

**PARENTAL GRIEF AFTER TRAUMATIC DEATH:  
A QUALITATIVE STUDY IN MALAYSIA**

**NUR ATIKAH MOHAMED HUSSIN**

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**by**

**NUR ATIKAH MOHAMED HUSSIN**

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**KESEDIHAN IBU BAPA SELEPAS KEMATIAN ANAK SECARA TRAGIS:  
KAJIAN KUALITATIF DI MALAYSIA**

**ABSTRAK**

Kematian anak merupakan antara pengalaman terburuk dalam kehidupan ibu bapa. Kajian menunjukkan bahawa kematian anak boleh menyebabkan kesan yang buruk terhadap kesihatan, psikologi dan sosial ibu bapa. Namun begitu, kebanyakan kajian adalah berlandaskan budaya Barat. Kajian ini bertujuan untuk memahami pengalaman ibu bapa yang kematian anak secara tragis di Malaysia, cara menangani, sistem sokongan dan corak kesedihan. Kajian ini mengaplikasikan reka bentuk kajian fenomenologi terhadap 11 orang ibu bapa yang kematian anak akibat kes kemalangan (n=9) dan di bunuh (n=2). Ibu bapa telah di temubual secara berseorangan. Kajian kualitatif ini juga melibatkan temubual secara terbuka. Soalan-soalan temubual adalah berkaitan dengan pengalaman, cara menangani, sistem sokongan dan corak kesedihan. ATLAS t.i telah di gunakan dalam menganalisis tema utama dan pengesahan analisis data. Beberapa tema yang wujud berkaitan dengan respon ibu bapa adalah tidak pasti, menyalahkan, tidak percaya dan tiada harapan apabila mereka tahu tentang keadaan anak mereka. Selepas kematian anak secara tragis, ibu bapa menggunakan membuat pertimbangan (n=6), mencari kebaikan (n=3), membanding dengan orang lain (n=6), *masculinity coping* (n=2), menggunakan agama (n=6), *venting coping* (n=7), menyelesaikan masalah (n=3), penafian (n=5), mencari sistem sokongan (n=5), beradaptasi (n=3) dan aktiviti fizikal (n=3). Mereka juga melaporkan menerima sokongan daripada pasangan mereka (n=4), keluarga (n=6) dan rakan-rakan (n=3).

Walaupun bagaimanapun, dua ibu bapa melaporkan mereka tidak menerima sokongan daripada sesiapa. Selepas beberapa tahun kematian anak, ibu bapa melaporkan untuk berasa positif seperti lebih tabah (n=4), lebih tenang (n=4) dan lebih bersyukur (n=1) dan juga berasa negatif seperti perasaan tidak puas hati (n=6) dan berpotensi berhadapan kemurungan (n=3). Kajian ini juga mengambil kira latar belakang agama dan budaya sebagai faktor kepada respon ibu bapa setelah kematian anak secara tragis. Kajian ini akhirnya merungkai bahawa ibu bapa terbuka untuk menerima perkhidmatan profesional. Ini menunjukkan kemungkinan untuk mewujudkan sebuah program intervensi yang di inspirasikan oleh kajian-kajian terdahulu dan respon daripada ibu bapa yang terlibat dalam kajian. Model intervensi yang di cadangkan telah mengetengahkan empat aspek termasuk penilaian terhadap biopsikososial, kaunseling, pendidikan dan perkasaan. Kolaborasi bersama pihak berkuasa yang lain seperti pasukan perubatan, golongan agama dan badan penasihat guaman juga di perlukan bagi menjayakan model ini. Namun begitu, sensitiviti terhadap latar belakang agama dan budaya amat penting ditekankan bagi memastikan keberkesanan model intervensi ini.

# **PARENTAL GRIEF AFTER TRAUMATIC DEATH: A QUALITATIVE STUDY IN MALAYSIA**

## **ABSTRACT**

The death of a child is one of the most painful experiences to the parents. There are studies that observed the effects of parental grief to the health, psychological and social condition of the bereaved parents. Yet, most of the studies were conducted in Western culture. This study is aimed at understanding the experience of bereaved parents in Malaysia, the coping mechanisms, the support system received and the grieving patterns after the traumatic death of their children. This study employed phenomenology study as a research design. This qualitative study involved open-ended interviews administered to 11 bereaved parents who experienced the death of their child due to accidents (n=9) and homicide (n=2). The parents were interviewed individually. The interviews comprised of items that assessed the experience, coping mechanism, support system and their grieving patterns. The results were analyzed using thematic analysis. ATLAS.ti was used to identify the themes and verified the analysis. Some of themes discovered were bereaved parents were feeling uncertainty, blaming, difficult to accept and feeling hopelessness when they learned about their deceased children's condition. After the traumatic death, the bereaved parents coped with the losses by using sense making (n=6), benefits finding (n=3), compared with others (n=6), masculinity coping (n=2), religion coping (n=6), venting coping (n=7), problem solving (n=3), avoidance coping (n=5), seeking support coping (n=5), adaptive coping (n=3) and physical activities (n=3). They also reported to receive support from their spouses (n=4), family (n=6) and friends (n=3). However, there were two bereaved parents reported to

