

Associated Psychopathologies and Mourning Process of the Child of a Deceased Gendarme in the Context of an Anti-terrorist Security Crisis in Burkina Faso

Sebastien Yougare

Department of Psychology, Faculty of Human Science, University Joseph Ki-Zerbo, Ouagadougou, Burkina Faso

Email address:

yougbare.sebastien1706@gmail.com

To cite this article:

Sebastien Yougare. Associated Psychopathologies and Mourning Process of the Child of a Deceased Gendarme in the Context of an Anti-terrorist Security Crisis in Burkina Faso. *Psychology and Behavioral Sciences*. Vol. 11, No. 4, 2022, pp. 136-142.

doi: 10.11648/j.pbs.20221104.14

Received: July 17, 2022; **Accepted:** August 4, 2022; **Published:** August 12, 2022

Abstract: The presence of a child with a mental or physical disability causes psychological suffering in the parents, tending to disrupt the normal course of their existence and that of family life. This study examines the repercussions of the motor handicap of the child on the family affective dynamics in Ouagadougou in Burkina Faso. As such, she carries out a semi-directive clinical interview with the parents and siblings of three families. The application of the content analysis method to the collected data reveals significant facts. On the one hand, the disability of one of their children is a source of communication conflicts between parents: reciprocal accusation about the fate of the child, feeling of guilt, interruption of exchanges. On the other hand, children do better by maintaining emotional ties favorable to their development and the well-being of their motor-impaired brother. This research underlines the need for psychological help to the parents of the motor handicapped child. This can take the form of assistance to the latter's father and mother for the necessary follow-up or support that will enable them to keep their balance and tutoring to be provided to the children for the maintenance and reinforcement of a favorable affective climate between them and beneficial to their disinherited brother.

Keywords: Family Drawing, Child, Mourning, Antiterrorist

1. Introduction

The terrorist hydra continues to spread its tentacles in the West African region, particularly in Mali, Niger and Burkina Faso, with its share of bitterness and desolation. The rise of terrorism in Burkina has been accompanied by a series of attacks, including the one by three individuals claiming to belong to Boko Haram, on 23rd August 2015 at the FDS (Defence and security forces) position in Oursi department. This attack resulted in the serious injury of a gendarme in this region, commonly known as the three-border zone bordering Niger and Mali. On 09th October 2015, 03 gendarmes, a civilian and a terrorist were killed in the department of Samorogouan. On 6th December 2016, 12 FDS from the *Groupe des forces anti-terroristes* (Anti-Terrorist Force Group) were killed in the department of Nassoumbou, 45 km north of Djibo town and about 30 km from the border with Mali in the north of the country. On 19th

August 2019, 24 FDS were killed in the department of Koutougou in the north of the country.

The deadliest attack against the FDS was the one against the gendarmerie detachment camp of Inata in the province of Soum (Sahel Region), northern Burkina Faso. This attack was perpetrated on 14th November 2021 with an official death toll of 57, including 53 gendarmes and 47 survivors.

In this context of attacks against official fighting forces, we are particularly interested in the Special Intervention Unit of the National Gendarmerie (USIGN). The latter is an elite unit specialised in the liberation of hostages, the fight against organised crime and terrorism in all its forms, the protection of high-profile individuals, and the search for and arrest of "dangerous" individuals. It was created in 2012 and formalised in 2015. Just recently, on 5th May 2022, on the Dori-Kaya road, it was ambushed and five gendarmes were killed. The unit was able to resist by neutralising about twenty terrorists. Later on, armed attacks will be intertwined

with ambushes, attacks on FDS bases, planting of explosive devices, inert and lifeless bodies trapped by explosives, the unsuccessful incitement of communal, religious (between Catholics and Muslims, Protestants and Muslims) and ethnic (Fulani and Mossi) conflicts, and so on.

According to the Observatory for Democracy and Human Rights (ODDH) [16], as of 31st May 2020, at least 1,219 civilians and 436 Burkinabe armed force personnel were killed by terrorists, 310 wounded, 530 orphans and 215 widows.

