

1999

# THEMES AND ISSUES IN THE EXPERIENCE OF CHILD SURVIVOR FRIENDS

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<http://hdl.handle.net/10026.1/1798>

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<http://dx.doi.org/10.24382/3357>

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**THEMES AND ISSUES IN THE EXPERIENCE OF CHILD SURVIVOR FRIENDS**

**by**

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A thesis submitted to the University of Plymouth  
in partial fulfilment for the degree of

**DOCTOR OF CLINICAL PSYCHOLOGY**

Department of Psychology

Faculty of Human Sciences

May 1999.

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## ABSTRACT

This study was interested in the experience of adults who had been bereaved of close friends during childhood (aged 5-12 years). This was identified as an area that was both under-researched and of potential importance to mental health professionals. Six participants were recruited through newspaper articles and requests placed in G.P. surgeries. All of the participants met with the researcher for an open-ended, unstructured interview lasting between 1 and 1½ hours. The interviews were explored using the qualitative approach of 'Interpretative Phenomenological Analysis'.

Several themes and issues emerged as important in the experience of child survivor friends. These themes were related to one another in a conceptual map. The analysis showed that child survivor friends could, and did, respond in ways that are typically associated with grief. They were also shown to be particularly vulnerable to traumatic stress responses, which may have impacted upon the resolution of their grief. The survivor friends had also maintained continuing bonds with the deceased that were present at the time of the interview. There was also a tendency to remain without a close friend for some time after the bereavement. Being a child survivor friend was shown to impact upon the development of understanding the universality of death, it was also identified as a possible risk factor for depression. The reactions of adults (i.e. parents and teachers) to the survivor friends was also found to be important. They tended to disenfranchise the grief of the participants as children. This was found to be detrimental to their ability to cope with the loss. This study recommended that the grief of future child survivor friends is acknowledged, franchised and supported.

These findings were interpreted and related to current theories of grief and attachment. The clinical implications of these results were discussed. The limitations of this study were acknowledged and avenues for future research highlighted. The conceptual map developed from this research supports the 'dual processing model' of grief (Stroebe, 1994) with elements of 'loss' and 'restoration' orientation in the responses of survivor friends, with oscillation between the two over time.

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## ACKNOWLEDGEMENTS

I would like to begin by thanking the people who volunteered to share their stories with me. Without their willingness and enthusiasm this project would never have left the starting blocks. Thank you so much.

I would also like to say a very big thank you to Mrs Freida Scutchings. Her dedication and commitment to typing the transcripts ensured that I both stayed sane and completed the analysis in time for the deadline. Thanks a million.

I would like to thank everyone at the Clinical Teaching Unit in Plymouth, especially Tony Carr. The discussions, support, suggestions and 'nudges in the right direction' have been invaluable, thank you.

Finally I want to thank those who have seen me at my worst throughout the research process, my family and Gareth. They have been, in turn, tireless proof readers and constant supports. They have also, very importantly, provided as much chocolate as required during write up!

Following on from the last point, I would like to apologise to the makers of Jaffa Cake for the drop in profits following the completion of this project!!

### **AUTHOR'S DECLARATION**

At no time during the registration for the degree of Doctor of Clinical Psychology has the author been registered for any other University award.

The contents of this bound volume are identical to the volume submitted for examination in temporary binding except for the amendments requested at the examination.

This study was conducted while the author was a Trainee Clinical Psychologist in the South and West Region based in Exeter and District Community Health Service NHS Trust and United Bristol Healthcare Trust.

Signed: K Addonw

Date: 7/7/99

# **1 INTRODUCTION**

An interest in the experience of children who lose friends suggests a number of areas that are important to consider before determining the exact nature of the research questions to be asked in this study. The introduction will review research concerning children's friendships and their significance to development as well as grief and bereavement during childhood. Following on from this, research concerning disenfranchised grief will be reviewed. This will lead to a consideration of the research specifically concerning the death of a friend. As a result of these reviews, gaps in our knowledge will be identified, from which the research question for this project will develop.

## **1.1 CHILDREN'S FRIENDSHIPS**

When we are considering the impact of a friend dying during childhood we need to be clear what is meant by the word 'friend', how they are identified and their significance to one another. We also need to be sure that children have such relationships. This discussion will focus upon the definition, identification, development through childhood and significance to social, emotional and cognitive development of friends and friendship.

### **1.1.1 Definition**

The definition of a 'friend' is 'a person known well to another and regarded with liking, affection and loyalty. An ally in a fight or cause' (Collins English Dictionary). 'Websters Dictionary of Synonyms' (1967) adds that it is a relative concept to be contrasted with other interpersonal relationships. Friendship involves choice, positive emotional content, frequent

contact between the 'friends', an interest in the other's welfare, mutual understanding and entrusting with secrets. This is very similar to Deck and Foltz's (1989) conclusions, although they add that it is enduring, valuing and involves mutual identification. Very few researchers have gone beyond description towards operationalisation. One who has attempted to do so is Sharabany (1974), whose Intimate Friendship Scale is described below.

Sharabany (1974) used sociological and psychodynamic theory to create a scale to measure the degree of intimacy in a friendship. The scale contains eight dimensions: **Frankness and Spontaneity** (e.g. 'I feel free to talk to him/her about almost everything'); **Sensitivity and Knowing** (e.g. 'I can tell when he/she is worried about something'); **Attachment** (e.g. 'I feel close to him/her'); **Exclusiveness** (e.g. 'The most exciting things happen when I am with him/her and nobody else is around'); **Giving and Sharing** (e.g. 'I offer him/her the use of my things'); **Imposition** (e.g. 'I can be sure he/she will help whenever I ask for it'); **Common Activities** (e.g. 'I work with him/her on some of his/her hobbies') and **Trust and Loyalty** (e.g. 'I know that whatever I tell him/her is kept secret between us'). These dimensions are similar to the factors written about in essays by children as important aspects of friendship (Bigelow & LaGaipa, 1975).

In a recent review of the literature Schneider, Wiener & Murphy (1994) concluded that friendship is a relationship containing seven characteristics including **propinquity** or proximity in time and place between the people concerned. This is potentially particularly important for children because of their restricted mobility and dependence. It also involves **shared activities** (see also Howes, 1981; Sullivan, 1953) and **similarity** in age, race, physical attributes or activity (all of which decrease in importance with age) or tastes, attitudes and interests (which increase in importance with age) (Berndt, 1982; Ladd &

Emerson, 1984; Rotenberg & Sliz 1988). Further characteristics are **tangible support and instrumental assistance**. Young adolescents, for example, use the concepts of sharing and helpfulness when assessing friendships and gain psycho-social support from one another when in conflict with other peers (Bukowski & Kramer, 1986; Rizzo, 1989).

The fifth factor is **intimacy and self disclosure** in friendship. Many researchers have hypothesised that this characteristic develops at a relatively late stage. Rotenberg & Sliz (1988), however, asked children to make an audio tape for a friend and an acquaintance. They found that children as young as 5 included more intimate information for their friend, suggesting that intimacy and self disclosure are parts of young children's friendships. **Trust and Reciprocity** are the two final characteristics identified from the literature by Schneider et al (1994).

