WHAT ARE THE EFFECTS OF TEACHER- FACILITATED GROUP WORK ON BEREAVED ADOLESCENTS?

by

MUSA ASNATH NGHONYAMA

Submitted in part fulfilment of the requirements for the
Degree of

MASTER OF EDUCATION – WITH SPECIALISATION IN GUIDANCE AND COUNSELING

at the

UNIVERSITY OF SOUTH AFRICA

SUPERVISOR: PROF. E. WIECHERS

JUNE 2008

I **MUSA ASNATH NGHONYAMA** declare that **" WHAT ARE THE EFFECTS OF TEACHER- FACILITATED GROUP WORK ON BEREAVED ADOLESCENTS?"** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

…….... ……

Signature Date

ACKNOWLEDGEMENTS

This work is dedicated to the following persons:

- My late husband Harold and my late niece Tlangy, whose premature deaths made me realise that life is too short to waste.
- Harry, you wanted so much to see me do this course − darling this is for you.
- To my dear daughters, Kuhlula and Mintirho, for enduring the whole year without me – I owe you.
- To my sister Molly for being a dear mom to my girls for the whole of 2007 − I know it was not easy, I love you so much.
- To my mom and dad for believing in me, I say the sky is the limit.
- To the group facilitators, Viro and Nkhesani, and the group members − you were wonderful.
- To the management of Shigamani and Hlalukweni secondary schools.
- To my siblings, for your unwavering support. Words can not express my gratitude.
- To Matimba. M and Matimba. G, thank you guys for your support.
- Tinyiko you are a wonderful friend, thank you.
- To Hangalakani, for your generosity, thank you.
- My supervisor Prof. Wiechers E, for your support, patience and understanding.
- To my Heavenly Father, for not leaving my side……..

ABSTRACT

South African society is exposed to the reality of violence and crime, and at the same time HIV / AIDS is claiming the lives of many parents. Consequently schools throughout the country have an increasing number of bereaved adolescents among their learners.

The effects of parental death during the adolescent years make severe inroads into the cognitive, psychosocial and moral development of adolescents. These detrimental effects of parental death motivated the researcher to investigate the effects of teacher-facilitated group work on bereaved adolescents.

A mixed (qualitative and quantitative) research method was used to investigate the said effects. Accordingly a questionnaire was designed using the Likert rating scale. The Beck Depression Inventory (BDI) and Beck Anxiety Inventory (BAI) were used as quantitative data collection tools for this study. The data from the BDI and BAI were tabulated.

Structured interviews, games, personal documents and focus group interviews were used as qualitative data collection tools. The data were analysed and reduced and prominent themes emerging from data sources were identified and discussed.

While bereavement is a very traumatic event for the adolescent, the study findings illustrate that teacher-facilitated group work provides members with various benefits which help them learn more about themselves and improve their interpersonal relationships, thus providing a supportive climate in which they could deal collaboratively with their bereavement. The findings also point out that group work provides the bereaved adolescents with a place where they are understood, where they can talk about their thoughts and feelings without being judged.

TABLE OF CONTENT

CHAPTER ONE: PROBLEMS, AIMS, AND PLAN OF STUDY 5
1.1. Introduction 5
1.2. Analysis and formulation of the problem 6
1.2.1. Awareness of the problem 6
1.3. Primary question of the study 7
1.3.1. The primary aim of the study 7
1.3.2. Subsidiary questions 7
1.3.3. Subsidiary aims 8
1.4. Preliminary literature study 8
1.4.1. Investigation of the problem 8
1.4.2. Effects of parental death on adolescents 9
1.5. An overview of adolescents' bereavement groups 11
1.5.1. Types of groups 12
1.5.2. Formation of a group 13
1.5.3. The group size 13
1.5.4. The length of the group session 13
1.5.5. Training of facilitators 13
1.6. Methodology 14
1.7. Sampling 14
1.9. Validity and reliability 15
1.10. The role of the researcher 15
1.11. Demarcation and clarification 15
1.12. Description of the participants 16
1.13. Limitations of the study 16
1.14. Clarification of key concepts 16
1.15. Research Programme 17
1.16. Conclusion 18
CHAPTER TWO: ADOLESCENCE, BEREAVEMENT, AND BEREAVEMENT IN VIEW OF ADOLESCENCE'S DEVELOPMENTAL STAGES 19
2.1. Introduction 19
2.2. Adolescence 19
2.3. Bereavement 20

2.4. Bereavement in view of adolescent's developmental stages 27
2.4.1 Psychosocial Development 28
2.4.2 Cognitive development 33
2.4.3 Moral development by Kohlberg 35
2.5. Conclusion 38
CHAPTER THREE: THE EFFECTS OF TEACHER- FACILITATED GROUP WORK 39
3.1. Introduction 39
3.2. Group work 40
3.3. The Group 40
3.3.1. Types of groups 40
3.4 .Advantages of a group to its members 41
3.4.1. Social Support 42
3.4.2 Self Esteem 42
3.4.3 Psychological health 42
3.5 Curative elements of groups 43
3.6. The group facilitator/leader 46
3.7. Group leadership skills 47
3.8. Abilities and characteristics of the group facilitator 47
3.8.1 Self-disclosure 48
3.8.2 Sensitivity to the needs and lives of participants 48
3.8.3 Trust building and rapport 49
3.9. Functions or roles of the group leader/facilitator 49
3.10. Theoretical approach to group work 51
3.10.1. The person centered approach to group work 52
3.11. The developmental stages of groups 54
3.12 . Conclusion 57
CHAPTER FOUR: RESEARCH METHODOLOGY 58
4.1. Introduction. 58
4.2. Research methodology 58
4.2.1. Theoretical overview of the mixed method research 59
4.2.2. Quantitative and qualitative research 60
4.2.2.1. Quantitative research 60
4.2.2.2. Qualitative research 61
4.3. Sampling 62

4.4. Data collection methods 62
4.4.1. Focus group interviews 63
4.4.2. The grief game 65
4.4.3. Questionnaire 66
4.4.4. The Beck depression inventory (BDI) 67
4.4.5. Beck Anxiety Inventory (BAI) 67
4.4.6. Individual structured interviews 68
4.4.7. Documents 68
4.5. Data Analysis 70
4.5.1. Data reduction 70
4.5.2. Data display 71
4.5.3. Conclusion drawing and verification 71
4.6. Ethical considerations 71
4.7. Summary 72
CHAPTER FIVE: ANALYSIS AND INTERPRETATION OF THE RESULTS 73
5.1. Introduction 73
5.2. Methods of data analysis 75
5.2.1. The process of data analysis and reduction 75
5.3 Qualitative data analysis 76
5.3.1. Individual structured interviews 76
5.3.2. The grief game 79
5.3.3. Personal Documents 81
5.3.4. Focus Group interview 89
5.4 Analysis of quantitative data 93
5.4.1. Beck Depression Inventory (BDI) 93
5.4.2. Beck Anxiety Inventory (BAI) 95
5.4.3. Group Climate Questionnaire 97
5.5. General themes that emerge throughout group activities 98
5.6. Discussion of the general findings of the emerged themes. 101
5.6.1 Theme 1: Effects of parental death 101
5.6.1.1. The role of a parent 101
5.6.1.2 .Life style changes and setbacks 102
5.6.2. Theme 2: Support 103
5.6.2.1. Support from the family 103

5.6.2.2. Support from the church 104
5.6.2.3. Support from the peers 104
5.6.2.4. Support from the teachers 105
5.6.3. Theme 3: Isolation and helplessness 105
5.6.4. Theme 4: Memories of the parent 106
5.6.5. Theme 5: The effects of group work. 106
5.7. Conclusion 108
CHAPTER 6: SYNTHESIS, CONCLUSION AND RECOMMENDATIONS 109
6.1. Introduction 109
6.2. Synthesis, findings and recommendations 109
6. 3. Implications for further research 117
6.4. Limitations 118
6.5. Conclusion 118
BIBLIOGRAPHY 119
ADDENDUM 123

CHAPTER ONE: PROBLEMS, AIMS, AND PLAN OF STUDY

A friend is a person who comes in
when the rest of the world
walks out…….
Walter Winchell

1.1. Introduction

Parental loss through death has detrimental effects on the lives of adolescents. It affects their emotional and psychological well being. Parental death also impact much on adolescents' ability to function in schools - how they retain knowledge and information. It also contributes to their lives' inability to make meaningful relationships (Freudenberg & Gallagher 1995:150).

To add Stroebe et al (2001:199) indicate that the unique developmental challenges facing adolescents during the formative adolescent years distinguish bereavement from other portion of the life cycle. The effects of bereavement during the adolescent years are severe. Unresolved bereavement has been linked to conditions such as depression, chronic illness, feelings of guilt and significant disturbances in self-esteem, job and social performances. There are certain responses that are common among bereaved adolescents for example, bereaved adolescents often feel isolated and different from their peers, and they may feel that they are treated differently at school or in social settings. However these feelings may lessen over a period of time when adolescents realise that they have support of trusted adults and peers (Stroebe et al 2001:199).

Death is continuously robbing adolescents of their parents. Our society is exposed to the reality of violence and crime; on the other hand the HIV/ AIDS epidemic is claiming the lives of parents. As a result of that, our schools have an increasing number of bereaved adolescents.

Bereavement causes significant psychological stress, and many students who have been labelled “bad” are in fact bereaved adolescents who are in need of help. Bowlby (1979: 37) indicates that people who experience complicated grief are those who received little or no support during the grieving process. Given knowledge of the detrimental effects of parental death on adolescents and a need for intervention, one may wonder how Vhembe district’s Department of Education copes with the increasing emotional and behavioral responses to bereavement without a single Educational Psychologist.

1.2. Analysis and formulation of the problem

1.2.1. Awareness of the problem

Pre-scientific knowledge

I am motivated to undertake this investigative research owing to personal experience. I have been a teacher for twelve years. During the time, I have seen children of different ages face bereavement alone without any intervention from educators, peers, and educational psychologists from Vhembe District. In the wake of bereavement, I have seen some children’s school performance drop, and some develop behavioral problems. They sometimes socially isolate themselves, some develop emotional and concentration problems.

More personally, in July 2003, I lost my husband to cancer. I was extremely distraught and I saw my two daughters (then 6, and 12 years old) suffer the pangs of bereavement. The six year old, received therapy immediately after the funeral, and the twelve year old refused to see a psychologist. Their school performance dropped. The twelve years old became aggressive, and isolated herself from peers and she was always angry. Both children’s third quarter results were bad, but the end of the year results of the one who received therapy improved a lot as compare to that of her sister who did not receive therapy at all.

The six year old, who had received intervention, can talk, and watch video cassette of her father's funeral proceedings without becoming emotional, but her elder sister (who refused help) finds it difficult to talk about his death and to see the video cassette of his funeral proceedings. Four years after the death, at age seventeen, she still isolates herself from peers, seems to have lost interest in life, and is aggressive. Obvious their respective personalities and their developmental stages had an effect on their reactions. However one wonders whether the difference in coming to terms with their father's death was due to the one receiving intervention and the other not.

Corr and Balk (1996: 15) indicated that adolescents tend to forge mature identity and independence. As a result of that adolescents often hide behind the forged maturity and the false independence. This forged independence is far from real and that often make them to refuse to share their grief. Therefore seeing the problem in every day life and having experienced it personally has prompted me to explore the effects of teacher-facilitated group work on bereaved adolescents.

1.3. Primary question of the study

What are the effects of teacher-facilitated group work on bereaved adolescents?

1.3.1. The primary aim of the study

The main aim of this study is to determine the effects of teacher- facilitated group work on bereaved adolescents.

1.3.2. Subsidiary questions

In attempting to find an answer to the question posed above, the researcher believes it will be worthwhile to consider the following subsidiary questions:

- What are the important developmental issues during adolescence?
- What is meant by bereavement process?
- What are the effects of parental death on adolescents?
- What is the teachers' role in helping the bereaved adolescents?
- What is meant by group work in a school context?
- What are the effects of teacher –facilitated group work on bereaved adolescents?

1.3.3. Subsidiary aims

The aims of this study are informed by the researcher's intention to find answers to the following:

- To describe the important developmental issues during adolescence
- To gain an in-depth knowledge of bereavement processes
- To determine the effects of parental death on bereaved adolescents
- To describe the teacher's role in helping bereaved adolescents
- To describe the concept "group work" in school context
- To determine if teacher- facilitated group work can be effective in helping bereaved adolescents.

1.4. Preliminary literature study

1.4.1. Investigation of the problem

The topic on the effects of teacher- facilitated group work on bereaved adolescents has not been extensively studied. Much has been done on the role of educational psychologists and school counselors. Mutual support group was once used successfully at Kansas State University. The interventions involved the bereaved students meeting twice in a week for a period of two hours. Graduate students in marriage and family counseling facilitated the meetings; the meetings were focused on how to cope with life crises and on sharing personal experiences (Stroebe et al 2001: 210-211).

The Researcher will have extensive structured interviews with bereaved adolescents from deep rural areas schools. In Vhembe District, (public schools, including the special schools there are no Educational psychologists. The teachers, who have never been trained in counseling and bereavement support, helplessly watch the bereaved adolescents go through the bereavement process alone.

1.4.2. Effects of parental death on adolescents

In adolescence the focus is on life and its limitless potentials; during this stage adolescents tend to concentrate much on how to achieve their set goals. Death is “anathema” to adolescents (Raphael 1984:139). Therefore the passing away of a parent during adolescence has detrimental effects on how adolescents perceive their internal and external world (Sissullo 2005: 500)

Adolescents are not immune to the grieving process. In fact the death of a parent or other significant person during one’s adolescence carries consequences that may last a life time if not attended to as soon as possible (Smith & Murthy 2005:45). Given this reality, it is therefore important to understand how the adolescents’ psyche is profoundly affected in a multiplicity of ways by the loss of a parent.

According to Hipp (1995:25) loss is like a physical, mental, emotional and spiritual wound. The bereaved adolescents with these burdens have difficulty learning because the loss cause the inter alia emotional burdens that interfere with the successful applications of cognitive abilities required for learning and retention (Humphrey & Zimpher 1996:159).

According to Freudenberger and Gallagher (1995:150) the death of a parent leaves adolescents feeling abandoned – this feeling impact much on their ability to function in school and to function as a person. Bereaved adolescents tend to enjoy doing tasks that can be easily understood. They try to avoid things that require abstract thinking and concrete reasoning. They further indicate that the feeling of abandonment make them to refrain from making close relationship with peers, surviving parent or people of opposite sex.

Freudenberger and Gallagher (1995:152) mention three ego distortions that usually take place when an adolescent has lost a parent: the denigrated self image which lacks a sense of self worth, a high ego ideal, which produces more abusive self criticisms and a feeling of dependency.

Bereaved adolescents are physically more vulnerable and their health is more at risk when compared to non- bereaved counterparts. There is no doubt that the costs of bereavement in terms of health can be extreme. Bereaved individuals suffer elevated risks of depression, anxiety; and other psychiatric disorder, somatic complaints, infectious, and a variety of other physical illness. They have higher consultation rates with doctors, use more medication, are hospitalised more often, and have more days of disability (Stroebe et al 2001: 8)

Smith (2000: 2-3) indicates that since adolescents are in school for most of the day, the loss of a parent will also have implications for the adjustment in the school set up. The effects of bereavement will impact negatively on the adolescents' performance and social interaction. Teachers therefore need to be aware of the underlying effects if they are to react in an appropriate way.

A variety of factors usually influence how the children will respond after the death of a loved one. This number of factors includes the following: age and level of cognitive development. Unlike children, adolescents are likely to have an understanding that is similar to that of adults, and they tend to think about how the death of loved one may influence their future. Therefore it is important that adolescents have trusted people, including peers, teachers or family members, with whom they can share their thoughts and feelings (Glenn & Hirsch 2006:1)

Bowlby (1979: 37), Kubbler-Ross (1993) and Wolfelt (1992:42) discuss different stages of grief, which bereaved adolescents are likely to go through during the grieving process. As the result of that bereaved adolescents need the support of people who understand them, and who can help them go through the different stages. Bowlby (1979:37) and Piper et al (1992:17) agree that people who experience complicated grief are usually the ones who received no or limited support during the grieving process.

Therefore adolescents, who have lost parents to death, may require intervention to heal. Research has shown that there are ranges of strategies, which can be used to help bereaved adolescents. Huda (2001: 423) indicates several intervention strategies that can be used to alleviate the immediate distress of bereavement and help prevent other mental health problems in the future, some of the strategies are as follows: individual counseling, family therapy, and etcetera. Strobe et al (2001: 210-211) indicates the effects of mutual group interventions which was done in Kansas State University.

Posthuma (1999:216-219) and Wilson (1995: 4) emphasise the importance of self help groups. In self help groups, members share common difficult experiences, they benefit from group activities, members run and own the group, and members may pay contributions but not fees.

As it has been mentioned, that Vhembe District has no Educational Psychologists. The researcher believes that teacher-facilitated group work (which is similar to self help and mutual support groups) can be of great help. Murthy and Smith (2005: 6) believe that within a group context adolescents are likely to realise that universality of their problems, as a result they may feel free to share their deepest thoughts and feelings with other members of the group.

1.5. An overview of adolescents' bereavement groups

During the course of the researcher's MED's studies, the researcher used group work as an intervention strategy with adolescents who had lost their parent(s). The researcher found the group work more effective because of its curative effects. Groups bring bereaved adolescents together; where they are able share their common experiences. Group members are afforded an opportunity to make connections and work through conflicts by means of healthful and safe approach, providing and receiving support (Murthy & Smith 2005:21).

According to Corr and Balk (1996:6) adolescence involves “a decrease of identification with parents and an increased identification with peers”. Since the groups are composed of bereaved adolescents, group members might feel free to share their experiences with each other. Most important groups are a “natural” environment in which adolescents can feel free to experience their thoughts and experiences, because they usually spend most of their times in groups. Therefore groups may be the right ground where adolescents may communicate and participate actively (Gladding 1995: 239)

In bereavement support groups, members share common experience and this bond serves as the foundation of an environment in which cohesiveness can develop naturally. The togetherness enables group members to feel as though they are a part of an important “community”. Cohesiveness helps bereaved adolescents to recognise common experiences and the feelings that are shared by other group members.

Discovering that their feelings are common may facilitate the healing process for the bereaved adolescents (Murthy & Smith 2005: 25). Corey (2004:9) believes that many groups work best when they are structured around the theme. Themes help the group members to focus. The structured theme in this study will be loss of a parent(s) through death. As such only adolescents who have lost parents will be allowed to be part of the group.

1.5.1. Types of groups

There are different types of groups. There are open and closed groups. The closed group according to Murthy and Smith (2005:39) is made up of pre-screened number of group members, who begin the group together and remain together until the end of the group sessions, without any new member being admitted in a group. Unlike in the closed group where only a number of selected members remain together until termination, open group allows members to come and go, and new members are allowed to join the group at any given time. The open group often continues indefinitely and it does not have a set ending time.

Since the researcher, is interested in determining the effectiveness of teacher-facilitated group work, in this study closed group will be used.

1.5.2. Formation of a group

These groups were made up of bereaved adolescents age 14-19, who have lost at least a parent. Only members who volunteered and whose goals were compatible with the set goals of the groups were allowed to be part of the group.

1.5.3. The group size

Usually the size of a group depend solely on various factors, such as age of the participants, type of a group, and the type of problems being explored. For an on going group about 8 people with one facilitator seems to be a good size. In general groups should have enough people to afford ample opportunity for interaction so that it does not take more time than is necessary yet it must be small enough to give every one a chance to participate actively (Murthy & Smith 2005: 39-40).

1.5.4. The length of the group session

In this study members will meet for one and half hours to two hours, for seven sessions. The group sessions are long enough to allow group cohesion, yet not so long that it seems to drag on interminably (Corey 2004: 2004)

1.5.5. Training of facilitators

In this study the Carl Rogers' person centered approach to groups was used. Rogers (1986) as cited in Corey (2004: 280) writes that the facilitator's role is to be a companion to participants in their journey towards self-discovery. Rogers' Person Centered approach is grounded on the assumption that individuals are capable of helping themselves with little help from the group leaders. In this approach the group leader's role is to establish a good climate by creating a relationship based on the following attitudes: accurate empathetic understanding, acceptance, warmth, caring and guineness. This will be discussed fully in section 3.10.

1.6. Methodology

Research method

Research design describes how the study was conducted. It summarises the procedure for conducting the study, including when, from whom, and under what conditions the data will be obtained. In other words, the research design indicates the general plan: how the research is set up, what happens to the subjects, and what methods of data collection are used (McMillan & Schumacher 2006:22)).

In this study, mixed method design will be used. Mixed method involves the use of two research approach - qualitative and quantitative approach in a single study Creswell (2003:210). A more detailed discussion of mixed method approach will be discussed in chapter 4.

1.7. Sampling

In this study purposive sampling will be used. Purposeful sampling is made up of participants who have the most characteristics or typical attributes of the population (Patton 2002: 230). In this study bereaved adolescents. Purposive sampling will be discussed in detail in chapter 4.

1.8. Data collection

Mixed research method will be used to collect data. Mixed research data collection involves collecting both numeric and text data at the same time. The following data collection strategies will be used:

- Questionnaires (quantitative)
- Structured interviews (qualitative)
- Focus groups (qualitative)

In this study, the group climate questionnaires will be administered with the facilitators to check the group members' attitude during the sessions. Beck depression inventory (BDI) and Beck depression inventory (BAI) will be completed by the group members to determine their depression and anxiety level.

For qualitative work, structured interview, focus group interviews, games and personal documents will be used to check the effects of parental death on bereaved adolescents. Data collection strategies will be discussed in more detail in chapter 4.

