Prestige Journal of Education, Vol. 5, No. 2, December 2022 ISSN: 2645-324X (Print)
A publication of the Association for the Promotion of Innovation in Education (APIE) ISSN: 2645-3223 (Online)

Psychological Counselling of Bereaved Children and Victims of Insurgency in the 21st Century

[1]**Joshua Y. Rotshak, Ph. D**
ndanrotshak@gmail.com

[1]**Nanret John**
[1]*Department of Educational Foundations*
Faculty of Education
University of Jos, Jos

Abstract
When a parent, friend or spouse dies, individuals must cope with the bereavement or the painful loss of loved one. The death of a significant other typically brings forth the painful and complex emotions of grief. Cultural and religious rituals are designed to help survivors adjust to and cope with their loss. These formal practices of an individual and a community in response to death are termed mourning. In an event of death of a significant other, the child is forced to make emotional and behavioural changes to adjust to a new way of live as an orphan. This adjustment comes about through the process of grieving. It is observed that children occasionally experience difficulty with the changes forced upon them in paternal or maternal bereavement which require the assistance of a counsellor. This article discusses how bereaved children and victims of insurgency could be helped through counselling to adjust to a new way of life in the 21st century. The paper concludes among other things that at the death of a parent or a sibling, adults should always watch the child for warning signs of depression and anxiety beyond normal grief reaction and act appropriately.
Keywords: counselling, bereaved, children, victims, insurgency

Introduction

Life is an amalgamation of happiness and sadness. Both tough times and easy times follow each other. Every person will experience loss and traumatic circumstances at some point in their lives. The loss of a loved one is a common experience for both human beings and animals. This experience has the potential to displace a person from their anticipated life course. The challenging aspect of life is how to face it all and maintain a balanced and satisfied perspective on life.

With the increased cases of death and insurgency in Nigeria today, counsellors are challenged to be prompt. Different kinds of distressing events happen in Nigeria, such as death, armed conflicts, natural disasters, accidents, fire incidents, and inter-personal violence. Some typical examples of traumatizing events include, but not limited to kidnapping, rape, armed banditry, cattle rustling, and bereavement. When these happen, not only children, but individuals, families or the entire community is affected. Individuals may lose their loved ones, be separated from family and community, or may witness

violence, destruction or death. All these have the capacity to take a toll on one's mental and physical health.

Bereavement simply means 'to be robbed' or 'deprived' of something valuable. In common usage, it refers to the death of a significant person, like mother, father, friend, child or spouse. It has to do with depriving or being robbed of a close person through death. Bereavement can be expressed in various acts of mourning such as funeral ceremonies or withdrawing from public activities. Grieving on the other hand refers to the psychological components of bereavement; the feelings evoked by a significant loss, especially the suffering entailed when a loved one dies. Related to grief is mourning which is the actions and manner of expressing grief. Since Freud, grieving and mourning have been conceived as a process whereby the bereaved person adjusts to the reality of their loss, enabling them to disengage from the deceased and reinvest in new relationships.

Funeral preparations were formerly made by the grieving family. They were able to dig the grave, make the coffin, prepare the body for burial, and actually bury the body. This participation helped to make real the death and to begin the grieving process. In other words, there was little time for denial. Nowadays, however, funeral directors take over many of these tasks. Embalming tries to mask death and the condition of physical death is not recognized (Philippe, 1976). Funeral directors have become doctors of grief whose role it is to help people through an unnatural time as quickly and as painlessly as possible.

There is physical evidence that people in some cultures do not grief in a healthy manner. Research shows that people in mourning have a high rate of physical (often psychosomatic) illness. Kenyon (2001) found that 33 of 41 patients with ulcerated colons developed the disease very soon after the loss of a loved one. Giblin (1984) found a close relationship between diabetes and resolved grief. Additionally, statistics have shown that the onset of cancer most often follows the loss of a loved one through divorce or disease (Shealy, 1977).