The characteristics identified by Schneider et al (1994) and Sharabany (1974) are not identical. Sharabany mentions neither propinquity nor similarity whilst Schneider et al do not explicitly include emotional attachment or exclusivity. Despite these differences the two sets of factors are complementary and, together, provide a broader understanding of friendship. Interestingly, Duck (1984) and Shulman, Elikor & Sroufe (1994) have suggested that friendships can provide a **secure and accepting environment to share ideas** and accommodate the **resolution of conflict** in emergent thinking and feeling. Although Sharabany's 'frankness' and 'sensitivity' could be considered similar, the notion that friendship contains degrees of conflict or disagreement has been largely ignored by those defining the relationship. It would be interesting to explore 'conflict resolution' in friendship and potentially create an eighth characteristic to join those described by Schneider et al (1994). This exploration could begin by considering the recent meta-analysis which found significant friend versus non-friend effects in conflict management

style (Newcomb & Bagwell, 1995),

The aspects of friendship identified in each study will, of course, be influenced by the methodology used. Observational studies, for example, may not necessarily identify sharing of secrets as important because of the impacting presence of the observer. Interviews also rely upon the participants' ability to verbalise complex concepts. It is possible that researchers have not explored the more negative sides of friendship ( i.e. conflict and conflict resolution) because the methodologies used have not facilitated it. Despite these difficulties, however, research and debate thus far has established that friendships involve choice, varying degrees of shared activities, mutuality, trust, self disclosure, similarity, social and practical support and finally, attachment and positive affect.

Using these conclusions and adapting items from Sharabany (1974), a close childhood friend can be operationally defined as; someone who is more than a class-mate. Someone who you may share hopes, secrets or problems with, who you feel close to. You choose to spend time with him or her above others you know and may have shared interests and hobbies. You may know when he or she is happy or worried without them having to say. You may also be able to share some of your belongings (for example, pens books and toys) without having to ask first.

### 1.1.2 Identification

Once there is an established understanding of the definition of a friend, it is important to investigate ways of identifying friendship dyads and groups for research purposes. The assumption made in all friendship research (including that mentioned above) is that the researchers are able to distinguish who, in a given group, is friends with whom. It is most

commonly done using peer nomination or 'reciprocal sociometric choice' (i.e. if A chooses B to play or work with and B chooses A then, A and B are friends). This does not, however, measure the depth of the relationship and would define those chosen on a practical, not emotional, basis as friends (Schneider et al, 1994). They also observed that many research projects have not determined the basis for the subjective designation of peers as friends.

Hartup (1989; 1996) suggests several methods for identifying children's friendships for research purposes. Firstly, asking mothers and teachers as well as the children and determining reciprocity of the choices made. It is unclear however what a difference between the lists would mean. It would seem very misguided to reject a child's choice of friend on the basis that two adults, however close, are not aware of the level of relationship that exists. Secondly, children could be asked to assess liking for one another and the researcher evaluate the mutuality of these choices. Thirdly, the researcher could take a more active role by observing seeking and proximity maintenance behaviour or measuring reciprocity and co-ordination in social interactions. Although the latter two methods validate the child's choice of friend, there is still a problem. A child may be considered 'friendless' because his or her friends are not in the group being looked at. This would have implications for research into the significance of having friends (see later section).

All of the above methods have drawbacks and each research project has to choose one which best fits its resources and purposes. Schneider et al's (1994) conclusion that it is not yet clear which criteria should be accepted by the research community for the identification of friendships amongst children remains true. In order to focus research upon the importance of friendship **to and for children**, however, it seems imperative to include the children directly in the identification process. Explicitly stating the definition of 'friend' used in the project, both to participants (depending upon research aims) and other

researchers, would also improve validity and reliability of friendship identification across studies.

### 1.1.3 Development of Friendships through Childhood

It is important, for the purposes of this study, to establish the developmental level a child has to reach before she or he is able to create identifiable friendships. Researchers have tended towards stage theories when describing a child's ability to develop and maintain friendships. Selman (1980) identified five stages when he observed the friendships of children aged four to pre-adolescence. The youngest, at stage '0', chose friends for momentary, concrete reasons (for example as a play mate) with no long term significance (supported by Berndt & Perry, 1986). In Stage 1 children perceived friends as a source of help. Their personal characteristics were important and considered beyond the immediate encounter but only in relation to how well they fitted with the 'self'. Stage 2 friendships showed requirements for intimacy and trust. An understanding of reciprocity develops, but the friendship is perceived as context specific. By Stage 3 focus shifts from the individuals to the friendship itself which has been described by Sullivan (1953) as an 'in-group of two'. Friendships by Stage 4 are flexible and provide a sense of personal identity.

Selman's model does not give explicit age ranges, however, it is possible to use Piaget's (1955) developmental theory to provide a guiding framework. Therefore, children between the ages of approximately 3 and 5 are egocentric and consequently unable to distinguish their own feelings from those of others. Between the ages of 6 and 12, as 'self' and 'other' are understood as separate and autonomous, friendships reach the reflective and reciprocal stages. In other words, by this time they are very similar in nature to friendships amongst adults. This is supported by Rubin (1980) who found that children develop adult-like

friendships between the ages of 5 and 7.

The importance of non (or pre) verbal communication in the development and maintenance of friendship has not been acknowledged in the above work. The work has also drawn conclusions about the temporary nature of younger children's friendships without long term studies to support these conclusions.

This first criticism is argued by Howes (1989) who comments that pre-verbal infants have the cognitive ability to form attachments to adults which implies that they are endowed with the pre-requisites necessary for forming reciprocal affectionate bonds with peers. Park (1992) also highlights the importance of play as communication of friendship in the child's world. Whaley & Rubenstein (1994) suggest that the imitation found in mother infant relationships is recreated and forms the language of friendship amongst toddlers, in other words, friendships occur first in the doing and then coming to know what you do. They observed friendship dyads in children aged between 22 and 33 months and found that they maintained the relationship by imitating rituals and routines. Corsaro (1985; 1988) also noticed that pre-schoolers proclaimed friendships that contained elaborate rituals or routines. The second criticism has been investigated by Park, Lay & Ramsay (1993) who noticed stability in pre-school aged friend groups over a one year observational study. Howes (1987) observed seeking behaviour, proximity maintenance behaviour and evidence of positive affect in friendship groups amongst children aged between 16 and 33 months. He also found stability of friendship with 51 percent having reciprocal friendships that were maintained over a one year period.

It could be argued that these very young friendships appear to be stable over time by chance. Perhaps they are maintained because they continue to be available to fulfil the

concrete needs of one another rather than reflecting a growing emotional attachment. However, the friendship dyads were observed within stable groups where all of the children were, theoretically, equally available to be play-mates. There appears to be positive choice and discrimination in very young children when looking for friends.

In conclusion, there is mounting evidence that children begin to develop emotional attachments with peers (i.e. friendships) from a very early age. The age at which it is first noticed depends upon the methodology used and the age of the children being studied. Despite these differences there is a general agreement that by the age of approximately six children have begun developing friendships that are similar in emotional and physical nature and content to those of adults.

#### 1.1.4 Social, Emotional and Cognitive Development

It is now important to consider the significance of friendships to a child's well-being. If they are significant, the loss of a friend could theoretically impact upon a child's development. Several papers speak eloquently of the developmental importance of friendship for children. They lack adult structure and rules (Toray & Oltjenbaums, 1996) and have a unique equality (Sullivan, 1953). Sullivan suggests that friends become new objects of attachment between parents and partners, representing the beginning of love outside the family unit that helps develop a sense of self. Youniss (1980) has drawn the work of Sullivan and Piaget (1965) together. His thesis suggests childhood friendships are a primary force in a child's social development in which they act as co-agents for their own socialisation. Most of the empirical research investigating these theories has focused upon the difference between children with friends and those without. Children bereaved of friends may well be different, in important ways, to children who do not establish

friendships. However, the findings are of interest.

