mother during middle childhood
	Changes in and for children who have lost their mothers during middle childhood
Children's concept of death and various responses to losing their mother during middle childhood	Cultural norms and the family's existing belief system influence children's responses to losing their mother during middle childhood
	Religious belief systems and spirituality influence children's responses to losing their mother during middle childhood
	Children's personal belief systems about death influence their responses to losing their mother during middle childhood

The participants' experiences of support offered to them when they lost their mother during middle childhood and the coping strategies they employed

Support structures available for children who have lost their mother during middle childhood

The participants' personal coping strategies they employ after losing a mother during middle childhood

### **Children's experience of losing their mothers during middle childhood**

The participants' experiences of losing a mother during middle childhood included a range of emotions and behavioural manifestations as well as inevitable changes that resulted from her death. Although the high prevalence of parental death in their communities meant that they were familiar with death, my observational notes suggest that their individual expression of grief was unique.

**Emotional expressions of losing a mother during middle childhood.** The participants experienced intense and sometimes conflicting and overwhelming emotions, which included sadness, anger, helplessness and worry. Most of the participants displayed acute sadness, accompanied by episodes of crying. One participant reported: "... *I feel hurt and everyday sad.*" Another participant explained a reason for crying: "*You would cry and cry because she (mother) cared for you the most.*" Dyregrov (2008) and Washington (2011) explained that crying is a common grief reaction during middle childhood and children may be inconsolable at times. The intense sadness and crying associated with the participants' grief appear to be intermittent and interspersed with times of play and jocularity. The jocularity may result from the relief of having survived, followed by the guilt that other individuals did not survive (James & Gilliland, 2013).

Many participants expressed a yearning for their deceased mother and longed for the comfort and solace she provided. One participant commented: "*Joh losing your mom is a very hard thing, 'cos then you always need a mother's love ... it's the greatest gift that one can get.*" The participant explained that longing for a mother included the physical affection and interest she used to display: "... *then with my mom you could talk to her about anything 'cos like she'd also tell you about anything and that she loves you and I miss her kisses.*" Others continued to find solace in playing with and caring for their pets. As another participant explained: "*I had a little doggy that I used to play with every time ... when I had bad times I usually went to go and play with my dog, then I would start ... getting happier.*" Another poignant expression of their yearning for

their mothers took the form of regret that promised special events and celebrations had not eventuated. One participant referred to a promised birthday celebration: *“Like before my mom left, my mom promised me that she was going to make for me a birthday.”* These expressions of yearning are congruent with the explanations in the literature that children’s mourning does not cease at any particular point, but rather resurges throughout their lifespan, particularly at the time of significant events, which serve as a reminder of the loss (LeShan, 1978; Sadock, Sadock, & Ruiz, 2015; Scott, 2007).

Other participants became angry about or were preoccupied with the injustice of death. They viewed the loss of their mothers as undeserved and unfair towards them and their families. These participants feel they had been singled out for loss as opposed to their peers. One participant thus explained: *“I was angry towards God when I lost her because my little brother is too small, he doesn’t know anything.”* In the literature, anger is considered a normal emotional response to the death of a mother, particularly during middle childhood as children perceive their future existence as foreshortened (James & Gilliland, 2013; Steinberg, Bornstein, Vandell, & Rook, 2011; Torbic, 2011).

A pervading sense of helplessness and worry was evident in most participants and seemed to be accompanied by unbearable pain. One participant explained: *“It make my heart feel bad.”* Sossin, Bromberg, and Haddad (2014) referred to this as a grief reaction or behavioural and physical responses triggered by loss. Because of the increasing need to blend with their peers, maternally bereaved children in middle childhood feel self-conscious and death has the potential to make children feel different, socially isolated, confused, scared, lonely and guilty (Pomeroy & Garcia, 2009; Potts & Mandleco, 2012).

However, some participants seemed unaffected by or indifferent to the loss of their mother. One participant continued with daily life directly after the funeral and explained: *“When we ... finished, I went home and prayed, when I finished praying, then I went to play soccer.”* The literature supports the notion that some individuals may appear unaffected, because the defence mechanism of denial has been activated. This distances children from the traumatic event and allows their coping strategies to be activated (Beit-Hallahmi, 2011; Bowden & Greenberg, 2010; Corey, 2017). The participants reported that most of the children in their community had lost either one or both of their parents through death. The loss of a mother allowed them to provide support for or receive support from others who were going through a similar experience. One participant explained: *“In our community, most of the children they ... don’t have parents. So, I also thought of it that I’m also like one of them that I also don’t have a mother.”* The process of seeking out peers who have

undergone a similar loss is confirmed in the literature by researchers in the field of death, bereavement and coping (Fogelman, 2014; Kosminsky & Lewin, 2009; Wolfelt, 2012). Kosminsky and Lewin (2009) explained that seeking out peers is a way of establishing that their reactions to their mother's death are not unhealthy or strange. The interaction with peers in a non-judgemental atmosphere also helps children gain access to previously denied or suppressed feelings and to identify unique aspects of the relationship they once shared with their mothers (Kosminsky & Lewin, 2009).

Some participants considered themselves fortunate that they still had a father or other family members to care for them. As one participant explained: “... *I did understand that I lost my mother, but I did know that there were people still with me. I didn't lose anybody else. I still have people with me now, so that's actually very lucky.*” Another participant expressed gratitude that the situation was not far worse: “... *at least I have a father but some other children live in orphanages. They don't have parents, they don't have anyone to look after them.*” A third participant expressed gratitude to God: “*Every night I say ... God thank you for giving me ... another parent.*” Gordon, Musher-Eizenman, Holub, and Dalrymple (2004) conducted a study on school-aged children in the United States after the September 11 attacks and the results provided evidence that resonates with the findings in the present study: children can express gratitude after a trauma and are most thankful for their families, basic needs, friends, school and teachers, as well as their pets.

**Behavioural manifestations of losing a mother during middle childhood.** Altered behaviour in children is often regarded as an indirect expression of grief (Speck, 2010). Oversensitivity to noise, violent or angry outbursts, silence, crying, isolation, appetite and sleep disturbances, and lethargy or difficulties with concentration are patterns of behaviour reported by the participants who had lost a mother during middle childhood. The literature on the common behavioural dimension of grief are congruent with the behaviour reported by participants in this study (Mallon, 2011; Morris, 2012; Oltjenbruns, 2013; Speck, 2010; Webb, 2010).

Oversensitivity to stimuli, particularly noise, was reflected in one participant's account: “*We would go outside and play 'cos then in the house there was noise going on ...*” Goelitz and Stewart-Kahn (2013) reported that the continuing stress of the traumatic event triggered fight or flight responses and many children could become hypersensitive about any perceived dangers or have exaggerated startle responses. According to Goelitz and Stewart-Kahn (2013), experiencing a traumatic event could damage the prefrontal cortex of the child's brain, so that it continually triggers unfounded fear responses.

Some participants seemed to express their emotions through bullying behaviour, aggression and other forms of misbehaviour. One participant recounted various misdemeanours: *“I would either break the window, hurt my sister or do anything that made my parents upset, like really really upset.”* This finding is underscored by Lefevre (2010) who explained that children may externalise their feelings and inner experiences and subsequently, project these on to others, mainly in a violent and aggressive manner. Verbal and/or physical aggression is common in children bereaved during middle childhood, as this is a means of exerting some control over their current situation and creating a defence against the feelings of helplessness that arise after the loss of their mother (Mallon, 2011; Webb, 2010). This destructive behaviour can have negative effect on the bereaved child’s emotional well-being and prevent the child from forming and maintaining quality friendships, which are important to development during the middle childhood years (Kamper & Ostrov, 2013). An inability to sustain quality friendships could also lead to isolation and feelings of being uncared for, which could intensify the bereavement process (Heidrich, 2017; Kamper & Ostrov, 2013; Mahon, 1999; Morris, 2012).

The participants’ marked feelings of isolation and actual withdrawal from their social circles impacts on their interpersonal relationships. One participant acknowledged: *“I stop crying ma’am. I don’t tell anyone.”* Mahon (1999) highlighted the isolation that increases with the loss of a parent or both, exacerbating the child’s bereavement process. The literature survey revealed that social withdrawal and loss of interest in previously enjoyed activities are common manifestations of grief (Heidrich, 2017; Morris, 2012; Torbic, 2011; Washington, 2011). One participant, however, embraced solitude: *“Like I have a space to speak alone and to think alone.”* Heidrich (2017) and Morris (2012) explain that some bereaved children may not feel comfortable with their peers and prefer to spend more time alone.

Prominent changes in the behaviour of the participants include appetite and sleep disturbances, lethargy and difficulties with concentration. One participant referred to an increase in appetite and a resultant weight gain: *“Anything that would just make me happy, even if it was either eating cake, I mean I was pretty chubby back then.”* The literature confirmed that behavioural changes occur in bereaved children, most commonly in eating and sleeping habits (Doka, 2016; Dowdney, 2011; Lasher, 2008; Mallon, 2011; Mongelluzzo, 2013). The change in eating habits for children bereaved in middle childhood may involve overindulging in fast-foods or a loss of appetite (Lasher, 2008). Changes in sleeping habits may take the form of a need for more sleep or difficulty falling asleep or waking up (Lasher, 2008). Nightmares are also common (Dowdney, 2011). Although cognitive reactions to the loss suffered are difficult to observe, forgetfulness and slower thinking processes, as well as deficits in attention and concentration, are common (Lasher, 2008; Mallon, 2011; Torbic,

2011). According to Mallon (2011) as many as 16 % of bereaved children display attention and concentration deficits in the 12 months following the loss of a parent, which could have detrimental effects on academic performance.

**Changes in and for children who have lost their mothers during middle childhood.** The participants all suffered inevitable changes that affected not only their own identity as children, but also had an impact on their lifestyle. Secondary psychosocial and physical losses after a mother's death are reported in the literature, best explained through Bronfenbrenner's ecological systems theory (Bronfenbrenner, 1974; Lasher, 2008; Pomeroy & Garcia, 2009; Wolfelt, 2012).

For the participants, the death of their mother during middle childhood was a defining moment that had changed the essence of their being. When exploring the *microsystem*, the participants found themselves looking back on the death itself and its impact on them and their immediate environment. A few participants were present when their mothers passed away. One participant reflected on that moment: "... *then we put oxygen and check the pulse, then she just do like this ... and then we call the ambulance. She died at half past six, but the ambulance came at eight o'clock.*" This participant continued to reflect on the haunting images: "... *then when I look at her mouth, there was blood and she was bleeding.*" Berger (2009) and Wallbank (1991) found that when a child lost a parent, childhood ended abruptly. Even though they might still be regarded as children chronologically, death changed them. The participants also reflected on the effect on their present and future lives. One of the participants referred to the lack of birthday celebrations since the mother's passing, recognising that there might never be birthday celebrations again because of the change in the family's financial position.

Further changes to the microsystem involved an increase in some participants' household responsibilities and a change in their family role, including feelings of excessive responsibility for their younger siblings. The latter is vividly captured by one participant: "*My little sister, I help her when she says ... you know I miss mummy a lot. Then I say aww shame don't cry you gonna be with her one day when we also die and go to heaven, then see her.*" The study done by Himaz (2013) revealed changes involving increased responsibilities, particularly in domestic chores for maternally bereaved boys.

One participant experienced a change in family dynamics in the microsystem, especially an erosion of the relationship with the father. This participant's father had brutally murdered the mother, which led to the loss of both parents as the father is currently serving a jail sentence. The participant explained: "... *then my dad*

*become angry and my dad shoot my mom and then my mom dead. Then my daddy run away and now he is at jail.*” It seems that the loss of a parent may lead to changes in family dynamics and a disintegration in the relationship with the surviving parent (Haverkamp, 2008). However, a change in family dynamics more commonly results in children becoming overly dependent on the surviving parent because of fears of separation (Mallon, 2011; Torbic, 2011; Washington, 2011; Wicks-Nelson & Israel, 2015).

Geographical changes in the *exosystem* appear to be the most common secondary loss for the participants, leading to environmental changes in the microsystem such as changes in guardians, friends and schools. New guardians in the microsystem meant some participants were subjected to a stricter parenting style. One participant provided a moving account of this: *“When they beat me I cry, then I say don’t beat me I am so sad because my mother is not here.”* These challenges associated with relocation are consistent with an analysis of medical records in the United States. It seems that children between the ages of six and 11 years have a 3 % higher chance of developing mental health difficulties after relocating (Bond, 2014). Changes in the child’s school and peer group may result in the need to form a new identity and concomitant mental health difficulties (Bond, 2014). Geographical change also meant that two participants lost their pets. One participant reflected on the dog’s whereabouts: *“I don’t know what’s happened to him. I think the neighbours took him because once my parents died, I moved here to my granny’s place.”*

### **Children’s concept of death and various responses to losing their mother during middle childhood**

The concept of death is a complex one and the participants navigated it in different ways. Cultural norms and the family’s existing belief system, religious and spiritual belief systems as well as the children’s personal belief systems about death played a crucial role in shaping their concept of and response to maternal loss. This is congruent with the finding of Sutcliffe et al. (2007).

**Cultural norms and the family’s existing belief system influence children’s responses to losing their mother during middle childhood.** Cultural norms and the family’s existing belief system influenced how the participants viewed, reacted to and responded to losing their mother. Cultures have unique perceptions and embrace values that strongly influence how individuals view and react to end of life issues (Sutcliffe et al., 2007). A family belief system creates feelings, which in turn create behaviour that may be regarded as an emotional, cognitive and behavioural legacy passed on from generation to generation (Spindel, 2015). According to Spindel (2015) once families have adopted a belief system, the members are expected to think, feel and act in a similar fashion. One participant discussed the cultural norms and family’s existing belief system:

*“When I was told that my mother passed away, I knew that I wasn’t going to see her anymore. So, I had to quickly help my dad pack out the things that when people came that we don’t lose them, memories of her. Then me and my sisters went to the room and changed into mourning clothes.”* In their study of Pakistani and British children, Panagiotaki, Nobes, Ashraf, and Aubby (2015) found that children's reasoning about and understanding of death are culture-specific.