not receive any support system. After years, the bereaved parents reported to feel positively such as tougher (n=4), more serene (n=3), and more blessed (n=1) and negatively such as feeling dissatisfied (n=6) and at risk of having depressive disorder (n=3). This study has also take into the account, the aspects on religious background and culture as the factors that influenced the grieving responses among the bereaved parents after the traumatic death of their children. This study eventually revealed that the bereaved parents were open to consider for professional helps. This indicates the possibility to implement appropriate grief intervention inspired by the previous literature and the responses from the bereaved parents. This proposed model of intervention emphasizes on four stages including biopsychosocial assessment, counseling, education and empowerment. Collaboration from other authorities such as medical team, religious authority and legal advisor is essential in order to implement the model of intervention. Yet, it has to emphasize on the sensitivity regarding religious background and culture as vital to make sure the success of this model of intervention.

## CHAPTER 1

### INTRODUCTION

#### 1.1 Background of Study

Parent and child relationship is described as the ultimate important relationships that occur in a life span (Steinberg, 2001). The parent and child relationship is so special that it is described as having a special bond between them (Arnold & Gemma, 2008). The bond develops as early as the moment the mother is pregnant (Prior & Glaser 2006).

In later developments, the bonding emerges as a continuing care and sensitivity to form stronger attachments (Bowlby, 1969; 1973). An emotional attachment between parents and a child provide warmth, safety and is an intimate relationship for both. The parent and child attachment bond depicted a positive sense of self among the parents and influences the significant relationship with others (Rosen, 1985).

Furthermore, the child is seen as an extension of the parent's hopes, dreams, needs, and wishes for immortality (Rando, 1986). Children embrace a symbolic of parents' ancestry continuity and hope for the future (Christ, Bonano, Malkinson, & Rubin, 2003; Neidig & Dalgas-Pelish, 1991; Rosenblatt, 2000). Children are supposed to carry on their family name to outlive their parents and to perpetuate their parents' dreams (Scully, 1985). In context of improving the quality of life, it was found that many parents believe that children are the people who might improve their standard of living and the answer for them to flee from poverty (The United Nations Children's Fund, 2000).

However, it is very devastating for parents when their child dies before them (Woodgate, 2006). Their hopes and expectations destroy with the loss (Rubin &

Malkinson, 2001). The death of a child is a symbolic of losing the future, hopes and dreams of perfection (Arnold & Gemma, 1994). In addition, earliest literature had described the death of a child as shattered of all meanings and purposes to the parents, leaving them in a painful `existential vacuum` (Frankl, 1978).

Even though there were studies done on parental grief internationally yet, it is still considered as understudied (Davies, 2006; Li et al., 2003; Li, Hansen, Mortensen, & Olsen, 2002), even in Malaysia as the literature on parental grief in Malaysian context is scarce. It shows that in Malaysia, parental grief is not truly considered as an issue to the bereaved parents in terms of the effects to the physical and psychological condition.

Working with bereaved parents in Malaysia is vital as it is consistent with the social work values which are to promote general welfare and development of individuals, families and communities, strengthen relationships among people from all different levels and promote well-being (University of St. Catherine & University of St. Thomas' Social Work for Social Justice, 2006). These values include health and wellness within the healthcare field as a part of the well-being spectrum where the bereaved parents are a part of. In addition, National Association of Social Workers Code of Ethics (NASW, 1996) on healthcare encourages competency within the health care system especially in providing supports to patients and their families with appropriate care and benefits.

In addition, social workers also work within the bounds of the cultural context (Hobbs, 2005), which implicates the need for cultural understanding of social work services on a certain population to be done that include Malaysian communities. At the same time, there is a lack of studies on bereavement in the Malaysian contexts which implies on the importance research into this area (Haniza, 2007). The experiences of



bereaved parents as this current study aims at understanding then help social workers in Malaysia to understand and address the need of bereaved parents and their families in supporting them to go through with their grieving processes.

Hence, this study is crucial to explore the experience of traumatic death of a child to the bereaved parents, the coping mechanism that the parents used, the support system that they received after the incident and their current mental status. This study aims to creating an awareness to manage grief and inspiring the social workers to implement a suitable intervention tailored to the bereaved parents` needs in Malaysia.

## **1.2 Problem Statement**

Globally, 2.6 million young people aged 10 to 24 die each year (World Health Organization, 2011). From the 2.6 million, over 1.4 million people worldwide lose their lives to traumatic deaths each year (World Health Organization, 2014). In other words, about 4400 people die every day due to intentional acts of self-directed, interpersonal, or collective violence worldwide.

In a study on intentional homicide in 2012, almost half a million people (437,000) across the world died due to homicide (United Nations Office on Drugs and Crime, 2012). In addition, homicide has been the third leading cause of death among five to 29 year old people around the globe (Centers for Disease Control and Prevention, 2014). Moreover, half of the homicide victims were people under 30 years old while over eight percent of them were among children (United Nations Office on Drugs and Crime, 2014). Apart from all of the homicide cases, 36 percent of thoses cases were reported in America, 31 percent in Africa and 28 percent in Asia. The least were reported in Europe with 5 percent and Ocenia with 0.3 percent. According to the Director of the Criminal Investigation Department, Bukit Aman Malaysia, in Malaysia,

there were more than 500 homicide cases from 2007 to 2009 (Kosmo online, May 6th 2015). Apart from that, 122 cases of children homicide were reported from 2009 to 2012 in Malaysia (Utusan Online, 1st February 2014).

