

Relationship Between Complicated Grief and Antisocial Behaviors Among Children. A Case of Selected Public Primary Schools in Nairobi County, Kenya.

Dr. Priscillah Omucheni

Department of Psychology

Pan Africa Christian University, P.O Box 56875-00200, Nairobi, Kenya.

pomush@gmail.com

Prof. Margaret Mwenje

Department of Psychology

Pan Africa Christian University, P.O Box 56875-00200 Nairobi, Kenya.

margaretmwenje@gmail.com

Dr. Ruth Kamunyu (corresponding author)

Department of Psychology

Pan Africa Christian University, P.O B0x 56875-00200 Nairobi, Kenya

ruthkamunyu@gmail.com

Abstract

The study explored the relationship between complicated grief (CG) and antisocial behaviour among bereaved children aged 10–13 years in public primary schools in Nairobi County, Kenya. Children's limited understanding of death, shaped by age, attachment, cause of death, and family support can lead to prolonged grief and CG, affecting social and cognitive functioning. Guided by Attachment Theory, the study used a convergent mixed-method design involving 259 bereaved pupils and 22 class teachers selected through multistage and purposive sampling. Data were collected using questionnaires (SDQ, ICG, STAB) and interviews, analysed with SPSS and thematic methods. Results showed a positive, statistically significant relationship between CG and antisocial behaviour ($r = 0.211$; $p = 0.018$). The study recommends integrating school-based counselling programs with grief interventions in primary schools. Teachers and caregivers should be trained to provide emotional support and age-appropriate guidance to help children manage grief effectively.

Keywords: *Relationship, Complicated grief, Antisocial behaviours, Bereaved Children.*

1.0 Introduction

When grief is not processed, it can have dreadful effects on grieving individuals. Walsh (2011) stated that, if grief is not processed, there has been a history of sadness, anxiety, or trouble in adjustment. Accordingly, it may result in clinically substantial impairment in other fundamental domains of functioning, such as social or vocational. With complicated grief, individuals can also have intense and prolonged separation anxiety and compromised psychological adaptation. Gross (2016) likewise associated complicated grief with increased physical illness and social dysfunction. Similarly, Gross (2018) noted that when individuals fail to confront the reality of loss and let go, they can experience delayed, unresolved grief as well as prolonged or complicated grief. Ener and Ray (2018) stated that complicated grief can also impact a variety of aspects of children's lives, such as how they operate in their homes and classrooms, how they interact with their peers, how they view the spiritual world, and how they view themselves.

Moreover, Ferow (2019) alluded that complicated grief can have devastating consequences in children like the development of somatic symptoms, becoming angry and aggressive. It can also cause developmental regression for school-age children. Children also begin to detach from their peers or family members, their academic standing could decline, alternatively, they might engage in dangerous activities like drug or alcohol use. It can also make children withdrawn, anxious, and depressed. Ener and Ray (2018) suggested that children's functioning in both home and school environments is further hampered by the maladaptive behavioural and emotional problems that are often displayed as a result of loss.

According to Therivel and McLuckey (2018), children with complicated grief might develop risk-taking behaviours, aggression, agitation, withdrawal, and conduct disorders like breaking rules, lying, and truancy. This is because loss increases fear in children and they demonstrate it through aggressive actions. In the words of Ferow (2019), CG can cause irritability, anger, or aggression as well as isolation or withdrawal among children. However, the antisocial behaviours that this study focused on are; physical aggression which entails, direct acts like hitting and attacking others, punching, or spitting to express anger or frustration; social aggression characterized by spreading rumors, betraying trust, and excluding others and the last behaviour is rule-breaking, that entail; violating social norms, theft, substance abuse or selling, truancy and damage to property, suspension from school, leaving home for an extended period without telling anybody. Although there is literature on antisocial behaviours among children, there is very limited information available on statistical data on antisocial behaviours caused by complicated grief. It is for this reason that this study sought to find out if there is a relationship between complicated grief and antisocial behaviours.

Globally, the United Nations Children's Fund Press Center (2017 as cited in Burns et al. (2020) showed that 140 million children had lost a parent or both parents. Also, the United Nations Children's Fund (UNICEF) (2017) recorded that there are roughly 140 million orphans worldwide as of 2017, with 61 million in Asia, 52 million in Africa, 10 million in Latin America and the Caribbean, and 7.3 million in Eastern Europe and Central Asia. It is estimated that 10,000 children become orphans every day. In the United States of America, 4% of children and teenagers under the age of 18 suffer the loss of one of their parents (Revet et al., 2018). Harrison and Harrington (2001) carried out a study in Northern England in the United Kingdom (UK) among adolescents aged between 11-16 years to estimate the prevalence of bereavement experiences in adolescents. According to their findings, 77.6% of the teens had experienced the loss of at least one close friend or relative (Revet et al., 2018). These global figures of bereaved children are noteworthy. If such children are not given a chance to process grief, there may be a significant number of children with CG.

In Sub-Saharan Africa, UNICEF (2017 as cited in Huynh et al., 2019) recorded that there are more than 52 million orphans. A study conducted by Thurman et al. (2017) in South Africa indicated that 88% of bereaved adolescents experience complicated grief. This percentage was from a sample of 339 adolescent girls and their primary caregivers. In Tanzania, a study on treating unresolved grief and posttraumatic stress symptoms in orphaned children indicated that 92% of the participants had symptoms of unresolved grief. This was from a sample of sixty-four orphaned children and their guardians who participated in the study (O'Donnell et al., 2014). Such a huge percentage of unresolved grief indicates that the number of orphaned children in Tanzania who are susceptible to complicated grief is equally high.

In Kenya, Making Well-Informed Efforts to Nurture Disadvantaged Orphans and Vulnerable Children (MWENDO), a USAID-funded program projected that there are around 2.6 million orphaned children under the age of 18 (MWENDO, 2021). The death of a parent has been considered one of the most distressing experiences for children that may have both short and long-term effects on their health and well-being in the short and long term (Bylund-Grenklo et al., 2021). Bylund-Grenklo et al. (2021) further indicated that grief in children has been associated with the risk of self-injury, suicide attempts, and complicated grief. Consequently, the 2.6 million orphans in Kenya are vulnerable to complicated grief which might lead to antisocial behaviours if not helped to process grief.

