

**THE NEEDS OF MALE ADOLESCENTS
WHO HAVE LOST BOTH PARENTS**

BY

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SUMMARY

The needs of male adolescents who have lost both parents

by

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The goal of this research was to uncover the needs of adolescents, who had been orphaned by the death of both parents. The intention was to search for a deeper understanding of the needs of such adolescents, as well as to identify and discuss how service rendering to them can be improved. Therefore the research focused on adolescence as a developmental stage in the life-cycle and the impact of death on adolescents who have been orphaned by both parents. To attain and enhance the goal, empirical research was conducted by means of semi-structured interviews with male adolescents who have lost both parents.

The research findings highlighted the final phases of the physiological, psychological, brain and moral development towards adulthood. It uncovered the devastating effects such as numbness and emotional exhaustion that death of both parents, may have on these children. The research indicated the negative effects of this trauma on their communication skills, pain, and feelings of loss, guilt and vulnerability. Furthermore, the research confirmed the fact that they are left alone without parents a factor which pushes them into adulthood before they are ready for it. The research uncovered further needs these children may have for example good care, the need to have a guardian, protection, education, support, a place to stay, toiletries, clothes, food, information about how to date girls and to show respect to others.

These findings lead the researcher to formulate several recommendations. It is clear those social workers as well as all the other professionals who work in this field of practice need to understand the needs of adolescence as developmental phase. Training in this regard should thus include the life cycle with special reference to adolescence, the impact of death on adolescents and their special needs. Finally, it is clear from the study that the principle of the best interest of the child, should always be taken in consideration when any service is being rendered to these children.

The following are key concepts used in this study:

- Adolescents;
- Orphans;
- Guardians;
- Death;
- Needs.

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CHAPTER 1

1.1. INTRODUCTION

The number of orphaned children in South Africa has been estimated at 1.5 million (Skweyiya, 2008). Although Government provides a safety net for the poor, which includes child support grants to 8.3 million children, much remain to be done regarding the number of abandoned children and babies, the levels of child abuse, and the neglect and exploitation of minors. The United Nations calculated that South Africa had more than four (4) million orphans and that almost half of them have lost one or both parents due to AIDS (Convention on the Rights of the Child, 2009:2).

Young people who have lost one or both biological parents have multifaceted needs. Adolescent orphans require different types of assistance than children in general. In some ways their needs are more complex than the needs of younger orphans because of physical and psychological development during puberty and the steps needed to move toward independence and adulthood (FHI- Orphans and vulnerable youth, 2010).

Childhood is often thought to be a time when children should be free from difficult life events. Death and dying is one of the most painful and difficult things to share with children. Adults often believe that children are too young to understand much about death. Even the smallest child knows when something is wrong and feels upset and isolated when not spoken to. It is far more upsetting for them to be left alone with their own fears and fantasies, which are often much worse than the reality. Children as young as eight to ten years may feel a deepening of sadness, fear and loneliness as they consider death as part of life. As children develop further into adolescence, their understanding will gradually develop into an adult understanding of death (Kendall, 2006:422).

Adolescence is a transitional developmental period between childhood and adulthood. It is characterised by more biological, psychological and social role changes than any other stage of life except infancy (Feldman & Elliot, 1990; Holmbeck, 1994; Lerner, Villaruel & Castellino, 1999; Steinberg, 2005 in Kendall, 2006:422).

“Change” is the defining feature of the adolescent period. There is considerable variation across individuals with respect to the onset, duration and intensity of the changes that adolescents experience. For some adolescents, it is a period of adaptation and improved mental health, but for others it is a period of maladaptation and increasing levels of psychopathology. In short, it is a critical period in a child’s development when one’s developmental trajectory can be dramatically altered in positive or negative directions (Kendall, 2006:422).

Children and adolescents are frequently traumatised by loss. They may experience the loss of their biological parents through rejection, abandonment, divorce, or death. When children experience loss, the grieving process may extend into adolescence, and may influence their emotional health and behaviour. It is becoming increasingly recognised as important for adolescents to work through the grieving process so that their developmental trajectories are not impeded by grief. Adolescents who have suffered the loss of a parent by death have reported intense shock, disbelief and a sense of loss. These experiences have been found to be more intense than those of adults who had lost parents through death. Adolescents also experience more anger towards the deceased, sleep disturbances, dream activity and irritability compared to adults who have lost their parents (Geldard & Geldard, 1999:23).

The researcher worked at the South African Catholic Bishops Conference (SACBC) where she had to deal with adolescents who have lost both biological parents to death. The SACBC is a faith-based organisation with an AIDS office that supports 34 projects that care for orphans and vulnerable children (OVC) across South Africa. The Good Shepherd Mission is one of the projects that receive funds from the President’s Emergency Plan for AIDS Relief (PEPFAR) through the SACBC.

The Good Shepherd Mission is only one of the missions run by Catholic Sisters in the Mmakaunyane area, next to Klipgat. The vision of the Good Shepherd Mission is to have a community in which every person has the opportunity to live to its full. Its mission is to empower people to improve their life situations, providing quality services in education, health care, and social welfare, with compassionate care and competence in the spirit of Jesus Christ, whom they view as the Good Shepherd.

The organisation has a primary health care (PHC) clinic that serves a total of 916 OVC in their day care centres and pre-primary school on a daily basis. The Mission has a social worker who assists in the daily activities or services rendered to orphans. They also identify needy children, preferably orphans, in the community who are not attending school. They serve 90 adolescents between the ages of fifteen and eighteen who have lost both biological parents by running a daily programme of psychosocial support. The Good Shepherd Mission accommodates the orphans during day time only. After the children have finished their daily activities, they have to return home. The adolescent orphans receive supportive services in the afternoon when they return from their various schools in the community. The researcher became concerned about the quality of the services rendered to these adolescents at the Good Shepherd Mission. It is not clear if the support offered by the Sisters of Good Shepherd Mission addresses all the challenges these orphaned adolescents face when they return home. Through the participation of the adolescents in the empirical study, it will be possible to identify what they really need in order to cope with their daily challenges.

Teenagers have a more factual understanding of death (Yuen, 2005:109). One of the struggles for teens is to know where they belong in the world and who they want to “be” as adults. Their preoccupation is with the future. Therefore, a death or major loss is a considerable blow to their established concerns and thought processes. Also, the limited life experience of teenagers makes it emotionally difficult to cope with the death of a loved one.

The experience of grief wears many faces for children and adolescents. The death of a loved one from a shooting or stabbing, sexual abuse, physical abuse, abandonment, pregnancy loss, or any other loss, and even an incarcerated parent often leaves a teenager struggling to cope with life. The feelings and emotions experienced from these losses can be intense and frightening, and frequently result in depression, destructive behaviour, drug and alcohol use, self-mutilation and eating disorders (Keith, 2010).

Adolescents often retreat from family interaction following a death, may rebuff parents' initial attempts to engage them, and may talk to no one about the experience.

Yet, studies find that most adolescents want to discuss core issues concerning the meaning of life, suggesting the importance of conversations that help them clarify their beliefs and feelings about death and loss McGoldrick *et al.* (2011:287).

Research concerning bereavement groups by Keith (2010), states that researchers found that death may affect children in later adulthood if the loss they experienced, was not given proper attention. Although there are programmes available for grieving adults, little support and few resources are available for grieving teens, who often must grieve alone or with very limited support. When teens experience severe emotional pain, they are tempted to “numb out” to avoid the painful and unfamiliar emotions. They may also react with feelings of helplessness and hopelessness, increases in risk-taking and self-destructive behaviours, anger, aggression, fighting, withdrawal from adults, depression and sadness, lack of concentration, and inability to pay attention.

Orphaned children are at a high risk of being malnourished, under-educated, and aged beyond their years, while their rights to grow and develop are fully diminished. The problems that confront these children manifest long before their parents die, as their situation includes also living with sick relatives in households, stressed by the drain on their resources (Department of Social Development, 2003:6).

The influence on a child's social and emotional development as exerted by the death of a biological parent, can be profound, and may alter their lives forever. Of course, the age of the child determines the child's emotional and social development, and therefore the effect of the death of a biological parent or both will vary accordingly. Markowitz and McPhee (2002:78) indicated five such age brackets, namely: 3 - 5 years; 6 - 8 years; 9 -11 years; 12 -14 years; and 15 -17 years.

Referring to the (15-17) fifteen to seventeen years old group, which will be the primary focus of this research, the above authors found that these adolescents will most likely withdraw from their emotional relationship with the guardian and will start relying on their friends for emotional support. They do this by using their formal operational thinking skills that are adequately developed at this age.

Furthermore, they are likely to experience depression and may even turn to drugs and alcohol as an outlet for the problems. Losing parents can even result in regressive behavioural patterns (Dawson, 2003).

Non-governmental organisations, governments, and individuals are struggling with different approaches or models for providing support in these cases (Desmond and Kvalsvig, 2005:3). Some adolescents are removed from their original communities and homes. In some cases, members of extended families take over the role of the primary care-giver, and some are placed in foster care or removed to child care facilities. Unfortunately the child headed households are left to fend for themselves. Whatever the case might be, the problem of adolescents who lost their parents were put under the spotlight during November 2009, when the Department of Social Development and the German Development Bank signed a R76 million deal to improve the living conditions of child and youth-headed households in South Africa (BuaNews, 2009).

According to UNICEF (2006:4), children who have lost both biological parents often have to support themselves and their younger siblings earlier than other children have to. At a point where children face both a premature need for education and training that will help them support themselves and also economic pressures, they are forced to drop out of school due to the need to replace lost adult labour. Girls are often forced to drop out first, causing long-term losses for society.

As stated in many research reports, grief and mourning are the emotional response to loss (Benokraitis, 2005:503). Grief is seen by some as an entire process of which a variety of feelings are part of, such as sadness, longing, bewilderment, anger, and loneliness. The grieving process may extend over several years after the death of a loved one.

Experts such as former colleagues from the South African Catholic Bishops Conference, the monitoring and evaluation officer Ms Glenda Matjeke, a social worker from child welfare in Atteridgeville, Ms Noma Motau, as well as a foster parent from a place of safety from Mamelodi, Ms Susan Vezi, who were consulted by the researcher, indicated that these children experience the loss of their biological parents as painful and they are often distressed due to the fact that they have to take care of the younger siblings in the family system. When they are placed in foster care homes, they often feel the pain of losing their parents even more, as the presence of the other children in foster homes reminds them of their big loss. These experts have also indicated that these problems increase once the children turn eighteen and have to be released from foster care. When they are released, the emotions pertaining to loss – which may be blocked during the foster care placement, are activated again, often with no support systems to assist them.

During the time the researcher worked as a social worker at the Good Shepherd Mission, she became aware of the fact that the daily service being rendered to the children in the Good Shepherd Mission was more focused on the material and educational needs of these children rather than on their emotional needs, due to the loss of their biological parents. If professionals want to deliver a more effective service to these adolescents, it is of the utmost importance to become aware of the way these children experience their losses as a means to determine their needs.

The researcher intends to explore the needs of adolescents who have been left orphaned to arrive to a deeper understanding of the experiences of these children. This knowledge could assist social workers who work in this field of practice, to become aware of the specific needs of these children, and they may consider amending their programmes to render a more effective service to these children.

1.2. PROBLEM FORMULATION

Through interaction with orphaned adolescents and observations (in practice over a nine year period), the researcher developed an interest in assisting adolescents through the healing process following the loss of their biological parents.

The researcher has observed that the adolescents who have lost both parents through death struggle to cope emotionally, irrespective of services rendered to them. The challenge for the social worker is not only to help these children go through the grieving process, but also to empower them to cope with experiences that may have a negative impact on their lives.

According to the Children's Rights Centre (2010), children heading households have assumed that role because of the death of both their parents. Several rights afforded to them by the Charter of Children's Rights are in jeopardy. Especially the following should be noted: The right to family life (article 6) is violated, because due to the fact that they are children heading households. Their right to health and welfare (article 7) may also be hampered, because their situation makes it difficult for them to access these rights. Their education (article 8) will be affected because the child heading the household may have to do some paid work to support the younger siblings. Their situation also impacts on their rights, as they may be exploited in child labour (article 9). Their right to have a home is directly violated because they have no parents (article 10).

Personal observations as a social worker indicate that the problem with orphans, especially in the African culture, is that, through the loss of their biological parents, these children are not afforded many opportunities to be empowered to continue with their lives after they had been orphaned. After the death of both biological parents, adolescent children are faced with challenges they are not yet ready to take on. They have to cope without parental warmth and security, and some of them have to take over the roles and responsibilities of their parents in the family system.

The problem that the researcher will address in this study can be formulated as set out below:

Although there are support systems in place to assist orphaned adolescents, it appears that existed programmes fail to meet all their needs.

1.3. GOAL AND OBJECTIVES OF THE RESEARCH STUDY

1.3.1. Goal

The goal of this study is to explore the needs of male adolescents who have been orphaned.

1.3.2. Objectives

To attain the goal, the following objectives can be formulated:

- To identify the everyday needs of adolescents by means of a literature study on adolescence as developmental phase that forms part of the life cycle.
- To identify the way death of both biological parents affect the lives of adolescents.
- To determine the needs of male adolescent orphans by exploring the way they experience the death of both biological parents.
- To determine how male adolescent orphans perceive service rendering to them in their daily survival.
- To make recommendations regarding service rendering to male adolescents who have been orphaned.

1.4. RESEARCH QUESTION OF THE STUDY

As qualitative research is more explorative in nature, a research question is more appropriate for this study as it aims to gain more insight into a situation, phenomenon, community or individual, namely to understand the needs of orphaned adolescents (Bless & Higson-Smith, 1995:114). A meaningful research question that has to guide the researcher during the empirical study should be related to the goal, objectives and hypotheses of the investigation (Strydom & Delpont, 2005:321). Based on the above, the research question guiding the study is:

What are the needs of male adolescents who have been orphaned by the death of both biological parents?

1.5. RESEARCH APPROACH

The research follows a qualitative approach, as this strategy will allow for an in-depth understanding of the experiences of a limited number of orphans regarding their daily needs. The number of research participants in a qualitative investigation is far smaller than in quantitative studies (Grinnell & Unrau, 2008:89). In addition, the social phenomenon of orphaned adolescents will be studied in its natural context, i.e. at the homes and within the communities where research participants reside.

1.6. TYPE OF RESEARCH

The research type selected for this study is applied research. The goal of applied studies is to develop solutions to problems and the application of such solutions in practice (Grinnell and Unrau, 2008:25). The research will thus focus on gaining knowledge about the needs of male adolescents who have been orphaned through their own frame of reference. This could enable the social worker in the mission and the sisters of Good Shepherd Mission, as well as professionals in the field to evaluate the programmes they use to support these adolescents.

1.7. RESEARCH DESIGN AND METHODS

1.7.1. Research design

The blueprint for this research is more focused on the personal, intimate experiences of the adolescents who have been orphaned by both parents. Therefore, the nature of this study will be a phenomenological study and one-on-one, in-depth interviews will be used as a data gathering instrument to interview the participants, as a way to understand the needs of orphaned adolescents (Patton, 2002:104).

In terms of a phenomenological design, the research must enter the “life world” or “life setting” of orphans (Fouché, 2005:270). Ultimately, the researcher must place herself in the shoes of adolescent boys who have lost their biological parents.

To gather such data, one must undertake in-depth interviews with people who have directly experienced the phenomenon of interest; that is, they have “lived experience” as opposed to second-hand experience. Thus a phenomenological study aims at gaining a deeper understanding of the nature or meaning of people’s everyday experiences.

1.7.2. Data collection

The researcher is required to plan both for recording data, and for the retrieval of data for analysis. The researcher intends to collect data in the form of recorded interviews which will be transcribed. These will be unstructured interviews guided by the research question. Qualitative data analysis involves the integration of the data collection and data analysis phases. This may necessitate revisions to the data collection process as new data emerges, requiring a new analysis that may generate alternative hypotheses that form the basis for a shared construction of reality (De Vos, 2002:341). Interviewing is the predominant mode of data or information collection in qualitative research (Seidman, 2005). The researcher will interview the participants in this study, as she is interested in their stories regarding their needs as adolescents who were left orphaned by the death of both biological parents. Stories in the context of qualitative research can be defined as a way of knowing and an attempt to understand the world from the participant’s point of view, to unfold the meaning of people’s experiences, and to uncover their lived world prior to scientific explanations (Sewell, 2000).