In fact, changes in the 21st century such as lack of family support in mourning, over-exposure to death and violence, lack of participation in caring for the dying, and the funeral arrangements have made grieving more difficult. The grieving process which was formerly viewed as a normal phenomenon has become an unnatural and fearful experience. Because of these changes, counsellors have to deal with the problems of unresolved grief more frequently than in Freud's time (Shneidman, 1976). The question then is, how does the counsellor treats the bereaved child and victims of insurgency?

An insurgency is a rebellion against a constituted authority. Even though insurgency and terrorism have the same mode of operation, insurgency is different from terrorism in so many ways. A key difference between terrorism and insurgency is that an insurgency is a movement – a political effort with a special aim – which is to challenge the existing government for control of all or a part of its territory, or force political concessions in sharing political power.

ISSN: 2645-324X (Print)
ISSN: 2645-3223 (Online)

Terrorism does not attempt to challenge government forces directly, but acts to change perceptions as to the effectiveness or legitimacy of the government itself. Terrorists use methods that neutralize the strengths of conventional forces. Bombings and motor attacks on civilian targets where military or security personnel spend off-duty time, ambushes of undefended convoys, and assassinations of poorly protected individuals are common tactics. Both terrorism and insurgency and other crimes and crises of every sort are very common in Nigeria today. These include the issues of Bokko Haram insurgency, Niger Delta militancy, armed robbery, Odua People's Congress, xenophobic strife, corruption, ethnicity/electoral violence. Others include religious rivalries, theft, kidnapping, murder, among others which pose great threat to economic progress, academic activities, and national development. They are major hindrance to national security, unity, peace and conflict resolution.

The worst part is that the poor masses especially those in rural areas whose villages have been destroyed or taken over by terrorists have now been rendered homeless. Thousands of them have been chased away from their ancestral homes. They now live in the internally displaced persons (IDPs) camps with no security, and little or no food and shelter.

When there is an insurgency or death, children are affected in some way; there is a wide range of reactions and feelings each child can have. Some children may feel afraid, confused or very uncertain about the event. Others can feel very anxious or desperate, numb and isolated. Like elderly adults, they can be concerned about where they will live, who will take care of them, and how they will cope with their daily social needs. Some children may have more severe reactions. How a child reacts depends on many factors, such as, but not limited to:

1. The nature and severity of the event the child experiences
2. The child's experience with previous distressing events
3. The support the child has in his life from others
4. The child's personal and family history of mental health problems
5. The child's physical health
6. The child's cultural background and traditions
7. The child's age; for example, children of different age groups react differently

Every individual has strength and abilities to help children cope with life challenges. However, some children are particularly vulnerable in a crisis situation and may need extra help. This includes children who may be at risk or who need additional support because of their age, because they have a mental or physical disability, or because they belong to groups who may be marginalized or targeted for violence. There is therefore the need to identify the role and importance of counselling services as coping strategy for building peace, conflict resolution and national security among individuals at all levels and walks of life in the 21st century.

Theoretical framework

Several theories have attempted to explain the complex process of loss and grief. Most common of these theories are: Freud's Model of Bereavement, Kubler-Ross Attachment

Theory, and Bwolby's Attachment Theory (Australian Institute of Professional Counsellors (AIPC), 2010). Other models and theories of grief include Linemann's Grief work, Rando's Six 'R' models, the Multidimensional Model, and Strobe's Dual Process Model (Giblin, 1984). Though different in approach, each of these models of the grief process does share commonalities. They all understand grief process to involve a painful emotional adjustment which is generally true, although each person's grief experience will be unique. Also, rather than being in contradiction to each other, each theory helps to present a piece of the larger puzzle in the grief process demonstrating collectively that grief is a complex process that holds both universal characteristics and unique variations (AIPC, 2010).

This article is hinged on Freud's Model of Bereavement. The emphasis in Freud's ideas on grief is about personal attachment. The theory stresses that grieving individuals are searching for an attachment that has been lost. For him, mourning is a state of melancholia suggesting that when mourning goes wrong, melancholia escalates. Melancholia is a profound presentation of depression involving a complete loss of pleasure in all or almost everything. The process of mourning is viewed as a task to rebuild one's inner world by experiencing the intense pain of loss that reawakens the loving effect of the lost loved one. Thus the death of a loved one can result in individuals losing their sense of identity (Freke, 2004).