Studies are abundant on normal grief, but there is little study on complicated grief in adults (Glass, 2005 as cited in Newson et al., 2011). Despite the prevalence of complicated grief being unclear and debatable, it is estimated that 10 to 40 % of griever experience CG (Newson et al., 2011). This estimation seemed to agree with (Enez, 2018; Kersting et al., 2011) who stated that between 10% and 20% of those who lose a loved one may have difficult grieving causing complicated grief. Just like in adults, there is also a gap in the area of complicated grief in children since the epidemiological studies centered on this subject are sparse (Revet et al., 2018). This is echoed by Ngesa et al. (2020a) who noted that there are inadequate studies in Africa and Kenya on complicated grief in children. Accordingly, there is a shortage of literature on complicated grief among children, its prevalence, and its impacts. This study therefore sought to fill this knowledge gap by finding out the relationship between complicated grief and antisocial behaviours among children who had lost a loved one in selected public primary schools in Nairobi County, Kenya.

1.1 Problem statement

McCoyd and Walter (2016) referred to children as the forgotten mourners. Family members tend to think that children are not aware of the loss in their lives unless others draw their attention to them. As a result, children are left out during the grieving process by being excluded from death-related events (Akerman & Statham, 2014). They are not given room or space to share their feelings, thoughts, and questions they have. In the words of Huynh et al. (2019), this hinders children from processing grief which may lead to complicated grief. Complicated Grief can manifest in antisocial behaviours like physical and social aggression, rule breaking which might affect the child's social, cognitive, academic, and relational functioning.

Additionally, Burns et al. (2020) noted that regardless of grief's consequences on well-being and lifetime health, the frequency of bereavement in childhood is not fully comprehended. Furthermore, there is a gap in the area of CG among children as it has not been amply researched especially in Africa (Ngesa et al., 2020a). This study therefore sought to address this knowledge gap by finding out the relationship between complicated grief and antisocial behaviours among children in selected public primary schools in Nairobi County, Kenya.

1.2 Research Objective

The research sought to determine the relationship between complicated grief and antisocial behaviours among children who had lost loved ones in selected public primary schools in Nairobi County, Kenya.

2.0 Literature Review

2.1 Theoretical Review

Attachment theory is based on the joint work of John Bowlby and Mary S. Ainsworth (Bretherton, 1992). Holmes (2014) indicated that the theory's development began in the 1930s when Bowlby developed an interest in the connection between maternal loss or deprivation and later personality development and Ainsworth's interest in security theory. However, Mary Ainsworth worked with Bowlby from the 1950s according to (Holmes, 1993). Attachment develops from lifetime needs for security and safety. When parents or primary caregivers are supportive and responsive, they increase attachment security in their attachment relation to the child. According to Bowlby (1988), children's reactions and feelings when they experience separation or loss are greatly affected by the bonding quality between a parent/a primary caregiver and the child. Bowlby stated that attachment is substantial since children need to feel safe from external threats and they do so as they find a safe place in the attachment relationship with the caregiver. A child can therefore face challenges when they feel secure in that relationship and can easily get access to support. However, a child becomes anxious when they separate from the attachment figure. Bowlby (1982) states that, depending on the quality of early parent-child interactions, children build internal representational working models. These are a set of internalized beliefs and expectations about oneself and others. Sequentially this working model determines or influences the way individuals interact with their environment. Attachment has often been considered a categorical construct distinguishing different sets of behaviours by Ainsworth (1978). Ainsworth then identified three distinct patterns of attachment: secure attachment, insecure-ambivalent attachment, and insecure-avoidant attachment (Holmes, 1993). A fourth attachment style the insecure- disorganize attachment was added by Main and Solomon in 1990 (Fear, 2017). Children who exhibit a secure pattern tend to be imaginative, and disciplined and manage difficult situations well. They show limited frustration and are more open in sharing their feelings (Ainsworth et al., 1978; Matas et al., 1978). Additionally, Ainsworth noted that in hard times, they can overcome their frustration and remain calm and confident. Gaik et al. (2010) added that securely attached children are less likely to engage in antisocial behaviour. They enjoy more positive relationships with family and peers and manage their school work more successfully. They demonstrate less concern about loneliness and social rejection and display more adaptive coping strategies. In contrast, children displaying an insecure attachment style have poor adaptive qualities (Matas et al., 1978). They are not able to control negative feelings and become helpless in a distressing situation (Sroufe et al., 1999). Ambivalent children are anxious about their surroundings and usually unwilling to distance themselves from the primary caregiver in new circumstances. These children are also likely to develop an emotional disorder (Kennedy & Kennedy, 2004). On the other hand, avoidant children do not trust their attachment figure and remain independent (Bartholomew, 1990). They stay emotionally and physically distant and do not trust any support. At times of stress, they often misbehave, e.g. they lie or bully other children (Kennedy & Kennedy, 2004). This is because they are not sure whether to approach or avoid the parents and may not be able to control their emotional responses because they have received varying feedback (Ainsworth, 1989). During grief, such children may struggle with expressing their feelings and emotions which might manifest in antisocial behaviours. Therefore, poor attachment implies failure to identify parental and societal values regarding conformity and work. These lapses

leave the child lacking internal control and showing negative attitudes toward school, work, authority and tend to have antisocial behaviours (Elliott et al., 1985). Therefore, according to attachment theory, attachment relationship problems generally precede the emergence of behaviour problems (Hutchings et al., 2023). Many of the early disruptive behaviours considered to be antecedents of antisocial behaviours like tantrums, aggression, and noncompliance may be viewed as attachment-oriented struggles for gaining the attention and proximity of caregivers who are otherwise unresponsive. Though this may be adaptive for the short term, these effects may contribute to the development of aversive family interactions, increasing the likelihood of antisocial behaviours later (Hill & Maughan, 2004). This is reverberated by Greenberg (1999) who stated that untreated early attachment difficulties are related to consequent hyperactivity, hostility, aggression, oppositional defiant disorder longer-term mental health problems, and delinquency. Dudge (1991) noted that insecure attachment may lead to hostile attributional biases resulting in reactive aggression. Additionally, Futh et al. (2008) indicated that teachers rate children with attachment problems as also having behaviour problems, poor school attendance, and academic underachievement. A child learns to regulate emotions in the framework of early parent-child relations. If a parent does not help a stressed child to manage his emotions effectively, that child may be left to his immature behavioural ranging from, tantrums, and aggression to other aversive behaviours (Hill & Maughan, 2004). It is important then to realize that antisocial behaviours are related to the way children are attached to their parents. The bonding between parents and their child/ren is important. If the bond of affection to the family is strong, the attachment formed may be able to prevent antisocial behaviours (Gaik et al., 2010). Therefore, adapting attachment theory, this study applied Bowlby's principles of secure and insecure attachment styles and explained how such attachments can influence how children may or may not display antisocial behaviours during grief. Children with secure attachments feel safe from external threats like the death of a loved one. They show limited frustration and are more open in sharing their feelings hence reducing the chances of displaying antisocial behaviours. On the other hand, children with insecure attachment may have poor adaptive qualities which might lead to an inability to control negative feelings making them feel helpless in a distressing situation that may be expressed as antisocial behaviours.