1.9. Validity and reliability

The validity of this study was maintained through the use of mixed research methods. The same questions were asked to the group members through structured interviews, focus group, and Beck depression inventory (BDI) as well as Beck depression inventory (BAI). I personally conducted the structured interviews with the group members and the facilitators did the rest.

1.10. The role of the researcher

In this study, the role of the researcher will be the following:

- A trainer – the researcher will train the teachers, who will be facilitating the groups.
- A monitor – the researcher will visits groups to check group progress.
- An interviewer – the researcher will interview all the bereaved adolescents before group activities commerce.

1.11. Demarcation and clarification

Description of the geographical area in which the research was conducted

Vhembe is a district, which is located in the Western side of Limpopo province. Its inhabitants include both Xivhenda and Xitsonga's speaking people. The rationale behind this choice is because firstly, the Vhembe District schools are predominantly rural schools, which offer little or no psychological interventions, which are commonly found in urban-based schools. Secondly there are no Educational Psychologists in Vhembe district to offer psychological interventions to bereaved adolescents. Therefore the teachers become the only people who can offer some kind of assistance to these adolescents as they spend some of their time with them.

The researcher acknowledges the fact that her selection of the focus area might affect the scientific value of the research as it focuses on a limited area rather than a larger geographical area (i.e. the Limpopo province as a whole).

1.12. Description of the participants

The participants in this study were high school students between 14 and 19 years of age. The reason the researcher decided to use the participants falling within this category is because most young adolescents, unlike younger children who may deny death and see it as reversible or temporarily separation. Adolescents fully grasp the meaning of death and they may seek out friends and family for comfort or may withdraw to deal with their grief.

1.13. Limitations of the study

- The research findings will not be generalised because the research was only done with few members of the society.
- Unlike children, adolescents can manipulate tests. This implies that there is a possibility that results of the assessment tools may be exaggerated or visa versa.

1.14. Clarification of key concepts

In order to understand the meaning and definitions of the concepts used in the study, it is necessary to briefly clarify the following terms: more clarification of the terms is in chapter two.

Adolescence

Corr and Balk (1996: 7); Gouws & Kruger (1994:20-23); Gladding (1995:119) as well as Mwamwenda (1995:66-69) agree that adolescence is a stage in human life that is filled with physical growth, sexual maturity, cognitive and emotional development. It is a period of change and growth that serves as a bridge between one relatively stable developmental stage and another relatively stable but different developmental stage. It is a period of life between childhood and adulthood (Kimmel & Weiner 1985:12) this concept is discussed in greater detail in section 2.1.

Bereavement

Bereavement is the objective situation of having lost someone significant, it is a life crisis that forges our identity but initiates change that challenges our basic value, placing new demands, painful emotions and psychological stress (Stroebe et al 2004: 4). This concept is discussed in greater detail in section 2.2.

Group work

The concept group work encompasses all the types of activities which are performed by an organised group (Gladding: 1995: 4). This concept has been discussed in greater details in section 2.2.

Group

Corey (2004:3) ; Gladding (1995:7) ; Johnson and Johnson (1987: 5) as well as van Survellen (1984: 10) define group as collection of two or more individuals, who meet in face to face interaction, interdependently, with the awareness that all belong to the group. van Servellen (1984: 13) further states that "individuals become a group when they establish a specific pattern of information exchange and set goals". This section is discussed in greater details in section 3.3.

1.15. Research Programme

What follows is a brief overview of the stages of inquiry as set out in the research report.

Chapter One: Problems, aim and plan of the investigation.

This chapter comprises the introduction, purpose of the study, the problem statement, research method and the demarcation of the field of study.

Chapter Two: Bereavement, adolescence and bereavement in view of adolescence developmental stages.

This chapter contains literature review of the following terms: bereavement and adolescence. Bereavement in a view of the adolescence development will be discussed.

Chapter Three: The effects of teacher- facilitated group work

In this chapter the following terms will be discussed: group and group work. The impact of group work on bereaved adolescent will be outlined.

Chapter Four: Research methodology

This chapter will look at the whole process of research with specific reference to the research design and methodology. The measuring instruments used will be discussed and the collected data will be analysed.

Chapter Five: Analysis and interpretation of results

Analysis of Beck depression inventory (BDI) and Beck anxiety inventory (BAI) will be done and data collected by means focus groups interviews and structured interviews will be analysed and discussed.

Chapter Six: Summary, conclusion and recommendations

In this chapter the findings of the research will be discussed. An evaluation of the research as regard the teacher- facilitated group work on bereaved adolescents will be done. Contributions and problematic aspects of the search will be determined.

Further recommendations for further study will be made.

1.16. Conclusion

Adolescents need a lot of support to go through difficult time. Therefore a study exploring the effect of teacher- facilitated group work on bereaved adolescents would benefit the bereaved adolescents. It would also contribute to the effectiveness of teaching and learning at schools.

CHAPTER TWO: ADOLESCENCE, BEREAVEMENT, AND BEREAVEMENT IN VIEW OF ADOLESCENCE'S DEVELOPMENTAL STAGES

Love is stronger than death! Even
when somebody dies, the love that
you share lasts forever…

Author unknown

2.1. Introduction

In this chapter a brief explanation of the adolescent stage of development will be outlined. Bereavement and how bereavement influences the adolescents' developmental aspects is discussed. Furthermore, in line with the purpose of this study, the researcher deemed it important to discuss various facets of the adolescent developmental aspects and to outline how each may be affected by the death of a parent during the adolescence stage.

2.2. Adolescence

Adolescence is a crucial stage in human life. It is a stage of a life that is filled with rapid physical growth, sexual maturing and specific cognitive and emotional development.

During this stage adolescents try to be more independent and they focus more on heterosexual relationships and the development of a more mature identity (Corr &Balk 1996: 7)

Adolescence begins when childhood ends, and the end of childhood is marked by puberty which heralds the commencement of adolescence. During puberty the boys' and girls' level of sexual maturity differ; girls' reach their growth at more or less the age of twelve and boys two years later, more or less age 14. The physical aspects of adolescence to boys are marked by the breaking of the voice, development of pubic hair and wet dreams.

To girls it is marked by physical features such as the development of breast, acne and menstruation (Gouws & Kruger 1994: 20-23) and (Mwamwenda 1995: 66- 69).

Gladding (1995:119) indicates that during this time adolescents grow up physically and mature mentally, but they struggle with psychological and social issues related to their growth and development.

Adolescence is the longest developmental phase where adolescents experience an extended period free of adult's responsibilities (a moratorium) which is a period of grace. They have more time to explore different things such as career plans, fashions and sexual behavior. The freedom of choice during adolescent phase creates a sense of uncertainty for many adolescents. The search of an own identity can be painful if the answer to the "who am I?" question is not found. In best circumstances the long adolescent stage provides opportunities for experimentation with various roles and that they may lead to the development of a mature identity (Mwamwenda 1995: 70- 73).

It is during this stage where adolescents are expected to start taking responsibility for their actions since they are no longer regarded as children. Adolescents are not expected during this stage to act like children however they are increasingly expected to conform to adult norms. Because of the pressure that result, we see adolescents seemingly identify themselves less with their parents and identify themselves more with peers because they feel that they understand each other better (Kimmel & Weiner 1985: 2) and (Mwamwenda 1995: 72)

2.3. Bereavement

Stroebe et al (2001:4) and Webb (1993: 7) define bereavement as the objective state of having lost a loved one through death. Therefore bereavement refers to a state of loss and grief is a natural and normal painful response to loss.

Piper et al (1992:17) indicates that grieving involves accepting the reality that the relationship to a significant person is gone. The grieving process in response to the death of a loved one requires time, patience, courage and support.

During the grieving process, a person is likely to experience many different feelings for example, sadness, guilt and shame. Painful as the grieving process might be, it is important for a person's emotional and physical well being. Piper et al (1992:17-18) went further to say that a person who is willing to feel the pain, is likely to engage in a process of interaction and negotiating with the inner self. That may help the person to realise that the deceased is gone and nothing can be done to bring him/ her back.
Since people are different, the time which a person spent grieving differ from person to person. However the stages of grief seem to be commonly experienced by many people when they have lost someone close (http://home . att.net/velvet-hammer/grief.html).

Dr Kubler-Ross (1993) as cited in (http://home.att.net/velvet-hammer/grif.html) identifies five stages which bereaved people are likely to go through during the grieving process; denial, anger, bargaining, depression and acceptance. Bowlby (1979:37) mentioned four stages of mourning; numbness, yearning, disorganization and reorganization. Wolfelt (1992:42) describes the following 'mourning needs', which include acknowledging the reality of death, embracing the pain of loss, remembering the person who died , developing a new identity, searching for meaning and receiving an on going support from other people. Further stages are: shock and numbness, guilt, letting go, and forgiveness.

Schneider in Gilliland & James (1993:145-147) discusses 8 phases which bereaved people are likely to go through during the grieving process:
Phase 1: Initial awareness of loss
During this phase the bereaved persons experience shock, disbelief. They do not believe that their loved persons are dead. This phase involves a lot of emotional confusion and emotional disorientation.

Phase 2: Attempts at limiting awareness by holding on

During the phase the bereaved adolescents refuses to accept the reality of loss. A person convinces himself that it is a mistake and hope for the deceased's safe return.

Phase 3: Attempts at limiting awareness by letting go

During this phase the bereaved adolescents start to accept the reality of death. They start to realise that they will never change their situations. However the realisation is usually accompanied by the feelings of depression, guilty and anger.

Phase 4: Awareness of the extent of loss (mourning stage)

This phase is characterised by emotional pain and overwhelming grief. During this stage the reality of loss starts to sink.

Phase 5: Gaining perspective on loss

A bereaved adolescent starts to accept the loss. A person starts to concentrate on his personal growth and emotional healing starts to emerge.

Phase 6: Resolving the loss

A person starts to forgive himself and the deceased for dying. During this phase bereaved people start to realise the importance of moving on with their lives.

Phase 7: Reformulating the loss in the context of growth

During this phase a bereaved person develops an increased tolerance for pain and start to see problems as challenges. A person has renewed interest in life and experiences emotional balance.

Phase 8: Transforming the loss into new levels of attachment

During this phase a bereaved person feels whole again. A person begins to understand and accept loss. The good memories keep the person connected to the deceased.

If a person experiences some of the mentioned stages of grief, is normal. People must allow themselves to experience the pain of grief in order to heal because failure to do so may result in complicated grief (Piper et al 1992:16-17).

As it has been mentioned in section 1.4.2 that grief is the process that requires courage, patience and support, limited support can result in complicated grief where else enough support can result in normal grief. Bowlby (1979:37), Piper et al (1992: 17) and Sussillo (2000: 502) agree that people who experience complicated grief are those who receive limited or no support during the grieving process or people who refuse to grief by returning to their normal life soon after death. Some churches tend to promote the misconception that it is not appropriate for a Christian to show emotions (it is regarded as a sign of not being a strong Christian) as such to avoid criticisms bereaved persons may decide to keep their feelings inward rather than expressing them, this may also lead to complicated grief.

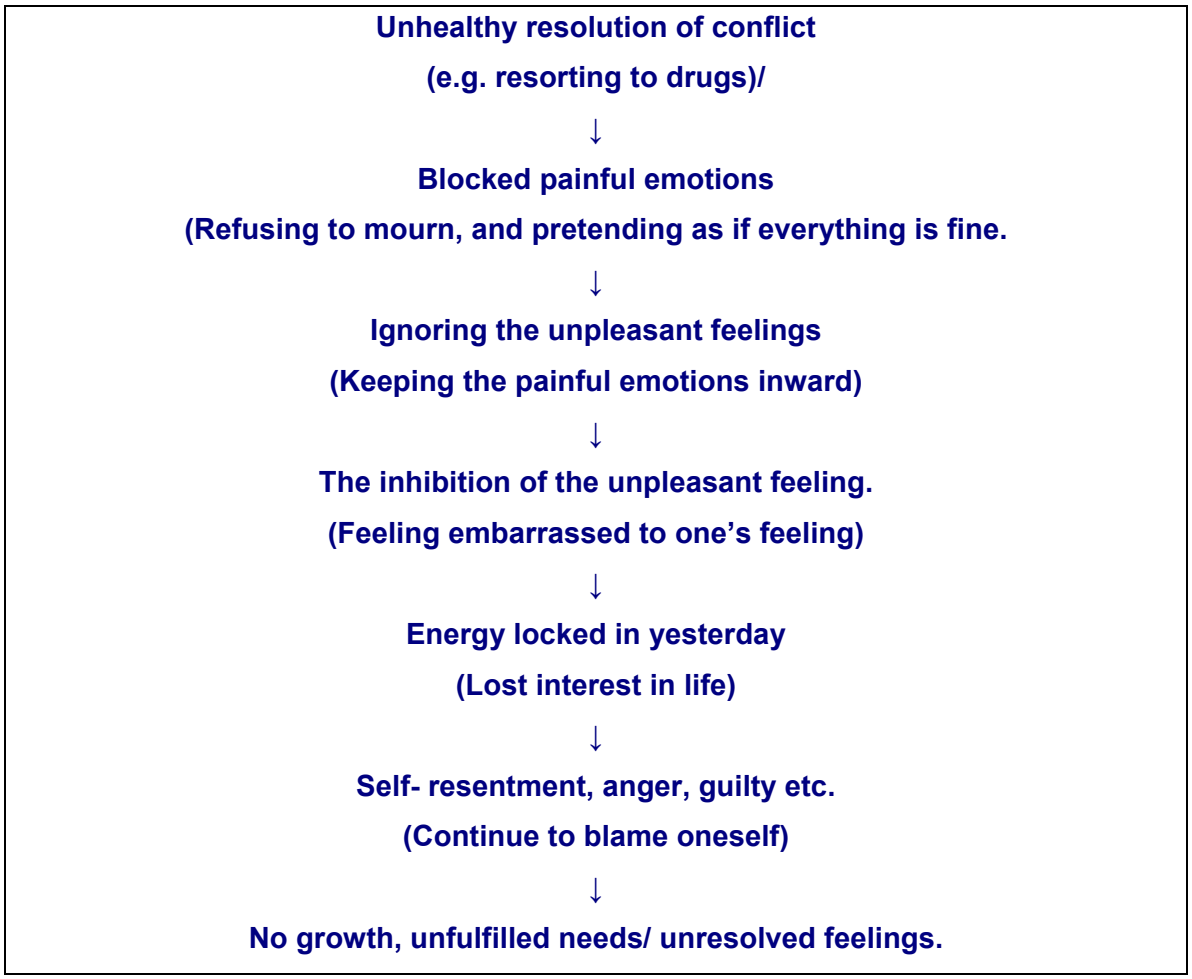
Bowlby (1979:37), Piper et al (1992: 17) and Sussillo (2000: 502) went on to indicate that people who experience normal grief are those who go through all or some of the stages of grief, people who are willing to feel the pain. These are the people who have support from the people who understand and encourage them to grief and recover in their own way. As the result of that when time comes this people will accept that the person they so dearly loved is gone and start to continue with their lives.

Adolescents' reaction to grief includes the following: questioning and doubts, withdrawal, risk taking behavior, substance abuse and obsession with death. Usually adolescents peer group has been found to provide a sense of belonging. During the grieving process adolescents have been found to prefer their friends over a conversation with their remaining parent (Christ et al 2002: 1276) and (Kimmel & Weiner 1985: 2). It is for this reason why the researcher has deemed it important to investigate the effects of teacher-facilitated group work on bereaved adolescents.

While the above mentioned adolescents behaviours are considered normal during the grieving process, if the necessary support is not provided, complicated grief may occur.

Usually if bereaved adolescent does not receive help or support after the death of a parent, the following is likely to happen:

Figure . 1



Unhealthy resolution of conflict / complicated grief

One of the main features of complicated grief is the inability to recover (Bowlby 1979:53). As a result of that a person may start to take drugs as away of running away from his problems. People with unfinished business bottle a lot of anger and pretend to be very strong even when they are not strong.

Corey (2004:397) mentioned that “most human have the tendency to keep themselves emotionally disturbed” as such they are likely to sabotage their changing efforts.

Blocked painful emotions

There are many ways in which a person may block his painful emotions, for example by refusing to feel the pain or by getting stuck in one of the stages of grief.

Ignoring the unpleasant feelings

People who ignore the unpleasant feelings tend to keep their emotions inward rather than sharing them with other people. They usually refuse to talk about how they feel about the death or about the deceased person.

Inhibition of the unpleasant feelings

Our rural communities tend to promote the inhibition of unpleasant feelings by avoiding death topics - they believe that if issues pertaining death are avoided immediately after the funeral proceedings, the bereaved will forget about their loss. As a result our bereaved adolescents find it hard to share their feelings.

Energy locked in yesterday

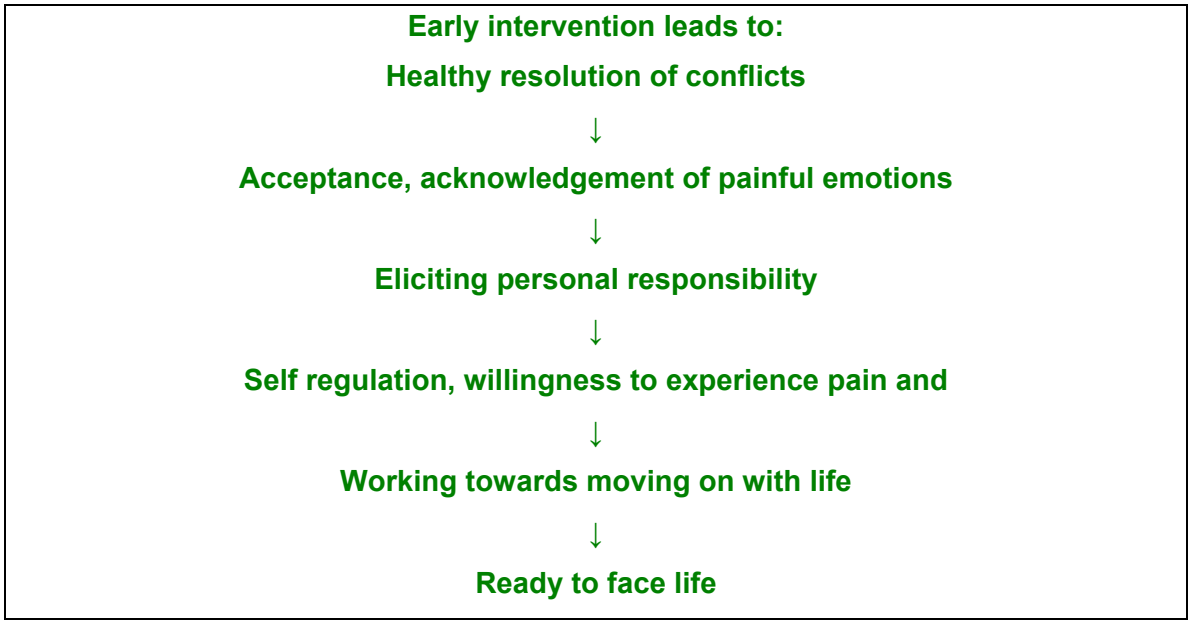
Corey (2004:305) mentions that if we continue to be uncomfortable dealing with our emotions it will become a nag that will prevent us from enjoying life fully. People with unfinished business tend to loose interest and the zeal to continue to live life fully. These people always blame other people for their problems. They live in their own world and have feelings of resentment and indifference towards others. They refuse help.

Self resentment, anger, and guilt

People experiencing complicated grief are likely to be confused about their loss. They tend to display a lot of anger towards the deceased for deserting them, they blame others for letting the deceased die, for example doctors, or nurses for letting their beloved person die. They also blame themselves and other family members for failing to help the dead person (Bowlby 1979: 53-54).

This is likely to happen if the adolescent receives early intervention

Figure .2



Healthy resolution of conflicts

People who resort in a healthy way of resolving conflicts (normal grief), allow themselves to feel the pain. They go through the stages of grief and they do not continuously blame themselves and others for the occurred crisis.

Acceptance acknowledgment of painful emotions

People, who accept and acknowledge painful emotions, usually accept the reality of loss. They are willing to feel the pain and to work on their painful feeling in order to heal.

Eliciting personal responsibility

People who elicit personal responsibilities seek and accept help. They share and disclose their deep personal thoughts and feelings.

Self- regulation, willingness to accept the loss and working towards moving on with life
Self-regulatory people usually take control of their lives. They accept their loss and learn to function without the deceased person.

Ready to face life.
People, who are ready to face life, acquire a total acceptance of what happened and they are ready to continue with their lives. They make new plans. And they are determined to live life to the fullest. Acceptance and determination help them to see life in a different perspective.

2.4. Bereavement in view of adolescent's developmental stages

Adolescent bereavement cannot be understood unless placed in the overall context of the transition faced by adolescents. The effects of bereavement during adolescent years are severe; it affects the cognitive, psychosocial and moral development of the adolescents. Several developmental aspects of adolescence are challenged by parental death. Most threatened is the adolescent's confidence in independent functioning, their emotional withdrawals from family and acceptance by peers. Family members, naturally turn to adolescents rather than to younger siblings to take responsibility when there is a death in the family because of their greater maturity and abilities.

However the adolescent may feel threatened and withdraw if the responsibilities are excessive, for example adolescent that has lost a mother, who is expected by family members to look after her younger siblings can find the responsibilities to be excessive. In case of peer acceptance, the non-bereaved peers fear strong emotions, when they are with the bereaved peers, they may act as if nothing happened, and if the bereaved adolescent shows a lot of emotions, they may avoid contact and stop going out with them (Christ et al 2002:1277).