In any case, the above-mentioned various attacks have sounded the death knell for the human loss both on the side of the civilian population and on the side of the FDS due to terrorist acts.

Moreover, in addition to the permanent anxiety that was already existing within the families of FDS agents due to the deterioration of the security situation, they still have to deal with the growing number of widows and orphans generated by the numerous deaths within the troops. Orphans are known to be the most vulnerable and, faced with the suffering that can eat away at them, they need even more energy not only for their physical growth but also to build themselves up psychologically. Indeed, the death of a parent has an impact, in the short or long term, on the psychological adjustment of dependent children [20]. As a result, they may be confronted with various psychological (symptoms of depression and withdrawal) and behavioural problems, and encounter difficulties at school [5, 7, 11, 19, 23].

In view of their psychological fragility and the traumatic impacts that could have the loss of the father in performing his mission of protecting and securing the territory, we formulate the following research question.

What are the underlying mechanisms associated with the mourning process of a fatherless child, whose dead father as USIGN former agent, died in the framework of his counter-terrorism mission?

The approach of such a concern suggests, as a method of investigation, the family drawing. This understanding is well justified insofar as it serves as a channel for accessing the emotional world of children. In addition, it allows for a sense of freedom and the expression of underlying fears, concerns or problems. Indeed, children in mourning situations sometimes have difficulty expressing their feelings, which remain unspeakable. So, as the normal course of mourning in childhood is intended to be a source of difficulties for the future, mourning at this stage would be complicated in nature and could hinder care by making diagnosis difficult. This is even more true for children who are not quick to verbalise or who have difficulty finding the right words to express their suffering. From this point of view, drawing as an effective tool for investigating and assessing children's suffering can be useful as it requires little verbalisation.

Thus, our general objective will be to analyse the various changes that have occurred and the psychopathologies associated with the loss. Such an aim places on the agenda the understanding of the mourning process. Thus, mourning implies working on the reality of the loss involving the mobilization of more or less positive identifications and the

elaboration of unconscious feelings inherent to a certain guilt. The refusal of the painful perception related to the loss, and therefore of reality, will induce in the mourning person a phase of psychic reshaping and progressive acceptance of certain objective and subjective modalities that will take place in itself. An updating of the oedipal identifications, essentially narcissistic, will take place. The ambivalent nature of the relationship with the deceased could lead to a resentment of his or her own death. Such feelings of guilt will contribute to a (re)dynamisation of objectal relations between, on the one hand, the depression of mourning and the suffering it engenders (loss of appetite, desire to die, suicidal ideation, restriction, inhibition, etc.) and, on the other hand, the relationship with others, with the world, with the principle of pleasure and that of reality [8].

At a more specific level, our study aims to infer the post-traumatic manifestations observed in a child of a USIGN agent who died in the theatre of combat, while noting the specific cultural and social manifestations.

So, what are the characteristics of family drawing in a post-traumatic situation observed among the children of Burkinabe soldiers who died at the front of the fight against terrorism?

In order to implement this study, we have adopted an appropriate qualitative methodological approach.

2. Methodology

The methodology used in our work is set around the sampling, the material used and the technique for collected data treatment.

2.1. Sampling

Our study population is the whole of orphans whose fathers were members of the USIGN and who died as a result of the terrorist attacks in Burkina Faso. Thus, the present qualitative study is based on a single-case sampling consisting of the selection of a male orphan bereaved by the death of a gendarme parent in the fight against terrorism. Other inclusion criteria relate to prior parental consent for participation in the study. In addition, the study participant must be between 4 years 6 months old and 12 years 6 months old. This age criterion includes the child's ability to understand the instructions of the family test and to perform it. In addition, it should be ensured that the orphan subject of the study is well informed about the death itself and its circumstances. Also, the death should have occurred at least 6 months before.