Researchers in the field mostly need to pay attention, watch, and listen carefully to participants stories. They become instruments that need to absorb all sources of information. A field researcher carefully scrutinises the physical setting to capture the atmosphere of the natural setting of the participants and records all detail. It is important to include rather everything than to ignore potentially significant detail (Neuman, 2000:361-362).

1.7.3. Data analysis and interpretation

The process of data analysis will be as follows:

- The research process starts with the collection of the data by means of unstructured interviews that will be based on the research question namely “what are the needs of male adolescents who have been orphaned by the death of both biological parents”? During the interview, the researcher will listen carefully to the participants and will link her probing to some relevant catch words uttered by the interviewee.
- The researcher will analyse the data gathered during the empirical process. She will write a verbatim transcript that has been recorded from a tape recorder, immediately after the empirical process. To gather the relevant data for this study, she will use different communication skills to facilitate the interview which will be guided by probing questions.
- The reading and coding phases happen simultaneously. During the reading of the recorded interviews which will be typed, the researcher will make notes in the margins of the typed text. These notes will refer to the identification of possible themes. During these phases, the researcher will also take note of the field notes she has made during the interviews to assist with the coding.
- The next phase of the analysis will be to link the themes in a logical order to make sense in the context of scientific research. During this phase, the deeper meaning of the research data will be assessed and where necessary, the data will be integrated with the scientific knowledge, which was obtained during the literature study.
- The validation of the data analysis is an on-going process, involving clarification of bias, assessing negative information, and auditing the analysis and the findings.
- If the need arises, follow-up interviews will be conducted to clarify issues.

The researcher will conduct a pilot study with two other adolescents, who can be viewed as the dress rehearsal of the main study, it is a small study conducted prior to a large piece of research (Strydom, 2005:206). This is necessary to do as the researcher has to determine whether the data-gathering method is adequate and appropriate. The pilot study is a prerequisite for the successful execution and completion of a research project. These adolescents need to be exposed to the same experiences as the main participants and will not form part of the main study.

1.8. FEASIBILITY OF THE STUDY

Apart from the study of the relevant literature and interviews with experts, it is also necessary to obtain an overview of the actual, practical situation where the prospective investigation will be carried out (Strydom, 2005:208-209). At this stage of the pilot study, the researcher should address the goals and objectives, resources, research population, procedures of data collection, the data gathering, the fieldworkers, and possible errors that may occur. The feasibility of the study is important for the practical planning of the research project, e.g., the transport, finance and time factors. This can alert a prospective researcher to possible unforeseen problems which may emerge during the main investigation. Thus, by undertaking a careful feasibility study, the researcher can ascertain facts about the neighbourhood where the investigation will be done. This will enable the researcher to look into the safety of or precautionary measures for the adolescents. The researcher will hold the interviews at the Good Shepherd Mission House, which can be regarded as a safe environment.

The researcher will use her own transport. She will also arrange with the staff of the Good Shepherd Mission for the most suitable time to interview the adolescents, as the researcher would not like to interrupt their schedule of activities.

Letters that grant permission for the research to be conducted, as indicated above, are attached to the research report.

1.9. DESCRIPTION OF THE POPULATION, SAMPLE AND SAMPLING METHOD

Adolescents in the care of the Good Shepherd Mission in Mmakaunyane refers to the population of this study, which can also be viewed as individuals in the universe who possess specific characteristics that represent all the measurements of interest to the practitioner or researcher (Strydom, 2005:203-204).

As it is clear that it is not possible to access all male adolescents orphaned by the death of both biological parents in the Good Shepherd Mission, only a portion of the population will be included in the study which can be considered as representative of that population. Therefore, a sample will be selected from the Good Shepherd Mission. The research literature is clear about the two different types of sampling. Generally speaking, the distinction is between probability sampling, namely each person in the selected population has an equal chance to be included in the selection, versus the non-probability sampling where participants do not have an equal chance to be included in the research process (Strydom & Venter, 2002:197-209).

In this study the researcher will make use of probability sampling. The criteria to be followed in the sampling process are set out below. The researcher will make use of simple random sampling. All the names of the children will be placed into a box and only twenty children will be elected randomly from the box. The selected ones should be:

- Male adolescents.
- Male adolescents between ages 15 and 18.
- Male adolescents who have lost both biological parents during the last three years.
- Received support at the Good Shepherd Mission.

1.10. ETHICAL ASPECTS

Ethics are a set of moral principles which are suggested by an individual or group and which offer rules and behavioural expectations about the most correct conduct towards experimental subjects and participants, employers, sponsors, other researchers, assistants and students (Strydom, 2005:57). The ethical issues that will be adhered to during this research include the following:

1.10.1. Avoidance of harm

An ethical obligation rests with the researcher to protect subjects, within reasonable limits, from any form of physical or emotional discomfort that may emerge from the research project. Emotional harm to subjects is often more difficult to predict and to determine than physical discomfort, but often has more far-reaching consequences for participants (Strydom, 2005:58).

Participants will be thoroughly informed beforehand about the potential impact of the research process. This will enable the participants to withdraw from the investigation if they wish, preferably before the interview started. The researcher will also look out for participants who could possibly prove vulnerable during the research process, to consider the possibility of being eliminated beforehand. Arrangements will be made with the social worker for debriefing of the participants after the interviews, if necessary.

1.10.2. Informed consent

The researcher will make sure that all the participants will be informed through a letter about the research regarding the overall purpose of the study, the procedures, the main features of the design as well as the possible risks and benefits from participation in the research project (Kvale, 2007:27). This refers amongst others to the aspect of voluntary participation, the right to withdraw from the study at any time, information about confidentiality and who will have access to the interview, the researcher's right to publish the whole interview or part of it and the interviewee's possible access to the transcription and the analysis of the interviews.

The researcher will make sure that each of the participants has agreed to participation by signing the assent form. The legal guardians of these children also need to sign a consent form after the researcher has explained to them that the agreement does not bind them if they wish to withdraw from the study.

1.10.3. Deception of participants

The researcher will make sure that the participants will by no means deliberately misinformed about the process of the study. She will therefore respect them as human beings and not trying to manipulate them to participate in the study, but rather explain to them their rights if they would like to withdraw from the study (Thyer, 2001:439).

1.10.4. Violation of confidentiality

To protect the privacy of the participants, the research report will be written and presented by the researcher in such a way, that others will not become aware of the identity of the participants and how a particular participant has responded or behaved (Leedy, 2005:102 & Strydom, 2005:61). The researcher will make sure that the participants names will not appear in the report or made known when any information of the study needs to be shared with the staff at Good Shepherd Mission.

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1.10.5. Actions and competence of researcher

The researcher is ethically obliged to ensure that she is competent and adequately skilled to undertake the proposed study (Strydom, 2005:63). As the researcher is a qualified social worker, she is competent to apply the principles and values of the social work profession during the empirical process as well as to apply the appropriate communication skills during the interviewing process.

The researcher has successfully completed a module in research methodology at the University of Pretoria and will be guided and supervised by a professional at all times throughout the course of the study.

1.10.6. Release or publication of the findings

The researcher will compile the research report as accurately and objectively as possible (Strydom, 2005:65). Therefore this research will adhere to the following requirements:

- The researcher will record every detail of data and analyse it accurately and precisely.
- The researcher will make sure that whatever is being published is the true reflection of the findings.
- The findings will be published through the research report as well as in an article in a scientific research format.

1.10.7. Debriefing of participants

The researcher will assist the participants during the interviewing process to minimise any possible harm (Strydom, 2005:66-67).

The researcher will make sure that all information will be accurately communicated to the participants at all times. Arrangements will be made with the social worker of the Good Shepherd Mission to debrief the participants if necessary after completion of the interviews.

1.11. DEFINITIONS OF KEY CONCEPTS

1.11.1. Needs

According to Pierson and Thomas (2010:353) the needs have been defined as: 1. the necessary requirements for maintaining life at a certain standard. 2. To have a need means requiring something in order to live a life to some agreed standard.

The needs can also be defined as physical, psychological, economic, cultural and social requirements for survival, fulfilment and well-being (Barker, 2003:291).

In this study needs will refer to the way the death of both parent impacts on the adolescents live.

1.11.2. Adolescence

Adolescence refers to the social and personal maturation process commencing with puberty, and leading to social acceptance as an adult in society. Though pubertal maturation leads to maturity during adolescence, it is not recognised as equivalent to the socio-cultural status of adulthood (Martin, 2000:2).

Adolescence goes from about age thirteen for girls and about age fourteen or fifteen for boys and continues until about age twenty one. During this phase young people go through major bodily, emotional, sexual, and spiritual changes, evolve their sexual and gender identities, learn to relate to intimate partners and develop the ability to function increasingly independently. They renegotiate their identity with their parents as they mature, refine their physical, social, and intellectual skills, develop their spiritual and moral identity and begin to define who they want to become as adults McGoldrick *et al.* (2011:38).

Adolescence can be defined as a transitional stage of human development, starts with puberty (ten to twelve) 10-12 years of age and ending with physiological maturity until (nineteen) 19 years of age.

1.11.3. Orphan

An orphan is a child permanently deprived of his or her parents. In common usage, only a child who has lost both biological parents can be referred to as an orphan (Free Dictionary, 2010 & Answers.com, 2010).

According to the researcher an orphan will be defined as a child who lost both biological parents due to death. Even if such a child is been placed with alternative parents due to the death of both biological parents, he or she will still be referred to as an orphan.

1.12. DIVISION OF THE RESEARCH REPORT

The structure of the Research Report is set out below

Chapter 1

Introduction

Problem formulation

Purpose, goal and objectives of the study

Research question

Research design and methodology

Ethical aspects

Definitions of key concepts.

Chapter 2 Literature study on adolescence as developmental phase

Chapter 3 Literature study on death as a loss in families

Chapter 4 Presentation of the empirical research results

Chapter 5 Conclusions and recommendations.

CHAPTER 2

ADOLESCENCE AS DEVELOPMENTAL PHASE IN THE LIFE CYCLE

2.1. INTRODUCTION

From both the cultural and sociological perspectives, the period of adolescent development is regarded as a transitional standardised human developmental phase (Sudipa: 2008). During the course of adolescents' development, they face various developmental challenges and conflicts that they need to resolve in order to move forward through their path of development. Some of these developmental challenges will be the focus of this chapter. This chapter will concentrate on the physical, intellectual, psychological and moral development of adolescents.

2.2. ADOLESCENCE AS DEVELOPMENTAL PHASE

2.2.1. The physiological development of the adolescent

The physiological development of adolescents is accompanied by major changes not only in their physique, but also in their brains. Therefore both these aspects will receive some attention in the following paragraphs. To understand adolescence as developmental phase, this section will focus on aspects of the anatomical as well as on the emotional and moral (social) implications of brain development during this phase.

The growth of adolescents first centres on the extremities like the legs and arms during the early stages of adolescence. Changes also occur in the facial configurations of both sexes. The lower portion of the head begins to grow because the chin lengthens and the nose grows in width and/or length. Additional changes in proportion of the face are the result of changes in tissue distribution. Even though both sexes undergo this change, in females a layer of subcutaneous fat develops which causes the rounding and softening of the contours of the face and body, whereas the male subcutaneous fat development is much less pronounced, but the development of muscles and bones in the face is clearly seen. This gives the male a leaner and more angular face than that of the female (Joe: 2011)

Changes also occur on the surface of the body in both sexes. The most observable change is the growth of body hair, both pubic and axillary (armpit). The development of pubic hair is the first sign of a child ending the pre-pubescent stage and entering the pubescent stage. This process begins at about the same time as the growth spurt begins, and is in the form of slightly coarse, straight hairs that grow at the base of the penis and the *labia majora*. The growth of pubic hair continues throughout adolescence. It spreads horizontally and then vertically until it surrounds the genital areas. Characteristically, pubic hair becomes longer, thicker, darker and kinkier as it spreads over the genital areas (Joe: 2011)

In males, the growth of facial and chest hair may be pronounced, and tends to represent virility in the eyes of the adolescent. Noticeable chest hair, with a thickness in texture does not usually appear until the post-pubescent stage and continues to grow during manhood. Facial hair usually appears in the form of a dark shadow above the lip, on the chin, along the jaw line, and along the neck. This physiological development was also researched by Blakemore & Choudhury (2006:1) who stated that adolescence is a time generally characterised by immense hormonal and physical changes.

According to Blakemore and Choudhury (2006:297-298) the research of *inter alia* Luria, 1966 and Shallice (1982), indicated that the influence of brain development on the behaviour of the adolescent is of paramount importance. Piaget dedicated most of his life's work to understand how children develop intellectually. His work on cognitive development is the most complete theory available today and is widely used.

The transition from childhood to adulthood during the adolescent phase is also characterised by dramatic changes in identity, self-consciousness and cognitive flexibility (Blakemore & Choudhury, 2006:1). During this phase, there seems to be a qualitative shift in the nature of thinking. Adolescents are more self-aware and self-reflective than prepubescent children. They also develop a capacity to hold in mind more multidimensional concepts and are thus able to think in a more strategic manner.

Research that was conducted during the 1960's and 1970's on post-mortem human brains, revealed that some brain areas, in particular the pre-frontal cortex, continue to develop well beyond early childhood.

According to Blakemore and Choudhury (2006:296), the research of *inter alia* (Huttenlocher, 1979; Huttenlocher, De Courten, Garey, & Van Der Loos, 1983; Yakovlev & Lecours, 1967), demonstrated that the structure of the pre-frontal cortex undergoes significant changes during puberty and adolescence. The first major change has to do with myelination. Myelin acts as an isolator and it increases the speed of the transmission of electrical impulses from one neuron to another, up to 100-fold. In the first few years of life, the sensory and motor brain becomes fully myelinated. Although the volume of the brain stays consistent, the axons in the frontal cortex continue to be myelinated well into adolescence. This means that the transmission speed of neural information in the frontal cortex increases throughout childhood and adolescence (Blakemore & Choudhury, 2006:296).

The second difference in the brains of pre-pubescent children and adolescents pertains to changes in synaptic density in the pre-frontal cortex (Blakemore & Choudhury, 2006:297-298). According to Pakkenberg and Gundersen (1997) in Blakemore and Choudhury (2006:298), the adult brain has about 100 billion neurons; at birth the brain has only slightly fewer neurons. However, during human development these neurons grow. This growth accounts for some of the brain changes, but the wiring, that is the intricate network of connections (or synapses) between the neurons, shows the most significant changes. Early in postnatal development, the brain begins to form new synapses, so that the number of synapses per unit volume of brain tissue (synaptic density) greatly exceeds adult levels. This process of synaptic proliferation, called synaptogenesis, lasts up to several months, depending on the brain region. At this point, synaptic densities in most brain regions are at their maximum. These early peaks in synaptic density are followed by a period of synaptic elimination (called synaptic pruning) in which frequently used connections are strengthened and infrequently used connections are eliminated. This is an experience-dependent process, which occurs over a period of years, and it reduces the overall synaptic density to adult levels.

Blakemore and Choudhury (2006:297-298) quote histological studies by many researchers (Huttenlocher, 1979; Bourgeois, Goldman-Rakic, & Rakic, 1994; Woo, Pucak, Kye, Matus, & Lewis, 1997; Zecevic & Rakic, 2001) that indicate a proliferation of synapses in the pre-frontal cortex during childhood and again during puberty.

During puberty it reaches a plateau with subsequent elimination and reorganisation of the pre-frontal synaptic connections after puberty. This pruning continues during adolescence with the net result that there is a net decrease of synaptic density in the frontal lobes. This obviously has cognitive implications. This process of synaptic pruning is essential for the functional networks of the brain tissue. It renders the remaining synaptic circuits more efficient.

Since the advent of the MRI, brain imaging has provided more evidence of the ongoing maturation of the frontal cortex into adolescence and even into adulthood. MRI-research has indicated that there is an increase in the white matter and a decrease of the grey matter (reflecting the increasing of axonal myelination) of the frontal and parietal cortices as children move from childhood into adolescence (Blakemore & Choudhury, 2006:297-298).