2.2 Empirical review

2.2.1 Relationship between Complicated Grief and Antisocial Behaviours among Children

Studies on post-bereavement adjustment in children suggest that some children may have severe maladaptive mourning reactions or persistent behavioural and psychological issues two to three years following the bereavement (Schwartz et al., 2018). Little has been done to further identify what causes various forms of complicated grief in young people since John Bowlby's groundbreaking work in the 1960s when he outlined several types of what he called pathological mourning (Dyregrov & Dyregrov, 2013). Consistent with Maciejewski et al. (2016), while all grieving is acceptable, a child may be experiencing an atypical kind of grief depending on how severe and how long it lasts.

Simon (2013) defined CG as the mourning process that is impeded by other symptoms unrelated to the grief and that could prevent the child from grieving. Maciejewski et al. (2016) claimed that no pronounced differences existed between prolonged grief (PG), CG and Persistent Complex Bereavement-Related Disorder (PCBD) since the concepts to be measured are similar in the current DSM-5 which necessitate more investigation and incorporate guidelines for children. Nevertheless, Melhem et al. (2013) discovered that 10% of children who experience unexpected parent death have strong and persistent prolonged grief reactions (PGR) up to three years following the loss. PGR was

linked to a threefold rise in the prevalence of depression and a progressive decline in functional impairment among peers, at home, or at school.

CG “is a clinically significant deviation from the norm in either (a) the time course or intensity of specific or general syndromes of grief and/or (b) the level of performance in social, occupational, or other important areas of functioning” (Nakajima, 2018, p. 4). Intense grief that lasts longer than one may anticipate in light of social norms and impairs day-to-day functioning is the hallmark of the condition known as CG (Shear, 2015). In most cases when grief is not processed, it can have dire effects on grieving individuals. Gross (2018) noted that when individuals fail to confront the reality of loss and let go, they can experience delayed, unresolved as well as CG. As stated by Walsh (2011), grieving individuals with CG experience extreme anger about the death which makes them feel like they have lost a part of themselves and this may result in a clinically noticeable impairment in social, vocational, or other critical functional domains.

CG can manifest under the categories of; feeling, cognition, physical response, and behaviours. These are feelings of sadness, anger, guilt, shock, loneliness fatigue, and anxiety. Cognitively, individuals will experience disbelief, preoccupation, and hallucinations. They might also feel things physically like depersonalization, over-sensation, and insufficient vigor. In terms of behaviour, they might have sleep disturbance, avoidance of certain situations, and social withdrawals Worden (1991, as cited in Enez, 2018). If complicated grief can cause such significant antisocial behaviours in adults who can process grief, it is evident that it will have alarming effects on children.

CG in the words of Dyregrov and Dyregrov (2013) exhibits comparable symptoms to those of normal grieving; the only distinction with complicated grief is that the sufferer finds it difficult to accept death and move on. In ordinary or normal grief, children manifest grief in the form of anxiety, sleep difficulties, sadness and longing for the deceased, vivid memories of the deceased, rage and outbursts, shame and guilt, physical complaints, and school problems (Dyregrov & Dyregrov, 2013). Children with CG will experience normal grief reactions which will end up having complicated reactions leading to antisocial behaviours. The symptoms that this study focused on are intense yearning and longing for the deceased person, preoccupation with thoughts and memories of the deceased, anger and sadness, feelings of self-blame and a feeling of disbelief or inability to accept the loss.

An intense desire to be reunited with the departed loved one is a component of intense yearning and longing for the deceased. Even after they have come to terms with their loved one's passing, people may still be grieving and have pain in their hearts (Neimeyer & Burke, 2017). Preoccupation with thoughts and memories of the deceased. Obsessive thoughts regarding the departed cause a person to think about them most of the time. Preoccupation frequently manifests as bothersome thoughts or visions of the departed. This could be about the circumstances surrounding the deceased person's death (Nakajima, 2018).

A loved one's passing causes feelings of rage, grief, and guilt (Shear, 2015). One may feel resentment toward God for permitting it to occur, the deceased, or the medical staff for failing to save them. Self-blame for not acting to prolong the deceased's life may also exist (Nakajima, 2018). In addition, there is a sense of unbelief or a refusal to acknowledge the loss. A child may not want to believe that a loved one has passed away or could be in shock, which is why they would not accept the news (Shear, 2015).

Hamill et al. (2017) stated that CG is frequently perceived as prolonged, continuous, and overwhelming emotional agony that inhibits one's day-to-day existence. Typically, a person's sorrow has a profoundly negative impact on one or more aspects of their functioning, such as their social, academic, and daily functioning. Additionally, children with CG may struggle to focus,

perform poorly in school, and feel as though the future is hopeless. There may be overall regression, bad dreams, and other sleeping issues (Dyregrov & Dyregrov, 2013).

Furthermore, children experiencing CG manifest grief in unique ways. Some people might internalize or project their difficulties. Those who internalize their grief demonstrate depressive symptoms, feelings of isolation, anxiety, somatic complaints, clinging behaviours, and increased crying following the death. On the other hand, externalized emotional struggles tend to be destructive to others aggression being the most common (McCown & Davis, 1995 as cited in Ener & Ray, 2018). As a result, CG can affect a variety of aspects of children's lives, such as how well they perform at home and school, how they interact with their peers, their spiritual beliefs, and how they view themselves (Ener & Ray, 2018).

Dyregrov (2016) similarly noted that complicated grief can lead to maladaptive behaviours like antisocial behaviours in children. Therivel and McLuckey (2018) noted that children with CG may also display aggression, temper tantrums, anger, mood swings, and antisocial behaviours. This can be demonstrated by physical aggression such as attacking other children, hitting or kicking, punching, hairpulling, overacting, or severe tantrums. This is because of the children's inability to handle the anger and frustrations they are experiencing after the loss of a loved one. Likewise, children and adolescents with CG have been demonstrated to exhibit greater rates of behaviours that pose a danger to their health and are comparable to those that lead to unintentional harm or violence, which is a type of physical aggression (Hamdan et al., 2012).