The justification for the choice of these criteria is based on the fact that, with reference to the status of the deceased parent, Worden [23] states that the death of the father would cause economic hardship for the family, especially if the father was contributing the largest share of the family income. In addition, the bereaved child may experience a change of environment, a modification of the family system and home routines and therefore possibly lose friends, school, usual landmarks and stability [7, 10, 21, 22]. Also, the quality of the relationship with the surviving parent could

deteriorate, as the latter would have to deal his mourning and could at the same time see an increase in his family responsibilities [3]. Such a situation could affect the surviving parent's ability to provide support, maintain adequate discipline and respond to behavioural problems in the child [3]. The latter may tend to become more permissive towards their children and the maintenance of a poor relationship between the two would be the most predictive factor of poor adjustment for the child [11, 23]. Rosenheim, However & Reicher [18] argue that the surviving parent may have difficulty fulfilling their roles and responsibilities to their child for up to a year after the death.

With regard to the drawing test, Marcelli [15] states that the use of drawing, in general, as a diagnostic tool is relevant for subjects aged 3 to 11 years old. As for death and mourning, Hanus [9] notes that children's understanding of the end of life evolves with age. This relationship between the child's age and his understanding of death will therefore influence his ability to mourn. Thus, before the first two years of life, the child knows nothing about death. Before the age of five, the child apprehends death as a reversible fact and compares it sometimes with a journey, sometimes with sleep. Between the ages of five and nine, death is often personified and conceptualised as an event that may or may not take place, and thus contingent. Early on, i.e. around 6-7 years old, death for some children among living beings coincides with the cessation of vital functions. Between the ages of nine and twelve, death is considered to be an irreversible fact that leads to the cessation of physiological activities.

2.2. Survey Materials

The tools used to implement this study consisted of 3 interview guides, a family drawing test, an A4 sheet of paper, pencil, coloured pencils, a stopwatch and a dictaphone.

The first interview guide is designed to obtain informed consent from the child's parents and to collect anamnestic data about the child from the parents.

The second interview guide is in fact inseparable from the family drawing test. It serves as a framework to help the child explain his drawing during the test in order to facilitate understanding and thus interpretation.

The family drawing test is a projective test. Its role here is to explore family dynamics in order to understand its link with the participant's degree of suffering or resilience following the terrorist attacks he experienced. To that end, the child will be asked to produce 3 family drawings.

First, the respondent will be asked to draw his family as it appeared to him before the terrorist attack. The analysis of this drawing will highlight the respondent's family dynamics before the attack.

In a second phase, he will draw his family after the attacks. This second drawing will show the impacts of the terrorist attacks on the life and dynamics of the family, by comparing it to the first drawing.

And finally, he will draw the ideal family, the one he would have liked to have.

In each case, an attempt will be made to describe the child's relationship with his father, mother and siblings.

The family test is based on a semi-directive interview guide whose role is to understand the child's drawing through his or her own explanations. This guide is structured in 5 points:

- 1) identification of the characters in the drawing: the respondent is asked to state the identity of the characters he or she has drawn. The respondent is asked to name them, indicate their sex, age, family role and relationship to him or her;
- 2) description of family dynamics: the respondent is encouraged to describe his or her relationship with each member of the family.

The rest of the material is used for the family drawing test. The A4 sheet of paper is the child drawing sheet. It is presented to the child in landscape mode. The pencil is the writing device that the child uses to draw. The coloured pencils are used by the child to colour in his or her drawing. The stopwatch is used to keep track of time during the drawing session. Finally, the dictaphone is a sound recorder. It is used to record the sessions. This tool has the advantage of collecting and saving all the information provided by the participants; the therapist can then focus his or her attention on the participant through observation and note-taking of non-verbal expressions.

During the test, the therapist records the order in which the elements are drawn. The therapist observes and records whether the subject is right- or left-handed, as well as the orientation of the subject's graphic movement (in the direction of the writing, up, down, etc.). The examiner also notes his or her observations of the subject's facial expressions, gestures, verbalizations, as well as the fact that he or she is clearly connected to the drawing. When the drawing is finished, the examiner asks the person to give the name of the family drawn, and to write on the drawing, at the top of each character, the name, age and sex of that character, as well as their relationship with the rest of the family. Finally, the examiner asks the subject to indicate which character he or she identifies with, which character he or she would like to be. This question remains relevant even if the subject declares from the outset that they have drawn their family. In the case of a child, the questions suggested by Corman [6] can also be asked:

- 1) who is the nicest person in the family? Why?
- 2) who is the least nice person in the family? Why?
- 3) who is the happiest person in the family? Why?
- 4) who is the least happy in this family? Why?