It is essential therefore to realise how the adolescent's psyche is affected by the passing away of a parent. It is a life trauma which affects the adolescent's sense of self and interpersonal relationships (Sissullo 2000:500).

The question could be asked whether group work might help the bereaved adolescent to cope with tasks and the conflict of each maturational aspects of adolescence. The researcher in this study concentrated on the following developments facets of the adolescent's development: psychosocial development, cognitive development and moral development.

2.4.1 Psychosocial Development

Corr and Balk (1995:7), Gladding (1995:119) as well as Woolfolk (1995:69) find adolescence stage to be the most crucial, complicated and the longest stage in human life. It is complicated because it has series of stages and each stage has its dangers, accomplishment and concern. In each developmental stage, individuals face developmental crises. The way people respond in each crisis will determine their self image and their personal relationships. Unhealthy resolution of problems by adolescents during the series of stage can have negative effects on their lives.

Erikson (1980:87-105) developed eight stages of psychosocial development for people of different ages, but in this study more attention will be on the adolescent psychosocial development stage, which is identity versus role diffusion**.** The other psychosocial developmental stages will be briefly outlined.

Basic trust V Basic Mistrust (12- 18 months)

The infant in the first year of his life must be able to have basic trust, the child must trust that others care and love him**.** The infant must have sense of trustworthiness, and this will help the child to develop a healthy personality. Basic trust implies that the infant has learnt that the provider is there and will continue to be there even if the provider is out of sight.

Basic mistrust is the impairment of basic trust. It usually manifests as the child grows and it affects the child's self esteem, self concept and confidence. A child who has developed basic mistrust would refuse comfort and love because the child does not see it as real, and the child does not trust others and self.

Autonomy V Shame and Doubt (18 months to 3 years of age)

Autonomy stage is equivalent to the anal stage. If the stage is handled well and the child is given a chance to believe in himself and the world around him the sense of autonomy may develop. During this stage a child is expected to start exploring. For a child to develop a sense of autonomy and pride, guidance should be given with care and love. When a child realise that he is awarded enough freedom of self expression and exploring, the child can develop a sense of self control without losing his self esteem. The sense of shame and doubt usually develop when a parent or an adult in a child's life is over controlling to an extent that the child looses his self control. When the child is not awarded a chance to control his own bowel and other functions willingly, the child may feel defeated and this may lead to the child developing the sense of doubt and shame.

Initiative V Guilt (3 to 6 years of age)

During this stage conscious develops. The child wants so much to do well and try hard to avoid doing bad things. Erikson (1980:84) calls this stage "a cornerstone of morality". The child wants to excel and try to do good to impress and to show the world that he can do it. If the child is not over restricted, he can gradually develop a sense of responsibility, however if the expectation from adults is too much, the child may develop deep regressions and lasting resentments towards life. Therefore early prevention of hatred and guilt by adults allows the development of initiative and responsibility by a child.

Industry V Inferiority (6 to 12 years of age)

During this stage, the child tries so hard to win adults' favours by trying to make things happen. The child develops industry when he becomes eager to make things happen and wiling to do them well. The child derives pleasure by successfully completing a given task. However for the child to develop a sense of industry, a child needs healthy, relaxed and trusted adults to guide him. The child needs motivation and encouragement from good adults to do well in this stage.

The insensitive adults, who expect too much from the child and the insensitive comments such as ‘you will never do it’, or ‘your brother is better than you, may result in a child developing a sense of inferiority’.

Intimacy versus Isolation (Young adulthood)

This is the stage where young adults establish intimate relationships. The young adults confess their love for each other. They discuss their expectation, plans, fears and wishes. However if one fails to accomplish intimate relationship with others, one may shy away and isolate oneself.

Generativity versus Stagnation (middle adulthood)

During this stage adults try their best to find ways to support and guide the next generation (off spring). They look forward to perform their adults or parental responsibilities. During the process they develop a healthy personality that sustains them. However if they fail to achieve the above, they may develop a sense of stagnation which is likely to make them to be selfish and develop excessive self love.

Integrity versus and Disgust (last adulthood)

This is the stage where adults develop ego integrity; as a result adults begin to accept themselves as they are. Accept that everyone is responsible for his own life. They begin to value and respect other people’s decisions. However if one fails to achieve the above, ego disintegration develops. Ego disintegration usually leads to despair and disgust. A person with disintegrated ego tends to loose interest to try new things and to be with other people.

Identity versus role diffusion (adolescence)

As has been said that adolescence involves the transition form childhood to adulthood, and it makes the most important transition. During this stage adolescents become more independent and begin to look at the future in terms of the elements such as career choice and relationship. During this period adolescents start to explore possibilities and begin to form own identity based upon the outcome of their explorations. The core issue for adolescence is the development of an identity that will provide a firm basis for adulthood (Woolfolk 1995:69).

Identity Formation according to Erikson (1980:122) “begins where the usefulness of multiple identification ends”. Which means it starts immediately after the adolescent has found answers to the ‘who am I” question, and after an adolescent has explored different roles. It also depends on the recognition of one’s new identity by the community. The increasing sense of identity on the other hand is experienced as a sense of psychological well being, if it is accompanied by the feeling of being comfortable in one’s body, a sense of knowing what ones wants and recognition from people who are valued.

Identity diffusion- It is the ability to reach conclusion on what one wants to be and what one wants to become. It is characterised by doubts and sense of hopelessness. To keep themselves together people experiencing identity diffusion over identify with many people, e.g. heroes and the crowds, and as a result they experience complete identity loss (Erikson 1980:97)

Erikson(1963 as cited in Conger and Calambos (1997: 44) mentioned two important ways in which the identity search in adolescents may go wrong; he indicated that it may be indefinitely extended (identity confusion) or identity may be prevented before it happens (identity foreclosure)

According Erikson (1980:133) “State of identity confusion usually becomes manifested at a time when the adolescent finds herself exposed to experiences which demand his commitment to relationship and decisive work choice”. It happens when adolescent’s sense of who they are, is hindered. Adolescents experiencing identity confusion are those who have experienced negative things towards life for an example, an adolescent who was raised by autocratic parents would find it difficult to make her own decisions in life.

Identity Foreclosure is an interruption in the process of identity formation that interferes with the development of other possibilities for self-definition. It usually happens when adolescent’s identity formation is prevented before it happens. Adolescents with identity foreclosure are approval oriented i.e. tend to do things to please others.

Their self esteem is based predominantly on recognition by others. They have high respect of authority. They are more conforming to rules than their peer who have never experienced identity foreclosure, for example, an adolescents who was forced to marry at an early age, the poor adolescent is expected to assume adults responsibilities, bear children, respect her husband and her in-laws (Conger & Galambos: 1997:44)

Conger and Galambos (1997: 47) indicate that the patterns of identity formation depend on the parent-child relationship, cultural pressure and social changes. They further explained that adolescents experiencing identity confusion are those who have had negative experience in life. The loss of parents during the adolescents' stage can result in adolescents seeing life in a negative way, and it may lead to identity confusion because bereaved adolescents may be forced to assume adult responsibilities. This might hinder the adolescents' sense of who they are. Erikson (1980:137) indicates that when an adolescent make commitments contributing to an adult identity before the right time the sense of identity that will result will not have a proper foundation. Erikson (1980:137) further indicates that people who experience severe identity diffusion are those who are unable to concentrate on the required or suggested tasks. An adolescent who is expected to assume her dead mother's role in the family may find the task overwhelming.

As life crises, suggest "Dangerous opportunities", they may evoke growth and maturity if responded to well, but they present harm and maldevelopment if responded to poorly. So early intervention and proper support from people who understand well what the bereaved adolescents are going through can be of help (Corr & Balk 1996:5-6).

Morgan (1990:95) believes that intervention at naturally occurring crisis points in adolescent's life is often most useful in helping them go through this transitional process in a way that facilitates growth while preventing the development of maladaptive solutions. Since adolescents are more comfortable to discuss issues with their peers more especially with those they share common experiences, teacher-facilitated group work aimed at helping bereaved adolescents, might be of great help.

2.4.2 Cognitive development

Piaget (1970 as cited in Woolfolk 1995.30) identifies four factors that play a role in cognitive development, biological maturation, activity, social experiences and equilibration that interact to influence changes in thinking. Maturation is one of the influences that help us to make sense of the world. This means that the way in which we see the world depends to a great extent on our maturity, for example the way an adult perceives the world is far different from the way a child sees it. Activity refers to exploring, testing, and observing the environment. As adolescents interact with their world, changes in thinking and the way they see things occur.

Cognitive development is also influenced by the way adolescents interact with those around them, how they act on the environment and what they learn from the environment and others (social experiences). Equilibrium is about striking or maintaining a balance between the way we understand the world and the information the world provides, by assimilating, organising and accommodation. Equilibrium motivates adolescents to search for solutions that would result in them changing the way they perceive things and it encourages them to move on Piaget (1970 as cited in Woolfolk 1995.30).

There are four stages of cognitive development according to Piaget in Gruber & Voneche (1977:456-459)

The sensory stage (infancy) 0-2 years of age

Sensory stage is the earliest period, and it is called the sensorimotor stage because the child's thinking involves seeing, hearing, touching and tasting. During this period the infant develops object permanence. Which means the child is aware of the existence of the object (toy) even if it is out of sight.

Early childhood to the early elementary school year (the preoperational stage) 2-7 years of age.

During the preoperational stage the child develops the use of language and the ability to think in a symbolic form. A child thinks logically in one direction, and has difficulty in seeing another person's point of view.

Concrete operational thought (7-11 years of age)

During the concrete operational stage children are able to solve concrete problems in a logical fashion. They understand laws of conversation and are able to classify and understand reversibility.

Formal Operational Thoughts (11 years of age to adulthood)

During formal operational stage an adolescent is able to solve abstract problems in logical fashion. They develop concern about social issues, identity, and become more scientific in their thinking. In this study the researcher concentrated much on the formal operational level of thought because the researcher worked with adolescents.

As has been said cognitive development involves the acquisition of formal thought process and the ability to think in an abstract manner (Piaget & Inhelder 1969, as cited in Corr and Balk 1996:108). Corr and Balk (1996 :108-109), Woolfolk (1995 : 30-31) as well as Conger and Galambos (1997:45) believe that adolescents generally reach the operational thought; and are capable of solving abstract problems in a logical way than the young ones. They also believe that adolescence stage is characterised by egocentrism. Unlike egocentric young children, adolescents do not deny that other people may have different perception and belief. Adolescents just become extremely focused on their own ideas.

They believe that others analyse them, as a result, many adolescents who are dealing with significant and painful loss following the death of a loved one are hesitant to show their grief for fear that they will be judged negatively or condemned. This belief may lead them to believe that their grief is personal and unique that no one can possible understand what they are going through. This belief may results in them keeping their feelings to themselves after a loss rather than seeking help from others.

Although there is a belief that adolescents are capable of solving abstract problems in a logical way. Corr and Balk (1996:108) are of the opinion that cognitive development does not happen in a linear fashion. They believe that when an adolescent is in crisis or under threat, regression to a more concrete way of thinking often occurs.
Interruption of the development process by any crisis may interfere with the adolescent's developing abilities to perceive the future.

I agree with Corr and Balk (1996:108). Life crisis during adolescence stage may hamper adolescent's cognitive development. Adolescents are expected in the formal operational level to think in a logical way. An adolescent who has lost a parent would find it difficult to think in a logical way since one's mind is likely to be always preoccupied with the death of a parent or one's situation.

2.4.3 Moral development by Kohlberg

Moral reasoning is related to both cognitive and emotional development. Adolescents' level of cognitive development tends to make them more aware of moral values and standards than the young ones. Abstract thinking becomes increasingly important in higher stages of moral development. Adolescents who consider moral values and standard important are likely to develop a strong identity. Such adolescents define themselves according to their morality. For example, I am faithful and kind. During this stage, adolescents move from decisions based on absolute rules to decisions based on principles such as justice and mercy. Furthermore the ability to see another's perspective and to imagine alternative bases for law and rues enters into judgements at the higher level. Conger & Galambos 1997: 267-268)

On the basis of his research Kohlberg (1981:17-19) identifies six stages of moral reasoning grouped into three major levels. In this study we will concentrate much on stage four – maintaining the social order/ the stage of social system and conscious maintenance because we are dealing with adolescents but the other five stages would also be outlined.

LEVEL A: Pre conventional level

Stage1:

Pre conventional morality / the stage of punishment and obedience

Cognitive level plays a very important role in moral development. Children and adolescents see things differently. Children believe that rules are fixed and should always be obeyed to avoid punishment; they see morality as something imposed by "Big people". The power of authority is taken into consideration.

Stage 2:

Individualism and exchange / the stage of individual instrumental purpose and exchange

Unlike in the prevocational morality, children are aware that people do have different points of view and that they see things differently. Children during this stage have a sense of action, they believe in fair deal (people should return favours), for example; if I wash your car will you buy me some sweets? The reason to do good during this stage is to serve one's interest. There is still no identification with the values of society, community or family. Children in this stage still speak as isolated individuals.

LEVEL B : CONVENTIONAL LEVEL

Stage 3:

Good interpersonal relationships / the stage of mutual interpersonal expectations, relationships, and conformity

During this stage morality is seen as more than simple deals, people in this stage believe that people should live up to the expectation of the family, community and society. They believe that people must have good behaviour, good interpersonal relations, and must love and trust one another. People in this stage try to understand others' perspective and are very sympathetic.

Stage 4:

Maintaining the social order / the stage of social system and conscious maintenance

In this stage interpersonal relationships are emphasised, which means that other people are very important, and their feelings, and needs are taken into consideration. The law should be obeyed to maintain peace and order in the society. The concepts wrong and right are defined in terms of the local norms and role expectations. Law should be obeyed and authority be respected.

Adolescents are in a stage where interpersonal relationships are taken into consideration. They are less egocentric and they are aware of the things that are taking place in society. Conger and Galambos (1997: 267-268) indicate that adolescents with strong moral beliefs and who live according to moral values and standard are likely to develop strong identity. However the death of a parent can have a detrimental effect on the moral development and identity formation of an adolescent.
The death of parents can make adolescents to wonder about fairness and justice in the world. And it can also make them to develop doubts about religious and moral values. For example, why did God let my father die?

Good support may help an adolescent to see things differently. It may also help the bereaved adolescent to stop blaming self and others for the death of the loved one. It may help an adolescent t accept and acknowledge the painful situation.

In the study, teacher facilitated group work is used t help bereaved adolescents help each other go through their bereavement.

Kohlberg (1981:141-142) said that change sometimes occurs through roe-taking opportunities, opportunities to consider other's views. As adolescents interact with their peers they realise that opinions and views differ and they learn to coordinate them in cooperative activities. As they discuss their problems they copy each other's way of solving problems. Role taking can help the adolescents to see their own behaviour from the other person's point of view. It may also help to restore the lost hope.

In this study adolescents were given an opportunity to share their experiences with peers in a group. That helped them to realise that there are other people who share their experiences.

LEVEL C Post conventional and principled level

Stage 5:

Social contract and individual rights

In this stage people are regarded as having different opinion and ideas, and that each and everyone's opinion should be respected as such. A person during this stage feels oblige to follow rules and obey the law to protect one's right and other people's right.

Stage 6:

Universal ethical principles

More reasoning is based on abstract reasoning, to people laws are only valid as they are grounded in justice. Yes, they are there to be obeyed, but the person has the right to do what he or she thinks is right.

2.5. Conclusion

Adolescence is the time of many changes; these include physical changes, emotional changes, cognitive changes, moral changes and psychological developmental changes. The loss of a parent during this period of many changes can pose additional challenges to an adolescent who is already in a state of turmoil. Therefore early intervention is deemed important.

CHAPTER THREE: THE EFFECTS OF TEACHER- FACILITATED GROUP WORK

A friend is one
to whom one may pour
out all the contents
of one's heart,
chaff and grain together
knowing that the gentlest of hands
will take and sift it,
keep what is worth keeping
and with a breath of kindness
blow the rest away

Arabian Proverb

3.1. Introduction

Adolescents feel comfortable to share their problems with their peers because they understand each other. As a result of that group work may work well with them. In this study the researcher used teacher-facilitated group work with bereaved adolescents. The purpose is to determine whether group work will result in bereaved adolescents' dealing effectively with their grief.

In this chapter the researcher focuses on groups and group work. The impact and influence of group work is discussed, and the potential curative elements of group work outlined. The role of the group leaders or facilitators is discussed and the Person Centered Theory of Carl Rogers is presented. Lastly, different group developmental stages are discussed.

3.2. Group work

According to Gladding (1995:3) group work involves all types of activities which are carried out with a relatively small group of people. Group activities are usually carried out with people who identify themselves as members of the group and who are willing to share their thoughts and experiences with each other. Group work is useful for encouraging interaction between members of the group, since group activities afford members an opportunity to express their feelings and thoughts. In this study different types of activities were used to bring members in contact with their own emotions, which later resulted in members experiencing and sharing their deepest emotions with each other.

3.3. The Group

Corey (2004:3), Gladding(1995:7), Johnson and Johnson(1987:5) as well as van Suvellen (1981:10) define a group as a collection of two or more people, who meet face to face to discuss common or different experiences in order to achieve mutual agreed upon goals. Furthermore they agree that since members function interdependently, groups also give them the opportunity to share information, to support each other and to make helpful suggestions, which result in members' developing a sense of belonging. The group that is goal oriented is likely to survive because the set goals guide and motivate members to remain and participate actively in a group.

3.3.1. Types of groups

The following two types of groups are going to be discussed: the therapy group and the mutual peer support group.

Therapy group

According to Corey (2004: 12) and Wilson (1995: 10) a therapy group facilitates a special form of therapy in which a relatively small number of people meet under the supervision of a professionally trained therapist to help themselves and one another. In group therapy, therapists decide where to meet and for how long. Group members usually do not feel responsible for the formation and operation of a group.
Therapy group work tries to deal with various dimensions of the members' real social environment. It helps members to cope with difficulties and it also looks at the cause and effects of the problems.

Mutual peer support group

A mutual peer support group usually focuses on a particular shared situation and unlike in an ordinary therapy group, a mutual peer support group is not led by a trained therapist. It is made up of people who share common problems. Members have one single purpose and that is helping and empowering each other (Wilson 1995: 10-11). Despite their differences, both types of groups have been found to be beneficial to their group members in one way or another.

3.4 Advantages of a group to its members

Fehr (2003:34-36) and Posthuma (1999:3) agree that groups help their members to develop a sense of belonging. Groups increase members' awareness of the importance of other group members, which may result in the development of close relationships between members. They further indicate that groups create an environment which allows a person's real personality to emerge, which helps members to realise their strengths and shortcomings. Groups therefore provide their members with different benefits which help members to learn about themselves and improve their interpersonal relationships.

Fehr (2003:35- 36) and Johnson and Johnson (1987:433) agree that people use their social personality to relate to the outside world. Johnson and Johnson (1987:433) supported by (Fehr 2003: 35-36 and Posthuma 1999:3-4) discuss the following three important social aspects, which they believe are positively influenced by group work: social support, self-esteem, and psychological health.

3.4.1. Social Support

Johnson and Johnson (1987:433) describe social support as the availability of people who care, who one can rely on for acceptance, and who one can trust and feel free to disclose sensitive information. They further mention that groups afford members the opportunity to meet new caring friends. To emphasise their point, Johnson and Johnson (1987:433) conceptualise social support in terms of quantity, quality, utilization and availability. Quantity refers to the number of new friends which one acquires. Quality refers to friends one can trust. Utilisation refers to friends one can spend time with, and availability refers to friends who will always be available when one needs support.

3.4.2 Self Esteem

Tyson (1980) as cited in Piper et al (1992:21) links positive self esteem with the primary caregiver's loving, and caring attitude. Just as the child will be desperate when the care giver's love is removed, the death of a parent may leave an adolescent feeling unworthy and vulnerable. Thus group work may play a very important role in restoring self worth and lessening vulnerability.

3.4.3 Psychological health

Bereaved adolescents are sometimes confused about their loss. As a result they tend to display a lot of anger towards the deceased person for deserting them and they may not accept the reality of death. They sometimes hope for the safe return of the dead person.

They may blame the doctors and nurses for letting their significant person die, or on top of that they may even blame themselves and other family members for the cause of death (Bowlby 1979:53). These 'weird' feelings can be best understood by a person who has gone through a similar situation. As a result of that the researcher believes that teacher-facilitated group work for bereaved adolescents may be the right platform where bereaved adolescents may feel free to ventilate and express their feelings, since group members share common experiences.
Group work offers its members various curative elements, which may lead to growth and change. These curative elements will now be discussed briefly.

3.5 Curative elements of groups

Various authors (Yalom 1975:3-17; Fehr 2003: 36 and Posthuma 1999:9-13) indicate that the value of group work depends on its curing effects on group members. Yalom (1975:3-17) discussed the following ten curative elements of group work:

Opportunity for development of different types of skills

Group work provides members with the opportunity for developing various life skills, for example, during the group sessions members learn to listen to each other without interrupting, and members are expected to share their experience, which may lead to the development of communication skills. The acquired skills can also be useful for social interaction outside the group work setting.

Installation of hope

The death of a parent during the adolescent stage poses great risks in the lives of adolescents. It shatters the adolescents' hopes and dreams and it may take away their will to face life (Sissullo 2000: 502). Group work offers members continual contact with people who share common experiences.

During the sessions members meet group members with similar problems who have emotionally improved and who are coping well. As a result during the group sessions adolescents who have lost hope are likely to get their lost hope restored.

Corrective emotional experience

Corrective emotional experience involves risk-taking on the part of members. During group sessions members usually take turns to reveal themselves and their true feelings. Members also learn to discriminate between appropriate and inappropriate interpersonal behaviour. Corrective emotional experience usually leads to more honest levels of interaction by group members, which may result in members sharing their true feelings.