In terms of fatal accidents, 1.24 million people die each year due to road traffic crashes. It was found that road traffic injuries are the leading cause of death among young people, aged 15 to 29 years (World Health Organization, 2013). World Health Organization (2004) reported that almost 60 percent of fatal accidents occurring worldwide were from Asian countries. In Malaysia, traffic crash fatalities are reported as the second leading cause of traumatic deaths for adolescents in 2008 (Department of Statistic Malaysia, 2010).

Based on these statistics, it is showed that parental grief is not a rare issue. Thousands of bereaved parents are left grieving for the death of their children. This is important in social work profession because the parent-child bond is the most significant interactive relationship as compared to other relationships that exist in this world (Arnold & Gemma, 2008). However, the issue of parental grief is still considered as understudied in the academic world (Davies, 2006; Li et al., 2003; Li, Hansen, Mortensen, & Olsen, 2002) The existing parental grief theories did not fully explain the parental grief experience (Hensley, 2006; Li et al., 2003). The studies only focused on palliative care losses due to chronic illnesses among children and the theories were derived from the perspective of the normal grief. Moreover, previous theories described that the bereaved parents after the death of their child experience mental disorders after the loss because grief is a natural process.

Moreover, the issue on traumatic death is also considered as understudied especially in the context of Asian society (Hensley, 2006; Meij et al., 2005; Neria &

Lizt, 2013). According to Neria and Lizt (2013), none of the studies had comprehensively studied the indicator and the mechanisms of risk associated with traumatic loss among Asians. Even in Malaysia, the efforts to understand parental grief in the country are scarce. Not many issues regarding parental grief in Malaysia have been explored and understood well. Haniza (2007) observed that regarding the issue of death of a family member, although grief and bereavement are not new in the academic world, the documentation on responses towards death, grief experience and bereavement among Malay ethnic grievers is still lacking. The literature on Malays grief is limited.

On 17<sup>th</sup> January 2004, there was a rape case that happened in Johor, Malaysia. A girl was found strangled, raped and sodomized by three men. It was found that even after four years after the incident happened, the bereaved father has still the need to rely on the sedatives to manage his stress (Berita Harian, 2008). On 15<sup>th</sup> January 2006, a girl who was missing was found naked and dumped at the housing estate. After years waiting for justice, the bereaved fathers almost committed suicide after hearing the decision by Alor Star High Court in 2012 to release the individual involved in this case. After the court order, he was so determined to ride his motorcycle for 70 km away, to talk to the Kedah police chief at the state police headquarters about his daughter's case three or four times a month until now (The Malaysian Insider, 2014).

Previous studies on parental grief have addressed a lot of negative impacts after the traumatic death of their child. The death of a child was associated with an increased lifetime risk of maternal mortality and acute risk for bereaved fathers (Espinosa & Evans, 2013; Harper, O'Connor, & O'Carroll, 2011; Li, Precht, Mortensen, & Olsen, 2003; Rostila, Saarela, & Kawachi, 2012; Wilcox, Mittendorfer-Rutz, Kjeldgård, Alexanderson, & Runeson, 2014). Furthermore, they were also reported higher levels of

mental distress, lower levels of marital satisfaction and physical health (Murphy et al., 2003). Hence, there were increasing numbers of divorce cases due to the loss of a child (Lyngstad, 2007). In the extension of the studies on prolonged parental grief, it was found that the death of a child has led to prolonged negative effects than other losses (Raphael & Wooding, 2004). In the long run, the bereaved parents are at risk of having suicidal behaviors and posttraumatic stress reactions (Breslau, Kessler, Chilcoat, Schultz, Davis, & Andreski, 1998). These are some of the examples of the effects of parental grief on bereaved parents. Unfortunately even though there are a lot of cases of parental grief after traumatic death in Malaysia, not many has been presented and discussed. This suggests that the issue of parental grief is not sensational enough to create the awareness among the academician, helping professionals and the policy makers. This is the first observation which urges the importance to understand the parental grief issue and creates the awareness among the academicians, professional helpers and the policy maker.

In the Malaysian Airline 370 and Malaysian Airline 17 tragedies which had took many lives, the media coverage revealed that bereaved parents were still struggling with their grieving feelings. One of the bereaved fathers in Malaysian Airline 370 described his feelings as too painful to move on with his life. The bereaved father remarked that looking at his deceased son`s belongings every day makes the loss even more difficult (The Japan Times, 2015). In the same way as a couple of bereaved parents in Malaysian Airline 17 tragedy who lost their three children described their loss as” living in a hell beyond hell” (NBC News, 2014). In a case of homicide which happened in Sungai Petani, the bereaved parents claimed there was no counseling provided to support them after the tragedy (M. Dhasuki, personal communication, 10<sup>th</sup> March, 2013).