It is suggested that in grieving, the bereaved is letting go of multiple attachments that are involved in the formation of relationship. When the loss is accepted, the ego is said to accommodate the loss enabling the bereaved to search for new attachments (Zimpher & Humphrey, 2008; Sussillo, 2005). Individuals are at their most vulnerable stage when grieving. It is particularly in periods of grieving that people need kindness and support.

Concept and psychology of death

Death according to the American Psychological Association (APA) Dictionary of Psychology is the permanent cessation of physical and mental processes in an individual. Death-related experiences are common in childhood, although many adults assume otherwise. Understanding death is an important issue for children, and they begin at an early age to try to understand it. Numerous studies have been conducted to determine what children of various ages understand about death (Speece, 1995) with the first study being carried out by Schilder and Weschler in 1934.

Since the 1970s, it has been generally accepted that the concept of death is not a single uni-dimensional concept. Instead, it is composed of several relatively distinct sub-concepts referred to as components. Investigators have varied considerably in the exact number of components they have recognized and in how they have defined them. However, four components account for the bulk of research: universality, irreversibility, Non-functionality, and Causality (Speece, 1995).

There is uncertainty concerning what happens after death and who or what the dead will become, if anything, after death. The realization that death is certain has the potential to

ISSN: 2645-324X (Print)
ISSN: 2645-3223 (Online)

cause great anxiety in humans because of their focus on self-preservation (Becker, 1975). The idea that the specifics of death are uncertain induces fear of the unknown. Fear often is associated with something bad even if the thing is not commonly viewed as bad. Any number of phobias is based on a fear rooted in an experience remembered as inducing negative emotions or a negative response (Becker, 1975). Whether a fear of death is reasonable and appropriate is debated, but the fact that death causes fear even if in only some people, is true and known. To better understand this induced anxiety and fear, psychologists study death through theories that attempt to explain human behaviours leading up to their own death and following the deaths of others. Psychology as a field of study does not study the actual occurrence of death, but rather the human reactions to death.

Although the average adult is able to understand the basic concepts of both life and death, there is a great variability in individual death-related attitudes and behaviours (Hupps, 2017). Clinical psychologist, Jean Piaget, worked extensively on patterns of human cognitive development especially from infancy through adolescence. After researching formal thought operations, he developed a four-stage theory in accord with which humans universally develop from birth through adolescence. The theory is composed of the following four stages: sensorimotor, preoperational, concrete operational and formal operational (Piaget, 1976). Piaget's theory is important in beginning to understand abstract thought and how individuals conceptualize the world. The sensorimotor stage begins with the development of mental representation and symbolic thought and the final stage ends with the development of abstract thought. Important to the concept of death is abstraction, which allows for imaginations. The basic development of the understanding of death starts with the concept 'you are dead,' in which children struggle to understand the permanent and temporary spatial absence of other people (Kastenbaum, 1992). The young child is unable to imagine his own death, but starts to process the death of others. Piaget suggested that children acquire the conception of death when they realize that mortality is universal, personal, inevitable, and final or irreversible (Kastenbaum, 1992). As the child develops into adolescent, the understanding of death progresses further with self-awareness. The adolescent understands the probability, necessity, and causation of death, and also realizes finality and separation of humanity.

It is normal for the mature view of death to occur developmentally during adolescence, but there are still adults who do not hold a mature view of death. Schaie (1995) who explained this difference as personality, life experiences, and task demands influencing thoughts of individuals to diverge, explained cognitive development beginning in adolescence, where Piaget ended his theory. He suggests a five stage theory of cognitive development that begins in late childhood or early adolescence and ends in late adulthood.

