

**LOSING A LOVED ONE THROUGH DEATH: A SELECTED GROUP OF  
AFRICAN TEENAGERS' EXPERIENCES, COPING STRATEGIES AND  
SUPPORT NEEDS IN COMING TO TERMS WITH THE DEATH OF A  
LOVED ONE**

By

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## DECLARATION

Student number: 5249813

I hereby declare that this dissertation "losing a loved one through death: a selected group of African teenagers' experiences, coping strategies and support needs in coming to terms with the death of a loved one" is my own work; and that all sources used or quoted by me during this research study are indicated by means of a complete reference and acknowledgement.

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2012.07.27  
DATE:

## KEYWORDS

African Teenagers

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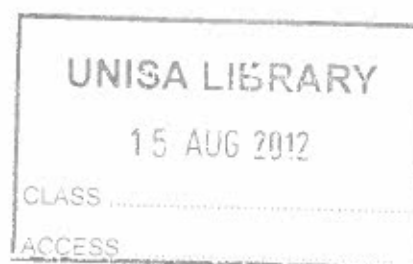
Coming to terms

Kubler Ross

Worden

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## **SUMMARY**

The aim of this research was to uncover and understand the experiences, and the coping strategies employed by African teenagers in coming to terms with the death of a loved one, the support needs in relation to this, and the need to provide guidelines on how they would like to be supported by social workers. A qualitative research approach was employed, following an explorative, descriptive and contextual research design. The study was conducted in Cullinan near Pretoria in Gauteng Province. Data were collected, using structured interviews with a purposively selected sample of African teenagers who met the criteria for inclusion in the study.

The data were analysed, according to the framework provided by Tesch to ensure the trustworthiness of the qualitative data was to be employed for the data verification. The findings included seven identified themes, the sub-themes and categories of which were supported by the extracts from the interview transcripts, and the literature reviewed for this research. The research report, together with the conclusions and recommendations, based on the conclusion, were drawn from the research – thereby, showing how the goals of the study were achieved.

## **TABLE OF CONTENTS**

### **CHAPTER 1: GENERAL INTRODUCTION, PROBLEM FORMULATION AND PLANNED APPLICATION OF THE QUALITATIVE RESEARCH PROCESS**

<b>1.1. GENERAL INTRODUCTION</b>	<b>1</b>
<b>1.2. PROBLEM FORMULATION: PROBLEM STATEMENT</b>	<b>8</b>
<b>1.3. THE RESEARCH QUESTION AND THE PRIMARY GOALS OF THE RESEARCH</b>	<b>9</b>
<b>1.4. RESEARCH METHODOLOGY</b>	<b>10</b>
1.4. 1. Research approach	10
1.4.2.. Research design	11
1.4.3. Research method	13
1.4.3.1. Population	13
1.4.3.2. Sampling	13
1.4.3.3. The method of data collection	15
1.4.3.4. Preparation for data collection	16
1.4.3.5. The method of data analysis	17
1.4.3.6. Method of data verification	18
1.4.3.7. Ethical considerations	20
<b>1. 5. DISSEMINATION OF THE FINDINGS</b>	<b>21</b>
<b>1. 6. CLARIFICATION OF CONCEPTS</b>	<b>22</b>
<b>1. 7. OUTLINE OF THE RESEARCH REPORT</b>	<b>23</b>
<b>1.8. CONCLUSION</b>	<b>24</b>

## **CHAPTER 2: A DESCRIPTION OF THE APPLICATION OF THE QUALITATIVE RESEARCH PROCESS FOR THE RESEARCH TOPIC UNDER DISCUSSION**

<b>2.1. INTRODUCTION</b>	<b>25</b>
<b>2.2. RESEARCH APPROACH APPLIED</b>	<b>25</b>
<b>2.3. RESEARCH DESIGN</b>	<b>26</b>
<b>2.4. POPULATION AND SAMPLING</b>	<b>27</b>
2.4.1. Population	27
2.4.2. Sampling	27
<b>2.5. METHOD OF DATA COLLECTION</b>	<b>27</b>
<b>2.6. PREPARATION FOR DATA COLLECTION</b>	<b>28</b>
<b>2.7. METHOD OF DATA ANALYSIS</b>	<b>29</b>
<b>2.8. METHOD OF DATA VERIFICATION</b>	<b>30</b>
<b>2.9. CONCLUSION</b>	<b>31</b>

## **CHAPTER 3: RESEARCH FINDINGS AND LITERATURE CONTROL**

<b>3.1 INTRODUCTION</b>	<b>32</b>
<b>3.2. A BIOGRAPHICAL PROFILE OF RESEARCH PARTICIPANTS</b>	<b>32</b>
<b>3.3 THE FINDINGS OF THE STUDY</b>	<b>34</b>
<b>3.4 NARRATIVE PRESENTATION OF THE FINDINGS</b>	<b>39</b>
<b>3.5 CONCLUSION</b>	<b>70</b>

## **CHAPTER 4: SUMMARY, CONCLUSION AND RECOMMENDATIONS**

<b>4.1. INTRODUCTION</b>	<b>72</b>
<b>4.2. RESEARCH QUESTION AND GOAL</b>	<b>72</b>
<b>4.3. SUMMARY OF RESEARCH PROCESS</b>	<b>73</b>
4.3.1. Conclusion and recommendations of the research process and Method	74
<b>4.4. THE FINDINGS ON THE EXPERIENCES OF THE SELECTED GROUP OF AFRICAN TEENAGERS WHO HAVE EXPERIENCED THE DEATH OF A LOVED ONE, THE SUMMARY AND CONCLUSIONS.</b>	<b>76</b>
4.4.1. Introduction	76
4.4.2. Summary of findings	76
4.4.3. Conclusion	79
<b>4.5. RECOMMENDATIONS</b>	<b>80</b>
4.5.1. Recommendations on the research process	80
4.5.2. Recommendations for support services based on the findings	80
4.5.3. Recommendations for future research	85
4.5.4. Summary	86
<b>4.6. CONCLUSION OF THE CHAPTER</b>	<b>86</b>
<b>5. BIBLIOGRAPHY</b>	<b>88</b>
<b>6. LIST OF TABLES</b>	
6.1. Biographical profile of the participants	33



6.2. The experiences, coping strategies and support needed by African teenagers in coming to terms with the death of a loved one	34
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## **7. ANNEXURES**

7.1. Annexure A: Letter to participants	92
7.2. Annexure B: Information and informed consent document	96
7.3 Annexure C: Declaration by or on behalf of the participant	97
7.4 Annexure D: Consent form requesting to publish photographs, audiotapes and/or video or verbatim transcripts of audiotape/videotape recordings	100
7.5 Annexure E: Statement by or on behalf of investigator(s)	101
7.6 Annexure F: Important message to participant/representative of participant	102
7.7. Annexure G: Child consent form	103

## **CHAPTER 1: GENERAL INTRODUCTION, PROBLEM FORMULATION AND PLANNED APPLICATION OF THE QUALITATIVE RESEARCH PROCESS**

### **1.1. GENERAL INTRODUCTION**

Loss is part of the human experience. Somewhere in a person's lifetime, he/she will experience the death of someone close to him/her. It is a common experience that can be encountered many a time during one's lifetime. The phenomenon of losing loved ones, or significant others, does not discriminate in favour of age, race, sex, education, economic status, religion, culture or nationality (Nolen-Hoeksema and Larson: 1999:2). Ward and associates (1993:17) supported the aforementioned and commented further by saying that loss touches all of us throughout life, yet its existence is generally not recognised – except in cases, such as death.

According to Ward and associates (1993:13), there are many different types of losses that can be the cause of grief and mourning, but the death of, or separation from a loved one is the most obvious and painful type of loss. This is supported by Worden (2006:13) when he cited Bowlby's attachment theory that provides a way for us to conceptualise the tendency in human beings to create strong affection bonds with others, and a way to understand the strong emotional reaction that occurs when those bonds are threatened or broken.

According to Bowlby as referred by Payne, Horn & Relf (1999: 22), the "loss of a loved person is one of the most intensely painful experiences any human being can suffer." This means that losing a loved one through death can be exceedingly painful.

Meyers and Adams (2004: 250) mentioned that Beverly Raphael, an Australian psychiatrist defined bereavement as the reaction to the loss of a close relationship. This reaction is one that human beings undergo to help them adapt to loss. If two people have a significant relationship and one dies, the survivor usually experiences some form of bereavement. Loss is commonly accompanied by bereavement. The more significant the relationship, the more likely it is that the experience of bereavement will be intense.

The resulting grief response frequently affects a person's mental and behavioural wellness. Repressed, but unrecognised or unresolved grief can cause personal anguish, increased anxiety, multiple physical complaints, disturbed relationships, marital discord, disrupted sleep,

impaired childhood, increased substance abuse (such as tobacco, alcohol, drugs and tranquilizers), clinical depression, and an increased mortality from heart disease and suicide (Payne et al., 1999:71).

Past, present, and ongoing losses can all have an effect on people's health, their wellness and their overall wellbeing.

The influence of Lindeman on Worden (2006:18-30) led him to describe the following four general categories of the bereaved reaction after losing a loved one:

- Feelings: Sadness, anger, guilt and self-reproach, anxiety, fatigue, helplessness, shock, yearning, emancipation, relief, and numbness.
- Physical sensations: Hollowness in the stomach, tightness in the chest, tightness in the throat, oversensitivity to noise, a sense of depersonalization, breathlessness, feeling short of breath, weakness in the muscles, lack of energy and dry mouth.
- Cognitions: Disbelief, confusion, preoccupation, sense of presence, hallucinations.
- Behaviours: Sleep disturbances, appetite disturbances, social withdrawal, dreams of the deceased, avoiding reminders of the deceased, searching and calling out, sighing, restless hyperactivity, crying, visiting places or carrying objects that remind the survivor of the deceased, and treasuring objects that belonged to the deceased.

Meyers and Adams (2004: 250) continued by saying that although bereavement is a reaction, what follows is a process. The process includes social expressions that are generally called mourning. Worden (2006: 37) mentioned that since mourning is a process, it has been viewed by different theories in various ways. Payne, Horn, and Relf (1999: 43) mentioned that one of the theorists who looked at mourning, in terms of stages, is Elizabeth Kubler-Ross who developed the following five stages of grief in terminally ill people. This is often applied to the grief that follows bereavement:

- Stage one – denial and isolation.  
The initial reaction to the loss is denial, a natural coping mechanism that helps people manage their shock and take in the news. The person does not believe the diagnosis of the departed's condition, nor does one believe that the loved one has actually passed on.

- Stage two – anger.

Once the truth of the diagnosis or death begins to be accepted, terminally ill people or the bereaved can become angry. This anger may be directed to the doctors and nurses providing care, towards the family and friends, God, society; or it can be turned on the self.

- Stage three – bargaining.

When their anger has been expressed, terminally ill people attempt to bargain, often with God, in order to negotiate a cure, more time or greater relief from the symptoms. For example, they may secretly promise to attend church regularly, or to become better – in return for being cured.

- Stage four – depression.

When bargaining does not work, the truth of impending death or death becomes more and more real; and this can lead to depression. The feelings of sadness and loss may be overwhelming and may be accompanied by self-blame. As their energy declines, they become less interested in their surroundings and those close to them. This withdrawal may be experienced as rejection and may be hard to understand if family and friends are not ready to let go of the patient.

- Stage five – acceptance.

In this final stage, terminally ill people come to accept the reality of death. They may become peaceful, as they accept the inevitable.

Another approach to viewing the mourning process was described by Worden (2006: 39-53) in terms of the following tasks:

- Task 1: To accept the reality of the loss

When someone dies, even if the death is expected, there is always a sense that it has not actually happened. The first task is to come full face with the reality that the person is dead, that the person is gone, and will not return again.

- Task II: To process the pain of grief.

Worden says that it is necessary to acknowledge and work through this pain, otherwise it may manifest itself through physical symptoms or some form of aberrant behaviour.

- Task III: To adjust to a world without the deceased.

Worden described here three areas of adjustment: the external adjustments or how the death affects one's everyday functioning in the world; internal adjustments or how the death affects one's self; and spiritual adjustments, or how the death affects one's beliefs, values, and assumptions about the world.

- Task IV: To find an enduring connection with the deceased in the midst of embarking on a new life. Worden mentioned that the fourth task of mourning is to find a place for the deceased that will enable the mourner to be connected with the deceased, but in such a way that will not preclude him or her from going on with life.

This grieving process, as described by Worden, can be short, or it can last a long time – depending, on the personality involved, the closeness of the relationship, the circumstances of the death, and any previous losses suffered. Adding to the discussion, Nolen-Hoeksema and Larson (1999:2) stated that although most people who lose their loved ones experience some degree of emotional and physical distress, there are tremendous differences in how severe this distress is and how long it will last. Bereaved people do not necessarily experience all the manifestations of grief, nor are those manifestations experienced at the same time. Everyone's reaction to loss and the subsequent grieving is different. Grief is unique in its impact, course and meaning to each person. Experiencing the loss of a loved one, with whom one has shared history, often has a specific meaning to us (Payne et al., 1999:71).

Perschy (2004:15) postulates that after a family member dies, life is forever changed. The vacuum created through the loss of a significant relationship affects each person in the family, often causing great distress. Whether it is a parent or a child who is gone, each family member is thrown into a state of imbalance. There is often a desperate attempt to quickly find the balance, to put life back together again, but the family soon realises that this attempt to find some sense of equilibrium takes longer than anyone dreamt. This prolonged journey of grief and mourning draws on the deepest strength of each family member and of the other people in their

lives. Schneiderman (1994:153) supported this by mentioning that, as human beings, we need to mourn in response to loss.

Coping with death may be one of life's most difficult tasks. If, for any reason, we cannot deal or cope with the death of a loved one, the chances are that there will be emotional or physical problems.

This study is about African teenagers' relation to experiencing the loss of a loved one, or a significant other, who may have been a member of the nuclear or extended family, or of the interpersonal network. Adolescence is described by Fitzgerald (1994: 1) as the time of transition between childhood and adulthood. Gillis (1994: 70) comments further by mentioning that in preparation for the transition from childhood to adulthood, a number of so called "tasks" or "challenges" in each area of development must be completed for any successful adult living.

These are not simply chores to be worked through, but a series of highly personal experiences, each of which is a stepping stone in helping the adolescent to learn how to cope with the obligations, the demands and the pressures of adulthood.

The following are major developmental tasks the adolescent has to complete, as described by Harley (1994: 71-72): (1) Adjusting to changing body growth; (2) mastering new, complex ways of thinking; (3) dealing with awakening sexuality, and the powerful drives which accompany it; (4) achieving a satisfactory sexual identity; (5) learning to relate to peers and to society in a mature way; (6) attaining emotional independence from parents, family and adults; (7) accepting adult responsibilities, and socially acceptable values and behaviours; (8) choosing a vocation and establishing economic independence; and (9) preparing for marriage and family life.

The view on adolescence of Perschy (2004:3-4) is that the adolescent years resemble a "storm". The changing hormones rage, just like the wild winds of a summer thunderstorm. Like the thunder roaring and the lightning flashing, the teen years are filled with outbursts of anger and frustration. A lull may follow. A pause, a taste of equilibrium, may precede the next wave of change. Sometimes, there are rainbows. Adolescence is also a time of excitement, as teenagers discover new strengths. They push their bodies to new limits in favourite sports. They stretch their minds by arguing every point in discussions. They further explore the many aspects of relationships. They question the family beliefs, in search of new meaning in their lives.

Commenting further, Perschy (2004:3) stated that being a teenager is about a struggle between "dependence" and "independence". It is about the desire to abandon childhood patterns, while

still feeling frightened by the consequences of adult behaviours. It is about sorting out a tangle of physical, emotional, moral and social changes.

For the teenager, it is about deciding what one wants for one's life. As young teenagers leave their "childhood" behind, and allow the "teenager" to emerge, they experience anxiety, awkwardness and a sense of loss for the first time. In spite of their ambivalent, and at times unpleasant behaviour, an important task of the adults who surround them is to help teenagers achieve a balanced and steady growth.

Grief follows the loss, as the normal reaction to loss. When a teenager loses someone significant, he or she is grieving whether we see it or not (Fitzgerald: 1994:2). Like adults, teenagers experience a broad range of emotions and physical reactions after someone dies. According to Balk as referred by Weinstein (2008:122) referred to Balk who mentioned that, in general, adolescents' grief may be expressed as confusion, crying, feeling loneliness and emptiness, sleep and appetite disturbances, and exhaustion.

The following descriptions are important for understanding adolescents' experience of death. Weinstein (2008:120) remarks that adolescents are capable of thinking about death in the same way as adults do, in a mature, formal, conceptual, abstract or scientific way. However, the capacity to think abstractly about death does not necessarily mean that they actually do think about death in those ways. Life, for teenagers in grief, is even more complex.

The emotional turmoil of grieving can be unnerving for even the most secure teenager (Weinstein, 2008:120), as it disturbs the process of reaching the goal of adolescence. This goal is to become free of parental influence; to become independent. However, if they lose their balance, which might be caused by the death of a loved one, they might need some support.

Some of the points stated above were confirmed by Fitzgerald (1994:3); and he noted that adapting to young adulthood and leaving childhood may cause internal conflicts, confusion and even grief. Grieving and mourning by nature, are characterised by conflicts and paradoxes. Grieving teenagers who have experienced the loss of a loved one may feel the following: (1) Attached to, and yet separated from the deceased; (2) ambivalent about the person who has just died and their previous relationship; (3) conflicted about letting go of and hanging onto the deceased; and (4) awkward about being different from their peers.

In coping with bereavement, adolescents can be expected to manage their grief in different ways, according to their life circumstances, their personalities, and the specific developmental

issues challenging them (Weinstein 2008:121). Fitzgerald (1994:1) said that the grief journey for the teenagers is different from that of a child or an adult. The death of a significant person in a teen's life compounds and complicates the developmental process of adolescence, and the completion of the developmental tasks referred to above. Teenagers facing the death of a loved one, or of a significant other, may suddenly find themselves dealing with additional issues, apart from the developmental tasks they are required to complete, such as: (1) Possible unresolved issues with the person who has died; (2) the circumstances of the death; (3) dramatic changes in his or her life situations; and (4) changes in relationships with others, after death.

Weinstein (2008:122) referred to Noppe and Noppe who mentioned that for adolescents, certain death- related tensions arise from biological, cognitive, social, and emotional factors; and these tensions significantly influence their understanding of death. As a result of their biological maturation and sexual development, adolescents become aware of the loss of their more innocent, perhaps simpler, childhood. In addition, they become aware of the inevitability of physical decline that will ultimately lead to their own death and to the death of others. In addition, adolescents' cognitive maturation enhances their ability to think about the future, including both the positive and negative components, and about life and death. Embracing the inevitability of death requires that they confront the fact that, as they strive to form their own identities and re-evaluate parental values, there are aspects of life that are outside of their control.