In their study, Kim and Park (2020) observed physical aggression among orphans. They displayed acts of hitting, scratching, throwing objects at others, knocking peers to the ground, biting, throwing, and pushing. As a result, children experiencing complicated mourning may become socially aggressive by using foul language and verbally hostile behaviour such as spreading rumors and telling the target they are no longer friends (Ahmed et al., 2013). A study by Kim and Park (2020) showed that name-calling, taunting, screaming, and improper verbal or physical displays were among the ways in which orphaned children displayed social aggressiveness. Complicated grief can also lead to rule breaking. As stated by Rostila et al. (2017), children with CG are at a greater risk for substance and alcohol abuse, failure in school, academic success, and suicidal thoughts or actions. In addition, they disregard adult corrections, breaking social standards, and stealing (Berg et al., 2019).

A study in German by Otto et al. (2021) on risk and resource factors of antisocial behaviour in children and adolescents indicated that antisocial behaviour was more prevalent among adolescents and children who didn't grow up with both of their biological parents. However, Otto et al., study was conducted among children and adolescents between the ages of 7 and 17 who did not reside with their biological parents, and not children between 10-13 years with complicated grief and antisocial behaviours. In addition, a study conducted in Kenya by Ruguru (2019) on the relationship between parenting styles and adolescents' antisocial behaviour in secondary schools in Nairobi indicated that there was a connection between authoritarian and permissive styles of parenting and antisocial behaviours. Ruguru's study was nevertheless conducted among adolescents aged 15-18 and not children aged 10-13. It also focused on the relationship between parenting styles and adolescents' antisocial behaviour and not complicated grief and antisocial behaviours among children who had lost a loved one. With these few observations, this study sought to find out if indeed there is a relationship between complicated grief and antisocial behaviours among children who had lost a loved one in selected public primary schools in Nairobi County, Kenya.

3.0 Methodology

The study adopted a mixed methods approach. Multistage sampling, purposive sampling, inclusion, and exclusion criteria were used to select 259 pupils aged 10-13 years who had lost a loved one in the last year. Purposive sampling was also used to select 22 class teachers of the bereaved pupils who participated in the study. The study employed a convergent mixed-method design. Data was collected through self-administered questionnaires (SDQ, ICG, and STAB) and interviews. Quantitative data was analyzed through descriptive and inferential statistics using SPSS Version 25.0. The findings were presented as tables, pie charts, and graphs.

4.0 Result and Discussion

4.1 Relationship between Complicated Grief and Antisocial Behaviours among Children

The objective of the study was to establish if there is a relationship between complicated grief and antisocial behaviours among children who had lost their loved ones in selected public primary schools in Nairobi County, Kenya. To determine whether there was a statistical correlation between complicated grief and antisocial behaviours, the researchers investigated the changes in behaviours observed by class teachers among pupils who had lost a loved one in different schools and the length of time that the antisocial behaviours persisted. The researcher also computed the Pearson product moment correlation coefficient between the two variables. Initial examinations were conducted to make sure that the presumptions of linearity, normality, related pairs, no outliers, and the degree of measurement of the two variables (independent and dependent) were measured at ratio level (Roni & Djajadikerta, 2021).

Changes in Behaviours Observed by Class Teachers among Pupils Who Had Lost a Loved One **Qualitative Data**

The study investigated the changes in behaviours observed by class teachers among pupils who had experienced a loved one's death in different schools. The results are shown in Table 9.

Table 9

Change in Behaviours Observed by Class Teachers among Children Who Had Suffered Loss of a Loved One

	Behaviour Observed	Frequency (f)	Percent (%)
1.	Withdrawal	12	54.55%
2.	Drop in Academic Performance	2	9.09%
3.	Lack of Concentration	5	22.73%
4.	Arrogance	1	4.55%
5.	Throwing Tantrums	1	4.55%
6.	Poor Hygiene	1	4.55%
	Total	22	100.00%

The most common change in behaviour observed by the class teachers among the bereaved respondents was withdrawal at 54.55%, followed by lack of concentration at 22.73%. The third one was a drop in academic performance at 9.09%. These results concur with Ayers et al. (2014) who observed that children who are mourning often become more isolated, struggle more in school, and do worse academically. Muchai et al. (2014) also noted that after the loss of their fathers, the performance of the previously high-achieving students fell off dramatically. Furthermore, a report by the National Alliance for Grieving Children in the USA (2013) noted that 45% of grieving children have trouble concentrating on schoolwork.

The findings also revealed that arrogance, throwing tantrums, and poor hygiene were observed at the same percentage of 4.55%. Similar, patterns including outbursts, insecurity, and skipping baths were noted among children who had lost parents (Doughty et al., 2006). These study findings were also echoed by Guzzo and Gobbi (2020) who noted a decline in performance and concentration in children of grieving parents. Karakartal (2012) further documented children whose parents had passed away experiencing serious focus issues and a reduction in academic performance. Additionally, mourning children would struggle to focus and study, which could negatively impact their academic achievement (Bui, 2018). The findings displayed a significant change in behaviour by children who had lost a loved one, withdrawal being the most observed. The class teachers shared that the observed changes in behaviours were related to the loss of a loved one since they were not present before the loss. The behaviours started manifesting immediately after the child experienced the loss but for some, it took some time like a week, while others exhibited the behaviours after the burial of a loved one.

Length of Time That the Anti-Social Behaviours Had Persisted

The researcher additionally attempted to determine the duration the anti-social behaviours had persisted among children who had lost a loved one. Children and teenagers normally demonstrate a range of unfavorable feelings and behavioural adjustments in the moments following the loss of a loved one. Their mourning emotions usually become less intense with time, usually 6–12 months following the bereavement (Maciejewski, 2007). As a result, these findings helped the researcher find out the time that had lapsed since the antisocial behaviour was observed from the time a loved one died. The findings equally helped in determining if the ASB behaviours are related to complicated grief or not. The findings are presented in Table 10.