Suppose you were part of this family, who would you be? Or, we play at being a member of that family, who would you be? Why?

2.3. Data Treatment Techniques

The counting of the family drawing test agrees with the counting protocol developed by Jourdan-Ionescu & Lachance [12].

The data collected is treated through thematic content

analysis. The implementation of this verbal data analysis technique starts with a repeated close reading of the written transcript of the explanations provided by the participant about the 3 family drawings he produced during the interview. This detailed reading made it possible to identify 3 themes around which the respondents' discourse is organised:

"Mother-child relationship", "Father-child relationship", "Siblings' relationship". Each of these three types of relationship has three levels: "good", "normal or ordinary", "bad". These are similar to the above-mentioned sub-themes.

The first theme, entitled "Mother-child relationship", covers all the explanations given by the respondent about his relationship with his mother.

The second theme, "Father-child relationship", encompasses what the participant said about his relationship with his father.

The third theme, "Relationship with siblings", includes explanations provided by the respondent about his relationship with his brothers and sisters.

This analysis continues with the attribution of the different portions of the respondents' discourse to the thematic categories identified on the basis of the following three criteria:

- 1) the unit of recording or coding allows the corpus to be broken down into these unitary elements. Here we choose the idea as a coding unit;
- 2) the unit of information or context is used to assign each unit of recording to the themes identified. An idea related to one of the themes described above is considered here as a unit of information;
- 3) the unit of numbering is used to quantify the different themes based on their frequency of appearance in the participants' comments. The frequency of a theme corresponds to the number of times that an idea relating to this theme is mentioned in the entire interview protocol of a participant.

3. Presentation of the Alpha Single Case

Alpha, the eldest child in the family, is male and aged 10 years 11 months old. He has always lived with his biological parents and has a brother and a sister. The father was a gendarme by profession and the mother a housewife. Alpha had just been admitted to the CM2 class (primary 6 level) for the 2021-2022 school year. The death of his father, 3 years and 2 months ago, in the theatre of anti-terrorist operations, put him into a state of disarray. When this sad event was announced, Alpha burst into tears and since then he has not been able to tell anyone about it.

For the mother, Alpha's pregnancy and delivery had a happy ending. However, after the father's death, she noticed that her son was withdrawing from school and that his performance was declining. Despite some frequent angry reactions, she notes that his sleep is not disturbed and besides, that he is eating, as always.

4. Analysis of the Results

Alpha's family drawing shows characters that are more or less well drawn. Out of these different characters, the deceased father remains the best drawn and valued. Unlike the other members of the family, this one is distinguished by his beard and eyebrows. His position in the upper left corner of the sheet indicates that he was the most adored character. In this regard, Kim Chi [14] points out that the abundance of non-essential elements and the reinforcement or perseveration of these are cues that suggest the valorisation of the person. For Corman [6], this valorisation focuses on the main character, the one that is of particular importance to the child and the one that he invests in especially emotionally. Furthermore, when a parent is drawn first, in Alpha's case the late father, it means that this father image is in line with the child's aspirations.

Alpha starts his drawing with his father's image. He also wants to resemble him. In doing so, resemblances remain in their hairstyles, their clothing and extend to their shoes. On this subject, Corman [6] establishes 3 forms of identification on those relating to reality (self-portrait), desire (resides in the fact of projecting one's tendencies in another character), defence or supramental (allows to avoid guilt, by staging the forbidden drive and identifying with the one who represents the primitive instance).

As for the organisation of his personality, Alpha's drawing gives indications of an expressive nature. These are expressed in the execution of the personal gesture, the rhythm, the line, the expression given to the characters, the use of space and the arrangement of the characters, the face and its expression, the posture, the gestures, the symmetry and the size. Thus, the observation of all these aspects allows us to affirm that Alpha is of a rational type, characterised by the balance and proportions of the characters, the rigour in the execution of the task and a certain immobility of the characters. In this sense, Aubin [1] distinguishes two types of profile: the sensory type (concrete, very sensitive, adhesive, is high in colour and movement in his drawing) and the rational type (characterised by balance, rigour, abstraction and a certain immobility).