The mental health benefits of social support for adults (which can be gained through friendship) is well documented and there is little reason to assume that this would be different for children. Ipsa (1981) and Schwartz (1972) both found that children can use other children as attachment objects, which implies that they have strong developmental significance. The children observed in Ipsa's study were, however, in the exceptionally emotionally barren conditions of care in the former Soviet Union. These findings all suggest that friendships amongst children can impact upon their emotional development and well-being.

Several researchers have investigated loneliness amongst children. Renshaw & Brown (1993) looked at a group of 128 in their 'middle childhood' over a one year period. They found that 'friendless' children reported more feelings of loneliness than those with friends. Bukowski et al (1991) also found friendship increased self esteem ratings in a group of 10 year olds over a one year period. In a review Hartup (1993) concluded that all studies have shown that children with friends are more sociable, co-operative, altruistic, self confident and less lonely than those without. Although these findings are correlational rather than causal, they do establish that friendless children are socially and emotionally vulnerable.

Studies which have concentrated on cognitive development and performance have also established a positive relationship with friendship. Bagwell, Newcomb & Bukwoski (1994) assessed children at age 11 and again at 24. They found that having friends at 11, together with certain sociometric indicators, could predict school success and aspirations. Newcomb & Brady (1982) found that children were better able to remember tasks, when tested later, if it had been completed with a friend rather than a non-friend. Azmitia & Montgomery

(1993) found higher levels of problem solving dialogue and 'transactive conflict' when children worked with friends. This difference resulted in improvement performance in the most difficult task given. The researchers suggest that this was due to being able to air differences in a co-operative and task centred environment. Hartup, Dauite, Zajac & Sholl (1995) examined conversations during a story writing task and found that children spent more time 'on-task' when with a friend. Their stories were also scored higher when measuring use of standard English. LaGreca (1992) found that support from a close friend was associated with reduced social anxiety and depression and increased levels of positive self esteem and academic achievement. It should, again, be remembered these studies highlight a correlation not a cause and effect. Furthermore, the long term developmental significance of these differences are unclear.

In a meta-analysis Newcomb & Bagwell (1995) suggested that the higher levels of performance could be the result of positive engagement, the style of conflict management used (negotiation or power assertion), the increased amount of time spent on-task and the general relationship properties. Hartup & Laursen (1992) further suggest that the 'climate of agreement' between friends can lead to better performance as well as the fact that they will be seeking to resolve any disagreement and continue the interaction. These are particularly interesting suggestions in light of the comments made earlier about investigating conflict resolution within friendships.

Research has, apparently unanimously, shown a positive relationship between having friends and social, emotional and cognitive development. Cohn, Lohrmann & Patterson (1985), however, found that the number of friends a child speaks to intimately was more predictive of loneliness than the number of friends in total. Quality rather than quantity is important. As Wright states the maintenance of a friendship is a profound social and emotional skill in

its own right (1984). The literature detailed above certainly supports Hartup's (1996) conclusion that, 'friendships in childhood and adolescence would seem to be developmentally significant. When children have friends they use them as cognitive and social resources on an everyday basis.' The impact of losing a friend on a child's development, therefore, is potentially significant.

#### 1.1.5 Conclusion

This review investigating friendship through childhood has highlighted a number of issues. Firstly, 'friendship' is difficult to operationalise or define. It is clear, however, that it is a relationship of choice which contains elements of emotional attachment, trust, self disclosure, similarity and support with shared activity. Secondly, the fact that there is no widely accepted method for identifying friendship groups for research purposes has been highlighted. The suggestion has been made that to improve reliability and validity the child should be involved in the identification process, whilst the researcher should be as explicit and open as possible about the definition of friend she or he uses. Thirdly, despite differences of methodology it has been shown that children can develop friendships that mimic those of adults by approximately the age of six. Finally the positive relationship between the number and quality of friendships and the child's emotional, social and cognitive development has been established with the implication that the loss of a friend could influence this.

## **1.2 CHILDHOOD GRIEF**

The earlier section shows that children are able to form attachments to others, in fact it is the hallmark of our species and a key to our survival (Bowlby, 1980a). The other side of

attachment is the experience of grief. Bereavement during childhood has interested many researchers, the majority having focused upon the loss of a parent. This should be remembered when extrapolating the results to other types of loss. Research of interest to the development of this project is discussed below, including: models of grief work; the development of an accurate death concept and variables that can influence that development and grief reactions in children.

### 1.2.1 Models of Grief

There are many models of the grieving process. Several focus on the 'work' of grief, a term first used by Freud (1957). He described the process of gaining a psychic 'freedom' from the deceased person, arguing that libidinal energy remains attached to thoughts and memories of the dead person and that grief is resolved when this energy has been withdrawn from the lost object and transferred to a new person. More recent theories have recognised that many people maintain a relationship with the deceased which is not indicative of an abnormal or pathological grief reaction.

Early stage theories of grief (see Kubler-Ross, 1969) have given way to new models of the dimensions and 'tasks' involved in resolution of loss. These recognise that people's movement through grief is not linear. Worden (1991) described four tasks of 'uncomplicated mourning'. They are: 1) recognising and accepting that the loss is real and irrevocable, 2) working through the pain of grief, 3) adjusting to a world without the dead person and reconstruing self and 4) emotionally relocating the deceased and moving on with life. Later researchers have modified this model to incorporate the systemic aspects of bereavement. For example, task 2 becomes 'to share experience of the pain of grief' (Walsh & McGoldrick, 1988; 1991).

Zisook et al (1990) move away from 'tasks' and focus upon six dimensions of a person's life that are impacted by bereavement. They are; 1) emotional and cognitive reactions to the loss, 2) coping with the emotional pain, 3) the continuing relationship with the deceased, 4) changes in functioning (health and social), 5) changes in other relationships and, lastly, 6) changes in identity. This model does not pre-determine 'tasks' to be completed. Whilst this may reduce the security of those helping the bereaved, it does allow people to define their own individual needs. One of the benefits of this type of model is that it de-pathologises unique grief reactions. The way forward may well be through incorporating 'tasks' (individual and systemic) to be completed and 'dimensions' of life affected into a holistic model of bereavement.

These two models both focus upon adult bereavement. As will be shown later, the needs and understanding of children require special consideration. Bowlby (1980a, b) was one of the first to consider the possibility that children grieved. He developed a very influential stage theory. Baker, Sedney & Gross (1992) have, more recently, developed a three phase model of childhood grief which is similar to Worden's. They state that children need both knowledge about the loss and to feel safe before their 'work' can begin. Trauma related to the death can also prevent these tasks from being completed and would need to be dealt with first. The early work involves understanding the reality of the loss and the 'story' of the death. The middle phase tasks include emotional acceptance of the losses and their implications. Children re-evaluate their relationship with the deceased and begin to bear the pain. Later tasks include forming a sense of personal identification, investing in new relationships and constructing a durable internal relationship with the deceased plus returning to the normal developmental tasks of a child their age. This is very similar to Fox (1988) who adds a further task of commemorating the life of the deceased.

Children's reactions to loss can sometimes be baffling to adults and consequently be misconstrued or misunderstood (please see later section). In light of this, it would be useful to consider childhood grief in a model similar to Zisook et al's (1990) with both acceptance of individual reactions without pathologising and the implied fluidity of movement between dimensions. The current models also assume that children understand the meaning of death, but a child will not necessarily develop an internal relationship with the deceased or invest in new relationships if they do not believe death to be permanent.