Moreover, the interviews with the bereaved parents gathered information about the lackness in receiving professional support from the professional helps. The bereaved parents claimed there was no help from the professional helps received after the traumatic death of their children. The bereaved parents also reported to expect the professional helps from the hospital authorities but until now, their issues remain undiscussed. One of the bereaved mothers even reported was trying to seek for the professional help but her request was denied from the counselor. The counselor admitted her inability to perform grief counseling due to lack of skills and knowledge.

Even though the Malaysian Government had taken effort to provide counseling services to those family members immediately after the tragedies, it is limited to the high profile cases and without continuous counseling services. This implies the scarcity in providing professional support to the bereaved parents after the traumatic death of their children. In the media especially, the reports of traumatic deaths involving young people were very superficial. The aspect of parental grief was not covered deeply, implying that parental grief is not observed very closely among Malaysian authorities and professionals.

In Project on Death in America (2003), one of the agenda of the project was to highlight the importance of providing more efforts for social worker to gain more skills and knowledge in dealing with bereaved individuals. It is because, it was a concern which there is a limited education given to social worker in order to strengthen their competency in working with bereaved individuals, This includes limited education, practice, research and policy development regarding grieving issues. It is vital for social worker to equip themselves with adequate understanding on patients` and families` needs when working in grieving area.

According to a communication with a Welfare Officer in Malaysian Welfare Department, it was stated that there is no appropriate intervention for the bereaved parents after a traumatic death in Malaysia (M. Ahmad, personal communication, May, 15<sup>th</sup>, 2012). Similar responses by a senior medical social worker at Ampang Hospital, Harol Hanan who agreed that handling grieving individuals is a part of social workers` responsibility and it is vital for the social workers to be able to do the intervention to the bereaved parents. However due to lack of skills and knowledge in handling people who are in grief, the grief intervention is impossible to be conducted in the hospitals in Malaysia (H. Hanam, personal communication, July, 23<sup>rd</sup>, 2015). This is supported by a report by Norizah, a medical social worker at Kepala Batas Hospital. She reported to have conducted “informal” intervention with two bereaved individuals. She described it as “*cakap kampong*” which loosely means as “informal talk” that refers to the lack of institutional skills to conduct grief intervention (M. Norizah, personal communication, July, 24<sup>th</sup>, 2015).

Overall, the medical social workers in the hospitals agreed that lack of knowledge in handling the grief intervention is one of the major restraints which prevent the hospital authority to deliver an appropriate grief intervention to the grieving individuals. In the other words, there is no initiative from the medical social workers to understand the grieving issues. In a research on suicidal preventive program, it has been revealed that Malaysian government has no commitment on implementing this program (Clark & Goldney, 2000). These are the examples that showed the lack of awareness, initiative and understanding among the professional helps in Malaysia regarding issues which related to grieving. The issue on grief is seen as trivial and not so important as compared to other kind of social problems such as poverty or abuse.

Only few studies had focused on bereaved parents and support systems after a traumatic death of their child. Many of the studies previously focused only on hospice and palliative care experiences (Benkel et al., 2009; de Cinque's et., al, 2006). In addition, some researchers had found that the support systems could be perceived as painful (Davidowitz & Myrick, 1984; Dyregrov & Dyregrov, 2008). Moreover, according to Dyregrov and Dyregrov (2008), some types of support, such as well-intentioned advice and thoughtless actions and comments, could be detrimental to the grief process.

Currently there are few professional disciplines, such as nursing (Tye, 1995), social work (Wells, 1993), detectives (Dannemiller, 2002), police (Miller, 2008), counselors (Bonanno & Lilienfeld, 2008), hospital staff and physicians (Knapp & Mulligan-Smith, 2005) and medical examiners (Fleming, Blair & Sidebotham, 2004; Platt, 2005) who have discussed about the parental grief issue. They have offered suggestions on what they believed to be the most effective ways to provide support to bereaved parents, however these studies only addressed the acute grief period of the first 72 hours and failed to include the views of bereaved parents (Fleming, Blair & Sidebotham, 2004; Platt, 2005).

Moreover, the existing studies were done within the Western context. This makes the theories Western-oriented. Western-oriented theories mostly discussed about the importance to detach the relationship with the deceased individuals (eg. Lalande & Bonanno, 2006) and recovery process (eg. Rosenblatt, 2007). However, these theories may be irrelevant to some culture which more focusing on having a continuous bonding with the deceased individuals. This reflects a study on Chinese (Rosenblatt, 2007), Japan (Stroebe, Gergen, Gergen & Stroebe, 1992) and in Egypt (Rothaupt & Becker, 2007)

societies who heavily emphasized on performing certain rituals or ceremonies to maintain the bond with the deceased individuals.

In addition, Western-oriented theories focused more on the `grief work` such as stages (Bowlby, 1980; Kubler-Ross, 1969), phases (Ramsay, 1979; Sanders, 1989), components, tasks (Worden, 2003), or tracks (Rubin, 1981, 1999) rather than discussing about the element in grieving such as the individuals` background, religious belief and culture differences. This makes the Western-oriented theories to be more technical rather than “humane”. As humans are complicated beings with multifaceted aspects of life, applying Western-oriented theories may require further investigation to prevent blind application.

There should be other elements to be discovered which might contribute to a better understanding of the issue of parental grief such as culture and religious belief. In an Asian country such as Malaysia, Eastern cultures that emphasizes on religion and spirituality are prevalent (Merriam & Mohamad, 2000). Implied from this, a blind application of Western-oriented grief theories would be deleterious.