Table 10

Time That the Anti-Social Behaviours Had Persisted

Time Anti-social Behaviour had Persisted	Frequency (f)	Percent (%)
1. Less than One Month	7	36.84%
2. 1-2 months	4	21.05%
3. 3-4 months	2	10.53%
4. More than 6 months	6	31.58%
Total	19	100.00%

As seen in Table 10, 7(36.84%), respondents' teachers observed antisocial behaviour persists for less than one month. Others had the behaviour persist between 1-2 months which constituted 4(21.05%) of the respondents. Some respondents exhibited the behaviour for a period of 3-4 months at 2(10.53%), while others for more than 6 months at (31.58 %). Consistent with Schonfeld and Demaria (2016), the effects of the loss on behaviour and learning could show up months or weeks later. Respondents whose antisocial behaviours lasted for less than six months did not meet the criterion of ASB and CG. The symptom ought to have been observed for six months and above. From the findings, the highest number of respondents exhibited a change in behaviour for less than one month followed by those that exhibited a change in behaviour for more than 6 months. Therefore, 31.58 % of respondent teachers noted that the behaviour persisted for over six months which qualifies the behaviour to be ASB showing there is a relationship between CG and ASB.

Research on how children adjust to mourning over time indicates that two to three years after a loss, a subgroup may continue to struggle with psychiatric issues, behavioural issues, or persistently severe maladaptive grief behaviours (Schwartz et al., 2018) For instance, Melhem et al. (2013)

discovered that for the course of the 2.5 years following the death, 10.4% of children who had experienced parental bereavement exhibited consistently significant maladaptive mourning reactions.

Quantitative Data

The two variables namely; complicated grief and antisocial behaviours were measured at a ratio level and hence, a Pearson correlation coefficient and regression analysis were computed between the two variables. A summary of the findings is presented in Table 11.

Table 11

Relationship between Complicated Grief and Antisocial Behaviours among Children

		Complicated grieve	Physical Aggressions	Social aggression	Rule Breaking	Anti-social Behaviours
Complicated grieve	Pearson	1	.359**	.258**	.201*	.211*
	Correlation					
	Sig. (2-tailed)		.000	.001	.010	.018
	N	180	161	157	162	126
Physical aggression	Pearson	.359**	1	.649**	.377**	.764**
	Correlation					
	Sig. (2-tailed)	.000		.000	.000	.000
	N	161	217	187	199	165
Social aggression	Pearson	.258**	.649**	1	.653**	.916**
	Correlation					
	Sig. (2-tailed)	.001	.000		.000	.000
	N	157	187	214	197	165
Rule Breaking	Pearson	.201*	.377**	.653**	1	.793**
	Correlation					
	Sig. (2-tailed)	.010	.000	.000		.000
	N	162	199	197	226	165
Anti-social Behaviours	Pearson	.211*	.764**	.916**	.793**	1
	Correlation					
	Sig. (2-tailed)	.018	.000	.000	.000	
	N	126	165	165	165	165

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

A correlation coefficient is a standardized measure of co-variation that examines if a high score on one variable is connected to a high score on another. If one variable increases with the other, the correlation is positive and if the relationship is opposite, it is a negative correlation. If the variables don't relate to one another, it is indicated by a value close to zero but a value of zero could occur for a curved relationship (Coolican, 2014). The Pearson coefficient varies between -1 to +1. +1 indicates a perfect positive relationship, -1 is a perfect negative relationship, and 0= no relationship. The results in Table 11 show a positive correlation between CG and antisocial behaviours. Physical aggression has a coefficient value of +0.359 showing a strong positive relationship between CG and physical aggression. This relationship is statistically significant with a p-value of 0.000. These findings correspond with that of Thakur and Grewal (2021) which showed the coefficient of correlation between aggression and conflict dimension of family environment among adolescents as

+0.31. It was positive and significant at 0.01 level of confidence showing that there exists a significant positive relationship between aggression and conflict dimension of the family environment of adolescents.

There was also a positive relationship between CG and social aggression of +0.258. CG and social aggression had a statistically significant relationship with a p-value of 0.001. These findings corresponded with Fauzi et al. (2023) whose Pearson's correlation results on aggressive behaviour in adolescents showed there is a strong, somewhat positive association between attitude toward aggression and social aggression with $r = 0.314$ and $p < 0.001$. Fauzi et al.'s study also showed that between peer deviant affiliation and social aggressiveness score, there was a noteworthy, moderately positive association at $r = 0.386$, and $p < 0.001$ also corresponding with this study's findings. This study's findings also agreed with a cross-sectional study that examined the connection between preschool aggression and family member death and discovered a positive correlation between verbal aggression and the death of a family member (Meysamie et al., 2013).

On the other hand, rule breaking had a Pearson value of +0.201 which shows a positive relationship with CG. Statistically, CG and rule breaking has a significant relationship with a p-value of 0.01. Finally, there is a positive relationship between CG and antisocial behaviours with a Pearson relationship of +0.211. Consequently, CG and antisocial behaviours have a statistically significant relationship with a p-value of 0.018. There is, hence, a significant positive relationship between complicated grief and antisocial behaviours among children who have lost a loved one.

Hypothesis Testing (H_0)

The study further tested the null hypothesis (H_0). This hypothesis stated that:

H_0 : *There is no statistically significant relationship between complicated grief and antisocial behaviours among children who have lost loved ones in public primary schools in Nairobi County, Kenya.*

To test this hypothesis the researcher fitted a regression model for the independent variable (predictor variable) namely complicated grief and the dependent variables (anti-social behaviour).

Table 12

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.211 ^a	.044	.037	2.58168

a. Predictors: (Constant), Complicated grief

Table 12 provides the R and R^2 values. The R -value represents the simple correlation and is 0.211, which shows a moderate level of correlation. The R^2 value (the "R Square" column) shows the extent to which the independent variable (complicated grief) may account for the variation in the dependent variable (anti-social behaviours). In this instance, 4.4% of variations in anti-social behaviour can be explained by variations in complicated grief.

Table 13

ANOVA^a

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	38.334	1	38.334	5.751	.018 ^b
	Residual	826.468	124	6.665		
	Total	864.802	125			

a. Dependent Variable: Anti-social Behaviours

b. Predictors: (Constant), Complicated grief

Table 13 presents the ANOVA Table, which reports how well the regression equation fits the data (i.e., predicts the dependent variable). Due to the regression model's statistical significance (.018), which is less than 0.05, this table shows that the regression model predicts the dependent variable (anti-social behaviours) significantly well. As a result, the regression model is a good fit for the data overall.