### 1.2.2 The Development of a Death Concept

Over the years children's understanding of death has been the subject of much discussion. For a person to have an accurate 'death concept' (or concept of death) he or she understands that it is inevitable, universal and irreversible. Research has shown that very young children can have very unrealistic understandings of death. Their misconceptions will, of course, influence their reaction to a bereavement and it is therefore important to consider this aspect of research.

Nagy's 1948 theory, developed from work with 378 Hungarian children, is the most often quoted. She suggested there were three stages of cognitive development that lead to a full death concept. These stages are, again, congruent with Piaget's stages of cognitive development (Koocher, 1973). Between the ages of three and five children are said to think of death as a temporary departure or sleep, with elements of egocentric fantasy in their descriptions. Between five and nine, they personify death and understand that it may be an eventuality but not that it is universal. By the age of nine or ten, the children in Nagy's study had a realistic death concept. There is an argument that this model may be culturally

specific as later research found that American children do not tend to personify death in the same way (Kane, 1979; Koocher, 1973).

It has also been argued that children begin developing an understanding of death before three. The most famous being a 16 month old recognising that a squashed caterpillar is 'no more' (Kastenbaum, 1974). Nagy's theory has, nevertheless, stood the test of time remarkably well. A review by Kastenbaum in 1992 concluded that by the age of nine or ten children had developed a realistic death concept, however, level of cognitive development is more important than chronological age per se (Koocher, 1973). As previously discussed, children can develop friendships earlier than this. Kastenbaum's (1992) findings suggest that if these friendships are broken by death, the children may not have a complete understanding of what this means.

### 1.2.3 Variables Influencing 'Death Concept' Development

Research has also investigated factors that might influence the development of a child's 'death concept'. Of interest in this discussion is work looking at the impact of experience of death and bereavement. Cotton & Range (1990) found that experience of death was negatively related to concept development and suggested that bereaved children were being given inaccurate information. The children involved, however, were from a religious background whose explanation of death may not have been considered 'accurate' by the researchers. McIntyre, Angle & Struempler (1972) found no relationship between experience of bereavement and death concept development. They included many types of bereavement experience (e.g. death of a parent, sibling, friend or pet and attendance at the funeral). This variety of experiences, whilst accurately reflecting the variety of losses grieved over, may have compounded and hidden results relevant to only one type of loss.

Reilly, Hasazi & Bond (1983) divided a group of 60 children aged 5 -10 years into three groups. One had experience of a parent dying, one had experience of parental divorce or separation and one had no experience of bereavement or separation. They found that understanding of 'personal mortality' ( or universality) was related to both cognitive development and experience of bereavement but not experience of separation or divorce. Kane's (1979) research also suggests that experience of bereavement (in this study before the age of six) can lead to a precocious understanding of the universality of death.

Research looking at the influence of early bereavement on death concept development remains ambiguous and in need of clarification. There is a suggestion, however, that it leads to a precocious understanding of certain elements (i.e. universality) rather than the whole of the concept. There is also a need to understand the implications of their developing knowledge on their reactions in order to best help them successfully resolve loss.

#### 1.2.4 Grief Reactions in Children

Many clinicians working with bereaved children describe a wide variation of grief reactions. Although children can react physically, behaviourally and psychologically in ways that are similar to an adult (Dyregrov, 1991), their reactions tend to last longer. Baker & Sedney (1996) suggest that this is because as their understanding of death develops further aspects of the loss are realised and grieved for.

Symptoms that have been associated with grief in children include psychosomatic illness (i.e. headaches and stomach-aches), which can mirror the physical complaints of the deceased if they died from illness. There is a higher level of school related problems due to

difficulties concentrating, attending and 'slow thinking' that may continue over several years. Bereaved children can also be particularly anxious, with phobias and fears and a very sensitive startle reaction. They often report vivid memories, dreams and nightmares resulting in sleeping problems. Difficulty getting to sleep is also seen in children who have developed a fear of dying themselves. Other emotional reactions include depression, guilt, loneliness and denial. This list of reactions is derived from the work of Davies (1995), Dyregrov (1991) and Wells (1988).

Furman (1984) has investigated patterns of response at different ages. His research suggests that children under five respond in more anxious or aggressive ways, with sleep disturbance, tantrums, wild play and regressive behaviour. They feel vulnerable to attack because they see death as the result of aggression. Between the ages of 6 and 10 years they have begun to develop fear of appearing vulnerable or different and are more likely to employ denial as a coping strategy, alongside phobic or psychosomatic complaints. This age group is particularly vulnerable to disenfranchisement of their grief (see later section). Their denial would only serve to reinforce this. By adolescence emotional reactions are private. Common reactions include acting out, risk taking behaviour, depression and withdrawal from activities and friends. The range of behaviours and emotions that have been attributed to grief is large, suggesting that individual differences may be great. This means that carers need to consider all aspects of the bereaved child's well-being. They would have to be sensitive to the fact that emotional reactions may be hidden by denial, somatisation, acting out or private fears and anxieties.

To establish whether the rates of behavioural and emotional difficulties in bereaved children are different to those in non-bereaved children, Baker & Sedney (1996) discuss a study comparing 105 children who had lost a parent with a control group. Parental report

showed higher levels of sadness, symptoms of mild depression, bedwetting and tantrums in the bereaved group. The levels of 'severe depression' were equal. They concluded that children's grief reactions were mild and short lived. Before accepting this conclusion, however, there were several difficulties with this study. Firstly, they relied upon the reports of parents who, by definition, would also be grieving. This may alter their sensitivity to their child's inner state. Their follow-up period was also rather short to measure long term effects.

Elizur & Kaffman (1982) carried out assessments of a group of 25 Israeli children who had lost their fathers in the war, over three years. Maternal reports suggested that emotional and behavioural problems had increased since the bereavement. The researchers concluded that two thirds of the children had 'severe psychological problems' at some point during the 3 year period. This appears to contradict the study discussed above. The lack of a control group, however, meant that the psychological impact and trauma of being at war was not ruled out as the cause of the distress seen.

A great many researchers use parental report as a measure. Weller, Weller, Fristad & Bowes (1991), alternatively, used both parent and child interviews to investigate the initial reactions of 38 children (aged 5-12 years) to a bereavement. They found that 37 percent of the children fitted the DSM 3R criterion for 'major depressive episode'. They also found a significant difference between parental and child reports, with only 8 percent of parents reporting depressive symptomatology in their children to fit the criteria. Parents, who themselves are grieving, do not necessarily have access to their child's internal world. This highlights the importance of asking children directly in order to gain a full understanding of the breadth and intensity of the grief reactions.

### 1.2.5 Conclusion

This review of grief in children has covered a number of issues. Firstly, it has been established that children can and do mourn. This fact was accompanied by the suggestion that childhood grief be considered using a dimensional as well as task based model. Secondly, the nature of children's understanding of death has been discussed. The conclusion, that children can make and lose friends before they fully understand death, and that adults need to be sensitive to this, was reached. The possibility that early bereavement experience may lead to a precocious understanding of the universality of death was also highlighted.