Looking at the facts and gaps, this study is an exploratory study to look at the traumatic parental grief experience, coping mechanism, support system and Malaysian bereaved parents` grieving patterns. Furthermore, this research could create awareness among Malaysians about traumatic grief which might hamper them to move forward. This research hopes to bring awareness to the provider of health care and those involved in human services and especially to the government departments and agencies that are the front lines with staff and workers who are their valuable resources. Losing a loved one is an important aspect on human life and by understanding it we are able to design services and stir other researchers to do further research in the field.



### **1.3 Research Questions**

In discussing about parental grief, it is vital to ask the parents about their experiences as a whole. The questions involved the investigations on before, during and post loss. The research questions for this study were:

- 1) What are the experiences of traumatic death of a child to the bereaved parents?
- 2) How the bereaved parents coped with the traumatic death of their child?
- 3) What are the support systems received by parents who recently loss their child to a traumatic death?
- 4) How are the parental grieving patterns after the traumatic death of their child?

### **1.4 Research Objectives**

Overall, this study is truly based to understand the parental grief from the bereaved parents` point of view. It gathered the information about the experience of losing their deceased child in traumatic death. As a result, this study is aimed:

- 1) To investigate the experiences of the traumatic loss of a child to the bereaved parents.
- 2) To identify the coping mechanisms used by the bereaved parents.
- 3) To examine the support systems received by the bereaved parents.
- 4) To examine parental grieving pattern after their own coping process.
- 5) To develop a model of intervention for the bereaved parents based on the findings and literature.

## **1.5 Significance of the Study in Social Work**

This study is significant in a number of ways. Firstly, this study is vital in understanding the bereaved parents' experience after the death of their child. This understanding could help the researcher to examine the risk of psychological disorder of bereaved parents after the death of their child as reported in previous literature such as poor bereavement adaptation (Lehman et al., 1987; Murphy, Johnson, Wu, Fan, & Lohan, 2003; Murphy, Johnson, Chung, & Beaton, 2003) and higher levels of mental distress (Murphy et al., 2003). This study could also heighten the social workers' awareness in preventing the risk of having psychological disorder among bereaved parents.

Secondly, this study would address the issue of how parents cope with the traumatic death of a child. As previously discussed, the number of traumatic deaths of children is increasing and little is known of how parents cope after the incident. In addition, most of the previous studies were derived from the Westerners' point of view. Previous studies argued that parental grief coping mechanism among Westerners were commonly associated with gender differences. This includes the discussion on how men displayed their strength and masculinity through hiding their grieving feelings after the death of their child while women were described to reveal their feelings openly (Rando, 1984). However, coping mechanism among bereaved parents in this study may vary due to their cultural beliefs. Even though previous study had found that Easterners' cultures emphasized on the importance of rituals in remembering the death of their child (Valentine, 2009), not much has been discussed especially in the context of how this coping mechanism can affect their grieving process. Therefore, this study is important as

this study is specific to understanding the parental grief coping mechanism after traumatic death among Asian individuals. The understanding on parental grief coping mechanism may help social workers to understand other factors such as religion and culture that influenced bereaved parents` ability to cope with their grief. This could be beneficial to social worker in integrating those elements in grief intervention.

Thirdly, there is a continuing debate concerning the efficacy of grief and bereavement support for those experiencing normal and unresolved grief (Stroebe & Stroebe 1991; Stroebe & Schut, 2005). This is because some researchers believed that bereaved individuals do not need to undergo counseling to heal (O'Connor, 2005; Rogers, 2006). However, a study from Neimeyer (2000), revealed that counseling is beneficial to bereaved individuals especially in traumatic death. This study will reveal issues regarding the support that the bereaved parents received either by formal or informal ways. This opens up the possibility of strengthening the facts of the importance of having formal helps in helping bereaved parents. In other words, contributes to affirming the role of social workers in helping bereaved parents throughout their grieving process.

Fourthly, this study will identify the grieving patterns of the bereaved parents which resulted by their own coping mechanism and support system that they received. A study on parental grief found that bereaved fathers especially were most likely to get involve with unhealthy activity such as drinking alcohol after the death of their child (Martin & Doka, 2000; Oliffe & Phillips, 2008; Vance, Boyle, Najman, & Thearle, 1995). In addition, bereaved parents also have the potential of receiving unhelpful support from other people which may be deleterious to bereaved parents (Dyregrov & Dyregrov, 2008). Therefore, this study is important in identifying issues that emerged

after traumatic death of their child and suggesting the ways to improve the bereaved parents' coping mechanisms and providing appropriate support system to help them to go through with their grieving process. In addition, the identification on grieving patterns may help social worker to understand the process of parental grief as a whole and to help social worker to be vigilant with issues that may arise during the implementation of grief intervention.

Fifthly, this study is important in order to enhance the understanding on parental grief consistent with the guidelines provided by NASW. The understanding on parental grief in Malaysia will create awareness among academicians, professional help providers, policy makers and Malaysians on the importance to consider parental grief as one of the most important components to be included in multidisciplinary education, practice, research, and policy development. In addition, this study will be a compass to a new direction in working with bereaved parents in Malaysia in the future.