The father, family members or guardians also influenced the participants’ interpretation of death, and concomitantly how they experienced the loss of their mothers. Many participants helped pack away their mother’s belongings, prepared the house for the funeral or participated in the funeral service. There were varied responses from the family members and guardians to the children’s loss. Some families encouraged the participants to speak openly and freely about their feelings, thus, validating their experience and acknowledging their grief. One participant’s grandmother cared for the participant’s well-being and encouraged dialogue: *“Like every day after school she (grandmother) asks me how do I feel and am I okay ...”* Another participant explained that others instilled hope: *“They told me not to think of her. They told me that it will be okay one day and that I still have a father that can take care of me. That everything is going to be alright one day.”* These families instilled positive and optimistic thoughts, which made the participants hopeful that good things might happen in future, regardless of their current circumstances. However, the families of other participants avoided dialogue regarding their experiences of loss and grief, leaving them with unanswered questions about death and dying. One participant reflected on this: *“... I would tell my granny how I feel about my dad that shot my mother then she say I must not talk about my dad.”* Some participants reflected that this study was a positive experience in that it created an opportunity for them to speak openly about the loss of their mothers: *“I feel open and ... at least I had someone to talk to.”* Van Der Heijden and Swartz (2010) concluded that maternally bereaved children faced multiple challenges of indigenous cultural practices that sought to protect them, but could cut them off from the grieving process. Wearmouth (2012) cautioned that children who were not allowed to experience the grieving process could suffer the effects of this well into adulthood.

**Religious belief systems and spirituality influence children’s responses to losing their mother during middle childhood.** The family’s religious belief systems provided comfort and offered the participants the opportunity to find spiritual solace. Religion involves worship and sharing of beliefs in an organised manner, while spirituality relates to private and individual belief (Kyle, 2008).

Some participants’ families used their own beliefs to explain to their children what happens to people after death. One participant’s grandmother helped attribute meaning to death: *“... my granny told me that*

*whenever you lose someone you will always get them in your heart, you will never forget them and they will always love you.*” Another participant explained that the deceased person’s body remained in the ground, while a third participant reflected on life after death: *“Your soul is actually just borrowing this body.”*

The participants’ participation in funeral rites bore testimony to their belief system. Most of the participants’ families encouraged them to plan and take part in funeral arrangements and service, as one participant explained: *“... they were holding sand and they said the family that lived with her (mother) they must come and pour sand on the casket.”* The importance of religion and spirituality in children’s understanding of death and their subsequent responses to such an event is recognised in the literature (Bryant-Davis & Wong, 2013; Coleman, Schröder-Butterfill, & Spreadbury, 2016; Northcott & Wilson, 2017). Religious beliefs, faith-based approaches and spirituality have emerged as ways of coping with trauma (Bryant-Davis & Wong, 2013; Coleman et al., 2016; Northcott & Wilson, 2017).

**Children’s personal belief systems about death influence their responses to losing their mother during middle childhood.** Many of the participants expressed the belief that their deceased mother was watching over them. These participants identified with their mothers and made a conscious attempt to emulate her good qualities. They engaged in activities that she performed well or enjoyed doing. One participant expressed a love for dancing that derived from the mother’s love for dancing: *“I dance because my mom ... loved to dance.”* Other participants spoke of emulating their mother’s good qualities, as one participant said: *“... just do things that she wanted me to do, like maybe respect elders and work harder and one day I will have my own house, car, children and treat them right.”* The participants mourned not having their mother’s support or being able to share their achievements with their mothers. The participants appeared to set goals for themselves and tried to do their best to please their mothers even though they were no longer with them. One participant stated: *“... I told myself that I just want to make my mom proud. Then just be a respectful young girl and make her happy. I know where she is she is happy.”* Other participants played sport for the school team, read their school books to their deceased mother or tried to perform well academically to please her. One participant reflected on academic goals: *“... it helped me because my mother was ... so happy when she saw me studying ... and getting good marks.”* Silverman, Baker, Cait, and Boerner (2003) identified five types of parental legacies that children could emulate, namely, a role-related legacy, a health-related legacy, personal qualities, a legacy of blame and an emotional legacy. These parental legacies are evident in the findings of this study.

Other participants accepted the finality of death and their reports of seeing their mother's body in the coffin bore mute testimony to this reality. One participant explained the need for concrete evidence of death: *"Firstly, I did not believe that my mother was dead, so then they told me that she died, so after when I saw the coffin (whispers) I started to believe them then."* A study done by Søvting, Dyregrov, and Dyregrov (2015) emphasised that some individuals need concrete evidence of death, such as viewing the deceased, which provides an opportunity for the individual to bid farewell to the deceased.

While these participants acknowledged that their deceased mothers were indeed gone, they believed that they could maintain an ongoing bond with them. The participants all reminisce about memories of their mothers, particularly the time they shared. One participant reflected on the denial of this privilege given to others: *"... sometimes I have to think other children they have their moms and go to town and enjoy."* Many participants speak about their mothers' photographs or other mementoes that help to keep their memory and legacy alive. One participant reflected: *"It shows me the happy moments, like ... when she was here."* Another participant began sleeping in a new bed and threw the mother's possessions away that served as a reminder of that fateful day: *"Throwing her things of asthma, we throw it away and then her clothes they did take it."* Moreover, the participant went on to explain that keeping the mother's photographs and earrings as mementoes serve as reminders of better times with her. These findings are supported by Worden (2015) who explains that a continuous bond can be accomplished through remembering the mother, experiencing her presence and reaching out for a connection, as well as attaching to any transitional objects of hers.

### **The participants' experiences of support offered to them when they lost their mother during middle childhood and the coping strategies they employed**

The participants reflected on their experiences of the support offered to them, which helped them to cope with the loss of their mother. They also described their own coping strategies, which helped them through their grieving process.

#### **Support structures available for children who have lost their mother during middle childhood.**

The physical and social contexts in which the bereaved children interact cannot be separated from their larger system. Support structures resonate across the various systems of the bereaved child's world. Therefore, these support structures for children who have lost their mothers during middle childhood are listed and discussed in relation to Bronfenbrenner's (1974) ecological systems theory. The participants experienced their family members, the school and friends as offering support in the *microsystem*. In the *exosystem*, the participants

experienced the support of the extended family, neighbours and community members, as well as professionals as offering help to cope with the loss of their mother.

**Family.** In the microsystem, the support of the participants' fathers and siblings played a pivotal role in helping them cope with the loss of their mother, as one participant attested: *"Just being with my family, I mean if they weren't there I would probably be lost right now."* This is in line with the literature that notes that the whole family are involved in helping the child cope in the aftermath of the loss of a mother (Greeff & Human, 2013; Kristensen, Weisæth, & Heir, 2012; Walsh & McGoldrick, 2013). Furthermore, siblings relied on one another for support and in so doing created a firm bond and a sense of family unity. The siblings who were still living at home, as well as those who had already left the house, supported one another in the wake of their mother's death. One participant explained the importance of sisters: *"Me and my sisters stucked together all the time. When we have a problem, we talk to each other and try to solve it or encourage each other."* Another participant expands on the invaluable role siblings play: *"... so whenever I start crying about my parents they would like just start coming to me and telling me that I should come play with them and after playing with them for a while, I start forgetting a little bit of it."* Although the participants felt an increased responsibility for their younger siblings, their older siblings served as a pillar of strength for them. Garber (1983) found that one of the effects of the loss of a parent during childhood is that many children tend to get more involved with their siblings. These children are better able to adapt to the loss, which is congruent to the findings in this study.

**School.** The school was experienced as a refuge in the microsystem where some of the participants found the predictability and routine comforting. Almost all the participants valued the time and support their teachers gave them. One participant explained that a teacher provided food after the new guardian failed to pack lunch: *"... these popcorns came from a teacher ... I didn't come with food ..."* Most children want to return to school shortly after losing someone as the school represents familiarity and routine, a haven from the emotional suffering in the child's home environment (Carter, 2016). The study conducted by Dyregrov, Dyregrov, and Idsoe (2013) revealed that most teachers were aware of bereaved children's needs and believed that their role as teachers was of the utmost importance. They also felt they had a duty to show empathy (Dyregrov et al., 2013).

**Friends.** The participants all appeared to have a large circle of friends in their microsystem who offered support. Some participants formed support groups with friends on an ad hoc basis, which promoted a healthy lifestyle and allowed homework tasks to be done. One participant captured the essence of these support groups: *"... then after the study group we ... even tried to make our own gym. Like run and play around with other*

children. *If we see a child doesn't have friends, and they sitting alone we go with them and talk to them and ask them if they wanna come join us in what we doing.*" Thoits (2011) underlined the value of support groups as a means of accessing active coping assistance in the form of information, advice, encouragement and feedback.

The participants sought regular opportunities to talk with their friends, without necessarily diverting the conversation to the topic of their mother's death. One participant explained how friends offered their support: *"Well if like I come to school sad, they would actually cheer me up ... if I came angry they would calm me down ... or if I came back just feeling what I am not supposed to be feeling, they just make me feel happy."* The participants often shared jokes and humorous anecdotes with their friends, which provided a respite from the haunting memories of their deceased mother. One participant illuminated this: *"I sat with my friend ... she helped me cope with it because anytime we used to make jokes and stuff so that I don't think of her that much ..."* Copel (2009) posited that friends can provide emotional and affirmative support, a positive social identity, tangible services, material aid, as well as information about and access to new social roles.

**Extended family.** Within the exosystem, some participants' extended families, their grandparents, aunts, uncles and cousins, plied them with material goods needed for daily living and also took them shopping and to community events. One participant explained: *"... if I was feeling down or I actually needed something for school ... for example if I needed glue, they (uncles) would buy me glue, if I needed shoes, they would get me."* Greeff and Human (2013) concluded that extended families can provide practical assistance, concrete services, support, companionship, relief and vital community connection. According to Greeff and Human, extended family members give the participants material goods in an attempt to provide them with a sense of solidarity and security.

**Neighbours and community members.** The support of the participants' neighbours and other community members, such as the participants' parents' work colleagues and family friends in the exosystem played a similar role to that of the family. The neighbours and community members helped with daily chores, material goods and recreational activities. One participant explained that the community members supplied meals: *"... the neighbours at our street, they came to the house and cooked for us, just to make us feel better."* Another participant explained that household chores, such as cleaning and washing dishes, were done by neighbours and community members. Greeff and Human (2013) also suggested community members do this in an attempt to provide the bereaved children with a sense of solidarity and security. The community is of paramount importance in the lives of bereaved children (Dyregrov & Dyregrov, 2013; Humphrey & Zimpfer,

2008; Newman & Newman, 2015). It can provide human resources for bereaved children and their microsystems by providing financial support, ensuring they progress through a healthy grieving process and develop, nurture and optimise resilience (Humphrey & Zimpfer, 2008).

**Professional support structures.** Places of worship, such as the church and its congregation members provide material, emotional and spiritual support during a time where family dynamics are changing rapidly. In addition to attending church, many of the participants were involved in weekly church gatherings or programmes. One participant explained the weekly visits by a pastoral counsellor: “... *there is somebody who comes to my house and asking me about how do you feel ...*” Bryant-Davis and Wong (2013) stated that the church and its congregation can provide counselling, food and other types of support. A few participants consulted social workers and psychologists directly after the death of their mothers. As one participant explained: “... *and some social workers from the SANDF came and talked to us about the passing of my mother.*” Another participant explained: “*Well, I actually asked for help. I actually went to a couple of psychologists.*” Gallagher, Tracey, and Millar (2005) completed an evaluation of bereavement counselling, six weeks after the counselling. Participants reported feeling the loss less intensely, experiencing fewer physical sensations and symptoms, feeling less anxious, coping more easily, expressing higher levels of confidence, relating to others and considering their future (Gallagher et al., 2005). The results indicated a high degree of success. However, Schut and Stroebe (2010) found that most bereaved individuals are sufficiently resilient to cope without the assistance of healthcare professionals.

**The participants’ personal coping strategies they employ after losing a mother during middle childhood.** The participants described the impact of coping strategies on their grieving process. These strategies included drawing on their previously acquired repertoire of coping strategies and skills.

All the participants acknowledged that participation in home, school and familiar recreational activities provided a sense of predictability and stability in their lives and helped them cope with the loss of their mother. Shrock (2010) concluded that a sense of stability and predictability was needed to control the bereaved child’s insecurities and anxiety that may follow loss. Most of the participants perceived participating in sporting activities as helpful, particularly team sports. One participant’s explanation revealed this clearly: “*I either played soccer with my friends or did cricket at school or I just did hockey.*” This is in line with the findings of Baumgardner and Crothers (2010).

Listening to music, watching television and funny movies is also perceived by the participants to be an

effective coping strategy in the midst of their grief. One participant enjoyed watching movies: “... *it would always be funny and we would watch movies, eating popcorn and we do drink juice.*” Furthermore, it seems that creative coping strategies such as dancing, reading, writing and art allow for introspection and another outlet to cope with the loss of their mother. One participant explained: “*Sometimes when I ... get home from school I write about my day at school.*” Another participant reflected on the positive impact of drawing: “... *I draw to relieve my stress or just draw for fun.*” Thomas (2009) encouraged the notion of creative coping strategies as this helps children cope with overwhelming negative emotions. In their study of adolescents, Rask, Kaunonen, and Paunonen-Ilmonen (2002) noted that self-help was regarded a major factor in coping with grief. This study also identified crying, keeping busy, music and thinking as helpful coping strategies for adolescents (Kaunonen et al., 2002).

Lastly, the participants’ personal attributes helped them cope. According to the observational notes made, most of the participants displayed an optimistic outlook on life, an easy-going temperament and a healthy sense of humour. The participants also displayed a positive self-image and valued their individual talents. One participant captured this in these words: “*Every day she said I look pretty and that I am a pretty girl.*” Other participants seemed to have a sense of purpose in life and set goals for the future based on their individual talents. One participant, who aspires to become an animator, acknowledged having artistic skills and a talent for drawing cartoons. Shean (2015) stated that personal attributes can either amplify or reduce the impact of adversity. Baumgardner and Crothers (2010) listed the following personal attributes of children that display resilience and effective coping strategies, which reduce the impact of adversity: good problem-solving skills; good intellectual abilities; a personality that can adjust to change; personal effectiveness and a positive self-image; an optimistic outlook; the ability to control and regulate impulses and emotions; and individual talents and a sense of humour. These personal attributes were evident in the participants of this study.

### **Discussion**

In line with the aims of this study, the various themes that emerged from the data described the experiences of children who have lost a mother during middle childhood and the coping strategies they used to deal with the stern challenges they faced. The core findings show that each participant had unique experiences relating to the loss of his or her mother.

Contemporary theorists view attachment theory and other developmental and trauma theories as a useful means of exploring how children experience losing a mother during middle childhood (Scott, 2007).