Fitzgerald (2000: 2) said that when a teenager loses someone significant, he or she is grieving whether we see it or not. Like adults, teenagers experience a broad range of emotions and physical reactions after someone dies. According to Weinstein (2008: 62), people often have certain beliefs about how they or others should cope in the wake of loss. Yet, there are wide differences in the specific strategies people use to cope with the emotional and practical consequences of a loss. These differences may be tied to the type of loss people have experienced, their age or gender, and their basic personality characteristics.

The research of Fleming and Adolph as stated by Worden (2006: 90) on what happens to the ego development of the adolescent, who has experienced death, supports the fact that death affects adolescents. The research highlighted the following five core issues:

- The predictability of the events: When compared with their non-bereaved counterpart, teenagers in grief showed greater anxiety and fear than do their non-bereaved peers.



- **Mastery and control:** Bereaved adolescents believed they had less control over what happened to them than did their non-bereaved counterparts.
- **Development of self-image:** Bereaved teenagers were more likely to believe that their conduct and school performance were not as good as that of their peers. However, they felt that they were more mature than their non-bereaved peers.
- **Belonging:** Bereaved teenagers had more social problems, and were socially withdrawn.
- **Fairness and justice:** Teenagers in a grief group will often complain by saying, “Life is unfair”. They look at their friends intact families and compare them with the tremendous pain they are experiencing.

Bereavement certainly does impact the growth and development of the teenager. However, when teenagers are supported through this life crisis of grief, growth can occur (Worden 2006:90). This was supported by Weinstein (2008:70), when he stated that we know that most people survive bereavement and manage their grief without outside help, so why intervene?

In answering this question, various reasons crop up that necessitate intervention:

One reason is because with so many support resources available, it simply is not necessary to “go it alone”. Grief counseling may be more necessary today than in times past, because of the lack of more traditional family and community support. A second reason is that grief can sometimes mask more severe emotional problems, specifically clinical depression, because depression and grief share so many symptoms and characteristics. Therefore, it is advisable to identify and encourage coping strategies that lead to lower levels of depression and healthy resolution. Finally, the intervention following bereavement may actually result in enhancement of a bereaved person’s life – by actually encouraging the development of new coping strategies, the deepening of one’s religious or spiritual beliefs, and an appreciation of personal relationships and life experiences.

## **1.2. PROBLEM FORMULATION: PROBLEM STATEMENT.**

The death of a loved one, or a significant other, unbalances the adolescent and interferes with the completion of those developmental tasks required to progress to the next stage of the life cycle; and based on the recommendation made by (Noppe and Noppe 2004:162) there is still a

need for more research on the long-term outcomes of the experience of death during adolescence. The literature focusing on the topic pertaining to African teenagers, specifically, did not produce any results.

Thus, the researcher decided to embark on this research project, in order to explore and describe teenagers' experiences relating to the loss of a loved one through death; the coping strategies they employ, as well as their support needs – in coming to terms with this loss – by focusing specifically on African teenagers' experiences in this context.

This research endeavour is further motivated by the fact that as a social worker, the researcher often gets case referrals involving African teenagers who are struggling to deal with the loss of a loved one. She finds it difficult to help the teenagers deal with their grief, due to her paucity of knowledge about the needs and problems they experience, as a result of the loss of the loved one. Other social workers with whom she comes in contact have also expressed the need to get more information on the problems and needs experienced by African teenagers who have lost a loved one; and discovering how they cope throughout their lives.

The grief process varies in timing, intensity, and difficulty – from one individual to the next. In grief, there is no clear delineation of symptoms. What helps one person cope with grief may not be helpful for another; therefore, the interventions must be tailored to the bereaved person's circumstances and needs (Weinstein 2008: 123). The findings of the study will be made available to social workers; and should be of use in their interventions with those African teenagers who have lost a loved one through death.

### **1.3. THE RESEARCH QUESTION, AND THE PRIMARY GOAL OF THE RESEARCH**

The overarching **questions** to be answered through this research project are:

- What are the experiences of African teenagers in relation to losing a loved one through death?
- What coping strategies do they employ in coming to terms with the death of a loved one?
- How would they like to be supported by social workers in coming to terms with the death of a loved one?

In order to answer the aforementioned questions the following **goals** have been formulated:

- To explore and describe the experiences of African teenagers relating to the loss of a loved one through death.
- To explore and describe the coping strategies employed by African teenagers in coming to terms with the death of a loved one.
- To explore and describe the support needs of African teenagers in coming to terms with the death of a loved one, especially how they would like to be supported by social workers in this context.

#### **1.4. RESEARCH METHODOLOGY**

Under this sub-heading the research approach, design and method will be discussed.

##### **1.4.1. Research approach**

The researcher will employ a qualitative research approach to answer the questions formulated at the outset of the study.

De Vos, Strydom, Fouché, Poggenpoel and Schurink (1998: 240) quoted Denzel and Lincoln, who described qualitative research as a multi-perspective approach to social interaction, aimed at describing, making sense of, interpreting or reconstructing this interaction in terms of the meanings that the subjects attach to it. Merriam (2002:3-4) affirms that qualitative researchers are interested in learning how people experience and interact with their social worlds and the meaning which these social worlds have for them. Mouton as quoted by De Vos et al. (1998:240) stated that qualitative research is aimed at understanding and interpreting the meanings and intentions that underlie everyday human action.

The researcher has adopted this approach, based on the characteristics, as explained by Creswell (1994: 145):

- Qualitative research is interested in meaning, especially how people make sense of their lives, what their experiences are in relation to something, and their structures of the world. In this research, the researcher is interested in the meaning the African teenagers attach to their experiences of losing a loved one through death; what coping strategies

they employ to come to terms with this loss; and how they would like to be supported by social workers in this situation.

- The qualitative researcher is the primary instrument for data collecting and analysing the data. In this research, the researcher will interact with the African teenagers. The researcher will conduct the interviews with the participants rather than sending questionnaires to them to complete
- Qualitative research involves fieldwork. The approach requires that the researcher should go to the subject that he/she is researching. The researcher will visit the African teenagers at their homes, or where the teenagers feel safe to conduct the interview. The researcher will go to the place, as agreed on, with the participants, to do the interviews.
- This qualitative research is exploratory in nature. The researcher's objective is to explore the experiences of African teenagers when relating to the death of a loved one; and the coping strategies employed by them in coming to terms with the death of a loved one.
- Qualitative research is descriptive in nature. The researcher is interested in process, meaning and understanding – gained through words/or pictures. The researcher would, amongst others, like to come to an understanding of African teenagers' need for support by social workers – to help them to come to terms with the loss they have experienced – as a result of the death of a loved one.
- The process of qualitative research is inductive, in that the researcher builds abstractions, concepts, hypotheses and theories from the words or narratives of the participants. The researcher will be able to draw conclusions from the data collected from the teenagers.

The researcher has chosen this approach, because she is interested in people's experiences in their environment, as they go about their daily lives. Based on the explorative, descriptive and inductive nature of qualitative research, the researcher found this approach well-suited for investigating the phenomenon under discussion,

#### **1.4.2. Research design**

Guy, Edgley, Arafat, and Allen (1987: 92) defined a research design as "the plan of procedures for data collection and analysis that are undertaken to evaluate a particular theoretical perspective. Guy et al. (1987: 92) cited Miller who defined the research design as the entire

process of planning and carrying out a research study. It is the procedure, with the necessary steps undertaken, to ensure an objective test of theory under investigation. Neuman (2006:14) mentioned that research design entails making decisions about the type of sample to choose as well as the research techniques to employ to collect, analyse, and verify data.

The researcher plans to use an exploratory, descriptive and contextual research design or strategy of inquiry for this research project. Guy et al. (1987:103) described the exploratory purpose of the research as being concerned with uncovering the way things are. Neuman (2006: 33-34) said that the primary purpose of using exploratory design is to examine a new topic where there is little known in order to generate more precise research questions for future research. In view of the fact that the researcher does not know much in terms of the coping strategies used by African teenagers when dealing with the loss of a loved one, and their support needs, in terms of how they would like to be supported by social workers in coming to terms with the loss experienced. Consequently, an explorative research method will be employed. Based on this exploration, the researcher will be able to reach certain conclusions. These might be tested and further researched in the future.

According to Neuman (1997: 20), a descriptive design aims at giving the specific details of a situation, social environment or relationship. Neuman (2006:34-35) states that descriptive design paints a picture of specific details of a situation, social setting, or relationship. The researcher will also use a descriptive research design to provide the reader with a word picture, and a broader understanding of the experiences of the African teenagers when dealing with the loss of their loved ones, as well as the coping strategies they employ in coming to terms with this loss. Furthermore, she will provide an exposition of their need for support, by social workers in processing the loss experienced.

For the purpose of this study, the researcher also plans to use the contextual strategy of inquiry. Mouton and Marais (1996: 49) postulated that when this method of inquiry is employed, phenomena or events are studied because of their intrinsic interest and in terms of their immediate context. Neuman (2006:158) explains that a contextual research design is used to understand the social meaning and significance of an event or social world action from the social context in which it appears. In choosing the contextual strategy of inquiry, the researcher is interested in and plans to investigate the experiences of African teenagers as they relate to the context of loss, with specific reference to how they have experienced the loss of a loved one, what coping strategies they have employed in coming to terms with this loss, and any

suggestions relating to support from social workers – in order to assist with the processing of the loss experience.

### **1.4.3. Research method**

Research methodology includes details on the population sampling method of data collection, analysis, verification and the ethical considerations:

#### **1.4.3.1. Population**

According to Grinnell (1981:70), the concept “population” refers to the totality of persons, events, organizational units, case records, or other sampling units with which the research problem is concerned. Welman and Kruger (2001:46) defined a population as the study object which may be an individual, group, organisation, human products, events or conditions to which they are exposed. The researcher population for this study can be defined as comprising all African teenagers who have experienced the loss of a loved one through death, residing in Cullinan, Gauteng province.

#### **1.4.3.2. Sampling**

Grinnell (1985:71) defines the concept of “sampling” as an object, event, or person which is the subject of the study concerned. The sampling process is concerned with the determination of what, or whom to observe, or who will answer the questions posed in the investigation of the problem. Fossey, Harvey, and McDermott & Davidson (2002:726) stated that qualitative sampling is concerned with information richness. The primary purpose of sampling is to collect specific cases, events, or actions that can clarify and deepen one’s understanding. With sampling, the idea is to find cases that will enhance what the researcher would like to learn about the processes of social life in a specific context.

When it comes to qualitative research, Neuman (2006: 220) referred to Flick who stated that the selection of persons for inclusion in the study will be determined by how knowledgeable they are on the topic to be investigated. Qualitative sampling is more concerned about information-rich sources, rather than on the representivity to the larger population. Qualitative researchers use non-probability or non-random samples. This means that they rarely determine the sample size in advance; and they have limited knowledge about the larger group or population from which the sample is taken.

The researcher will not determine the sample in advance. The researcher will select the participants on the basis of how knowledgeable they are on the topic to be investigated.

Within the non-probability sampling category, the researcher will use purposive sampling, in order to obtain a sample. According to Neuman (2006:222), purposive sampling is a valuable kind of sampling for special situations; and it is used in exploratory research or field research. It uses the judgment of an expert (normally the researcher or gatekeepers having access to or knowledge of possible participants who have information on, or first-hand experience about, the topic under investigation), selecting cases with a specific purpose in mind. The teachers at the school, the church leaders, and the local social workers, will all be used as gatekeepers, to assist in locating possible participants for the research study. The qualitative researcher selects unique cases that are especially informative.

This sampling method is based on the judgment of a researcher regarding the characteristic of a representative sample. The strategy is to select units that are judged to be typical of the population under investigation. Participants who have a personal experience relating to the topic being investigated and who are rich in information pertaining to the topic will be included in the sample.

The participants in the research will be those who have lost a loved one through death. In view of the research topic, the researcher will select participants meeting the following criteria; and they will constitute the sample:

- African teenagers;
- Teenagers who have lost their loved ones;
- Teenagers between the ages of 12 to 21, as defined by Ericson (Gillis, 1994:71), as a transitional stage from childhood to adulthood;
- African teenagers who stay in Cullinan;

In qualitative research, the sample size cannot be determined at the outset of the study, but the researcher will include participants in the study (who meet the aforementioned criteria) and continue to interview them until the data have reached a point of saturation. That is to say when the information being gathered is starting to become repetitive, and no new information emerges (Fossey et al: 2007: 726). The sample size will thus be informed and determined by the principle of data saturation.

#### **1.4.3.3. The method of data collection**

In this research project, the researcher will make use of semi-structured interviews to collect the data from the participants.

Chadwick, Bahr & Albrecht (1984:102) mentioned that Cannel and Kahn defined the concept of “research interview” as “a two-person conversation, initiated by the interviewer for the specific purpose of obtaining research-relevant information, and focused by him on content specified by the research objectives of systematic description, prediction, or explanation”. Rubin and Babbie (1993:342) concurred; and described the interview as a method of collecting data. They stated that “rather than asking participants to read and enter their answers, the participants will be asked the questions orally by the interviewer and s/he will record the participants’ answers”. Kvale (1996:14) regard interviews as an interchange of views between two or more people on a topic of mutual interest, sees the centrality of human interaction for knowledge production, and emphasizes the social situatedness of research data.

According to Grinnell (1985: 313), in semi-structured interviews, an interview guide is used and the schedule may include some specific items, but considerable latitude is given to interviewers to explore, in their own manner those matters pertaining to the research question being studied. David and Sutton (2004: 87) stated that the interviewer does not do the research to test a specific hypothesis. The researcher has a list of key themes, issues and questions to be covered. The schedule is the guideline for the interviewer; and it contains questions and themes that are important to the research. Although the questions do not usually have to be asked in a particular sequence, they do ensure that all the relevant topics are covered during an interview.

The following questions will be used as a guideline during the process of interviewing the teenagers:

1. What is your name and surname?
2. How old are you?
3. What is your main language of communication?
4. Tell me about the loved one who died.
5. When did your loved one die?
6. What were the causes of death?
7. What feelings are you experiencing as a result of this loss?



8. What feelings did you experience as a result of this loss?
9. How did life change for you, since the death of this loved one?
10. What helped you to cope with the loss?
11. What made it difficult for you to cope with the loss?
12. If you had the support of a social worker, how would you like to be supported?

The researcher herself will interview the teenagers. The interviews will be conducted in the language that the participants can best understand. The researcher is multilingual. The participants in the area speak Northern Sotho and Zulu. These are the languages in which the researcher can communicate.

A digital voice recorder will be used with the consent of the participants, to record narrative responses made by all the participants and to complement the note-taking. Perakyla (2004: 325) affirms that voice recorders provide highly detailed and accessible representations of social interaction. The transcription of the data will be done from the digital voice recorder in the language of the participant, word-by-word, and then translated into English for the purpose of the data analysis.

Baker (1994: 182-183) defined a pilot study to be the pre-testing or 'trying out' of a particular research instrument. Polit, Beck and Hungler (2001: 467) defined a pilot study as referring to feasibility studies which are "small scale version or runs, done in preparation for the major study" In this research endeavour, the preparation for the data collection will begin with the pilot study to test the interview guide, and method of data collection.

#### **1.4.3.4. Preparation for the data collection**

The teachers at the schools, the church leaders and the local social workers in Cullinan will be consulted to assist in reaching those teenagers who have lost a loved one. On receipt of these names from the potential participants meeting the criteria for inclusion, the researcher will make contact with them and their parents telephonically, or by doing a home visit, in order, to arrange a time and place to explain the envisaged research project to them.

At the home visit, the researcher will introduce herself to the potential participants and their parents. The purpose, the procedures of the research, and the criteria used to include them in the study and their rights will be explained to the teenagers and their parents, as well as the

ethical considerations, namely providing the necessary consent to participate, the confidentiality and the management of information, and their rights as participants (See annexure A-G).

Subsequent to providing this information, the participant will assess their willingness to participate in the study. Should they agree to participate, informed consent forms will be supplied to them to sign – serving as an agreement – out of their free will, and based on the information provided, to participate in the study. The parents or legal guardians of the teenagers will also be asked to sign an informed consent form confirming their agreement that the participant can participate in the study.

An appointment will then be made for the research interview at the venue and at a time that is convenient to them.

#### **1.4.3.5. The method of data analysis**

De Vos et al. (1998: 334) described data analysis in qualitative research as a process that starts with the management of data that are collected; and it ends with the interpretation of the data to answer the research question. The data are organised and interpreted, in order to answer the research question.

The digitally recorded interviews will then be transcribed into English, after the collection of the data. For the purposes of this study, the researcher will follow the steps, as proposed by Tesch (Creswell, 1994: 70) to analyse the data. These steps are as follows:

- The researcher gets a sense of the whole by reading all the transcripts carefully, jotting down along the margin some ideas, as they come to mind, in connection with each topic. Choosing the transcripts on top of the pile of the transcribed interviews, the researcher reads through the transcript, asking herself what it is that she is reading. This step involves thinking about the underlying meaning, rather than the “substance” of the information. This process will be repeated until a list of all the topics has been acquired. The topics are then clustered together into baskets that could be labelled as “major topics”, “unique topics” and “left- overs”.
- With the list at hand, the data are revisited. An abbreviation for each of the topics will be made in the form of codes, and the codes are written next to the appropriate sections of the texts. This preliminary organising scheme will be used to see if new categories and coded information continue to emerge.

- The researcher will find the most descriptive wording for the topics, and turn them into categories. Efforts will be made to reduce the total list of categories by grouping together topics that relate to one another. Lines will be drawn between the categories to show any interrelationships.
- The researcher will then make a final decision on the abbreviation for each category, and will alphabetise the codes.
- The data material belonging to each category is assembled in one place, and a preliminary analysis will then be performed. This analysis will be revisited, amendments made; and then the researcher will commence with compiling the chapter where the research findings will be documented.

#### **1.4.3.6. Method of data verification**

Krefting (1991:214) mentioned that most qualitative researchers recognise and document the worth of a project by assessing the reliability and validity of the work. The trustworthiness of the qualitative data is assessed by using the Guba's model.

The researcher will use Guba's model as referred by Krefting (1991: 214-222) for assessing the trustworthiness of qualitative, data based on the identification of the following four aspects of trustworthiness that the researcher will apply to this research:

- **Truth-value**

The truth-value asks whether the researcher has established confidence in the truth of the findings for the subjects or informants, and the context in which the study was undertaken. It establishes how confident the researcher is with the truth of the findings, based on the research. The truth of the findings is usually obtained from the discovery of human experiences, as they are lived and perceived by the participants. The truth-value is established by the strategy of credibility.

Peer examination is defined as the most profitable method to enhance the truth value of the data collected. For the purpose of this study, the researcher will consult with the study supervisor to discuss the research process and findings in enhancing the credibility of the research study.