Eventually, this study is expected to inspire or improve the current model of intervention by the social workers, tailored suitably for Malaysian bereaved parents who experienced the death of their child due to traumatic death. This is important especially for the social worker to initiate a proper formal ways in helping those bereaved parents.

Overall, this research is important in understanding parental grief from the point of view of a social worker. Even though parental grief issue has been discuss from various backgrounds but this research is special as it is dedicated to the social work field in understanding parental grief after traumatic death of a child.

## **1.6 Chapters organization**

Chapter one is an introduction to this study. The introduction included background of this study, the importance of having this study in social work field in Malaysia, questions and objectives of this study.

In chapter two, literature which related to parental grief after traumatic death of a child will be gathered and reviewed to understand gaps and contributions of this study to social workers in Malaysia. Chapter two also includes definitions and theoretical framework of this study.

Chapter three offers the rationale for choosing qualitative method, research design, data collection, research procedure and data analysis. Chapter three also includes sampling frame, participants' selection, material, result for pilot test and ethical considerations issues.

While chapter four reports the results of this study. Finally, chapter five attempts to summarize the study, propose a model of intervention for social worker that is suitable to be applied in Malaysia, discuss issues on limitations of this study and suggest innovation for future studies. The appendices include questions for the interviews and informed consent form.

## **CHAPTER 2**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

This chapter is aimed to give detailed overview on the grief literature, including theories, methods, and empirical findings. Various search engines, such as Mandeley, Google and local universities website have been used to find previous literature on parental grief after a traumatic death of their child. The previous literature on parental grief, coping mechanism and support system were collected. This chapter includes discussion on parental grief, coping mechanism and support systems that the bereaved parents received after the loss. This chapter ends with a conceptual framework of this research.

#### **2.2 Parental Grief after Traumatic Death of a Child**

Parents and children have a unique bond. The bond exists even before conceiving occurs. The importance of the bond for both the parents and the children cannot be refuted (Shapiro, 1994). The parents and their children have the strongest bond that ever exists in human`s life (Gorer, 1965; Klass, Silverman & Nickman, 1996; Kubler-Ross, 1997). If parents experience the death of a child, given how strong their bond with their children is, the parents` well-being is threatened and this needs to be addressed.

In addition, the death of a child is seen as not congruent with the natural order of death where the parents are expected to die before their children (Worden, 1991). Parents also have an expectation that their children will continue their own generation. As a result, of the death, the bereaved parents begin to battle with their own self-belief,

the loss of genetic heritage, a cultural belief to protect their children and certain neurological effects from the loss (Arnold & Gemma, 2008).

The death of a child also leaves the bereaved parents with guilt (Zunin & Zunin, 1992). The loss is seen as a failure of the parents to take care and protect their child. Parents feel guilty about the inability to protect their children. Therefore, the bereaved parents are not only left with the immense grief but also the feeling that they had let their children down (Rando, 1983).

Moreover, the memories of the deceased child may cause a degree of physical and emotional distress to the parents (Walsh & McGoldrick, 1991). This leads to the parents having to undergo considerable, mostly lengthy, changes in adjustment and health as a result of the extreme event (Kleber & Brom, 2003; Rogers et al., 2008).

After the death of a child, the physical dissolution of the parent and child bonding evokes severe anxiety and other negative grieving emotions (Bowlby, 1980). Supported by findings from previous researchers, after the death of a child, the bond between the parents and their child is severed and this makes the grieving process difficult and protracted (Arnold et al., 2005; Li et al., 2003).

In a previous research by Sander (1980), who compared grief reactions of three kinds of losses, it was found that adults experienced higher level of stress on the death of their child, followed with the death of their spouse and parents. The intense emotions evoked by the death of the child are argued by previous literature on parental grief to be almost beyond the parents` capacity to cope (Gorer, 1965; Klass, Silverman & Nickman, 1996; KublerRoss, 1997; Riches & Dawson, 2000).

The experience of losing a child is described as bringing up the pain that is emotionally devastating (Arnold & Gemma, 2008). The bereaved parents experience

depression, intense sadness, despair, helplessness, loneliness and the wish to die (Sanders, 1989). Additionally, they also suffer insomnia, the loss of appetite, the inability to concentrate and obsessive thinking (Bowlby, 1980).

Previous research on parental grief found many adverse physical and mental health impacts relative to parental grieving (e.g Li et al., 2003; Wijngaards-de Meij et al., 2005), especially parents who grieve over a child's death due to traumatic causes (Asaro & Clements, 2005; Gillies & Neimeyer, 2006; Murphy, Johnson, & Lohan, 2003; Walsh, 2007). The findings observed that the likelihood of having depression, mortality and Post Traumatic Stress Disorder among parents whose child die due to a traumatic cause has significantly increased over the general population (Arnold & Gemma, 2008; Murphy, Johnson, & Lohan, 2003; Rostila et al., 2012).