Finally the wide range of emotional, behavioural and physical reactions to bereavement displayed by children was considered. The conclusion that parents (and other adults) can under-report the severity of a child's reactions was reached with the implication that future research needs to involve the child directly. The research reviewed here adds weight to Baker & Sedney's (1996) conclusion that 'children are *exceedingly vulnerable* (sic) after a death and ... require specific attention, support and education to help them cope successfully with loss' (p129).

## **1.3 DISENFRANCHISED GRIEF**

### 1.3.1 Definition

The term 'disenfranchised grief' was first used by Doka in 1989. Grief is disenfranchised, he argues, when 'a person experiences a sense of loss but does not have a socially recognised right, role or capacity to grieve', it is 'the grief that persons experience when they incur a loss that is not or cannot be openly acknowledged, publicly mourned or socially supported'.

He points to four contexts in which grief is potentially disenfranchised; when the significance of the relationship is not recognised; when the loss itself is not recognised (e.g. peri-natal deaths); when the bereaved is considered not capable of grieving (e.g. children or learning disabled) and when the death is considered 'shameful' in some way (e.g. A.I.D.S. or suicide).

Two of these contexts are particularly relevant to a child's experience of a friend dying. Firstly, when the significance of the relationship between the deceased and the child survivor friend is not recognised and secondly, when the child is not considered capable of grieving. As discussed earlier, both of these opinions are being challenged by current research. Doka argues, however, that society in general still holds these potentially disenfranchising views.

This non-recognition of the significance of the relationship is formalised in some of the rituals surrounding death and dying (the 'family only' visiting rule in hospitals and families organising funerals) and some research. Brooks & McKinlay (1992), for example, wrote that 'a large number (of claimants) had had friends killed or injured. Few however, had been bereaved' (p538), reserving the status of 'bereaved' for those who had lost family members.

Grief can also be disenfranchised on an intra-psychic as well as societal level (Kauffman, 1989). He argues, that the social rules and expectations that a person learns throughout his or her life (for example, that 'real men don't cry') can result in him or her being ashamed of their feelings. The imagined, rather than actual, views of others serve to inhibit their natural grief reaction. This self disenfranchisement would, of course, only strengthen the myth that there was no need or right to grieve in the given situation. Social rules, however, are not

static and perhaps, after the public display of emotion at the death of the Princess of Wales, people will begin to allow for emotional reactions to a greater variety of bereavement experiences.

### 1.3.2 Implications

Doka (1989) argues that if a loss is disenfranchised, the grief is exacerbated. He describes feelings of increased anger, guilt and powerlessness with a concurrent reduction in factors which research has shown to facilitate healthy mourning (social support and being involved in the rituals surrounding death). Grief reactions in those who are disenfranchised are often misinterpreted and punished, which can lead to feelings of guilt and remorse. Deck & Folta (1989) state that society implies that any intensity of reaction amongst disenfranchised grievers is pathological which, in turn, can lead to distancing and social isolation. In a similar manner Dyregrov (1991) concludes in his study of child grief that adults lack of acceptance and recognition of children's grief can seriously hamper children's long term resolution of losses' (p51).

Doka's (1989) comments do have a degree of face validity but the research basis for these claims is unclear. Clinical experience has led to the conclusions of these authors who state that 'without changes in the social structure, the (disenfranchised) grievers will remain a high-risk population. They will continue to be treated as if they caused the problem. This is not merely a personal problem however, it is a social problem. Grief must be public to be shared and shared to be diminished' (Deck & Folta, 1989). There evidently needs to be further research in this area to determine both the prevalence of grief that is disenfranchised and the impact of this on grief resolution.

### 1.3.3 Conclusion

The concept of grief being disenfranchised both on a societal and intra-personal level has been introduced. Two contexts in which this can occur have been identified as relevant to this research project (i.e. when either the significance of the relationship or the child's ability to grieve have not been recognised). The potential for social rules to change has also been acknowledged. The theoretical implications of disenfranchising grief reactions have been discussed, although the dearth of research in this area means that conclusions can only be tentative at this time. The area of disenfranchised grief has been identified as an interesting area for further research.

## **1.4 THE DEATH OF A FRIEND**

### 1.4.1 Disenfranchised Grief - continued

Sklar & Hartley (1990) suggest that 'survivor friends may carry a double burden and be at a greater risk (because) they experience the social and emotional transformations of bereavement, whilst they are forced to suffer a lack of institutional outlets that act as support for those transformations' (p105). Other researchers have suggested that 'since the identification (with a friend) is so great, the sense of loss of self and the threat to self is very intense' (Deck & Folta 1989; Dyregrov, 1991). Deck and Folta point out that many friendships are dyads and, therefore, the loss of a friend means, not only the demise of the group but also the absence of the support system usually relied upon.

### 1.4.2 Attachment Theory

An alternative way to understand the potential impact of friend loss is to extrapolate from Bowlby's attachment theory (1980a). Attachments are said to be formed when there is

‘attachment behaviour’ (i.e. ‘any form of behaviour that results in a person attaining or retaining proximity to some other differentiated or preferred individual’ (Holmes 1993), ‘separation protest’ and ‘secure base effects’). Bowlby’s work concentrated on the child-adult care giver attachment, however, as discussed earlier, there is evidence of these elements of attachment in the friendships of children.

Attachment theory posits that children create an ‘internal working model’ of their relationships. Children then bring assumptions about relationships, based on this model, into new relationships. This suggests that if an early friendship is prematurely terminated by death, the survivor friend’s internal model of ‘friendship’ is impacted. This, in turn, would have implications on their ability to establish, maintain or end later friendships. Attachment theory also suggests that the breaking of attachment bonds and the internalisation of early attachment patterns may influence the development of psychiatric disorder in later life.

The disorders that have been linked to early attachment history include ‘unexpected grief syndrome’ (major losses that are unexpected or untimely with reactions characterised by shock, disbelief and a sense that the deceased person is still present) and depression (the early experience of hopelessness leading to a lack of mastery in later life). The death of a child is always untimely and often sudden and traumatic, suggesting that the survivor friend may be vulnerable to this particular ‘pathological’ grief reaction. It should be remembered that the loss of an attachment figure creates only a vulnerability to these disorders. Rutter (1981) has identified several protective factors (including care by a known figure) that it would be interesting to explore for survivor friends.

In conclusion, both ‘disenfranchised grief’ and ‘attachment’ theories suggest that the death of a friend during childhood is an experience worthy of attention from psychologists and

other researchers.

### 1.4.3 Models of Loss

There are two models that can be used to help understand the losses experienced when a friend dies. The model of secondary loss and incremental grief (Oltjenbaums, 1996) used systems theory to look at the impact upon the surviving friends and their friendship networks. He suggests that if both of the friends in a remaining dyad were friends with the deceased, they become emotionally unavailable to one another because they are dealing with their own grief, leading to feelings of isolation, particularly when there is a dyssynchronicity of reactions. Alternatively, if only one person from the dyad was friends with the deceased, this can put a great deal of stress on the relationship through one not understanding the experience of the other. This may, again, lead to withdrawal from one another. The survivor friend may, consequently, experience the 'secondary loss' of another friend. Oltjenbaums (1996) used the term 'incremental grief' to refer to the additive effect of grieving these multiple losses.

The second model of interest was developed by Lofland (1982) to describe the losses experienced with the death of a spouse. It was later adapted by Toray & Oltjenbaums (1996) for child survivor friends. Lofland analysed data, including intensive interviews with bereaved people, published first hand accounts of the grief experience, published case and interview data and unpublished letters of condolences, memorials and anecdotes. The 'seven threads of connectedness' she identified, as adapted by Toray & Oltjenbaums, are described below.