Blakemore and Choudhury (2006:298) quoted many researchers like Barnea-Goraly et al. (2005) Giedd et al., (1999a) Paus et al., (1999a) Paus, Evans, & Rapoport, (1999b) and Reiss et al who substantiated these findings. The linear increase in the white matter of the brain from childhood into adolescence is counteracted by the non-linear decreasing of the grey matter with the onset of puberty. At puberty the grey matter reaches its peak, followed by a plateau after puberty and this is rounded off with a decline throughout adolescence until well into early adulthood. This decrease of the grey matter can be understood as follows. (1) The axonal myelination results in increase in the grey matter as viewed by the MRI. (2) The changes in the volume of the grey matter reflect the synaptic reorganisation that occurs at the onset of and directly after puberty. This means that the onset of puberty reflects a wave of synapse proliferation. The decrease in grey matter density after the onset of puberty can be attributed to post-puberty synaptic pruning. In other words it means that the increase in grey matter at puberty reflects a sudden increase in the number of synapses. This is in turn followed by a process of refinement such that the excess synapses are eliminated, and this is what results in the steady decline in grey matter density (Blakemore & Choudhury, 2006:298-300). These dramatic changes in the physiology of the brain affect the types of thinking patterns during adolescence

According to Santrock (2009:372), formal operational thought is more abstract than concrete operational thought.

Due to these brain developments, adolescents are no longer limited to actual, concrete experiences as anchors for thought. They can conjure up make-believe situations, abstract propositions, and events that are purely hypothetical, and can try to reason logically about them. Accompanying the abstract nature of formal operational thought, is thought full of idealism and possibilities, especially during the beginning of the formal operational stage, when assimilation dominates. Adolescents engage in extended speculation about ideal characteristics, qualities they desire in themselves and in others. Such thoughts often lead adolescents to compare themselves with others in regard to such ideal standards, and their thoughts are often fantasy flights into future possibilities. At the same time that adolescents think more abstractly and idealistically, they also think more logically. Children are likely to solve problems through trial and error; adolescents begin to think more as a scientist thinks, devising plans to solve problems and systematically testing solutions. This type of problem solving requires hypothetical-deductive reasoning, which involves creating a hypothesis and deducing its implications, and this provides ways to test the hypothesis. Thus, formal operational thinkers develop hypotheses about ways to solve problems and then systematically deduce the best path to follow to solve the problem.

2.2.2. The psychological development of adolescents

Sudipa (2008) statement, that the adolescence period is characterised by dramatic physiological changes that in practice are leading them to move forward from a child to an adult, is of paramount importance for this research.

This period distinguishes between males and females quite evidently by developing sexual characteristics.

Joe (2011) argued, that in trying to discuss adolescence, most adults tend to confuse the terms adolescence and puberty, and use them synonymously. However, puberty refers to the physiological changes involved in the sexual maturation of a child, as well as other body changes that may occur during this period of time. Adolescence refers to the stage from puberty to adulthood, and includes the psychological experiences of the child during this period too.

Adolescence is described as being the teenage years from thirteen (13) to eighteen (18) years of age; however, puberty decides the onset of adolescence.

Therefore, adolescence occurs in some children as early as nine (9) years of age. During this period of time the child has a great deal of concern regarding his/her body image, and any discrepancies in the child's eye such as obesity, early or late maturation etc., may be manifested through a variety of disorders.

Joe (2011) stated that during adolescence there is a considerable degree of psychological growth as children make adjustment in their personality due to the rapid physical and sexual development, which characterises this period of life. Adolescents face ongoing conflict and difficulty adapting to the sudden upsurge of sexual and aggressive drives. These changes cause unrest and confusion in the adolescents' inner selves and in the way they perceive the world. This is why the brain development during this phase is so important, because it develops the capacity to execute this type of thinking and perceiving. The same author refers to puberty as the physiological changes that the adolescent undergoes in order to reach sexual maturity. It is best characterised as the gradual onset of mature reproductive hormonal activity, triggered by the central nervous system, mainly the hypothalamus and pituitary gland. Most people look at puberty in three distinct stages, namely the pre-pubescent, pubescent, and post-pubescent. The pre-pubescent stage includes the first evidence of sexual maturation, namely the primary sexual characteristics, and it terminates at the first appearance of pubic hair. During this stage, reproduction is virtually impossible. During the pubescent stage the growth spurt begins to accelerate. Males experience the emission of semen usually in the form of "wet dreams" and menarche occurs in the females. The post-pubescent stage is characterised by the deceleration of the growth spurt, completion of both primary and sexual characteristics, and the fact that fertility is possible.

Adolescent maturation is a very personal phase of development. Joe (2011) indicated that children in this phase have to establish their own beliefs and values to make decisions about what they want to accomplish in life, because adolescents constantly and realistically appraise themselves. Their behaviour is often characterised as being extremely self-conscious.

However, the self-evaluation process leads to the beginning of long range goal setting, emotional and social independence and it refers to the development of a mature adult. During late adolescence age range from sixteen (16) onwards, adolescents experience a more stable sense of their identity and place in society. At this stage in life they will feel more psychologically integrated and will have a fairly consistent view of the outside world. Adolescents should, by this time, have established a balance between their aspirations, fantasies, and reality. In order for them to achieve this balance, they will be displaying concerns for others through giving and caring, instead of the earlier childhood pattern of self-gratification.

Joe (2011) argued that explaining the psychological development of adolescent completely, is difficult due to the lack of empirical research and the great variety of adolescent behavioural modes.

According to Sudipa (2008), inadequate information regarding the physiological changes during puberty leads both the male and female adolescents experiencing anxiousness regarding their changes especially in relation to nocturnal emissions and menarche respectively. The initial societal changes coincide with the increased preference for mixing around peer group with a reduced interest of staying closer to parental figures. Typically, at the toddler period a child experiences separation from parents, this eventually materialises during the adolescent period with a typical increasing involvement with the peer group. As a result of social development, the relationship between an adolescent and his or her parents changes dynamically during this phase. However, the shift of the primary mode of interaction governing the adolescent's world from family to peers, does not diminish the significance of the family in the adolescent's life.

Sudipa (2008) stated that Erickson confirmed that the adolescent phase is characterised by the crisis of identity versus role confusion, as described in his psycho-social theory of human development. He observes that adolescents become typically concerned about how they appear to others.

Despite searching and establishing for their own identity at this stage, most of the males and females are essentially engrossed by typical level of role confusion such as minor delinquency, rebellion, self-doubt as well, which in turn, actually motivates them to move forward throughout the continuum of development for establishing their own identity, and to reach out towards the next level of development.

As cited in Sudipa (2008), Erickson believes if an adolescent successfully resolves the conflicts encountered in earlier developmental levels, his or her mature perspective will be developed accordingly with the acquisition of self-certainty as opposed to self-consciousness and self-doubt. The adolescent typically experiences with different constructive roles preferred to negative identity. A successful adolescence is characterised by an increase in social network along with anticipation about achievement for own action rather than being paralysed by feelings of negative identity or an inferiority complex. The adolescent is typically looking for leadership and an ability to develop a set of ideals over time, which is socially congruent and desirable for those adolescents who successfully resolve their sets of developmental conflicts.

Smith et al. (2003:293-296) explains that Erikson elaborated on his ideas about role confusion and identity in adolescence in an influential book *Identity: Youth and Crisis* (1968). Erikson argued in this research that, while identity was important throughout the life cycle, it is during adolescence that the most turmoil in this area could normally be expected. He thought that adolescents typically went through a psychological or psychosocial 'moratorium', in which they could try out different aspects of identity without finally committing themselves. For example, a young person might temporarily adopt different religious beliefs or changed views about his/her vocation, without adults expecting this necessarily to be a final choice. After this period of crisis, a more stable, consolidated sense of identity would be achieved. There are good reasons why one's sense of identity might change considerably through adolescence. During adolescence, marked physical changes occur, which affect the adolescent's body image or sense of physical self. At this time also a pattern of sexual relationships needs to be decided upon. Society expects a young person to make some choice of vocation by around the age of 18 years. In many countries adolescents are allowed to vote and make personal decisions regarding their political preferences.

Feelings of self-esteem increases slowly but gradually through the early adolescent years. A small number of young people experience very fluctuating feelings and generally speaking, the conclusion is that there is a gradual process whereby adolescents developing cognitive abilities which permit greater self-awareness.

Santrock (2009:386) referred to Erikson, who explained his theory on identity versus identity confusion. During this time, adolescents are faced with deciding who they are, what they are all about, and where they are going in life. The search for an identity during adolescence is aided by a psycho-social moratorium, which is Erikson's term for the gap between childhood security and adult autonomy. During this period of the social moratorium, society leaves adolescents relatively free of responsibility and free to try out different identities. Adolescents in effect search their culture's identity files, experimenting with different roles and personalities. They may want to pursue one career one month (lawyer, for example) and another career the next month (such as doctor, actor, teacher, social worker, or astronaut). They may dress neatly one day, but sloppily the next. This experimentation is a deliberate effort on the part of adolescents to find out where they fit in the world. Most adolescents eventually discard undesirable roles.

Youth who successfully cope with conflicting identities emerge with a new sense of self that is both refreshing and acceptable. Adolescents, who do not successfully resolve the identity crisis, suffer what Erikson calls identity confusion. This confusion takes one of two courses. Individuals withdraw, isolating themselves from peers and family, or they immerse themselves in the world of peers and lose their identity in the crowd. Although questions about identity may be especially important during adolescence, identity formation neither begins nor ends during these years. It begins with the appearance of attachment, the development of the sense of self and the emergence of independence in infancy. The process reaches its final phase with a life review and integration in old age. What is important about identity development in adolescence, especially late adolescence, is that for the first time physical development, cognitive development and socio-emotional development advance to the point at which the individual can sort through and synthesize childhood identities and identifications to construct a viable path toward adult maturity. Due to the development of their brain, higher order information processing occurs for the first time during adolescence.

According to Kuhn and Franklin (2006) cited in Santrock (2009:374), the most important cognitive change in adolescence is improvement in executive functioning, which involves higher-order cognitive activities such as reasoning, making decisions, monitoring thinking critically, and monitoring one's cognitive progress. Improvements in executive functioning permit more effective learning and an improved ability to determine how attention will be allocated, to make decisions and to engage in critical thinking. Adolescence is a time of increased decision-making for example which friends to choose, which person to date, whether to have sex, buy a car, go to college, and so on. The pertinent question during this phase refers to how competent adolescents are at making decisions. Older adolescents are described as more competent than younger adolescents, who in turn are more competent than younger children. Compared with younger children, young adolescents are more likely to generate different options, examine a situation from a variety of perspectives, anticipate the consequences of decisions, and consider the credibility of sources. The influence of brain development, especially the executive function of the brain, referring to the capacity to control and coordinate thoughts and behaviour, like selective attention, decision-making, voluntary response inhibition and working memory, are of paramount importance during puberty. These executive functions play a role in cognitive control, e.g. filtering out non-important information, holding in mind a plan to be carried out at a future date, as well as the inhibition of impulses. Although only a few studies have investigated the changes of the executive function skills during adolescence, MRI-studies have demonstrated changes in the frontal cortex during adolescence. Executive function abilities were shown to improve during this time. Selective attention, decision-making and response inhibition skills, along with the ability to carry out multiple tasks at once, improve during adolescence. The same is true in regard to selective attention, working memory and problem solving. The tasks pertaining to strategic behaviour seemed to have been formed in earlier childhood.

The executive function tasks of inhibitory control, processing speed and working memory as well as decision- making, continue to improve during adolescence. This leads to the conclusion that the different aspects of the executive functions may have different developmental trajectories. These differences can be attributed to the pruning and myelination process that occurs during adolescence in the frontal cortex.

One such a different slowed-down developmental trajectory pertains to the multitasking ability which was recorded for children between the ages of 10-14. This was attributed to their puberty status. However, the expansion of the ability pertaining to prospective memory during adolescence is also well documented. Prospective memory refers to the ability to hold in mind an intention to carry out an action at some future time, such as making a phone call in a specific time slot.

Furthermore, this non-linear development was also verified with studies referring to particular emotional expressions like happy, sad, and angry. The participants had to match facial expressions with emotions. The results showed that at the age of puberty onset between 11–12 years, there is a decline in matching face and word condition compared with the younger group of children. The results demonstrated a dip in performance in this kind of task at the onset of puberty. After puberty, from the age 13-14, performance improved until it returned to the pre-pubescent level by the age of about 16–17 years. This dip in performance can be attributed to the proliferation of synapses that occurs at the onset of puberty (Blakemore & Choudhury, 2006:300-302).

'Perspective taking' is very important for successful communication. This refers to the ability to take on the viewpoint of another person. It makes it possible to reason about others, and to understand what they think, feel or believe. 'Perspective taking', makes it possible to step into their 'mental shoes' and take their perspective (Blakemore & Choudhury, 2006:302). Due to brain development, this becomes possible only during adolescence.

Based on all of the above expositions, one can deduce that puberty represents a period of synaptic reorganisation by means of synaptic pruning. As a consequence the brain during this phase of development is more sensitive to experiential input pertaining to the executive function as well as regarding social cognition.

This sensitive period might be akin to the equally sensitive periods of brain development evident in the early sensory system. Like sound categorisation during language acquisition, experience with the executive functions and certain of the social cognitive skills might be more difficult to incorporate into brain networks once they are established after puberty. At this time, this notion is purely speculative and needs more research (Blakemore & Choudhury, 2006:307).

With reference to the psychological development of the adolescent, Piaget's research pertaining to cognition is of pertinent importance. Piaget's theory teaches the idea that the developing child builds cognitive structures, that is, mental maps, or schemes, or networked concepts for understanding and responding to physical experiences within his or her environment. He indicated that a child's cognitive structure increases in sophistication with development and moves from a few innate reflexes such as crying and sucking to highly complex mental activities. He postulated four stages of cognitive development, which will be summarised as follows for the purposes of this research (Atherton 2010; Wikipedia 2011:1; Funderstanding 2011; Boeree 2006):

- The first stage is the sensor motor stage and takes the person from birth until two (2) years of age. This stage can be characterised by six (6) sub-stages: simple reflexes, first habits and primary circular reactions, secondary circular reactions, coordination of secondary circular reactions, tertiary circular reactions, novelty and curiosity while the final sub phase comprises the internalisation of schemes and they start thinking symbolically. During this phase, the baby is extremely egocentric.
- The second is the pre-operational stage that stretches between two (2) and seven (7) years of age. Magical thinking dominates and egocentric behaviour begins to weaken. The children still cannot conserve or master logical thinking.
- The third one is the concrete operational stage and starts at about seven (7) years of age and lasts until eleven (11) years. This is when the children start to conserve. They can start thinking logically with the support of practical aids. They start to let go of their egocentricity.
- The last stage is the formal operational stage and begins at the age of eleven (11) and continues to the age of sixteen (16) and onwards. The development of abstract reasoning starts to take place in an easier way.

This development of the intellectual abilities and processes, impacts on the developmental process of the adolescent as a whole. It starts when the child performs an action and notes the characteristics and effects of such action. Through repeated actions with different objects, the child starts to differentiate and integrate the elements and its effects. This is called reflecting abstraction and it goes hand in hand with 'empirical abstraction' (identifying the properties of the objects according to the effect different actions have on them). This process finally leads to a new cognitive stage which allows the child to construct new ways of dealing with objects and new knowledge about the objects themselves. The child is now able to use these very new kinds of knowledge to create more complex thinking and even more complex actions. In this way the children start recognising even more complex patterns that lead to a total reorganisation of his or her thinking and actions. This process is not gradual, but rather continuous. Once the next level or reorganisation proved to be effective, it is generalised into the next one. The transition between the stages is rapid and radical. The most time spent in each stage is used to refine the new level of cognition. When the knowledge gained at one stage leads rapidly and radically to a higher stage of insight, a 'gestalt' has occurred. It is important to note that this process suggests that each new stage only emerges once the child has taken for granted the preceding ones and that there are still more sophisticated forms of knowledge and actions available. During this development, the child also develops an increasingly sophisticated awareness of the 'rules' that govern in various ways. Thus, by means of objectification, reflection and abstraction the child finally constructs the principles on which his or her actions are not only defined as effective, but also as justified Santrock (2009:373) stated that researchers have challenged some of Piaget's ideas on the formal operational stage (Byrnes, 2008). Among the findings, is the fact that there is much more individual variation than Piaget envisioned. Only about one in three young adolescents is a formal operational thinker. Piaget's theory of cognitive development has been challenged on other points as well (Bauer, 2007, 2008). Piaget conceived of stages as unitary structures of thought, with various aspects of a stage emerging at the same time. However, most contemporary developmentalists agree that cognitive development is not as stage-like as Piaget originally believed. Furthermore, children can be trained to reason at a higher cognitive stage, and some cognitive abilities emerge earlier than Piaget thought.