In a study of parental traumatic grief by Asaro and Clements (2005), it was found that the death of one's child due to homicide and suicide is considered by scholars to be the worst of all causes of a child's death (Chen, Kou, Wu & Yang, 2012; Gillies & Neimeyer, 2006; Murphy, Johnson, & Lohan, 2003; Walsh, 2007). The above study's finding is echoed by Malone (2007) who argued that "death which is caused by homicide may not follow the traditional stages of grief". According to Weiner (2007), it is dangerous to apply normal patterns of grief to grief over a child's traumatic death. Besides, after a traumatic death, parents assumed the status of victims. Besides that, the feeling of surviving the death of their child requires them to deal with the loss where it can be extremely devastating and difficult.

In a study by Dyregrov, Nordanger, and Dyregrov (2003), it was found that among 232 parents who experienced the death of their child due to suicide, Sudden Infant Death Syndrome (SIDS), or accidents reported to have serious physical, social



and psychological problems after averagely 1.5 years post loss. In addition, 52 percent of the parents suffered from severe depression and 74 percent were reported to suffer with traumatic grief. While 60 percent of the bereaved parents reported that they were having psychosocial and physical problems.

In addition, a study by Dyregrov (2003) who also compared the outcome and predictors of psychological distress of parents in Norway bereaved by youth suicide, SIDS and accidents found that the bereaved parents experienced self-isolation after the traumatic death of their children. Prolonged self-isolation during grieving period without any help could lead to self-harming behaviour (Department of Health, 2008).

In a longitudinal study of 261 bereaved parents who were involved in an intervention program, parents who lost their child due to accident, homicide or suicide were identified to have certain complications after the loss (Murphy, 2000). Murphy found that after two years of the loss, the bereaved parents scored four to five times higher than average on measures of depression, anxiety, hostility, and somatic complaints. Moreover, 21 per cent of mothers and 14 per cent of fathers reported of symptoms consistent with the criteria of Post Traumatic Syndrome Disorder two years after the loss (Murphy, 2000). In an extended research on parental traumatic grief, it was found that 27.7 per cent mothers and 12.5 per cent fathers still met the criteria for Post Traumatic Syndrome Disorder, even after 5 years of losing their child due to homicide (Murphy et al., 2003). Moreover, Murphy and colleagues recently found that 61 percent of grieving parents were still unable to make sense of their child's death 5 years after their child's suicide.

The effect of grieving over traumatic death is one of the concerns that caught the earliest researchers' attention. Currier, Holland and Neimeyer (2006), Kaltman and

Bonanno (2003) argued over empirical studies that showed how the traumatic death of a child have a deleterious impact on the bereaved person's mental health. The adverse effects and the duration of the reactions to traumatic death appear atypical and even pathological (Armour, 2002; Rando, 1993; Sprang & McNeil, 1995).

In particular, the bereaved individuals who grieve over traumatic deaths are at heightened risk of complicated conditions, which are marked by the inability to accept the loss, preoccupation with the deceased, confusion about one's role in life, and loss of purpose and hope for the future (Lichtenthal et al. 2004; Prigerson et al. 1999; Stroebe et al. 2007). As a result, grieving over traumatic deaths is commonly associated with diagnoses of Major Depressive Disorder, Post-Traumatic Stress Disorder (PTSD), and traumatic grief (Barry, Kasl, & Prigerson, 2002; Currier, Holland, Coleman, & Neimeyer, 2008; Murphy, Johnson, Chung, & Beaton, 2003; Prigerson & Maciejewski, 2005-2006).

Supported by previous researchers who found that after sudden and violent losses, the bereaved relatives are more likely to get a variety of mental health problems such as Prolonged Grief Disorder, Mental Depressed Disorder, Post Traumatic Syndrome Disorder, alcohol and drug dependency or abuse and suicidal ideation (Amick-McCullan, Kilpatrick, & Resnick, 1991; Brent, Melham, Donohoe, & Walker, 2009; Dyregrov, Nordanger, & Dyregrov, 2003; Melham, Walker, Moritz, & Brent, 2008; Murphy, Tapper, Johnson, & Lohan, 2003; Zinsow, Rheingold, Hawkins, Saunders, & Kilpatrick, 2009).

Apart from that, grieving over traumatic death is also associated with the decrease of work quality, dependency on medication (anti-depressants, tranquilisers, and anxiolytics), decreases of memory concentration and decision making two years after the

loss (Murphy, Lohan, Braun, Johnson, Cain, Beaton, & Baugher, 1999) among the bereaved relatives.

In addition, studies have revealed another impact that is to the bereaved parents' quality of life. It was found that parents had difficulties to function properly in their married life after the traumatic death of their child (Najman et al., 1993). Rosenblatt (2000) observed that the incongruity between men's and women's ways of grieving has led to marital problems. In addition, Lohan (2003) found that marital satisfaction had decreased after five years of a child's traumatic death. They were reported to experience higher levels of mental distress, lower levels of marital satisfaction and physical health (Murphy et al., 2003). Even though it is difficult to draw clear conclusions regarding the marital disruption from the previous research due to lack of reliable methodology, difficulties in sampling and difficulties to track the divorced couples (Murphy, Johnson, Wu, Fan, & Lohan, 2003), this could be one of the potential issues that should be studied in relation to parental grief.