Although *attachment theory* was not developed to explain bereaved children's experiences, it does provide a relational context that helps understand the experiences of the participants in this study (Scott, 2007). Mothers fulfil certain maternal tasks during middle childhood, which facilitate optimal development and allow their children to come into full existence (Akhtar, 2016). During this period of development, the child views the mother as a secure base, but the relationship shifts from proximity to availability and co-regulation of emotions occur (Bosmans & Kerns, 2015). Thus, the mother's role becomes supervisory and supportive in nature as she allows her child more freedom to self-regulate (Brumariu, 2015). Children in middle childhood who have had secure early attachment representations develop healthier coping strategies and experience positive moods and successful regulation of emotions (Weiten, 2013). The findings of this study revealed a yearning amongst the participants for the dynamic and powerful bond they once shared with their deceased mother, including the comfort and solace she alone could provide. According to attachment theory, this reaction occurs because the child's relationship with his or her mother has been severed (James & Gilliland, 2013; Sadock et al., 2015). Two participants found they were able to substitute their mother's nurture and reassurance by caring for and playing with their dogs. Compton (2005) and Harrington (2013) explained that pets can provide non-evaluative social support and offer health benefits to the children who care for them such as better immune functioning, reduced rates of chest pain and blood pressure, as well as longevity.

The participants did not only lose their mother and the special bond they once shared with her, but they also experienced inevitable changes in the immediate settings in which they lived. It is important for fathers or guardians to be aware that secondary losses may be intangible, which makes recognising them much harder (Cowan, 2011). They need to be in position to prevent their children from the possibility of a prolonged and complicated grieving process (Lasher, 2008). According to *trauma theory*, complicated grief may mean that the child resorts to maladaptive behaviour and cannot progress to the stage of integrating his or her mother's death into daily life (Townsend, 2014; Worden, 2015). Barlow and Durand (2015) found that there were no formal criteria for complex grief, but fathers or guardians need to be alert to its symptoms, which include a strong need to be reunited with the mother, distressing and intrusive memories of the mother and/or avoiding people or places that trigger memories of the mother.

Detaching completely from the deceased mother is, however, regarded as impossible. Accordingly, contemporary theories accentuate the importance of children maintaining a bond with their deceased mother (Kissil, 2016; Mongelluzzo, 2013; Portnoy & Stubbs, 2012; Townsend, 2014). Most participants believed that their deceased mother was looking down on them and they found it comforting that they could maintain contact

with her. Sigelman and Rider (2015) explained that continuing bonds with a deceased mother could provide a secure base for children, which would facilitate optimal development. However, for other children, continuing bonds with a deceased mother could prolong the yearning and grief. Most participants seemed to emulate their mother's qualities and imitated what she did while she was still alive. Yeboah (2015) explained that children idealise their mothers and view them as perfect role models. The findings and observational notes suggest that the participants appeared to relocate their deceased mother over time and remember her in ways that made it possible to move on with their lives. In psychology, a transitional object is an object that has the potential to provide psychological comfort for the child (Abram, 2007). A popular transitional object in this study was the use of photographs.

Seen from a *developmental perspective*, children's concept of and responses to death are influenced by their cognitive development (Mahon, 2011). After the age of 10 years, children have the cognitive ability to think more abstractly about death (Dyregrov, 2008; Webb, 2010). However, children in middle childhood operate in the concrete and perceivable world of events, which may explain why some participants required concrete evidence of their mother's death (Levine & Munsch, 2011; Sadock et al., 2015). The participants obtained this through seeing their mother in the casket or by participating in the planning or proceedings of the funeral rituals. The participants' experiences resonate with Leming and Dickinson (2016), who found that the provision of concrete evidence allowed children to reach ritual closure and gave them the opportunity to bid farewell to their deceased mother and to be comforted.

According to Kassin, Fein, and Markus (2014), there are approximately 400 ways to cope with unpleasant experiences and negative emotions. Although individuals cope differently with adversity, Werner (1989) argues that children who can cope effectively and become resilient had had the benefit of the following: (1) the warmth and cohesion of their immediate families; (2) external support in the form of extended family members, friends and societal institutions; and (3) personal attributes of sociability, activity, intelligence and school-based skills. To achieve the second aim of this study, coping strategies were developed for children to cope effectively with the loss of their mother during middle childhood, based on the experiences of the children and a review of the literature. After the loss of their mothers, the participants found ways to cope socially and personally, which shifted their values, priorities and worldviews. The participants in this study first described their experiences of the support offered to them when they lost their mothers during middle childhood, which helped them to cope with losing their mothers, before they described their personal repertoire of coping strategies. Garmezy, Masten and Tellegen's (1984) three primary models of resilience appeared to offer the best

form of intervention and provided a framework for understanding the findings of this study. These models operate ecologically and include individual, familial and external support to help the bereaved child cope effectively. In other words, bereaved children gain the ability to cope effectively and become resilient when their culture, community and family provide both sustaining and healthy resources (Nel, 2014; Theron & Malindi, 2010).

Garmezy et al.'s (1984) *compensatory model* is an additive model in which the individual's personal attributes are able to alleviate adversity. Thus, bereaved children's personal attributes can be said to have a direct and independent influence on the way they are affected by their mother's death. The participants' personal attributes emerged from the observational notes. They included optimism regarding the future, as well as a sense of purpose in life and talents that were valued, a positive self-image, a good sense of humour and an adaptable temperament. In the *immunity-versus-vulnerability model* or *protective factor model* developed by Garmezy et al., there is an interactive relationship between adversity and personal attributes that is related to resilience. This suggests that children who have positive personal attributes are less affected by adversity. Thus, personal attributes may act as a buffer against the effects of adversity (Garmezy et al., 1984). The reverse is true: children who are particularly vulnerable are more intensely affected by adversity (Garmezy et al., 1984). In this model, external key role players in the bereaved child's life who affirm his or her personal attributes lessen the impact of the mother's death. I found Bronfenbrenner's (1974) ecological systems theory is very useful in explaining the findings on the participants' experiences of support offered to them when they lost their mother during middle childhood.

The results of this study show the importance of family members (fathers and siblings) as key role players that could facilitate Walsh and McGoldrick's (2013) four tasks that strengthen the family unit and promote effective coping. The family should jointly acknowledge the mother's death; share their experience of the death; reorganise the family system; and reinvest in other life pursuits and relationships (Walsh & McGoldrick, 2013). The following coping strategies were developed for family members related to the bereaved child:

- Family members should reach out and talk to the children, explaining exactly what has happened and allowing them to express their feelings so they can come to terms with the mother's death. This should be done in an honest and age-appropriate manner. As Mallon (2011) explained, children in middle childhood are able to understand the permanence of death and appreciate other family members' feelings relating to the loss.

- Bereaved children in middle childhood could be provided with concrete evidence of death, such as viewing the deceased in the coffin, participating in funeral rites or visits to the gravesite (Søfting et al., 2015). These acts are in line with the level of cognitive maturation of children in middle childhood, and would allow them to comprehend that their mother's death is real and to bid farewell (Levine & Munsch, 2011; Sadock et al., 2015; Søfting et al., 2015).
- The introduction of a daily and weekly schedule in the family home is an effective coping strategy and means of reorganising the family system. All members of the family should have a chance to list optional activities and mandatory obligations, such as school times, household chores and sporting activities. Having a routine gives bereaved children a sense of predictability, safety and security, which will help keep them calm during the grieving process (Cartwright-Hatton, 2007; Rockefeller, 2015; Shrock, 2010). An additional suggestion would be Schrock's (2010) idea of scheduling family time for reinvestment in other pursuits and relationships, as this will strengthen family ties in the wake of the mother's death. Family time can occur weekly and permit each member of the family to suggest an activity. Examples of such activities could be outings to the cinema, a local park or having a picnic.
- A behavioural contract is an effective means of addressing the verbal and/or physical aggression that some children display following their mother's death. The behavioural contract provides the bereaved child with a goal to work towards and a reward for achieving it (Dawson & Guare, 2010). For example, if the bereaved child is verbally aggressive and swears or threatens his or her siblings, then the contract could state that he or she will earn a reward of choice, such as trip to the cinema, if he or she can go one week without swearing and threatening others. The contract should state exactly what the child should do and be signed by both the caregiver and bereaved child and the reward of choice should be mutually agreed upon.
- In order for children to continue a bond with their deceased mother, family members could help them make memory boxes, in which the children can place special items, such as photographs, drawings or letters to their deceased mothers. This will help the bereaved child see that bonds can remain long after their mother has died and that no one can take away the times they shared. Moreover, having a memory box can provide the children with something that they can return to daily for comfort.
- Adopting a family pet could be a useful coping strategy. Bereaved children in middle childhood will be able to feed, pour water into dishes and help groom the pets, providing them with a certain responsibility, while simultaneously receiving comfort (Compton, 2005; Harrington, 2013).

- Artwork, writing, reading and dancing are useful coping strategies. Family members can encourage bereaved children to engage in at least one of these creative coping strategies. Art, described as the nonverbal expression of thoughts and feelings, is considered as one of the most therapeutic coping strategies (Seaward, 2012). There are times when words cannot aptly capture an individual's emotions and art can allow the emotions to flow onto the paper (Kroen, 1996; Seaward, 2012). Key role players can encourage bereaved children to draw what they felt when their mother died and to reflect on the times they spent with her, and the events and rituals that followed her death. Writing, on the other hand, as Thomas (2009) explained, allows children to extend their vocabulary and express their feelings in words. Seaward (2012) supported this notion of writing as a coping strategy and encouraged individuals to write detailed descriptions about their positive experiences and their stressful events. Providing bereaved children with a blank journal allows them to express their feelings in writing. The bereaved child and his or her caregiver could meet a need for closeness by reading together before bedtime (Kroen, 1996). Dancing is yet another form of a creative coping strategy. As Hanna (2006) explained, dance has distinctive affective patterns and physical dimensions, making it possible for bereaved children to express their emotions nonverbally.
- Bereaved children could be encouraged to spend some quiet time at home. This time could be used for spiritual activities such as meditation or prayer or anything relaxing such as taking a warm bubble bath. Attending school is important during the middle childhood years, as this offers predictability and routine after the loss (Carter, 2016; Dyregrov & Dyregrov, 2013; Jeffreys, 2011; Potts & Mandleco, 2012). The bereaved child's teachers can play a pivotal role in his or her coping with the bereavement process because of their position and influence in both the *microsystem* and *mesosystem* (Dyregrov & Dyregrov, 2013).

Accordingly, the following coping strategies were developed external to the bereaved child:

- Teachers should be informed of the mother's passing as soon as possible as lack of interest in schoolwork, poor school performance and difficulty in adjusting may be expected shortly after the loss of a mother (Jeffreys, 2011). This could be a way of preventing teachers from asking hurtful or intrusive questions at such a time and of encouraging them to be empathetic during a time where the child's world is changing.
- The father or guardian of the bereaved child and his or her teacher could engage in a form of communication in the mesosystem, in order to maintain the bereaved child's educational progress. This could be achieved through a "communication book", in which the teacher writes daily comments

on the child's progress to which the father or guardian can respond, including information on any occurrences at home that may have an impact on the child's schooling.

- Schools need to increase their cultural agility, which Milne, Cowie, and Webster (2013) describe as “the ability to understand the perspectives of individuals from different cultures and backgrounds and to empathise with these views and respond to them” (p. 205). Teachers need to be sensitised to the nature of maternal bereavement, its effect on children from various cultures, and how to deal appropriately with it in schools. The educational psychologist or staff member responsible for providing care to vulnerable children at the school could help teachers to develop cultural agility by briefing them on maternal childhood bereavement and by offering training in respectful and empathetic ways of addressing the effects of reports of maternal bereavement. In cases where there are no educational psychologists available, as in most South African schools, healthcare practitioners, such as clinical psychologists and social workers, are encouraged to relay their knowledge to the teachers (Theron, Liebenberg, & Malindi, 2013).
- Teachers need to emphasise the value of coping effectively as part of the integrated curriculum of Life Skills, which can enhance children's internal locus of control (Botha, 2014). Ideally, teachers should use dialogical learning to create opportunities for children bereaved in middle childhood to share their experiences as well as the coping strategies they used. This should occur in an environment predicated on trust, respect and empathy (Botha, 2014).
- Dialogical learning opportunities could reduce the aggression that may result from grief. Botha (2014) explained that this would make it possible for children to improve their level of socialisation and take responsibility for their own misbehaviour.
- Bereaved children could be motivated to participate in a team sport. This creates an opportunity of exercise, promotes group cohesiveness and can rebuild the bereaved child's self-esteem and minimise feelings of loneliness (Ruffin & Zimmerman, 2010). On the other hand, bereaved children should be discouraged from participating only in an individual sport as this may lead to isolation, which is often a manifestation of grief overlooked by caregivers and teachers.

Relationships with friends could be encouraged by arranging play dates, as these provide the bereaved child with tangible, emotional and affirmative support (Copel, 2009). The participants acknowledged that watching funny movies and programmes on television as well as listening to music was an effective means of coping with the loss of their mother. Popular forms of diversion like watching television and listening to music

could encourage mental disengagement (Harrington, 2013; Robbins, 2007). Listening to music also provides comfort and healing, promotes positive emotions and mitigates stress, as it stimulates positive memories and thoughts (Krahé & Bieneck, 2012; Harrington, 2013; Robbins, 2007). Time with friends, especially light-hearted activities, can also be an adaptive coping strategy (Seaward, 2012). Amusing anecdotes, jokes and unintentionally funny actions serve a wide array of psychological functions and offer social and cognitive benefits as well (Martin, 2007).

Because grief is a process that resurges throughout the bereaved child's life, extended family members, such as grandparents, aunts, uncles and cousins, should show compassion and provide practical assistance for many years, not only in the days following the mother's death. Extended family members could mark regular dates on a calendar so they remember to contact the bereaved child and make an effort to spend time with him or her on important dates, such as birthdays or the anniversary of the death.

Garnering the support of neighbours and community members, such as parents' work colleagues and family friends could prove beneficial. They could take over some of the roles that the bereaved child's mother used to play and offer to assist with these. One such example is assisting to transport the child. Neighbours and community members could start a lift-club to school and transport the bereaved child to and from extra-curricular activities. This provides an opportunity for social interaction, practical and emotional support and opens up the possibility of engaging in social events.

Professional support structures can also be used to cope with the aftermath of the mother's death. Healthcare practitioners, such as social workers and psychologists can guide and educate the bereaved child and his or her family to acquire effective coping strategies and monitor their progress (Moltman, Desai & Fenn, 2009). Bereaved children may find it easier to share their feelings involving their mother's death with healthcare professionals as they may fear that talking to their family members may upset them. Bereaved children should also attend a place of worship that offers religious meaning, spiritual support and powerful and uplifting emotions that can act as a buffer against stress (Pargament, 2011).