Adolescent ethnocentrism is the heightened self-consciousness of adolescents. David Elkind (1976), as cited in Santrock (2009:373) pointed out that adolescent ethnocentrism has two key components, namely the imaginary audience and personal fable. The imaginary audience is adolescents' belief that others are as interested in them as they themselves are, as well as attention-getting behaviour attempts to be noticed, visible, and "on stage". For example, an eighth-grade boy might walk into the classroom and think that all eyes are riveted on his spotty complexion. Adolescents sense that they are "on stage" in early adolescence, believing they are the main actors and all others are the audience. The same author indicated that the personal fable is the part of adolescent ethnocentrism involving a sense of uniqueness and invincibility (or invulnerability). For example, a thirteen (13) year-old will typically say the following about himself or herself: "No one understands me, particularly my parents. They have no idea of what I am feeling". Adolescents' sense of personal uniqueness makes them feel that no one can understand how they really feel. As part of their effort to retain a sense of personal uniqueness, adolescents might craft a story about the self that is filled with fantasy, immersing themselves in a world that is far removed from reality. Therefore personal fables frequently appear in adolescent diaries.

Joe (2011) explains Piaget's theory of cognitive development as follows. Each of the four (4) stages of cognitive development represents a qualitative leap forward in the child's ability to solve problems and reason logically. As children enter adolescence, their cognitive abilities lie somewhere between Piaget's third stage of cognitive development - the period of concrete operational thinking and the fourth or last stage-formal operational thinking. During the concrete operational stage, children begin to understand the concept of conservation. From the Piagetian perspective, conservation means that children realise that quantities remain the same, even if they are placed in containers of different shapes and sizes.

The adolescents also become less egocentric, that is, they now understand that everyone does not see things in the same way that they do. The adolescent also becomes capable of reasoning deductively, performing simple operations with physical objects, and applying logic to arrive at conclusions. Even though adolescents at the latter part of this stage display some cognitive maturity, they still are incapable of thinking abstractly. During this stage, things are understood concretely and literally. For example one cannot say: “That was the straw that broke the camel’s back”, and expect the child to understand what one is talking about.

Unrealistic maths problems such as: if a dog has six legs, then how many legs will four dogs have, will result in a child arguing that a dog does not have six legs. However, once the adolescent enters the last stage i.e. formal operational, he or she develops the ability to test hypotheses in a mature, scientific manner. They can communicate their position on complex ethical issues and becomes capable of thinking abstractly. They can also discuss abstract terms such as freedom or liberty without difficulty.

2.2.3 Moral development

The social context plays a key role in adolescent decision-making. For example, adolescents’ willingness to make risky decisions is more likely to occur in context where substances and other temptations are readily available (Gerrard et al., 2008; Reyna & Rivers, 2008).

Adolescence is an important transitional period in the development of critical thinking (Keating, 1990), which will impact on socialisation and morality. If fundamental skills (such as literacy and maths skills) are not developed during childhood, critical-thinking skills are unlikely to mature in adolescence. For the subset of adolescents who lack such fundamental skills, potential gains in adolescent thinking and acceptable socialization are unlikely. For other adolescents, however, cognitive changes that allow improved critical thinking in adolescence, include the following: (1) increased speed, automatism, and capacity of information processing, which free cognitive resources for other purposes; (2) more breadth of content knowledge in a variety of domains; (3) increased ability to construct new combinations of knowledge; and (4) a greater range and more spontaneous use of strategies or procedures for applying or obtaining knowledge, such as planning, considering alternatives and cognitive monitoring (Santrock, 2009:374-375).

It is especially the latter skills that impact positively on social functioning and morality (Blakemore & Choudhury, 2006:303).

Based on the above one could also logically expected social interaction changes during this time period. Interaction becomes two-way.

What they perceive during this time as important in the social world around them also changes and leave its imprints on the pruning process. The accumulation of new social experiences, for example, when entering a new school, also influences the development of the social cognitive processes. So far there is a dire lack of studies that have addressed the effect of puberty and adolescence on social cognitive abilities (Blakemore & Choudhury, 2006:300-302). Smith et al. (2003:296-297) stated that, for adolescent school leavers, one of the main areas of identity achievement has traditionally been through the normal transition from school to work, but, in the wake of widespread economic recession in many developing countries, the majority of early school leavers experience unemployment at some stage in the sixteen (16) to nineteen (19) year age period. It is also important to note that both before and after school, adolescents spend a great deal of time in leisure pursuits, often with media products: watching television and videos, playing computer games, surfing the Internet, playing music.

These activities can take up about half of a young person's waking hours. Adolescents also spend a lot of time 'hanging out' with friends. Arnett (1995) considers that these activities are not just recreational but have an important role in identity formation and in becoming a part of 'youth culture'.

Relations with peers and risk taking behaviours are also some of the 'social skills' that develop during this phase. Smith et al. (2003:309) state that as adolescents become independent from their parents, they may spend more time with peers and turn to peers more for social support and identity. The nature of an adolescent's social relationships with peers may be substantially different from that with his or her parents. Through childhood the parental relationship is often characterised as one of 'unilateral authority', in which parents strive to impart an already constructed set of knowledge and attitudes to their children. Friendship, however, is a form of mutually reciprocal relationship in which divergent opinions may be expressed and new ideas discussed. Peers and friends clearly have a distinctive and valuable role to play in development.

However, in adolescence it seems as though peer groups may reinforce risk-taking behaviour. Some degree of deviant or risk-taking behaviour such as substance abuse, minor delinquencies such as shoplifting are quite common in adolescence. It is logically clear that issues like risk-taking and interacting more with peers, have clear moral implications for the adolescents as well.

Sudipa (2008) also expanded on the theory of moral development as proposed by Kohlberg, illustrating the constitution of moral reasoning with six (6) identifiable developmental stages, as set out below:

Kohlberg's six (6) stages can be more generally grouped into three levels of two stages each: pre-conventional, conventional and post-conventional. Each stage provides a new and necessary perspective, more comprehensive and differentiated than the preceding one. However, the stages are all integrated with one another and they are discussed below.

- Level 1. This is the pre-conventional stage of morality. The focus is on obedience and punishment orientation (how to avoid punishment) and self-interest (what is in it for me, I have to pay for a benefit). At this level the adolescents judge the morality of an action by its direct consequences. They have not yet adopted or internalised society's conventions regarding what is right or wrong. The adolescents focus largely on external consequences that certain actions may bring and understand an action as morally wrong because the perpetrator is punished. They perceive morality from an egocentric point of view and they lack the insight that other persons' views are different from theirs. During this phase, they also define correct behaviour in terms of what is in their own best interest. They have a limited interest in the interests of others. This leads to the morality of 'I scratch your back, and you scratch mine'.
- Level 2: This is the conventional stage. During this stage the interpersonal accord and conformity are the core issues (social norms and the good boy and good girl attitudes). This is enhanced by the issues of authority and the maintaining of social order – this is known as the law and order morality. This level of moral reasoning is typical of adolescents and adults.

- Those who reason in the conventional moral way judge the morality of actions by comparing them to society's views and expectations. Conventional morality is characterised by an acceptance of society's conventions concerning what is right and wrong. At this level an individual obeys rules and follows society's norms even when there are no consequences for obedience or disobedience. During conventional morality, adherence to rules and conventions is somewhat rigid. The appropriateness or fairness of any rule is seldom questioned.
- Level 3: This is the post-conventional stage of moral development, and the focus is on social contracts and universal ethical principles. During this phase the person learns that an individual's own moral perspective may take precedence over the views of society pertaining to morality. The adolescents live by their own abstract principles of what is right and wrong and rules are useful for them but changeable.

Among these stages, level 2 (two) specifically corresponds with the adolescents' developmental stage, characterised as 'interpersonal accord and conformity'. As cited in Sudipa (2008) Kohlberg described that at this stage, adolescents typically align their living and life-style according to expectations of the family and community and behave in a 'good' manner. Because the morality of their family is also a guiding principle, one can logically deduce that when they lose both parents, at least half of the mat (concerning moral reasoning), is pulled out from under their feet. Good behaviour implies possessing good motives characterised with interpersonal feelings such as love, empathy, trust and concern for others. At this phase adolescents typically acts corresponding to their feelings that they find aligned with 'good' and opposed to 'bad', whatever be the significance or consequences associated at the end of the event. They have empathy, trust and concern for others.

2.3. CONCLUSION

In chapter two (2) the researcher has given an overview of the most important aspects of adolescence as developmental phase, which professionals need to take into consideration when supporting adolescents during the bereavement process. These aspects include the fact that adolescence as a life phase, prepare the children for adulthood.

CHAPTER 3

DEATH AS LOSS

3.1. INTRODUCTION

Although intellectually people know that they will one day die, they are still so reluctant to think about death and live their life as if they were going to be in this world forever (Modern Buddhism, 2011).

Generally speaking, death is the termination of the biological functions that sustain a living organism. The word and the concept refer both to the particular processes of the cessation of life as well as to the condition or state of a formerly living body. Commonly the phenomena which bring about death include predation, malnutrition, accidents resulting in terminal injury and disease. The nature of death has been for millennia a central concern of the religious traditions of the world and a matter for philosophical enquiry. Many views about death include some kind of rebirth or afterlife. In modern time's scholarly enquiry about the origin and nature of consciousness, has become the focus for reflection on death – but (scientifically speaking) the presence or absence of consciousness after death therefore remains speculative (Wikipedia, 2011).

Becvar (2001:6) states that to understand fully what it means to be in the presence of grief, we must speak of death. Whenever death impacts human life, it is a traumatic event and experience and those that stay behind, usually grieve, because death of a loved one is the ultimate loss.

To attain the goals set for this research, this chapter will focus on exploring people's reaction to trauma as death is such a traumatic event and the psychological impact of death on those who are left behind. Lastly, this chapter will also describe the stages of development and the way in which adolescents may react to death as trauma. Special attention will thus be given to the reaction of adolescents to death and grief.

3.2. TRAUMA AND GRIEF

3.2.1 Painful emotions

Psychiatrically speaking, trauma can be described as an experience that is emotionally painful, distressing, or shocking and which may result in substantial, lasting mental, psychological and physical effects and damage (TheFreeDictionary, 2011).

Based on this definition, it should be clear that trauma and grief are essentially normal responses to an extreme event, involving the development of emotional memories about the distressful event that are stored in structures deep within the brain. Generally speaking, it can be stated that, the more direct the exposure to the traumatic event, the higher the risk of emotional harm (Medicine.net, 2011).

Usually in instances of death of loved ones, trauma leads to grief. For the purposes of this research, grief which is also known as bereavement, is a term or concept used to describe the intense and painful emotions of loneliness and desolation experienced when someone like a loved one, such as a parent, has died. Bereavement refers to the mourning and grief following the death of a beloved person. Bereavement comes from an ancient Germanic word meaning "to rob" or "to seize by violence." Mourning is the related word that describes the public rituals or symbols of bereavement which include holding funeral services, wearing black clothing, closing a place of business temporarily, or lowering a flag to half mast. Grief, on the other hand, refers to one's personal experience of loss. Grief includes physical symptoms as well as emotional and spiritual reactions to the loss. While public expressions of mourning are usually limited to a specific period, grief is a longer process that takes most people several months or even years to work through (TheFreeDictionary, 2011).

3.3. CYCLIC

3.3.1. Grieving due to trauma is a cyclic process.

According to Katherine Walsh-Burke (2006:47), the person whose name is most closely linked with the topic of grief in many people's minds, is Elizabeth Kubler-Ross, a physician who worked extensively with dying patients.

Kubler-Ross (1997) made a major contribution to our understanding of anticipatory grief. She mentioned five stages which are listed below:

10. Denial: "This can't be happening to me".
11. Bargaining: "Make this not happen, and in return I will".
12. Anger: "Why is this happening? Who is to blame?"
13. Sadness: "I'm too sad to do anything".
14. Acceptance: "I'm at peace with what happened".

Chapman (2010) explains the five stages:

- **Denial**

Denial is a conscious or unconscious refusal to accept the facts, information or reality, etc., related to the situation concerned. Basically it is a defense mechanism and constitutes a perfectly natural human reaction to trauma. However, some people can become locked in this stage when dealing with a traumatic event. Sometimes they will use language that sounds as if they 'are ignoring' what has happened to them and they may say: "This can't be happening to me".

- **Bargaining:**

Traditionally the bargaining stage for people facing trauma can involve attempting to bargain with whatever religion the person believes in. People facing less serious trauma can bargain with themselves or other people or seek to negotiate a compromise. This is clear in language use such as: "Can we still be friends?" when facing a break-up, or "It will definitely be better to move to another town" after becoming a victim of crime. Bargaining rarely provides a sustainable solution. Typically the argument of the person busy with bargaining is: "Make this thing not happen, and in return I will do the following".

- **Anger**

Anger about the trauma can manifest in different ways. The traumatised person dealing with an emotional upset can be angry with him/herself, and/or with others, even with those close to him/her who had nothing to do with the trauma. Knowing this, helps social workers to keep detached and non-judge mental when experiencing the anger of someone who is very upset. Such person may verbalize their anger as follows: “Why is this happening? Who is to blame?”

- **Sadness**

Sadness is actually preparatory grieving. It is a sort of dress rehearsal or the practice run for the 'aftermath' of the trauma. However, this stage means different things depending on whom it involves. Sadness is a sort or type of acceptance with emotional attachment. It is human to experience sadness and regret, fear and uncertainty after being traumatised. Sadness shows that the person has at least begun to accept the reality. The language of sadness can come out like this: “I’m too sad to do anything”.

- **Acceptance:**

This is the ‘final’ stage. Its manifestation varies according to each person's situation. Broadly speaking, it is an indication that the person in this phase also start to distance him/herself from emotional detachment and the trauma. The language that he/she will use includes verbalizations like: “I’m at peace with what happened”, or “I am going on with my life”.

Walsh-Burke (2006:47) argues that it is important to note, however, that many contemporary practitioners question Kubler-Ross’s stage model. According to them not all people who are grieving, will pass through all five stages, and if they do, they do not always move through them sequentially. Other practitioners note that Kubler-Ross’s model was constructed based on work with individuals who were actually dying, not those grieving over the death of someone else (Walsh-Burke, 2006:47). However, it is also true that these phases clearly depict the phases of grieving while the dying person was still alive. In this sense it should be applicable to all persons experiencing trauma and grief. Therefore it is argued that it should and could be accepted that children also go through these phases after the trauma of their parents.

No one reacts to significant loss in exactly the same way, yet there are several common reactions. Di Ciacco (2008:45-54) indicates that the grieving process appears to have two distinct stages and multiple, interconnecting phases. The stages have been identified first as shock and numbness and second as denial. These are described below:

3.3.2. Shock and numbness

These are automatic physiological responses to intense feelings and thoughts brought on by the initial stress of a loss. They also occur at various developmental stages during lifestyle transitions as well as in creative problem-solving phases of life. Shock and numbness can last anywhere from a few seconds or minutes to several hours or weeks. In this regard it must be mentioned that shock functions as a protection against being overwhelmed by emotion, in other words, shock and numbness keep the body from total fragmentation. When a child is overwhelmed by shock and numbness, the breaker (i.e. Parasympathetic nervous system) abruptly shuts down the mind and body. This is akin to shutting down the engine of a car when it becomes overheated. Just as the engine will not explode, the body will not collapse from an abrupt burst of tragedy. Shock and numbness buy the body some time to absorb a trauma, so the body may gradually reawaken the mind.

3.3.3. Denial

At each developmental stage, new ways of viewing a loss bring new questions. The experience of shock and numbness is the beginning of reworking the earlier loss. When the mind and the body begin to awaken, the child's minds move into denial. Di Ciacco (2008:47) states that denial buys the bereaved child time to develop inner strength and resources to cope with their experiences and the information they have received. Denial and disbelief limited how much reality one is ready to face. Denial involves a choice (subconscious and numbness) that blocks much of the truth and is accepted when emerging from stage 1, namely shock.

A child who faces a loss head-on may plunge into despair, which may erupt into tantrums and/or dissociation. Denial allows them to block the flood of thoughts, visceral feelings, and emotions until they can tolerate these.

With reference to numbness, it should be noted that it is a mental self-defence mechanism people use to prevent the effects of psychological trauma. Therefore, people in this state choose to ignore thoughts or emotions relating to a specific body of knowledge, emotions or ideas relating to the trauma they want to 'forget'.