Universality

Universality is one of the supportive factors of a group; it helps members to understand that others have had the same experiences. When members join the group, they usually believe that their situation is unique and that no one else could ever have experienced what they are experiencing. However, when members realise that others members share similar experiences they may start to share their deepest thoughts and feelings, which is highly curative.

Catharsis

Catharsis is the process of releasing strong emotions through a particular activity. The most important thing during this process of expressing true emotion freely is to “get the emotions out”. During the experience and the sharing of thought, members are afforded the opportunity of venting their strongly built up emotions such as anger and guilt.

Imitative behaviour

Groups tend to provide members with the opportunity to imitate other members' coping skills, and during group sessions members learn to cope with their problems by observing other members with similar problems. This in turn may facilitate members in developing empathy for others and their circumstances.

Family re-enactment

Groups offer members a sense of belonging and the opportunity to experience what can be felt in a caring family situation. This would include feelings of support, unconditional love and complete acceptance. In this study bereaved adolescents were encouraged to share with other group members the memories of their deceased parent(s). This was done to help them remember the good times they had with their loved ones.

Altruism

Fehr (2003:34) indicates that a group "is a relationship oriented modality" where members feel free to share their personal experiences and deepest thoughts. Members are also given the opportunity to receive and share love. Since some group members suffer from low self esteem, the process of being able to give help to others can result in ego strengthening (Posthuma 1999: 10)

Interpersonal learning

A person's personality, positive esteem, and self confidence are the products of positive interaction with the people who understand, care for and accept a person as he is. Groups provide members with a chance to be with people who understand their situation and their experiences. During groups sessions members learn to empathise, to share thoughts and experience with others members and to accept love and help from other members, which leads to the development of interpersonal relationships.

Cohesion

Cohesion refers to word such as “we-ness’, ‘unity’, ‘bondedness’, and ‘cementedness, ‘togetherness’ and ‘loyalty” (Posthuma 1999:12). Cohesiveness does not have the curative effects on members but it serves as a measuring stick, which is used to determine the effectiveness of the group work. Members experience the feeling of togetherness and of belonging and that encourage members to feel free to disclose their deepest thoughts and emotions (Posthuma 1999: 12).

All the discussed curative elements of a group stress the importance of interaction between the group members. Yalom (1975:386) mentions that “the greater the verbal participation, the greater the scale of involvement, the more the members are valued by others and by self”. I agree with Yalom that bereaved adolescents, who are willing to share their experiences with other group members, are more likely to benefit from the experience. As it has been mentioned, by sharing their experiences, they are able to express their deep feelings, which is curative and they are also afforded the opportunity of having their stories listened to. In order to attain all the curative elements, a group needs to have an understanding and caring facilitator.

3.6. The group facilitator/leader

The group facilitator is the person who is in control of the group. The way a leader leads his group usually determines the future success or failure of a group. Leaders are rated ‘good’ or ‘bad’ by the way in which they actualise their power, influence, authority, responsibility and accountability. Usually group leaders are chosen to leadership positions because of the away in which they handle matters (Sewperland 2003:52).

In this study, leadership roles were performed by teachers who volunteered to facilitate the groups.

3.7. Group leadership skills

A leader requires certain skills to become a successful leader. Leadership skills, just like any other skill need to be learnt and practiced (Corey 2004:32). The levels of skills possessed by leaders usually influence their abilities to lead. A leader with power and authority but with little or no skills may cause more harm than good to a group (Toseland & Rivas 1984:93). According to Corey (2004:33-39) a leader needs to be proficient in the following skills: active listening, paraphrasing, clarifying, summarising, questioning, empathising, protecting. Yalom (1975:105) believes that a group needs an empathetic, genuine and accepting leader to succeed. Toseland and Rivas (1984: 96-103) identify the following skills: describing, questioning and probing, summarising, analysing, directing and confronting.

The mentioned skills are similar and have been found to be effective in therapy groups. In this study, the researcher is looking at the effects of teacher- facilitated group work on bereaved adolescents. Therapists have skills to confront, probe, analyse, and identify. In this study since group leaders do not necessarily have the skills of probing and confronting, they were at least expected to be accepting, empathetic and genuine towards the group members (Corey 2004: 272)).

3.8. Abilities and characteristics of the group facilitator

Group leaders do not only bring skills, theoretical and practical knowledge to a group but also their personal values, qualities and life experiences. To promote growth in members' lives, leaders need to show their members that they are growth oriented themselves and that they are continuously seeking new experiences (Corey 2004:25). A leader may be able to display these qualities to members by means of self-disclosure, by being sensitive to members by building trust and by showing respect to members.

3.8.1 Self-disclosure

Self disclosure refers to the sharing of personal experiences by group leaders and by members of the group. Self disclosure affords members of the group the opportunity to share their information with other members while at the same time members share the same information amongst themselves (Fehr 2003: 280).

In this study, self disclosure may play an important role, since it encourages members to feel free to share their personal experiences, feelings and thoughts.

The process of self-disclosing initiates interpersonal learning and encourages members to take disclosed information seriously - which means that members may start to address their own personal matters or problems. Self disclosure is a sign of a member's serious commitment to a group. Therefore this process of self disclosure is important during the early stages of the group work and it has much impact when it is done by the facilitator first. Facilitator's self disclosure takes place when the facilitator shares his or her thoughts, ideas and experience related to the matter at hand (Corey 2004: 30-31).

3.8.2 Sensitivity to the needs and lives of participants

According to Fehr (2003: 279) group members have different beliefs; therefore it is important that the facilitator be sensitive when dealing with such issues. Group leaders must also remember that different members behave or act differently when faced with stressful situations. In this study sensitive issues are discussed, as it deals with adolescents who are bereft of at least one parent. This implies that during the sessions some bereaved adolescents may experience distress, anxiety and even guilt to varying degrees.

The facilitator should always be on the look-out for these elements. The facilitator should be able to offer comfort and be understanding and supportive (Liamputting & Ezzy 2005:222).

3.8.3 Trust building and rapport

For the facilitators to succeed in facilitating a process of sharing information among participants, they must have a good understanding and the ability to communicate well with all the group members. For trust and acceptance to be established, group leaders must show the members that they accept them unconditionally. Fehr (2003:279) indicates that the more members accept themselves and others, the more they feel that they are part of the group.

The facilitator must take time to build trust and a good rapport with the participants as it will help them to understand participants' situation. The facilitators could build a good sense of rapport and trust by being friendly, avoiding judgmental comments, by showing the participants that their contributions are of value and by gently encouraging the shy bereaved adolescents to participate (Liamputtong & Ezzy 2005:2)

3.9. Functions or roles of the group leader/facilitator

The group facilitators are responsible for the formation of the groups. They set the time and place for the meetings. As it has been said they strive to create a caring and loving environment, which will promote free expression of deep feelings by members.

As unifying force, they must work hard to help members to feel comfortable in the presence of the other members and to maintain the continual existence of the group, facilitators must always make sure that members' ideas are considered and discussed (Posthuma 1999:95). To add on the above mentioned leaders' role, Rogers (1961:134) discusses the following five important functions of a group leader;

Conveying warmth and empathy

The way in which a leader presents himself before a group plays a very important part in creating a non-threatening atmosphere. If a group leader displays warmth and empathy towards members, members may adopt the same attitude and that may result in members being empathetic and more understanding towards each other. When members realise that they are unconditionally loved and understood, they may feel free to share their deepest thoughts and feelings.

Linking

Linking involves connecting the meaning of what one member says to the meaning of what other members say. Linking facilitates the process of interaction and the sharing of thoughts and understanding among group members.
It can also raise the level of group cohesion more - especial when members realise that they share similar experiences.

Understanding meaning and intents

In this study, facilitators deal with bereaved adolescents, who have emotional problems. Therefore it is important for the leader to paraphrase what members have said in order to verify the true meaning of what the member said. By repeating what members have said the facilitator may also help them to listen to their own stories. Paraphrasing can be used to encourage members to share their feelings, which is curative.

Conveying acceptance

When participants feel that they are accepted and respected, they are likely to open up and to feel comfortable to share their feelings, experiences and thoughts with other Members who experience genuine acceptance from group leaders are likely to be more accepting of other group members.

Attending to others

Attending to others involves paying attention to what another group member is saying. Since we live in a society which tends to avoid death topics, bereaved adolescents may feel honoured to learn that there are people who are willing to pay attention to what they say; this can further encourage group members to participate actively. Usually people in a group share a common experience and they are able to give each other support and hope which enables them to move on.

Therefore the facilitator has the responsibility to ensure that each member is given ample time to share his or her own experiences. The facilitator who is acquainted with his/her roles as a facilitator is likely to be a successful facilitator.

3.10. Theoretical approach to group work

Corey (2004:32) as well as Toseland and Rivas (1984:106) indicate that, just like most other skills, leadership skills have to be learnt and mastered. They further indicate that leaders need training in order to understand how people function in groups. Teachers are not necessarily experts in dealing with sensitive issues, for example facilitating bereaved adolescents' group work. As a result of this it was necessary to train the teachers/ facilitators who took part in this study in Rogers' Person Centered Approach to group work. Corey (2004:286) indicates that the person centered approach is a suitable approach for adolescent groups, because of the adolescents needs to be respected, accepted and understood. Rogers (1961:282-284; 1954:4; Corey 2004: 274-276; Posthuma 1999:151) discuss the following three qualities of a group leader: congruence, empathy and warmth. Rogers (1954:4) further indicates that if leaders display the above mentioned qualities, group members will become more accepting and understanding of themselves and of others. Moon (2001) as cited in Corey (2004:287) also indicates and that these qualities are good enough to bring healing, growth and change in a bereaved adolescent.

3.10.1. The person centered approach to group work

The person centered approach was developed by Rogers (Corey 2004: 268). It is based on the belief that a human being has the ability to improve and to achieve wholeness and self actualisation. Rogers (1954:4) discusses the following four central hypotheses of the client centered approach:

- The individual group members have the ability to find their way with little help from the group leaders or facilitator.
- The individual members' personal growth and change will be most facilitated when group leaders create a relationship based on acceptance, empathy and understanding.
- If the facilitator creates a relationship based on trust, understanding, warmth, caring, and guineness the group members can move towards wholeness and self-actualisation. It can also help members to be more understanding, more accepting and more empathetic towards other group members.
- The non-threatening climate usually produces good results in different types of relationship; an example of this is that if parents create a non threatening relationship with their children, the children will tend to become self-directing and more mature. Unlike other theoretical approaches, the person centered approach puts more emphasis on the personal qualities of group leaders – such as genuineness, unconditional positive regard and the ability to an empathetic understanding. The personal qualities of group facilitators are now going to be discussed.

Genuineness

Corey (2004:274) and Rogers (1961:283) indicate that one of the ways in which facilitators show a 'genuineness' is by appearing before the group as people with problems or who have once experienced problems in their lives. Genuine facilitators are comfortable with their immediate feelings. Their feelings are matched by an accurate awareness of these feelings and reactions as they occur and change. Furthermore they do not fake understanding when they do not understand. Fehr

(2003:46) indicates that guineness emanates from self awareness, self trust, and self acceptance.

Facilitators who are aware of their strengths and weakness, will never judge members when they display their weaknesses. They will encourage members of the groups to believe in themselves. This may result in personal change and personal growth among group members. It may also encourage members to find their own resolutions to their problems.

Unconditional positive regard and acceptance

Rogers (1961:283) defines unconditional positive regard as “an atmosphere which simply demonstrates ‘I care’ ‘I care not’ ‘I care for you if you behave thus and so”. It involves acceptance of members as unique beings, who are allowed to experience their feelings without being judged. Unconditional positive regard refers to the display of unconditional love and acceptance by a facilitator.

If members realise that they are completely accepted and that their feelings are not judged, members may feel free to share their deep feelings with other members of the group. Therefore personal healing and development may emerge.

Empathy

According to Rogers (1961: 284) empathy means “to sense the members’ private world as if it were your own”. According to Fehr (2003:280) empathy can be defined “as being able to put oneself in the other persons’ shoes and understand their situation from the point of view”. Empathy involves understanding the feelings and experiences of group members without internalising them. Empathy allows a person to listen to others without passing judgemental comments. When members realise that the facilitator and others are empathising with them, they may stop denying that they have problems and become free to discuss their thoughts and feelings with the others. Watson (2002, as cited in Corey 2004:277) indicates that a facilitator can be able to understand the member’s feelings by listening attentively and accurately.

This kind of understanding can only happen if the facilitator understands the emotions of the members.

3.11. The developmental stages of groups

Groups need to go through different development stages to allow members to settle and grow. Yalom (1975:301-312) discusses the following three different stages of development:

The initial stage
This is an orientation stage, which is characterised by hesitant participation and search for meaning.

The second stage
This is rather a trying stage, members start to be comfortable, as a result they become dominant and rebellious.

The third stage
During this stage group cohesiveness emerges.

Mackenzie (1990:50-57) discusses the following five stages:
Stage one: An engagement takes place.
This stage entails a commitment from each group member.
Stage two : A differentiation
This is a stage of conflict resolution.
Stage three: An individuation
This stage promotes an exploration of diversity.
Stage four: intimacy
This is a stage where cohesiveness develops among members
Stage five: mutuality
This is a stage where members' responsibilities of close relationships are explored.

Corey (2004:80-97) discusses the following early and later stages of group development:

Early stage:

It is a stage that deals with orientation, exploration and the formation of a group.

Transition stage:

It is a challenging or rather a difficult stage. Members begin to deal with their anxiety, conflicts and defensiveness about participating in a group.

Working stage:

It is a stage where members begin to work/ address their problems in order to move on with their lives.

Fehr (2003:88-92) discussed five developmental stages:

Stage one: Adaptation, orientation, formation, initial and engagement

This is a difficult stage for the group members. They wonder about acceptance and trust.

Stage two: Reactive phase, control, differentiation, conflict and confrontation

This is a trying moment for the group leader. During this stage members start to be comfortable and start to question group leader's authority.

Stage three: Togetherness, commitment, cohesion, bonding, attraction and identification

This stage comes after two difficult stages. During this stage group leader starts to relax and become less active. Group members start to trust and feel comfortable to share their experiences.

Stage four: Nature, work, resolutions, productivity, and cooperation.

This is the stage where members start to focus on their present situation.

Stage five: Termination, farewell, closure.

This is a stage where members go their different ways, equipped with skills that will help them to face life.

I found the four authors' descriptions of the different stages fascinating. In this study, different stages were integrated to come up with the following stages:

Stage1. Hesitant Participation

Bereaved adolescents may feel reluctant to join the group because sometimes they believe that they are unique and that nobody has ever experienced what they are going through (Yalom 1975:7). As a result of this they may refuse to join the group. However, if they do join a group, during the first session they may be very hesitant and may even refuse to share their experiences.

They may wonder about the issue of confidentiality and if other group members will accept them. Usually they believe that they are totally different from others, which involves a great deal of irrational thinking (MacKenzie: 1990:153)

Stage2. Self- introspection

This is the stage where group facilitators introduce themselves and group members. They explain the aims and the purpose of the group and do a bit of self-disclosure. As has been said, enough self-disclosure by a group leader may encourage members to do self-introspection, which may result in members' realising the universality of their problems. As a result, group members may decide to start to work on their problems by accepting membership and by participating actively.

Stage 3. Self-disclosure

As has been mentioned, bereaved adolescents sometimes display common elements of irrational thinking, which is normal for bereaved adolescents. Self disclosure by members may lead to rational thinking because members may start to realise that the other members of a group have gone through similar difficult times.

Such a realisation may motivate members to share their experiences with each other. Furthermore, it may facilitate a process of acceptance of one's loss, which may yield healing and growth to members.

Stage 4. Complete group cohesion

This is one of the crucial developmental stages of a group work. During this stage group members may start to disclose their “darkest deepest” secrets, which they were reluctant to disclose during the first three stages, e.g. suicidal thoughts. Group members’ willingness to disclose their deepest thoughts may create a special bond between members of a group. Corey (2004:107) indicates that “as group cohesiveness increases, the group starts to be ‘my group’ and ‘our group’ to its loyal members”.

I agree with Corey, when group cohesiveness increases, a group may become a safe place where members can experience unconditional love and acceptance that may result in members’ developing a strong sense of belonging.

Stage 5: Termination

This is the most rewarding stage since members have been equipped with and empowered by skills that will help them emotionally and socially to survive beyond the group setting. As a result, members may start to see things from a different perspective. During this stage members are ready to face life and may even be in a position where they could offer support to other adolescents who may find themselves in a position similar to theirs.

3.12 . Conclusion

There is a saying that says if you educate a man, you educate an individual but if you educate a woman you educate a nation’’ I agree with the saying but I also believe that if we equip bereaved adolescents with skills on how to deal with loss we may also “save the nation” in a certain sense.

CHAPTER FOUR: RESEARCH METHODOLOGY

"No man is Iland,
entire of it self,
every man is a peece of the continent,
a part of the maine……..
John Donne

4.1. Introduction.

Chapter 4 focuses on the methodology employed to determine the effects of teacher- facilitated group work on bereaved adolescents. It provides the theoretical overview of the methodology employed which was a mixed method. Data collection strategies, sampling and data analysis techniques are also outlined.

4.2. Research methodology

According to Terre Blanche, Durrheim and Painter (2006: 34) "Research design is a strategic framework for action that serves as a bridge between research questions and the execution or implementation of the research"**.** Leedy and Ormrod (1997: 104) define research design as an operational structure within which data is arranged so that the meaning can appear more clearly. It describes how the study was conducted. It summarises the procedure for conducting the study, including when, from whom, and under what conditions the data was obtained. In other words, the research design indicates the general plan: how the research is set up, what happens to the subjects, and what methods of data collection are used (McMillan & Schumacher 2006:22)). Research design enables the researcher to obtain answers to the research questions. It is therefore important that the researchers choose the design that will enable them to collect the necessary information that will help them to answer the research questions.

In this study the researcher used both qualitative and quantitative research methods - a mixed method. A qualitative design is used to answer questions about the nature of the phenomenon with the aim of describing and understanding the phenomenon from the participants' point of view. A quantitative design is used to answer questions about the relationships between the measurable variables with the aim of explaining, predicting and controlling the phenomenon.

4.2.1. Theoretical overview of the mixed method research

According to Creswell (2003:15) the term mixed method originated in 1959 when Campbell and Fiske used different methods to study the validity of psychological traits. McMillan and Schumacher (2006:401) indicate that the use of a mixed method has increased in the recent years because researchers have realised its advantages. The so called "mixed method" design allows the researcher to incorporate the strengths of each method. The combination of the two methods usually provides a more holistic picture of the phenomenon to be integrated.

McMillan and Schumacher (2006:403-404) outline the following three mixed method designs:

Explanatory design

In an explanatory design quantitative and qualitative data are collected sequentially, which means that quantitative data collection and analysis are employed first before the qualitative data collection and analysis can be employed. The researchers concentrate on the tool that is being used to collect quantitative data. This is done to avoid contaminating the quantitative data.

Exploratory design

In exploratory design the qualitative data collection and analysis is employed in the first phase and followed by quantitative data collection and analysis – because the researchers need to first find out what they have to test.

Triangulation

When triangulation method is applied, the qualitative and quantitative data collection and analysis are done simultaneously.

According to Creswell (2003:211) during the use of a mixed method, it is important that researchers clarify the sequence in which the mixed method is going to be employed, for example whether a qualitative or a quantitative method would be employed first. Since the researcher has decided to use a triangulation design, in this study qualitative and quantitative data collection was done during the same testing period or time frame. Both data collection methods were given equal priority because the collected data is deemed valuable irrespective of the way in which it has been collected. According to Leedy and Ormrod (1997:108) the use of a mixed method can enhance the research findings. A mixed method design (in this case triangulation) was used because of its ability to strengthen the research findings, and its ability to maintain the validity and the reliability of the findings.

4.2.2. Quantitative and qualitative research

This are the research methods which will be used in this study, they will now be discussed.

4.2.2.1. Quantitative research

According to Cresswell (2003: 13) quantitative research methods involve the process of collecting, analysing and interpreting data as well as compiling the results of the study. Euchus (2000:7) believes that a quantitative research attempts to gain an understanding of the phenomenon which is being investigated, so that the researcher may be able to make predictions about the phenomenon. This will then enable the researcher to develop the techniques or tools which may allow a degree of control over the said phenomenon.

Reid and Smith (1987: 87-89) indicate that in quantitative research the data collection procedure and the assessment tools are prepared beforehand and applied in a standard manner.

Therefore there is no need for the interviewer to take note of the participants' non – verbal communication. In this study the Beck Depression Inventory (BDI) was used to determine the bereaved adolescents' level of depression while the Beck Depression Inventory (BAI) was used to determine the bereaved adolescents' anxiety level.
Questionnaires were also completed by the facilitators to comment on their evaluation of the effectiveness of the group work on the bereaved adolescents.

4.2.2.2. Qualitative research

Qualitative research is an inquiry process of understanding which is based on distinct methodological traditions of inquiry that explore social problems. Qualitative studies are usually conducted in a natural setting where detailed information is gathered directly from the participants (Henning et al 2004:3). Flick (1998:6) maintains that a qualitative method involves observing, analysing situations, studying actions, and activities as they occur. And this can help the researcher to build a complex and holistic picture of the topic under investigation.

In this study the researcher used a qualitative method to gain an in-depth knowledge about the adolescents' personal experiences and their introspective life stories. This method assisted the researcher in interpreting the adolescents' facial expressions and body gestures while conducting structured interviews with them.