Friends act as **role partners** for one another. Several roles that people play require others

for realisation (for example, 'comic' or 'helper') and the unique nature in which they are played out can not be replaced. Friends give **daily assistance** to one another, if one dies the other will have to learn new skills. Friends provide **ties to others**, for example A meets C, D and E only through the arrangements of B. If B dies, A also experiences the loss of C, D and E's friendships which can lead to increased social isolation. Furthermore, friends help each other to **maintain their sense of self**. They reflect back a unique view of 'self' and see dimensions others may not be able to.

Friends can also be a **buffer from life's hazards** by providing a sense of security and solace. The loss of this buffer can lead to a reduced sense of personal safety. They also help to **maintain reality** for one another, sharing common understandings of reality, identity and their place in the world which is threatened by the death of one. Finally, friends provide the **maintenance of possible futures** when they talk about plans. When one dies there is often discomfort about the future and a sense of potential unrealised. Lofland (1982) and, later, Toray & Oltjenbaums (1996) suggest that it is the breaking of these ties that is the basis of the grief experience.

These models complement one another in two ways. Firstly, Lofland (1982) is describing some of the multiple losses that can lead to 'incremental grief'. Secondly, Oltjenbaum's (1996) model adds consideration to the wider system's grief which is largely missing from Lofland's work (probably because it was created to understand loss in a (usually) exclusive relationship). The 'seven threads of connectedness' also has similarities to the work of Sharabany (1974) and Schneider et al (1994) (see earlier). For example, 'daily assistance' is similar to 'imposition' and 'tangible support' whilst 'role partners' is similar to 'reciprocity'. This is a timely reminder that when we are defining the term 'friend' we are also pre-defining some of the potential losses at the death of a friend.

#### 1.4.4 Research

There is only a limited amount of research into the experience of survivor friends and still less focusing on child survivor friends. Some researchers seem to have stumbled upon the impact of friend loss rather by surprise. This review will begin by noting those surprise findings and move onto research looking directly at the impact upon adults, adolescents and then children.

Hartley (1984) was researching the significance of friendship and asked people to describe their 'best friend'. He was surprised to find that some participants talked about people who had died up to 10 years previously. Two other psychologists apparently surprised by their results were Brooks & McKinley (1992) who assessed 66 adults claiming compensation for psychological damage following the Lockerbie disaster. Their assessments were conducted between 10 and 14 months after the event using the Revised Impact of Events Scale (Horowitz, Wilner & Alvarez, 1979), the GHQ28, a Post Traumatic Stress Disorder questionnaire, the Leeds Depression Scale and the Leeds Anxiety Scale (Snaith, Bridge & Hamilton, 1976). 68 percent of their sample had lost a friend in the disaster. They found that the death of a friend did have a statistically significant impact on the Leeds Depression Scale and the GHQ28 scores (at the 0.01 level). They concluded that 'on clinical examination it was striking how many claimants spontaneously reported distress occasioned by the death of a friend or acquaintance.' As they themselves pointed out, this was a highly selective group (those seeking compensation) and perhaps the conclusions drawn here may not apply to a more general population.

Sklar & Hartley (1990) directly researched the experience of adult survivor friends. They

interviewed and collected essays from a group of college students between the ages of 18 and 45 who had lost a friend in the last five years. They also asked their participants to attend a one hour focus group to discuss the issues raised, this was extended, at the request of the participants, into three, two hour long, support groups. The themes identified included: a reduction in coping ability; experiencing premonitions of the death; anger at the friend and themselves; a sense of 'craziness'; anniversary syndrome; visions of the deceased friend and legal and economic difficulties (one friend had paid for the funeral). The researchers found considerable unresolved feelings of despair, guilt, fear for one's own mortality and a sense of emptiness and concluded that they had 'empirically shown that survivor friends do grieve' (p110). The participants also seemed surprised that other survivor friends experienced grief, having assumed that they were alone in their reactions. It may, again, be argued that there is a selection bias in volunteering, with those who coped well choosing not to participate. Whether this is true or not, this research makes the important step of acknowledging and stating that survivor friends can and do grieve and that this grief is often hidden, even to themselves.

The experience of the adolescent survivor friend has created a little more interest. Schachter (1991) interviewed 53 adolescents who had lost a peer (not necessarily a close friend). He found that the majority experienced sadness, shock, disbelief, surprise, anger, confusion, numbness, fear and guilt. In comparison with that, Oltjenbaums (1991) found that 91 percent of the adolescent participants who had lost a friend, reported at least one positive outcome including increased: appreciation of life, emotional strength, problem solving skills, empathy, emotional bonds with others and improved communication skills.

Brent et al (1992; 1994) have researched the effects of a particularly untimely, sudden and traumatic loss, i.e. loss through suicide. They compared adolescents who were friends

or acquaintances of a suicide victim with demographically and psychiatrically matched controls (using the Child Behaviour Checklist, or CBCL, Achenbach & Edelbrock, 1983). Despite the fact that the victims' closest friends often did not participate, they found a significantly higher level of major depression in the friends and acquaintances group at 6 months (31 percent compared to 7 percent in the controls) as well as higher levels of suicidal ideation. At follow up (12 to 18 months later), there were still increased levels of incident depression in the friends and acquaintances group. It has been noted that friends of suicide victims are often already psychiatrically vulnerable (Shaffii, Steltz-Lenarsky, Derrick, Beckner & Whittinghill, 1988). When these risk factors, however, are controlled for, being a friend or acquaintance of a suicide victim still leads to an increased risk of major depression.

When narrowing the field of interest to child survivor friends there is a near silence amongst researchers. Pohlman (1984) is the only paper found which looks directly at the effects of a friend dying during childhood. Pohlman is a nursery teacher and this paper is a product of her own experience of a three year old in her class dying from cancer. She noticed that the other children's play changed; they became less tolerant of intrusions into their space or materials, hospital play increased with the doctors unable to cure everything and games such as cops and robbers which routinely involved death were avoided. The children also expressed anger and asked a great number of questions. Due to the nature of the situation, Pohlman's conclusions were unsystematically derived and, consequently, may not hold up to scientific scrutiny.

A thorough review was able to find no research into friend death for children between the ages of 3 months and adolescence. Nevertheless, the work of Park (1992) and Whaley & Rubenstein (1994) with children (36 and 71 months old) whose friends had recently moved

away is of interest. They used parental report and observation respectively noting that children tended to be described as 'sad' and 'lonely'. Many would cry when they realised their friend was not returning and some of their behaviour regressed and became aggressive. These reactions sound so similar to grief that it is difficult to believe that children wouldn't also display them if the friend died.

When looking at the reactions of survivor friends in all age groups they are strikingly similar to reactions to familial loss. Lurie (1993) compared adolescents who had lost a family member with those who had lost a friend. He used the Grief Experience Inventory (Sanders, Mauger & Strong, 1985) and found that there were more similarities than differences. Interestingly, the only significant difference was on the anger and hostility subscale, where the survivor friends scored higher. Hypothetically, this difference may be due to either the type of death (untimely, often sudden and traumatic) or fear for their own mortality (having lost someone of their own age group).

The research has shown that child and adult survivor friends experience depression, anger, fear for their own mortality, shock guilt and despair in the same way as those experiencing familial loss. Some of these emotions can remain unresolved up to five years later. As Doka (1989) hypothesised, this grief does appear to be disenfranchised even amongst the survivor friends themselves. The long term sequelae of friend loss has not been researched.