The loss of a partner (or a loved one or a parent for that matter) is literally a matter of life and death. It threatens the existence of the child and invokes their defences for survival. Thus the numbness, which can be viewed as the inability to feel pain at that moment of the trauma, enables the children to deal with the crisis and gather or look for their inner resources to deal with it. Their bodies produce endorphins, a natural morphine that enables them to bear the pain and make it more manageable. When the pain is unmanageable or too intense to bear, they stop feeling the pain that constitutes numbness (Sharma, 1998). Numbness is thus a way of buffering pain. In the case of severe "emotional injury," or shock, for example when a child loses a parent to death, psychological numbness may occur (Wikipedia, 2011).

Pertaining to shock and numbness, followed by denial, a child's cognitive development is a natural filter that allows time, through each developmental stage, to conceptualise how and why a loss has occurred.

Based on the explanations of trauma and grief, the impact of death will be discussed.

3.4. THE IMPACT OF DEATH

3.4.1. Communication, re-grouping and mourning

One of the first areas where the impact of death becomes visible is in the field of inter-familial communications, accompanied by re-grouping and mourning.

According to Monroe and Kraus (2005:52), communication is one of the commonest difficulties bereaved families experience. When someone in a family dies after a long debilitating illness, so much has happened already to the family during this process that parents and children are often left physically and emotionally exhausted.

For the parents who stay behind, it is often a struggle managing childcare arrangements, organising the household, attending to domestic tasks, getting to work, and keep up to date with their children's activities and progress at school. For children, the repeated experience of mini-crises erodes their sense of security in the world.

The process of re-creating a family life after a member has died is not an easy task. A multitude of features affect how the family re-groups and establishes a new order, many of which are not in harmony or synchrony with one another. For example, variations in the parents' individual mourning styles may create distance rather than closeness in their relationship. Any ripples of unease between them are inevitably felt within the household. The manner in which children respond to loss is influenced by a range of factors including gender, personal style, and levels of developmental maturity (Dyregrov, 1995). Children's episodic mourning patterns are significantly different to adults' style of mourning, which more closely represents a reactive depression. The difference in patterns of mourning between children and their parents is an additional factor which can create another strand of tension within the family (Monroe & Kraus, 2005:53).

Furthermore, the impact of death in a family setting has far-reaching physical and psychological impacts, which will be discussed in the next section.

3.4.2. Psychological and physical impact of death

With reference to the psychological and physical impact of death on a family system, Dyregrov and Dyregrov (2008:29-34) state that the long-term reactions accordingly do not reflect unhealthy processes, but are rather reactions that help the family to deal with the trauma after a death has occurred. The most common long-term reactions that follow death are discussed below.

3.4.3. Feelings of loss, yearning and pain

The strong sense of loss, feelings of yearning and pain assert themselves as a rule with the greatest intensity after the funeral, in the encounter with daily life. The loss of the deceased is omnipresent.

It is a matter of both the physical absence and in particular the absence of all the activities that have always connected one with the deceased, which the bereaved encounter in everything they do. The daily sense of loss and the intense yearning are frequently intolerable, while at the same time one feels lonely because few can truly understand how a person feels.

3.4.4. Self-reproach and guilt

Not infrequently, the bereaved individual will experience self-reproach and guilt although there is no actual basis for this. 'What could I have done to prevent what happened?' and 'if only...' or 'why us...?' are common thoughts, particularly after a sudden death. Many bereaved people regret things they have said or done in relation to the deceased, or they think of things that they would like to have said to the deceased. Many or search for a meaning in what has happened and sometimes the bereaved become preoccupied with the idea that the loss may be a punishment for something they have done.

3.4.5. Anxiety and vulnerability

Increased anxiety and fear represent another common reaction to death. The anxiety can be connected with everything that recalls what one has experienced, but anxiety and fear that something else will happen to one's own family or self are even more common. 'One death has taken place; what is to prevent the occurrence of another?' For these people the world goes from being a safe place to an unsafe place. The sense of security and invulnerability which many experience in daily life, which enables them to keep the misery of others at a distance and to think that 'such things happen to others, but not to me or my loved ones', is replaced by a new sense of vulnerability where anything can happen.

3.4.6. Irritation and anger

Irritability, impatience and anger can occur due to some of the factors mentioned above, and these reactions also arise as a result of being drained of energy and sleeping problems.

Admittedly it is also the case that the sensitivity a person has towards his or her surroundings and the change in values that many experience, due to the loss by death, that the effect on the bereaved is the imposing of different requirements on the social environment which therefore causes them to become more easily irritated or angry. Frequently this anger is directed towards the individual held responsible for the death, whether this was due to a traffic accident, an error made in hospital, a murder or a person who has committed suicide.

3.4.7. Reliving the event

Some aspects regarding death can become imprinted on the mind's eye, or engraved as imaginary scenes or perceptions of the chain of events that lead to a loved one's death. Some of the experiences that can become acutely imprinted in one's consciousness can be a telephone call conveying the sad news, the priest or policeman who came to the door to report the death, the time of waiting for news or the last thing one said to or did together with the deceased. Reliving such memories or images can be troublesome, and they can reappear in such a way that the bereaved person feels that they have no control over them.

3.4.8. Concentration and memory problems

For the bereaved who are to return to work and school, concentration and memory problems are a source of concern. Many believe that they are in the process of becoming senile, or that their mental capacities have permanently impaired. It is not certain what causes these mental difficulties, but they can be connected with the state of heightened preparedness, geared to detecting danger that occupies a large portion of the brain's capacity for the processing of information, while at the same time intrusive memories and concerns continually interrupt a person's thoughts. A diminished mental agility resulting from sadness, as well as efforts to keep unpleasant memories at a distance can also be a contributing factor.

3.4.9. Sleep disturbances

Often thoughts about the loss are activated when the bereaved goes to bed and many suffer varying degrees of sleep disturbances. Many struggle to fall asleep because their thoughts make them physically restless. Sometimes the traumatic event returns in the form of nightmares. Bereaved individuals with serious sleep disturbances will naturally not be able to perform to their best ability, in a school or any other work context. When the quality of sleep declines over a long period of time, this can easily lead to exacerbating other long-term reactions.

3.4.10. Physical ailments

Dyregrov and Dyregrov (2008:29-34) emphasise that grief can lead to an increased incidences of physical illness due to the immense psychological strain grief can entail. This implies that one can become more susceptible to different types of illness because the immune system is not functioning optimally. Increased agitation and anxiety can lead to physical ailments such as tension, headaches and digestive complaints.

Being in a state of constant worry and on full alert for things that can potentially happen, require an enormous amount of energy. It leads to fatigue but not the kind of fatigue that enables a person to sleep well. If the appetite has disappeared, there can be a deficiency of nutrients that the body needs. The combination of reduced sleep quality, the proliferation of somewhat confusing thoughts, and reduced appetite can lead to many bereaved people becoming physically tired in the aftermath of a death. Therefore, some can feel constantly tired and run-down for a long period of time.

The next point will focus on how young people specifically react towards death as part of their life tasks in the specific life phase.

3.5. THE REACTION OF ADOLESCENTS TOWARDS DEATH

3.5.1. Different and similar

Dyregrov and Dyregrov (2008:71-72) states that bereaved children and young people struggle to a certain extent with some of the same psychosocial difficulties as adults do. Nonetheless, children's level of maturity and development implies that they will experience certain aspects of a death differently to adults. In addition, children and young people have a number of varying reactions and experiences due to their varying relationship to the deceased, which can result in other psychosocial difficulties and challenges than those experienced by adults. Among of children who experience the traumatic death of someone close to them, one observes a lack of energy, sleep disturbances, appetite and weight problems, increased emotional and physical restlessness, guilt, social withdrawal, concentration problems and varying degrees of difficulties at school (Dyregrov, 2005a, 2006b, 2006d; Dyregrov, 2008).

Some children and young people can be angry, frustrated, experience suicidal thoughts, depression or anxiety reactions. Others speak of a reduced self-image and identity crisis, particularly in the case of a family member's death by suicide. On the other hand, similar to adults, many young people struggle with reactions following bereavement in the form of intrusive memories and images, physical restlessness connected with memories of the incident, or they expend a disproportionate amount of energy on avoiding thinking about addressing anything that can remind them of the death. Frustrations, anger and instability are widespread reactions among young people. Both girls and boys speak of how they 'have become angrier' or 'are angrier and stressed out'. Small things can appear very unfair after the death and trivialities can trigger feelings of anger and frustration that have never been experienced. These reactions can also be taken out on younger siblings or others among those closest to them. The difficult situation can also make young people more vulnerable in relation to their network of friends. In particularly young people in the more peripheral network of friends can make comments that are potentially hurtful without them being aware of this in any sense whatsoever (Dyregrov & Dyregrov, 2008:73).

Nonetheless, children have unique reactions to the trauma and subsequent bereavement following the death of a loved-one like a care taking parent. Family communication is one of them and this is discussed below.

3.5.2. Family communication problems

During times of stress, it is increasingly important to have open and sincere communication in families. Without it, such difficult times are even more difficult. Unfortunately open communication is often hampered by the general process of dealing with stress and stress overload. This process includes shock (numbness, disbelief, denial), recoil (anger, confusion, blaming, guilt, bargaining), depression (helplessness and hopelessness) and re-organisation (acceptance and recovery) (Parents in Action, 2011:1).

This complicated communication process can be further aggravated by different other aspects (Dyregrov & Dyregrov, 2008:77). They further indicated that, if a parent/parents and children do not have the same information about the death process and the circumstances that surrounds it, this can even create difficulties in the relationship between children and parents after the loved one had died, never mind the communication problems. If over time, the death becomes the most important subject they talk about, adults and children, due to extremely different perceptions or different amounts of information, can be prevented from sharing their thoughts with one another. This can lead to a debilitated communication climate within the family, which also makes mutual support a difficult task. Because grief is influenced by how a person thinks about the causes of death, black holes can arise within the bereavement, which may hinder adults and children when sharing all their feelings and thoughts.

Even in studies carried out long after a suicide has taken place, adults who were in their childhood at that point of time of the death expressed great frustration about remembering the detail of it. The reason for this is the secrecy, or silence and family communication that was blocked after the tragedy took place (Demi & Howell, 1991).

This can, in the worst case, potentially affect the family for several generations, and at best, become information that is to be shared before too much time has passed (Dyregrov & Dyregrov, 2008:77).

Despite the possibility of complicating the communication between the ones who have been left behind, the death of a loved one can also activate role-reversal.

3.5.3. Role reversals

The research of Walsh and McGoldrick in 1991 (Gilbert, 2011), indicated that family members must acknowledge the loss as real, while each family member shares his or her grief. In order to do this, family members preferably need to share emotions and thoughts with each other. Grief is an isolating experience. Therefore, a sense of acceptance among members could be promoted by displays of tolerance of differences in behaviour.

Next they must reorganise their family and reinvest in it. As the family system is destabilised by the loss, control must be reclaimed in order to continue as a family system. The role of the adolescents in this situation should not and cannot be overlooked. Dyregrov and Dyregrov (2008:75-76) state that although young bereaved people often paint a more favourable picture of the situation than adults do, they do speak of a range of family problems they experience after a death of a family member. Therefore they need to be involved in the reorganisation of their families.

Due to a death in the family, some changes will take place in the regular roles of the different family members. Sometimes this amounts to role reversal. When members experience a reversal of roles as well as communication problems in the family, this will affect the family members' grieving and bereavement process. When parents lose children or one of the parents dies suddenly and unexpectedly, it will have some impact on the child-parent roles. Sometimes parents can be so worn out because of the loss that they cannot even take care of themselves. As a result of this, the children become their caregivers, unless somebody else steps in.

Older siblings can take responsibility for younger siblings, or they can temporarily take responsibility for cooking or other aspects of the caregiver role. Under such circumstances, children often have to look after themselves and they do not receive the important emotional support to deal with their losses.

3.5.4. Communication with friends

Dyregrov and Dyregrov (2008:78) mention that the children's social networks play an important role after the death of a family member. While younger children often confide in and speak with their parents when in a state of grief, teenagers tend to withdraw from the family interactions. They open up more frequently to close friends in their own age group. This confirms the importance of friends and girlfriends/boyfriends of these children. Sometimes these children pull away from the parental home, particularly during the initial period. They need to get away from their parents' grief and despair, all the people coming and going and all the telephone calls and flower deliveries after the message of the death has spread.

The most important friend is the one with whom a child can share 'everything'. According to the Young Suicide Bereavement project, 72 percent of the young people reported having had such a friend (Dyregrov, 2006d). When a young person suddenly loses a sibling, many will later seek out the sister or brother's friends, regardless of whether or not they had formerly been part of their social circle. These friends knew the deceased, and are often of great importance because siblings and friends can share their memories, grief and sense of loss and serve as a support for one another since they are 'in the same boat'.

3.5.5. Trouble at school

Dyregrov and Dyregrov (2008:73-75) state that bereaved children experience to a greater or lesser extent difficulties with concentrating. Nearly all the children experienced difficulties learning new things and in concentrating at school after the sudden death of a close loved one (Dyregrov, 2005a, 2006d; Dyregrov & Dyregrov, 2005b; Nordanger *et al.*, 2000).

In this study, the authors stated that almost half of the young people indicated that they experienced difficulties in concentrating and all of them indicated that it was difficult 'once in a while' or 'always'. They also indicated that they needed more time and explanations than previously to learn new and difficult things. Although the most common reaction is that of concentration difficulties, one should also be aware of the fact that some children and young people 'overextend themselves' during the first period of mourning after a death. It is often the case that young people actually improve their marks during the first chaotic months, as they use school and homework as a means to escape from the painful situation and also to create order in all the chaos. The wide range of difficulties at school must be seen as being a result of the great psychosocial strains and turbulence in the affected children's surroundings. In spite of the frequency of difficulties at school, children are nonetheless often alone with their problems. Enhanced efforts on the part of the school to safeguard these young bereaved people are therefore extremely important, even though schools these days try hard to support children in this regard; additional and improved assistance is needed.

The next part will focus on grieving and the emotional impact of the death of a loved one. The particular focus will be on the grieving of children during the different phases of their development. Brief attention will also be directed to the intensity of especially the adolescent phase and the typical problems children may encounter during the grieving phase.

3.6. GRIEVING AND THE EMOTIONAL IMPACT OF DEATH

3.6.1. Intensification

According to Louise Rowling (2003:25-27), the developmental changes during adolescence put young people particularly at risk. Their emotional reactions are characterised by 'highs' and 'lows' due to changing hormone concentrations. The experiences of a loss can intensify emotional responses. Therefore, bereaved adolescents are more likely to have a low self-esteem, are more withdrawn and demonstrate more anxious behaviour.

They may experience more health problems, and specifically depression, than bereaved pre-adolescents. Wolfelt's (2011:1) view is that '... when a parent dies, many teens are told to "be strong" and "carry on" for the surviving parent'. Under such difficult circumstances, they may think that they will not survive themselves let alone be able to support someone else. Such kinds of conflicts and mixed messages hinder the mourning process in their already complicated phase of development towards adulthood. Grief takes energy and attention, the effects of which can be seen in particular in areas that require cognitive problem solving skills. One of the important outcomes of the losses for young people is personal growth. The adolescent face the dual challenges of fear of loss of control and simultaneously struggles with his/her emerging independence. If the death is that of a parent, it can challenge the development of independence as the adolescent may feel abandoned by that parent.

Walsh-Burke (2006:38) states that young adults may struggle with their feelings of responsibility for other family members after a loss in the family system and may be ambivalent about meeting their own needs or the needs of others. They may perceive tears and sadness as indicating weakness, or show guilt about their own actions or inactions related to the death.

3.6.2. Typical problems

Di Ciacco (2008:130-131) described typical problems adolescents can experience during the mourning process as follows.

1. There could be disruption in academic functioning, which could be critical if the next step (college, vocational school, etc.) depends on grades and foundational academic skills,
2. The shaping of personal identity can be disrupted. The developmental drive towards independence (or pushing it too quickly) can become more complicated.
3. There could also be secondary losses due to a sense of isolation from peers and restructuring schedule to fit new family demands (e.g. job to support family finances, increased care giving for younger siblings),
4. Sometimes the adolescents may use intellectualisation to avoid emotions,

5. In the case of an adopted girl, this is a high-risk time for a female who may attempt to fill her emotional void by becoming pregnant. Doing so, may be experienced as a 're-enactment' of the primary loss (i.e. "someone abandoned me during adolescence. In getting pregnant, I would never abandon my baby."),
6. In the case of an adopted boy, new losses of moving away to college or one's own apartment can create a sense of impending separation, triggering earlier losses, thereby increasing the young adult's anxiety and fears,
7. In the case of an adopted child, the earlier loss may be unresolved, preventing the young person from establishing intimate relationships as an adult. If this occurs, it may be advisable to seek professional therapeutic support, as it is difficult to deal with the pain of the past and simultaneously create new dreams.