4.3. Sampling

In this study purposive sampling was used. The researcher decided to use purposive sampling because according to Patton (2002:230), this method looks for people who fit the criteria of desirable participants, who have the characteristics of the issue that the researcher is investigating.

Purposive sampling supplies the researchers with the participants that will best help the researchers to gain insight on the problem and the research question (Creswell 2003: 185). In this study the desirable participants are the bereaved adolescents who have lost a parent.

4.4. Data collection methods

In order to answer the research questions, researchers need to collect data that will assist them to answer the research questions. As it has been said, McMillan and Schumacher (2006: 416) indicate that the use of different data collection tools tend to strengthen the study because the researcher is afforded an opportunity to collect as much data as he / she can. According to Leedy and Ormrod (1997: 99) triangulation involves the use of various tools to collect data which may provide information to support or reject a specific theory or to answer the research question.

In this study the following data collection methods were used: focus group interviews, structured interviews and personal documents for the qualitative work. Group climate questionnaires were completed by the facilitators and the Beck depression inventory (BDI) and Beck anxiety inventory (BAI) were completed by the adolescents) for quantitative work. The data collection methods will now be discussed.

4.4.1. Focus group interviews

The researcher used focus group interviews as a qualitative method of collecting data from the participants. A Focus group is a method which is used to gain an understanding of a particular issue from the perspectives of the group participants (Euchus 2000:4). Euchus (2000:4) further indicates that through their interactions group members may provide data that would not have been revealed through individual interviews.

According to Terre Blanche et al (2006: 304) , De Vos et al (2006:314) as well as Liamputtong and Ezzy (2005:81) a focus group is made of people who share similar experiences of a similar situation, who come together to discuss "a focused issue of concern". Morgan and Kruger (1998 as cited in De Vos et al (2006:314) indicate that a focus group, is a friendly method because it convey a willingness to listen without being defensive, which is good in emotionally charged environments. They further indicate that it encourages self disclosure among participants.

Liamputtong and Ezzy (2005: 81-82) mention the following advantages of a focus group:

- A focus group enables an in depth discussion and it involves a relatively small number of people.
- It focuses on a specific area of interest, that allows participants to discuss their issues in greater detail and freely.
- Participants discuss common experiences
- Group members assist each other to explore issues that bother them
- The facilitator introduces the topic for discussion and assists the participants to discuss it − encouraging interaction and guiding the conversation.
- It encourages participants to share their thoughts and feelings.

Liamputtong and Ezzy (2005: 81-82) indicate that focus groups provide “a rich and detailed set of data about perceptions, feelings and impressions of people in their own words” it is an appropriate tool with which the researcher can glean a lot of information with which the researcher can get a lot of information about the participants. Focus groups are also suitable for dealing with sensitive issues because of the confidentiality and trust within the group. When group members realise that they share something in common, they may feel more relaxed to discuss their experiences.

In this study, the researcher decided to use focus groups because the participants shared similar experiences − they have all lost a parent. As it has been implied, the focus group also afforded the bereaved adolescents a free, relaxed and non-judgmental platform to share their thoughts, emotions and feelings with other group members.

The focus group sessions were conducted with two groups. Each group consisted of seven bereaved adolescents from different grades at two secondary schools, Shigamani and Hlalukweni Secondary School in Limpopo’s Vhembe district. A tape recorder was used and notes were taken to collect data from the group members during focus groups. The contact details of the group members were taken during the first interviews. This was done to be contact able to get hold of them when clarification was needed.
Although their names appear on the BDI, the BAI and on the Feeling Sheets as well as in some performed activities, they are not included in this script as their responses are treated confidentially.

Members of the group were encouraged to discuss issues and to take part in discussions that helped them to share their feelings and deep thoughts with each other, examples are the following*: “What do you miss most about your beloved person who passed away?”*, *“Share what your special person loved most about you and what you loved about him /her”, “What do you do when you are sad?”* Group members took turns in answering the questions.

4.4.2. The grief game

According to Schaefer and Reid (2001:172-173) Grief game is intended for group work and individuals. It facilitates the understanding and the disclosure of the diverse emotions of young people who struggle to come to terms with bereavement. The game addresses factual issues and focuses on emotional expression, belief systems, cognitive processes, behavioral responses, relationships, fantasies and dreams.

The game focuses much on the bereaved adolescents' wishes, dreams and memories of the deceased. They were also encouraged to imagine the kind of wishes and dreams and memories that their deceased parents had for them, for an example:

- Facts – such as what is a grave?
- Thoughts, wishes and dreams – if your special person (the deceased) had a wish for you what will it be? Or what are your wishes?
- Memories – such as what was you special person's favourite dish? Or share with us what your special person loved most about you.

The resources and aids of the grief game - Ten cards of different colours

Group instructions on how to play the grief game:

- You are going to play a game with each other
- Want each of you to participate actively
- Make sure to answer all the questions
- We have ten cards , and each card has question
- Cards of different colours are placed face down, choose the card that you want to answer the question on.
- The game will continue until you have answered all the questions.

In this study, group members played the “grief game” as part of the focus group interview. De Vos et al (2006: 310) indicate that the purpose of a focus group is to ascertain how certain people (target group) feel or think about an issue. Group members took turns in answering all ten of the questions appearing on the cards.

The researcher advised the facilitators that the grief game be played as an “ice breaker” in the first session in order to create a conducive atmosphere. De Vos et al (2006: 310) further indicates that interaction amongst participants in the focus groups take place effectively when the focus group meetings take place in an informal and relaxed atmosphere where participants feel free to share their ideas, thoughts and experiences with other group members.

4.4.3. Questionnaire

According Vogt (in Terre Blanche et al 2006:484) a questionnaire can be defined as a group of written questions used to gather information from respondents, and it is regarded as one of the most common tools for gathering data in the social sciences. The purpose of a questionnaire is to obtain facts and opinions about the investigated phenomenon from the participants (in this case, the facilitators) (Terre Blanche et al 2006: 484). In this study the group climate questionnaires were completed by the facilitators after each session. This was done to determine the effectiveness of each session. The questions predominantly focused on the behaviour of the group members during the sessions.

The questions were structured in such a way that the facilitator was asked to select the most appropriate answer on a six level lickert scale. The facilitator had to choose the statement that best described the group in a given session: Rating Scale, 0. not at all, 1.a little bit, 2. somewhat, 3.moderately, 4.quite a bit, 5. a great deal, 6. extremely.

Example :

QUESTION 1*: The members liked and cared about each other …….0 1 2 3 4 5 6*

4.4.4. The Beck depression inventory (BDI)

The Beck Depression Inventory (BAI) was developed by Aaron T. Beck. The original BDI was first published in 1961. The Beck Depression Inventory measures the level of depression in adults and adolescents. It consists of 21 items and each item corresponds to a symptom of depression. It is rated on a ranging scale from 0-3. It is a self administered questionnaire and requires 5-10 minutes to complete. Each question has a set of at least four possible answer choices, ranging in intensity. For example:

- (0) I do not feel sad
- (1) I feel sad
- (2) I am sad all the time and I can't snap out of it.
- (3) I am so sad or unhappy that I can not stand it.

When the test is scored, the value of 0-3 is allocated to each answer and the total score is compared to a key to determine the depression level. The standard cut- offs are as follows: 0-9 indicates minimal depression, 10-16 indicates mild depression, 17-29 indicate moderate depression and 30- 63 indicates severe depression (Sedeverer 1996).

As it has been mentioned, BDI was used twice in this study to determine the participants' level of depression before and after four group sessions/ meetings.

4.4.5. Beck Anxiety Inventory (BAI)

The Beck Anxiety Inventory is developed by Aaron T. Beck. The Beck Anxiety Inventory (BAI) measures the level of anxiety in adults and adolescents. It evaluates both physiological and cognitive symptoms of anxiety. It consists of 21 items. Each item describes symptoms of anxiety. When the test is scored, the value of 0 to 3 is assigned to each answer and the total score is compared to a key to determine the anxiety level.

The item scores are rated as follows: 0-7 indicates minimal anxiety, 8-15 indicates mild anxiety, 16-25 indicates moderate anxiety and 26-63 indicates severe anxiety (Sedeverer 1996).

As it has been mentioned, BAI was employed twice in this study in order to determine the participants' level of anxiety before and after four group sessions/ meetings.

4.4.6. Individual structured interviews

According to De Vos et al (2006:287) interviews benefits both the interviewer and interviewee. During the interviewing process, participants are awarded an opportunity to give a description of their experience while the researcher is afforded a chance to obtain information from the interviewee's facial expression and body gestures. Tuckman (1999:403) indicates that another way of getting more information about the phenomenon is to interview people who are involved.

In this study, in order to collect qualitative data, the researcher used structured interviews. A set of structured questions were administered with 14 participating bereaved adolescents on one to one personal interviews. The interview lasted for approximately 25 minutes.

4.4.7. Documents

Macmillan and Schumacher (2006: 356-357) indicate that qualitative researchers working with groups have adopted the Artifacts collections which were used by historians who used to analyse documents. The Artifacts takes the following three forms:

- Personal documents that describe people's feelings and beliefs, for example letters.
- Official documents - these are documents such as minutes, memos and drafts of proposals
- Objects- these are created symbols, for example logos, postures and collage.

Babbie and Mouton(2001: 303), as cited in De Vos et al (2006: 323) outline the usefulness and the value of the personal documents as a way of collecting data. They believe that personal documents:

- serve as a touchstone for the evaluation of theories, hypotheses and assumptions.
- enable the researcher to probe into the phenomenological heart of a human phenomenon.
- provide us with a holistic and total perspective of a person in the context of his own ecosystem.

In this study, in addition to the questionnaires, structured interviews and BDI as well as BAI, data was also gathered through the use of personal documents. Group members were asked to write letters to their beloved deceased, and this was done to encourage the bereaved adolescents to put their emotions and wishes on paper. That was done to determine how the bereaved adolescents perceive their past, present and future.
Documents used in this study are outlined below:

Letter writing

Letter writing is a special way in which people can use to express their feelings freely. In this study group members were asked to write letters to their deceased parents. They were also asked to imagine that their beloved person has written back to them and they were asked to write down what the letter would say. This was done to allow the participants to vent out their feelings and to put the feelings on a paper

Feelings Sheets

Feeling Sheets consists of different faces displaying different feelings, such as sad, happy, confident, bored, and hurt. The Feelings Sheets were administered on termination of group sessions. Group members were asked to circle the faces that represent how they felt before joining the group and on termination of group sessions.

4.5. Data Analysis

Data analysis is the process of bringing order and meaning to the collected text. It involves preparing, conducting different data analyses and making interpretation of the larger data and trying to understand it (Creswell 2003: 190)). In this study, collected data was analysed first in Tsonga, the language in which interviews were conducted.

The researcher used approach to data analysis. Miles and Huberman' (1994: 10-11) believe that data analysis consists of the following three inseparable subprocesses: data reduction, data display and conclusion drawing or verification. The three inseparable subprocesses are outlined below:

4.5.1. Data reduction

During data reduction, the collected data is broken down into categories. Data reduction is part of data analysis whereby the researcher breaks down, codes, sorts, clusters, categorises and organises data in such a way that final conclusions can be done. In this study, the recorded data from structured interviews and of the focus groups were transcribed verbatim. Then the transcribed data was coded and categorised. To facilitate the process the following steps, identified by Frankel (1997: 40) were employed:

- The researcher repeatedly read the participants` descriptions, until the researcher was familiar with what had been said.
- Repeatedly re-reading the data again, the researcher identified and highlighted meaningful phrases, statements or words which seemed important for the phenomenon being studied.
- The main ideas and themes were recorded.
- Semantic units were identified and themes were identified.
- Different statements were organised into clusters of themes. Common or similar themes of meanings were identified and grouped together.
- The identified main themes were discussed.

In the process the researcher listened to the structured interview with bereaved adolescents. Themes were identified and written down. Similar topics were once again clustered together and arranged into columns and similar themes were arranged to come with the main themes. The data belonging to each category was assembled together and an analysis was performed.

4.5.2. Data display

According to Miles and Huberman (1994: 11) “Display is an organised compressed assembly of information that permits conclusion drawing and action”. Displays help us to follow what is happening and if there is a need for an action, it prompts us to react. In the past the most frequent data display was in the form of text, which was awkward. Some people are not good processors of bulk information; as such the use of charts, tables and graphs can help people to understand and to make conclusions.

4.5.3. Conclusion drawing and verification

During conclusion drawing, the researcher makes interpretations and draws meaning from the displayed data. The researcher compares, makes note of patterns and themes, uses semantic units and clusters the displayed data. Finally the researcher gives final results.

4.6. Ethical considerations

In this study, a number of ethical considerations have been dealt with:

- Obtaining informed consent from the parents of the children involved in the study.
- Maintaining absolute confidentiality with regard to the participants’ personal information.
- Obtaining permission from the Vhembe district’s department of Education to conduct the study in their schools.
- Communicating the research result to the participants

- Participants are informed that their privacy will be protected and about what is going to happen to their recorded information.
- This research was conducted according to the guidelines as set out by HPCSA regarding the activities of a student in Educational Psychology conducting research. In this regard, the research was carried out under the auspices of the Department of Educational Studies at UNISA and under the supervision of a registered Educational Psychologist.

4.7. Summary

In this chapter, research methodology was outlined. The different data collection tools were discussed. The mixed method design – which involves the employment of quantitative and qualitative research methods, was discussed. A focus group was also outlined in detail, and a brief explanation of how data is going to be analysed was given.

CHAPTER FIVE: ANALYSIS AND INTERPRETATION OF THE RESULTS

Everybody wants an answer, everybody needs a friend.
We all need a shining star, on which we can depend,
Everybody wants some kindness, everybody needs a break
We all need a shinning star when things get hard to take……
By Brian Adam

5.1. Introduction

The aim of this study is to determine the effects of teacher-facilitated group work on bereaved adolescents. The research problem has been described in chapter one. The research problem is: What are the effects of teacher-facilitated group work on bereaved adolescents? Chapter 2 outlined the literature investigation. Group work was discussed in detail in chapter 3. The research methodology was discussed in chapter 4. Chapter 5 will discuss the analysis and the findings of the study.

Various data collection methods were used, and the researcher is now going to summarise in a table form how they were used (full discussion was done in section 4.4.) see figure 5.1. The researcher is going to indicate the data collection methods, the participant involvement and the research purpose.

Fig. 5.1.

COLLECTION METHOD	PARTICIPANT INVOLVEMENT	RESEARCH PURPOSE
Structured interview	Participants met with the researcher one by one for a approximately 25 minute interview before the focus group started.	To determine the feelings of bereaved adolescents.
Games	All participants took part in playing the grief game.	This was done to encourage all the participants to “open up” and to share their thoughts. All members were expected to answer all the questions in the grief game.
Personal documents	Participants were asked to write letters to and from their deceased parents.	This was done to encourage the group members to put their emotions on paper.
Focus Group Interview	All 7 participants met for 90 to 120 minutes sessions, to discuss their central matter of concern.	To share their experiences, thoughts and feelings.
Feeling sheet	All the participants were asked to fill in the feeling sheets- to show how they felt before joining the group, and again after having attended the sessions.	This was done to determine the effects of group work on bereaved adolescents.

COLLECTION METHOD	PARTICIPANT INVOLVEMENT	RESEARCH PURPOSE
BDI	All participants individually filled in the BDI questionnaires, before the first session and completed it again after 4 sessions.	The BDI was used to determine the bereaved adolescents' level of depression before the start of the sessions and after 4 sessions.
BAI	All participants individually completed the BAI questionnaire , before and after 4 sessions	The BAI was administered to determine the bereaved adolescents' level of anxiety before the start of the session and after 4 sessions.
Group Climate Questionnaire	This was completed by the facilitator after every session.	To determine the effects of group sessions as evaluated by the group facilitator.

5.2. Methods of data analysis

The methods of data analysis have already been discussed in detail in chapter 4, in section 4.4. Data from structured interviews, personal documents, focus groups and questionnaires were analysed and reduced by means of coding and the use of semantic units to determine the themes.

5.2.1. The process of data analysis and reduction

The raw data captured on the audio-tapes during the interviews, and focus group interviews were transcribed verbatim. The questionnaires (the group climate questionnaire, Beck depression inventory (BDI) and Beck anxiety inventory (BAI) were analysed.

Transcription codes

Code	***Meaning***
R	*Researcher*
F	*Facilitator*
L1, L2, L3, L4, L5, L6, L7.	*. Group members*

5.3 Qualitative data analysis

The following data collection methods which were employed in this study will now be discussed: Individual structured interviews, grief games, focus groups and personal documents.

5.3.1. Individual structured interviews

Individual structured interviews were conducted with all group members (bereaved adolescents). Each interview lasted approximately 25 minutes. Structured questions were designed in order to glean information regarding facts, feelings, thoughts and memories.

What follows is an example of the transcribed data from the structured interview between the researcher and L1.

Fig.5.2

R : Tell me about the memories that you have of your special persons who passed away.
L1 : *Both my parents died on the same months*, mhh….. my mom was a *very special person*, she used *to give me advice*, *guidance and she wanted me to always do my best.*
R : How did you learn about the death of your parents, lets start about your dad?
L1 : *Mhhhh…. Mhhhh, my father was sick and admitted in the hospital, my mom was sick but she was at home. My maternal grand mother informed me about his passing away.*
R : How did you feel about the news?
L1 : (pause) …… *I did not know what to do I just cried*.
R : You said that your parents died on the same month?
L1 : *Mhhh, yes we buried my father on the 23rrd of December and after a week my mother passed away*
R : How did you learn about the passing away of your mother?

L1: pause ….. I *was with my mom when she died (crying) I saw it happen*
R : What did you do?
L1: ……. *I run outside to inform the people who were outside*
R : How was you relationship with you mother?
L1 : …….*what do you mean?*
R : I want to know about the kind of relationship that you had with your mother
L1: *We had a wonderful relationship; she was so kind and caring*
R : Were you involved in her funeral arrangements?
L1: *No, other family members were involved, but I was also involved in a way since I was the oldest child in the family*
R : What happened on the funeral day?
L1 : (Crying) *people went to see her for the last time, I did not see her because I was crying*
R : How did you feel when you went back to school?
L1: (CRYING)
R : Its good to cry , its fine….
R : Did you get any support from your friends?
L1 *: I never received any help from anyone at school , I got support from my grand mother*
R : Who stays with you now that your parents have past away?
L1: *No one, it's me and my younger brother. I'm the one who does everything at home*
R : How do you feel about their death now?
L1: *I have to accept it, I do not have a choice but to accept what happened, although it is not easy.*

The transcribed raw data was analysed into semantic units to get the themes. I have chosen this method of data display because according to Miles and Hurberman (1994:11) data display is used by researchers to organise information for clarity of presentation.

Fig. 5.3:

The effects of parental death on bereaved adolescents. An example of data analysis of the interview with L1

Theme	Semantic unit	Therapist's interpretation
Memory of parental role	*" My mom was a very special person, she used to give me advice, guidance and she wanted me to always do my best"*	Mother was a caring, loving person
The effects of parental death	*"No one, it's me and my younger brother. I'm the one who does everything at home."*	Isolation, no support system. Premature responsibility
Loss	*"We had a wonderful relationship; she was so kind and caring". "Both my parents died on the same months".*	Family unit is destroyed. Loneliness.
Support system	*" I never received any help from anyone at school, I got support from my grand mother".*	Isolation, abandonment. Grandmother is apparent
Life style changes	*"I'm the one who does everything at home"*	Overburdened by responsibility
Setbacks	*"I'm the one who does everything at home"*	Prematurely catapulted into adult role.
Feelings	*"I did not see her because I was crying". "I have to accept it, I do not have a choice but to accept what happened, although it is not easy.."*	Loss and depression
Isolation	*" No one , its me and my younger brother"*	Loneliness and abandonment
Helpless	*"I did not know what to do I just cried".*	Depression
Unloved	*" I never received any help from anyone at school"*	Reproach
Determination	*" I do not have a choice but to accept what happened, although it is not easy"*	Resilience

5.3.2. The grief game

The introductions were done with all the participants and by the facilitator. The members were introduced to “the grief game”. The game consists of ten cards of different colours, each with a question which is supposed to be answered by all the participants. Questions on facts, memories and wishes appear on the cards. The grief game was discussed in full in chapter 4 section 4.4.2.

An example of responses that were given by various learners to the cards:

Fig.5.5

1. WHAT IS A GRAVE ?
“It’s a place where dead people are laid to rest”

2. HOW OLD WERE YOU WHEN YOUR SPECIAL PERSON DIED?
Participants gave their different ages.

3. HOW DID YOU FEEL AND HOW DO YOU FEEL NOW?
“It hurts”.
“I was in great pain”.
“I felt like it was the end of the world”.
“It felt like I was dreaming”.
“Now I feel much better”.
“I am learning to accept”.
“It is better”.

4. WHAT HAPPENED ON THE FUNERAL DAY?
“We saw my mom for the last time”.
“I did not see her”.
“We went to the grave yard”.

5. WHAT DO YOU THINK OF WHEN YOU GO TO BED?
"*I think of scary things".* *"I think of my mother's love".* *"I think about my future".* *" I think about my parents' advice"*

6. SAY 4 SPECIAL THINGS ABOUT YOUR SPECIAL PERSON
"He used to take us out". *"She was very kind".* *"He was the provider".* *"My mom used to advise me".*

7. NAME ANY THREE FEELINGS
"Sad, happy, hurt, excited"

8. WHAT DO YOU DO WHEN YOU ARE SAD?
"*I cry or talk to a friend in the same situation".* *"I look at my parents 'photos".* *"I cry and become aggressive".* *"I sleep".*

9. GIVE THREE WISHES
" *I wish to live long".* *" I wish to have good future". " I wish to make my home a better place". "I wish to see my parents again". "Wish my parents can make my dream come true". "To pass and get a bursary". "For my grandparents to live long, and die when I am old enough". "To live with good people". "Wish for my mom to come back". "To see my parents in my dreams".*

10. HOW DO YOU SHOW OTHERS THAT YOU LOVE THEM?
"By respecting them". "Show them love". "Wish them well". "By pretending that I do not have problems".