Table 14Coefficients^a

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	6.286	.587		10.702	.000
Complicated grief	.055	.023	.211	2.398	.018

a. Dependent Variable: Anti-social Behaviours

The information required to forecast antisocial behaviours resulting from complicated grief is provided by the coefficients table, as well as establish whether complicated grief contributes statistically significantly to the model (by looking at the "Sig." column). The findings in Table 14 display a significant coefficient of 0.018 meaning complicated grief contributes statistically significantly to antisocial behaviours. Consistent with this study, there is a significant correlation between complicated grief and antisocial behaviour. Subsequently, complicated grief leads to antisocial behaviours. From these findings, it can be concluded that grief among children is neglected or not considered a major issue which unfortunately escalates into CG.

The findings concur with Akerman and Statham (2014) who stated that children are not given attention during mourning as most family members assume that children do not grieve. Additionally, out of concern that the experience would be upsetting, the majority of parents and other caretakers keep children out of wakes and funerals (Schonfeld & Demaria 2016). Children are thus deprived of the chance to grieve in front of their loved ones and get their support. These studies were in line with other literature that stated children's grief work receives fewer opportunities than adults, which encourages children to deny the death. Such children might get stuck for a long time in grieving which prevents them from moving past the death and assimilating it; this is a condition known as Complicated Grief (CG) (Shear, 2012). Huynh et al. (2019), noted that CG affects the child's social, cognitive, academic, and relational functioning manifesting in antisocial behaviours.

To present the regression equation as:

$$\text{Anti-social Behaviour} = 6.286 + 0.055(\text{Complicated Grief})$$

From this equation, there is a need for intervention for children experiencing grief to reduce the risks of children developing complicated grief which leads to antisocial behaviours. Children with CG may exhibit antisocial behaviours by being physically aggressive with acts like; hitting, attacking other children, use of obscene language, disturbing others, severe tantrums, the insolence of adult directives, disregarding correction attempts by adults, and violating social norms (Dyregrov, 2016). Antisocial acts can also manifest as withdrawal (from family members and other bereaved individuals), cheating, being aggressive, abusing drugs, stealing, and using violence, avoidance, or numbness behaviour (Ener & Ray, 2018). There is then need to create awareness among caregivers, teachers, and counselors on the implications of CG in children. This will help them mitigate both complicated grief and antisocial behaviours which might affect the emotional, social, and academic functioning of the grieving children.

5.0 Conclusion

The study findings showed that there was a significant relationship between complicated grief and antisocial behaviours among children who had lost a loved one in selected public primary schools in Nairobi County, Kenya. The findings further indicated that there was a significant positive relationship between complicated grief and antisocial behaviours among children who had lost a loved one in selected public primary schools in Nairobi County, Kenya. CG as shown in this study leads to antisocial behaviours like physical aggression, social aggression, and rule breaking which might end up affecting the social and academic life of the child.

6.0 Recommendations

This study recommends that:

The Ministry of Education introduces a school-based counseling program incorporating grief intervention techniques and with rudimentary age-appropriate resources and guidance, teachers and caregivers should be prepared to address grieving children's emotional needs in addition to guiding them through the challenging feelings related to grief.

References

- Ahmed, M. A., E., Soror, A., S., Elzeiny, H., H. & Elmasry, Y., M. (2013). Aggression and depression among orphanage resident children. *Zagazig Nursing Journal*, 9(1), 119-134. https://znj.journals.ekb.eg/article_38649_1175f0cfafa3f75f4a71761d8e61a40d.pdf
- Ainsworth, M. S. (1989). Attachments beyond infancy. *American Psychologist*, 44(4), 709-716. <https://doi.org/10.1037/0003-066X.44.4.709>
- Ainsworth, M., Blehar, M., Waters, E., & Wall, (1978). *Patterns of attachment: A psychological study of the Strange Situation*. Lawrence Erlbaum.
- Akerman, R. & Statham, J. (2014). *Bereavement in childhood: The impact on psychological and educational outcomes and the effectiveness of support services*. Childhood Wellbeing Research Centre.
- Ayers, T. S., Wolchik, S. A., Sandler, I. N., Twohey, J. L., Weye, J. L., Padgett-Jones, S., Weiss, L., Cole, E., & Kriege, G. (2014). The family bereavement program: Description of a theory-based prevention program for parentally-bereaved children and adolescents. *OMEGA - Journal of Death and Dying*, 68(4), 293-314. <http://dx.doi.org.ezproxy.liberty.edu/10.2190%2FOM.68.4.a>
- Bartholomew, K. (1990). Avoidance of intimacy: an attachment perspective. *Journal of Social and Personal Relationships*, 7(2), 147-178. <https://doi.org/10.1177/0265407590072001>
- Berg, L., Rostila, M., Arat, A. & Hjern, A. (2019). Parental death during childhood and violent crime in late adolescence to early adulthood: a Swedish national cohort study. *Palgrave Communications*, 5(74). <https://doi.org/10.1057/s41599-019-0285-y>
- Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. Basic Books.
- Bowlby, J. (1982). Attachment and loss: Retrospect and prospect. *American Journal of Orthopsychiatry*, 52(4), 664-678. <https://doi.org/10.1111/j.1939-0025.1982.tb01456.x>
- Bretherton, I. (1992). The origins of attachment theory: John Bowlby and Mary Ainsworth. *Developmental Psychology*, 28(5), 759-775. <https://doi.org/10.1037/0012-1649.28.5.759>
- Bui, E. (Ed). (2018). *Clinical handbook of bereavement and grief reactions*. Humana Press.
- Burns, M., Griesse, B., King, S., & Talmi, A. (2020). Childhood bereavement: Understanding prevalence and related adversity in the United States. *American Journal of Orthopsychiatry*, 90(4), 391-405. <https://doi.org/10.1037/ort0000442>
- Bylund-Grenklo, T., Birgisdóttir, D., Beenaert, K., Nyberg, T., Skokic, V., Kristensson, J., Steineck, G., Fürst, J. C., & Kreicbergs, U. (2021). Acute and long-term grief reactions and experiences in parentally cancer-bereaved teenagers. *BMC Palliative Care*, 1-15. <https://doi.org/10.1186/s12904-021-00758-7>
- Coolican, H. (2014). *Research Methods and Statistics in Psychology* (6th ed.). Psychology Press.
- Doughty, E. D., Pfefferbaum, B., Pfefferbaum, R., Dumont, C. E., Pynoos, R. S., Gurwitch, R. S. & Ndeti, D. (2006). Death studies: trauma, grief, and depression in Nairobi children after the 1998 bombing of the American embassy. *International Journal of Social Science*, 30 (6), 561-577. <https://doi.org/10.1080/07481180600742566>.