Collectively, key role players such as family members, the school, friends, extended family members, neighbours and community members, as well as professional support structures in the bereaved child's *microsystem*, *mesosystem* and *exosystem*, can identify his or her personal attributes and reinforce them by using Brooks and Goldstein's (2001, 2003) 10 guideposts: be empathic towards bereaved children; listen actively and communicate effectively with them; change their negative scripts; love them in a way that makes them feel

appreciated and special; accept them for who they are, help them set realistic goals and expectations; help them experience success by identifying and subsequently nurturing their areas of competence; help them to realise that mistakes are experiences from which they can learn; develop compassion, responsibility and a social conscience by creating opportunities for them to contribute; teach them to make decisions and solve problems; and lastly, discipline them in a way that promotes self-worth and self-discipline. Although the degree to which these guideposts apply will differ from child to child, they are a useful means of nurturing resilience and promoting effective coping (Brooks, 2013).

Garmezy et al.'s (1984) *challenge model* allows for a curvilinear relationship between stress and coping, suggesting that when coping increases the effects of stress will decrease. In this model, adversity is viewed as a potential enhancer of resilience that develops coping strategies in children and at the same time encourages them to mobilise external and internal resources, provided that the degree of adversity is not excessive (Garmezy et al., 1984; Shean, 2015). Therefore, a mother's death during middle childhood is viewed as a potential enhancer of resilience if the bereaved child is able to cope effectively: instilling a sense of resourcefulness allows the child to experience some growth as a result of the loss.

In conclusion, bereaved children must be viewed as integrated organisms and described by their environmental systems, namely their microsystem, mesosystem, exosystem and macrosystem. The four environmental systems are interlinked and should not be seen in isolation from each other. For this reason, the coping strategies were grouped and arranged in line with Bronfenbrenner's (1974) ecological systems theory to maximise the bereaved children's chances of coping effectively.

### **Recommendations**

Despite an extensive literature review, few studies were found on the experience of losing a mother or the coping strategies children bereaved during middle childhood employ in response to the loss of a mother. Although this study addressed a significant gap, further studies need to be done, particularly on children between the ages of six and nine years of age. These studies should use heterogeneous populations and focus on the influence of personal, family and cultural beliefs, and religion and spirituality on the coping strategies employed after the loss of a mother. Researchers should also do longitudinal studies, a neglected perspective.

The findings related to cultural aspects highlight the need for researchers, policy makers and healthcare professionals to develop greater cultural awareness and view children as representatives of particular cultures, which need to be respected. As Theron and Malindi (2010) proposed, intervention programmes could

encourage cultural reflection and immersion. This study could inform the development of intervention programmes for bereaved children, not only in middle childhood, but other developmental periods as well.

The development of a childhood grief theory that would have the support of professionals is another avenue of possible research (Scott, 2007).

### **Limitations**

Children in middle childhood are in Piaget's stage of concrete operations and are unable to grasp abstract concepts (Levine & Munsch, 2011). Being unable to operate on a metacognitive level, may mean that some participants were unable to fully acknowledge their experiences of losing their mother and subsequently verbalising them.

### **Conclusion**

This qualitative descriptive study has provided useful findings on the experience of losing a mother during middle childhood. It has also developed coping strategies to enable children to cope effectively with their loss. Although the data generated by the participants serves as a reminder of how fragile and vulnerable children are after such a loss, it seems that these participants are a testimony to human strength. They were able to draw on available resources while integrating the effects of this traumatic experience into their lives. The study also underlines the importance of acknowledging the bereaved children's experiences and including them in the natural process of death and bereavement. Adults can provide children with an immeasurable, lifelong gift by enabling them to develop effective coping strategies and nurturing their resilience. One way of doing so is through Garmezy et al.'s (1984) three primary models of resilience, which view bereaved children holistically and incorporate the various systems of the child's world. These models provide bereaved children with opportunities to develop vital coping strategies, as well to mobilise their personal attributes and external resources such as familial and other support. Failure to do so could severely affect the children's emotional, cognitive and social development, their level of educational achievement, and result in greater pathology in adulthood (Beegle et al., 2006; Bhargava, 2005; Case & Ardington, 2006; Chen et al., 2009; Himaz, 2013; Hume, 2008; Maier & Lachman, 2000; Nickerson, Bryant, Aderka, Hinton, & Hoffman, 2013; Rostila & Saarela, 2011; Tracey, 2011).

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**Conflict of interest.** I declare that I have no conflict of interest.

**Research involving human participants.**

**Ethical approval.** All procedures performed in the study involving human participants were in accordance with the ethical standards of the institutional and national research committee, and with the 1964 Helsinki declaration and its later amendments.

**Informed consent.** Parental permission was obtained from each participant's father or legal guardian. The assent of all individual participants included in the study was obtained.

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## **SECTION IV: CRITICAL REFLECTION**

### **Introduction**

In Section IV, the field notes made during the data generation process are provided. These field notes further include my intersubjective experiences and reflective processes as the researcher. Furthermore, I illuminate my deliberation on the research process. As a point of departure, the contribution made by this research study is clarified and explained.

### **Field notes**

#### **Observational notes**

Throughout the data generation process, I met the participants in a safe environment (allocated classroom at the various schools) so as to avoid potential risks of harm and preserve confidentiality. Meeting after formal tuition hours appeared viable as there was minimal noise and disturbances during the semi-structured interviews. However, one school provides a feeding scheme for their pupils directly after school, which appeared to increase the noise levels during that particular school's interviews.

When I first met with the participants, a few of them were understandably nervous as they were not entirely sure what to expect. The participants' posture was stiff and they sat upright in their chairs. I thus engaged in ice-breakers and attempted to build rapport with each participant to calm them and prepare them for their interview. I further allowed them to read the interview schedule prior to the commencement of the interviews. As the interviews proceeded and I reassured each participant that there were no right or wrong answers, they appeared to gain confidence and displayed appropriate and relaxed body language throughout the rest of the interview. Furthermore, all the participants were respectful to me during the data generation process.

My general observation was that death is familiar in the participants' community, and many explained that their friends had also lost one or both parents. Although death is familiar, the participants' experiences appeared unique. The general emotions that they displayed during the semi-structured interviews included sadness, anger, worry and helplessness. Surprisingly, some participants appeared unmoved by their mother's death and casually continued with their daily activities. Most strikingly, the participants' sadness appeared intermittent and was interspersed with mirth and play. The general behavioural patterns that were displayed included isolation, crying, silence, oversensitivity to noise, and anger or violent outbursts, as well as appetite and sleep disturbances. What struck me as most interesting was that the female participants seemed to grieve in an intuitive style, whereas the male participants seemed to express their emotions through more aggressive behaviour and I could note the emotion of anger in many participants' voices. One participant reflected on misbehaviours: "*I would either break the window, hurt my sister or do anything that made my parents upset, like really really upset.*" During the semi-structured interview, the aforementioned participant showed insight and linked the death of the mother to this change in behaviour. Another participant seemed bold by sharing what would be done if people were to upset this participant: "*... I will shoot them.*"

All the participants suffered secondary losses, which most commonly included geographical moves, new caregivers, erosions of previous relationships, new schools and changes in financial status. Another general observation was that death is a complex concept, particularly for those aged 10, and all the participants navigated death in different ways. During the course of the interviews, I noted that the participants' family belief system, their religion and spirituality, as well as their personal belief system all influenced their understanding of their mother's death and how they responded to this loss.

Furthermore, I observed that each participant had support structures in place that helped them cope with their mother's death. These support structures included key role players such as family members, the school, friends, extended family members, neighbours and community members, as well as professional support structures. The participants also described their own coping strategies that helped them cope, which included an array of creative coping strategies, recreational and sporting activities. I was *firstly* surprised at the number of coping strategies the participants had at their disposal and *secondly*, the coping strategies appeared more sophisticated than I had originally anticipated. The participants also relied on their own attributes. From my observations, the participants displayed a good sense of humour, were optimistic about their futures, had a sense of purpose in life and valued their own talents. Furthermore, the participants displayed a positive self-image and appeared to have adaptable temperaments.

Most participants thanked me for my time and appeared grateful to voice their experiences as many of them could talk about the loss of their mother for the first time during the interview. One participant reflected: "*I feel open and ... at least I had someone to talk to.*" Another reflected: "*... it actually relieved stuff that was on my mind.*" These verbatim quotations indicate the value of this research study and the semi-structured interviews as it allowed the participants the opportunity to voice their experiences. Although it was a new experience for some, the aforementioned verbatim quotations reveal a definite need for children in middle childhood to be afforded the platform to speak and be heard in return.

*Lastly*, it was clear that almost all the participants will need counselling from a psychologist, in particular the ones who had witnessed their mother's death. One participant even carried the responsibility of checking the mother's pulse and calling the ambulance in an attempt to save the mother. There is no doubt that all the participants will benefit in future

from the facilitation session with the psychologist. Should the psychologist deem it necessary for certain participants to continue psychotherapy, these costs will be covered.

### **Theoretical notes**

The research study aimed to describe how children experience losing a mother during middle childhood. The research study further aimed to develop coping strategies for children to cope effectively with the loss of a mother during middle childhood, based on the experiences of the children and a review of the literature. Thus, I ensured that the following interview questions were prioritised for the first aim:

- “I know it must be very difficult for you to have lost your mother, and I am sorry about your loss. Today I want to talk to you about losing your mother and all the different activities you did to help you feel better during that time. Could you firstly tell me how you understood what happened to you?”
- “Is there anything else you would like to tell me about losing your mother?”

These questions enabled the participants to share their experiences of losing a mother during middle childhood. The following interview questions were prioritised for the second aim:

- “Tell me about anything you did that made you stronger during that time?”
- “Tell me about anything others did that made you stronger during that time?”
- “Tell me about anything in your community that made you stronger during that time?”

These questions enabled the participants to share their own coping strategies employed after losing a mother during middle childhood.

Turning to literature, Dyregrov (2008), Kissil (2016) and Wright (2004) provided a reason for the observation of grief’s intermittent rhythm, as they explained that children grieve intensely for brief periods of time because of their difficulty to tolerate powerful emotions. Beit-Hallahmi (2011) and Corey (2017) explained why some participants appeared

unaffected by their mother's death. They elucidated that the defence mechanism of denial is adaptive functioning and a way of distorting what the child perceives, feels or thinks in a traumatic situation and, in turn, presents in some of the participants' lives to protect them (Beit-Hallahmi, 2011; Corey, 2017). Bowden and Greenberg (2010) explained denial can be therapeutic as it distances the child from the death and allows for the activation of coping strategies. Wolfelt (1983) stated that the experience of denial is common, particularly six to eight weeks after the death of a loved one, and may resurface to protect the individual on special occasions such as the anniversary of the death or the bereaved child's birthday. Ashford and LeCroy (2010) provided an alternative answer to some younger children's indifference towards their mother's death when they explained that some children have a limited understanding of death, which may cause them to believe that death is reversible or temporary. According to Brouillet (2009) although it is disconcerting that some children appear uncaring about their mother's death, it reflects their emotional capacity rather than implying they are unaffected by her absence.

The literature provides a conflicting picture of the observation that male participants are more aggressive in their grieving style. Mallon (2011) and Webb (2010) explained that maternally bereaved boys may behave more aggressively in an attempt to exert some control over their current situation, and further defend against their innate feelings of helplessness that arise after the loss of their mother. Whereas Kassin, Fein, and Markus (2014) argued that boys may be more overtly aggressive than girls, but not necessarily more aggressive than girls. It is, however, important to address these behavioural changes as early on as possible because children bereaved prior to the age of 16 years are considerably more vulnerable to displaying delinquent behaviour and may later become involved in the juvenile justice system (Draper & Hancock, 2011; Ludy-Dobson & Perry, 2010). Healthcare professionals can subsequently provide alternatives to these behaviours, and monitor the effectiveness and

progress of the healthier coping strategies (Hicks & Davitt, 2009).

The literature further explains the observation of sophisticated coping strategies through the following four changes: *Firstly*, children between the ages of six and 12 years become self-reliant and rely less on social support as they prefer not to share their distress with others (Bergin & Bergin, 2015). *Secondly*, a variety of coping strategies is available during middle childhood because of the child's improved communication skills, and advancements in cognitive, social and motor skills (Martin & Fabes, 2009; Skinner & Zimmer-Gembeck, 2016). *Thirdly*, these children may have better judgment on how much control they have over a situation, which allows them to select the best coping strategy to use (Bergin & Bergin, 2015). *Lastly*, children during middle childhood increase their capacity for emotion-focused coping, but are still able to use problem-focused coping interchangeably (Bergin & Bergin, 2015).

### **Methodological notes**

The qualitative descriptive approach used during this study helped me make meaning of and understand the participants' experiences in a specific context as revealed in their responses. I do believe that the research design and methodology proved effective and appropriate. Alternatively, this approach did not allow for the provision of experimental evidences or for testing the relationships among constructs. Utilising a quantitative study may have determined correlations.

Prior to data generation, parental permission and assent were obtained. In my personal file, I had a division for each participant in which the following documentation was kept:

- The parental permission form
- The participant's assent form
- Interview schedule

- The date of the interview, as well as the venue where we met
- All the field notes made during the semi-structured interview

This system allowed for familiarisation with the data generation strategies as well as the data analysis process, which were outlined in Section II.

The data generation strategies chosen, namely semi-structured interviews and field notes proved effective. The semi-structured interview questions set out in the interview schedule (Appendix E) granted the participants the opportunity to share their experiences of losing a mother during middle childhood as well as their own coping strategies employed to cope with the loss. The effort to build rapport prior to the semi-structured individual interview afforded most participants the ease with which to transition into the interview. I had to explain the purpose of the research study and the ethical principles in a simpler and age-appropriate manner. Some participants, particularly those aged 10 years found the first question (“Could you firstly tell me how you understood what happened to you?”) particularly challenging. The onus was on me to rephrase and simplify the question and further adapt an invitational role to enable these participants to engage in the interview and the questions that would follow. I had to probe to elicit further discussion in most instances as many of the younger participants gave short answers or descriptions to the interview questions. I further probed after long silences and then proceeded to the next question as indicated in the interview schedule. Furthermore, I repeatedly assured the participants that their participation was voluntary and that there were no right or wrong answers.

### **Reflective notes**

My interest in loss and rediscovery was unfastened after losing two family members during middle childhood, with whom I shared a close relationship. These experiences revealed a picture where my peers appeared to react differently to me for a similar loss suffered. Years later, I embarked upon my journey of becoming a clinical psychologist;

during my postgraduate studies I was exposed to bereaved children who were facing numerous challenges. This exposure bolstered my appreciation of children's experiences related to death. Furthermore, I wanted to help children become resilient in the face of adversity by supplying them with effective coping strategies. Through lengthy discourse with my maternal grandmother who dedicated years of her life to improving children's well-being as well as reading literature on the exclusion of children in society and inspiring literature on post-traumatic growth, the aspect of advocating for children and their well-being has become increasingly important to me (Brandon & Lev, 1994; Frankl, 1984; Grant, 2013; Heywood, 2013; Horne, 2011; Leonard, 2016; Rosenbloom & Williams, 2010). Conducting a thorough literature review on the topic supported this notion as there was limited information available, particularly within a South African context. This may be because children were disregarded for centuries and in many cases, viewed solely as chattel property because of excessive economic demands (Brandon & Lev, 1994). Children have only recently been recognised as beings who can create and attribute meaning to the world around them (Cockburn, 2013).