3.6.3. Children and grieving

The Children's Grief Education Association (2011) is of the view that when a child loses a loved one to death the loss can have a profound effect on the rest of his or her life. Such children may experience emotional, psychological and physical trauma. The same affects not only their well-being but also their school performance. Grieving children feel very alone and they tend to conceal their deep emotional pain and fear. As they experience their grief differently than adults, they tend to move in and out of intense feelings, instead of sustaining high levels of one emotion for long periods of time. That is why grieving children who are playing or laughing are often mistakenly viewed as being "over" the death of the loved one. This reaction may influence how much grief support a child receives from others and how long and intense the child's grieving process will be.

According to the research of Walsh-Burke (2006:31-41), children may experience the loss of a loved one in the different life phases as described below:

3.6.3.1. Infants (from birth up to 18 months)

Key developmental issues for infants and toddlers are dependency and attachment. At the earliest stage of development, very young children need to feel secure in the care of adults.

They must know that nurturing adults will provide consistent shelter, protection, and love in order to develop healthy attachments in future relationships (Walsh-Burke, 2006:31). Their ego development outcomes are focused on trust versus mistrust and their basic strengths are drive and hope (Harder, 2009).

While very young children (infants) do not yet have the capacity to recognise death, they will react to the loss of a consistent caregiver. There are some developmental tasks they have not yet achieved that make it more difficult for them to understand and to cope with loss (Walsh-Burke, 2006:31).

During infancy, (first one or two years of life) most of the child's social and emotional development takes place. The infant learns what it means to be well-handled, nurtured, loved and when to trust. If this developmental phase is badly handled, the child may become insecure and mistrustful (Childhood Development Institute, 2011)

Pertaining to their understanding of death, it is important to know that infants cannot comprehend death, but they do experience feelings of loss in reaction to separation that are part of developing an awareness of death. Regarding their reaction to loss, infants who have been separated from their mothers or primary caregivers may be sluggish, quiet, and unresponsive to a smile or a coo. They may undergo physical changes such as weight loss; less active, experiencing sleep problems may cry constantly and appear inconsolable (Walsh-Burke, 2006:31-41).

3.6.3.2. Toddlers (Ages 2-3)

Like infants, toddlers are also almost completely dependent on caregivers to provide for their basic needs, although they begin to make attempts to be more independent (Walsh-Burke, 2006:31-41). They may sense a loss, may miss the deceased, but they cannot grasp the concept of death. They cannot comprehend the difference between a short absence and permanent loss (Recover-from-grief, 2011).

These children often confuse death with sleep and may experience anxiety related to this confusion as early on as at the age of three (3) (Erikson Childhood Development Institute, 2011). Some of them may express distress through regression, often giving up previously acquired skills such as speaking clearly, toileting, and self-soothing at bedtime (Walsh-Burke, 2006:31-41).

Pertaining to their understanding of death, children less than three (3) generally cannot cognitively understand death. They cannot differentiate a parent's absence for a short time versus forever. They can sense loss or change in something, but they often cannot verbally explain or discuss it (Walsh-Burke, 2006:31-41).

As a common reaction to loss due to death, children under three (3) often express discomfort or insecurity through frequent crying or protest. They express distress or sadness through withdrawal, a loss of interest in usual activities, and changes in eating and sleeping patterns. They may show regression through clinging or screaming when a caregiver tries to leave, revealing increased dependence in activities of daily living (Walsh-Burke, 2006:31-41).

3.6.3.3. Early childhood (Ages 3-6)

Erikson Childhood Development Institute (2011) believes that this phase can be documented as the "play age," or the later preschool years. If well-parented, these children will learn to imagine, to broaden their skills through active play of all sorts, including fantasy. They will also learn to cooperate with others, to lead as well as to follow, but can also be immobilised by guilt which may lead to fearfulness. This can develop in a situation in which the child can become dependent on groups, can continue to depend unduly on adults and can be restricted both in the development of play skills and imagination. Children at this stage of development are still thinking concretely and may still perceive death as a kind of sleep. The deceased person is alive in the child's mind, but only in a limited way or in a distant place. As children cannot fully separate death from life, their concerns may be focused on how the death directly affects them.

Their concept of death may also involve magical thinking. For example, they may think that their thoughts can cause another person to become sick or die. Grieving children under the age of five (5) may have trouble with eating, sleeping, controlling bladder and bowel functions (Walsh-Burke, 2006:31-41).

Pertaining to their understanding of death and because they cannot quite comprehend the difference between life and death, children at this age may view the deceased person as continuing to live in a limited way. They may ask questions about the deceased for example, how does the deceased eat, breathe, or play. While young children may know that death occurs physically, they usually think it is temporary or reversible, but not final (Walsh-Burke, 2006:31-41).

During this developmental phase, children's reaction to loss due to death, should be understood from their perspective, namely that, since they depend on parents and other adults to take care of them, grieving children may wonder who will care for them or meet their needs after death of an important person. They may even be very anxious that something bad like death could happen to themselves or someone else upon whom they are dependent, such as a surviving parent. Further they may exhibit searching behaviours such as repeatedly viewing videotapes or photographs of the deceased loved one, or asking when and how the loved one might return (Walsh-Burke, 2006:31-41).

3.6.3.4. Middle childhood (Ages 6-9)

Children in this age range are commonly very curious about death and may ask questions about what happens to one's body when a person dies.

During this phase the child starts to learn to behave according to rules and progresses from free play to structured play that may require formal teamwork. The child learns to master basic learning, including reading and arithmetic and homework and self-discipline increases. This is why this phase is typified as industrious versus doubting. The latter occurs if the child is not well-parented (Childhood Development Institute, 2011:1; Harder 2009:2).

They are striving for mastery, and in their attempt to make sense of death, children may accept responsibility for the death of others and may even view death as a form of punishment. Because they are striving for mastery and want to be involved in family decisions, children in this age group and older often benefit from being invited to contribute to memorial ceremonies or activities. If the child wants to attend the funeral, wake, or memorial service, he or she should be given, in advance, a full explanation of what to expect (Walsh-Burke, 2006:31-41).

During middle childhood, children's understanding of death is reflected in questions indicating their efforts to understand death fully. For example, a child may ask, "I know uncle Bob died, but can he still see us up in heaven?" This may be a way of testing reality and also reflects the struggle to comprehend more abstract concepts (Walsh-Burke, 2006:31-41).

Reacting to the loss, grieving children can become afraid of going to school or may have difficulty to concentrate, may behave aggressively, overly concerned about their own health or withdraw from others. With guidance and support, most children are able to carry on with daily activities with confidence and competence. However, some children at this age may regress emotionally and demonstrate separation anxiety or clinging. Boys sometimes become more aggressive (for instances acting out in school), instead of directly expressing their sadness. Girls on the other hand may become withdrawn or inattentive. In some cases children may feel abandoned by both their deceased parent and their surviving parent, if the surviving parent is grieving and unable to support the child emotionally (Walsh-Burke, 2006:31-41).

3.6.3.5. Late childhood (Ages 9-12)

During this stage, the capability of learning, creating and the accomplishment of numerous new skills and knowledge, emerges. Thus children develop a sense of industry. This stage also encompasses much of their social development and if the children experience unresolved feelings of inadequacy and inferiority among their peers, they can experience serious problems in terms of competence and self-esteem. The child's world expands to include more significant relationships with the school and neighbourhood. Parents are no longer the only authorities they once were, although they are still important (Harder, 2011:2).

This is a stage of intense exploration and mastery in physical, cognitive, social, emotional, and spiritual development. The child is developing an increasing grasp of abstract concepts and is learning about living systems in school (Walsh-Burke, 2006:31-41).

By the time a child is twelve (12) years old, death is seen as final and something that happens to everyone. Cultural and spiritual beliefs of the family and community are influential. In American societies, for example, many adults avoid any discussion of death or feelings of grief. Those who are grieving may withdraw rather than talk to others. Children, however, often talk to the people around them (even strangers) to see the reactions of others and to get clues for their own responses (Walsh-Burke, 2006:31-41).

By the time children are nine (9) years old; their understanding of death has changed markedly. They realize that death is unavoidable and is not seen as a punishment. They may see death as final but also frightening as well as something that happens mostly to old people and not to themselves or someone younger (Walsh-Burke, 2006:31-41).

Children's reactions to loss due to death at this age often reflect what they have learned from parents and other adults around them. The family's spiritual beliefs are often evident in the child's statement about death and coping mechanisms. Although most bereaved children do not show serious emotional or behavioural disturbances, some children may be at a greater risk of depression, withdrawal, anxiety, behaviour problems, changes in school performance and the experience of a low self-worth. They are capable of empathy and can express caring to others who are grieving or who share similar experiences (Walsh-Burke, 2006:31-41).

3.6.3.6. Adolescence (Ages 13-19)

Walsh-Burke (2006:36) refers to this phase as a time of intense change in biological, psychological, and social development. During this phase children learn how to answer satisfactorily and happily the question of "Who am I?" However, even if the children have experienced good parenting, adolescents may experience some role identity confusion.

Most boys and probably also girls, experiment with minor delinquency, rebellion flourishes, and self-doubts may flood the youngsters (Childhood Development Institute, 2011:1; Harder, 2011:3). Most adolescents want to fit in with their peers and may view a death in the family as making them appear different from their peers. They often experience death has placed greater demands on their own developmental tasks such as career planning, exploring intimate relationships with partners, achieving personal goals in school, athletics, or other activities (Walsh-Burke, 2006:36). They are acutely aware of the discomfort others reveal in talking about death, and modulate their reactions accordingly. All of these internal and external factors can lead teens to feel alienated or isolated from those who do not seem to understand (Walsh-Burke, 2006:36).

In their understanding of death, adolescents comprehend that death is permanent, irreversible and affects everyone. Their understanding of death is complete. While they cognitively understand that death is final and inevitable, their behaviour may indicate some form of denial (Walsh-Burke, 2006:36).

Adolescents are capable of mature and thoughtful reflections on the meaning of life and death and may struggle with existential questions. Owing to their reaction to loss due to death, grieving adolescents are at risk for exposure to maladaptive coping strategies such as substance abuse, risk-taking, and sexual experimentation. They are also exposed to media influences that advertising destructive themes, as well as uncensored violence (Leming, 2002). They may be at risk for parentification that is, taking on adult roles and tasks before they are developmentally ready for it (Walsh-Burke, 2006:36).

3.7. CONCLUSION

Most people are so reluctant to think about death that they live their lives as if they were going to live forever. This may result in the intensifying of trauma when a loved one dies. Trauma can be described as an experience that is emotionally painful, distressing or shocking and which may result in substantial psychological and physical effects. This is especially true for children. They may experience trouble at school, sleeping disorders, and guilt and sometimes even resort to role reversals.

The fact that children only start to understand that death is a permanent phenomenon from about the age of twelve highlights the important task of members of the helping professions to support those children who are exposed to such trauma during service rendering. This chapter has dealt with the stages of development and the way in which children may react to death.

To attain the goals of this research, the next chapter will focus on the results of this study.

CHAPTER 4

DATA ANALYSIS

4.1. INTRODUCTION

The number of orphaned children in South Africa has been estimated at 1.5 million (Skweyiya, 2008:1). Although Government provides a safety net for the poor, which includes child support grants to 8.3 million children, much remains to be done regarding the number of abandoned children and babies, the levels of child abuse, and the neglect and exploitation of minors. The United Nations calculated that South Africa had more than four (4) million orphans and that almost half of them have lost one or both parents due to AIDS (Convention on the Rights of the Child, 2009:2).

Adolescence is a transitional developmental period between childhood and adulthood. It is characterised by more biological, psychological and social role changes than any other stage of life except infancy (Feldman & Elliot, 1990; Holmbeck, 1994; Lerner, Villaruel & Castellino, 1999; Steinberg, 2005 in Kendall, 2006:422). “Change” is the defining feature of the adolescent period. There is a considerable variation across individuals with respect to the onset, duration and intensity of the changes that adolescents experience. For some adolescents, it is a period of adaptation and improved mental health, but for others it is a period of maladaptation and increasing levels of psychopathology. In short, it is a critical period in a child’s development when one’s developmental trajectory can be dramatically altered in positive or negative directions (Kendall, 2006:422).

The researcher worked at the South African Catholic Bishops Conference (SACBC) where she had to deal with adolescents who have lost both parents to death. The SACBC is a faith-based organisation with an AIDS office that supports thirty four (34) projects that care for orphans and vulnerable children (OVC) across South Africa. The Good Shepherd Mission is one of the projects that receive funds from the President's Emergency Plan for AIDS Relief (PEPFAR) through the SACBC. The Good Shepherd Mission is only one of the missions run by Catholic Sisters in the Mmakaunyane area, next to Klipgat.

The vision of the Good Shepherd Mission is to have a community in which every person has the opportunity to live to his or her full potential. Its mission is to empower people to improve their life situations, providing quality services in education, health care, and social welfare, with compassionate care and competence in the spirit of Jesus Christ, whom they view as the Good Shepherd.

During the time the researcher worked as a social worker at the Good Shepherd Mission, she became aware of the fact that the daily service being rendered to the children in the Good Shepherd mission was more focused on the material and educational needs of these children rather than on their emotional needs, due to the loss of their parents. If professionals want to deliver a more effective service to these adolescents, it is of the utmost importance to become aware of the way these children experience their losses.

The researcher explored the needs of adolescents who have been left orphaned. The intention was to search for a deeper understanding of the needs of these children. This knowledge could assist social workers who work in this field of practice, to become aware of the specific needs of these children and consider amending their programmes to render a more effective service to these children.

4.2. PROBLEM FORMULATION

Through interaction with orphaned adolescents and observations (in practice over a nine (9) year period), the researcher developed an interest in assisting adolescents through the healing process following the loss of their parents. The researcher has observed that the adolescents who have lost both parents through death, struggle to cope emotionally, irrespective of services rendered to them. The challenge for the social worker is not only to help these children to go through the grieving process, but also to empower them to cope with experiences that may have a negative impact on their lives.

According to the Children's Rights Centre (2010), children heading households have assumed that role because of the death of both their parents. Several of the rights afforded them by the Charter of Children's Rights are in jeopardy.

Especially the following should be noted: The right to family life (article 6) is violated, because due to the fact that they are children heading households. Their right to health and welfare (article 7) may also be hampered, because their situation makes it difficult for them to access these rights. Their education (article 8) will be affected because the child heading the household may have to do some paid work to support the younger siblings. Their situation also impacts on their rights, as they may be exploited in child labour (article 9). Their right to have a home is directly violated because they have no parents (article 10).

Personal observations as a social worker indicate that the problem with orphans, especially in the African culture, is that, through the loss of their parents, these children are not afforded many opportunities to be empowered to continue with their lives after they had been orphaned. After the death of both parents, adolescent children are faced with challenges they are not yet ready to take on. They have to cope without parental warmth and security, and some of them have to take over the roles and responsibilities of their parents in the family system.

The problem that the researcher will address in this study is formulated as follows:

Although there are support systems in place to assist orphaned adolescents, it appears that existing programmes fail to meet all their needs.

4.3. GOAL AND OBJECTIVES OF THE STUDY

4.3.1. Goal

The goal of the study was to explore the needs of male adolescents who have been orphaned.

4.3.2. Objectives

To attain the goal, the following objectives were formulated:

- to identify the way the death affects the lives of orphaned adolescents.
- to determine the needs of male adolescents by exploring the way they experience the death of both biological parents.
- to determine how male adolescent orphans perceive service rendering to them in their daily survival and
- to make recommendations regarding service rendering to male adolescents who have been orphaned.

4.4. RESEARCH QUESTION OF THE STUDY

As qualitative research is more explorative in nature, a research question is more appropriate for this study as it aims to gain more insight into a situation, phenomenon, community or individual, namely to understand the needs of orphaned adolescents (Bless and Higson-Smith, 1995: 114). A meaningful research question that has to guide the researcher during the empirical study should be related to the goal, objectives and hypotheses of the investigation (Delport & Strydom, 2005:321). Based on the above, the research question guiding the study is: **What are the needs of male adolescents who have been orphaned by the death of both biological parents?**

4.5. RESEARCH APPROACH

The research followed a qualitative approach, as this strategy will allow for an in-depth understanding of the experiences of a limited number of orphans regarding their daily needs. The number of research participants in a qualitative investigation is far smaller than in quantitative studies (Grinnell & Unrau, 2008:89). In addition, the social phenomenon of orphaned adolescents will be studied in its natural context, i.e. at the homes and within the communities where research participants reside.