Results:

During the session, the group members were a bit reluctant to participate. They became free after the facilitator has done self disclosure – the facilitator shared briefly with them how she felt after the death of her father. After self disclosure by the facilitator the group members started to discuss their deep feelings and thoughts – which they would never have thought of disclosing to anyone, for example some members wished for their parents to come back. A person who is not in the same situation would have found the wish bizarre. Since group members shared similar experiences, they felt comfortable to share their feelings and thoughts.

The grief game also afforded group members the opportunity to do introspection and self disclosure. Group members were asked to say how they felt then, and how they feel now. During the session members could reflect on their feelings, for example, "*I was in great pain but now I feel much better*". They were also given an opportunity to reflect on the things that happened on the funeral day.

5.3.3. Personal Documents

Learners were also asked to write two letters. The first one was to be addressed to their deceased parent(s) explaining how they feel about the fact that they are no longer around. The second letter was to be written by the learners pretending to be their dead parents "responding" to the first letter. The aim of this exercise was to give the learners an opportunity to reflect on how they feel or felt about the passing away of their parents and also writing down what they think their parents "feel" about the fact that they died and left them (group members) behind.

Five of the seven learners' letters indicated positive adjustments and that even though they miss their parents, they have made peace with the fact that their parents have passed on and they would never see them again. They also wrote that regardless of the fact that their parents died while they still needed them, they would always remember them and that they appreciate everything that their parents had done for them while they were still alive. This included their love, their guidance, good times that they spent together, and their protection. An example of this is the following statement by L5: "*I spent most of the time with you. It was important to me to spend my time with you and look after you, admire you and listen to what you say. It was a necessary part of my growth towards adulthood. I need to create a balance between becoming independent and appreciating what you and other family members gave me".* They also asked their parents to continue to guide them and to help them make the right choices in life.

The "letters from their parents" also show that the group members believe that their parents would like them to continue with their lives and to continue putting into practice everything that they taught them while they were still alive and also to make the best of their lives, for example L7: "*You are our daughter and we want to see your marriage and the goal that you want to achieve"*. The letters also indicate that the learners believe that their parents still love them very much and that they are always watching over them. An example is the following: L6: "*My baby girl always know that Mommy loves you and wish you a good and long life".*

However, there were two learners who had not come to terms with the deaths of their parents and who still hoped that their parents would come back from the dead and be with them L2: "*I write this letter to remind you about my birthday party on the 6th of October 2007". "You will make me happy when you come back and attend my birthday party on the 6th of October 2007 because I want you my mom and dad to come and enjoy with me on that day".*

Granted, that it is only a wish, it could be an indication that these learners had not yet adjusted to the passing away of their parents and they might still have problems in understanding the finality of death which is unusual for an adolescent.

The " letters from the parents" of these two learners also show that these learners still hold a distorted view that their parents will come back from the dead and will be with them again L1: "*We have received your letter and we will come back and be with you as you want us to come back for you. We know that it is not easy for you without us. We hope that that when we come back you will be happy to see us again".* See figure. 5.7 and figure. 5.8.

Figure 5.6 is an example of data analysis from the personal documents, for example letters written by participants. Data collected from the letters written by the bereaved adolescents were analysed according to Schneider's(Gilliland & James 1993: 145-147) model of addressing the grieving process. Schneider discussed eight–phased model of addressing the grieving process. This was done to check the effects of group work in helping the members to move on.

Example of the letters written by one of the bereaved adolescents to and from her mother.

Letter one

Fig. 5.6

Letter 1. Letter to the mother

My dear mom

Hope God has put you safe on his right hand side. *Mom I always think about you whenever you are*. I have *never forgotten your precious love that you have shown me*. Your beautiful smile always plays a role in my life.

Your voice always rings in my mind. *Mom you have left me in greater pain*, when I look outside at night *I wish to see your face. I wish you could be here with me mom*. *Why have you left your beautiful baby girl?*

But mom whenever you are you will *always be the best mother ever*, you will *always be remembered*. No matter what you will *always be the best mom that I have once had*. Your love will always be remembered.

From your daughter

Basani

The reply from the mother: letter two.

Letter 2. Reply from the mother

My dear daughter

I am very sorry for just walking out of you life so soon. I am sorry for not completing my motherhood unto you. Even if God has just let us apart, but *the memories we shared will always be cherished.* Baby girl it is *not the end of the world* that I am gone, even if I am far my heart is near you. I am *always on you side*. At night I make sure that you have sweet dreams.

Baby girl I want you to always *remember that mommy loves you and I wish you a good long life. I also wish to see you progress in life. May God bless* you and I will always be *watching.*

Mom

The letters would be analysed according to Schneider's model of bereavement.

Fig: 5.7

LETTER ONE

Semantic unit	**Schneider's model of bereavement**	**Therapist's interpretation**
"Mom why have you left your beautiful baby girl?"	Attempts of limiting awareness by letting go. (during this stage a person starts to acknowledge the reality of death and acknowledgement is usually accompanied by the feelings of depression, guilt and anger)	Isolation, loneliness, feeling miserable, and anger.
" Mom I always think of you"	Awareness of the extent of loss. (this stage is characterised by emotional pain and a person starts to embrace the pain of loss)	Loneliness, miserable and sadness
" Mom you have left me in greater pain"	Attempts of limiting awareness by letting go. (During this stage a person starts to acknowledge the reality of death and acknowledgement is usually accompanied by the feelings of depression, guilt and anger).	Depression, anger, loneliness and sadness.
"I have never forgotten your precious love I". your smile will always play a role in my life"	Transforming the loss into new form of attachment. (staying closer to the deceased through memories)	Acceptance and determination
" you will always be remembered"	Gaining perspective on loss. (during this stage a person starts to accept that the deceased is gone and starts to concentrate on his/ her personal growth)	Acceptance and determination
"You will always be the best mom"	Resolving the loss. (During this stage a person starts to forgive the deceased for dying)	Acceptance

EXAMPLE OF THE ANALYSIS OF LETTER TWO:

Letter two was also written by a bereaved adolescent. The learner was asked to pretend to be her mom and to respond to her child's letter - the response also indicates how the bereaved learner feels about her mom's passing away.

Fig. 5.7

Semantic unit	**Schneider's model**	**Therapist's interpretation**
" I am sorry for walking just out of your life soon"	Resolving the loss (during this phase bereaved persons start to forgive themselves and the deceased for dying on them)	acceptance
"I am sorry for not completing my motherhood unto you"	Resolving the loss (during this phase bereaved persons start to forgive themselves and the deceased for dying on them)	acceptance
"Even if God has just let us apart, but the memories we shared will always be cherished"	Transforming the loss into new form of attachment. (During this phase the bereaved persons feel whole again. They start to accept their loss)	acceptance
" Baby girl is not the end of the world that I am gone, even if am far my heart is near you"	Reformulating the loss in the context of growth. (During this phase the bereaved persons feel whole again)	Acceptance determination
"Always remember that mommy will always love you"	Gaining perspective on the loss. (A person starts to concentrate on his personal growth and emotional healing starts to emerge)	Mother was a source of love. Acceptance
"I wish you good long life , I also wish to see you progress in life"	Reforming the loss in the context of growth. (During this phase the bereaved persons feel whole again)	Prosperity
"I will always be watching over you"	Gaining perspective on the loss. (A person starts to concentrate on his personal growth and emotional healing starts to emerge)	Guidance & protection

The researcher has also realised that group members who received a bit of intervention immediately after the funeral find it easier to address their parents and to accept that they are gone and that they will never come back again.

Example of a letter, from a group member who is progressing adequately in a grief process.

Fig. 5.8.

Dear Mom and Dad

I hope that you are great and fine wherever you are. I think you will be happy for getting this message. Don't worry about myself. I am great like a fresh strawberry from the refrigerator.

I like you to remember me each and everyday as well as I remember you each and everyday. I like you to take care of my life to show me the way I must live, in my dreams to talk to me when you want to. Each and every time your names will always among us. RIP.

From your Boy

Dear Son

As well as you are and as well you tell us that you are fine we are fine too.

All things that you ask us to do, we will do it because we left you without satisfying all the things that you want in life. We understand, we will take care of you and we will remind you of what is good to your life and what is bad to your life. We will always remember that you want us to take care of your life son.

From both your Parents

Fig. 5.9.

Example of a letter, from a group member who is not progressing adequately in the grief process.

Dear Mom

I am very happy to write this letter to you because you are the one who mean a lot to me.

I am writing this letter to remind you about my birthday party on the 06th October 2007. You will make me happy when you come back and attend my birthday party on the 06th October 2007 because I want you Mom and Dad to come and enjoy with me on that day.

Greet all my relatives

Yours Sincerely

Nsovo Virginia

Dear Nsovo

I am very happy to receive your invitation letter from you. How are you my Girl?

My daughter you mean a lot to me because you respect me as your mother with this 19 years it does not mean that you are old. It means that you are growing up. My girl continues to respect me as your Mother. I promise you that I will come back on the 1st of October 2007 to come and celebrate with you. On that day I will give you many gifts, some of the gifts will be a bedroom suite and a cell phone that will be all yours.

I hope you will be happy on that day.

Yours Sincerely

Your mom

5.3.4. Focus Group interview

During the focus group interview members were asked to comment on how they found the evaluations and the group work. The researcher analysed the data according to Yalom's curing elements of a group. Yalom discussed the following curing elements: universality, catharsis, opportunity to develop skills, corrective emotional experience, imitative behaviour, family reenactment, altruism, interpersonal learning and cohesion.

These curing elements were discussed in full in chapter 3, section 3.5. That was done in order to determine the effects of teacher facilitated groups on adolescents. The data was recorded on an audiotape during the focus group. Data was transcribed verbatim. These transcripts are in the researcher's possession.

Fig. 5.10: Data analysis from the focus group interview.

Curing elements	**Semantic segments**	**Therapist' interpretation**
1. Universality	*" I am not alone, there are others who feel the same way"*	Members realised that there are other people who share the same experiences.
2. Catharsis	*" I got a chance to talk about my parents and how I feel"*	Group members were afforded the opportunity to share their deepest thoughts and feelings. They also get an opportunity to talk about their parents.
3. Opportunity to develop skill	*Communication skill e.g. "I learnt to talk about my parents" Problem solving skills e.g. "I have leant what to do when I am sad".*	Group members learnt different skills. Communication skill: members learnt to "speak out" their thoughts and feelings. Problem solving and

Curing elements	Semantic segments	Therapist' interpretation
	Listening skills e.g. "I learnt to listen to others when they share their experiences".	listening skills: members were equipped with skill to help them deal with grief.
4.Corrective emotional experience	*"It felt like it was the end of the world".*	Members realised that it was not the end of the world and that there were other members with similar experiences.
5.Imitative behaviour	*" now I know what I should do when am sad and when I am thinking about my mom"*	Members were afforded an opportunity to copy each other's survival skills, by observing members with similar problems.
6.Family reenactment	*" I feel understood, accepted and I feel free to share my thoughts and feelings"*	The group feels like a family. That resulted in members' starting to trust each other with their problems. The group also offered them unconditional love and complete acceptance.
7. Altruism	*"I learnt to listen to others and to offer them support".*	Members learnt to be selfless – forgetting their own problems and concentrating on helping the others.
8.Interpersonal learning	*"I have learnt to accept my situation and I can talk about my parents". "Now I know what to do when I am sad and when I think about my mom".*	Acceptance. Self confidence developed through interaction with people who understand and care for them,
9.Cohesion	*"I am not alone; there are other people who feel the same". "I know who to trust and talk to when I am sad".*	They learnt to trust each other.

Findings

The group members found the group work beneficial. They indicated that group work afforded them the opportunity to talk about their deceased parents; some indicated that they had learnt to accept their situations.

5.3.5 Feeling sheets

The feeling sheets, as discussed in chapter 4, section 4.4.7.2., were administered with all seven participants. Group members were asked to complete two feeling sheets (feeling sheets consist of different feelings). One was supposed to indicate how the participants felt before they joined the group and the other how they felt after having attended the group sessions.

Results

All seven participants (100%) appeared to have been devastated by the death of their parents before they started attending the group sessions. Five of the 7 (71.4 %) participants seem to have benefited a lot from the teacher-facilitated group work. However two participants L1 and L5 (28.6 %) seem still to have problems. In both feeling sheets the two have circled the same feelings that indicate that they are still frustrated, miserable and sad. L 1 and L5 are presently heading their families; these are the adolescents who were forced to assume parental roles, soon after the death of their parents. However one may wonder if their feelings might be the result of their new demanding responsibilities or the lack of intervention and support.

The subjective evaluation of the feeling sheets by the researcher.

Fig. 5.11 .

Illustration of the feelings sheets before and after the group session

Learner	Feelings before sessions	General feelings	Feelings after sessions	General feelings
L1	Angry Confused Hurt Miserable Confused Sorry Lonely	NEGATIVE	Angry Confused Hurt Miserable Sorry	NEGATIVE
L2	Angry Confused Hurt Miserable	NEGATIVE	Confident Committed Interested Proud Thoughtful	POSITIVE
L3	Angry Confused Hurt Miserable	NEGATIVE	Confident Hopeful Interested	POSITIVE
L4	Anxious Angry Guilty Lonely	NEGATIVE	Happy Confident Committed	POSITIVE
L5	Lonely Miserable Sad Shocked	NEGATIVE	Lonely Miserable Sad Shocked	NEGATIVE

Learner	Feelings before sessions	General feelings	Feelings after sessions	General feelings
L6	Miserable Sad Shocked Shy	NEGATIVE	Peaceful Proud Relieved	POSITIVE
L7	Anxious Bored Angry Confused Frightened	NEGATIVE	Happy Cautious Committed Interested	POSITIVE

5.4 Analysis of quantitative data

5.4.1. Beck Depression Inventory (BDI)

The BDI was discussed in full in chapter 4, section 4.4.4. Figure 5.12 below indicates the result of the BDI

Categories for the BDI (Rating scores and the descriptions)

1 – 10 Normal

11 – 16 Mild mood disturbance

17 – 20 Borderline clinical depression

21 – 30 Moderate depression

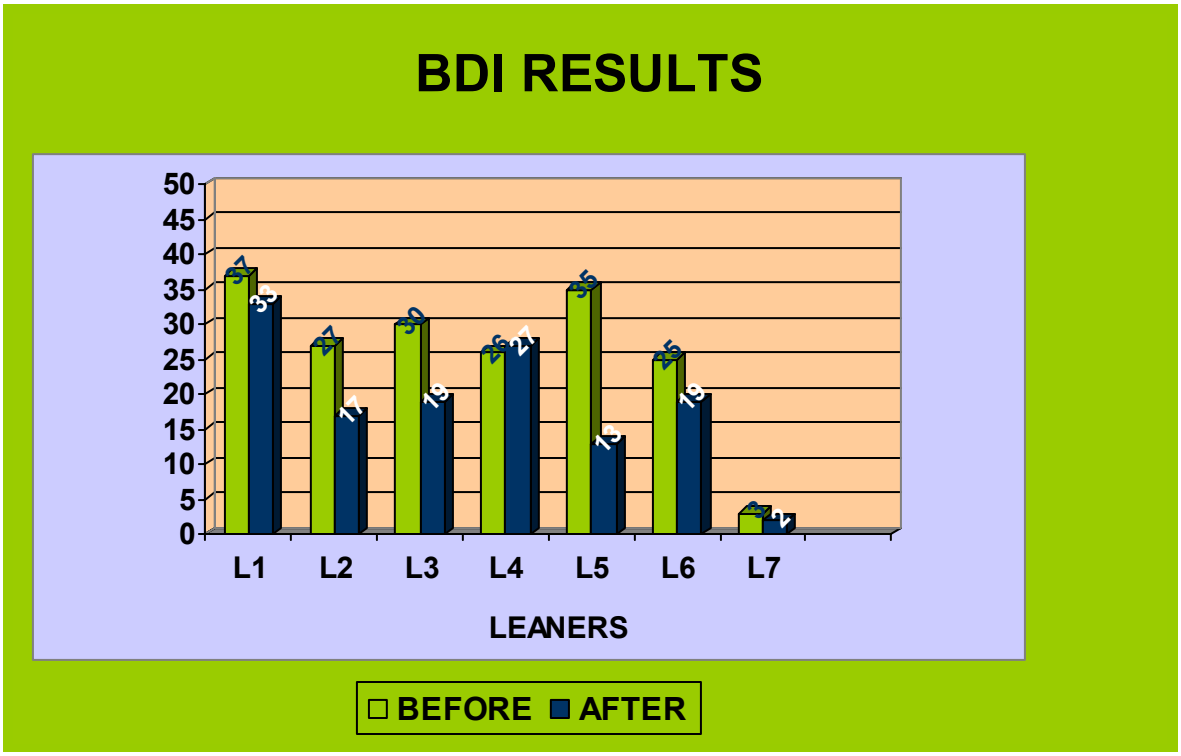
31 - 40 Severe depression

41 - 63 Extreme depression

Fig. 5.12.

Display of the BDI result which was done before the commencement of group work and 4 meetings after.

Respondents	Score (before)	Score (after)
L1	37 (severe depression)	33 (severe depression)
L2	27 (moderate depression)	17 (borderline depression)
L3	30 (moderate depression)	19 (borderline depression)
L4	26 (moderate depression)	27 (moderate depression)
L5	35 (severe depression)	13 (mild mood depression)
L6	25 (moderate depression)	19 (borderline depression)
L7	3 (normal)	2 (normal)
Cumulative scores:	183/ 7 Av =26.1	130/ 7 Av =18.6



An analysis of the displayed BDI results

As it has been mentioned in chapter 4, section 4.4.4, the BDI in this study was used to determine the depression level of seven bereaved adolescents. The results of the first BDI which was done before the group sessions commenced indicate that 14.3% of the participants seems to suffer from mild depression, 57.1% seem to suffer from moderate depression, and 28.6% seem to suffer from severe depression.

The results of the second BDI which were conducted after four group sessions indicate a decrease in bereaved adolescents' level of depression. The result indicates that 14.3 % of bereaved adolescents' depression level seems to be normal, 14.3% seem to suffer from mild mood disturbance, 42.9 % suffer from borderline clinical depression, and 14.3% suffer from moderate depression and 14.3% from severe depression.

5.4.2. Beck Anxiety Inventory (BAI)

The BAI was discussed in chapter 4, section 4.4.5. Figure 5.13 indicates the result of the conducted BAI.

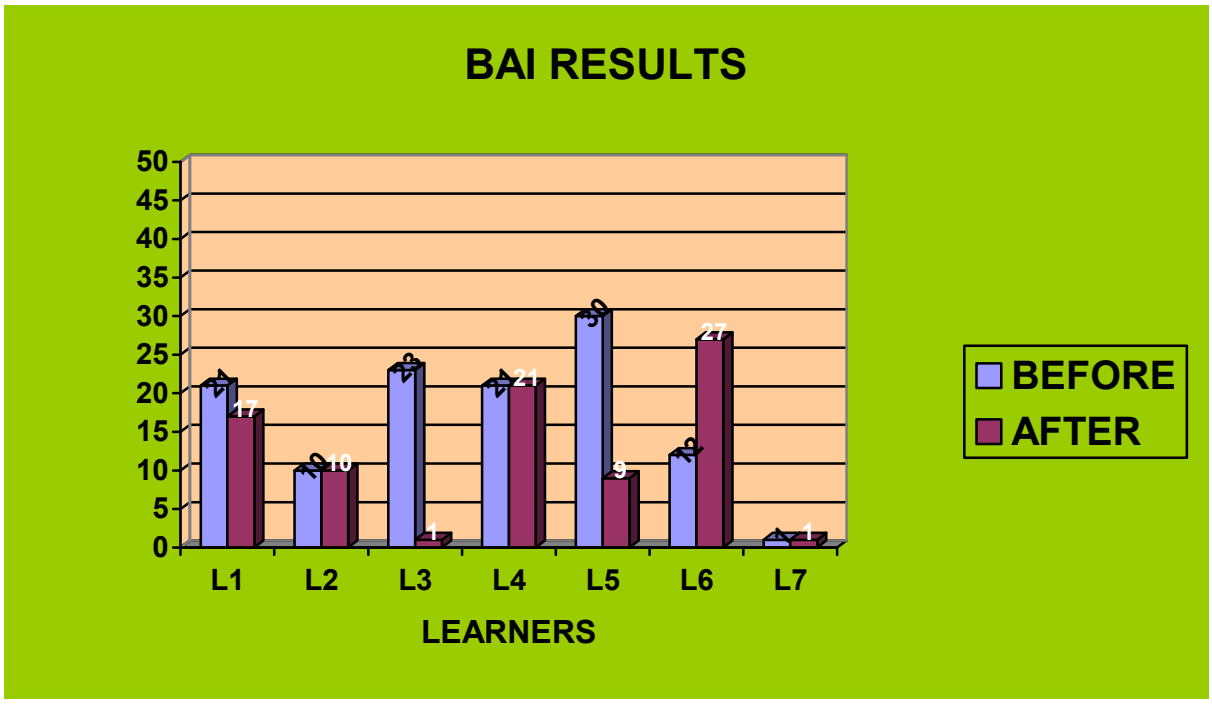
Fig .5.13. Analysis of BAI results us

Categories for Beck Anxiety Inventory (Rating scale and their descriptions)

0 – 6 Minimal anxiety	8 – 15 Mild anxiety
16 – 25 Moderate anxiety	26 - 63 Severe anxiety

Display of the BAI result which was done before the commencement of group work and 4 meetings after:

Respondents	Score (before)	Score (after)
L1	21 (moderate anxiety)	17 (moderate anxiety)
L2	10 (mild anxiety)	10 (mild anxiety)
L3	23 (moderate anxiety)	1 (minimal anxiety)
L4	21 (moderate anxiety)	21 (moderate anxiety)
L5	30 (severe anxiety)	9 (mild anxiety)
L6	12 (mild anxiety)	27 (severe anxiety)
L7	1 (minimal anxiety)	1 (minimal anxiety)
Cumulative Scores	118/ 7 Av = 16. 8%	86/ 7 Av = 12.3



Average Score	Rating Score	Before	After	% Before	% After
Minimal	0-7	1	2	14.3%	28.6%
Mild	8-15	2	2	28.6%	28.6%
Moderate	16-25	3	2	42.9%	28.6%
Severe	26-63	1	1	14.3%	14.3%

As it has been mentioned in chapter 4 section 4.4.5. The BAI in this study was used to determine the anxiety level of seven bereaved adolescents. The results of the first BAI which was done before the group sessions commenced indicate that 14.3% of the participants seemed to suffer from minimal anxiety, 28.6 % of the participants seemed to have suffered from mild anxiety, 42.9 % seemed to have suffered from moderate anxiety, and 14.3 % seemed to have suffered from severe anxiety.