I had often wondered and reflected upon the differences in individuals' reactions to loss and how some suffered more emotional scars than others. After almost 14 years of enquiry, I have been able to answer my own personal questions on death and bereavement; at least to some extent. When most people recall the day they heard the fateful news that they had lost someone close to them, they can tell you exactly what they were doing, what they observed around them and what they heard, tasted and smelt because trauma leaves an uncanny and sustainable experience in the bereaved individual's environment through all five their senses (Elbrecht, 2013). For most, losing someone special during childhood comes as a shock and that moment of impact changes one's entire being. Unlike adults, children invest most of their emotional energy into very few significant people in their lives, which may

explain why their world seems to shatter when they lose one of those individuals (Edelman, 2014; Wallbank, 1991). However, I found that resilience is, in fact, ordinary magic that arises from features in individuals' daily lives. Individuals are constantly influenced and shaped by their personal, social, religious and cultural beliefs (Bonoti, Leondari, & Mastora, 2013). Therefore, individuals react differently to the same trauma suffered as they filter this experience through different sets of beliefs and attitudes (Edwards, 2010).

I believe that this study provided a platform for bereaved children to become knowledge producers as they could share their experiences and were simultaneously valued and acknowledged (Porter, Townsend, & Hampshire, 2012). Although these participants could communicate with several individuals daily, many reflected on the completion of this process that the semi-structured interview allowed them to feel *heard, lighter* and *stronger*. Throughout this process, I came to appreciate each participant as a unique and social being. Lakeman, McAndrew, MacGabhann, and Warne (2013) might agree with my observation as they argued that research participation involves processes that are frequently therapeutic in nature or could be beneficial to the participants. Furthermore, a study conducted by Emanuel, Fairclough, Wolfe, and Emanuel (2004) showed that discussing death, dying and bereavement during an interview caused minimal stress and the participants reported the interview as helpful. It was further significant for me that the middle childhood years are labelled the "forgotten years" by Walsh and Harrison (2013, p. 173), and the participants reported feeling acknowledged for the first time.

As the researcher, I endeavoured to understand the subject matter as explicitly as possible. At times, the application of the methodology and the writing of the manuscript proved challenging. However, this was an educational experience and a worthy effort as a novice researcher in initiating my journey toward becoming a capable, knowledgeable and skilled researcher. At the core of my being, I revere integrity, which is a quality I continually

wish to cultivate in myself and admire in others. Thus, I took the duty upon myself to provide a true and accurate account of the data. To achieve this, I engaged in a supervisory environment, whereby the study was scrutinised and open to review by my supervisor, co-supervisor and independent coder. To prove that this study occurred in the manner it did, I provided a thorough explanation on the methodology and findings and further stored the additional documents in a locked cabinet at the North-West University (Potchefstroom Campus). The additional documents are only available to myself, my supervisor and co-supervisor for the next six years; thereafter my supervisor will destroy them. As the researcher, I hope that my transparency is shown through these acts.

### **Contributions of the study**

This study has contributed to the literature because of the lack of studies on middle childhood as a developmental period as well as the experiences of losing a mother during middle childhood and the subsequent coping strategies employed to cope. The current study found that most of the participants who were 10 years old were familiar with the word *death*, but had little understanding thereof, whereas the participants who were 12 years old had begun to see death as a natural part of life and understood that death was irreversible. The change from concrete thought to more abstract thought was apparent when comparing the younger participants with those aged 12. As a result of their limited understanding, the younger participants appeared to be less affected by their mother's death and were, in turn, curious about death; asking several frank questions. Moreover, the younger participants, aged 10 years, appeared to have ambivalent feelings toward their mothers. The older participants were curious with regard to their mother's lifeless body and many had seen her in the casket. Furthermore, the older participants took part in death-related rituals and felt the burial provided closure for them. The experiences of older children bereaved during middle childhood are different to their younger counterparts who do not have a comprehensive

understanding of death whereas those in adolescence have a mature understanding of death. Therefore, middle childhood can be thought of as the transitional phase between no understanding and a mature understanding of death.

Furthermore, the current study found that children in middle childhood can employ emotion-focused coping and problem-focused coping interchangeably when coping with the loss of their mother. These coping patterns may be linked to their skills they have developed during this developmental period. Zimmer-Gembeck and Skinner's (2011) findings support this notion as they found significant coping shifts take place between 10 and 12 years of age. Wadsworth, Raviv, Compas, and Connor-Smith (2005) further argued that children's coping is more malleable in comparison to adults' trait-like and stable coping strategies.

This research study further provided an array of healthy coping strategies and useful, age-appropriate terminology. Clinicians and researchers will now be able to readily assess the experiences of bereaved children through use of the age-appropriate concepts and terminology unlocked in this study. The findings generated in this study may further be incorporated into therapy or enrichment programmes for children. Fathers and legal guardians, who act as caregivers for the children, may use these findings to maximise the external protective factors identified in this study. Thus, fathers and legal guardians can also assess their own caregiving skills and nurture their children's innate protective factors. As Carter (2016) and the findings of this study revealed, most children return to school as soon as possible to seek some degree of routine and predictability after losing their mother. Thus, the findings of the study could help the schooling system recognise the impact of death and encourage them to be more equipped when supporting bereaved children. Teachers may also have a more comprehensive understanding of the grieving process and the expected reactions, which will place them in a better position to assist the bereaved children in various ways at school.

This research study will further benefit the participants in the distant future through means of a facilitation session where they will be taught to apply the developed coping strategies. A clinical psychologist will conduct the facilitation session and could equip the participants with robust resources for dealing effectively with the loss of their mothers as well as the challenges and obstacles they may have to confront in future.

### **Concluding remarks**

The findings obtained from the data generated in this study responded ably to the research questions outlined by supplying rich portrayals of the experiences of losing a mother during middle childhood and the development of coping strategies based on these experiences. The findings suggested ideas that were illustrated in current literature, as reviewed in Section I, and therefore, magnified the available literature by illuminating the experiences of bereaved children in middle childhood. Furthermore, the findings embellished current literature by bringing light to bereaved children's coping strategies.

If maternal bereavement remains dormant, negative consequences will encroach on all aspects of life (Hume, 2008). An abundance of literature suggests that the unacknowledged loss of a mother during childhood has the potential to cause emotional scars, lead to social difficulties and poor educational outcomes, as well as greater pathology in adulthood and poor mental health outcomes (Beegle, De Weerd, & Dercon, 2006; Bhargava, 2005; Case & Ardington, 2006; Chen, Chen, & Liu, 2009; Himaz, 2013; Hume, 2008; Maier & Lachman, 2000; Nickerson, Bryant, Aderka, Hinton, & Hoffman, 2013; Rostila & Saarela, 2011; Tracey, 2011). However, key role players in the bereaved child's life can nurture resilience and promote effective coping strategies through the implementation of Garmezy, Masten, and Tellegen's (1984) three primary models of resilience.

In conclusion, it is important to note that research into the realm of bereavement and coping is by no means complete. While some may regard children in middle childhood incapable of comprehending loss and unable to grieve, others may view them as grieving intermittently with a comprehensive understanding of death. I aim not to contest or defend these perceptions, but merely invite you as the reader to appreciate children as credible mourners on a quest to ascribe meaning to life and death, and integrate these experiences to ultimately cope with a seemingly unbearable loss.

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doi:10.1177/0165025410384923

## APPENDICES

**Appendix A: Permission letter from North West Department of Education****education**

Lefapha la Thuto la Bokone Bophirima  
 Noord-Wes Departement van Onderwys  
 North West Department of Education  
**NORTH WEST PROVINCE**

Temane Building  
 8 O.R. Tambo Street, Potchefstroom  
 Private Bag X1256,  
 Potchefstroom 2520  
 Tel.: (018) 299-8216  
 Fax: (018) 294-8234  
 Enquiries: Mr H. Motara  
 e-mail: hmotara@nwpg.gov.za

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**DR KENNETH KAUNDA DISTRICT**  
**SENIOR PROFESSIONAL SUPPORT MANAGER**

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21 January 2016

Ms A Parsons  
 MA Clinical Psychology Student  
 North West University – Potchefstroom Campus

**PERMISSION TO CONDUCT RESEARCH “DEVELOPING COPING STRATEGIES FOR CHILDREN WHO LOST A MOTHER DURING MIDDLE CHILDHOOD” AT TEN (10) PRIMARY SCHOOLS – TLOKWE AREA OFFICE IN DR KENNETH KAUNDA DISTRICT**

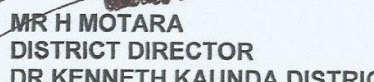
The above matter refers.

Permission is hereby granted to you to conduct your research at ten (10) primary schools – Tlokwe Area Office in Dr Kenneth Kaunda District under the following provisions:

- > **The activity you undertake at the schools should not tamper with the normal process of learning and teaching; and will take place after school hours.**
- > **You inform the principals of your identified schools of your impending visit and activity;**
- > **You provide my office with a report in respect of your findings from the research; and**
- > **You obtain prior permission from this office before availing your findings for public or media consumption.**

Wishing you well in your endeavour.

Thanking you

  
**MR H MOTARA**  
**DISTRICT DIRECTOR**  
**DR KENNETH KAUNDA DISTRICT**

cc Ms S S Yssel – Area Manager: Tlokwe

## Appendix B: Goodwill letters from selected schools

### LAERSKOOL M.L. FICK

Privaatsak X176, Potchefstroom, 2520  
 Peter Mokabalaan 203, Potchefstroom, 2531  
 Tel: (018) 294 5003, fax: (018) 294 6335,  
 Sel: 084 194 4682. Faks: (018) 294 6725  
 E-pos: mlfickinfo@mweb.co.za



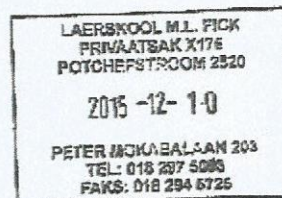
10 December 2015

Miss A.S. Parsons

We hereby grant permission for you to conduct your research at  
 Laerskool M.L. Fick in 2016.

Kind regards

**M.L.J. VAN DER MERWE**  
 PRINCIPAL



# LAERSKOOL PRESIDENT PRETORIUS

☎ 018 294 4237/8  
☎ 018 294 6914  
✉ [spadmin@telkomsa.net](mailto:spadmin@telkomsa.net)



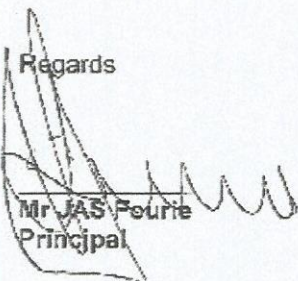
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POTCHIEFSTROOM

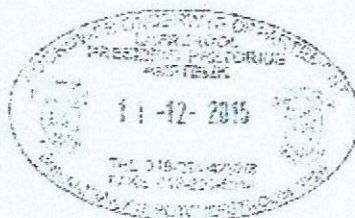
11 December 2015

Me AS Parsons

Permission to conduct research "Coping strategies of children who lost a mother during middle childhood", at Laerskool President Pretorius.

Regards

  
Mr. JAS Fourie  
Principal



## Potchefstroom Secondary School

P.O. Box 9022  
Promosa, 2530

Tel: (018) 296 0602  
Fax: (018) 296 1216

E-Mail : [ps@tellicomsa.net](mailto:ps@tellicomsa.net)



Since 1928

23 Gaffjee Street  
Mohladin  
Potchefstroom  
2531

Date: 11 December 2015

To: Me. Parsons

From: Mr HT. Lekalakala

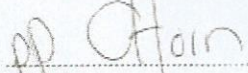
Re: Permission granted to conduct a research at our school.

The above matter bears reference

It Pleasures me to inform you that permission has been granted to conduct research at our school

I hereby humbly request you to provide us with feedback of research to enable the school to assist the learner and prior arrangements to be made for research

Thank you in advance

  
HT Lekalakala

POTCHEFSTROOM  
SECONDARY SCHOOL  
TLOKWE AREA OFFICE  
2015 -12- 11  
TEL: (018) 296 0602 • FAX: (018) 296 1216  
NW EDUCATION DEPARTMENT

Thyzenaams

Rysmierbult

2496



P.O. Box 34

Rysmierbult

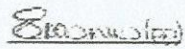
2496

16 January 2016

Miss A.S. Parsons

We hereby grant permission for you to conduct your research at Sizamele Primary School in 2016.

Kind regards



Mrs. S. Kruger

Principal

072 949 6517

s.kruger82@gmail.com

DEPARTMENT OF EDUCATION  
NORTH WEST  
Sizamele Primary School  
P.O. Box 34  
Rysmierbult 2496



## LAERSKOOI BAILLIE PARK

TELEFOON: (018) 290 5377/8    POSBUS 6019  
 FAKS: (018) 290 5609        BAILLIE PARK  
 E-POS: baillie@lantic.net     2526  
 H/V Pavey- en Neethlingstraat


18 Januarie 2016

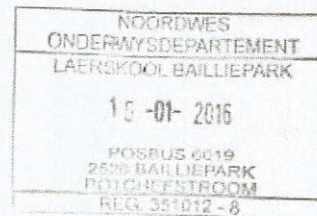
Dear Friend

I, Petrus André Muller, principal of Laerskool Baillie Park in Potchefstroom, hereby give Mrs. A.S. Parsons permission to conduct research at my school.

You can contact me on my cell phone at 082 684 5144 if there is any need to do so.

Greetings

  
 P.A. MULLEER  
 SCHOOL PRINCIPAL



# Ditaelong Primary School

7382 MBONGENI STREET  
SARAFINA  
IKAGENG /  
2531  
ENQUIRIES: M.J. MAHLATSI



P.O. Box 40052  
IKAGENG  
2525  
Tel: 072 362 4490  
Fax: 018-2950821  
CELL: 082 708 4428  
083 294 1001

EMIS NO: 600100310

09 February 2016

THE SUPERVISOR  
NORTH WEST UNIVERSITY  
POTCH CAMPUS

DEAR SIR / MADAM

**RE: PERMISSION GRANTED FOR RESEARCH**

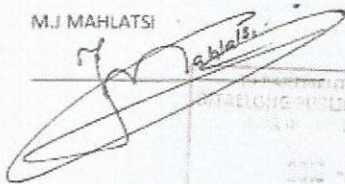
The above – mentioned school permits Ms A.S Parsons to come to the institution and conduct research.