- Dudge, K. A. (1991). The structure and functioning of reactive and proactive aggression. In D. J. Pepler & K. H. Rubin (Eds), *The development and treatment of childhood aggression* (pp. 201-218). Lawrence Erlbaum.
- Dyregrov, A. (2016). *Grief in children: a handbook for adults* (2nd ed). Jessica Kingsley.
- Dyregrov, A., & Dyregrov, K. (2013). Complicated grief in children - The perspectives of experienced professionals. *Omega (United States)*, 67(3), 291–303.
<https://doi.org/10.2190/OM.67.3.c>
- Elliott, D. S., Huizinga, D., & Ageton, S. S. (1985). *Explaining delinquency and drug use*. Beverly Hills: Sage.
- Ener, L., & Ray, D. C. (2018). Exploring characteristics of children presenting to counseling for grief and loss. *Journal of Child and Family Studies*, 27(3), 860–871.
<https://doi.org/10.1007/s10826-017-0939-6>
- Enez, Ö. (2018). Complicated grief: epidemiology, clinical features, assessment and diagnosis. *Current Approaches in Psychiatry*, 10(3), 269–279.
<https://doi.org/10.18863/pgy.358110>
- Fauzi, F. A., Zulkefli, N.A.M. & Baharom, A. (2023). Aggressive behaviour in adolescent: The importance of biopsychosocial predictors among secondary school students. *Frontiers in Public Health*, 11. <https://doi.org/10.3389/fpubh.2023.992159>
- Fear, M. R. (2017). *Attachment theory. Working towards learned security*. Karnac Books.
- Ferow, A. (2019). *Childhood grief and loss*. *European Journal of Educational Sciences*. 1–13.
<https://doi.org/10.19044/ejes.s.v6a1>
- Futh, A., O'Connor, T., G., Matias, C., Green, J., Scott, S. (2008). Attachment narratives and behaviour and emotional symptoms in an ethnically diverse, at risk sample. *Journal of the American Academy of Child & Adolescent Psychiatry*, 47(6), 709–718.
<https://doi.org/10.1097/CHI.0b013e31816bff65>
- Gaik, L. P., Abdullah, M. C., Elias, H., & Uli, J. (2010). Development of antisocial behaviour. *In Procedia - Social and Behavioural Sciences*, 7. 383–388.
<https://doi.org/10.1016/j.sbspro.2010.10.052>
- Greenberg, M. (1999). Attachment and psychopathology in childhood. In: J, Cassidy & P.R. Shaver (Eds.), *Handbook of attachment: Theory, research and clinical Applications* (pp. 469–96). Guilford Press.
- Gross, R. (2016). *Understanding grief. an introduction*. Routledge.
- Gross, R. (2018). *The psychology of grief*. Routledge.
- Guzzo, M., F. & Gobbi, G. (202). Parental death during adolescence: a review of the literature. *OMEGA - Journal of Death and Dying*, 87(4), 1207-1237.
<https://doi.org/10.1177/00302228211033661>
- Hamdan, S., Mazariegos, D., Melhem, N., M., Porta, G., Payne, M., W., Brent, D., A.(2012).Effect of parental bereavement on health risk behaviours in youth: a 3-year follow-up. *Archives of Pediatrics and Adolescent Medicine*, 166(3):216–23.
<https://doi.org/10.1001/archpediatrics.2011.682>

- Hamill, S. B., Merryweather, E., Lim, L., Myers, S., & Hamby, J. (2017). *Support for young caregivers and grieving youth: a toolkit for k-12 teachers and counselors*. San Marcus.
- Harrison L, & Harrington R. (2001). Adolescents' bereavement experiences. Prevalence, association with depressive symptoms, and use of services. *Journal of Adolescence*, 24(2),59-69. <https://doi.org/10.1006/jado.2001.0379>.
- Hill, J. & Moughan, B. (Eds.). (2004). *Conduct disorder in childhood and adolescence*. Cambridge University Press.
- Holmes, J. (1993). *John Bowlby and attachment theory*. Routledge.
- Holmes, J. (2014). *John Bowlby and attachment theory* (2nd ed.). Routledge.
- Hutchings, J., Williams, M., & Leijten, P. (2023). Attachment, behaviour problems and interventions. *Frontiers in Child and Adolescent Psychiatry*, 2. <https://doi.org/10.3389/frcha.2023.1156407>
- Huynh, H. V., Limber, S. P., Gray, C. L., Thompson, M. P., Wasonga, A. I., Vann, V., Itemba, D., Eticha, M., Madan, I., & Whetten, K. (2019). Factors affecting the psychosocial well-being of orphan and separated children in five low- and middle-income countries: Which is more important, quality of care or care setting? *PLoS ONE*, 14(6), 1–12. <https://doi.org/10.1371/journal.pone.0218100>
- Karakartal D. (2012). Investigation of bereavement period effects after loss of parents on children and adolescents losing their parents. *International Online Journal of Primary Education*, 1(1), 37–57.
- Kennedy, J., & Kennedy, C. (2004). Attachment theory: Implications for school psychology. *Psychology in the Schools*, 41(2), 247-259. <https://doi.org/10.1002/pits.10153>
- Kersting, A., Brähler, E., Glaesmer, H., & Wagner, B. (2011). Prevalence of complicated grief in a representative population-based sample. *Journal of Affective Disorders*, 131(1–3), 339–343. <https://doi.org/10.1016/j.jad.2010.11.032>
- Kim, Y. & Park, Y. (2020). A pilot study evaluating the effectiveness of system-wide positive behaviour support for institutionalized orphans in South Korea. *Psychiatry Investigation*, 17(12):1236-243. <https://doi.org/10.30773/pi.2020.0210>
- Maciejewski, P. K., Maercker, A., Boelen, P. A., & Prigerson, H. G. (2016). Prolonged grief disorder and persistent complex bereavement disorder, but not complicated grief, are one and the same diagnostic entity: An analysis of data from the Yale Bereavement Study. *World Psychiatry*, 15(3), 266–275. <https://doi.org/10.1002/wps.20348>
- Maciejewski, P. K., Zhang, B., Block, S. D., & Prigerson, H. G. (2007). An empirical examination of the stage theory of grief. *JAMA*, 297(7), 716–723.
- Matas, L., Arend, R., & Sroufe, L. (1978). Continuity of adaptation in the second year: the relationship between quality of attachment and later competence. *Child Development*, 49(3), 547. <https://doi.org/10.2307/1128221>