The first stage of Schaie's theory, which begins in the transition between late childhood and adolescence, is the acquisitive stage. In this stage, the focus is to gather information about the world in order to prepare for future cognitive tasks. Following this, in young adulthood, people begin the achieving stage. In this stage, the knowledge acquired in the first stage is used in situations regarding long-term goals focused on careers, family, and

society. Next, from early adulthood to middle adulthood, people transit into the responsible stage. This stage focuses on the protection and nourishment of careers and families. Also in middle adulthood, some people experience the fourth stage, the executive stage. People who experience this stage not only focus on their careers and families, but also focus on nourishing societal institutions. Finally, the fifth stage of schaie's theory, the re-integrative stage, is experienced during late adulthood. In this stage, people focus on tasks which have personal meaning. Instead of being focused on solving problems of others and society, they focus on what brings them pleasure in life.

In childhood, a concept of death usually begins its development around the age of five years old (Kastenbaum, 1992). Often times, children at this age, until adolescence, view death as a temporary state analogous to sleeping. Further, many children believe death can be cured by medicine and magic, just as in the fairy tale Sleeping Beauty (Hunter & Smith, 2008). In the time frame of middle childhood, children begin to understand the finality and irreversibility of death as they experience traditions of funerals, cremation, and burials at cemeteries. For children who themselves are experiencing a terminal illness, the concept of death is more real and in such cases, children are able to articulate the finality of their death that they will soon experience (Bluebon-Langner, 2021).

Following this, as children enter into adolescence, cognitive development becomes much more sophisticated, and along with this, the concept of death. The greatest fallacy regarding death in adolescence is often the idea that death will not happen to them (Elkind, 1985). Adolescence often develops a personal fable, a set of beliefs that causes them to feel unique and special, and because of this fable they do not think death can happen to them. When adolescents have to confront the possibility of death and allow themselves to be vulnerable, for example in the case of a terminal illness, they often feel extremely angry or react with total denial. Death itself is a different threat for adolescents, who have not yet become the person they hope to be; and mature adults, who have experienced and settled into much more of life and more or less become the person they had hoped to become. Adolescents have not been given an opportunity to reach their full potential, and thus feel that death is unfair at their age.

This feeling of not being able to reach full potential because of death continues into young adulthood. At this time in their lives, young adults believe they are truly beginning to live their lives as they become independent, begin and finish college, enter long-term relationships, begin their professional careers, and even start families. Not only does the occurrence of terminal illness threaten the possibility of death, but the death of peers affects the vulnerability of young adults in confronting death. Young adults are often expected to be in prime physical shape, thus making death even more unthinkable due to physical or biological illnesses. Further, death in young adulthood frustrates thoughts about the future: marrying, starting a family, and beginning a long-term career resulting from widowhood, single parenthood, and necessary termination of employment due to sickness.

ISSN: 2645-324X (Print)
ISSN: 2645-3223 (Online)

The child's concept of death

"When do children really understand about death?" is one of the questions most frequently raised both by the public and the research community. The most frequently given draws upon a 1948 study of Maria Nagy (Kastenbaum & Costa, 1977) in which she analysed the words and drawings of 378 Hungarian children ranging in age from 3 to 10. Nagy found evidence for 3 stages of development. Stage 1, present until age 5, lacks appreciation of death as final and complete cessation. The dead are less alive, and the condition might be reversed. Separation is the theme most clearly comprehended by the youngest children. Stage 2 children think of death as final. However, there continues to be a belief that death might be eluded; it is not inevitable. A strong tendency to personify was noted at this stage. One might outwit or outlook The Dead Man. Stage 3, beginning at age 9 to 10, is marked by comprehension of death as both final and inevitable. The prospect of personal mortality seems to be accepted.

Evidence that children often perceive death-related phenomena and are actively engaged in trying to understand them comes from a variety of sources. This was perhaps the most salient result of Sylvia Anthony's 1937-1939 studies in Great Britain, later revised and reprinted (Hupps, 2017). Both normal and disturbed children often thought of death, with separation and sorrow dominating their minds. Although flawed, Anthony's work remains valuable for its insights into the young child's attempts to integrate the concept of death into his life, and for its revelation of individual differences at all age levels. Rochlin's (2014) observations suggest that death-related themes frequently are expressed by children at play (Hupps), 2017), while Opie and Opie (1998) have documented the near universal incorporation of such themes into the familiar games and songs of childhood.