4.6. TYPE OF RESEARCH

Applied research focuses on solving problems in practice (Fouché & De Vos, 2005:105). The research type selected for this study was applied research. The research was focussed on gaining knowledge about the needs of male adolescents who have been orphaned through their own frame of reference.

That would enable the social worker in the mission and the sisters of Good Shepherd, as well as professionals in the field to evaluate the programmes they used to support these adolescents.

4.7. RESEARCH DESIGN AND METHODS

4.7.1. Research design

The blueprint for this research was more focused on the personal, intimate needs of the adolescents who have been orphaned by both parents. Therefore, the nature of the study was a phenomenological study and one-on-one, in-depth interviews was used as data gathering instrument to interview the participants, as a way to understand the needs of orphaned adolescents (Patton, 2002:104).

4.7.2. Data collection

The researcher was required to plan both for recording data, and for the retrieval of data for analysis. The researcher intended to collect data in the form of recorded interviews which was transcribed. Those were unstructured interviews guided by the research question. Qualitative data analysis involved the integration of the data collection and data analysis phases. That necessitated revisions to the data collection process as new data emerged, requiring a new analysis that may generate alternative hypotheses that form the basis for a shared construction of reality (De Vos, 2002:341). Interviewing was the predominant mode of data or information collection in qualitative research. The researcher interviewed the participants in the study, as she was interested in their stories regarding their needs as male adolescents who were left orphaned by the death of both parents. Stories in the context of qualitative research was defined as a way of knowing and an attempt to understand the world from the participant's point of view, to unfold the meaning of people's experiences, and to uncover their lived world prior to scientific explanations (Sewell, 2001:).

4.7.3. Data analysis

Strydom and Delpont (2005:333) define data analysis as the process of bringing order, structure and meaning to the mass of collected data.

The process of data analysis:

- The research process started with the collection of the data by means of unstructured interviews that was based on the research question namely **“What are the needs of male adolescents who have been orphaned by the death of both parents”?** During the interviews, the researcher listened carefully to the participants and linked her probing to some relevant catch words uttered by the interviewee.
- The researcher analysed the data gathered during the empirical process. She wrote a verbatim transcript that was recorded from a tape recorder immediately after the interviews. She used different communication skills to facilitate the interview which was guided by probed questions to gather the relevant data for the study.

- The reading and coding phases happened simultaneously. The researcher made notes in the margin of the typed text during the reading of the typed recorded interviews. The researcher used the notes she has made during the interviews to assist with the coding.
- The themes were linked in a logical order to make sense in the context of scientific research during analysis. The deeper meaning of the research data was assessed and the data was integrated with the scientific knowledge, which was obtained during the literature study.

The researcher conducted a pilot study with two other adolescents. This was necessary to do as the researcher had to determine whether the data-gathering method was adequate and appropriate. Those adolescents were exposed to the same experiences as the main participants and did not form part of the main study.

4.8. FEASIBILITY OF THE STUDY

The researcher addressed the goals and objectives, resources, research population, procedures of data collection, the data gathering itself, the fieldworkers at the stage of the pilot study. The feasibility study was important for the practical planning of the research project, e.g., the transport, finance and time factors. The researcher interviewed the participants at the Good Shepherd Mission House, which was regarded as a safe environment for them.

The researcher used her own transport. She arranged with the staff of the Good Shepherd Mission for the most suitable time to interview the adolescents, as the researcher did not like to interrupt their schedule of activities.

Letters that granted permission for the research to be conducted as indicated above are attached to the research report.

4.9. DESCRIPTION OF THE POPULATION, SAMPLE AND SAMPLING METHOD

Adolescents in the care of the Good Shepherd Mission in Mmakaunyane formed part of the population of the study, which can also be viewed as individuals in the universe who possess specific characteristics that represent all the measurements of interest to the practitioner or researcher (Strydom 2005:203-204).

As it was clear that it was not possible to access all male adolescents orphaned by the death of both parents in the Good Shepherd Mission, only a portion of the population was included in the study which was considered as representative of that population. Therefore, a sample was selected from the Good Shepherd Mission. The research literature was clear about the two different types of sampling. Generally speaking, the distinction is between probability sampling, namely each person in the selected population has an equal chance to be included in the selection, versus the non-probability sampling, where participants do not have an equal chance to be included in the research process (Strydom & Venter, 2002:197-209).

The researcher made use of probability sampling as well as random sampling. All the names of the children were placed into a box and only twenty children were elected randomly from the box. The selected ones were:

- ♣ male adolescents
- ♣ male adolescents between ages fifteen (15) and eighteen (18) years of age
- ♣ male adolescents who have lost both parents during the last three years
- ♣ who received support at the Good Shepherd Mission.

4.10. DISCUSSION OF THE BACKGROUND OF THE PARTICIPANTS

The Following table refer to information regarding the nineteen (19)

Participants who participated in the study:

Participant	Age	Grades	Relation to guardian/carer	Child headed households	Receiving foster care grant
1	16	10	Grandmother	No	Yes
2	17	11	Aunt	Yes	Yes
3	16	10	Grandmother	No	No
4	17	11	Grandmother	No	No
5	17	11	Grandmother	No	No
6	18	12	Grandmother	No	No
7	16	10	Grandmother	No	No
8	17	11	Grandmother	No	No
9	18	12	Grandmother	No	No
10	18	12	Grandmother	No	No
11	18	12	Grandmother	No	No
12	17	10	Aunt	Yes	No
13	16	10	Aunt	No	Yes
14	16	10	Aunt	No	Yes
15	16	10	Aunt	No	Yes
16	18	11	Aunt	Yes	No
17	17	11	Aunt	Yes	No
18	17	11	Aunt	No	No
19	17	11	Aunt	No	No

4.11. DESCRIBING, CLASSIFYING AND INTERPRETING DATA ACCORDING TO THEMES

The themes of the semi-structured interviews emerged from the interviews as follows:

- **Theme 1: Guidance**
- **Theme 2: Care**

- **Theme 3: Counselling**
- **Theme 4: Support**
- **Theme 5: Protection**
- **Theme 6: Education**
- **Theme 7: love**
- **Theme 8: Parents, safe home and place to stay**
- **Theme 9: Basic needs**

The above themes will be discussed in the following section.

4.11.1. Theme 1: Guidance

It became evident during the interviews that the participants have a need to be linked with people who can act as guardians and who can take care of them after both their parents have passed away. They indicated that they **“do not want strange people to take care of them”**, would rather have a person whom they know, who would look after them and would support them in their everyday functioning. Participant eighteen (18) expressed the following to highlight the importance of this need:

“I need a personal guardian to help me always to do the right thing or to show me what is right or wrong. By doing so, they will assist me on the path of life so that I can have a better life”.

Most of the participants viewed a guardian as a person who would be available to share some of their problems with. They mentioned that they do not need to share all problems with the guardians as some can be solved in their peer groups.

The expression of this need is also confirmed by such research as that of Moore (2007:1), stating that both parents should be present and offer a safe and loving environment. Children will only then benefit most from having both of them involved in their lives, as they will experience the love they expected from both their mother and their father.

All the participants were in agreement that they need to be supported by guardians for the following specific reasons:

- to experience love and emotional safety as a child;
- to guide them in life tasks;
- to protect them against trauma;
- to provide them with food and shelter;
- to support them financially;
- to guide them in their education career;
- to make sure they function according to good values and principles; and
- to have someone they can trust with their lives who will not “drop” them at any time.

This finding is in agreement with a recent study involving 20 000 children in ten (10) of China’s largest cities. In this survey which was done by the Education and Service Centre, the results showed that seventy (70) percent of primary and middle school students are reluctant to talk to their parents about their problems. The results also showed that only twenty seven (27) percent of the children said they would like to tell their parents about their worries or secrets (Zhang, 2011)

Although the participants were all in agreement with the above, participant five (5) made it clear that he would like to be supported by a guardian to become an autonomous person. He mentioned that he needs to learn to take care of himself when he becomes an adult, by “**making responsible choices in my life**”. He gave an example that a guardian’s function is not to do everything for him, but guide him in his life tasks. A good example would be to learn to spend his money appropriately. He would like to buy his own toiletries and not just receive these from a guardian.

Participant two (2) shares his fear to make choices regarding a life partner. He expressed the need that guardians have to be part of this process, as most of the adolescents who lost both parents through death, were not exposed to good role players in the past. Some of these adolescents were for so long the head of a household with no adult for guidance in this regard. Participant two (2) explained this need as follows:

“I want guidance on how to approach girls or date them or to learn how to fall in love”.

Participants 16, 8, 1, 3, 11, 10, 2, 19, 9 and 12 expressed the need for a guardian who could support them to deal with the permanent loss of their parents. This need is also reflected in previous research done by Davies (2004), as quoted by Riley (2012), namely the loss of a parent results the loss of the child’s safe haven and his or her secure base from where he or she can explore the world. They made it clear that although guardians have to take the place of their biological parents, they will never be able to stand in for those parents fully. However, they have indicated that they will respect them as parental figures as **“they do have experience in life, they can show us the best way to approach life”.**

Participant twelve (12) adds to this statement by saying the following:

“We can learn from the elderly as they survived this tough journey of life”.

It is clear to the researcher that although the participants expressed their need to have a guardian as a person who could support them in their everyday life functioning, they also have the need not to be disempowered as adolescents, but rather experience some opportunities to learn to make responsible choices. Research has confirmed the high level of complexities adolescents have to face on a daily basis. (Hilliard, 1991:1-15). Therefore, as this is part of adolescence as a life phase, one cannot overlook this need.

All the participants indicated that they need guardians who can take care of them. The idea is that they do not want ‘other people’ as their guardians to take care of them.

They expect these guardians to guide them away from anti-social behaviour and to help them by motivating them to do **'the right thing always'** or **'to show them what is right or wrong'**. By doing so, the guardians would be assisting them through **'the path of life'** so they can **'have a better life'**. They further expect the guardians to be available for them to share some of their problems with. The responsibility of the guardians should also include sharing 'love, care and support' to them and guiding them to know **'what to do in life'**. Therefore, they have the need to **'talk about the issues of life' with their guardians so that they can 'make progress in life'**.

This is a clear indication that they actually want the guardians to replace the role of their lost parents. Through these expressions the researcher became very aware of the fact that all the participants' expectations of their guardians are in line with what adolescents in general would expect from their biological parents (Parents-and-Kids, 2012:1-6;Vivo, 2012:1-2).

The role of the guardian in the more personal aspects of their young lives was also acknowledged by participant eleven (11). He indicated that the guardian **'should also know my partner so that I don't involve myself with multiple partners in life'**. The following response of participant eleven (11) indicated that these children need someone to guide them through their interpersonal relationships.

"We need someone to guide us about the facts of life and on how to take care of ourselves, as we know that some of us who are part of child headed households; don't have someone who can take care of us".

4.11.2. Theme 2: Care

Pinz (2002) correctly stated that providing care to adolescents can be a challenging task. This is true because during this phase of their development, adolescents are struggling to make appropriate decisions on their own; therefore they need guidance and care, although they do not always acknowledge this fact in their lives. However, the participants included in this research, were quite ready to acknowledge their need for care.

This theme was well-explained by participant four (4) through the following statement:

“... Our guardians need to take care of us; even ourselves we need to take care of us and be clean and not always expecting that other people will take care of us”.

Their needs for care also include the need for housing in which they can be well taken care of.

Participant six (6) indicated that if there is a person who takes care of him specifically, he knows that **“he can be regarded as equal to adolescents who still have both or at least one parent who takes care of them”.**

Being well taken care of, includes the fact that they want to **‘always have money in possession’** so that they should not **‘struggle a lot’** in terms of **‘taking care of themselves’**. Their views were also that, when they are well cared for, they will not **‘end up in using drugs’**, and this type of care will help them to differentiate between **‘right and wrong’**. According to the participants, the caring of guardians should also mean that participants would feel free to communicate to them about their issues in life. They foresee that such caring will empower them to **‘educate themselves’** so that they can make **‘progress in life’**.

4.11.3. Theme 3: Counselling

During the interview participant nine (9) expressed the need for counselling as follows:

“... We need care, support like counselling and to sit down with parents and discuss what life entails so that we won’t be lost when we are adults”.

The above-mentioned participant indicated that the person who does the counselling can also be a teacher who is someone that one could trust at school.

They indicated further that they need counselling to deal with the losses they experienced through the death of both their parents. He described their losses as adolescents as follows:

“We think too much about losing our parents and counselling can help a lot because we feel different from other children. This need is especially clear when we listen to what the parents have bought for their children, or what good things these parents have done to their children, then it hits home that we have lost our own parents and that makes us depressed”.

All adolescents need life coaching and guidance (Epstein, 2010) and these children are not different from any other adolescent.

Participants, fourteen (14) voiced the urgent need for counselling through the following response:

“If we are not counselled, our minds will become confused and disturbed”.

They also realise that counselling only by their friends may not be enough as their friends may also experience the same discomfort.

The participants confirm their urgent need for counselling when they refer to their experiences of depression, after they have lost both their parents. Participant seventeen (17) formulated this experience as follows:

“Most of the things our parents did for us will never happen again, so we need someone who can help us to work through this loss”.

4.11.4. Theme 4: Support

The participants expressed the need for family to support them in moving on with their lives, despite the many challenges they have to face. They indicated that they need some support to grow up as responsible young adults which will enable them to take care of themselves. Such support, they envisioned, will make it possible for them not to feel lost when they become adults.

According to the researcher, who is also supported by other authors, family support for children is supposed to be a given (Family First, n.d: 1; diZerega, 2011:1-2).

The urgency of this need was expressed through this simple statement of participant ten (10):

“... We need care and support from parents”.

The participants define support from family as teaching them life skills, how to build relationships and just to **'talk about life'**. They often talk about these aspects in support groups, but it is not sufficient. They indicated that they need more support and if they do not get it, they feel lonely and think nobody cares for them. They were clear when they indicated that the support they need should also come from the communities which they are part of. Wolfelt (n.d: 1-3) confirms this and other needs of teenagers in his discussion about his research and practical experiences with adolescents. The participants also voiced their need for support from guardians, to choose who can help them with their life partners, as this can add value to their lives.

The need of the participants to join support groups to help them to avoid substance abuse, drugs and inappropriate behaviour in the community, was also voiced by the participants. The participants mentioned that they know that **'outside' there are 'people with mercy'** who are willing to assist them, but they also must learn **'to approach teachers, social workers or even their best friends for support'**.

4.11.5. Theme 5: Protection

During the interview with participant five (5), the need for protection was voiced as follows: **“We need protection because we are naughty”**. This need was further underlined by the view of other participants who mentioned that they need protection to help them not to linger **“around in the street bothering other people and being involved in sexual activities”**. They clearly stated that they need protection because if they do not have it, they may **'always be in trouble'**.

4.11.6. Theme 6: Education

The participants expressed a need for proper education. This need is also guaranteed by the Constitution of South Africa as cited in Berger (2003:614-661) According to the South African Government Bill of Rights, which was amended in 2009, everyone has the right to basic education and also to further education which the state, through reasonable measures, must make progressively available and accessible, including adult basic education. The participants stated that they have the right to be educated just like other children. The fact that they are without parents, does not mean that they must be discriminated against, as they do not have parents to pay their school fees

Participants twelve (12) formulated the following about education:

“We need to go to a boarding school to be provided with some form of security and be guarded so that we do not become involved in antisocial behaviour and will have proper time to study”.

They all stated that if they receive a good education, they will be able to improve their lives. The participants expressed the need for tertiary education too. They were clearly aware that they have to work hard to achieve the latter.

4.11.7. Theme 7: Love

According to participant four (4), to receive love can have the following value for children:

“We need love and care from our guardians as we are the same as other children who have both parents”.

Most of the participants revealed their urgent need for parental care and love. As they have to cope without receiving it from their biological parents, most of the time they feel lonely and lost.

Participant eight (8) said the following about it:

“In our family culture they don’t tell us the truth about the death of our parents especially when we were young. They would rather say ‘don’t worry your mother is still somewhere and will come back’. And this concept it’s destroying us emotionally”.

They strongly indicated that these views hurt them even more. Happy Parenting (2008:1-5) included the need for love in the list of the needs of teenagers as urgent. Some of the participants mentioned that they also need to learn to love themselves and to learn to respect and love their life partners in the future.