- **Applicability**

Applicability is the degree to which the findings can be applied to other contexts and settings, or with other groups. In qualitative research, transferability is used to assess the applicability of the qualitative data. Transferability will be used as a criterion that would ensure applicable when qualitative data are assessed. The researcher will meet this criterion, when the findings fit into contexts outside the study situation that are determined by the degree of similarity or goodness of fit between the two degree of similarity or goodness between the two contexts. In this study, the researcher will ensure the applicability of the research findings, by using purposive sampling with clear parameters on how the participants were included in the study.

- **Consistency**

Consistency describes “whether the findings would be consistent if the inquiry were replicated with the same subjects or in a similar context”. Consistency can be established through the strategy of dependability, and this would be achieved through the use of the independent coder. The researcher will subsequently discuss and have consensus discussions with the supervisor on the themes, sub- themes and the categories to be presented as the research findings.

- **Neutrality**

Neutrality refers to the degree to which the study findings are a function solely of the informants and conditions of the research, and not of other bases, motivations, and perspectives. The objective of the researcher is seen as scientifically distant, that is, as someone who is not influenced by, and does not influence, the study. The participant information should be the basis for neutrality. Conformability is suggested as the criterion of neutrality, free from any bias.

This is achieved when true value and applicability are established. The researcher will constantly have to compare the study findings with the available literature, and consult with the study supervisor for guidance, in order to remain transparent throughout the study.

#### **1.4.3.7. Ethical considerations**

*Neuman (2006:129) mentions that all approaches in social research must recognise an ethical dimension. The researcher has a moral obligation to be ethical, even when the research subjects are unaware of, or are unconcerned about ethics. Ethics define what is, or is not, legitimate to do, or what a truly moral research procedure involves.*

*According to De Vos et al., (1998: 25), “ethics as a set of moral principles, which is suggested by an individual or group, is subsequently widely accepted, and which offers rules and behavioural expectations about the most correct conduct towards experimental subjects and participants, employers, sponsors, other researchers, assistants and students.” Fowler (1988:136) further comments by saying that, like all social research, surveys should be carried out in ways designed to avoid risks to the participants and the interviewers.*

*The principles that will be considered by the researcher during the research study are as follows:*

##### **Informed consent**

Neuman (2006: 135) stresses the importance of voluntary participation. He defined voluntary consent, as a principle – that people should never participate in research, unless they explicitly and freely agree to participate. The researcher will ensure that the participants are informed about the various aspects of the research study, and are given the opportunity to make an informed decision and decide whether or not to participate in the research.

The information will be given to the subject in the language that she/he can understand

This will enable the participants to be aware of their rights and what they are getting involved in, when they are explained the conditions and sign the statement giving their informed consent to participate. The researcher should also ensure that for the purpose of this study, the legal guardian grants his/her written permission, since the participants are teenagers. Neuman (2006:137) concurs and mentions that parents/guardians and legal representatives should also grant their permission in cases where the participants, who – because of their age – may lack the complete freedom or awareness required to grant their voluntary consent to participate in the study.

## **Confidentiality**

Neumann (2006:139) describes confidentiality as the ethical protection for those who are studied by keeping the research data in confidence, or keeping them secret from the public, by releasing the data, in such a way that permits the linking of specific individuals to specific responses. As part of the research process, the researcher must guarantee confidentiality to the participants and take the necessary steps to make sure that the guarantee holds. The researcher will keep all the information provided by the participants as confidentially as possible – unless permission is given by the participants to disclose the information.

The following steps will be taken to minimise any possible threats to this confidentiality:

- The researcher will protect the participants by not disclosing a participant's identity after the information has been gathered. The researcher will allow the participants to choose fictitious names to protect themselves from being linked to specific responses.
- Documents and the digital voice recorder, containing information gathered from the participants will be stored in a safe place, when they are not in use; and on completion of the study this information will be destroyed. The information will be accessible to the researcher and the study supervisor only.

## **Debriefing**

The research may create discomfort and anxiety among people who are asked to recall unpleasant events. It is important for the researcher to remember that the interview could have touched on very sensitive issues for the participants with which they might have difficulty in dealing afterwards. The researcher would need to be sensitive to any harm to the participants, to consider possible precautions, and to weigh any potential harm against the participants. Arrangements will be made by the researcher with local counsellors to assist those who need help on an individual basis. The participants will get the opportunity, after the study; to work through their experience should there be a need for them to do so.

### **1.5. DISSEMINATION OF THE RESEARCH FINDINGS**

The research findings will be presented and disseminated in the form of a report to those who have assisted with the research, as well as to those individuals in the community and practice who can contribute in some way to a better client service.

## 1.6. CLARIFICATION OF KEY CONCEPTS.

The researcher will define the following concepts that are the keys to the study discussion.

### **Loss**

Weinstein (2008:3) defines loss as any separation from someone or something whose significance is such that it impacts on our physical or emotional wellbeing. It is the disappearance of something cherished, such as a person, possession or property. The research study focuses on African teenagers who have lost a loved one.

### **Bereavement**

Bereavement is defined by Weinstein (2008:4) as the response to a loss. It is a core human experience, common to and also varying across, all cultures and historical periods. It is a state of sadness, grief and mourning after the loss of a loved one. The study intends to determine the responses of the African teenagers following the loss of a loved one.

### **Grief**

According to Perschy (2004:5), grief “signifies one’s reaction, both internally and externally, to the impact of loss”. For the purpose of this study, the researcher will determine both internally and externally the reaction of the African teenagers to the impact of the loss.

### **Mourning**

Perschy (2004:5) defines mourning as the processes of coping with loss and grief. The research intends to determine the processes of coping employed by African teenagers, in coming to terms with the loss of a loved one.

### **Coping**

The New Dictionary of Social Work (Terminology Committee, 1995:15) describes coping “...as the process, whereby a person successfully deals with problem and life situations, which indicates goodness of fit. It is to adjust to new situations and overcome problems.” The research study intends to identify how the African teenagers successfully dealt with the loss of a loved one.

## **Death**

According to the South African Concise Oxford Dictionary (2007:299) death is defined as the destruction or end of something. For the purpose of the study, death will be defined as the end of a person's life on this earth.

## **African**

According to the South African Concise Oxford Dictionary (2007:19), an African is a person from Africa, especially a black person. For the purpose of this study, an African is defined as a black person staying in Cullinan.

## **Teenagers**

The researcher will use the words "adolescent" and "teenager" interchangeably, referring to the ages from 12 years to 20 years as defined Erickson, quoted by Gillis, (1994:70). In this study, the researcher will select participants who are African and between the ages of 12 and 20 years.

## **Loved ones**

The researcher will use the term "loved ones" and "significant others" interchangeably. Significant other is defined in the web definition by the new dictionary of cultural literacy (2005) as a person whose close relationship with an individual affects that individual's behaviour and attitudes. It is the person whom one loves, usually a member of the family, spouse, child, co-worker; friend – one who serves as a role-model or one, whose acceptance and approval is sought. For the purpose of the study, the loved one will include a family member, relative, friend and any other person who is considered to be the loved one by the African teenager who is bereaved by that one's death.

## **1.7. OUTLINE OF THE RESEARCH REPORT**

This dissertation is divided into four (4) chapters. Chapter one (1) contains the introduction and problem formulation, research question, goals, and objectives of the study and a research plan outlining the research methodology that was used for investigating the topic under discussion. Chapter two (2) provides a report on how the qualitative research process was applied in the study. Chapter three (3) describes the research findings and the literature control. This was



done in the form of themes, sub-themes and categories that emerged from the data analysis process. Chapter four (4) contains the summary, conclusion and recommendations of the study.

## **1.8. CONCLUSION**

In Chapter 1, an introduction and general orientation to the research report was provided, with a specific focus on the following: introduction and problem formulation, problem statement, reason/rationale for the study, research questions, goals and objectives, research approach and design, ethical considerations, limitations of the research, clarification of key concepts, and the content plan of the report.

The focus of this chapter has been on the background of the research, the research problem and questions, the plan for data collection, analysis and verification.

## CHAPTER TWO

### A DESCRIPTION OF THE APPLICATION OF THE QUALITATIVE RESEARCH PROCESS FOR INVESTIGATING THE RESEARCH TOPIC UNDER DISCUSSION

#### 2.1. INTRODUCTION

In the previous chapter of the research report, the researcher provided an outline of the research plan, together with the research methodology she proposed to use for investigating the topic under discussion. In this chapter, the report will show how the qualitative research process was applied in the study of the teenagers' experiences, the coping strategies employed, and the support needed following the death of the loved one.

The goal of this research was to explore and describe the experiences, the coping strategies employed, and the support needs of teenagers in coming to terms with the death of the loved one, especially how they would like to be supported by social workers in this situation.

#### 2.2. RESEARCH APPROACH APPLIED

The researcher applied the qualitative research approach (as explained in Chapter One: (section 1.4.1) based on the characteristics (stated in italics), as explained by Creswell (1994: 145) :

- *Qualitative research is interested in meaning, especially how people make sense of their lives, what their experiences are in relation to something, and their structures of the world.* In this research, the researcher was interested in the meaning that African teenagers attach to their experiences of losing a loved one through death, what coping strategies they employed in coming to terms with this loss, and how they would like to be supported by social workers in this situation.
- *The qualitative researcher is the primary instrument for data collecting and analyzing data.* The researcher conducted the interviews with the participants to understand the participants' experiential worlds through verbal and non-verbal communication. The researcher conducted face-to-face, semi-structured interviews herself, in order to collect the data from the participants, using open-ended questions. The researcher used

interviewing skills to explore accurate and relevant information and to find answers to the research questions posed for the study.

- *Qualitative research uses appropriate participants that are affected by the phenomenon.* The researcher used purposive sampling to select African teenagers who have experienced the loss of a loved one through death.
- *Qualitative research involves field work. The approach requires that the researcher should go to the subject that he/she is researching.* The researcher visited the African teenagers at their homes, where they were interviewed.
- *The qualitative research is exploratory in nature.* The researcher explored the phenomenon about which no prior knowledge could be found, namely: the experiences of African teenagers relating to the death of a loved one, the coping strategies employed by them in coming to terms with the death of a loved one, and their support needs in this situation.
- *Qualitative research is descriptive in nature. The researcher is interested in process, meaning and understanding gained through words/or pictures.* The researcher listened to detailed descriptions and explanations of the African teenagers' experiences, their coping strategies, and the support system needed to deal with the death of the loved one, as explained by the teenagers during the face-to-face interviews.
- *Qualitative process is inductive in nature.* The researcher collected data from nine participants on their experiences. These were analysed and presented as themes and sub-themes. (See Chapters 3 & 4 of this report for an account of this.)

### **2.3. RESEARCH DESIGN**

The explorative design was employed, as explained in Chapter One (section 1.4.2) to understand the experiences, coping strategies and the support systems needed in coming to terms with the death of a loved one.

## **2.4. POPULATION AND SAMPLING**

### **2.4.1 Population**

According to the description of population in chapter one (section 1.4.3.1), the population of this study was all the African teenagers who had lost a loved one through death in Cullinan, Gauteng Province.

Cullinan is a small town 30 km east of Pretoria, in Gauteng. The town is well known because of the diamond mine that is situated in the area.

### **2.4.2 Sampling**

Non-probability and purposive sampling, as explained in Chapter One (section 1.4.3.1) was employed to select the sample for this study. The teachers at the schools, the church leaders and the local social workers in Cullinan were consulted to assist in getting African teenagers who had lost a loved one. The Director of the Tshepong Day Care Centre assisted in arranging a meeting with the parents/guardian of the children, where the purpose of study and the procedure to be followed was explained to them. A name list of the identified potential participants was compiled, according to the criteria for inclusion, as explained in Chapter One (section 1.4.3.1). The sample size was not determined. Nine participants were interviewed after the data gathered had reached a point of saturation, as explained in Chapter One (section 1.4.3.2). A biographic profile of the sample is presented in Chapter 3, section 3.2.

## **2.5. METHOD OF DATA COLLECTION**

In this research project, the researcher used semi-structured interviews to collect the data from the participants, as explained in Chapter one (section 1.4.3.3). The semi-structured face-to-face interviews with African teenagers were conducted with nine participants at their homes, and audio-recorded as arranged. The researcher was guided by a schedule of questions containing the relevant themes that were considered important to the research. See (Annexure A). The interview was conducted in the African teenager's language of communication. A digital audio recorder was utilized to collect the data as described in chapter one (section 1.4.3.3).

## 2.6. PREPARATION FOR DATA COLLECTION

The researcher prepared for data collection as follows:

- **Preparation of the participants**

Based on the identified list of potential participants, the researcher visited the teenagers and their parents/guardian, to make an appointment, in order to arrange a time and place to explain the envisaged research project to them.

The researcher met the African teenagers and their parents/guardians, according to the appointment, to introduce herself to the potential participants and their parents. The purpose, the procedures of the research, and the criteria used to include them in the study and their rights were all explained to the African teenagers, and to their parents, as well as the ethical considerations, namely: providing consent to participate, checking the language of communication, the use of an audio tape during the interview, confidentiality and the management of information, and their rights as participants. The participants did not object to any of the procedures to be followed during the study. We then arranged the date time and venue for the interview.

The parents/guardian of the potential participants gave their written permission for their children to participate in the study (See Annexure C) and the teenagers also signed an informed consent form. (See Annexure G) However, there were parents who did not give consent for their children to take part, because they believed that talking about death is taboo. Other parents mentioned that they were protecting their children from going through the pain once again.

- **Preparation of the research instrument**

The researcher prepared a list of questions to be ready to interview the participants. (See Annexure A) A pilot study was first conducted in Cullinan before the actual study was conducted, since the research was the first of its kind for the researcher. The topics were refined in the schedule; and one also got an idea of how people would be likely to respond to the questions, and to test the use of the audio recorder. The researcher tested the method and the processes of collecting data, as described by Polit et al (2001) and Baker (1994) in Chapter One (section 1.4.3.3.). The pilot study assisted with the planning of the data collection. The researcher also prepared the audio-digital

recorder and made sure that it was in good condition – before the actual interview took place.

## **2.7. METHOD OF DATA ANALYSIS**

The data analysis included the process, starting with managing the collected data to the final interpretation, as presented in Chapter Three. This enabled the answering of the research questions (De Vos et al 1998: 334). The researcher audio-recorded all the interviews held with the participants, and transcribed them into English, after the collection of the data. The department lecturer (Dr Alpaslan) was consulted to give inputs on the table of themes, sub-themes and the categories, as reflected in Chapter Three, section 3.3.

To analyse the data, the researcher followed the steps, as proposed by Tesch (Creswell, 1994: 70). These steps were implemented as follows:

- The researcher read all the transcripts carefully, thinking about the underlying meaning of the information, jotting down along the margin some ideas as they came to mind in connection with each topic. This process was repeated until a list of all the topics had been acquired. The researcher clustered together the topics and came up with major topics, in an effort to develop the themes, the sub-themes and the categories, where applicable.
- With the list at hand, the data were revisited. An abbreviation for each of the topics was made in the form of codes; and the codes were then written next to the appropriate segments of the texts. This preliminary organising scheme was used to see whether any new categories would emerge.
- The researcher, with the assistance of the study supervisor, managed to reduce the total list of categories, by grouping the total list of categories, and by grouping topics that related to one another. The researcher found the most descriptive wording for the topics and turned them into categories. Lines were drawn between categories to show any interrelationships.
- The researcher made a final decision on the abbreviation for each category and then alphabetized the codes.
- The data material belonging to each category was assembled in one place; and a preliminary analysis was performed. The researcher made amendments, as she

revisited the analysis done – until the data material belonging to each theme, sub-themes, and categories was assembled in one place, together in tabular form. The research findings were documented, and will be presented in the next chapter. (See Chapter Three.: section 3.3)

## **2.8. METHOD OF DATA VERIFICATION**

Krefting (1991:214) mentioned that most qualitative researchers recognise and document the worth of a project by assessing the reliability and validity of the work. In this study, the trustworthiness of the qualitative data was assessed by applying the following four aspect of Guba's model as referred by Krefting, (1991:214-222):

- **Truth-value**

The truth value has been explained by Krefting (1991: 215) as asking whether the researcher has established confidence in the truth of the findings for the subjects or informants and the context in which the study was undertaken. The researcher applied the peer examination method, as explained by Krefting (1991: 219) in Chapter One (section 1.1), in order to verify the data collected. Regular consultation with the study supervisor assisted the researcher in establishing confidence in the truth of the findings. The researcher discussed the research process and the findings with the study supervisor who has knowledge in qualitative research. The researcher revisited the tapes; and gave honest clarity to the supervisor, who provided inputs – and also by enquiring exactly what had happened during the interviews.

- **Applicability**

The criterion of applicability was used to verify the data collected, as described by Krefting (1991: 216) (See section 1.4.3.6 in Chapter One). In this research, the criterion was applied when the researcher established that the research findings were also applicable to adults. The findings also fit with the adults, as they go through grief, and need support to deal with the loss of a loved one.

- **Consistency**

Krefting (1991: 216) quoted Guba who defined consistency as “whether the findings would be consistent if the inquiry were replicated with the same subjects or in a similar context”. He further mentioned that consistency can be established through the strategy of dependability; and this would be achieved through the use of the independent coder. The researcher and the

study supervisor independently coded data; and they subsequently had consensus discussions on the themes, sub-themes and categories that were presented as the research findings. The researcher is confident that if the enquiry were to be replicated with the same participants, the findings would be the same.

- **Neutrality**

The researcher applied neutrality, as define in Chapter One (section 1), in order to verify the data collected. Conformability was applied as the criterion of neutrality, free from any bias. The researcher always went back to the tapes to confirm the information provided by the participants – in order thereby to maintain neutrality.

## **2.9. CONCLUSION**

In this chapter the researcher focused on the practical implementation of the research approach, research design, method of data collection, data analysis and verification in an effort to the research goal. An exploratory research design was applied as explained in qualitative research. Non-probability and purposive sampling was employed to select the sample for this study .The semi-structured interview was applied to collect data and the eight steps as proposed by Tesch (Creswell, 1994: 70) was applied to analyse data. Guba's model of data verification as referred by Kefting, 1991:214-222) was followed to verify data collected. Chapter three and four respectively focuses on the research finding; conclusions; and recommendations made.



## **CHAPTER 3: RESEARCH FINDINGS AND LITERATURE CONTROL**

### **3.1. INTRODUCTION**

Chapter one of this research report introduced the research question, the goals and the objectives, the research approach, as well as the design and processes followed to conduct the research. Chapter Two outlined the process of the research itself and elaborated on how the qualitative research approach was implemented. The researcher conducted an interview with nine (9) participants, in order to answer the question of what were the African teenagers' experiences, their coping strategies and their support needs – in coming to terms with the death of the loved one.