Furthermore, research on parental grief show that the impact of the death of a child does not just affect the bereaved parents psychologically, but it also affects them socially, specifically their social functioning and family life. It was found that after a case of a child's death due to suicide in a family, there are issues that occur to other family members such as unemployment, lower socio-economic status, living alone, a recent migration, early parental deprivation, family history of suicidal behaviour and psychopathology, poor physical health and stressful life events (Foster et al, 1999).

Moreover, after the traumatic death of a child, especially in homicide cases, bereaved parents have to face with court trials, insurance claims, financial stressors, police investigations, coronial processes, the media, hospital and medical systems. They

are also floating with the thoughts of unfinished business with the deceased, as well as acute feelings of unreality, guilt, blame, fear, vulnerability, anger, and helplessness (Doka, 1996; Harwood, Hawton, Hope, & Jacoby, 2002; Lord, 1996, 2000; Oliver & Fallat, 1995; Rando, 1993; Redmond, 1996; Riches & Dawson, 1998a, 2000; Volkan, 1970; Worden, 1982, 1991, 2002). Bereaved parents also received huge media coverage and criminal justice system (Gintner, 2001). As a result, they are unable to grieve for the death of their child, but to focus on the procedures that they need to complete first.

Bereaved parents also experience prolonged grief that adds more tension to the bereaved parents' life. With the coverage from media, much of the stories will be revealed and the bereaved parents may be exposed to public stigma. Chu (2014) reported a case of parents grieving over their child's death due to homicide. According to Chu, the mother was accused of negligence and was convicted of that charge by Malaysian court. This controversial story gives the reflection on how grieving may also affect the society albeit in a different way. The issue of parental responsibility on their children's safety has stirred up the debate of where the blame should be assigned to if a child dies due to traumatic death such as accident and homicide. This adds to another set of challenges that the bereaved have to face after the death of their child which has to be understood empirically.

On the other hand, it is also important to understand the influence of religion and culture in grief. Asian countries such as Malaysia where the dominant cultures are Eastern cultures, emphasize on religion and spirituality (Merriam & Mohamad, 2000). In terms of cultural differences in grief, a study by Tsai, Knutson and Fung (2006), who looked at the differences on Western and Eastern grievers, revealed that Westerners were more prone to react with intense emotions, such as wailing or being nervous,

whereas East Asian grievors prefer less emotional reaction, such as being calm. (Tsai, Knutson, & Fung, 2006). These showed the influence of culture among bereaved parents. This also may be attributed to religions of Eastern cultures that value calm reactions to death. This begs the question of whether religions and culture play a role in helping the bereaved parents to cope more effectively after the death of their child.

A study by Haniza (2007) regarding grief among Malays in Malaysia, found that religion has been an important element for the grieving individuals in dealing with their grief. Even though Malays cried over the death of their loved ones, religion helped them to control themselves from wailing and being extreme in their grieving response. This emphasized the influences of religion among Malay-ethnic community in Malaysia when dealing with the death of loved ones in general. However, this finding is limited to general grief without any depth explanation regarding parental grief among Malay-ethnic community in Malaysia.

Overall, parental grief after traumatic death of a child involves complex sets of issues that influence the dynamics of grieving for each individual. The complexity may add to more challenges to bereaved parents. The literature on grieving has offered valuable insights in understanding how grieving can be influenced by various external factors and how grieving can be a factor to other sets of issues in the bereaved parents' life. This requires the understanding on the ways the parents cope which will be discussed in the next sub-chapter.

### **2.3 Parental Coping Mechanism after the Death of a Child**

After the death of a child, parents react in various ways to cope with their devastating loss and deal with daily practicalities of survival (Anderson, Marwit,

Vandenberg, & Chibnall, 2005). Some parents are likely to express their grief openly with tears and hysteria. Others prefer to reserve their feelings and grief inwardly (Arnold & Gemma, 1991). In a study on parental grief coping mechanism, it was found that the coping mechanism after the death of a child for both parents play an important role in the adjustment process (Lewis et al., 2006). Choosing the effective coping mechanism will help lessen the possibility of experiencing anxiety and depression after the death of a child (Lindstrom, 2002). Therefore, coping mechanism is one of the most important issues that should be highlighted in understanding the state of parental grief.

Parents might use combinations of coping mechanisms to cope with their grieving feelings. In an attempt to understand bereaved parents` coping mechanism, previous researchers found several themes of coping mechanisms such as the need to maintain a relationship with the dead child (Rogers, 2006); the value of support from family, friends, and healthcare providers (Stroebe et al., 2005); the role of time, religion, and spirituality (Arnold & Gemma, 2008); and the impact of co-morbid conditions (Li et al., 2003; Meij et al., 2005).

There are studies in understanding the gender differences in coping with the death of a child among bereaved parents. A study on bereaved parents had shown that mothers scored higher than fathers on all but one of the bereavement scales of the Grief Experience Inventory (Sidmore, 2000). Supported by previous research which had been conducted in Europe, North America, and Australia, it was found that mothers and fathers reported to experience consistent differences in their coping styles after the death of their child. Mothers commonly showed greater intensity and experience longer grief duration as compared to the fathers (Benfield, Leib, & Vollman, 1978; Dyregrov & Matthiesen, 1987, 1991; Fish, 1986; Forrest, Standish, & Baum, 1982; Lang & Gottlieb,