On the other hand, Alpha shows realism in his comments and shows few regressive factors. This attitude indicates a good contact with reality and attests to an adequate functioning of the self. In addition, the parents are drawn in larger proportions, supervising the children. Such a posture accounts for a need for a protective structure so that the self can function adequately. It could also be assimilated to a certain affective immaturity. Clearly, the drawing made by Alpha allows the externalisation of a certain number of psychic mechanisms. In this respect, Corman [6] points out that the self must deal at the same time with the requirements of its external pulsional world and with those of the external reality (the death of the father). For the author, it must create the best compromise and this becomes very difficult if the internal requirements are too great or if the reality is too painful. The self then produces adjustments, defences, to

preserve its balance.

From the relationships between the characters, a fairly close proximity between Alpha and his father emerges, in contrast to the other members of the family. This reality is meant to be significant for the relationship with them in his internal world and his unconscious desire for them. From Corman's perspective [6], closeness is indicative of a desire for intimacy, a greater attachment, and distance would be predictive of a conflict with the subject.

Ultimately, having had a secure attachment with his deceased father, we note that Alpha has a good personality structure. Nevertheless, he showed anger and distress through the flow of tears when performing the family drawing test. This emotional state is part of a phase that would justify his declining performance at school. This stage of depression 3 years after the death of the father is illustrative of pathological mourning, a normal mourning process not exceeding 2 years. Clearly, the subject is experiencing a case of complicated mourning characterised by a blockage of work with prolongation of the depressive phase. This situation in which Alpha is immersed is due not only to the fact that he was not formally informed of the death, but also to the fact that he did not participate in the various rituals, either on the side of the army or of the family. As the funeral took place in another town in the country, he has never been able to go there to pay his respects to his late father. Culturally, the child must be protected and Alpha has been excluded from the whole funeral process. This desire for protection is, unfortunately, the likely cause of the difficulties experienced by him in his mourning process.

5. Discussion of the Results

This section, devoted to the discussion of our study results, will first deal with the methodology of our work and then compare the results with a number of previous works. In doing so, it should be reminded that the objective of our study is to analyse the various changes that have occurred and the psychopathologies associated with the death of a loved one. More specifically, while establishing a parallel with the mourning process as described in the literature, the aim is to understand the post-traumatic manifestations observed in the child of a Burkinabe gendarme, a member of the USIGN who died in the performance of his mission during the fight against terrorism.

Therefore, the single case clinical method combined with the family drawing test is appropriate. Such a method is beneficial as it allows the individual to be identified in his or her singularity and the totality of his psychic dimension while preserving him from the feeling of guilt that could result from the interview with the examiner. On the other hand, the instructions of the family drawing test are not always well understood by the subject. Similarly, some of the examiner's subjectivity could taint the interpretation of this diagnostic tool.

Notwithstanding the above-mentioned limitations, our approach could nevertheless help understand the experiences

of many children following the death of a parent. Thus, the present research allows us to highlight the dynamics of the mourning process and the psychopathologies associated with the loss of a parent following the terrorist attacks against the FDS in Burkina Faso. We therefore discuss the Alpha case by referring to the results of other authors.

The subject of our study (Alpha, 11 years and 10 months old) is defined by a secure type of attachment with regard to the bond maintained with the father figure. Indeed, Alpha enjoyed a secure psychological closeness with his father who died more than 3 years ago. At the mention of the father, the subject bursts into tears, synonymous with distress and therefore with unresolved mourning. The mourning process is strongly influenced by Alpha's level of cognitive and affective development, and by his understanding of death. In this regard, Bacque & Hanus, [3]; Hanus, [10] and Kergorlay-Soubrier, [13] establish differences in children according to age and understanding of death.