This chapter will focus on the presentation and discussion of the biological profile of the participants, together with the findings of the study, outlining the themes, sub-themes and categories, including a literature control to compare the data with those found in the existing literature or knowledge.

### **3.2. A BIOGRAPHICAL PROFILE OF THE RESEARCH PARTICIPANTS**

The biological profile of the participants was deduced from their response to the following questions:

- What is your name and surname?
- How old are you?
- What is your main language of communication?

Alphabetical letters were used as codes in the table, to ensure the anonymity of the participants, and the related narrative. The following table presents the data on the participants:

**Table 3.1: Biographical profile of the participants**

<b>PARTICIPANTS</b>	<b>GENDER</b>	<b>AGE</b>	<b>CAUSE OF DEATH</b>	<b>TIME OF DEATH</b>
XA	M	17	HIV	2008
XB	F	15	Headache	2009
XC	F	14	Sick	2009
XD	F	16	Suicide	2007
XE	F	14	Sick	2008
XF	F	3	Sick	2009
XG	M	15	Sick	2007
XH	F	17	Lung problem	2009
XI	F	17	Pneumonia	2010

The table indicates that the participants ages ranged from 12 to 18 years; there were seven (7) females and four (2) male participants – all residing in Cullinan. The cause of death of the deceased was mostly due to ill health. Only one was a case of suicide.

### 3.3. THE FINDINGS OF THE STUDY

The researcher conducted semi-structured interviews, as stated in Chapter 1 (section 1.4.3.3), in order to collect the data from the participants' experiences, the coping strategies they employed, and the support they needed in coming to terms with the death of a loved one.

The following themes, sub-themes and categories emerged from the participants' answers to the questions and the results of the data analysis by the researcher:

- Theme 1: The relationship of the African teenagers who lost a loved one with the deceased;
- Theme 2: African teenagers' experiences relating to losing a loved one through death ;
- Theme 3: The effects of the death on African teenagers who had lost a loved one;
- Theme 4: Support experienced by African teenagers that assisted them in coming to terms with the death of the loved one;
- Theme 5: Needs identified by African teenagers in coming to terms with the loss of loved one;
- Theme 6: The involvement of African teenagers who had lost a loved one in the funeral activities and the family rituals;
- Theme 7: African teenagers' recommendations on the support services for the teenagers in coming to terms with the loss of a loved one.

The themes, sub-themes and categories are presented in the following table:

**Table 3.2: The experiences, coping strategies and support needed by African teenagers in coming to terms with the death of a loved one**

<b>THEME: 1. THE RELATIONSHIPS OF AFRICAN TEENAGERS WITH THE DECEASED</b>	
<b>Sub- theme</b>	<b>Categories</b>
<b>Sub- theme 1.1:</b> The loved ones lost by the African teenagers were family members. (Nuclear/extended family)	<b>Category 1.1.1:</b> The family members lost by African teenagers were nuclear family members
	<b>Category 1.1.2:</b> Other family members lost by African teenagers were extended family

	members
<b>Sub- theme 1.2:</b> The significance of the relationship experienced by African teenagers with the deceased	<b>Category 1.2.1:</b> The loved ones who died were providers of material needs to African teenagers
	<b>Category 1.2.2:</b> The loved ones who died were companions to African teenagers
	<b>Category 1.2.3:</b> The loved ones who died were confidants to African teenagers
	<b>Category 1.2.4:</b> The loved one who died was caring towards African teenagers
<b>THEME 2: AFRICAN TEENAGERS' EXPERIENCES RELATING TO LOSING A LOVED ONE THROUGH DEATH</b>	
<b>Sub- theme 2.1:</b> African teenagers who have lost a loved one experience a range of <b>emotions</b> following the death of the loved one	<b>Category 2.1.1:</b> African teenagers experience sadness following the death of a loved one
	<b>Category 2.1.2:</b> African teenagers experienced anger following the death of a loved one
	<b>Category 2.1.3:</b> African teenagers experienced pain following the death of a loved one
	<b>Category 2.1.4:</b> African teenagers experienced denial following the death of a loved one.
	<b>Category 2.1.5:</b> African teenagers experienced acceptance (of death) following the death of a loved one
	<b>Category 2.1.6:</b> African teenagers experienced loneliness following the death of a loved one
<b>Sub- theme2.2:</b> African teenagers who have lost a loved one, experience <b>behavioural and physical reactions</b> following the death of the	<b>Category 2.2.1:</b> African teenagers who lost the loved one cried following the death of the loved one

loved one	
	<b>Category 2.2.2:</b> African teenagers who have lost a loved, one experience sleeping difficulties following the death of the loved one
	<b>Category 2.2.3:</b> African teenagers who have lost a loved one experienced lack of appetite following the death of the loved one
	<b>Category 2.2.4:</b> African teenagers who have lost a loved one, experience breathing problems
<b>THEME 3: THE EFFECTS OF DEATH ON THE AFRICAN TEENAGERS WHO HAVE LOST A LOVED ONE</b>	
<b>Sub- theme 3.1:</b> African teenagers were affected negatively after the death of a loved one	<b>Category 3.1.1:</b> African teenagers who lost a loved one experienced a deterioration in their material quality of life
	<b>Category 3.1.2:</b> African teenagers who have lost a loved one had difficulty in coping with their school work
<b>Sub- theme 3.2:</b> African teenagers were also affected positively by the death of a loved one	<b>Category 3.2.1:</b> African teenagers who have lost a loved one, changed their perception of death
	<b>Category 3.2.2:</b> African teenagers who have lost a loved one became determined to achieve things
	<b>Category 3.2.3:</b> African teenagers who have lost a loved learned different things
<b>THEME 4: SUPPORT EXPERIENCED BY AFRICAN TEENAGERS ASSISTED THEM TO COPE WITH THE DEATH OF A LOVED ONE</b>	
<b>Sub- theme 4.1:</b> African teenagers who had lost loved ones experienced different types of support that helped them cope with the death of the loved one	<b>Category 4.1.1:</b> African teenagers who had lost loved ones received financial/livelihood support from their families and community services support that helped them cope

	<b>Category 4.1.2:</b> African teenagers who had lost loved ones received emotional support that helped them cope.
<b>Sub- theme 4.2:</b> African teenagers who had lost loved ones experienced support from <b>various people</b> that helped them cope with the death of the loved one	<b>Category 4.2.1:</b> African teenagers who had lost a loved one experienced support from family members that helped them to cope
	<b>Category 4.2.2:</b> African teenagers who had lost a loved one experienced support from friends that helped them to cope
	<b>Category 4.2.3:</b> African teenagers who had lost a loved one experienced support from a social worker that helped them to cope
<b>Sub-theme 4.3:</b> African teenagers who had lost a loved one experienced support by being given the opportunity to talk about death-related topics	<b>Category 4.3.1</b> African teenagers who had lost a loved one felt supported by being allowed to talk about the deceased
	<b>Category 4.3.2:</b> African teenagers who had lost a loved one felt supported by being allowed to talk about death, in a general way
	<b>Category 4.3.3:</b> African teenagers who had lost a loved one felt supported by being allowed to share their feelings following the death of the loved one
<b>THEME 5: NEEDS IDENTIFIED BY AFRICAN TEENAGERS IN COMING TO TERMS WITH THE LOSS OF A LOVED ONE</b>	
<b>Sub- theme 5.1:</b> African teenagers who had lost a loved one have a need to be involved with participating in planning for the funeral and in the funeral activities	
<b>Sub- theme 5.2:</b> African teenagers who have lost a loved one have a need to be informed about the cause of death	

<b>THEME 6: THE INVOLVEMENT OF AFRICAN TEENAGERS WHO HAD LOST A LOVED ONE IN FUNERAL ACTIVITIES AND FAMILY RITUALS</b>	
<b>Sub- theme 6.1:</b> Some African teenagers who had lost a loved one were involved with the activities of the funeral	
<b>Sub- theme 6.2:</b> Some African teenagers who had lost a loved one were not involved with the activities of the funeral	
<b>Sub-theme 6.3:</b> Rituals following the death of a loved one in which the teenagers who had lost a loved one were involved	
<b>THEME 7: AFRICAN TEENAGERS' RECOMMENDATIONS ON SUPPORT SERVICES (FOR TEENAGERS) IN COMING TO TERMS WITH THE LOSS OF A LOVED ONE</b>	
<b>Sub-theme 7.1:</b> Opportunities to talk should be created for teenagers who have lost a loved one.	
<b>Sub-theme 7.2:</b> Various people should provide African teenagers who have lost a loved one the opportunity to talk	<b>Category 7.2.1:</b> The family should allow African teenagers the opportunity to talk. (Nuclear and extended family)
	<b>Category 7.2.2:</b> Friends should allow African teenagers the opportunity to talk
	<b>Category 7.2.3:</b> Professionals (Social workers, teachers, and psychologists) should allow African teenagers the opportunity to talk.
<b>Sub-theme 7.3:</b> Topics African teenagers who lost a loved one would like to talk about - to assist them in coping with their loss	<b>Category 7.3.1:</b> African teenagers who have lost their loved ones would like to talk about their feelings to assist them in coping with the loss.
	<b>Category 7.3.2:</b> African teenagers who have lost their loved ones would like to be allowed talk about the deceased.
	<b>Category 7.3.3:</b> African teenagers who had lost a loved one would like to talk about death

	in general
	<b>Category 7.3.4:</b> African teenagers who have lost their loved ones would like to talk about their future, following the death of their loved one

Each of the main themes, the sub-themes and the categories will be presented in the section and discussed. The discussion will include direct quotations from the transcripts of the interviews. These will be compared and contrasted with the body of knowledge available.

### 3.4. NARRATIVE PRESENTATION OF THE FINDINGS

#### THEME 1: THE RELATIONSHIP OF THE AFRICAN TEENAGERS WITH THE DECEASED

The deceased were all described as being important in the lives of the teenagers; that is to say, they were significant others. A significant other is any person who has great importance in an individual's life or wellbeing.

The theme is divided into the following two sub-themes:

- The loved one lost by the African teenagers was a family member;
- The significance of the relationship experienced by the African teenagers with the deceased.

##### Sub- theme 1.1: The loved one lost by the African teenagers was a family member

This sub-theme has been divided into the following categories:

- The family member lost by the African teenagers was a nuclear-family member;
- The other family members lost by the African teenagers were extended family members.

##### Category 1.1.1: The family member lost by the African teenagers was a nuclear family member

The South African Concise Oxford Dictionary (2007:796) defines a nuclear family as a couple and their dependent children. This grouping is regarded as a basic social unit.



The following story lines illustrate this category:

*“My father died in 2008 due to illness.”*

*“The person who passed on in my life is my younger sister.”*

*“My mother was ill and she passed away.”*

### **Category 1.1.2: The other family members lost by the African teenagers were extended family members**

According to the South African Concise Oxford Dictionary (2007: 408) an extended family is a family which extends beyond the nuclear family to include relatives who lives nearby or in the household

The following story lines illustrate the deceased as an extended family member:

*“The person who died is my paternal uncle.”*

*“The person who died in my life is my paternal uncle.”*

*“The person who passed away is my paternal uncle.”*

*“My maternal grandmother passed on in my family.”*

*“The person who passed away is my maternal uncle.”*

*“My cousin passed on in 2007.”*

The responses of the participants indicate that some of the persons who died were members of a nuclear family, while others were members of the extended family. From the nuclear family, the participants lost a father, mother and younger sister. From an extended family, the participants lost a paternal uncle, a maternal grandmother, a maternal uncle and a cousin. The findings illustrate that the deceased were from within the nuclear family, All the significant others lost were relatives. There was no loved one lost who was from outside the family structure.

### **Sub-theme 1.2: The significance of the relationship experienced by African teenagers with the deceased**

This sub-theme has been divided into the following categories:

- The loved ones who died were providers to the African teenagers;
- The loved ones who died were companions to the African teenagers;

- The loved ones who died were confidants to the African teenagers;
- The loved ones who died were caring towards the African teenagers;
- The loved ones who died were entertainers, and a role model to the African teenagers.

These categories indicate the significance of the relationship the participants had with the persons who died, as defined in Chapter 1, section 6.

Below, the categories and the story lines are presented to indicate the different relationships the participant had with the persons who had died:

#### **Category 1.2.1: The loved ones who died were providers to the African teenagers**

According to the South African Concise Oxford Dictionary (2007: 939) a provider is a person who supplies someone with something. The following story lines illustrate this category:

*“It was difficult. It was even worse because we had no money after his death.” Money was not available, as my mother was not employed. My mother receives money from the welfare office to support us.”*

*“I do not get what I want. Losing a mom is bad. My sisters do not understand what I want. My mother understood the things I needed even before I could ask her to buy them for me. Yes, my mother tried her best to provide. After her death, there was no one to provide.”*

This means that the deceased supplied the teenagers with financial and material needs. After the death of the loved one, they had to get alternative people to supply them with their needs.

#### **Category 1.2.2: The loved ones who died were companions to the African teenagers**

The South African Concise Oxford Dictionary (2007: 234) defines a companion as a person with whom one spends time.

The following story lines illustrate this category.

*“He was my friend. He was always there at home to make me laugh. I teased him a lot. I really miss him.”*

*“We would sit down and talk, discussing many issues of life. He was a good listener. He was like a friend. I miss somebody to talk to.”*

The storylines indicate that the teenagers had spent time with the deceased – laughing and discussing many issues. Some teenagers indicated that the deceased were like friends.

### **Category 1.2.3: The loved ones who died were confidants to the African teenagers**

The South African Oxford Dictionary (2007:241) defines confidant as a person in whom one confides.

The following story lines illustrate this category:

*“I miss talking to him, and he would clarify issues that I could not tell my father. Whenever I wanted to talk, he was always available. He was a good listener.”*

*“I would talk to him when I am angry. He listened to me. We shared lots of secrets with him. I miss him a lot.”*

The storylines from those who had lost a loved one indicated that the deceased were the people with whom the teenagers could confide. The deceased were available whenever the teenagers wanted to talk. They were good listeners. They could even share secrets with them.

### **Category 1.2.4: The loved ones who died were caring towards the African teenagers**

The South African Oxford Dictionary (2007:172) defines care as the provision of what is necessary for the health, welfare, maintenance and protection of someone.

The following story lines illustrate this category:

*“He was a caring father. He loved us as his children. He will make us laugh. He would protect us from people who wanted to hurt us.”*

*“He was a caring person. He would check on my school progress. He would tell me about issues of life and tell me to study for a better future.”*

*“He cared for me. I think my cousin spoiled me a lot. I remember him spoiling me.”*

The storylines illustrate the care the teenagers, who had lost a loved one, received. The deceased protected the teenagers from people who wanted to hurt them, made sure that their schoolwork is done; and they even spoiled them.

According to Sanders (1992:26), much of our grieving depends on the closeness of the relationship between ourselves and the one we have lost. Each relationship carries a different meaning, different roles, and varying degrees of attachment. The closer the relationship, the harder it is to give it up. The responses of the participants indicate the significance of the relationship the teenagers had with the deceased.

The story lines illustrate the important role the deceased played in the lives of the participants. The deceased provided a financial need, which was lost after the death. The families ended up receiving financial aid from the state; the deceased were also confidants. The teenagers were able to confide in them, whenever there was a need. They had somebody to talk to; the teenagers were like friends with the deceased; and the deceased cared for them.

## **THEME 2: AFRICAN TEENAGERS' EXPERIENCES RELATING TO LOSING A LOVED ONE THROUGH DEATH**

This theme has been divided into the following sub-themes:

- African teenagers who have lost a loved one experience a range of emotions following the death of the loved one;
- African teenagers who have lost a loved one experience behavioural and physical reactions following the death of a loved one;

### **Sub-theme 2.1: African teenagers who have lost a loved one experience a range of emotions on losing a loved one**

This sub-theme is divided into the following categories:

- African teenagers experienced sadness following the death of a loved one;
- African teenagers experienced anger following the death of a loved one;
- African teenagers experienced pain following the death a loved one;
- African teenagers experienced denial following the death of a loved one;
- African teenagers experienced acceptance following the death of a loved one;
- African teenagers experienced loneliness following the death of a loved one.

These categories illustrate the emotions experienced by the African teenagers, following the death of their loved one.

### **Category 2.1.1: African teenagers experienced sadness following the death of the loved one**

The South African Oxford Dictionary (2007: 1028) defines sadness as the feeling of sorrow or unhappy feelings. The participants indicated that they were not happy when they learnt about the death of their loved one. The following story lines illustrate the emotions of sadness, as experienced by African teenagers:

*“I was sad when they told me about his death. I sat alone outside for a while. I was so sad. It was not a happy moment. Death is not nice.”*

*“I was sad after his death. It was painful and I could not eat after I was told about his death. Death is a horrible thing. It was a bad experience.”*

The participants expressed a feeling of sadness, following the death of their loved one. According to (Worden: 2006:18-19), sadness is the most common feeling found in the bereaved. It is sometimes expressed with or without tears. It also forms part of the reaction to death of a loved one. Meyers and Adams (2004: 26) mentioned that the feeling of sadness after grief was supported by John Bowlby, who said that when somebody you love has died, you probably experience sadness, depression, or both. They mentioned that Bowlby defined sadness as a normal and healthy response to any misfortune. Most, if not all, experience intense episodes of sadness elicited by the loss or expected loss, either of loved person or else of family. Sadness, during the grief process, is essentially an emotional response to the finitude of human life. It is a recognition that something important is over; someone important is gone. The participants expressed a feeling of sadness and not depression, as indicated by John Bowlby as referred by Meyers and Adam (2004:26) following the death of their loved one.

### **Category 2.1.2: African teenagers experienced anger following the death of a loved one**

The South African Oxford Dictionary (2007: 40) defines anger as a strong feeling of displeasure. The following story lines illustrate the anger felt by African teenagers following the death of the loved one.

*“I was angry after her death. I was angry that she died. I was also angry that I was only told two days after her death. I asked my mother how she was doing at the hospital. They told me that she was doing well. They were lying to me because they knew my grandmother was already dead.”*

*“I was angry about his death. I could not understand why he committed suicide. The doctor confirmed that it was suicide.”*

According to Worden (2006:19), anger is frequently experienced after a loss. It can be a most confusing feeling for the survivors, and as such, it is at the root of many problems in the grieving process. He further mentioned that anger comes from two sources: from a sense of frustration that there was nothing one could do to prevent the death, and from a kind of regressive experience that occurs after the loss of someone close.

The participants' responses indicated the anger due to the loss of an important person in their lives. Their responses did not indicate their sense of frustration that they could have done something to prevent their death. Payne, Horn, and Relf (1999: 72) mentioned that the feeling of anger is the second stage of grief, as described by Kubler-Ross in her work with the terminally ill. This often applies to grief following bereavement. She also emphasised that anger is normal following grief; it may be intense; and it can be expressed in various ways – to the family, to doctors and to society. Once the participants heard about the death they became angry. One participant was also angry with the family members for having told her about the death of her grandmother two days after her death.