The results of the second BAI, completed after four group sessions indicate a decrease in bereaved adolescents' level of anxiety. The result indicates that 28.6 % of bereaved adolescents' anxiety level seemed to be minimal, 28.6 % seemed to have suffered from mild anxiety, 28.6 % suffered from moderate, and 14.3% suffered from severe anxiety.

5.4.3. Group Climate Questionnaire

The group climate questionnaire was discussed in chapter 4, section 4.4.3. It was done to assist the facilitator in determining the effects of each group session. The facilitator was asked to fill in the group climate questionnaires.The group climate questionnaire was used as a measuring tool for each session. The questionnaire consisted of 10 questions.

An example of the Likert rating scale which was used.

QUESTIONS	RATING SCALE
	0 = Not at all 1 = A little bit 2 = Somewhat 3 =Moderately 4 =Quite a bit 5 =A great deal 6 =Extremely
1. The members liked and cared about each other	0 1 2 3 4 5 6
2. The members tried to understand why they do the things that they do.	0 1 2 3 4 5 6
3. The members avoided looking at important issues going on between themselves.	0 1 2 3 4 5 6
4. The members depended on the group leader for direction	0 1 2 3 4 5 6
5.There were friction and anger between members	0 1 2 3 4 5 6
6. The members were distant and withdrawn from each other	0 1 2 3 4 5 6
7.They appeared to do things the way they thought would be accepted in a group	0 1 2 3 4 5 6
8. The members rejected and were destructive towards each other	0 1 2 3 4 5 6
9.The members revealed sensitive personal information	0 1 2 3 4 5 6
10. The members appeared tense and anxious	0 1 2 3 4 5 6

In all the sessions the following questions: 1, 7 and 9 were highly rated. This is an indication that the group members cared and that they were very sensitive to each other's feelings.

5.5. General themes that emerge throughout group activities

Fig. 5.14.

Themes	Semantic units	Therapist's interpretations
The effects of parental death	"*I lost a good parent, comforter, adviser, and someone to guide me". "You left me in greater pain". "Life is difficult with you gone". "I am taking good care of my siblings". "My sister is the one who does everything at home". "As an older sister I was expected to do all at home". "My mom use to cater for my financial needs".*	Loss of a caring parent. Loss of financial security. Premature responsibility. Overwhelmed by responsibility
The support system	*"I felt bad because members of my family were not supportive". "I received support from church". I never received support from school". I never received support from friends, except my maternal grandmother". "I received a bit of support from my LO teacher". "Mom your in-laws are very bad this days, they have turned their backs on us, my relatives from your side are good".*	Isolation Feeling abandoned No support system Feeling unloved
Life styles changes and setbacks	*"I am looking after my siblings". "I am the one who does everything at home". "I failed my grade". "I always think of my situation when am at school". "I feel uncomfortable to ask things from my guardian". "We are not choosy because people who look after us do have their own children".*	Catapulted into adult role. Depression. Abandonment
Gaining insight of loss	"*I will always remember the good times that we spent together". "I have to accept that they are gone although it hurts". "I will always cherish the good moments we spent together".*	Acceptance and determination
The effect of	*"It has made me realise that I am not alone". "I*	Acceptance

Themes	Semantic units	Therapist's interpretations
group work on bereaved adolescents	*have learnt to accept my situation". "We had an opportunity to share our experiences". "I loved talking about my parents".*	No longer alone Sense of trust
Self determination	*"I remember when you said that I must not let the past determine my future", "I still promise that I won't let it determine my future". "I know am going to succeed in life". "I wish to do well in life". "To make my life a success and to make my home a better home". "To live a long life". "I wish to pass and get a bursary".*	Acceptance Determination Hope Resilience

The main themes that emerged

The following table presents the themes and the activities in which they emerged.

The asterisks indicate the media from which the themes emerged.

Fig. 5.15.

Theme	Interview	Focus group	Personal Documents	BDI & BAI	Feeling Sheets
1. The effect of parental death	♦	♦	♦	♦	♦
2. Support system	♦	♦	♦		
3. Lifestyle Changes and setbacks	♦	♦	♦	♦	♦
4. Isolation and helplessness	♦	♦	♦	♦	♦
5. Memories of a parent	♦	♦	♦		♦
6. The effects of group work	♦	♦	♦		♦

Discussion of figure 5.15.

Different tools were used to determine the effect of teacher- facilitated group work. The different themes that emerged during group activities are discussed below.

5.6. Discussion of the general findings of the emerged themes.

5.6.1 Theme 1: Effects of parental death

5.6.1.1. The role of a parent

Literature study in section 2.3 indicates that the following aspects of adolescent development are likely to be affected by the death of a parent: psychosocial development, cognitive development, moral development and scholastic performance. During the individual interview some group members indicated that the death of their parents caused them to fail at the end of the year e.g. *"I fail at the end of the year"*. Some indicated that the death of their parents made them lose interest in school work and life in general. Some learners indicated that they felt as if it were the end of the world e.g. *"My whole world crushed on the spot",* and they asked themselves the "why me" questions.

According to Sissullo(2005: 500) the passing away of a parent affects how adolescents perceive their internal and external world. During the focus group, bereaved adolescents indicated that the death of their parents had left them with no one to turn to when life is tough or when they need financial assistance.

"*I feel uncomfortable to ask for things from my guardian – I think I am too demanding*". *"They have their own children to support",* "*I do not have lots of friends; my friends are those who have lost their parents too".*

"When I have problems I approach the community based workers and if it's difficult, they refer me to the social workers".

5.6.1.2 Life style changes and setbacks

Some learners who participated in this study indicated that, after the death of their parent(s), they were forced to assume parenting roles regarding their younger siblings. This includes supervising younger siblings schoolwork, doing their washing, bathing them, and ensuring that they always have something to eat (L1 "*There is no one, I stay with my younger brother, I do everything at home").* Some of these learners indicated that assuming the role of a parent can be very challenging and tough as one is forced to sacrifice a lot of things (L3 "*it was tough because as the elder girl I was forced to take care of my younger brother").*

While it is a norm in most African cultures that extended family members take over the role of parenthood as guardians of children who have lost their parents, most family duties still lie with the elder sibling. According to Christ et al (2000:1277) family members, naturally turn to adolescents rather than to younger siblings to take responsibility when there is a death in the family because of their greater maturity and abilities. However the adolescent may feel threatened and withdrawn if the responsibilities are excessive, for example an adolescent that has lost a mother, who is expected by family members to look after her younger siblings, can find the responsibilities to be excessive. (L1 "*I am now looking after my brother but it is very difficult because he does not cooperate as I am not his mother", L3 "it was tough because as the elder girl I was expected to help and know where things are*").

A devastating setback, such as the death of a parent, can have detrimental effects on the identity development of these adolescents. This argument is supported by Erikson (1980:137) who indicates that when adolescents commit to adult roles before the right time – the sense of identity that will result will lack a proper foundation.

Learners have also indicated that their lifestyle had changed a great deal as a result of losing their parent(s). These adolescents were used to doing certain things with their parents like going shopping or going to holiday as a family but all these had to change after the death of the person who used to provide for them (L3 "*During the holidays my father used to take us to places like Morula Sun and Durban but since his death, we no longer have anybody to take us to these places" L6 "My mom loved doing all for me. She used to ask me what I wanted. She worked in Johannesburg and she would take me to town and buy me everything my heart desired. Now it is very difficult to ask my guardians for things as I feel like I will be bothering them").*

5.6.2. Theme 2: Support

The rationale behind asking the learners whether they received support from any structure of the community was to determine whether they had any immediate support system during their grieving process. This was done because learners who had a strong support system before the parental death usually receive more help, encouragement and understanding during the grieving process than those who had not had it. When adolescents lack support for the expression of grief, they may experience complicated grief and they may inhibit their painful emotions. The difficulty may relate to the fact that there may be no one with whom they can share their problems and who can comfort them (Raphael, 1984: 137).

5.6.2.1. Support from the family

Six learners had indicated that their families had offered them support during the grieving period. (L1 "*I did receive support from my maternal Grandmother",* L7 "*I received support from my uncle from my father's side")*. One member indicated that she never received support from her immediate family members. "*Mom your in-laws are not supporting us the way they used to"*

5.6.2.2. Support from the church

Most learners indicated that they never received any kind of support from their church. This could to a certain extent be linked to the fact that there are churches that discourage their members to express emotions as it is perceived to be a sign of weakness. This statement is supported by both Piper et al (1992:17) and Bowlby (1979:37) who indicated that some churches tend to promote the misconception that it is not appropriate for a Christian to show emotions as it is regarded as a sign of not being a strong Christian. This kind of misconception could have detrimental effects on the bereaved learners as they are forced to keep their emotions "bottled inside" to avoid being labelled a weak Christian. This could then lead to complicated grief according to the above-mentioned authors.
However, one learner indicated that she did receive support from her church and this may have helped her somewhat in her grieving process (L4 "*I had a problem when I had to go back to school but I would like to thank the church for its support through the prayer services and things like that").*

5.6.2.3. Support from the peers

Three of the seven learners indicated that they had received emotional support from their peers while the remaining four indicated that they never received any support from their peers. However, it is important to note that those who had received support, received it from peers who had also lost either one or both parents (L3 *"I was comforted by a friend whose parents also passed away*". The reason behind this could be the fact that it was easy for these peers to understand what the learners were going through since they also had to go through similar experiences while grieving the death of their parents. This information is supported by Kubbler-Ross (1993), Bowlby (1979: 37) and Woolfolk (1992:42) who indicated that due to different stages of grief which bereaved adolescents are likely to go through during the grieving process, they will need the support of people who understand them, and who can help them go through the different stages.

5.6.2.4. Support from the teachers

Only the three out of seven learners indicated that they received support from their teachers. Schools should provide a supportive environment for children (L2 "I *received words of support from one teacher". L4 "A teacher spoke to me one afternoon after seeing me sad."* L6 "*One day my Life Orientation teacher talked to me and asked me how I feel*"). However, four learners had indicated that they never received any support from their school (L1 *"I never received any support from school". "The only support I received was from my maternal Grandmother"*, L3 *"I never received any support from school and I only received support from peers who have also lost a parent*"). The researcher believes that it is very important that all schools put in place support structures with which to assist grieving learners.

This belief is supported by Smith (2003: 2-3) who indicates that since adolescents are in school for most of the day, the loss of a parent will also have implications for the adjustment in the school set-up. The effects of bereavement could impact negatively on the adolescents' performance and social interaction. Teachers therefore need to be aware of the potential negative effects, if they are to react in an appropriate way.

5.6.3. Theme 3: Isolation and helplessness

Five of the seven learners indicated that they either felt or still feel isolated and helpless after the death of their parents (L2 "*I have no one, I stay with my younger brother"* (L1 "*When I have a problem I don't share it with anyone because my grandparents do not stay around.)* (L6 "*Since I stay alone when I have a problem I approach the Community Based Workers and Social workers". It is not easy to approach the Community Based Workers and Social workers"*). These findings are supported by Freudenberger and Gallagher (1995:150) who indicate that the death of a parent leaves adolescents feeling abandoned – these feelings impact on their ability to function in school and to function as persons.

They further indicate that feelings of abandonment make them refrain from forging close relationships with other people.

5.6.4. Theme 4: Memories of the parent

The learners were asked what they remembered about their parents. The aim behind asking this question was to find out what memories the learners hold about their parents. The researcher found that all the learners who participated in the study still hold fond memories of their departed parents. To some learners, their parents were the source of love, guidance and inspiration while to others their parents were seen as providers, offering financial, emotional and social support (L4 "*One of the many things that I remember about my mother is that she always saw to it that my school needs were fulfilled like buying my school uniform). (*L7 "*One thing I remember about my mother is how she used to treat me. She treated me well and gave me everything I wanted").*

To some learners their parents were the source of love and care and a shoulder to cry on during trying times (L5 "*My mother was a shoulder to cry on".* L6 "*I long for a parental love and care").*

5.6.5. Theme 5: The effects of group work.

Chapter 3 examined the effects of teacher- facilitated group work on bereaved adolescents.

During group work, members were exposed to different types of activities, such as games, letter writing and focus group interviews. Group members were granted the opportunity to put their feelings and thoughts on paper. Even the shy introverted adolescents had the opportunity to put their deepest thoughts on paper and to communicate their feelings, wishes and thoughts. During the first two group activities self-disclosure was slight. During the third session mutual trust emerged which lead to significant self-disclosure by group members.

Members managed to share their painful bereavement experiences with each other. Members also learnt different skills, for example, communication skills, listening skills to mention a few. Members listened attentively to each other during all the performed group activities. An empathetic environment was created – which afforded group members the opportunity to feel safe and free to discuss their deepest thoughts with other group members.

In this study, group work was found to be very effective with bereaved adolescents since they enjoy doing things in groups. The group provided members with various benefits which helped them learn more about themselves and which also improved their interpersonal relationships. Groups provided members with social support: peers working together to go through bereavement. During the group sessions group members also learnt to accept that their deceased loved ones had gone away for ever. This indicates their acceptance of the permanence of death.
More benefits in the form of "curing elements" will now be indicated:

- Universality – Through group work, the bereaved learners realised that they were not the only ones' grieving for their parents' death, but that there were others who were also going through the same trauma (*" I am not alone, there are others who feel the same way as I do*"),
- Catharsis – The group work afforded the bereaved adolescents a platform to speak about their feelings of losing their parents (*" I got a chance to talk about my parents and how I feel").*
- Opportunity to develop skills – The bereaved adolescents have also indicated that, through the group work, they have developed communication skills, problem solving skills and problem sharing skills (*"I learnt to talk about my parents"(communication skill),* positive beliefs and problem solving skills- *"I have leant what to do when I am sad"* and social skills emerged during the sharing of thoughts and feelings.)

- Corrective emotional experience – Bereaved adolescents also indicated that through group work, they were able to share their emotional experiences with people who have also had the same experience (*"we had an opportunity to share our experiences, thoughts and feelings").*
- Interpersonal learning – The bereaved adolescents indicated that they had learnt a lot from the group work as far as accepting the fact that they had lost their parents and that they could now talk freely about them (*"I have learnt to accept my situation and I can talk about my parents". "Now I know what I should do when I am sad and thinking about my mom").*
- Family reenactment. The group work has also provided the bereaved adolescents with a place where they were understood, where they could talk about their thoughts and feelings without being judged (*"I feel understood, accepted and I feel free to share my thoughts and feelings").*
- Group cohesion. Group cohesion developed when members shared with each other their deepest thoughts and feelings (*"now I know who to talk to when I am sad".*

Despite the curing elements provided by group work, group members also received the following:

- The group provided them with the relaxed atmosphere that gave group members the opportunity to discuss their deepest thoughts and feelings.
- Group members felt comfortable to do self disclosure in the presence of a non-judgemental facilitator

5.7. Conclusion

This chapter outlined the results of the empirical investigation. The following chapter will offer a summary and conclusions of the literature and empirical findings as well as the recommendations.

CHAPTER 6: SYNTHESIS, CONCLUSION AND RECOMMENDATIONS

Munhu I munhu
hi va n'wana
vanhu…….

A person
is a person
because of the existence of other people

Tsonga proverb

6.1. Introduction

The aim of this study was to explore the effects of teacher-facilitated group work on bereaved adolescents. In this chapter the salient features in each chapter will be summarised. Findings will be formulated and recommendations will be made.

6.2. Synthesis, findings and recommendations

Chapter One: Formulation of the problem, aim and plan of the investigation.

A prescientific knowledge of the effects of teacher-facilitated group work on bereaved adolescent was outlined. The problem statement was investigated, and it was found that little investigation was done on teacher-facilitated group work on bereaved adolescents. However much was done on the role of therapist and counselors in helping bereaved adolescents in groups. The primary question was formulated; the subsidiary questions and subsidiary aims were outlined.

Chapter two: Bereavement, adolescence and bereavement in view of adolescence developmental stages.
Chapter two briefly outlined the different developmental aspects of adolescents which are likely to be affected by the death of a parent: psychosocial, cognitive and moral development. Literature study indicates that adolescents' scholastic performance is affected by the untimely death of a parent.

Psychosocial development plays a vital role in identity formation. The successful achievement of a sense of self identity depends much on adolescents' have achieved a sense of trust, autonomy, initiative and industry. Parents play a vital role in helping adolescents to achieve the above. Death of a parent during the adolescent stage can have a devastating effect on the adolescent.

Piaget (1970 as cited in Woolfolk 1995.30) identifies four factors that play a role in cognitive development, biological maturation, activity, social experiences and equilibration that interact to influence changes in thinking. Maturation is one of the influences that help us to make sense of the world. This means that the way in which we see the world depends to a great extent on our maturity, for example the way an adult perceives the world is far different from they way a child sees it. Activity refers to exploring, testing, and observing the environment. As adolescents interact with their world, changes in thinking and the way they see things occurs.

Cognitive development is also influenced by the way adolescents interact with those around them, how they act on the environment and what they learn from the environment and others (social experiences). Equilibrium is about striking or maintaining a balance between the way we understand the world and the information the world provides, by assimilating, organising and accommodation. Equilibrium motivates adolescents to search for solutions that would result in them changing the way they perceive things and it encourages them to move on. (Woolfolk 1995:30)

Corr and Balk (1996: 108) believe that cognitive development does not happen in a linear fashion. They believe that when adolescents are in crisis or under threat, they regress to a more concrete way of thinking. The result is that the interruption of cognitive development during the adolescent stage may interfere with the adolescents' developmental abilities to perceive the future.

Moral development relates to both cognitive and emotional development. Maturational changes during cognitive development make adolescents aware of moral values and standards. Adolescents who strongly consider moral values and standards are likely to develop a strong identity (Conger & Galambos 1997: 267-268). However the death of a parent may have detrimental effects on adolescents' moral development. The death of a parent can make adolescents wonder about fairness and justice.

Adolescents are in the stage where interpersonal relationships are taken into consideration. Piper et al (1992: 17) indicate that during the grieving process a person is likely to experience the following feelings: sadness, anger, bitterness, guilt and shame. Furthermore, bereaved adolescents tend to blame themselves for the death of their loved one, or blame the deceased for "dying on them". Therefore it is clear that a person who experiences the above mentioned feelings will find it hard to engage in a good interpersonal relationship e.g. "*I do not have lots of friends, my friends are those who have lost their parents".*

During the individual interviews some group members indicated that the death of their parents caused them to fail at the end of the year. Some indicated that the death of their parents made them lose interest in school work and life in general. Some learners indicated that they felt as if it were the end of the world, and they asked themselves the "why me" questions.

According to Sissullo (2005: 500) the passing away of a parent affects how adolescents perceive their internal and external world. During the focus group interviews, bereaved adolescents indicated that the death of their parents has left them with no one to turn to when life is tough or when they need financial assistance. "*I feel uncomfortable to ask for things from my guardian – I think I am too demanding*". *"They have their own children to support". "When I have problems I approach the community based workers and if it's difficult, they refer me to the social workers".*

Empirical investigations and literature study findings regarding chapter two:

Adolescents experience a void in their lives at many levels after losing a parent; these include physical care, motivation, attitude towards self and life in general, to name but a few. The researcher has therefore learnt from empirical investigation and literature studies:

- Parents play an important role in every aspects of adolescents' psychological development, such as psychosocial, cognitive and moral development. ("*It was important to me to spend time with you, to listen to you, and it was a necessary part of my growth towards adulthood". "You told me that I must be honest about who I am and about what I want in life". "I have enjoyed a lot when I was with you and you have always protected me".)*
- The emerging development and continuing development of the adolescents is influenced by the positive feedback obtained from parents or people around them. ("*My mom was very proud of my good behaviour and manners, and she used to advise me on how lead a good life". " Mom I have grown up to be a girl you wanted me to be")*
- Parental involvement in the lives of their adolescents plays an essential role in their scholastic performance (*"Mom used to praise me for achieving good marks", now I wish to pass and get a bursary". " Mom you always encouraged me to work hard at school")*
- Praise, guidance, motivation and positive feedback could lead to a positive self concept − especially if done by parents, (*"My mom used to tell me that good things come through hard work". "Now I do not have anyone to confide to, I do not have anyone to share my problems with").*

Recommendations:

The researcher recommends the following:

- Surviving family members should identify a family member who could play the role of the deceased parent in supporting the bereaved adolescents during the grieving process e.g. mother figure or a surrogate parent.
- Reputable guardians should be identified within a family/community to play the role of a parent in bereaved adolescents' lives.