- McCoyd, M., L., J., & Walter, A. C. (2016). *Grief and loss across the lifespan* (2nd ed.). Springer.
- Melhem, N. M., Porta, G., Payne, M. W., & Brent, D. A. (2013). Identifying prolonged grief reactions in children: Dimensional and diagnostic approaches. *Journal of the American Academy of Child and Adolescent Psychiatry*, 52(6), 599-607.e7.
<https://doi.org/10.1016/j.jaac.2013.02.015>
- Meysamie, A., Ghalehtaki, R., Ghazanfari, A., Daneshvar-Fard, M. & Mohammadi, M.R. (2013). Prevalence and associated factors of physical, verbal and relational aggression among Iranian preschoolers. *Iranian Journal of Psychiatry*, 8(3), 138–144.
- Muchai L., Ngari S. & Mumiukha C. (2014). The influence of perceived post election violence on emotional well being among secondary school students in Nakuru County, Kenya. *International Journal of Innovative Research and Development Vol.3* (3)126-135.
<http://41.89.96.81:8080/xmlui/handle/123456789/2611>
- MWENDO. (2021). *Kenya making well-informed efforts to nurture disadvantaged orphans*. USAID.
- Nakajima, S. (2018). Complicated grief: Recent developments in diagnostic criteria and treatment. *Philosophical Transactions of the Royal Society B: Biological Sciences*, 373(1754).
<https://doi.org/10.1098/rstb.2017.0273>.
- Neimeyer, R., & Burke, L. (2017). What makes grief complicated? Risk factors for complicated bereavement. In K. Doka & A. Tucci (Eds.), *When grief is complicated* (pp. 73–94). Hospice Foundation of America.
- Newson, R.S., Boelen, P.A., Hek, K., Hofman, A., & Tiemeier, H. (2011). The prevalence and characteristics of complicated grief in older adults. *Journal of Affective Disorders*, 132 (1-2), 231-238. <https://doi.org/10.1016/j.jad.2011.02.021>
- Ngesa, M. O., Tuikong, S., & Ongaro, K. (2020a). Prevalence and correlates of complicated grief among parentally bereaved children in Siaya County, Kenya. *African Journal of Clinical Psychology*, 2(03).
- O'Donnell, K., Dorsey, S., Gong, W., Ostermann, J., Whetten, R., Cohen, J., A., Itemba, D., Manongi, R., & Whetten, K. (2014). Treating maladaptive grief and posttraumatic stress symptoms in orphaned children in Tanzania: group-based trauma-focused cognitive-behavioural therapy. *Journal of Trauma and Stress*, 27(6). <https://doi.org/10.1002/jts.21970>
- Otto, C., Kaman, A., Erhart, M., Barkmann, C., Klasen, F., Schlack, R., & Ravens-Sieberer, U. (2021). Risk and resource factors of antisocial behaviour in children and adolescents: results of the longitudinal BELLA study. *Child and Adolescent Psychiatry and Mental Health*, 15(61), 2-14. <https://doi.org/10.1186/s13034-021-00412-3>
- Revet, A., Laifer, L., Raynaud, J. P. (2018). Grief reactions in children and adolescents. In: E. Bui (Ed) *Clinical handbook of bereavement and grief reactions*. Current Clinical Psychiatry, (pp 63-83). Humana Press, Cham. https://doi.org/10.1007/978-3-319-65241-2_4
- Roni, S. M. & Djajadikerta, H. G. (2021). *Data analysis with spss for survey-based research*. Springer. <https://doi.org/10.1007/978-981-16-0193-4>

- Rostila, M., Berg, L., Saarela, J., Kawachi, I., & Hjern, A. (2017). Experience of sibling death in childhood and risk of death in adulthood: a national cohort study from Sweden. *American Journal of Epidemiology*, 185 (15),1247-1254. <https://doi.org/10.1093/aje/kww126>
- Ruguru, R. F. (2019). *Relationship between parenting styles and adolescents' antisocial behaviour in secondary school in Embakasi East, Nairobi* (Unpublished Master's thesis).
- Schonfeld, D.J., & Demaria, T. (2016). Committee on psychological aspects of child and family health, disaster preparedness advisory council. Supporting the grieving child and family. *Pediatrics*, 138(3). <https://doi.org/10.1542/peds.2016-2147>.
- Schwartz, L. E., Howell, K. H., & Jamison, L. E. (2018). Effect of time since loss on grief, resilience, and depression among bereaved emerging adults. *Death Studies*, 42(9), 537–547. <https://doi.org/10.1080/07481187.2018.1430082>
- Shear, M. K. (2015). Complicated grief. *The New England Journal of Medicine*, 153–160. <https://doi.org/10.1056/NEJMc1315618>
- Shear, M.K. (2012). Grief and mourning gone awry: pathway and course of complicated grief. *Dialogues Clin Neurosci*, 14(2): 119–128. <https://doi.org/10.31887/DCNS.2012.14.2/mshear>
- Simon, N. M. (2013). Treating complicated grief. *The Journal of the American Medical Association*, 310(4).416-423. <https://doi.org/10.1001/jama.2013.8614>
- Sroufe, L. A., Carlson, E., Levy, A., & Egeland, B. (1999). Implications of attachment theory for developmental psychopathology. *Development and Psychopathology*, 11, 1– 13.
- Thakur, S. & Grewal, K.K. (2021). A Study of Aggression among Adolescents *International Research Journal on Advanced Science Hub*, 3, 46-51. <https://doi.org/10.47392/irjash.2021.019>
- Therivel, J., & McLuckey, L. (2018). *Quick lesson about grief in children*. Cinahl Information Systems.
- Thurman, R. T., Taylor, T., Lockett, B., Spyrelis, A., Nice, J. (2017). Complicated grief and caregiving correlates among bereaved adolescent girls in South Africa. *Journal of Adolescence*, 62,82-86. <https://doi.org/10.1016/j.adolescence.2017.11.009>
- Walsh, K. (2011). *Grief and loss: theories and skills for the helping professions* (2nd ed.). Pearson.