### **Category 2.1.3: African teenagers experienced pain following the death of a loved one**

The South African Oxford Dictionary (2007: 836) defines pain as a strong bodily sensation caused by mental suffering or distress. African teenagers who have lost a loved one frequently experience a bodily sensation caused by mental suffering or distress after the death of the loved one.

The following storylines illustrate that the teenagers experienced pain following the death of their loved ones.

*“It was a painful experience that I have never experienced in my life. Death is not nice. It was bad and brings pain.”*

*“It is painful. It hurts a lot, it... hurts. I was also even painful to see my mother crying.”*

The response of the participants indicates the pain that they felt after the death of the loved one. According to Worden as quoted Corr, Nabo and Corr (2000: 226), bereaved persons also face a second task in mourning: to work through the pain of grief. Worden acknowledges that losing someone you love is painful. He supports the feeling of pain that the teenagers experienced

following the death of their loved one. He, however, goes further to say that it is important to go through the pain (Corr et al., 200:226).

Pain is hurtful, both for the individuals and those around them; many try to avoid the pain of grief.

#### **Category 2.1.4: African teenagers experienced denial following the death of a loved one**

According to the South African Oxford Dictionary (2007: 310) denial is defined as a conscious or unconscious refusal to accept facts, information, and reality relating to the situation concerned. The following storylines illustrate the participants' denial, following the death of the loved one.

*"I could not believe that he has passed on. I had a feeling that he is still around. I felt like I could see him entering the door."*

*"I did not believe that she passed on. I had to go with them to the hospital to see her – just to see if she was really dead."*

The above storylines illustrate the participants' denial reaction toward the death of their loved ones. They could not accept the fact that their loved ones had actually died.

According to Kubler-Ross, the initial reaction to death is denial (Payne et al., 2000: 72). The participants could not believe that the loved one had passed on.

#### **Category 2.1.5: African teenagers experience acceptance following the death of a loved one**

The South African Oxford Dictionary (2007: 6) defines acceptance as submitting to. The following story lines illustrate the acceptance experienced by African teenagers, following the death of the loved one:

*"I do miss my grandfather. But I do understand that he passed on. I now understand that every person will die one day."*

*I have accepted the death of my father. I do know that he passed on. It is OK. He is gone. I must continue with my life."*

The participants experienced acceptance that their loved one had passed on. They accepted the death of their loved one. Kubler-Ross (Payne et al., 2000: 73) defines this as the final stage of grief – where the terminally ill people come to accept the reality of their death. Most people

reach a sense of acceptance of death. This does not necessarily mean that they forget or stop caring. The acceptance phase is supported by one of the grief tasks, as mentioned by Worden (2006:39), who said that the first task is to accept that the deceased has gone and will not return: reunion is impossible.

Perschy (2004: 3) mentioned that Alan Wolfeit, the director of Centre for loss and life transition, considered the word reconciliation more accurate than acceptance. He said we may never get over grief, but we are able to come to the realisation that the person has died.

#### **Category 2.1.6: African teenagers experienced loss and loneliness following the death of a loved one**

The South African Oxford Dictionary (2007: 682) defines loneliness as sadness, because one has no company. African teenagers, who had lost a loved one, were sad because they had lost their loved one.

The following storylines indicate the loneliness African teenagers expressed after the loss of their loved ones:

*“I miss my father. I miss somebody whom I can call father. I miss his presence. He used to encourage me a lot about all my plans.”*

*“There was somebody missing at home. There were no stories to listen to, as my uncle was a story teller. I felt the emptiness in me; I suddenly had nobody to talk to.”*

*“I miss her a lot. Losing a mom is bad. I miss being with her. I miss her love, and her touch. I also miss the things she bought for me.”*

The participants expressed a sense of loneliness, and of missing the deceased. Loneliness is a feeling frequently expressed by survivors, particularly those who have lost a spouse; and who were used to a close day-to-day relationship. Meyers and Adams (2004: 31) mentioned that longing indicates how deeply the bond was with the deceased. It is an acknowledgement of how strong a relationship can grow when people truly care for one another. The feelings of anger, denial and acceptance experienced by the participants resemble the experiences, as portrayed by Kubler-Ross (Payne et al., (1999: 73).

The storylines illustrated three of the five stages of grief, as identified by Kubler-Ross in her work with the terminally ill; and these are often applied to the grief following bereavement. The



other two stages of depression and bargaining, as mentioned by Kubler-Ross, could not be identified in the storylines. Payne (1999:73) said that, according to Kubler-Ross, not everyone will progress through all the five stages, or experience them in the same order.

The sadness, pain and loneliness were some of the reactions to death of the loved one, as recommended by Worden (2006:18, 19), There were many reactions identified by Worden; however, the responses of the participants illustrated only sadness, pain, loss and loneliness.

### **Sub-theme 2.2: African Teenagers who had lost a loved one experienced behavioural and physical reactions following the death of the loved one**

This sub-theme is divided into three categories:

- African teenagers who had lost the loved one cried, following the death of the loved one;
- African teenagers who had lost a loved one experienced sleeping difficulties following the death of a loved one.
- African teenagers who had lost a loved one, lost their appetite following the death of a loved one;
- African teenagers who had lost a loved one experienced breathing problems following the death of a loved one.

#### **Category 2.2.1: African teenagers who had lost a loved one cried following the death of the loved one**

The following storylines illustrate that African teenager reacted by crying after losing a loved one:

*“My mother asked me to sit down and told me that my father died. I cried and could not understand what happened. I could not stop crying.”*

*“I just broke into tears after they have told me about the death of my uncle. I cried until I could not cry anymore.”*

Worden (2006: 30) mentioned that there has been an interesting speculation that tears may have potential healing value. Stress causes chemical imbalances in the body, and some researchers believe that the tears remove toxic substances and help re-establish homeostasis. Tears do relieve emotional stress, but how they do this is still an open question. The responses

of the participants indicated that they had cried following the loss of the loved ones. This shows that it is normal to cry following the death of a loved one.

**Category 2.2.2: African teenagers who have lost a loved one could not sleep following the death of the loved one**

The following storylines indicate that the participants could not sleep after the death of a loved one:

*“I could not sleep at night after his death. I struggled to get asleep, as I was thinking a lot about him.”*

*“I could not sleep at night. It was difficult to sleep. Whenever I closed my eyes it felt like I see him.”*

The participants displayed a sleeping difficulty following the death of a loved one. They were pre-occupied by death thoughts. According to Worden (2006:26), it is not unusual for people who are in the early stages of loss to experience sleep disturbances. These may include difficulty in going to sleep, or early morning awakening. Sleep disturbances sometimes require medical intervention, but in normal grief they usually correct themselves.

**Category 2.2.3: African teenagers who have lost a loved one lost their appetite following the death of a loved one**

The following storylines indicate that the participants could not eat following the death of a loved one.

*“I was sad after they told me about the death and I could not eat. My family told me to eat, but it was difficult to eat.”*

*“I did not feel like eating after hearing about his death. I lost my appetite.”*

The responses of the participants indicated the lack of interest in food after the death of the loved one. They did not feel like eating.

Worden (2006: 27) said that bereaved animals exhibit appetite disturbances, which are also very common in human mourning situations. He mentions appetite disturbances that can manifest themselves in terms of both overeating and under-eating; under-eating is the most frequently described grief behaviour. The participants' responses indicate that the teenagers

who had lost the loved ones experienced sleeping and eating problems, and cried following the death of the loved one.

Worden (2006: 26) said that there are a number of specific behaviours frequently associated with normal grief reactions. These can range from sleep and appetite disturbances to absentmindedness, crying, and social withdrawal. These behavioural reactions were also mentioned by Payne et al., (1999: 84), when he described the dimensions of loss developed by Le Poidenvin – to enable those offering support or counselling – to gain an understanding of the individual and his/her grief reaction. However Payne et al (1999:84) referred to Le Poidenvin who described the lack of appetite as a general physical reaction to grief.

#### **Category 2.2.4: African teenagers who have lost a loved one experienced breathing problems following the death of a loved one**

The following storylines illustrate the difficulty in breathing experienced by the teenagers following the death of a loved one:

*“I could not breathe after hearing about the death of my uncle.”*

*‘When I heard about her death, shoo, I could not breathe and it felt like I was choking.’*

This sub-theme illustrates the physical reactions experienced by the participants following the loss of the loved one. According to Worden (2006:24), Lindeman’s paper described not only the emotions that people experienced, but also the physical sensations associated with their acute grief reactions. Payne (1999: 84) agreed that the physical reactions to grief can also be explained by the dimensional model for grieving by Le Poidenvin.

She mentioned that physical symptoms are common following the death of the loved one. The responses of the participants indicated difficulty in breathing after the death of the loved one.

according to an Australian psychiatrist, Raphael, bereavement is the reaction to loss of a close relationship, as quoted by Meyers & Adams (2004: 25). He mentioned that if two people have a significant relationship and one dies, the survivor usually experience some form of bereavement. Although bereavement is a reaction, what follows is a process. This process involves a variety of emotions, including sadness, longing and bewilderment: that area collectively referred to as grief. This process includes social expressions, generally known as mourning. When we have emotional, physical, and behavioural reactions to death or loss, this is

commonly known as grief or grieving. The participant did go through the process of grieving, following the death of the loved one.

### **THEME 3: THE EFFECTS OF DEATH ON AFRICAN TEENAGERS WHO HAVE LOST A LOVED ONE**

This theme was divided into two sub-themes:

- African teenagers who were affected negatively after the death of a loved one.
- African teenagers who were affected positively after the death of a loved one.

#### **Sub-theme 3.1: African teenagers who were affected negatively after the death of a loved one**

This sub-theme was divided into two categories:

- African teenagers who had lost the loved one experienced deterioration in their material quality of life;
- African teenagers who had lost a loved one had difficulty to cope with school work.

##### **Category 3.1.1: African teenagers who had lost a loved one experienced deterioration in their material quality of life**

The following storylines illustrate the change in their quality of life with regard to material needs:

*“It was difficult. It was even worse because we had no money after his death. Money was not available, as my mother was not employed. My mother receives money from the welfare office to support us.”*

*“My mother tried her best to provide. After her death, there was no-one to provide. My sister receives a grant on my behalf.”*

*“We eat food at the children centre because there is no food at home. Other children laugh because we eat at the Children Care Centre.”*

The teenagers' quality of life was affected negatively after the loss of their loved ones. There were changes in terms of the family economic status. Financial support was a challenge for the teenagers, as they could not be provided for, especially for those who had lost their parents – who were bread winners. Some participants had to resort to social welfare for assistance.

Corr et al (2000: 284) mentioned that the impact of death is also evident at the family level. The death of a person has many meanings for those close to that person. It may have economic repercussions for the family as a whole, such as the loss of the deceased's income, the loss of an owner of property, and the loss of the person who typically handled certain financial transactions. For the participants, the loss was economic in terms of the income. There were changes economically. Perschy (2004:69) mentioned that beside the sadness, loneliness, and turmoil, often practical changes take place. There is often the question of: Who will fulfill those tasks the deceased person used to perform? How has our financial situation changed?

This is supported by Le Poidenvin; in her dimensions-of-loss model as cited by Payne et al (1999:84). She mentioned that loss may lead to major changes in lifestyle, such as financial difficulties. The teenagers' quality of life was affected negatively after the loss of their loved ones. There were changes in terms of the family's economic status. Financial support was a challenge for the teenagers, as they could not be provided for – especially for those who had lost their parents, who were the bread winners. Some of the participants had to resort to social welfare for assistance.

### **Category 3.1.2: African teenagers who had lost a loved one had difficulty in coping with their school work**

The following storylines illustrate this category:

*“I had difficulty to concentrate on my studies after the death of uncle. I had to consult at school with the life coach. He helped me to focus on my studies.”*

*“I could not cope at all with my schoolwork, as I could not pay attention in the class room. My cousin always helped me with my home work after school. After his death, I could not concentrate on my school work.”*

The participants displayed lack of concentration after the death of the loved one. The participants who were still at school mentioned that they could not concentrate on their school work. One particular participant had to consult the life coach for assistance. Payne et al., (1999: 24) mentioned that the lack of concentration and attention is one of the cognitive responses to the death of the loved one.

### **Sub-theme 3.2: African teenagers who were also affected positively by the death of a loved one**

This sub-theme was divided into three categories:

- African teenagers who had lost a loved one changed their perception of death.
- African teenagers who had lost a loved one became determined to achieve.
- African teenagers who had lost a loved one learned different things.

#### **Category 3.2.1: African teenagers who had lost a loved one changed their perception of death**

The following storylines illustrate this category:

*“It was not easy to understand death. I now understand that every person will die one day.”*

*“I now accept that people will not live forever. I understand that people pass on. Death is for everyone.”*

The responses of the participants showed a learning experience of death. After the death of the loved, the participants understood that death is for everyone; and they had to accept the reality that death exists and is normal.

Loss is an unavoidable and inevitable part of being human; and it is possible to say that we are born to die (Tschudin, 1997: 2). Wallbank (1991:22) supported this statement, by saying that the idea that death is the final and permanent ending of life, as we know it on this earth, develops over the years. A child who is given clear, accurate information about death is obviously at an advantage. It is possible that children are better able to understand and accept death than adults. After all, they are in the business of learning new concepts every day.

#### **Category 3.2.2: African teenagers who had lost a loved one became determined to achieve**

The following storylines illustrate this category:

*“We eat food at the Children Centre. Other children laugh at us. But we will make it one day. I will attend school until I get a job to help my family.”*

*“My uncles were spoiled because my grandmother provided. It is hard for them. They do not work. I will make sure that I attend school so that I can support myself.”*

The study of Hogens and DeSantis as quoted by Balk and Corr (2009:329) revealed that positive adjustment was associated with an ability to overcome any feelings of helplessness, to feel hopeful, rather than hopeless about the future. The participants' response indicated the need to uplift the quality of life at home – due to the negative experiences after the loss of their parents who were the source of the family income. Their responses illustrate their hopefulness for the future. Their reaction resembles the third task of mourning that emphasises the importance of making the necessary adjustments, as explained by Worden (2006: 45).

### **Category 3.2.3: African teenagers who had lost a loved one learned different things**

The following storylines illustrate this category:

*“I have learned a lot, as I did some things on my own. I had to fetch my younger sister from crèche alone. I have learned a lot. I could do things on my own. I think my cousin spoiled me a lot.”*

*“I have learned a lot about the sickness (AIDS), especially the effects of the illness physically, as I saw my uncle getting thinner and thinner. I did not take the teaching at school about the deceased seriously. My uncle taught me about it; and I will share it with my friends.”*

The task of adjustment demands attention to the practical aspects of day-to-day living, in which new skills may be acquired, and new roles, directions and goals are established (Machin 2009: 49). The responses of the participants illustrate the knowledge and skills acquired by the participants after the death of their loved one.

People expect grief to be painful. However, research studies of grieving persons show some positive gains as well (Perschy, 2004:67). Most grieving teens have found that there are positive aspects about grief. The benefits may be subtle, like becoming more independent, learning new skills or appreciating relationships (Perschy, 2004: 68).

The categories illustrate the positive aspects the teenagers experienced.

## **THEME 4: THE SUPPORT EXPERIENCED BY AFRICAN TEENAGERS ASSISTED THEM TO COPE WITH THE DEATH OF A LOVED ONE**

This theme was divided into three sub-themes:

- African teenagers who had lost loved ones experienced different types of support that helped them cope with the death of the loved one;
- African teenagers who had lost loved ones experienced support from various people that helped them to cope with the death of the loved one;
- African teenagers who had lost loved ones experienced support by being given the opportunity to talk about death-related topics.

### **Sub – theme 4.1: African teenagers who have lost loved one experienced different types of support that helped them cope with the death of the loved one**

This sub-theme has been divided into the following categories:

- African teenagers who had lost loved ones received financial support from family and community services that helped them to cope;
- African teenagers who had lost loved ones received emotional support that helped them to cope.

#### **Category 4.1.1: African teenagers who had lost loved ones received financial support from family and community services that helped them to cope**

The following storylines illustrate this category:

*“Yes my mother was struggling. That is the reason why we also go to the children centre to eat food on daily basis after school. We just eat and come back home. I wish there was enough to take home. We had to be supported by the welfare grant.”*

*“My uncle helps a lot. He assists with school needs. My sister also receives a grant on my behalf.”*

The storylines of the participants indicate that there were changes in the lives of the teenagers. Spiegel (1977:107) indicated that the loss of the loved one also means a change of status within the immediate social environment of the bereaved. Spiegel (1977: 156) continued by saying that a difficult financial situation might arise until social security came through. The family situation



changed for the participants. The storylines indicate that some of the family members who died from the nuclear family were the breadwinners.

The families suddenly had no source of income; hence, they resorted to the welfare offices and the extended family members for financial aid. Wallbank (1991: 27) said that when we long for the deceased person to come back, we may also be longing for a return to that better past, which once contained so much hope and promises. Plans for the future may have to be shelved because of the death.

**Category 4.1.2: African teenagers who had lost loved ones received emotional support that helped them to cope**

The following storylines illustrate this category:

*“The social worker helped a lot. The social worker supported me. We talked about my feelings.”*

*“I talked about my feelings with my family and friends. We would sit and talk for days.”*

*“It was painful. I cried a lot. My mother allowed me to cry. She just hugged me and I felt safe.”*

The storylines described the emotional support the teenagers received from the family and the social workers that helped them to cope. The participants had people who could assist. There were no participants who indicated that they had nobody to assist. The storylines indicated that there was support provided by the family, friends and the state agencies. This shows that there is a need for external help, in case the family cannot assist. Sanders (1992: 34) mentioned that we desperately need the comfort and support of as many people as possible. Human beings are like herd animals; we don't do well alone under any circumstances. When there is unusual trauma, such as a significant loss, we especially need others near us.

Sanders (1992:35) mentioned that our needs for security relate directly to our need for safety. Bereaved people realise that they have an immense need for safety, and that this is not a safe time. Because of our vulnerability and insecurity during early grief, the death throws us back into an earlier level of functioning. We feel like lost children: awkward and self-conscious. We then have a tremendous need to lean on other people for basic comfort.

**Sub-theme 4.2: African teenagers who had lost loved ones experienced support from various people that helped them to cope with the death of the loved one**

This sub-theme has been divided into the following categories:

- African teenagers who had lost a loved one experienced support from family members to help them cope;
- African teenagers who had lost a loved one experienced support from friends that helped them to cope;
- African teenagers who had lost a loved one experienced support from professionals that helped them to cope.