One of the problems with this area is that a 'selection bias' may have skewed the results towards those who found the experience particularly difficult. This argument may stop the findings being widely accepted. The paucity of research also exacerbates the problem. Nevertheless, the research so far certainly supports the theoretical conclusion made earlier that the loss of a friend is worthy of attention from psychologists and researchers.

Continued investigation will determine whether the findings can be generalised to all (or a significant proportion of) 'survivor friends'.

#### 1.4.5 Conclusion

In this review of work relating to the impact of friend death a number of important issues have been raised. Firstly, the theoretical importance of the experience has been established by discussion of disenfranchised grief and attachment theory. Secondly, two models of loss were compared. The importance of considering grief in the wider system has been highlighted, along with the link between defining 'friend' and pre-determining the losses associated with the death of a friend. Thirdly, the small amount of relevant empirical research has been reviewed. It suggests that survivor friends of all the ages studied can and do grieve in ways that are very similar to grief for a family member. Furthermore, the scarcity of research concerning both children aged between 4 and adolescence and the long term impact of friend loss has been highlighted. The issue of 'selection bias' in the research has been discussed. Finally, the need to continue research in this area has been strongly emphasised.

### **1.5 CONCLUSIONS AND RATIONALE**

This literature review covers several well researched areas whilst also indicating several potentially interesting gaps in our knowledge. The definition of friendship has been discussed with the suggestion that children do form emotional attachments to their friends and that these relationships are significant to their emotional, social and cognitive well-being. It has shown that children are capable of grieving, but that this can go unrecognised or disenfranchised by others which may hinder the resolution of loss. We do not know,

however, the full implications of disenfranchisement. Children's understanding of death has also been shown to be qualitatively different to adults which impacts upon their grief reactions. The influence of early bereavement upon the development of a death concept, however, remains controversial.

The effects of certain attachments being broken by death have been investigated, however there is a lack of research into the effects of friend bereavement. The studies that have been conducted suggest that it is a rich area for investigation. There is a particular gap when considering children aged between four and adolescence. This is an interesting period of development for children, with both their concept of death and ability to form emotional attachment to friends maturing. Finally, much of the research findings concern the first few years after the bereavement, whilst little is known of its long term course or outcome.

#### 1.5.1 Research Aims and Question

The aim of this research is to explore the following gaps in current research:

- 1) the experience of survivor friends between the ages of 5<sup>1</sup> and 12
- 2) the long term impact of losing a friend during childhood

The research question is, consequently, exploratory in nature. It is:

**‘What are the themes and issues relevant to the experience of Child Friend Survivors?’**

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<sup>1</sup> Five was chosen to ensure that children had the opportunity to develop friendships outside the family unit (i.e. in school).

## **2 METHOD**

### **2.1 PARTICIPANTS AND SAMPLING**

#### **2.1.1 Selection Criteria**

Further to the research aims and question, the following criteria for selection of participants was used.

- 1) The participant is aged 20 or above.
- 2) The participant lost a 'close friend' when between the ages of 5 and 12.

The researcher was aware that there are potential difficulties when not including an upper age limit. For example, ensuring that the very old who may volunteer have reliable enough memories and are considered 'mentally competent'. It was felt, however, that due to the unusual nature of the event being investigated, setting an upper age limit would add further restrictions to an already small target group.

#### **2.1.2 Recruitment**

Participants were recruited through letters published in a number of local newspapers describing the research and requesting participants<sup>2</sup>. These articles contained explicit definitions of a 'close friend' as determined by the researcher (see pilot study 1, section 2.2.3b, for validation of the definition). Adverts were also posted in a number of local G.P. surgeries with the permission of the practice managers<sup>3</sup>. This prompted 11 respondents.

<sup>4</sup>Seven fitted the selection criteria (six from the newspaper article and one from the advert in the G.P.'s)

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<sup>2</sup>A copy of the Press Release sent to the Newspapers can be found in Appendix 1a.

<sup>3</sup>A copy of the Advert can be found in Appendix 1b.

and were sent a 'Friendship Bereavement Information Sheet'<sup>4</sup>. It described the project and volunteering in more detail, including issues of confidentiality, right to withdraw from the research at any stage and what will happen to the findings. The sheet also included a consent form. All 7 of those who received an information sheet returned the consent form and agreed to participate.

Those who did not fit the selection criteria were written to thanking them for their interest and explaining why it was not possible to include them. They were also sent a contact number for CRUSE Bereavement Care so that they could seek counselling if they chose. This was with the agreement of the local CRUSE counsellors.

### 2.1.3 The Participants

All names and other identifying information has been changed to protect anonymity.

Summaries of the interviews that were sent to the Participants for checking can be found in Appendix 2.

#### a) Participant 1

Participant 1, Louise, and her friend, Jane, had been close friends for a long time. Their fathers worked together which involved travelling around the country with their families. Due to the fact that both families moved together, Jane was the only friend that Louise had known for a long time. This served to strengthen their relationship. Jane sadly died, through drowning, whilst she was on holiday in a very remote part of the country. Her family buried her in this remote area before returning home. Louise's parents told her the news. Louise did not attend the funeral.

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<sup>4</sup> A copy of the 'Friendship Bereavement Information Sheet' can be found in Appendix 1c.

**b) Participant 2**

Participant 2, Rachel, and her friend, Kathy, had been friends throughout their childhood. They both lived in the same area of town and made the journey across town to school together. Kathy sadly died during their second year at Grammar School. She was knocked down by a lorry at a zebra crossing near the school and had managed to walk to the side of the road. Two friends were with her (Mary and Sue). Rachel was with her until a few minutes before hand when she returned to collect her coat. Rachel arrived back at the crossing a few minutes after the accident and helped loosen Kathy's tie and spoke to her. Kathy died later of internal injuries. Rachel found out that Kathy had died through a report in the local paper. Her father visited Kathy's family and told Rachel on his return that the report was about Kathy. Rachel did not attend the funeral.

**c) Participant 3**

Participant 3, Neil, and John were good friends despite John being about three years older than Neil. They had a very exclusive friendship as John was not part of the local 'gang' of boys. John sadly died when Neil was 8 years old through complications during an operation to have his tonsils removed. Neil found out about this from a friend. Neil did not attend the funeral.

**d) Participant 4**

Participant 4, Vicky, had got to know her friend, Alison, after she joined her class. Alison had swallowed a marble and this had left her in a coma for a couple of weeks. Doctors were unable to remove the marble. When she came out of her coma, she had received brain damage and had to learn to walk and talk again. When she returned to school she had dropped a few years behind and was put into Vicky's class. There was a four year age gap. They became very close friends until several years later when Alison sadly died. They were

in the classroom when Alison collapsed. The teacher called the headmaster and the rest of the class went to sit in the school hall. The marble had become dislodged and caused a blood clot in her lung which was the cause of her death. The teacher (Sister Anne) told the class (including Vicky.) in the school hall after the ambulance had left. Vicky did attend the funeral.

e) Participant 5

Unfortunately, due to a technical fault, the interview with Participant 5 was lost. She had moved on from her contact address and, despite efforts made, it was not possible to contact her for a re-interview.

f) Participant 6

Participant 6, James, was best friends with Justin. They often went cycling together in a bigger group of friends. On one occasion James couldn't go cycling because he was going on a family holiday. Sadly, during that cycling trip, Justin was involved in a road accident. He was in a coma for six months. James found out about this from a friend when he returned from his holiday. Justin came round from his coma and was severely brain damaged. James went to visit Justin on a number of occasions but felt that he had changed so much that they no longer had common interests. Five or six years later Justin sadly died from a haemorrhage. Although James had moved away from their village at that time, he found out from a friend and his mother. James did attend the funeral.