While there remains room for disagreement on a variety of questions, it does appear that the child's development of death cognitions is intimately related to its total construction or appreciation of the world, rather than standing outside the main developmental stream as a secondary or exotic process. Curiosity about impermanence and destinations seems as much a part of the child's intellectual orbit as the more frequently researched questions of permanence and origins. Psychologists believe that developmental psychology has overemphasized the processes through which the child comes to appreciate and acquire stability and equilibrium. Real children seem just as interested in disappearances, inconstancies, and disequilibrium. This perhaps is another way of saying that loss, endings, and death are core concerns from childhood onward.

Up to the age of three years, the children are concerned only about separation. Also, death is not a permanent fact for three year old. It can feel temporary. After age five, children regard death as meaning someone has been taken away. At age nine to ten, the realistic conception of death begins to show. That is, children at this age begin to understand that death is a permanent biological process (Kubler-Ross, 1969).

Helping children cope with bereavement

Dealing with bereavement at a young age does not normally impact psychological well-being in the long-term, but in some cases, grief may have lasting effects into adulthood.

In order to help children work through their feelings of grief, it is important to recognize it and understand different ways to help them cope.

Just like adults, no two children experience grief in exactly the same way. In other words, grief affects children in different ways depending on their age. For example, a young child will react very differently to the death of a parent than an adolescent. Generally, children often express their feelings of grief through their actions because they are unable to express it in words. Grief in children may be expressed in some of the following ways depending on the age of the child and their individual personality:

a. Anger or temper tantrums
b. Difficulty concentrating
c. Physical ailments such as stomach pains and headaches
d. Sleep disturbance such as nightmares, insomnia, or restlessness
e. Loss of appetite
f. Withdrawing from friends and family life
g. Regressing to behaviours of a younger child such as starting to wet the bed again
h. Being clingy and experiencing separation anxiety
i. Acting out or misbehaving
j. Adolescent may start rebelling or engaging in risky behaviours.

If any of these warning signs are noticed after loss, it is important to take the child to a grief counsellor if these symptoms last more than a couple of weeks. Children may not cry at all or may cry initially and then seem to quickly return to normal when others around are still very upset. This can lead some adults to think that children get over their grief very quickly or do not need to process their feelings because they are too young to really understand what has happened. This is not true; so it is just important to acknowledge and provide support for grieving children as it is for adults by way of psychological counselling.

Nobody can make the painful feelings of loss go away completely, but parents, teachers, and other caregivers can help children to process their feelings and deal with grief in a non-destructive way. Some of the ways to follow to help children who have experienced loss include:

a. Listening and allowing children to talk about their experiences and their feelings.
b. Trying to maintain normal routines to provide a stable and predictable environment and sense of security.
c. Allowing plenty of time for the child to go through the grieving process and avoiding forcing them to resume normal activities before they are ready.
d. Answering their questions about death or loss truthfully and with clear, easy to understand information. Children always have a lot of questions about what happens after someone dies and these questions are not always easy to answer. It is best to combine factual information about why people die and practical details of the funeral with the family's own beliefs about what happens to a person's soul after death.
e. Avoiding the use of terms like gone away or went to sleep to describe death as young children may find these confusing or take them literally.

ISSN: 2645-324X (Print)
ISSN: 2645-3223 (Online)

f. Reassuring the child that whatever happened is not their fault; guilt and self-blame are common reactions for children dealing with loss.

g. Being caring and supportive at all times, even if the child is acting out or engaging in negative behaviours.

h. Books can be helpful at explaining death in a child-friendly way and helping children to work through their feelings.

i. Encouraging building of memories of someone important who has died by looking at photographs and talking about them together with the child.

Conclusion

Honesty is the best strategy in discussing death with children. It is not appropriate to treat death as unmentionable. This is because death can be explained to preschool children in simple, physical and biological terms. In fact, what children need more than elaborate explanations of death is reassurance that they are loved and will not be abandoned. Regardless of children's age, adults should be sensitive and sympathetic, encouraging children to express their own feelings and ideas.