**Category 4.2.1: African Teenagers who had lost a loved one experienced support from family members to help them cope**

The following story lines illustrate this category:

*“My parents helped me a lot. They told me to pray. They also helped me to talk about my feelings.”*

*“My parents told me that it is OK to remember him. He will always be in our minds. They told me to be free and ask questions.”*

The responses of the participants illustrate the support provided by the family after the death of the loved one. The family allowed the teenagers to talk about their feeling; and thereby, they normalised their grief. .Balk and Corr (2009:210) cited Hogan and DeSantis’ survey of the bereaved adolescents on what helped and hindered them to cope with their sibling’s death. They mentioned that other help came from the family members, who offered solace or helped them to understand that their reactions were normal.

**Category 4.2.2: African teenagers who had lost a loved one experienced support from friends that helped them to cope**

The following storylines illustrate this category:

*“My friends were also of assistance. We talked a lot about death. They helped me to feel better.”*

*“I also shared my feeling with my friends. They understood me because some of them had also lost their parents.”*

*“My friend was good to me. We shared a lot. She understood me better when I was talking to her.”*

The storylines illustrate the role that the friends played in helping them to cope with the death of the loved one. Sanders (1992:34) said that when she asked the participants in the Tampa study how they managed to survive their grief, they gave an unequivocal answer: “My family and friends.” They said that these were the people who had held them up and given them the strength to finally resolve their grief. They sat with them, shared their tears; they heard their anger and did not run away from it. They nurtured them, until they could manage their lives for themselves. Balk and Corr (2009:210) cited Hogan and DeSantis’ survey of the bereaved adolescents on what helped and hindered them in coping with their sibling’s death. They mentioned that other help came from friends who were available with caring and love.

**Category 4.2.3: African teenagers who had lost a loved one experienced support from professionals that helped them to cope**

The following storylines illustrate this category:

*“Talking to somebody about your feelings helps a lot with my teacher. My teacher referred me to the social worker for assistance. The social worker really assisted me. We talked about how I felt and the things that bothered me.”*

*“At school there is personal coach. I visited the coach at school for assistance and we just talked. He gave me assurance for a better life.”*

The responses from the participants illustrate the support provided by the professionals, such as the social workers and the life coach. They received help from them to cope with the loss of their loved one. They were able to talk about their feeling and needs. Balk and Corr (2009:210) cited Hogan and DeSantis’ survey of the bereaved adolescents on what helped and hindered them to cope with their sibling’s death. They mentioned that other help came from professionals, such as ministers and psychologists; and some found a peer-support group helpful.

Weinstein (2008:70) stated that we know that most people survive bereavement and manage their grief without outside help, so why intervene? One reason is because with so many support resources available, it simply is not necessary “to go it alone”. Grief counselling may be more necessary today than in times past, because of the lack of more traditional family and community support. A second reason is that grief can sometimes mask more severe emotional problems, specifically clinical depression; since depression and grief share so many symptoms and characteristics.

Therefore, it is advisable to identify and encourage coping strategies that lead to lower levels of depression and healthy resolution. Finally, intervention following bereavement, may actually result in enhancement of a bereaved person's life by encouraging the development of new coping strategies, a deepening of one's religious or spiritual beliefs, and an enhanced appreciation of personal relationships and life-experiences.

**Sub-theme 4.3: African teenagers who had lost loved ones experienced support by being given the opportunity to talk about death-related topics**

This sub-theme has been divided into the following categories:

- African teenagers who had lost a loved one felt supported, by being allowed to talk about the deceased;
- African teenagers who had lost a loved one felt supported by being allowed to talk about death in general;
- African teenagers who had lost a loved one felt supported by being allowed to talk about their feelings related to death and the deceased.

**Category 4.3.1: African teenagers who had lost a loved one felt supported by being allowed to talk about the deceased**

The following storylines illustrate this category:

*"I discussed with my friends about my father."*

*"We talked a lot about my uncle."*

*"We talked about my grandmother."*

The storylines indicate that the teenagers who had lost a loved one had talked freely about the deceased. Those who had lost their father talked about the father; and those who had lost their mother talked about the mother. Worden (2009:231) mentioned that in the Harvard child bereavement study conducted with Phyllis Silverman, they found that children doing well tended to come from families where communication on the dead parent was easy. Horsley and Pattern as quoted by Balk and Corr, (2009:392) emphasised that open communication and support must be provided to the adolescent within an environment in which a normal course of adolescent development can resume.

### **Category 4.3.2: African teenagers who had lost a loved one felt supported by being allowed to talk about death in general**

The following storylines illustrate this category:

*“We talked a lot about death with my friends. Death is something bad. We discussed it a lot.”*

*“One needs to talk about death. I discussed death with my sisters. I am fortunate that I have three sisters. We discussed it a lot in our bedroom.”*

The storylines illustrate that the teenagers who had lost a loved one discussed this death with their friends and family. They discuss death only after they have lost a loved one. They appeared to have a need to understand death itself. Horsley and Pattern as referred by Balk and Corr, (2009:392) mentioned that researchers have found that adolescents who do not have the opportunity to talk about a death can struggle for years to come to terms with their loss.

### **Category 4.3.3: African teenagers who had lost a loved one felt supported by being allowed to talk about their feelings following the death of a loved one**

The following storylines illustrate this category:

*“I also shared my feelings with my friends. It was painful. When I talked about my feelings I felt better.”*

*“I talked with my family and friends about my feelings.”*

The storylines illustrate the need of the teenagers to talk about their feelings. They need to express these feelings because for them it is important to talk. They would like their family members and friends to listen to them as they talk about how they feel. Worden (2006:91) mentioned that most clients come to see the counsellors because they want immediate relief from their pain. They want a pill that will help them alleviate the pain. Helping them to accept and work through their pain is a major part of our intervention. Worden emphasised the importance of freely expressing the feelings following the death of a loved one.

Support received from various sources by African teenagers who had lost a loved one seemed to have been the most important means of coping. Balk and Corr (2000:328) supported by quoting Valentine who indicated that adjustment is mediated by the support networks.

## **THEME 5: THE NEEDS IDENTIFIED BY AFRICAN TEENAGERS IN COMING TO TERMS WITH THE LOSS OF A LOVED ONE**

This theme was divided into two sub-themes:

- African teenagers who had lost a loved one have a need to be involved in planning for the funeral activities;
- African teenagers who have lost a loved one have a need to be informed about the cause of death.

### **Sub-theme 5.1: African teenagers who have lost a loved one have a need to be involved in planning for the funeral activities**

The following storylines illustrate this theme:

*“I wanted to be part of any arrangements. There were so many adults involved and we were told that it is the task of older persons.”*

*“I wish my parents could understand that we can assist as children. We told my mother to involve us in future and she agreed.”*

The responses of the participants indicate the need to be involved in planning the funeral activities. Worden (2006:234) mentioned that children need to feel important and involved. Including children in decision-making about the funeral and in the funeral or memorial services itself, can be useful. And they will feel included in the decision-making. Worden (2006:231) mentioned that in the Harvard child bereavement study conducted with Phyllis Silverman, they found that including children in the planning of the funeral had a positive effect, helping them to feel important and useful at a time when many are feeling overwhelmed.

### **Sub-theme 5.2: African teenagers who have lost a loved one have a need to be informed about the cause of death**

The following storylines illustrate this theme:

*“Nobody told me about his illness. He always complained about his lungs. I always wonder what could have killed him. I will ask my mother what could have killed him. She might be able to tell me. This will help me to have an idea what could have led to the death of my father.”*

*“Most of the time she was in the hospital. We visited the hospital frequently. But I still do not understand the reason for her death.”*

The storylines illustrate that the participants had a need to know more about the causes of death. The explanation about death would help the teenagers to have a better understanding about the cause of death of their loved one. Spiegel (1977: 15) said that the most obvious starting point for a conversation is the story of the process of dying and death. He further mentioned that the individuals most neglected at the time of death are children. Death is not explained to them; and they are put off with clichés. Nobody seems willing to take the time and make the effort to explain the events to the children; and so prevent them from developing fantastic ideas. This was supported by Worden (2006:234), when he said that bereaved children need clear information about the death, its causes and circumstances.

## **THEME 6: THE INVOLVEMENT OF THE AFRICAN TEENAGERS WHO HAD LOST A LOVED ONE IN THE FUNERAL ACTIVITIES AND THE FAMILY RITUALS**

This theme was divided into three sub-themes:

- Some African teenagers who had lost a loved one were involved with the activities of the funeral;
- Some African teenagers who had lost a loved one were not involved with the activities of the funeral;
- Rituals following the death of a loved one, in which those African teenagers, who had lost a loved one, were involved.

### **Sub-theme 6.1: Some African teenagers who had lost a loved one were involved in the activities of the funeral**

*“I helped with the guarding of the grave, as the municipality was on strike. The grave that was given to us was taken by other people, as there were no municipal officials on duty for guarding purposes. I was also given the task to read the obituary at the church.”*

*“The elders called us to see her. It was not nice seeing her lying there. We were also allowed to pour the soil on the coffin at the graveyard as the coffin was taken down.”*

The ritual of a funeral has the function of making it easier for the mourner to release the deceased; and thus of preventing the emotional dependency from simply being transferred from the living to the dead, as explained by Spiegel (1977: 118). The throwing of the soil in which the teenagers were involved assisted them in releasing the deceased. The ritual signifies that the new status has been attained. The deceased actually occupies the status of a dead person. Worden commented further by saying that seeing the body of the deceased person helps to bring home the reality and finality of death. There is a strong advantage to having the family members actually see the body of the deceased loved one – whether at the funeral home, or at the hospital.

Even in the case of cremation, the body can still be present at the funeral service – in either an open or closed casket, or in the cremation done after the service. In this way, the funeral service can be a strong asset in helping the survivors work through the first task. The storylines illustrate that some of the participants' involvement in the ritual of the funeral proved to be beneficial for them.

**Sub-theme: 6.2: Some African teenagers who had lost a loved one were not involved in the activities of the funeral**

The following storylines illustrate this theme:

*“I wish they could have involved me .....It helps to heal. I wanted to also be part of choosing the coffin.”*

*“We were told it was the older people’s job. I wish my parents could understand that we can assist as children.”*

According to Spiegel (1977: 122), there is a widespread conviction that children should not participate in funeral activities, since they are incapable of bearing the brutality of this event and the heightened emotionality of the immediate family. The death cannot remain hidden from the children: in any case, the children will notice the absence of an important person from their environment.

The responses of the participants illustrate the importance of being involved in the family rituals. Some of the participants who were not involved in funeral activities wished they could have been involved. There was a need to take part as important members of the family – irrespective



of their age. They felt they were part of what was happening in the family and that the elders could not reconcile their presence with the belief that they were still children.

**Sub-theme 6.3: Rituals following the death of a loved one in which those African teenagers who had lost a loved one were involved**

The following storylines illustrate this theme:

*“We had a ceremony to distribute his belongings. I was given his watch, in order to remember him.”*

*“They told us that we should cut our hair. They just cut a piece at the back of our head.”*

According to Spiegel (1977: 110), the application of the mourning ritual is a status transition, which usually signifies a lengthy process of separation from the former status and an adaption to the new status. The status transition is anticipated in the ritual; and it is presented symbolically, whereby – most importantly – the one who performs the change of status becomes the bearer of the symbol. The responses of the participants illustrate that rituals in which the teenagers were involved symbolise a change of status after the death of their loved one.

Two participants indicated that there was a ceremony at their homes to distribute the clothes of the deceased. One participant received a watch of the deceased as a symbol of remembrance of the deceased. One participant mentioned that her hair was cut and the explanation she was given was that the cutting of the hair that is done represents a new life.

These rituals provided the participants with the knowledge of the practices within their cultures following the death of the loved one. According to Van Gennep, as quoted by Machin (2009: 41), death rituals serve as a rite of passage; and they fulfill three objectives: Psychologically, ritual gives a framework in which grief can be expressed; philosophically, it affords a basis from which to make sense of the death experience; and socially, it provides for a shared experience and the re-integration of the mourner.

## **THEME 7: AFRICAN TEENAGERS' COMMENTS ON SUPPORTIVE SERVICES FOR TEENAGERS IN COMING TO TERMS WITH THE LOSS OF A LOVED ONE**

The theme is divided into the following sub-theme:

- Opportunities to talk should be created for teenagers who have lost a loved one;
- Various people should provide African teenagers who have lost a loved one with the opportunities to talk;
- Topics African teenagers who have lost a loved one would like to talk about to assist them in coping with the loss.

### **Sub-theme 7.1: Opportunities to talk should be created for teenagers who have lost a loved one**

The following storylines illustrate this sub-theme:

*"I would like to advise them to talk about their feeling. It helps. I do not talk much as a person. But I know that talking helps."*

*"People who have lost a loved one need to talk to someone who is supportive. Talking helps."*

The storylines indicate that teenagers must talk with someone, following the death of the loved one. Wallbank (1991:104) supported this assertion, by saying that it does help having someone to listen to us when we want to talk. Sanders (1992:71) mentioned that talking about the loss, again and again, helps. The repetition is tremendously important during grief. The responses of the participants indicate that talking about grief helps. The expressing of feelings helps a person to heal.

### **Sub-theme 7.2: Various people should provide African teenagers who have lost a loved one with the opportunities to talk**

The sub-theme has been divided into three categories:

- The family should allow African teenagers the opportunity to talk;
- Friends should allow African teenagers the opportunity to talk;
- Professionals (Social workers, teachers, and psychologists) should allow African teenagers the opportunity to talk.

### **Category 7.2.1: The family should allow African teenagers the opportunity to talk**

The following storylines illustrate this category:

*“A teenager who has lost a loved one should talk to the parents.”*

*“Parents are available to assist.”*

The storylines illustrate the need for the family to create an opportunity for the teenagers to talk after the death of the loved one. Balk and Corr (2009: 276) supported the importance of death education that begins at home. Parents are the first and most important teachers of their children. They model coping behaviours, as they themselves try to cope with the losses they have encountered in life.

In an ideal situation, young people can turn to family members for information and support in times of crisis. The storylines indicate that the availability of the family would assist the teenagers when going through grief. Horsley and Pattern, as referred by Balk and Corr (2009:392), supported this statement by saying that families with open communication areas are also better equipped to address adolescents' questions about the circumstances of death, or the nature of the illness.

### **Category 7.2.2: Friends should allow African teenagers the opportunity to talk**

The following storylines illustrate this category:

*“We discussed about my father with my friends.”*

*“The friends will also assist.”*

Wallbank (1991:105) mentioned that having good friends can be so important when we are struggling through the bewildering and ever-changing emotional landscape of grief. Wallbank further said that never more than now do we need a secure background, somewhere to escape to, where the atmosphere is not totally clouded by grief, somewhere where normal things continue to happen to normal people. A place where we are accepted more for who we are, than for what has happened to us – however, traumatic and distressing that happening may have been.

The storylines illustrate that the teenagers who had lost a loved one appreciated the friends who were available to assist them following the death of the loved one. Their friends listened to them, as they talked about their loved one who had passed on.

**Category 7.2.3: Professionals (Social workers, teachers, and psychologists) should allow African teenagers the opportunity to talk**

The following storylines illustrate this category:

*“The social workers are available to assist the teenagers after losing a loved one.”*

*“A teacher can assist because I was assisted by my class teacher.”*

Wallbank (1991:105) mentioned that the influence over how we will grieve will be the amount of help and support available. Balk and Corr (2009:328) mentioned that Valentine reported on findings from the studies of adolescent loss, indicating that adjustment is mediated by three kinds of protective factors: the family environment, the support networks, and personality characteristics. He continued by saying that professionals can help their adolescent clients to develop “individual coping styles, social skills, communication and cognitive skills, self-esteem, self-confidence and autonomy.

In so doing, the adolescent can develop a sense of control – at a time when he or she might be feeling helpless and lost. The storylines indicate the involvement of the professionals in assisting the participants in coping with the death of a loved one. The participants were assisted by the social worker and the teacher in dealing with the loss of the loved one.

**Sub-theme 7.3: Topics African teenagers who have lost a loved one would like to talk about to assist them in coping with the loss**

This sub-theme was divided into three categories:

- African teenagers who have lost their loved ones would like to talk about their feelings – to assist them in coping with the loss;
- African teenagers who have lost their loved ones would like to be allowed talk about the deceased;
- African teenagers who have lost their loved one would like to talk about death in general;
- Teenagers who have lost their loved ones would like to talk about their future, following the death of the loved one.

**Category 7.3.1: African teenagers who have lost their loved ones would like to talk about their feelings, to assist them in coping with the loss**

The following storylines illustrate this category:

*“It helps to talk about the feelings after you have lost a person you love.”*

*“The person must talk about their feelings after losing a loved one.”*

The fact that, many people have difficulty in expressing themselves does not mean that they have no feelings Tschudin (1997:28). She cited both Simmons and Cohen, who also stressed the fact that children need to be heard and given the opportunities to express themselves, both at home and in school, when they have been bereaved. The storylines indicate that feelings need to be expressed, following the death of a loved one.

The statement was supported by Balk and Corr (2009:332) saying that the opportunity bereavement counselling offers to talk about feelings can be especially important, given the developmental imperatives of adolescence. The need to detach from parents and to identify with the peers is also important. The adolescents are given this opportunity by the therapist to express the feelings in a safe environment; and questions can be posed that are not acceptable anywhere else in the adolescent world.

**Category 7.3.2: African teenagers who have lost their loved ones would like to be allowed to talk about the deceased**

The following storylines illustrate this category:

*“I discussed with my friends about my father.”*

*“My parents encouraged me to talk about him.”*

One of the grief therapy procedures by Worden (2006:157) is to revive memories of the deceased: Talk about the person who died – who he was, what he was like, what the client remembers about him, what they enjoyed doing together, and so on. It is important to explore the loss and its meaning. The storylines indicate the need to talk about the deceased. They do not wish to forget their loved ones.

### **Category 7.3.3: African teenagers who have lost their loved ones would like to talk about death in general**

The following storylines illustrate this category:

*“I talked about death with my sister.”*

*“We talked about death a lot.”*

The idea that death is the final and permanent ending of life, as we know it on this earth, develops over the years (Wallbank, 1991: 21). A child who is given clear, accurate information about death is obviously at an advantage. Wallbank (1991:24) continued further, to say that few of us, whatever age, reach a point when we can say that we have developed a total understanding of death. Concepts such as ‘forever’, ‘eternity’ are difficult to grasp. It is hard to imagine the world going on without us – when the world, as we know it, is perceived through our eyes.

The participants’ responses illustrate the need to talk about death. They indicate the need to find a meaning for death. After the loss of the loved one, the concept of death became a topic of discussion.

### **Category 7.3.4: African teenagers who have lost their loved ones would like to talk about their future following the death of the loved one**

The following storylines illustrate this category:

*“As a young person, I worry about what will happen to me after the death of a parent. Talking about what I will eat and who will pay my school fees is important.”*

*“When my mother died, nobody discussed with me about my future. Decisions were made without my involvement.”*

Wallbank (1991:24-25) mentioned that, ultimately, the greatest honour we can do those we love who have died, is to take the best of what they gave us and carry it forward into our future with respect and appreciation. If we are monitoring ourselves carefully, then we will recognise when we reach the point where we need to give ourselves permission to move forward: away from the past and our grief; a time when it is right to take on new responsibilities, make new relationships and create the new future that belongs to us and to us alone. He further said that death teaches

us a great deal. Perhaps, its greatest lesson is the fact that nothing lasts forever. Not even sadness and grief.