- Measures should be put in place for bereaved adolescents to receive emotional support from people within their communities who have perhaps also lost their parents.

Chapter three: The effects of teacher- facilitated group work.

Chapter 3 examined the effects of teacher- facilitated group work on bereaved adolescents. In this study, group work was found very effective with bereaved adolescents since adolescents are naturally inclined and enjoy doing things in groups. As has already been mentioned, groups usually allow members to work interdependently and group members were able to − and even enjoyed sharing their thoughts and feelings.
Groups helped members to learn more about themselves and improved their interpersonal relationships. Groups are also known to create an environment which allows a person's real personality to emerge – which results in members realising their strength and overcoming or working on their weaknesses.

Bereaved adolescents are often confused and they may find it difficult to accept the reality of death. They sometimes hope for the safe return of their deceased parents and tend to imagine the unrealistic. (*Mom and dad I imagine you doing special things to me". "I wish you could come and celebrate my birthday with me").* (Bereaved adolescents were asked to imagine that their deceased parents have written letters to them), ("*We will come back and be with you on your birthday, and we hope that you will be happy to see us"*.) This kind of "weird" wishes and feelings can be best understood by a person who has gone through a similar situation.

Groups also afforded group members with an opportunity to do self disclosure. During self disclosure members discuss their deepest thoughts and experiences. This helped them to vent out their anger and other feelings e.g. fears, misery.

As has been mentioned in section 2.2, grief is a process that requires courage, patience and support. Limited support can result in complicated grief whereas adequate support can result in uncomplicated grief. Groups provided members with social and emotional support. Piper et al (1992: 17) and Bowlby (1979: 37) agree that people who experience complicated grief are those who receive limited or no support during the initial grieving process or those who refuse to grieve by returning to their normal life too soon after the death of a loved one. Therefore it is crucial that the bereaved adolescents receive emotional support as soon as possible after their bereavement.

During the group sessions members were exposed to different types of activities, such as games, letter writing and focus group interviews. Group members were granted the opportunity to put their feelings and thoughts on paper. As a result of this, even the shy introverted adolescents had a chance to put their deepest thoughts on paper and to communicate their feelings and wishes.

Empirical investigations and literature study findings regarding chapter three

If adolescents receive little or no support during their grieving process they repress their emotions− which is unhealthy because it can inhibit growth. The researcher has learnt the following:

- Without appropriate support, bereaved adolescents bottle up their emotions e.g. "I *do not talk about my problems". "When I am sad, I just pretend to be fine*". "*When I feel sad I go out and be with my friends".*
- Group work provides bereaved adolescents with the opportunity for the development of different types of skills – social skills e.g. communication skills, listening skills, problem solving skills - "*I learnt to talk about my dead parents". "I had an opportunity to listen to others problems". " I know what to do when I am sad"*
- Cathartic effects of ventilating feelings e.g. "*I have learnt that I am not the only one with problems*".

Recommendations:

- Support groups for bereaved learners should be established in schools to assist those who have lost their parents in coping with the loss by talking to those who have gone through similar experiences.
- Educators should require counseling skills on how to work with bereaved learners.
- Lessons on how to effectively deal with grief should be incorporated into the school curriculum as part of the life skills classes.
- Groups can be the best platform where bereaved adolescents may feel free to ventilate and express their own feelings.

Chapter 4 : Research Methodology.

In this study qualitative and quantitative research designs were used. The two research designs were discussed in full in chapter 4 section 4.2.2. As it has been mentioned in section 4.2.1, the researcher decided to use both methods (mixed method) because it allows the researcher to incorporate the strength of each method. The combination of the two provides a holistic picture of phenomenon to be investigated (Macmillan & Schumacher 2006: 401).

In this study, different data collection tools were employed to collect different data. The researcher decided to use various data collection tools because it affords the researcher an opportunity to collect more information. According to Leedy and Ormar (1997: 99) the use of various tools in the collection of data may help the researcher to collect information to support or reject specific theory or to answer the research question.

Chapter 5: Analysis and interpretation of the results

The empirical investigation supports the literature study about the detrimental effects of little or no support during bereaved adolescents' grieving process. The literature study indicated that little or no support during the grieving process leads to complicated grief.

It also indicates that the death of a parent during the adolescent stage negatively affects the following aspects: psychosocial development, cognitive development, moral development and the academic achievement. During the empirical investigations numerous themes emerged – themes were discussed in detail in chapter 5 section 5.4.

Empirical investigations and literature study findings regarding chapter 5.

Themes that emerged are now outlined:

- The effect of parental death – during the focus group, bereaved adolescents indicated that the death of parents left them with no one to turn to when life is difficult and when they needed financial assistance "*I feel uncomfortable to ask for things from my guardian- I think am too demanding".* Just as the child will be desperate when the care giver's love is removed; the death of a parent may leave an adolescent feeling unworthy and vulnerable (Tyson 1980 as cited in Piper et al (1992:21).
- Life style changes and setbacks – some bereaved learners indicated that immediately after the death of their parent(s) they were forced to assume parental roles which has detrimental effects on their identity formation. "*There is no one; I stay with my younger brother". "I do everything at home"*. Erikson (1980:137) indicates that when an adolescent make commitments contributing to an adult identity before the right time the sense of identity that will result will not have a proper foundation.
- Support - Empirical investigation indicates that bereaved adolescents received minimal or no support at all during their grieving processes. Most bereaved adolescents indicate that they never received support from school and church. "*I never received any support from school; the only support I received was from my maternal grandmother". "I never received any support from school and I only received support from peers who have lost a parent".* Bowlby (1979:37), Piper et al (1992: 17), and Sussillo (2000: 502)) agree that people who experience complicated grief are those who receive limited or no support during the grieving process.

- Isolation and helplessness – bereaved learners indicated that they felt helpless and isolated after the death of their parent(s). "*When I have problems I don't share it with anyone because my grandparents do not stay around"* death of a parent during the adolescent stage poses great risks in the lives of adolescents.
- It shatters the adolescents' hopes and dreams and it may take away their will to face life (Sissullo 2000: 502).
- Memories of their parents - the researcher found out that all learners hold special memories of their deceased parents. "*one of the many thing that I remember about my mother is that she always saw to it that my school needs were fulfilled like buying my school uniform."* According to Schneider's model in (Gilland and James 1993:145-147) bereaved people stay close to deceased through memories.

Recommendations

The researcher recommends the following:

- Measures must be put in place for learners to learn how to associate with fellow learners who have just lost one or both parent(s) to death.
- Support groups for bereaved adolescents should be encouraged within communities to act as platforms from which these children can express their feelings and emotions without being judged
- All relevant stakeholders (surviving adult family members, Educators, Pastors, etc) must act as support structures for the bereaved adolescents during and after the grieving process.

6. 3. Implications for further research

This study focused on the effects of teacher- facilitated group work on bereaved adolescents. The main aim of the study was to examine the effects of teacher-facilitated group work on helping the bereaved adolescents go through their bereavement process. During the study group members were afforded an opportunity to discuss their deepest thoughts and feelings with each other – which helped them to vent their feelings of anger and frustration.

Since this study was conducted with bereaved adolescents, future researcher should focus on the following:

- The effect of teacher facilitated group work on the primary school learners.
- Future researcher(s) should broaden the scope of the topic to involve the bereaved learners from other ethnic groups.

6.4. Limitations

The researcher had two groups of bereaved adolescents from two secondary schools. Two group facilitators volunteered to facilitate the group sessions. However due to the public strike that took place in 2007 one facilitator was unable to complete the anticipated seven sessions. As the results of that, the researcher was left with no choice but to analyse only the findings of a group that managed to complete all the sessions.

6.5. Conclusion

According to Sissullo(2005: 500) the passing a way of a parent affects how adolescents perceive their internal and external world.

Literature study indicates that grief is the process that requires courage, patience and support. Limited support can result in complicated grief whereas adequate support can result in normal grief. Bowlby (1979:37) and Piper et al (1992: 17) agree that people who experience complicated grief are those who receive limited or no support during the grieving process or people who refuse to grief by returning to their normal life soon after death.

Without appropriate support, bereaved adolescents avoid, ignore and inhibit the painful emotions therefore proper support from people who understand them will be of help, hence teacher facilitated group work should be seen as a valuable resource for bereaved adolescents , and should be introduced in schools in order to help the bereaved adolescents go through their bereavement.

BIBLIOGRAPHY

Bowlby, J. (1979). *The making and breaking of affectional bonds*. Bungay: Tavistock Publications.

Christ, G.H, Siegel, K. and Christ, A.E. (2000). Adolescent grief: '*It never hit me.....until it actually happened*' .Journal of the American medical Association.288 (10): 1269- 1278

Corey, G.(2004). *Theory and practice of group counseling*. Toronto: Thomson Brooks/Cole

Corr, C.A. & Balk D.E, (1996). *A handbook of adolescent, death and bereavement*. New York. Springer publishing company

Conger, J.J & Galambos N.L. (1997). *Adolescent death and bereavement*. New York. Springer publishing company.

Creswell, J. W. (2003). *Research design, qualitative, quantitative, and mixed methods approaches* .London. Sage Publishers

De Vos, A.S, Strydom H , Fouche CB & Delport CSL.(2006). *Research at Grass Roots: for the social sciences and human professions.* Pretoria. Van Schaik Publishers

Euchus, P. (2000). The qualitative versus quantitative debate*: research methods for health sciences.* Tutors4 uk, University of Salford

Erikson, E.H. (1980). *Identity and the life cycle*. London. W.W. Norton & company Inc.

Fehr , SS. (2003).*Introduction to group therapy. A practical guide*. London: Haworth press

Flick , U. (1998). *An introduction to qualitative Research.* London. Sage.

Frankel , M.(1997). *The therapeutic Relationship of Educational Psychologist with bereaved adolescents.*. Rand Afrikaans University. Unpublished MED thesis.

Freudenberger, H. J. & Gallagher K.M. (1995). *Emotional consequences of loss for our adolescents*. 32 (1): 150 - 153

Gilliland, B.E. & James R.K. (1993). *Crisis intervention strategies*. California: Brooks/ Cole Publishing Company.

Gouws, E. & Kruger N. (1994). *The adolescent: an educational perspective.* Pretoria. Butterworth publishers.

Gladding S.T. 1995. Group work: *Counselling speciality.* New Jersey. Prentice Hall Inc.

Gruber, H.E. & Voneche J.J. (1977). *The essential Piaget*. London. Routledge & Kegan Paul.

Henning , E, Van Rensburg, W, & Smit., B. (2004). *Finding your way in qualitative research.* Pretoria. Van Schaik Publishers

Hipp, E. (19950). *Help for the hard times: getting through loss*. Centre City, M.N Heizenden

Humphrey, G.M. & Zimpfer D.G. (1996). *Counselling for grief and bereavement*. London Sage.

Huda, A.A. (2001). *Childhood bereavement what psychologist needs to know: School of psychology International.* 22(4): 417 – 433.

Johnson, DW. and Johnson, FP. (1987). Joining together: *Group theory and Group work*. New Jersey: Prentice hall Inc.

Kohlberg, L. (1981). The Philosophy of moral development: *Moral stages and the idea of justice.* San Francisco. Harper & Row publishers

Kimmel, D.C. & Weiner L.B. (1985). Adolescence: *A development transition.* New York. John Wales & sons.

Leedy , P. & Ormrod J.E. (1997). Practical Research*: planning and design.* Ohio. Prentice Hall.

Liamputtong, R. and Ezzy, D. (2005). Qualitative *Research Methods*. New York: Oxford University Press.

MacKenzie, M.D. (1990). *Times limited group psychotherapy*. London. American Psychiatric press inc.

Macmillan, J.H & Schumacher,S.(2006).Research in Education: *A conceptual introduction.* New York. Longman.

Miles, M.B. & Huberman , AM. (1994). Qualitative research book*: An expanded sourcebook.* London. Sage Publications.

Morgan, J.D. (1990). *The dying and the bereaved teenager*: Philadelphia. The Charles press publishers.

Murthy, R. & Smith L. (2005). Grieving sharing and healing*: A guide for facilitating early adolescent bereavement groups*. New York. Sage.

Mwamwenda, T.S. (1995). *Educational Psychology: an educational perspective*. Durban. Butterworth publishers.

Patton, M.Q. (2002). *Qualitative Research and evaluation method.* New York. Sage Publishers.

Piper, W.E, MacCallum M. and Azim, H.F.A. (1992). *Adoption to loss through short term group psychotherapy.* London. The Guildford Press.

Posthuma, AW. (1999). *Small groups in counseling and therapy: process and leadership.* Sydney. Allyn and Bacon.

Raphael, B. (1984). *The anatomy of bereavement: A handbook for the caring professions.* London . Routledge.

Reid, W.J & Smith, A.D. (1984). *Research in social work*. New York. Columbia University Press.

Rogers, C.R.(1961). *A therapist's view of psychotherapy on becoming a person.* London .Constable and company.

Rogers, C.R. (1954). *Psychotherapy and personality change.* Chicago. University of Chicago press.

Schaefer, C. & Reid, S.E. (2001). *Game Play*: *Therapeutic use of childhood Games*. New York. John Wiley & Sons.

Sewpershad, N, (2003). *An investigation into an experiential approach to training in Group psychotherapy*, an unpublished M.A thesis. UNISA

Sissullo, M.V. (2005). *Beyond the grave – parental loss*: *Letting go and holding on.* Psychoanalytic dialogue. 15(4): 500 – 523.

Smith, P.A. (2000*). Senior Primary school children's experience of the death of a parent: guidelines for assisting bereaved children*. Unpublished Thesis (Ded) Pretoria. University of Pretoria

Stroebe, M.S. Hansson R.O, Stroebe W & Schut H. (2001). *A handbook of bereavement research : consequences, coping and care.* Washington D.C . Sage Publications.

Terre Blanche, M. , Durrheim, M., Painter, D. (2006). *Research in practice: applied methods for social science*s. Cape Town. University of Cape Town Press.

Toseland, R.W, and Rivas, R.F.(1984). *An introduction to group work practice*. New York. Macmillan Publishing company.

Tuckman, B.W. (1999). *Conducting Educational research.* New York. Hartcourt Brace Collage Publishers.

van Servellen, G.M. (1984). *Group and Family therapy*. London :The Mosby Company

Webb, N.B. (1993). *Helping bereaved children : A handbook for practitioners*. New York. Guildford press.

Wolfelt, A. (1992). Understanding Grief: *Helping yourself heal*. Accelerated development. Muncie in.

Woolfolk. A. E. (1995). *Educational Psychology*. Boston. Allyn & Beacon.

Wilson, J. 1995. *How to work with self help groups*: A *guideline for professionals* England: Ashgate publishing company.

Yalom, I.D.(1975). *The theory and the practice of group psychotherapy*. New York. Basic books

Http//www. musc. edu./ dfm/ RCMAR/ BECK . html. Accessed 2007/ 10/ 02.

Http:/ /home.att.net/velvet-hammer/grif.html. Accessed 2007/ 10/ 02.

Http://www. Educationupdate.com / archives/2006/nov/htlm/speded-fromthenyu. Accessed on 26.02.2007

ADDENDUM

BAI (Beck Anxiety Inventory)

Name: _____ Date: _____

Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by each symptom during the PAST WEEK, INCLUDING TODAY, by placing an X in the corresponding space in the column next to each symptom.

	NOT AT ALL	MILDLY	MODERATELY	SEVERELY
1. Numbness or tingling				
2. Feeling hot				
3. Wobbliness in legs				
4. Unable to relax				
5. Fear of the worst happening				
6. Dizzy and lightheaded				
7. Heart pounding and racing				
8. Unsteady				
9. Terrified				
10. Nervous				
11. Feelings of choking				
12. Hands trembling				
13. Shaky				
14. Fear of losing control				
15. Difficulty breathing				
16. Fear of dying				
17. Scared				
18. Indigestion or discomfort in abdomen				
19. Faint				
20. Face flushed				

Categories	= 0-7	Moderate	= 16-25
Minimal	= 8-15	Severe	= 26-63

GROUP CLIMATE QUESTIONNAIRE

NAME OF THE FACILITATOR: .....

SESSION NUMBER: .....

Read each statement and think of the group as a whole. Using the rating scale as a guide, circle the number for each statement that best describes the group during today's session. Please mark only ONE answer for each statement.

	0 = Not at all 1 = A little bit 2 = Somewhat 3 =Moderately 4 =Quite a bit 5 =A great deal 6 =Extremely
1. The members liked and cared about each other	0 1 2 3 4 5 6
2. The members tried to understand why they do the things that they do.	0 1 2 3 4 5 6
3. The members avoided looking at important issues going on between themselves.	0 1 2 3 4 5 6
4. The members depended on the group leader for direction	0 1 2 3 4 5 6
5.There were friction and anger between members	0 1 2 3 4 5 6
6. The members were distant and withdrawn from each other	0 1 2 3 4 5 6
7.They appeared to do things the way they thought would be accepted in a group	0 1 2 3 4 5 6
8. The members rejected and were destructive towards each other	0 1 2 3 4 5 6
9.The members revealed sensitive personal information	0 1 2 3 4 5 6
10. The members appeared tense and anxious	0 1 2 3 4 5 6

BDI-II

Name: ..... Age: .....

Date: .....

Instruction: This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the one statement in each group that best describes the way you have been feeling during the past week, including today. Circle the number beside the statement you have picked. If several statement in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including item 16 (changes in sleeping pattern) or item 18 (changes in appetite)

1. **Sadness**
    a. I do not feel sad
    b. I feel sad much of the time
    c. I am sad all the time
    d. I am so sad or unhappy that I can't stand it
2. **Pessimism**
    a. I am not discouraged about my future
    b. I feel that I am more discouraged about my future than I used to be
    c. I do not expect things to work out for me
    d. I feel my future is hopeless and will only get worse
3. **Past failure**
    a. I do not feel like a failure
    b. I have failed more than I should have
    c. As I look back, I see a lot of failures
    d. I feel I am a total failure as a person
4. **Loss of pleasure**
    a. I get as much pleasure as I ever did from the things I enjoyed
    b. I don't enjoy things as much as I used to
    c. I get very little pleasure from the things I used to enjoy
    d. I can't get any pleasure from the things used to enjoy
5. **Guilty feelings**
    a. I don't feel particularly guilty
    b. I feel guilty over many things I have done or should have done
    c. I feel quite guilty most of the time
    d. I feel guilty all of the time
6. **Punishment feeling**
    a. I don't feel i am being punished
    b. I feel i may be punished
    c. I feel I am being punished
7. **Self-dislike**
    a. I feel the same about myself as ever
    b. I have lost confidence in myself
    c. I am disappointed in myself
    d. I dislike myself
8. **Self-criticalness**
    a. I don't criticize or blame myself more than usual
    b. I am more critical of myself than I used to be
    c. I criticize myself for all of my faults

d. I blame myself for everything bad that happens

9. Suicidal thoughts or wishes

a. I don't have any thoughts of killing myself
b. I have thoughts of killing myself, but I would not carry them out
c. I would like to kill myself
d. I would kill myself if I had the chance

10. Crying

a. I don't cry anymore than I sued to
b. I cry more than I used to
c. I cry over every little thing
d. I feel like crying, but I can't

11. Agitation

a. I am no more restless or wound up than usual
b. I feel more restless or wound up than usual
c. I am so restless or agitated that it's hard to stay still
d. I am so restless or agitated that I have to keep moving or doing something

12. Loss of interest

a. I have not lost interest in other people or activities
b. I am less interested in other people or things than before
c. I have lost most of my interest in other people or things
d. Its hard to get interested in anything

13. Indecisiveness

a. I make decisions about as well as ever
b. I find it more difficult to make decisions than usual
c. I have much greater difficulty in making decisions than I used to
d. I have trouble making any decisions

14. Worthlessness

a. I do not feel I am worthless
b. I don't consider myself as worthwhile and useful as I used to
c. I feel more worthless as compared to other people
d. I feel utterly worthless

15. Loss of energy

a. I have as much energy as ever
b. I have less energy than I used to have
c. I don't have enough energy to do very much
d. I don't have enough energy to do anything

16. Changes in sleeping pattern

a. I have not experienced any change in my sleeping pattern
b. I sleep somewhat more than usual
c. I seep somewhat less than usual
d. I sleep a lot more than usual
e. I sleep a lot less than usual
f. I sleep most of the day
g. I wake up 1-2 hours early and can't get back to sleep

17. Irritability

a. I am no more irritable than usual
b. I am more irritable than usual
c. I am much more irritable than usual
d. I am irritable all the time

18. Changes in appetite

a. I have not experienced any change in my appetite
b. My appetite is somewhat less than usual
c. My appetite is somewhat greater than usual
d. My appetite is much less than before
e. My appetite is much greater than usual
f. I have no appetite at all
g. I crave food all the time

19. Concentration difficulty

a. I can concentrate as well as ever
b. I can't concentrate as well as usual
c. It's hard to keep my mind on anything for very long
d. I find I can't concentrate on anything

20. Tiredness or fatigue

a. I am no more tired or fatigued than usual
b. I get more tired or fatigued more easily than usual
c. I am too tired or fatigued to do a lot of the things I used to do
d. I am too tired or fatigued to do most of the ings I used to do

21. Loss of interest in sex

a. I have not noticed any recent change in my interest in sex
b. I am less interested in sex than I used to be
c. I am much less interested in sex now
d. I have lost interest in sex completely