The institution or Ms A.S Parsons will inform us about her commencement day or her period for research.

WE HOPE THE ABOVE WILL SATISFY YOU.

SINCERELY YOURS

M.J MAHLATSI

  
 DEPARTMENT OF EDUCATION  
 DITAELONG PUBLIC PRIMARY SCHOOL  
 2016-02-09  
 TEL: 072 362 4490  
 SARAFINA / POTCH CAMPUS  
 NORTH WEST PROVINCE

IKHUTSENG INTERMEDIATE SCHOOL

P.O.BOX 2439  
POTCHEFSTROOM  
2520  
072 3442 4090845183920  
Palesazizi09@gmail.com



WITPOORT FARM 106  
VENTERSDORP  
2710

15 February 2016

Ms. A. S. Parsons

Dear Madam

**RE: PERMISSION GRANTED FOR RESEARCH**

I, PW Zizi hereby grant permission to Ms. AS Parsons to conduct her research at Ikhutseng Intermediate School.

Kind regards

Sincerely yours

Mrs. PW Zizi (Principal)

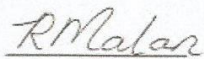


06 April 2016

To whom it may concern,

We hereby grant Miss A Parsons permission to conduct her research at Potchefstroom Central School.

Yours faithfully



Mrs R Malan  
Deputy Principal

**POTCHEFSTROOM**

5192, Kockspark, 2523  
 Beyers Naudé Ave., Potchefstroom  
 E-mail: [potchp@iantic.net](mailto:potchp@iantic.net)

**PRIMARY SCHOOL**

Tel: (018) 297 1052/3  
 Fax: (018) 294 5579  
 Cell: 082 533 0190

11<sup>th</sup> April 2016

To whom it may concern,

RE: Empirical Research

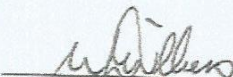


With reference to the above-mentioned matter.

Hereby permission is granted to **Ms A.S Parsons**, with student number **22295542**, to come and conduct her empirical research at **POTCHEFSTROOM PRIMARY SCHOOL**.

Trust you find this in order.

Yours faithfully

  
 MR. W. DE VILLIER  
 PRINCIPAL

DEPARTMENT  
 OF EDUCATION  
 Potchefstroom Primary School  
 PO Box 5192, Kockspark 2523  
 Tel: 018-297-1052/3  
 Fax: 018-294-5579  
[potchp@iantic.net](mailto:potchp@iantic.net)

Enquiries: M.R. Moeketsi  
Cell No: 071 496 2945  
T.P.J. LOCATE: 079 230 2124  
N.S. SMITH: 082 948 5693  
[moeketsi@keotshPILE.pps.school.za](mailto:moeketsi@keotshPILE.pps.school.za)  
EMS NO: 600104139

KEOTSHPILE PUBLIC PRIMARY SCHOOL



P.O. Box 40066  
Extension 7  
POTCHEFSTROOM  
2531

Mogolodi Street 11726  
Extension 7 Ilageng  
POTCHEFSTROOM  
2531

11/04/2016

The Supervisor


NWU (POTCHEFSTROOM)

Attention: Dr R Spies

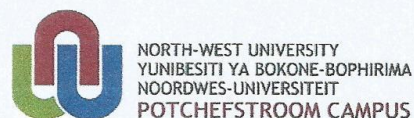
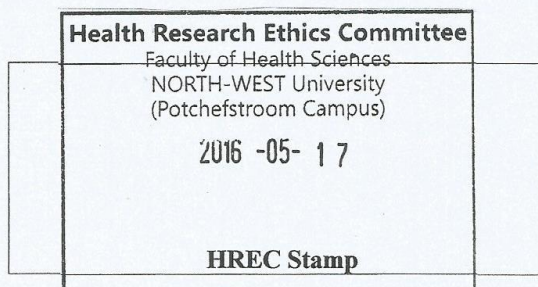
Enq: M. R. Moeketsi

**Re: Permission to conduct research at school**

This is to acknowledge that Miss A. Parsons has been granted permission to conduct her research at Keotshpile Primary School.

  
M. R. Moeketsi  
(PRINCIPAL)

## Appendix C: Parental permission form



### INFORMATION LEAFLET AND PARENTAL PERMISSION FORM FOR FATHERS OR LEGAL GUARDIANS OF CHILDREN (10-12 YEARS) WHO HAVE LOST THEIR MOTHERS

**TITLE OF THE RESEARCH PROJECT:** Developing coping strategies for children who lost a mother during middle childhood

**REFERENCE NUMBERS:** NWU-00090-15-A1

**RESEARCHER:** Miss A.S. Parsons

**ADDRESS:** North-West University  
Potchefstroom  
2520

**CONTACT DETAILS:** 083 229 5410; [alee@highveldmail.co.za](mailto:alee@highveldmail.co.za)

Your child is being invited to take part in a research study that forms part of the researcher's Master's degree in Clinical Psychology, and she requires your permission to include your child as a participant in the research study. Please take some time to read the information presented here, which will explain the details of this research study. Please ask the researcher or person obtaining permission (i.e. – teacher) any questions about any part of this research study that you do not fully understand. It is very important that you are fully satisfied and that you clearly understand what this research study entails and how your child could be involved as a participant. Also, your child's participation is **entirely voluntary** and you are free to decline

his/her participation. If you say no, this will not negatively affect you or your child in any way. Your child is also free to withdraw from the study at any point, even if you initially agree for your child to take part. Assent will be sought from your child, and if he/she were to decline participation, regardless of your decision, he/she will not participate in this research study.

This study has been approved by the Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (NWU-00090-15-A1) and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki and the ethical guidelines of the National Health Research Ethics Council. It might be necessary for the research ethics committee members or relevant authorities to inspect the research records.

#### **What is this research study all about?**

In this research study, the researcher wishes to address the following research questions:

- “How do children experience losing a mother during middle childhood?”
- “What coping strategies could be developed (based on the experience of the children and a review of the literature) for children to effectively cope with the loss of their mother during middle childhood?”

The aim of this research study will therefore be to describe how children experience losing a mother during middle childhood as well as to develop coping strategies for children in order to effectively cope with the loss of their mother during middle childhood. In this research study, coping strategies will generally entail the individual’s constantly changing behavioural and cognitive efforts to manage specific internal or external demands, which are appraised as exceeding the individual’s current resources.

This research study will be conducted at your child’s school in an allocated classroom, after formal tuition hours and involve an individual interview with your child for approximately 45 minutes. The interview will be conducted by an experienced researcher trained in psychology.

#### **Why has your child been invited to participate?**

Your child has been invited to participate because he/she possesses specific knowledge related to the studied phenomenon of children’s experience after the loss of his/her mother during middle childhood and would be able to contribute to the development of coping strategies for children in order to effectively cope with the loss of their mother. Your child would need to meet the following inclusion criteria to be able to participate in this research study:

- He/she is currently between the ages of 10 – 12 years, and in the developmental phase of middle childhood.
- Children of both genders may participate in this research study.
- Children of any language may participate in this research study, as an interpreter will be made available for the children who are not proficient in the English or Afrikaans language.

Your child will be excluded from the study should he/she meet the following exclusion criterion:

- He/she lost his/her mother within the past 12 months.

**What will your child's responsibilities be?**

This research study will be conducted at your child's school in a safe and secure classroom as allocated by the principal or teacher, and will involve one individual interview, after formal tuition hours for approximately 45 minutes with an experienced researcher trained in psychology. The interview will be on your child's experience and coping after the loss of his/her mother during middle childhood. Please take note that it is required that the interview be voice recorded, in order to transcribe the interview for analysis at a later stage in the research study. The researcher, her supervisor, co-supervisor and independent coder (who will be used in the data analysis stage) as well as the researcher's examiners (upon request) will have access to the voice recordings. The interpreter (if needed) and the independent coder will be required to sign a confidentiality agreement and follow all ethical protocol.

**Will your child benefit from taking part in this research?**

The potential benefits arising from this study, are as follows:

- Your child will benefit from this research study in the distant future by means of the application of the developed coping strategies in his/her unique situation, during a facilitation session with a qualified clinical psychologist (Dr Sammy Thekiso), upon completion of the study. This facilitation session would allow for the identification of healthy pathways, through which your child could acquire robust resources for dealing constructively with his/her loss, challenges and obstacles in future.

- Furthermore this research study may provide healthy coping strategies and expand on age appropriate concepts, through which researchers and clinicians can readily assess the personal experiences of children recovering from bereavement during middle childhood.
- It is foreseen that the findings may be of use during therapy or during enrichment programmes with children who have lost a mother during their middle childhood years.
- This research study may also guide the development of future interventions, not only during the middle childhood years but also for other developmental phases.
- Parents would be able to assess their own parenting skills and cultivate their child's strengths.
- Furthermore, this research study may help educators recognise the impact that bereavement has on the child and be better equipped to support them. Educators will be able to recognise the potential behaviours that a bereaved child may exhibit, and they will be in a better position to support the child as they grieve.

**Are there risks involved in your child taking part in this research?**

In this research study, there are potential risks of harm that may occur and precautionary measures have been put in place. Please read through this section carefully before giving permission for your child to participate.

Potential risk of harm	Precautionary measure
1. Partial anonymity	Only partial anonymity can be guaranteed as it is possible fellow pupils may see your child arrive or leave from the interview, and the researcher requires face-to-face contact with your child during the interview. The researcher will try to minimise this risk for your child by waiting for him/her in the allocated classroom at a previously agreed upon time and allow him/her to leave the classroom first after completion of the interview. In doing so, your child will not be seen with the researcher on school premises and this may avoid fellow pupils asking him/her questions regarding the interview.

<p>2. Secondary trauma and emotional discomfort</p> <p>Examples of such symptoms include:</p> <ul style="list-style-type: none"> <li>• Feelings of shame or guilt</li> <li>• Feelings of fear</li> <li>• Feelings of sadness</li> <li>• Feelings of anger</li> <li>• Social withdrawal</li> <li>• Sleep disturbances</li> </ul>	<p>Secondary trauma and emotional discomfort may result if your child retells his/her experience of losing his/her mother. Psychotherapy sessions will be arranged for your child, should you or he/she request such services or require such services through the researcher's discretion.</p> <p>The psychotherapeutic sessions will be done either by Dr Tanya Boshoff or Dr Sammy Thekiso, who are both registered clinical psychologists. Their details are as follows:</p> <p><b><u>Dr Tanya Boshoff:</u></b></p> <p>Telephone number: 018 297 8181  Address: 41 Peter Mokaba Street,  Potchefstroom, 2531;  HPCSA number: PS0075485.</p> <p><b><u>Dr Sammy Thekiso:</u></b></p> <p>Telephone number: 072 608 7730  Address: 109 Peter Mokaba Street,  Potchefstroom, 2531;  HPCSA number: PS0067547  Practice number: 8646082</p> <p>Should your child require psychological services, an adverse event report has been developed, which will be completed prior to arrival at the aforementioned clinical psychologist. The psychotherapy session(s) will not cost you anything and all costs will be covered by the researcher. The choice of using the allocated psychologists ultimately lies with you and your child.</p>
---	---

**Who will have access to the data?**

Confidentiality will be ensured by excluding your child's identifying particulars after the individual interview. Reporting of findings will be anonymous by assigning a number to your child. Only the researcher, her supervisors, independent coder (used during the data analysis)

and examiners (upon request) will have access to this data. Data will be kept safe and secure by locking hard copies in a locked cabinet in the principal investigator's office. The data will be stored for six years as stipulated by ethical protocol, upon completion of the six years the data will be destroyed. The researcher will need to voice record the interview, as this will allow for a much fuller record than only taking notes. The voice recordings will later be transcribed, in order to be used during data analysis, thereafter they will be deleted from the recording device but stored on a compact disc (CD) and placed in the locked cabinet. All electronic data will be password protected.

**What will happen with the data/samples?**

This is a once off collection and data will be transcribed and analysed by the researcher, her supervisor, co-supervisor and an independent coder from the North West University (Potchefstroom Campus), who will all follow ethical protocol and the independent coder will be required to sign a confidentiality agreement prior to his/her involvement in the research study. After six years of storage, the data will be destroyed. Results of this study will be documented in an article written by the researcher. The article will be written under the guidance of her supervisors and presented for publication to the Journal of Psychology in Africa (JPA).

**Will your child be paid to take part in this study and are there any costs involved?**

This research study is entirely voluntary and there will also be no costs involved for you or your child, if he/she decides to take part and you have given permission. Your child will not receive monetary remuneration for their participation in this study. However, a token of appreciation will be given to your child in the form of a stationery pack upon completion of the interview. Transportation costs will be covered for your child in order to attend the interview, should your child be required to remain at school for a longer period of time than usual. The transportation costs for the feedback session and the individual facilitation session at the end of the research study will also be covered. Your transportation costs for the feedback session will also be covered by the researcher, should you wish to attend. A fair rate of reimbursement will be calculated using the time, inconvenience and expenses (TIE) method rather than a flat rate determined prior to the commencement of the research study. If your child should require psychotherapy sessions, the costs thereof will be covered as well.

**How will you know about the findings?**

A feedback session regarding the findings of the research study will be held with you and your child upon completion of the study. Furthermore, your child will be afforded the opportunity to attend a facilitation session with Dr Sammy Thekiso (registered clinical psychologist) upon completion of the study. During this facilitation session, the application of the developed coping strategies will be discussed with your child in order to apply it in his/her unique situation.

**Is there anything else that you should know or do?**

Feel free to contact the researcher should you or your child have any further queries or encounter any problems:

**Researcher:** Ms A.S Parsons at 0832295410; [alee@highveldmail.co.za](mailto:alee@highveldmail.co.za);

or you can contact the researcher's supervisor or co-supervisor, should you have any concerns or complaints that have not been adequately addressed by the researcher.

**Supervisor:** Doctor R. Spies at 018 285 2388; [Ruan.Spies@nwu.ac.za](mailto:Ruan.Spies@nwu.ac.za); or

**Co-supervisor:** Professor A.J. Botha at 018285 2265; [Johan.Botha@nwu.ac.za](mailto:Johan.Botha@nwu.ac.za)

You may also contact the Health Research Ethics Committee via Mrs Carolien van Zyl at 018 299 1206; [carolien.vanzyl@nwu.ac.za](mailto:carolien.vanzyl@nwu.ac.za) if you have any concerns or complaints that have not been adequately addressed by the aforementioned persons.

You will receive a copy of this information and permission form for your own records.