The family drawing reveals the organisation of the personality as well as the structuring of the child's psychic instances. Because of their developmental level, children have a different psychic functioning from that of adults. Indeed, they are deprived of mentalization and symbolization registers, comparable to those of adults, because they evolve in an ambivalent imaginary world inhabited by omnipotence fantasies which contrast with their lack of autonomy in reality and their constitutive immaturity. For Hanus [9], the child's idea of death influences the development of his or her mourning. The true meaning of death is therefore related to the child's age and capacity to mourn. Three stages can be distinguished in the manifestation of mourning in the child. It begins with an initial phase of shock, continues through a central period of depression and ends with a phase of termination of mourning. As in our subject, there is a lack of mourning and regression of affect in the first instance and a real depressive state in the central phase. Finally, the terminal phase is reached when desires for renewal are consciously accepted and even sought. However, no mourning comes to an end. It usually leaves behind an indelible scar. Children's mourning is marked not only by a part of the grief but also by the process of elaboration to be resumed later during the first stages of adult life on the occasion of a new mourning or another separation [2].

In short, mourning among children is a function of age, cognitive, affective and motor development. The hypothesis of a possible link between the type of attachment and the mourning process could not be validated by our study. However, authors such as Bowlby [4], Parkes [17] and Yougbaré [24] point out that insecure attachment makes it more difficult for adults to deal with their mourning. A larger population of mourning children could help clarify the issue.

6. Conclusion

Originally, African societies, particularly in Burkina Faso, tend to protect children by generally excluding them from all funeral rituals that are part of the mourning process.

Informing the child, however, of the death of one of his or her relatives, for example, enables a much more elaborated mourning process to begin. The advantage of such a posture is undoubtedly that it helps to prevent adaptive disorders (disturbances in cognitive, affective, intelligence, attention, communication and social interaction, etc.) and behavioural disorders (anxious dependence, hyperactivity, depression, sleep disorders, somatic complaints, excessive anger, etc.).

Since the loss of a parent could lead to disturbances in the process of constructing a child's psychic apparatus, our work aimed to understand the post-traumatic manifestations observed in the child of a Burkinabe gendarme, a member of the USIGN, who died during his anti-terrorist mission.

In this vein, it emerges that the mourning process does not escape the child per se, and its manifestation takes into account the age and the degree of psycho-affective maturity of the latter. However, the single case study as a sampling method does not allow us, in a rigorous manner, to establish the link between the secure attachment style experienced by our subject and his predisposition to so-called normal mourning process. On the other hand, a certain number of attitudes must be observed in the context of social support, including that of people around the child. Therefore, death should not be known only to adults, because as the end of life established for every human being, it is part of an inevitable process and must be faced. In doing so, the child can be gradually impregnated with it, and this in an adequate management of the subsequent anxieties. In this respect, the adult should be able to remove obstacles to his or her own anxiety about death in order to facilitate dialogue about the child's understanding of death or the early loss of a loved one. In any case, the pain of loss among children can be actualised during a potentially traumatic event. Such an assertion, however, needs to be treated with caution, as each case is unique. Indeed, taken individually, each child feels the loss differently and experiences it in a unique way. Finally, in order to truly identify the therapeutic itinerary of the children of the FDS who died in the fight against terrorism in Burkina Faso, it is appropriate for this study to take a longitudinal approach.