The experience of loss can make us aware of the preciousness of life, and our need to make the very most of the time we have on this earth.

Wallbank (1991:27) said that to some, bereavement will create the need for great changes in the day-to-day running of their life. Plans for the future may have to be shelved because of the death. It may be necessary to give up college because of the death. Such major life-changes will affect how we grieve. When we long for the deceased person to come back, we may also be longing for a return to that better past, which once contained so much hope and promise.

The storylines illustrate that the person who has lost a loved would also like to talk about the future. They would like to discuss what the future holds for them – as a way of moving on, following the death of the loved one.

Balk and Corr (2009:321) mentioned that adolescence is a time of a great anticipation, as teens ponder who they will become and what they will accomplish. The loss of a loved one can complicate who they would like to become and what they would like to accomplish. The participants indicated the importance of talking about their future, in order to realise who they want to become and what they wish to accomplish.

### **3.5. CONCLUSION**

This chapter started with a profile of the participants; and it then presented the findings of the study and related them to the theory. The findings indicated that the deceased were family members and the participants had had a significant relationship with the deceased. The participants experienced emotional, behavioural and physical reactions, following the death of a loved one. The participants' reactions to death resembled those of Kubler-Ross (Payne et al., 1973) and Worden (2006: 18-19) when describing the task of grieving. The participants were affected both negatively and positively after the death of a loved one.

They received emotional, physical and psychological support that assisted them in dealing with the death of the loved one. They stressed the importance of a support system from the home, from friends and professional help – in helping them to cope with the loss of their loved ones.

In comparing the findings with the existing body of knowledge on the topic, the findings revealed nothing new – except for the differences in terms of cultural applications to the grieving process.

The findings on the experiences, coping strategies, and support needs of the African teenagers from Cullinan who had lost a loved one can be used when dealing with other teenagers who have lost a loved one.

The existing body of knowledge is also applicable when dealing with other African teenagers. However, any interventions must always be based on the needs of the teenagers.



## CHAPTER FOUR: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

### 4.1. INTRODUCTION

Chapter one provided an introduction and general orientation to the research with specific focus on the problem formulation, the problem statement, the reason/rationale for the study, research questions, goals and objectives, the research approach and the design of the research. Chapter Two focused on the researcher's application of the qualitative research process. Semi-structured interviews were conducted with nine selected participants, and the findings are outlined in Chapter Three.

The themes, sub-themes and categories were generated from the findings and the analysis of the data collected during the interviews. The findings were presented in Chapter Three. In this chapter, the summary, conclusions and recommendations will be presented – subsequent to the research conducted on the teenagers' experiences, coping strategies and support needs in coming to terms with the death of a loved one in Cullinan: Refilwe will be presented. This chapter is structured as follows:

- ❖ Research question and goal;
- ❖ Summary, conclusion and recommendations of the research process;
- ❖ The findings on the experiences of those participants who have experienced the death of a loved one. The summary and conclusions;
- ❖ Recommendations; and the
- ❖ Conclusion to this chapter.

### 4.2. RESEARCH QUESTION AND GOAL

The **questions** to be answered through this research project were:

- What are the experiences of African teenagers in relation to losing a loved one through death?
- What coping strategies do they employ in coming to terms with the death of a loved one?

- How would they like to be supported by social workers in coming to terms with the death of a loved one?

In order to answer the aforementioned questions, the following **goals** were formulated:

- To explore and describe the experiences of African teenagers relating to the loss of a loved one through death.
- To explore and describe the coping strategies employed by African teenagers in coming to terms with the death of a loved one.
- To explore and describe the support needs of African teenagers in coming to terms with the death of a loved one, especially how would they like to be supported by social workers in this regard.

The researcher is of the view that this study has adequately addressed the research question and the goals reached, as set down in Chapter One (section 3). The following section explains in brief how the researcher went about achieving this goal.

#### **4.3. SUMMARY OF THE RESEARCH PROCESS**

The problem-definition phase is regarded as the beginning of research, according to Graziano and Raulin (2000: 40). The social workers and the researcher often get case referrals involving African teenagers who are struggling to deal with the loss of a loved one. They find it difficult to help the teenagers deal with their grief due to the paucity of knowledge on the needs and problems they experience as a result of the loss of the loved one.

The research was aimed at exploring the experiences, coping strategies and the needs of those teenagers who have lost a loved one through death.

The research was conducted using the qualitative approach, in order to explore the experiences of participants in real life. Since the research approach selected was qualitative, the researcher also selected the design utilised in this approach. The researcher used exploratory and descriptive strategies to explore the perceptions of the participants. The exploratory design is aimed at examining a little-understood phenomenon to develop preliminary ideas, while the descriptive design paints a picture using words to present a profile (Neuman, 2006: 33).

The researcher found this approach well suited for investigating the phenomenon under review.

The data collection was preceded by deciding on the population. For this study, the population comprised teenagers from the Cullinan district who had lost a loved one. The researcher used the purposive sampling method, as defined in Chapter One (section 1.4.3.2) to identify the participants for the study. The gate keepers (teachers, church leaders and local social workers) assisted in identifying those African teenagers who had lost a loved one and stayed in Cullinan. When the researcher later visited the homes of the potential participants and their parents to explain the research and contents of Addendum A, she encountered a stumbling block with most of the parents, as they were not comfortable with the phenomenon to be studied.

Some of their reasons were the following: Death is a taboo subject; death is painful – and there was unwillingness for their teenage offspring to be allowed go through the pain again. The sampling continued, however, until enough participants had been found.

The willing and selected participants were interviewed, as planned at their homes, using the structured interview. However, the researcher started with a pilot interview; and only later interviewed the participants, until the research had reached data-saturation point. The interviews were digitally audio-recorded, and transcribed in English after the collection of the data.

The researcher followed the eight steps, as proposed by Tesch (Creswell, 1994: 70) to analyse the data.

Data verification was done, according to Guba's model as referred by Krefting, (1991: 214-222), for assessing the trustworthiness of the qualitative data, based on the identification of truth-value, applicability, consistency, and neutrality.

#### **4.3.1. Conclusion and recommendations of the research process and method**

The following is the outline of the researcher's conclusions and recommendations regarding the use of the qualitative approach in research:

The qualitative approach was appropriate for this research. The researcher interviewed the participants at their homes, listening to their feelings and opinions on their experiences following the death of a loved one. The collected data included experiences, coping strategies and the support needed – in coming to terms with the death of a loved one.

Exploratory and descriptive designs were useful, in the sense that the researcher was exploring a phenomenon that was new to her, and by being involved with the participants, it became easy to describe situations and events. The researcher explored the experiences, the coping strategies and the support needed in coming to terms with the death of a loved one.

The researcher managed to identify potential participants – due to the fact that she was familiar with the geographical area selected for the study. This also assisted in identifying gate keepers, who could assist in identifying the potential participants. The researcher was able to consult with the relevant gate keepers – to identify those teenagers who had lost a loved one – as being potential participants in the study.

The researcher could not get many participants, because of the phenomenon that was being studied. The parents of the participants were not comfortable with the phenomenon under review. However, the researcher was able to get the participants and gather data until saturation point was reached.

Since this research depends on the positive responses obtained from the participants, the researcher was able to establish positive relationships with the participants, by using those whose parents were willing. Thorough preparation and the effective use of interviewing skills, together with the semi-structured format, allowed them to be free to communicate openly with her at all times.

This research was the first of its kind for the researcher; therefore, the pilot study was useful in refining the topics in the schedule and the interviewing process. It is recommended that a preliminary pilot study be used in qualitative research, where interviews are used, in order for the researcher to get an idea of how people are likely to respond to the questions.

The researcher had prepared an interview schedule to be used for gathering the data. The semi-structured interview proved to be an appropriate method, because it allows for flexibility in

terms of probing for further information, taking different angles to the discussion, which could then lead to the collection of more data.

The participants were at ease with the use of a digital voice recorder. The researcher was able to record data from the participants. This provided accurate data. It also awarded the researcher the opportunity of revisiting the information gathered, over and over again, when analysing the data.

The steps in the data analysis, as outlined by Tesch as quoted by Creswell: (1994:214-222) awarded the researcher the opportunity of a structured way of analysing the data, and then presenting the findings. It offered the opportunity for the researcher to analyse the data, and develop themes, sub-themes and categories.

The verification of the data was conducted – to ensure their trustworthiness – and to check the accuracy of the information, in order to confirm the collected data with the help of the study supervisor.

#### **4.4. THE FINDINGS ON THE EXPERIENCES OF THE SELECTED AFRICAN TEENAGERS WHO HAVE EXPERIENCED THE DEATH OF THE LOVED ONE. THE SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

##### **4.4.1. Introduction**

Chapter Three focused on the findings. These included seven identified themes, the sub-themes and categories, which were supported by the extracts from the interview transcripts, and the literature reviewed for this research as summarised below. For table of themes, sub-themes and categories see chapter three (section 3.3).

##### **4.4.2. Summary of the findings**

**Theme one** is about the relationship – of those teenagers who have lost a loved one – with the deceased. The theme indicates the significance of the relationship the teenagers had with the deceased. The loved ones lost by the teenagers were family members, both from the nuclear and the extended family, and the different relationships experienced by participants with the

deceased. The participants had a close relationship with the deceased. The deceased provided for them, cared about them, and were confidants and companions to the participants.

According to Sanders (1992:26), much of our grieving depends on the closeness of the relationship between ourselves and the one we have lost. Each relationship carries a different meaning, different roles, and varying degrees of attachment. The closer the relationship, the harder it is to relinquish it.

**Theme two** described the teenagers' experiences relating to losing a loved one through death. The different reactions experienced by the participants following the death of the loved one were explained by the participants. Each of the participants went through various emotions; and subsequently, displayed different behavioural and physical reactions after the death of the loved one. They all had to go through a grieving process. The storylines indicate anger, pain, denial, loneliness, loss of appetite, sleeplessness – as some of the reaction expressed by the participants following the death of the loved one.

According to Raphael as referred by Meyers & Adams, (2004: 25), bereavement is the reaction to loss of a close relationship. This author mentioned that if two people have a significant relationship and one dies, the survivor usually experiences some form of bereavement. Although bereavement is a reaction, what follows this reaction is a process. This process involves a variety of emotions, including: sadness, longing and bewilderment. These experiences are collectively referred to as grief. This process includes social expressions generally known as mourning. When we have emotional, physical and behavioral reactions to death or loss, this is known as grief or grieving.

**Theme three** is about the effects of death on teenagers who had lost a loved one. It describes how the death of the loved one impacted on the teenagers. The participants were affected positively and negatively, following the death of their loved one. The positive impact of death of the loved one on the teenagers involved a deterioration of the quality of life of the teenagers who had lost a loved one. Some of the teenagers had lost a breadwinner; hence, there was suddenly no income at home, and the welfare organization had to step in to assist.

Some of the teenagers could not concentrate on their schoolwork, due to the stress caused by the death of their loved one. The positive impact was the growth the teenagers experienced after the death of their loved one.

People expect grief to be painful. However, research studies of grieving persons show some positive gains as well (Perschy, 2004:67). Most grieving teens have found that there are positive aspects to grief. The benefits may be subtle, like becoming more independent, learning new skills or better appreciating relationships. The categories illustrate the positive aspects the teenagers experienced. The teenagers indicated that they resumed certain responsibilities that they could have not resumed if the loved one had still been alive.

Sanders (1992; 37) mentioned that the hope of grief lies in our ability to grow. Many lessons present themselves throughout the grieving process.

**Theme four** describes the support experienced by teenagers that assisted them in coming to terms with the death of the lost loved one. It shows how the participants received material and emotional support following the death of their loved one. The different types of support, the various people that had helped them cope with the death of their loved one were outlined by the participants. They received the support from friends, family, teachers, social workers, psychologists and the local organisations. They were given the opportunity to talk about their experiences; death-related topics and material helped them to survive the changes experienced in their quality of life after the death of the loved one. Sanders (1992:152) explained that, as human beings, we need the support of other people who love us and accept our ups and down.

**Theme five** describes the needs identified by teenagers in coming to terms with the loss of the loved one. It explains what they need, in order to help them cope with the death of their loved one. The participants identified the need to be informed about the cause of death, and to be involved in planning for the funeral activities following the death of the loved one. They feel that they are no longer so young that they cannot be involved in funeral activities. This illustrated the need for the participants to work through their experiences towards adulthood.

The participants illustrated the need to understand what happened to the deceased. One participant mentioned that he always wondered what could have killed his father. Another participant said that she does not understand what killed her sister. This illustrates a need to discuss the cause of death, and to have some understanding of what happened.

**Theme six** describes the involvement of teenagers, who had lost a loved one, in the funeral activities and the family rituals. The teenagers who have lost a loved one would like to play a role in the funeral activities and ritual activities. The participants who were in funeral activities, mentioned that it helped them to heal; and for those who were not involved, they believed that the involvement would help them heal. They felt that they were old enough to be involved in all the tasks in funeral and rituals. The participants wanted to be part of the whole process, and not just to be seen as the by-standers.

**Theme seven** illustrates the recommendations on supportive services for the teenagers, in coming to terms with the loss of a loved one. The emphasis was on their need to talk about the loss, their emotions and the subject of death in general. They mentioned that opportunities should be created for teenagers to talk about their loss. They also emphasised the importance of such support, as they went through the grieving process. The availability of support systems, such as the family, friends and professionals, could help those teenagers who have lost a loved one.

According to Sanders (1992:35), our need for security relates directly to our need for safety. Bereaved people realise that they have an immense need for safety; and that this is not a safe time to be alone. Because of our vulnerability and insecurity during early grief, the death throws us back into an earlier level of functioning. We feel like lost children, awkward and self-conscious. We then have a tremendous need to lean on other people for basic comfort.

#### **4.4.3. Conclusion**

The themes identified and explored demonstrate that those African teenagers who have lost a loved one – from both nuclear and extended families – have experienced a range of reactions, following the death of a loved one. These include: emotional, behavioural and physical reactions. They explained these reactions, as interpreted by theorists like Kubler-Ross as referred by Payne (1999) and Worden (2009), who mentioned that such reactions following death are normal. These findings indicate that children, as well as parents, go through the same stages of grief. What might differ, however, is the teenagers' state of maturity and any possible cultural differences.



The findings also indicate the importance of being involved in funeral activities. Some were involved and some were not. The African teenagers felt that they were old enough and capable of executing certain tasks, while many of the adults felt that they were still too young to be involved. This is supported by Erikson, as mentioned in Chapter one (section 1.4.3.2), that teenagers are in transition from childhood to adulthood.

The findings indicate that some participants survive bereavement and manage their grief without outside assistance, while some cope better with outside assistance, as mentioned in Chapter One, section one. The participants were able to make some adaptation after the loss of the loved one – with the help of the family. Some were assisted by professionals, such as teachers, social workers and psychologists – to adjust to the loss of the loved one.

However, the findings do not indicate any complicated grieving reaction to the loss of their loved one by the participants. Worden (2009:153) defines a complicated grief reaction, as a prolonged grief reaction. The findings also did not indicate that the African teenagers had experiences, coping strategies and support needs different to that have been reported in the literature study. Their grieving is similar to the mourning tasks as described by Worden in the introduction of chapter one. (section 1.1). They accepted the reality of the loss, acknowledge and worked through their pain; adjusted to the world without the deceased and found an enduring connection with the deceased in the mist of embarking on a new life.

## **4.5. RECOMMENDATIONS**

### **4.5.1. Recommendations on the research process**

The researcher recommends that qualitative research be conducted on a larger scale in areas other than Cullinan, in order to get more information on the experiences, coping strategies and needs of the African teenagers in dealing with the death of a loved one. Such further research might yield different results, and contribute to the body of knowledge on this subject.

### **4.5.2. Recommendations for support services based on the findings**

Theme 7 in Chapter Three outlines the support services for teenagers in coming to terms with the death of a loved one. The researcher recommends that the Social workers become involved

in providing support services to those African teenagers who have lost a love one. The existing knowledge on the subject seems applicable also to supporting African teenagers, as already outlined. This provides a framework for grief therapy that can be provided to the African teenagers who have lost a loved one.

Rogers's theory on the self and human behaviour (du Toit, Grobler and Schenck, 1998:60-61) outlined guidelines based on various propositions that provide guidelines for the intervention of facilitators in situations where people are experiencing stress and pain. Proposition 17 emphasises the importance of creating a climate in which clients are accepted unconditionally, without judgement by the facilitator. This means that the client would then not fight for preservation of the symbolised self or to defend it. Within this climate, a person would be able to symbolise and accept unsymbolised experiences – gradually admitting them to one's consciousness.

Conditions need to be created for African teenagers who have lost a loved one, to talk on their experiences.

Worden (2009: 90-104) has developed principles and procedures to serve as guidelines for the counsellor, so that s/he can help the client work through an acute grief situation, and come to a good adaptation. The researcher found these guidelines appropriate when helping those African teenagers who had lost a loved one. The social workers could adopt these principles, as outlined by Worden, in their engagement with African teenagers who had lost a loved one:

- **Help the survivor actualise the loss**

When one loses a significant other, even though there may have been some advance warning of the death, there is always a certain sense of unreality, a sense that it did not happen. The first grief task is to come to a more complete awareness that the loss actually has occurred. The role of the counsellor would be to facilitate the growing awareness of the loss and its impact, by encouraging the client (that is the survivor) to verbalise memories of the deceased, both current and past.

The findings in Chapter Three, category 2.1.4, indicate that African teenagers who had lost a loved one experienced denial following the death of the loved one.

- **Help the survivor to identify and expressing feelings;**

People experience a range of feelings during grief. Because of the pain and unpleasantness, many feelings may not be recognised by the survivor, or they might not be felt to the degree they ought to be felt, in order for an effective resolution to be reached.

The findings indicate a range of emotions experienced by the African teenagers following the death of a loved one. Theme two in Chapter Three outlined the experiences of anger, and sadness. Category 2.1.3 in Chapter Three illustrated how painful the experiences were following the loss of a loved one. The role of the counsellor is to assist the bereaved to identify the feelings, to accept the feelings and express them; thereby, helping them to accept and work through their pain.

Category 7.3.1 in Chapter Three illustrates the need to talk about the feelings, in order to cope with the death of the loved one.

- **Assistance in living without the deceased**

This principle involves helping people adapt to a loss, by facilitating their ability to live without the deceased, and to make decisions independently. To do this, the counsellor may use a problem-solving approach that asks: What are the problems the survivor faces; and how can they be solved? Theme three in Chapter Three illustrate the effect of death on the African teenagers who have lost a loved one. Sub-themes 3.1 and 3.2 in Chapter Three illustrate the changes experienced by the African teenagers in their lives, following the death of a loved one.