Suggestions

From the foregoing, the following suggestions are hereby provided:

1. Adults should find better ways of informing and explaining to children about death when their significant other is dead.
2. Adults should find time to listen to what the child's concerns are when the child is bereaved.
3. Psychologists, counsellors, and other healthcare givers should identify counselling framework that is more effective with certain child and age group.
4. At the death of a parent or a sibling, adults should always watch in children for warning signs of depression and anxiety beyond normal grief reaction and act appropriately.

References

Australian Institute of Professional Counsellors (AIPC). (2010). Theories of loss and grief. Retrieved from www.mentahealthacademy.com.au.

Becker, E. (1975). *The denial of death*. New York: Simon & Schuster.

Bluebon-Langner, M. (2021). Children's view of death. In R. Hain, A. Goldman, A. Rapoport, & M. Meiring (Eds.), *Oxford Textbook of Palliative Care for children.* Oxford, UK. Oxford University Press.

Elkind, D. (1985). Another look at the theoretical assumption of adolescent egocentricism. *Developmental Review,* 5(3), 201-217.

Freke, S. (2004). Freud's Theory of culture: Eros, Loss, and Politics. *Journal of Canadian Psychoanalysis*, 12(1), 136-139.

Giblin, N. (1984). Three theoretical framework for grief counseling of a bereaved spouse: Psychoanalytic, Humanistic, and Behaviouristic. Dissertations, 2252. https://ecommons.luc.edu/luc_diss/225

Hupps, A. (2017). A psychological and philosophical understanding of death: An analysis of Platonic and Epicurean philosophy in modern America. *Honors Bachelor of Arts 32*. Retrieved from http://www.exhibit,xavier,edu.hab32

Hunter, S. B. & Smith, D. E. (2008). Predicators of children's understanding of death: Age, Cognitive ability, Death experience and Maternal Communicative Competence. *Omega Journals of Death and Dying*, 57(2). Retrieved from https://doi.og10.2190/OM57.2.b

Kastenbaum, R., & Costa, P. T. (1977). Psychological perspectives on death. *Annual Review Psychology*, 28, 225-249.

Kastenbaum, R. (1992). *The psychology of death (*2nd ed.*)*. New York: Springer Publishing Company.

Kenyon, B. L. (2001). Current research in children's conceptions of death. A critical review. *OMEGA Journal of death and Dying*, 43(1). Retrieved from https://doi.org/10.2190/0X2B-B1N9-A579-DVK1

Kubler-Ross, E. (1969). *On Death and Dying*. New York: Macmillan.

Opie, P. M. & Opie, I. M. (1998). Collection of children's literature. Retrieved from https://www.opiearchive.org.

Philippe, A. (1976). Invisible death. *The Wilson Quarterly*, 5(1), 105-115.

Piaget, J. (1976). Four stages of cognitive development. Retrieved from https://www.psychologydiscussions.net

Rochlin, G. (2014). Children's attitudes to death. Retrieved from https://www.taylofranciseBooks.com

Schaie, K. W. (1995). Training materials in geropsychology: Developmental Issues. In B. G. Knight, & L. Teri (Eds.), *Mental health services for old adults: implications for training and practice of geropsychology.* Washington, DC: American Psychological Association.

Shealy, R. (1977). The effects of divorce on children of selected literature review. *Unedited working Document of Department of Justice, Canada.* Retrieved from https://www.justice.qc.ca

Shneidman, E. (1976). *The deaths of man.* New York: Quadrangle.

Speece, M. W. (1995). *Children's understanding of death: A review of three components.* Retrieved from https://www.pubmed.ncbi.nlm.nih.gov.

Sussillo, M. V. (2005). Beyond the grave – Adolescent parental loss: Letting go and holding on. Doi: 10.1080/10481881509348846.

Zimpher, D. G. & Humphrey, G. M. (2008). *Counselling for grief bereavement. Therapy in practice.* UK: SAGE Publications Ltd.