References

- [1] Aubin, H. (1970). Le dessin de l'enfant inadapté [The maladjusted child's drawing]. Toulouse: Privat.
- [2] Bacque, M. F. (1997). Le deuil à vivre [Mourning to live]. Paris, Odile Jacob.
- [3] Bacque, M.-F. et Hanus, M. (2000). Le deuil [Mourning] (2e éd.). Paris, France: Presses universitaires de France.
- [4] Bowlby, J. (1978). *Attachement et perte* [Attachment and Loss] (Vol. 1). Presses Universitaires de France.
- [5] Cerel, J., Fristad, M. A., Verducci, J., Weller, R. A. et Weller, E. B. (2006). Childhood bereavement: Psychopathology in the 2 years postparental death. *Journal of the American Academy of Child Psychiatry*, 45 (6), 681-690.
- [6] Corman, L. (1970). Le test du dessin de famille [The family drawing test]. PUF.
- [7] Dowdney, L., Wilson, R., Maughan, B., Allerton, M., Schofield, P. et Skuse, D. (1999). Psychological disturbance and service provision in parentally bereaved children: prospective case-control study. *British Medical Journal*, 319 (7206), 354-357.
- [8] Haesevoets, Y.-H. (2008). Chapitre 9: Le deuil, la mort et l'enfance: les vicissitudes d'un chantier psychique. *Dans Traumatismes de l'enfance et de l'adolescence*, [Chapter 9: Mourning, death and childhood: the vicissitudes of a psychic construction site. In *Childhood and adolescent trauma*], 259-306.
- [9] Hanus, M. (1994). Les deuils dans la vie: deuils et séparations chez l'adulte, chez l'enfant [Mournings in life: mourning and separations in adults, in children]. Paris, France: Maloine.
- [10] Hanus, M. (2008). La mort d'un parent: le deuil des enfants [The death of a parent: the mourning of children]. Paris, France: Vuibert.
- [11] Howarth, R. A. (2011). Promoting the adjustment of parentally bereaved children. *Journal of Mental Health Counseling*, 33 (1), 21-32.
- [12] Jourdan-Ionescu, C., & Lachance, J. (2000). Le dessin de famille: présentation, grille de cotation, élément d'interprétation [The family drawing: presentation, rating grid, element of interpretation]. Pearson.
- [13] Kergorlay-Soubrier, M.-M. (2010). *Tu n'es pas seul: Accompanyer l'enfant en deuil* [You are not alone: Accompanying the grieving child]. Editions du Jubilé.
- [14] Kim chi, N. (1989). La personnalité et l'épreuve de dessin multiple [Personality and the multiple drawing test]. Presses Universitaires de France.
- [15] Marcelli, D. (2009). *Enfance et psychopathologie* [Childhood and psychopathology]. 8e édition. Paris: Masson.
- [16] Observatoire pour la Démocratie et les Droits de l'Homme (2020). Burkina Faso, Risque d'un nouveau Rwanda? Bilan de la Violence au Burkina Faso 04 avril 2015-31 mai 2020 [Observatory for Democracy and Human Rights (2020). Burkina Faso, Risk of a new Rwanda? Assessment of Violence in Burkina Faso 04 April 2015-31 May 2020].
- [17] Parkes, C. M. (2001a). An historical overview of the scientific study of bereavement. In M. S. Stroebe, R. O. Hansson, W. Stroebe, & H. Schut, *Handbook of bereavement research: Consequences, coping, and care* (pp. 25-45). Washington, DC: American Psychological Association.
- [18] Rosenheim, E. et Reicher, R. (1986). Children in anticipatory grief: The lonely predicament. *Journal of Clinical Child Psychology*, 15 (2), 115-119. doi: 10.1207/s15374424jccp1502_2.
- [19] Thompson, M. P., Kaslow, N. J., Kingree, J. B., Bryant, L. J. et Rey, M. (1998). Psychological symptomatology following parental death in a predominantly minority sample of children and adolescents. *Journal of Clinical Child Psychology*, 27 (4), 434-441.
- [20] Tremblay, G. C. et Israel, A. C. (1998). Children's adjustment to parental death. *Science and practice*, 5 (4), 424-438.

- [21] Tucker, C. J., Marx, J. et Long, L. (1998). "Moving on": Residential mobility and children's school lives *Sociology of Education*, 71 (2), 111-129.
- [22] Wolchik, S. A., Tein, J. Y., Sandler, I. N. et Ayers, T. S. (2006). Stressors, quality of the childcaregiver relationship, and children's mental health problems after parental death: The mediating role of self-system beliefs. *Journal of Abnormal Child Psychology*, 32 (2), 221- 238.
- [23] Worden, J. W. (1996). *Children and grief: when a parent dies* New York, London: The Guilford Press.
- [24] Yougbare, S. (2017). Deuil et névrotisme chez une personne de style d'attachement craintif [Mourning and neuroticism in a fearful attachment style person]. *Cahiers Ivoiriens de Psychologie*, (7), 91-105.