**Declaration by parent/legal guardian**

By signing below, I ..... give permission that my child may take part in the research study titled:

*Developing coping strategies for children who lost a mother during middle childhood*

I declare that:

- I have read this information and permission form and it is written in a language with which I am fluent and comfortable.
- I have had a chance to ask questions to both the person obtaining permission, as well as the researcher and all my questions have been adequately answered.
- I understand that by allowing my child to participate in this study it is **voluntary** and I have not been pressurised to allow my child to take part.
- My child may choose to leave the study at any time and will not be penalised or prejudiced in any way.
- My child may be asked to leave the study before it has finished, if the researcher feels it is in his/her best interests, or if he/she does not follow the study plan, as agreed to.

I hereby give permission for the person obtaining permission/researcher to approach my child in order to obtain assent from him/her.

Signed at (*place*) ..... on (*date*) ..... 20....

.....

Signature of parent/legal guardian

.....

Signature of witness

**Declaration by person obtaining parental permission**

I (*name*) ..... declare that:

- I explained the information in this document to .....
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research study, as discussed above.
- I did/did not make use of an interpreter.

Signed at (*place*) ..... on (*date*) ..... 20....

.....

Signature of person obtaining parental permission

.....

Signature of witness

**Declaration by researcher**

I (*name*) ..... declare that:

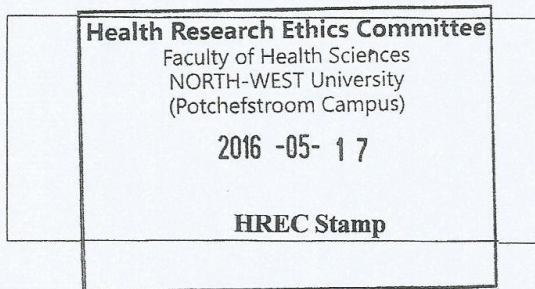
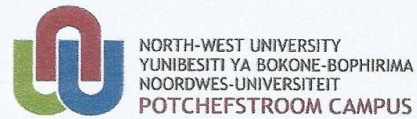
- I explained the information in this document to .....who served as a mediator that subsequently obtained parental permission from.....
- I was available for both the mediator and the father/legal guardian of the participant to ask questions and took adequate time to answer them.
- I am satisfied that both the aforementioned parties adequately understand all aspects of the research, as outlined above.
- I did/did not make use of an interpreter.

Signed at (*place*) ..... on (*date*) ..... 20....

.....  
Signature of researcher

.....  
Signature of witness

## Appendix D: Assent form



### INFORMATION LEAFLET AND ASSENT FORM FOR CHILDREN (10-12 YEARS) WHO HAVE LOST THEIR MOTHERS

**TITLE OF THE RESEARCH PROJECT:** Developing coping strategies for children who lost a mother during middle childhood

**REFERENCE NUMBERS:** NWU-00090-15-A1

**RESEARCHER:** Miss A.S. Parsons

**ADDRESS:** North-West University  
Potchefstroom  
2520

**CONTACT DETAILS:** 0832295410; [alee@highveldmail.co.za](mailto:alee@highveldmail.co.za)

You have been chosen to take part in a research study that is part of the researcher's studies in Clinical Psychology and she would like your permission to participate. Please read the information given in this letter, with your teacher, who will explain to you what this research study is about. Please ask the person reading you this (your teacher) or the researcher any questions about any part of this study that you do not fully understand. It is very important that you understand what this study is about and how you could be involved as a participant. You have the choice to decide, whether you would like to be a part of this study or not. Although your father/legal guardian has given permission for you to take part, you may still say no. If

you decide not to take part, you will not be disciplined in any way. You are also able to stop at any time during the study, even if you sign this form and later decide that you do not want to take part anymore.

This study has been checked and approved by the North-West University (under the ethics number of NWU-00090-15-A1), where the researcher studies.

**What is this research study all about?**

In this study, the researcher would like to know how children, like you, experienced losing their mother and all the different activities they did to help them feel better. The researcher, who is trained in psychology would like to interview you by asking you some questions. Once she has spoken to you and studied from many books, she would like to create ways for children to feel better after losing their mother. After the study is finished, the researcher would like you to speak to a man by the name of Dr Sammy Thekiso to help teach you some of the ways that could help you to feel better. If you do not want to speak to this man, you do not have to as the choice lies with you.

**Why have you been invited to take part?**

You have been invited to take part in this study because you know what it feels like to lose a mother, and not all children know what it is like.

You have been invited because you are:

- Between 10-12 years old.
- You are a boy or girl.
- You can speak any language, as the researcher will ensure someone can interpret for you if you do not understand English or Afrikaans.

You will not be able to take part if:

- You lost your mother less than 12 months ago.

**What will you need to do?**

You will need to have one interview with the researcher after school hours. She will ask you some questions on how it felt losing your mother and what you did to try and make yourself feel better. The interview will be about 45 minutes long, and will be at your school in a classroom. The interview will need to be voice recorded, so that the researcher can listen to the interview again, in order to take notes.

**Will you get something for taking part in this research?**

You will receive a stationery pack after answering the questions (i.e. – interview). Once this research study has ended, Dr Sammy Thekiso will teach you some of the ways to feel better. This research study can also help other children like you to feel better. By taking part in this research study, you can also help other psychologists (like the researcher) and teachers to understand what it feels like for children to lose their mother, what makes them strong and what they can do to help them feel better.

**Is there anything bad that can happen to you in this research study and what will be done if something bad happened?**

In this research study, there is a possibility that something bad may occur but the researcher has made plans to try and stop this from happening.

What can happen to me?	How will the researcher help me?
1. You may be seen by other children in your school, and the researcher will know who you are.	Firstly, the researcher will know who you are as she will need to have face-to-face contact with you during the interview. Secondly, other children may see you come to the interview with the researcher or see you leaving the interview. The researcher will try to protect you from this by waiting for you in the classroom at a certain time and will allow you to leave the classroom first after the interview ended. In doing this, other children will not see you with the researcher at your school, and this may stop them from asking you about the interview.
2. You might feel: <ul style="list-style-type: none"> <li>• Stressed</li> <li>• Like a bad person</li> <li>• Afraid</li> <li>• Sad</li> </ul>	During or after the interview, you might feel stressed, sad or mad, or feel afraid and worry. You might even have trouble sleeping at night or you would like to be alone. If any of these things were to happen, the researcher will make an appointment for you to visit a

<ul style="list-style-type: none"> <li>• Mad</li> <li>• You might want to be alone</li> <li>• You might not want to sleep or you would want to sleep for a long time</li> </ul>	<p>lady named Dr Tanya Boshoff, or a man named Dr Sammy Thekiso, who will speak to you and help you through these feelings. Their contact details are:</p> <p><b><u>Dr Tanya Boshoff:</u></b></p> <p>Telephone number: 018 297 8181</p> <p>Address: 41 Peter Mokaba Street, Potchefstroom, 2531;</p> <p>HPCSA number: PS0075485</p> <p><b><u>Dr Sammy Thekiso:</u></b></p> <p>Telephone number: 072 608 7730</p> <p>Address: 109 Peter Mokaba Street, Potchefstroom, 2531;</p> <p>HPCSA number: PS0067547</p> <p>Practice number: 8646082</p> <p>Remember, if you do not want to speak to Dr Boshoff or Dr Thekiso, you do not have to as the choice lies with you.</p>
---	---

**Who will see the information you give in the interview?**

After you and the researcher have spoken she will write down what you have said but no one will know it was you because your name will not be on the paper.

**What will happen with the information of the interview after you are finished?**

You only need to meet the researcher for one interview. The researcher will then write everything you said on a paper. The papers with your interview on will be kept safe by locking it in a cupboard in the researcher's teacher's office for six years, after six years it will be thrown away. The researcher will need to voice record the interview, as this will allow her to get a better picture of your story. The voice recordings will later be listened to and written out word-for-word by the researcher to use it when writing her study. All your information on the researcher's computer will be protected by a password. The researcher will then use your

information (without saying who you are) to write an article which will be sent to be printed in a book called the Journal of Psychology in Africa (JPA).

**Will you get money for taking part in this study and do you need to pay anything?**

The researcher will give you a stationery pack after you answered the questions. The researcher will pay for your transport if you need to stay at school longer for the interview. The researcher will also pay for you to go to the feedback session and for the session with Dr Sammy Thekiso. By taking part in this research study, you will not have to pay anything. If you require psychotherapy sessions, the costs thereof will be covered as well.

**How will you know what the researcher found?**

The researcher will meet with you and your father or legal guardian after the study is finished, to tell you about the results. After the study is finished, the researcher would then like you to speak to a man named Dr Sammy Thekiso, who will teach you some of the ways that could help you to feel better without having your mother around. It is your choice if you would like to speak to Dr Thekiso, and you do not have to speak to him if you do not wish to do so.

**Is there anything else that you want to know or do?**

You may speak to the researcher if you have any questions or there is something you do not understand. Her contact details are:

**Researcher:** Ms A.S Parsons at 0832295410; [alee@highveldmail.co.za](mailto:alee@highveldmail.co.za);

or if she didn't answer your questions you may speak to one of her teachers:

**Supervisor:** Doctor R. Spies at 018 285 2388; [Ruan.Spies@nwu.ac.za](mailto:Ruan.Spies@nwu.ac.za); or

**Co-supervisor:** Professor A.J. Botha at 018285 2265; [Johan.Botha@nwu.ac.za](mailto:Johan.Botha@nwu.ac.za)

You may also contact the lady from the university where the researcher studies, her name is Mrs Carolien van Zyl at 018 299 1206; [carolien.vanzyl@nwu.ac.za](mailto:carolien.vanzyl@nwu.ac.za)

You will also get a copy of this information and assent form for you to keep.

**Declaration by participant**

By signing below, I ..... give assent and agree to take part in a research study titled:

*Developing coping strategies for children who lost a mother during middle childhood*

I agree that:

- I have read this information and assent form with my teacher, and I understand what it says.
- I had a chance to ask questions to both my teacher and the researcher and all my questions have been answered.
- I understand that I can choose if I want to take part in this study or not. I was not forced to take part.
- I can leave the study at any time and will not get into trouble or disciplined if I leave the study.
- I could be asked to leave the study if the researcher feels it is better for me to not take part.

Signed at (*place*) ..... on (*date*) ..... 20....

.....  
Signature of participant

.....  
Signature of witness

**Declaration by person obtaining assent**

I (*name*) ..... declare that:

- I explained the information in this document to .....
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above.
- I did/did not make use of an interpreter.

Signed at (*place*) ..... on (*date*) ..... 20....

.....

Signature of person obtaining assent

.....

Signature of witness

**Declaration by researcher**

I (*name*) ..... declare that:

- I explained the information in this document to .....who served as a mediator, that subsequently obtained assent from.....
- I was available for both the mediator and the participant to ask questions and took adequate time to answer them.
- I am satisfied that both the aforementioned parties adequately understand all aspects of the research, as discussed above.
- I did/did not make use of an interpreter.

Signed at (*place*) ..... on (*date*) ..... 20....

.....  
Signature of researcher

.....  
Signature of witness

**Appendix E: Interview schedule**

<b>Semi-structured interview schedule</b>	
1.	I know it must be very difficult for you to have lost your mother, and I am sorry about your loss. Today I want to talk to you about losing your mother and all the different activities you did to help you feel better during that time. Could you firstly tell me how you understood what happened to you?
2.	Tell me about anything you did that made you stronger during that time?
3.	Tell me about anything others did that made you stronger during that time?
4.	Tell me about anything in your community that made you stronger during that time?
5.	Is there anything else you would like to tell me about losing your mother?

### Appendix F: Contact details of researcher, supervisor and co-supervisor

<b>Miss Alexandra Parsons</b> Intern Clinical Psychologist PSIN 0135810	
North West University	Mobile: 083 229 5410
Potchefstroom	e-mail: <a href="mailto:alee@highveldmail.co.za">alee@highveldmail.co.za</a>
2520	BA (Hons.) Psychology, BA Health Sciences and Certificate in sport psychology.

<b>Doctor Ruan Spies</b> Supervisor	
North West University	Telephone: 018 285 2388
Potchefstroom	e-mail: <a href="mailto:Ruan.Spies@nwu.ac.za">Ruan.Spies@nwu.ac.za</a>
2520	PhD in psychology

<b>Professor Johan Botha</b> Co-supervisor	
North West University	Telephone: 018 285 2265
Potchefstroom	e-mail: <a href="mailto:Johan.Botha@nwu.ac.za">Johan.Botha@nwu.ac.za</a>
2520	DEd, MEd, BEdHons, Further Diploma in Education, HDE Diploma: Senior phase

## Appendix G: Letter from independent coder

<b>Dr Marina Velma Snyman</b> DEd, MPhil, Honours BA, BA, HED (PG), HED (PG Pre-Primary), DSE (Remedial Education) PMT Independent Practice (PMT 0073687)	
PO Box 252	Tel: 011 849 0631
<b>BENONI</b>	Fax: 011 849 0631
1500	Mobile: 083 450 3850
E-mail <a href="mailto:mvsnyman@gmail.com">mvsnyman@gmail.com</a>	Date: 8 December 2016

### *Developing coping strategies for children who lost a mother during middle childhood*

Alexandrea Parsons research data on 'Developing coping strategies for children who lost a mother during middle childhood' was analysed by Dr Marina Velma Snyman in October 2016. The researcher and the independent coder coded the collected data adhering to a prescribed protocol. A consensus discussion was held between the researcher and the independent coder to refine the identified themes.

---

**Dr MV Snyman (Psychometrist)**

## Appendix H: Adverse event report and incident report form



NORTH-WEST UNIVERSITY  
YUHEBESITHI YA BOKONE-BOPHIRIMA  
NOORDWES-UNIVERSITEIT

### SERIOUS ADVERSE EVENT REPORT FOR CHILDREN (10-12 YEARS) WHO HAVE LOST THEIR MOTHERS

**Title of the research project:** Developing coping strategies for children who lost a mother during middle childhood

**Reference number:** (NWU-00090-15-A1)

**Researcher:** Miss A.S. Parsons

**Address:** North-West University  
Potchefstroom  
2520

**Contact details:** 0832295410; [alee@highveldmail.co.za](mailto:alee@highveldmail.co.za)

<p><b>Participant Information</b></p> <p>Participant No: _____</p> <p>Participant Initials: _____</p> <p>Date of Birth: _____ (dd-mm-yyyy)</p> <p>Gender: _____ Male _____ Female (tick correct gender)</p>	<p><b>Research Site Information</b></p> <p>Researcher: _____</p> <p>Site: _____</p> <p>Address: _____</p> <p>Phone: _____</p>
<p><b>Serious Adverse Event Information</b></p> <p>Date of Event: _____ Date of Report: _____ Report Type: _____ Initial _____ Follow-up</p>	
<p><b>Reason Event Classified as Serious</b></p> <p><i>Emotional discomfort:</i></p> <p>_____ shame or guilt</p> <p>_____ feelings of fear</p> <p>_____ feelings of sadness</p> <p>_____ feelings of anger</p> <p>_____ social withdrawal</p> <p>_____ sleep disturbances</p> <p>_____ other</p> <p><i>Secondary trauma:</i></p> <p>_____</p>	<p><b>Severity</b></p> <p>_____ Mild</p> <p>_____ Moderate</p> <p>_____ Severe</p>
<p><b>Action Taken</b></p> <p>_____ Referred to psychologist, as described in narrative</p> <p>_____ None</p>	<p><b>Treatment History</b></p> <p>Treatment Dates: Start: _____</p> <p>Stop: _____</p>





NORTH-WEST UNIVERSITY  
YUNIBESITHI YA BOKONE-BOPHIRIMA  
NOORDWES-UNIVERSITEIT

## INCIDENT REPORT FORM WHEN CONDUCTING RESEARCH WITH HUMAN PARTICIPANTS

*Note: An incident is seen as an unanticipated situation or issue that arises while conducting your research and that has no direct cause/effect due to an intervention.*

Please complete the form according to the following guidelines:

- Researchers need to complete Sections A to C.
- The Chairperson of the Health Research Ethics Committee will complete Section D.