Some of these changes had a negative impact, while some had a positive impact on their lives. The quality of their lives changed and the social workers were available to facilitate a social grant. They also learnt new skills after assuming certain roles, following the death of the loved one.

- **Helping to find meaning in the loss**

One of the goals of grief counselling is to help clients find meaning in the death of a loved one. Finding meaning from the loss involves grappling with the question of why this happened; and also: Why did this happen to me? The findings in Chapter Three, sub-theme 4.3, categories 4.3.1 and 4.3.2 illustrate the support the African teenagers received, and the freedom to talk about the deceased, and death in general, to help them come to terms with the death of the loved one.

Categories 7.2.2 and 7.3.3 in Chapter Three illustrate the recommendations made by African teenagers that they would like to talk about the deceased – and death in general – in coming to terms with the death of the loved one. The role of the social worker would be to help African teenagers who have lost a loved one to re-establish a sense of control, by heightening their awareness of areas in which attempts to exercise control have been successful.

- **Facilitating emotional relocation of the deceased**

By facilitating emotional relocation, the counsellor can help the survivor find a new place in his or her life for the lost loved one, a place that would allow the survivor to move on with life and form new relationships. Chapter Three, theme six, illustrates the need for the participants to be involved in the funeral activities and the family rituals. Such involvement assists in the facilitation of the emotional relocation of the deceased.

According to Sanders (1992:181-182), these activities serve to confirm the fact that the loved one has actually died, and to acknowledge the bereavement. These activities also validate the life of the deceased; and they help in recognising the significant change that has taken place in the lives of the bereaved.

- **Providing time to grieve**

Grieving requires time. It is the process of adjusting to a world without the deceased, and such a process is gradual. Grieving takes time; and the counsellor needs to see the

intervention role as one that may, of necessity, stretch over some time, though the actual contacts may not be very frequent. The participants indicated the need to express their feelings following the death of the loved one.

Theme seven in Chapter Three illustrates the importance of support services for teenagers, in coming to terms with the loss of a loved one. This shows that they need the opportunity to grieve. Social workers can provide time to assist the African teenagers until they have dealt adequately their grief.

- **Interpreting behaviour as normal**

After a significant loss, many people have the sense that they are going crazy. If the counsellor has a clear understanding of what normal grief behaviour is, then s/he can give the bereaved some reassurance about the normality of these experiences. The findings in Chapter Three indicated normal grief. There were no African teenagers who indicated experiences of abnormal behaviour. However, the social worker can always be aware of the behaviour the African teenagers' display – when working with them for referral – when necessary.

- **Allowing for individual differences**

It is important not to expect all people who are grieving to grieve in the same way. Grieving is a phenomenon with tremendous interpersonal vulnerability, and with strong differences in the intensity of the affective reactions, the degree of impairment, and the length of time a person experiences the painful effect of the loss. The role of the counsellor would be to help interpret this variability to the family who expects everyone to grieve in the same way.

The findings in Chapter Three illustrate that some participants were assisted inside the family, while others were helped outside the family. This shows individuality when considering the needs of the participants. The participants also had different experiences following the death of a loved one. Intervention would depend on the circumstances and the needs of the participants.

- **Examining defences and coping styles**

This principle involves helping clients examine their particular defences and coping styles, because these would inevitably be heightened by a significant loss. The counsellor needs to be alert to people who cope by using alcohol or drugs, and to provide the necessary intervention. Theme four in Chapter Three illustrates the different coping mechanisms employed by the participants. Social workers should assess the coping style of the bereaved and the defences employed, in order for proper interventions to be provided.

- **Identifying pathology and referring**

The tenth and final principle involves identifying those who are in serious trouble, and knowing where to refer them. A person administering grief counselling must be able to identify the existence of pathology that has been triggered by the loss, and the subsequent grieving; and, having spotted such pathology, may find it necessary to make a professional referral. It is important for grief counsellors to recognise their limitations, however.

#### **4.5.3. Recommendations for future research**

The recommendations from this study for future research on teenagers, who have lost a loved one, are as follows:

- Exploring the benefits of group work by the social worker with African teenagers who have experienced the death of a loved one.
- Exploring the benefits of grief education at schools to those African teenagers in preparing them to deal with the death of a loved one, when it happens.
- Exploring the involvement of parents in inclusion of African teenagers through the processes of grief, including the rituals following the death of the loved one.
- Research on the use of Worden's model.

#### **4.5.4. Summary**

According to Wallbank (1991:21), bereavement is the loss through death of someone to whom we have a strong attachment. Our lives and theirs are joined together in one way or another. Death breaks that connection; and we are bereaved. How Wallbank (1991:19) suggests we will cope depends on the amount of support and help we have around us at the time of death, and in the months following the death.

A qualitative research conducted on the experiences, coping strategies and the support needs in coming to terms with the loss of a loved one revealed that support plays a pivotal role in adjusting to the death of the loved one. The African teenagers suggested the opportunity to talk; involvement of the teenagers in decision-making and funeral activities and rituals; and the availability of a support system, as being one of the main important aspects, in coming to terms with the death of a loved one.

#### **4.6. CONCLUSION OF THE CHAPTER**

Chapter one focused on the problem formulation and the research methodology employed to investigate the research question. Chapter Two outlined the research methodology, in terms of which the research unfolded. The findings in terms of the experiences of African teenagers who have lost a loved one are captured in Chapter Three, where the information gathered was compared and contrasted with the literature that was explored for the study.

This final chapter has provided an overview of the research report, with conclusions and recommendations, based on the conclusion drawn from the research – thereby, showing how the goals of the study were reached.

The study was a success, although it took a long time. The phenomenon to be studied was not an easy one. It triggered a lot of emotions throughout the research. I also had to deal with the death of my own loved ones. It made it easier for me to understand why some parents were not willing to let their children participate in the study. However, dealing with the death of a loved one is important. I do not regret having done the research. This research could be utilised by

social workers and other professionals when engaging with the African teenagers who have lost a loved one.

The research findings could also be shared with the parents of the participants for more information on the experiences and coping strategies of the African teenagers, following the death of a loved one, and the need for coming to terms with the death of the loved one.



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**ANNEXURE A: LETTER TO PARTICIPANTS**

Dear

I, Tinyiko Lucy Magaga, the undersigned, am a registered social worker in the Department of Correctional Services in Cullinan, and also a part-time Master's student in the Department of Social Work at the University of South Africa. In fulfillment of the requirements for the Master's degree, I have to undertake a research project and have consequently decided to focus on the following topic: Losing a loved one: teenagers' experiences, coping strategies and support needs in coming to terms with the death of a loved one.

In view of the fact that you are well informed on the topic, I hereby approach you with a request to participate in the study. It is for you to decide whether or not to participate in this research project. I am going to give you information that will help you to understand the study (i.e. what the aim of the study is and why there is a need for this particular study). Furthermore, you will be informed about what your involvement in this study will entail (i.e. what you will be asked/or what you will be requested to do during the study, the risks and the benefits involved by participating in this research project, and your rights as a participant in this study).

This research project originated as a result of the lack of information about the needs and challenges of the teenagers who have lost a loved one, and the coping strategies they use to cope with this loss.

The information garnered from this study will contribute towards the possible interventions and strategies that the teenagers could use to cope with the loss of their loved one in this community.

Should you agree to participate, you would be requested to participate under a fictitious name, in a face-to-face interview that will be conducted at a venue most convenient for you from 14h00 to 17h00. During the interview, the following questions will be directed to you:

- 1) What is your name and surname?
- 2) How old are you?
- 3) What is your main language of communication?

- 4) Tell me about the loved one who died.
- 5) What were causes of death?
- 6) What feelings are you experiencing as a result of this loss?
- 7) What feelings did you experience as a result of this loss?
- 8) What helped you to cope with the loss?
- 9) What made it difficult for you to cope with the loss?
- 10) If you had the support of a social worker, how would you like to be supported?

With your permission, the interview will be audio-taped. The recorded interview will be transcribed word by word. Your responses to the interview (both the taped and transcribed version) will be kept strictly confidential. The audiotape (s) will be coded to disguise any identifying information. The tapes will be stored in a locked cabinet in my study room at home; and only I will have access to them. The transcripts, without any identifying information, will be made available to my research supervisor, the independent coder, with the sole purpose of assisting and guiding me with this research undertaking.

My research supervisor and the independent coder will each sign an undertaking to treat the information shared by you in a confidential manner.

The audiotapes and the transcripts of the interviews will be destroyed upon the completion of the study. Identifying information will be deleted or disguised in any subsequent publication and/or presentation of the research findings.

Please note that participation in this research is completely voluntary. You are not obliged to take part in the research. Your decision to participate, or not to participate, will not affect you in any way now or in the future; and you will incur no penalty and/or loss to which you may otherwise be entitled. Should you agree to participate and sign the information and informed consent document herewith, as proof of your willingness to participate, please note that you are not signing your rights away.

If you agree to take part, you may decide to change your mind at any time during the study. You are free to withdraw this consent and discontinue participation without any loss of benefits. However, if you do withdraw from the study, you would be requested to grant me an opportunity

to engage in informal discussion with you, so that the research partnership that was established may be terminated in an orderly manner.

As the researcher, I also have the right to dismiss you from the study, without regard to your consent, if you fail to follow the instructions, or if the information you have to divulge is emotionally sensitive and upsets you to such an extent that it hinders you from functioning physically and emotionally in a proper manner. Furthermore, if participating in the study at any time jeopardises your safety in any way, you will be dismissed.

Should I conclude that the information you have shared left you feeling emotionally upset, or perturbed, I would be obliged to refer you to a counsellor for debriefing or counselling (should you agree).

You have the right to ask questions concerning the study at any time. Should you have any questions or concerns about the study, contact these numbers: (H) 012 732 0000 or (W) 012 305 7173 or (Cell No.) 0731687166.

Please note that this study has been approved by the Research and Ethics Committee of the Department of Social Work at Unisa. Without the approval of this committee, the study cannot be concluded. Should you have any questions and queries not sufficiently addressed by me as the researcher, you are more than welcome to contact the chairperson of the Research and Ethics Committee of the department of Social Work at Unisa. His contact details are as follows: Dr A.H. (Nicky) Alpaslan, telephone number: 012 429 6739, or email [alpaslan@unisa.ac.za](mailto:alpaslan@unisa.ac.za)

If, after you have consulted the researcher and the Research and Ethics committee in the department of Social Work at Unisa, their answers have not satisfied you, you might direct your questions/concerns/queries to the Chairperson, Human Ethics Committee, College of Human Science, PO Box 392, Unisa, 0003.

Based on all the information provided to you above, and being aware of your rights, you are asked to give your written consent should you decide to participate in this research study, by signing and dating the information and consent form provided herewith, and initialling each section to indicate that you understand and agree to the conditions.

Thank you for your participation.

Kind regards,

---

Signature of researcher

Contact details: H: 012 732 0000

W: 012 305 7173

Fax: 012 734 1626

Cell: 073 168 7166



**ANNEXURE B: INFORMATION AND INFORMED CONSENT DOCUMENT****INFORMATION AND INFORMED CONSENT DOCUMENT**

TITLE OF THE RESEARCH PROJECT

LOSING A LOVED ONE: AFRICAN TEENAGERS' EXPERIENCES, COPING STRATEGIES  
AND SUPPORT NEEDS IN COMING TO TERMS WITH THE DEATH OF A LOVED ONE

REFERENCE NUMBER: \_\_\_\_\_

PRINCIPAL INVESTIGATOR/RESEACHER:

Tinyiko Lucy Magaga

ADDRESS: 1593 Moutse Street

Extension 1

Refilwe Township

CULLINAN

1000

CONTACT TELEPHONE NUMBER:

TINYIKO LUCY MAGAGA

TEL: (W) 012 305 7173 OR (H) 012 732 0000

CELL: 0731687166

**ANNEXURE C: DECLARATION BY OR ON BEHALF OF THE PARTICIPANT**

<p>DECLARATION BY OR ON BEHALF OF THE PARTICIPANT:</p> <p>1, THE UNDERSIGNED, _____(NAME), (ID No: _____) the participant in my capacity as _____ of the participant (ID No _____) of _____</p> <p>_____</p> <p>_____ (address)</p> <p>A. HEREBY CONFIRM AS FOLLOWS:</p> <p>I/the participant was invited to participate in the above research project which is being undertaken by</p> <p>1. <b>TINYIKO LUCY MAGAGA</b> (a part-time Master's student) in the Department of Social Work in the School of Social Science and Humanities at the University of South Africa, Pretoria, South Africa.</p>	<p><u>Initial</u></p>
<p>2. The following aspects have been explained to me/the participant:</p> <p>Aim: The investigator(s)/researcher(s) are studying the experiences of the teenagers when they have lost their loved ones and the strategies they use in coping with the loss</p> <p>The information will be used</p> <ul style="list-style-type: none"> <li>• To explore the experiences of teenagers relating to the loss of a loved one through death.</li> <li>• To describe the experiences of teenagers relating to the loss of a loved one through death.</li> <li>• To explore the coping strategies employed by teenagers in coming to terms with</li> </ul>	<p><u>Initial</u></p>

<p>the death of a loved one.</p> <ul style="list-style-type: none"> <li>• To describe the coping strategies employed by teenagers in coming to terms with the death of a loved one.</li> <li>• To explore the support needs of teenagers in coming to terms with the death of a loved one, especially how they would like to be supported by social workers in this situation.</li> <li>• To describe the support needs of teenagers in coming to terms with the death of a loved one, especially how would they like to be supported by social workers in this situation.</li> <li>• To make recommendations by proposing guidelines to social workers on how to assist teenagers who have to come to terms with the loss of a loved one.</li> </ul>	
<p>2.1. I understand that</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p><u>Initial</u></p>
<p>Risks:</p> <hr/> <hr/> <hr/> <hr/>	<p><u>Initial</u></p>

Possible benefits: As a result of my participation in this study  _____  _____	<u>Initial</u>
Confidentiality: My identity will not be revealed in any discussion, description or scientific publications by the investigators/researchers.	<u>Initial</u>
Access to findings: Any new information/benefit that develops during the course of the study will be shared with me.	<u>Initial</u>
Voluntary participation/refusal/discontinuation: My participation is voluntary. My decision whether or not to participate will in no way affect me now or in the future.	<u>Initial</u>
<p>3. The information above was explained to me/the participant by <b>TINYIKO LUCY MAGAGA</b> in Afrikaans/English /Sotho/Xhosa/Zulu/other _____</p> <p>And I am in command of this language/it was translated to me satisfactorily by _____ (Name of the translator). I was given the opportunity to ask questions and all these questions were answered satisfactorily.</p>	<u>Initial</u>
4. No pressure was exerted on me to consent to participate and I understand that I may withdraw at any stage from the study without any penalty.	<u>Initial</u>
5. Participation in this study will not result in any additional cost to me,	<u>Initial</u>
<p>B. I HEREBY CONSENT VOLUNTARILY TO PARTICIPATE IN THE ABOVE PROJECT.</p> <p>Signed/confirmed at _____ on _____ 20____</p> <p>_____</p> <p>Signature or right thumbprint of participant                      Signature of witness</p>	<u>Initial</u>

**ANNEXURE D: CONSENT FORM REQUESTING PERMISSION TO PUBLISH PHOTOGRAPHS, AUDIOTAPES AND/OR VIDEO OR VERBATIM TRANSCRIPTS OF AUDIOTAPE/VIDEOTAPE RECORDINGS**

<p>CONSENT FORM REQUESTING PERMISSION TO PUBLISH PHOTOGRAPHS, AUDIOTAPES AND/OR VIDEO OR VERBATIM TRANSCRIPTS OF AUDIOTAPE/VIDEOTAPE RECORDINGS</p>	
<p>As part of this project, I have made a photographic, audio and/or video recording of you. I would like you to indicate (with ticks in the appropriate blocks next to each statement below) what uses of these records you are willing to consent to. This is completely up to you. I will use the records only in ways that you agree to. In any of these records, names will not be identified.</p>	<p>Place a tick [✓] next to the use of the record you consent to.</p>
<p>1. The records can be studied by the research team and photographs/quotations from the transcripts made of the recordings can be used in the research report.</p>	
<p>2. The records (i.e. photographs/quotations from the transcripts made of the recordings) can be used for scientific publications and/or meetings.</p>	
<p>3. The written transcripts and/or records can be used by other researchers.</p>	
<p>4. The records (i.e. photographs/quotations from the transcripts made of the recordings) can be shown/used in public presentations to non-scientific groups.</p>	
<p>5. The records can be used on television or radio.</p>	
<p>_____</p> <p>Signature of participant</p>	<p>_____</p> <p>Date</p>
<p>STATEMENT AND DECLARATIONS</p>	

**ANNEXURE E: STATEMENT BY OR ON BEHALF OF INVESTIGATOR(S)****STATEMENT BY OR ON BEHALF OF INVESTIGATOR(S)**

I, **TINYIKO LUCY MAGAGA**, declare that

- I have explained the information given in this document to \_\_\_\_\_ (name of Participants) and/or his/her representative \_\_\_\_\_ (name of the representative):
- He/she was encouraged and given ample time to ask me any questions;
- This conversation was concluded in Afrikaans/English/Sotho/Xhosa/Zulu/other

Indicate the other language) and no translator was used/this conversation was translated into

\_\_\_\_\_ (language) by

\_\_\_\_\_ (name)

Signed at \_\_\_\_\_ on \_\_\_\_\_ 20 \_\_\_\_\_

(Place)

(Date)

\_\_\_\_\_

Signature of investigator/representative

\_\_\_\_\_

Signature of witness

**ANNEXURE F: IMPORTANT MESSAGE TO PARTICIPANT/REPRESENTATIVE OF PARTICIPANT**

IMPORTANT MESSAGE TO PARTICIPANT/REPRESENTATIVE OF PARTICIPANT	
<p>Dear Participant/Representative of the participant</p> <p>Thank you for your/the participation in this study. Should there at any time during the study</p> <ul style="list-style-type: none"> <li>• An emergency arise as a result of the research, or</li> <li>• You require any further information with regard to the study,</li> </ul> <p>kindly contact Mrs. Tinyiko Magaga</p> <p>(name) at telephone number: 012 305 7173</p>	

**ANNEXURE G: CHILD CONSENT FORM**

CHILD CONSENT FORM	
<p>I, _____ understand that my parents/guardian have given permission for me to participate in a study concerning</p> <p>_____ under the direction of</p> <p>_____ (name) of the researcher(s).</p> <p>My involvement in this project is voluntary, and I have been told that I may withdraw from participation in this study at any time without penalty and loss of benefit to myself.</p> <p>_____</p> <p style="text-align: right;">Signature</p>	