4.11.8. Theme 8: Parents and a place to stay

Participant eight (8) formulated his need for the above mentioned as follows:

“We need love and care from parents, especially because from the early days after our parents passed away, we feel lost that some of the things that our parents used to do for us. We won’t be able to have them on a daily basis”.

Their need for parental care was clearly expressed as the **‘need for someone to fill the gap of the missed parent’**. This need refer to someone who can care for them in such a way that they will be enabled **‘to move on with their lives despite the challenges they have to face’**.

Participant nine (9) also expressed his need for care by parents as follows:

“We need care, support like counselling and to sit down with our parents and discuss what life entails so that we will not be lost when we are adult.”

Most of the participants indicated that they feel lonely and lost and they have struggled to survive without parental care and love.

Although some have grandparents that look after them, these grandparents are not capable of taking care of them the way their parents would do it. All of them expressed the need to share a safe home with parents who can advise them continuously about life and the challenges they may encounter.

Participant seven (7) wrote this poem to express his need for parents and a safe home:

***“They say I’m a street kid
They easily forget who I am and why I ended like this
They say I’m violent
Forgetting that poverty is violent and give me no choice
They say I’m bad
If I steal what I can is because they hold the keys to the bridges of life
They say I’m past all hopes
But it was death that puts me here
When it stole my parents
They say I’m rough and dirty...”***

All the participants voiced their need for a safe family home to live in. Lynn (2008:542-551) demonstrated this need through his research pertaining to the care of homeless adolescents as very important and a need for them to grow and develop into mature adults. This need was also directly linked to the needs for clothes, shoes, food and a safe home.

4.11.9. Theme 9: Basic needs

All participants expressed the need for personal care, with special reference to receiving toiletries to look after themselves.

They stated that they need to be clean and tidy as this is the time in their lives that they are dating girls. Therefore they need to look physically acceptable to be able to feel good. Participant eleven (11) formulated his need as indicated above as follows:

“We need to have toiletries, nice clothes to wear, to feel confident when we are around girls. This is the stage where we start making friends and dating girls”.

Writing about the hierarchy of human needs, Cherry (n.d: 1-2) confirmed that physiological, security and social needs exist in all humans. The participants expressed the need to wear clothes and shoes which help them to feel accepted by others. They also stressed the fact that if they do not eat proper food, they will lose the ability to concentrate at school. The need for clothes differs from one participant to the other. Some indicated they need to wear good clothes to feel good and confident about themselves and others just need school uniforms.

Participants nineteen (19) highlighted the following regarding this need:

“We need school uniforms to look confident at school and also to look the same as other children who still have their parents”.

Several themes which have emerged from the literature study, but also themes that have arisen from the empirical study, were discussed in this chapter.

Conclusions and recommendations will be discussed in the following chapter based on the empirical data as described in this chapter.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

5.1. INTRODUCTION

The United Nations calculated already in 2009 that there were already 3.7 million orphans in South Africa – and that almost half of them had lost one or both parents due to AIDS (Convention on the Rights of the Child, 2009:2). This research's focus in this study is on the needs of adolescent orphans who have lost both parents. During this phase of adolescent's development, more biological changes are taking place than during in any other stage of life except infancy; changes in the brain, psychological changes, and social role changes takes place. The death of both parents for any child is a traumatic experience. When it happens in the phase of adolescence, the impact on the individual is even more intense. These facts were confirmed by this study when the needs of nineteen (19) orphans of the Good Shepherd Mission in the Mmakaunyane area next to Klipgat, in North West province were explored during the empirical study.

5.2. THE GOAL OF THE STUDY

The goal of this study was to explore the needs of adolescents who have been orphaned by the death of both parents. It was the intention of the researcher to search for a deeper understanding of the needs of these adolescents and to identify and discuss the quality of service rendering to them. The goal to achieve a deeper understanding of the needs of the participants has been achieved as is evident from the empirical data.

5.3. OBJECTIVES OF THE STUDY

To attain the goal, the following objectives guided the research process:

- to explore the literature focusing on adolescence as a developmental stage in the life-cycle as well as the impact of death on adolescents who have been left orphaned by both parents;
- to explore the needs of adolescents who have been left orphaned by the death of both parents; and

- to formulate conclusions and recommendations based on the outcome of the empirical study regarding more effective service rendering to adolescents who have been left orphaned.

5.4. RESEARCH QUESTION

Based on the above, the research question guiding this research was:

What are the needs of adolescents who have been orphaned by the death of both parents?

The researcher was able to answer the research question based on the observations made during the empirical study. The conclusions drawn from the study are set out below.

5.5. CONCLUSIONS

The literature study confirmed some important aspects to take into consideration when working with adolescents and these are presented below.

- Adolescence is a very important phase of development in the life-cycle of human beings. It consists of the final preparations for adulthood. Therefore the physiological, brain, psychological and moral development goes through the final stages of development. Physiologically the adolescent starts maturing intellectually and morally. It makes logical sense to argue that any trauma during this phase would impact negatively on the final personality formation of the adolescent.
- With reference to the physiological development of adolescents, it was established by means of the literature review that changes occur in the appearance of the body in both sexes. The most obvious change is the growth on body hair. In males (the focus of this study), the growth of facial and chest hair are usually pronounced and pubic and axillary (armpit) hair starts developing.

- Accompanied by these developments, during adolescence immense hormonal and physical changes take place on the physiological level of their development.
- Regarding the psychological development, the literature revealed that the highlight during adolescence is on the developing sexual characteristics. Adolescents face ongoing conflict and difficulty adapting to the sudden upsurge of sexual and aggressive drives. These changes cause unrest and confusion in their inner selves and in the way they perceive the world. Fortunately the development in the brain during this phase develops the capacity to execute this type of thinking and perceiving. Adolescent maturation is a personal phase of development where the child has to establish his own beliefs and values and decide what he wants to accomplish in life. The adolescents should feel psychologically integrated and should have a fairly consistent view of the outside world.
- Furthermore, the literature revealed that the psychological development phase of the adolescent is characterised by the crisis of Identity versus Role Confusion. They are concerned about how they appear to others. Despite searching and establishing for their own identity at this stage, most adolescents are centrally associated with a typical level of role confusion such as minor delinquency, rebellion, and self-doubt. These, in turn, actually motivate them to move forward throughout the continuum of development to establish their own identity. The adolescent is typically looking for leadership and an ability to develop a set of ideals he/she wants to adhere to. To attain this, the adolescents might enter into a psycho-social moratorium. This is a phenomenon that characterises a typical adolescent as free to defer or delay taking on the role as an adult in order to play new social roles. Feelings of self-esteem increase slowly but gradually through the early adolescent years. At the same time, adolescents who do not successfully resolve the identity crisis suffer identity confusion. The confusion takes one of two courses: they withdraw, isolating themselves from peers and family, or they immerse themselves in the world of peers and lose their identity in the crowd.

- Regarding to the development of the brain, the literature research revealed that the volume of the brain of the adolescent stays consistent, and the axons in the frontal cortex continue to be myelinated well into adolescence. This means that the transmission speed of neural information in the frontal cortex increases throughout childhood and into adolescence. These changes in the volume and functioning of the brain assist with the dramatic changes in identity, self-consciousness and cognitive flexibility during adolescence. There is a clear qualitative shift in the nature of thinking such that adolescents are more self-aware and self-reflective than prepubescent children. They develop a capacity to hold in mind more multidimensional concepts and are thus able to think in a more strategic manner. During adolescence synaptic pruning takes place. This is essential for the functional networks of the brain tissue. It renders the remaining synaptic circuits more efficient. These changes, in turn, ensure that adolescents no longer are limited to actual, concrete experiences as anchors for thought. They now can conjure up make-believe situations, abstract propositions, and even events that are purely hypothetical, and they reason logically about these. They are now able to be formal operational thinkers who can develop hypotheses about ways to solve problems and then systematically deduce the best path to follow to solve the problem.
- Furthermore, concerning to their moral development the literature revealed, that, based on the capacity building of the brain development up to this point, a greater range and more spontaneous use of strategies for applying or obtaining knowledge, such as planning, considering alternatives, and cognitive monitoring, are now possible. These capacities enhance moral-sociological development and decision-making. Relations with peers and risk-taking behaviours now become part of the 'social skills' that develop during this phase. These establish the possibility for adolescents to become independent from their parents. Then they want to spend more time with peers and turn to peers more for social support and identity. Adolescents typically align their living and life-style according to expectations of the family and community and behave in a 'good' manner. The morality of their family is still the guiding principle for behaviour.

- Finally, it is clear that the caregivers of Good Shepherd Mission should take the above factors into account when rendering services to these adolescents who have lost both parents, due to the fact that these individuals have suffered an extra, deep, unrecoverable loss.

5.6. FINDINGS REGARDING THE IMPACT OF DEATH

Based on the findings about the impact of the death of parents on the participants, the following conclusions can be drawn.

- The death left the participants dull and devastated, worrying about how they would get along towards adulthood. Because of the death of their parents, they were traumatised and suffered from grief and despair. These adolescents went through the following five stages: denial of the trauma, anger about the trauma, bargaining (with God) about the trauma, followed by sadness about the trauma and some of them ending in accepting the trauma. This acceptance allows them to continue with their lives.
- They were also not spared the 'normal' reactions to shock and trauma, including shock and numbness as automatic physiological responses to intense feelings and thoughts brought on by the initial stress of the important loss the participants experienced. These feelings serve as self-protection against the possibility of being overwhelmed by emotions which could lead to total fragmentation.
- The denial gave them time to develop inner strength and to find resources to cope with the experience of loss.
- The participants used numbness as the form of mental self-defence mechanism people use to prevent the effects of the psychological trauma they experienced.
- Numbness made it possible for them to ignore thoughts or emotions relating to a specific body of knowledge, emotions or ideas relating to the trauma they wanted to 'forget'.

- The trauma that the participants were exposed to left them physically and emotionally exhausted. These adolescents found it difficult to create a sense of security in their worlds. They also found it difficult to re-create a family life without parents.
- The psychological impact of the death of both parents on them included feelings of yearning, pain and loss, self-reproach and guilt, anxiety and vulnerability, irritation and anger and a tendency to relive the events of the deaths. These were subsequently followed by problems of concentration and even memory loss, which could lead to sleep disturbances and physical ailments to follow. Some of the participants experienced a lack of energy, sleep disturbances, appetite and weight problems, increased emotional and physical restlessness, guilt, and social withdrawal. Some also reacted with anger, frustration, suicidal thoughts, depression and anxiety reactions. Some participants referred to a reduced self-image and identity crisis, which was identified during the interviews.
- Another impact of death on the participants was that it hampered them in their communication process about information surrounding the death of their parents. Over time death could become the most important subject they talked about. Due to the extremely different perceptions or different amounts of information, they were prevented by the elderly people in their families or beliefs systems from sharing their thoughts with others. This could lead to a debilitated communication climate which again makes mutual support a difficult task. Because grief is influenced by how a person thinks about the causes of death, black holes can arise within the bereavement, which may hinder sharing all their feelings and thoughts.
- The above communication problem is of further importance when communication with their friends is considered. The most important friend is the one with whom they could share 'everything'.
- These friends usually knew the deceased and are often of great importance as siblings and friends can share their memories, grief and sense of loss and serve as a support for one another since they are 'in the same boat'.

- Some of the participants 'overextend themselves' during the first period after the death of their parents. They actually improve their school marks during the first chaotic months after their parents have passed away, as they use school and homework as a means to escape from the painful situation to create order in all the chaos. This refers to the resilience of these children in dealing with the pain of the death of their parents.
- In their understanding of death, the participants explained that death is permanent, irreversible, and affects everyone. While they cognitively understand that death is final and inevitable, their behaviour may indicate some form of denial. Due to their reaction to the loss they had to face during the death of their parents, some of the adolescents were at risk to start experimenting with substance abuse, risk-taking, and sexual experimentation as part of coping strategies. They also risked losing some of their childhood by taking on adult roles and tasks before they were ready for these. The reason for the latter was that they were part of a bigger family with younger siblings whom they had to look after.
- Due to a death in the family, some changes will take place in the original roles of the different family members. When both parents have died, it may lead to role reversal in the family system. Because the family system is destabilised by the loss, control must be reclaimed in order for it to continue as a family. Many of the participants had no choice but to take on the roles of the deceased parents and had the task of reorganising the family system. Under those circumstances, they often have to look after others and do not always receive the important emotional support from significant others to deal with their losses. They are often viewed as being strong enough to look after the rest of the members of the family system.

5.7. THE NEEDS OF ADOLESCENTS WHO HAVE LOST BOTH PARENTS.

- ✧ It became evident during the interviews that the participants have a need to be linked with people who can act as guardians and who can take care of them after both their parents have passed away.
- ✧ They indicated that they “do not want strange people to take care of them”, but rather a person whom they know who would like to look after them and would support them in their everyday functioning.
- ✧ All the participants were in agreement that they need to be supported by guardians to assist them with the love and emotional safety they need to receive as children, to support them in life skills, protect them against trauma, provide them with food and shelter, support them financially, guide them in their education career, to make sure they function according to good values and principles, and to have someone they can trust with their lives who will not “drop” them at any point in time.
- ✧ The participants voiced very clearly their need for shelters to live in. It is noteworthy that they include the personal responsibility for self-care too. Regarding the need for financial care, the idea also surfaced that a state pension grant would be helpful in the case where they have to act as head of the family system.
- ✧ The participants need someone to support them in their school work.
 - The participants stated clearly that they need proper guidance to build good and sustainable relationships with others.
 - The need for counselling was a high priority for the participants. They indicated that they need someone who can help them work through the fact that they will never have biological parents again. The need for counselling was expressed in an unexpectedly mature way: They mentioned that if they do not receive counselling, they might become confused and disturbed in their relationships.

- It was evident that the participants did not receive this type of support even on those occasions when they did receive counselling after their parents' death.
- The participants indicated that they need some form of parental support to grow up as responsible young men. This type of support will make it possible for them not to 'feel lost' when they are adults. This type of support would also provide them with the necessary life-skills. The participants mentioned that a support group would help them during difficult times to deal with feelings of loneliness and despair.
- The outcomes of the research confirm a need for protection. The participants indicated that protection is needed to keep them out of trouble, especially out of inappropriate sexual activities and different types of crime.
- The need to be supported in their school career emerged strongly. They needed carers or guardians to support them in their school work. They often feel that they have to cope on their own with their school work which is not a pleasant experience.
- Besides the fact that they voiced the need for someone to support them in their everyday functioning, such as the provision of food, clothes and toiletries, they also need guidance on how to choose the right partners in future. They feel that they are left on their own to make these choices without any appropriate support.

5.8. RECOMMENDATIONS

The recommendations based on the findings, are listed below

5.8.1 Training

When the needs of the participants in the study are taken into consideration, it is clear that the social workers as well as other professionals, who have to support children during a mourning process, need to render an effective service to these young children.

To achieve the latter the researcher has formulated certain recommendations regarding training.

The curriculum of such training needs to cover the life cycle of human beings to be able to detect the development needs of these children, as well as the process of healing during the mourning process.

- It is essential for the needs as shared by the participants in this study to be an integral part of the training material.
- Guardians who take over the role of biological parents when both parents have passed away need to be well prepared to attend to the special needs of these children. To be successful in the latter, the researcher would like to make a suggestion that these guardians need to be exposed to some form of training to prepare them for the role as guardians who need to take over the role of the biological parents.
- Teachers should be sensitised through some form of training to treat these children as equal to others in their peer groups and to understand their special needs.

5.8.2 Research

Pertaining to new research that can flow from these findings and conclusions, the following can be listed.

- ⤴ As this research only focused on male participants, it would be of value to do some research on the needs of adolescent females who also lost both their parents. Through this research one can determine if the outcome would be the same as the case is with male adolescents.
- ⤴ As this study only focused on a small group of participants, it could be of benefit to these children to do a larger study. The outcome of such a study may lead to the development of programmes for professionals to assist these children to deal more effectively with their losses.

- ⤴ The Good Shepherd Mission should take note of the outcome of this research study to improve their service rendering to these participants, as well as to those who did not form part of the study.

5.8.3 The 'best interest' principle

From both the literature study as well as the empirical study it was evident that the 'best interest' principle (Children's Act No. 38 of 2005) needs to be applied in practice during the process of service rendering to these children. This principle must be clearly defined and included in the training of professionals to support these children. Professionals need to look at these children holistically considering their physical, emotional, social and psychological needs at that particular point in time. Specific guidelines should be set and made part of training programmes to be followed with every individual child.

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