### SECTION A: GENERAL INFORMATION

<b>1. Project Leader/Principle Investigator/Study leader Details</b>						
Surname		Initials		Title		
School/ Research unit						
E-mail						
Telephone	Work		Cell		Fax	
<b>2. Student Details (if applicable)</b>						
Surname		Initials		Title		
School/ Research unit						
E-mail						
Telephone	Work		Cell		Fax	
<b>3. Details of approved research</b>						
Title						
Ethics Approval Number						
Approval date			Expiry date			
Last submission of a monitoring report			Date:			

### SECTION B: INCIDENT REPORT

Please describe the progress to date of the project (not more than 500 words):

<b>Please describe the incident that is being reported in detail (please ensure that you respond to what, where, who, how, when of the incident):</b>			
<b>Please describe the action that has been taken to date in detail in order to contain the incident:</b>			
<b>Please indicate a possible strategy/action plan for correcting the incident:</b>			
<b>Please indicate a possible strategy/action plan for ensuring that it will not occur again:</b>			
	<b>Yes</b>	<b>No</b>	<b>NA</b>
<b>Will this incident require that the proposal will have to be changed?</b>			
<b>If yes, please ensure that an amendment request is submitted to the Ethics Office as soon as possible.</b>			

**SECTION C: SIGNATURE**

<b>By signing this document, I certify that the information provided is accurate and complete.</b>			
<b>Signature by the primary investigator</b>		<b>Date</b>	

**SECTION D (for office use only):**

<b>14. Ethics Office report</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>
<b>Has the incident been satisfactorily reported?</b>			
<b>Has the incident been satisfactorily addressed?</b>			
<b>If yes, please explain the manner in which the incident was managed with the project leader/principle investigator/study leader and participant/s:</b>			

<b>HREC Chairperson</b>	<b>Signature</b>	<b>Date</b>
<b>Head of the Ethics Office</b>	<b>Signature</b>	<b>Date</b>

## Appendix I: Confidentiality agreement



NORTH-WEST UNIVERSITY  
YUNIBESITHI YA BOKONE-BOPHIRIMA  
NOORDWES-UNIVERSITEIT

**TITLE OF THE RESEARCH PROJECT:** Developing coping strategies for children who lost a mother during middle childhood

**REFERENCE NUMBERS:** (NWU-00090-15-A1)

**RESEARCHER:** Miss A.S. Parsons

**ADDRESS:** North-West University  
Potchefstroom  
2520

**CONTACT DETAILS:** 0832295410; [alee@highveldmail.co.za](mailto:alee@highveldmail.co.za)

### CONFIDENTIALITY UNDERTAKING

Entered into between:

I, the undersigned

Prof / Dr / Mr / Ms \_\_\_\_\_

Identity Number: \_\_\_\_\_

Address: \_\_\_\_\_

hereby undertake in favor of the **NORTH-WEST UNIVERSITY**, a public higher education institution established in terms of the Higher Education Act No. 101 of 1997

Address: Office of the Institutional Registrar, Building C1, 53 Borchard Street, Potchefstroom, 2520 (here in after the "NWU")

## **1 Interpretation and definitions**

**1.1** In this undertaking, unless inconsistent with, or otherwise indicated by the context:

**1.1.1** “Confidential Information” shall include all information that is confidential in its nature or marked as confidential and shall include any existing and new information obtained by me after the Commencement Date, including but not be limited in its interpretation to, research data, information concerning research participants, all secret knowledge, technical information and specifications, manufacturing techniques, designs, diagrams, instruction manuals, blueprints, electronic artwork, samples, devices, demonstrations, formulae, know-how, intellectual property, information concerning materials, marketing and business information generally, financial information that may include remuneration detail, pay slips, information relating to human capital and employment contract, employment conditions, ledgers, income and expenditures and other materials of whatever description in which the NWU has an interest in being kept confidential; and

**1.1.2** “Commencement Date” means the date of signature of this undertaking by myself.

**1.2** The headings of clauses are intended for convenience only and shall not affect the interpretation of this undertaking.

## **2 Preamble**

**2.1** In performing certain duties requested by the NWU, I will have access to certain Confidential Information provided by the NWU in order to perform the said duties and I agree that it must be kept confidential.

**2.2** The NWU has agreed to disclose certain of this Confidential Information and other information to me subject to me agreeing to the terms of confidentiality set out herein.

## **3 Title to the Confidential Information**

I hereby acknowledge that all right, title and interest in and to the Confidential Information vests in the NWU and that I will have no claim of any nature in and to the Confidential Information.

## **4 Period of confidentiality**

The provisions of this undertaking shall begin on the Commencement Date and remain in force indefinitely.

## **5 Non-disclosure and undertakings**

I undertake:

**5.1** to maintain the confidentiality of any Confidential Information to which I shall be allowed access by the NWU, whether before or after the Commencement Date of this undertaking. I will not divulge or permit to be divulged to any person any aspect of such Confidential Information otherwise than may be allowed in terms of this undertaking;

**5.2** to take all such steps as may be necessary to prevent the Confidential Information falling into the hands of an unauthorised third party;

**5.3** not to make use of any of the Confidential Information in the development, manufacture, marketing and/or sale of any goods;

**5.4** not to use any research data for publication purposes;

**5.5** not to use or disclose or attempt to use or disclose the Confidential Information for any purpose other than performing research purposes only and includes questionnaires, interviews with participants, data gathering, data analysis and personal information of participants/research subjects;

**5.6** not to use or attempt to use the Confidential Information in any manner which will cause or be likely to cause injury or loss to a research participant or the NWU; and

**5.7** that all documentation furnished to me by the NWU pursuant to this undertaking will remain the property of the NWU and upon the request of the NWU will be returned to the NWU. I shall not make copies of any such documentation without the prior written consent of the NWU.

## **6 Exception**

The above undertakings by myself shall not apply to Confidential Information which I am compelled to disclose in terms of a court order.

## **7 Jurisdiction**

This undertaking shall be governed by South African law be subject to the jurisdiction of South African courts in respect of any dispute flowing from this undertaking.

## **8 Whole agreement**

**8.1** This document constitutes the whole of this undertaking to the exclusion of all else.

**8.2** No amendment, alteration, addition, variation or consensual cancellation of this undertaking will be valid unless in writing and signed by me and the NWU.

Dated at Potchefstroom this \_\_\_\_\_ (day) of \_\_\_\_\_ (month) 20\_\_ (year)

Witnesses:

1 .....

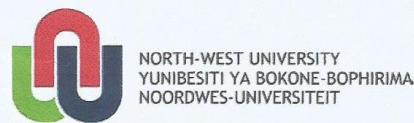
2 .....

*(Signatures of witnesses)*

.....

*(Signature)*

## Appendix J: Ethical approval certificate



NORTH-WEST UNIVERSITY  
YUNIBESITHI YA BOKONE-BOPHIRIMA  
NOORDWES-UNIVERSITEIT

Private Bag X6001, Potchefstroom,  
South Africa, 2520

Tel: (018) 299-4900

Faks: (018) 299-4910

Web: <http://www.nwu.ac.za>

**Institutional Research Ethics Regulatory Committee**

Tel: +27 18 299 4849

Email: [Ethics@nwu.ac.za](mailto:Ethics@nwu.ac.za)

2016/05/26

### ETHICS APPROVAL CERTIFICATE OF STUDY

Based on approval by Health Research Ethics Committee (HREC) at the meeting held on 10/03/2016, the North-West University Institutional Research Ethics Regulatory Committee (NWU-IRERC) hereby approves your study as indicated below. This implies that the NWU-IRERC grants its permission that provided the special conditions specified below are met and pending any other authorisation that may be necessary, the study may be initiated, using the ethics number below.

<b>Study title:</b> Developing coping strategies for children who lost a mother during middle childhood																											
<b>Study Leader/Supervisor:</b> Mr R Spies																											
<b>Student:</b> A Parsons																											
<b>Ethics number:</b>	<table border="1"> <tr> <td>N</td><td>W</td><td>U</td><td>-</td><td>0</td><td>0</td><td>9</td><td>0</td><td>-</td><td>1</td><td>5</td><td>-</td><td>A</td><td>1</td> </tr> <tr> <td colspan="2">Institution</td> <td colspan="4">Study Number</td> <td colspan="2">Year</td> <td colspan="4">Status</td> </tr> </table> <p><small>Status: S = Submission; R = Re-Submission; P = Provisional Authorisation; A = Authorisation</small></p>	N	W	U	-	0	0	9	0	-	1	5	-	A	1	Institution		Study Number				Year		Status			
N	W	U	-	0	0	9	0	-	1	5	-	A	1														
Institution		Study Number				Year		Status																			
<b>Application Type:</b> Single study	<b>Risk level:</b> <b>Greater than minimal with no benefits – Children – Category 3</b>																										
<b>Commencement date:</b> 2016-05-17																											
<b>Continuation of the study is dependent on receipt of the annual (or as otherwise stipulated) monitoring report and the concomitant issuing of a letter of continuation up to a maximum period of three years.</b>																											

#### Special conditions of the approval (if applicable):

- Translation of the informed consent document to the languages applicable to the study participants should be submitted to the HREC (if applicable).
- Any research at governmental or private institutions, permission must still be obtained from relevant authorities and provided to the HREC. Ethics approval is required BEFORE approval can be obtained from these authorities.

#### General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

- The study leader (principle investigator) must report in the prescribed format to the NWU-IRERC via HREC:
  - annually (or as otherwise requested) on the monitoring of the study, and upon completion of the study
  - without any delay in case of any adverse event or incident (or any matter that interrupts sound ethical principles) during the course of the study.
- Annually a number of studies may be randomly selected for an external audit.
- The approval applies strictly to the proposal as stipulated in the application form. Would any changes to the proposal be deemed necessary during the course of the study, the study leader must apply for approval of these amendments at the HREC, prior to implementation. Would there be deviated from the study proposal without the necessary approval of such amendments, the ethics approval is immediately and automatically forfeited.
- The date of approval indicates the first date that the study may be started.
- In the interest of ethical responsibility the NWU-IRERC and HREC retains the right to:
  - request access to any information or data at any time during the course or after completion of the study;
  - to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process.
  - withdraw or postpone approval if:
    - any unethical principles or practices of the study are revealed or suspected,
    - it becomes apparent that any relevant information was withheld from the HREC or that information has been false or misrepresented,
    - the required amendments, annual (or otherwise stipulated) report and reporting of adverse events or incidents was not done in a timely manner and accurately,
    - new institutional rules, national legislation or international conventions deem it necessary.
- HREC can be contacted for further information or any report templates via [Ethics-HRECAppl@nwu.ac.za](mailto:Ethics-HRECAppl@nwu.ac.za) or 018 299 1206.

The IRERC would like to remain at your service as scientist and researcher, and wishes you well with your study. Please do not hesitate to contact the IRERC or HREC for any further enquiries or requests for assistance.

Yours sincerely

**Linda du Plessis**

Digitally signed by Linda du Plessis  
DN: cn=Linda du Plessis, o=NWU,  
ou=Vaal Triangle Campus,  
email=linda.duplessis@nwu.ac.za,  
c=ZA  
Date: 2016.05.27 12:29:12 +0200

**Prof Linda du Plessis**

Chair NWU Institutional Research Ethics Regulatory Committee (IRERC)

**Appendix K: Proof of translation and language editing**

# LINGUAFIX

**EDITING AND TRANSLATION  
REDIGERING EN VERTALING**

**☎ 0826816232**

**vnhelene@gmail.com**

**www.linguafix.net**

To whom it may concern

I hereby declare that the English summary of "Developing coping strategies for children who lost a mother during middle childhood". was translated into Afrikaans by me.

Helene van Niekerk



**DR GENEVIEVE SYMONDS' LANGUAGE EDITING SERVICES**

25 January 2017

**TO WHOM IT MAY CONCERN**

This serves to confirm that I have edited Alexandra Parsons' dissertation: *Developing coping strategies for children who lost a mother during middle childhood*.

I have corrected language errors including punctuation, article usage, tenses and subject-verb agreement. I have also improved on her choice of words, where necessary. Furthermore, I have enhanced the structure of various sentences as well as the flow and clarity of the language.

I have checked that her dissertation is compliant with the sixth edition of the APA's guidelines. I have also checked that her references adhere to the guidelines, and cross-checked that those that appear in the document are also in her reference lists and vice versa.

I have a PhD in Psychology. Furthermore, I majored in English and taught English Home Language for many years. I am a member of the Professional Editors' Guild. I have edited a number of dissertations and theses. I also do freelance editing for Crimson (Enago), an overseas based company that does academic editing.

Should you have any concerns, please contact me. I can be contacted on 083 4535913.

Kind regards



Dr Genevieve Symonds

(PhD – Psychology)

## LANGUAGE EDITING CERTIFICATE

### TO WHOM IT MAY CONCERN

This is to attest that I have edited the language of the article presented as a manuscript for examination and subsequent journal submission. This forms part of the mini-dissertation "Developing coping strategies for children who lost a mother during middle childhood" by A.S. Parsons.



Elaine Ridge BA UED (Natal) DEd (Stell)

Freelance Editor, Translator and Language Practitioner

[ridge@adept.co.za](mailto:ridge@adept.co.za)

[elaineridge42@gmail.com](mailto:elaineridge42@gmail.com)

Cell: 083 564 1553

Landline: 021 8871554

12 March 2017

## Appendix L: Turn-it-in report