James fell just outside the selection criteria for this study because Justin died when he was a teenager, although the road traffic accident that resulted in the brain injury occurred within the age bracket being researched. Severe brain injury resulting in a change in the persons abilities and personality is one of the contexts in which Doka (1989) argues grief can be

disenfranchised. It seems to the relatives and friends as if the person they knew has gone but they are unable to grieve for them because they are still alive. James made several comments that suggested that the accident did mark the beginning of the grieving process for him (these can be found in the category VALIDATION OF PARTICIPANT CHOICE, Volume 2). They include:

‘I found it really difficult, mm, you know, because he wasn’t the same person I knew’

‘like Sam didn’t exist anymore because he wasn’t the same person’

‘No, no not his actual death, but the way I kind of consider his actual death was mm, (I - u-huh) when we were 10.’

These comments, along with the fact that, even excluding this story, there are still an adequate number of Participants as outlined by Turpin et al (1997) means that James’s story was included in this study.

#### g) Participant 7

Participant 7, Jackie, and Liz attended the same school and were best friends. Jackie was a boarder at the school and Liz was a day pupil. One day, on her way home from school, Liz forgot her satchel. She ran back to collect it and when she was returning home she was involved in a road traffic accident and, sadly, died. Jackie found out about it in the assembly next day at school. Jackie did not go to the funeral.

## 2.2 DESIGN

Stevenson and Cooper (1997) argue that ‘by adopting the view of research that includes the reflexivity of the researcher on the selection of a suitable methodology for the phenomena under investigation and the interpretation of findings, the reflexivity of the researcher may

become the one over-arching criterion for 'good' psychological research' (p160). It is, obviously, important to consider the range of methodologies available and their appropriateness to this particular research project. The design section will consider the choice between qualitative and quantitative methods, the data collection and analysis design selected as well as the reliability and validity checks incorporated into the research design.

### 2.2.1 Qualitative or Quantitative

There are, broadly speaking, two main styles of research within psychology; quantitative and qualitative. Quantitative is the most commonly used and demands the most 'scientific respect' (Stevenson & Cooper, 1997). It is positivistic and focuses upon observable phenomena and objective laws and relationships that can be replicated. Quantitative methods tend to require relatively large participant groups in order to reach 'statistical significance'. The variables being 'quantified' are also determined a-priori, which implies some existing knowledge of the relevant issues and themes for the research in question. Due to the fact that relatively few children die it was predicted, before Participant recruitment began, that there would only be a small group of participants. There is also little pre-existing knowledge pertaining to the specific research question and aims. Consequently, quantitative methods did not appear to be suitable for this study.

An alternative to positivism and quantitative methods is 'social constructionism'. The philosophy of this viewpoint is that knowledge is socially constructed and that all accounts of the world are equally good. On the 'continuum of inquiry' posited by Moon, Dillon & Sprenkle (1991) (i.e. from positivism to constructivism) there is also 'post positivism'. Researchers from this perspective hold the view that there are elements of the world that cannot be replicated by objective (scientific) 'laws' but they do not believe that every account of the world is equally good. It is from these alternative viewpoints that qualitative

research methods have developed.

Qualitative research focuses upon the personal and social experiences and attempts to understand the meaning of a particular phenomenon for the person. It requires a small number of participants and is commonly used to explore psychological phenomena not previously researched (Turpin, Barley, Beail, Slade, Smith & Walsh, 1997). For this reason, qualitative findings are often considered to be the pre-cursors to 'mature quantitative expression' of theories (Morgan, 1996). This research project is phenomenological, in an under researched area and has a potentially small participant group, consequently, a qualitative design was considered most appropriate.

There are a number of issues that need special consideration when embarking upon a qualitative study. They include the 'repeatability' of the findings and the 'generalisability' of the findings to the wider population. Morgan (1996) argues that the difference between fact and opinion is the repeatability of the finding. Qualitative research is often difficult to replicate because of the small participant groups and reliance upon interpretation in the analysis. This means that findings are considered to be 'opinion' rather than 'fact' and not, therefore, 'hard' science.

In a rebuttal of this position, Sherrard (1997) argues that this distinction ignores the social world. He points out that 'universal consensus is characteristically absent' (p161) in all branches of scientific exploration. He argues that 'repeatability' is a consensus arising out of features of themselves rather than evidence of a 'fact'. Morgan's argument also implies that individual differences are, in some way, uninteresting to the scientific community. Generalisability of findings to the wider population is also considered to be difficult for qualitative research. In recent guidelines for qualitative research Turpin et al (1997) have

suggested that a minimum of five participants are required to provide an acceptable degree of generalisability.

The major problem with these challenges of qualitative research is that they can undermine the reliability and validity of findings. It should not be forgotten, however, that the exploration of individual differences and unusual findings can lead to an understanding of the role of society and socialisation upon the phenomena under investigation. Furthermore, once a study has been replicated a number of times we cease to learn anything new by continuing. Qualitative research, with its attention to difference can prove very useful in identifying new avenues for research. It is also possible to improve the reliability and validity and reduce the subjectivity of qualitative research in a number of ways. The discussion below highlights those used in this study.

### 2.2.2 Data Collection and Analysis

In view of the research question posed at the end of chapter one, the chosen design would need to facilitate the identification of themes in the Participants' experience of losing a friend during childhood. Interviews were chosen, above other data collection methods because they provide the immediate opportunity to clarify ambiguities and prompt further exploration of comments. The transcripts were analysed using 'Interpretative Phenomenological Analysis' (IPA), as used by Jarman, Smith & Walsh (1997) because it suits the research question in a number of ways. As the name suggests, it is a method of investigating people's experience of phenomenon (in this case the loss of a friend during childhood). It is also a method of identifying themes in interview data, and comparing a number of interviews for similarities and differences. Lastly the 'feedback loop' inherent in the process ensures that the themes remain grounded in the data.

There are five stages in the process of IPA (Smith, 1995):

- 1) Reading the transcript several times, noting statements of interest or relevance.
- 2) Isolate statements and cluster together to create thematic categories.
- 3) Identify commonalities and differences by comparison (both within and between subject categories) .
- 4) Examine themes to find higher order or cross-Participant categories and bring lower order categories together meaningfully.
- 5) As new categories or connections emerge, review all raw data and add to it (i.e. return to stage one).

### 2.2.3 Reliability and Validity

Measures taken to ensure the reliability and validity of the research, as well as reduce the subjectivity in the analysis are as follows:

#### a) Time 1 - Time 2 Reliability

The transcripts were read and (re)coded at least twice, with a break of at least a week between the readings. This served to highlight and resolve any inconsistencies in the researchers categorisation (or coding) of the data. This form of reliability check also served to further the researchers understanding of and 'grounding' in the data.

#### b) Pilot Study 1 - Validity of the definition of 'Close Friend'

Following the conclusions made in chapter 1 part 1.1.1, the following definition was used:

'A close friend is someone who is more than a classmate. Someone who you may have shared hopes, secrets or problems with, who you felt close to. You chose to spend time

with him or her above other children you knew and may have shared the same interests and hobbies. You may have known when he or she was happy or worried without them having to say. You may also have been able to share some of your belongings (for example, pens, books and toys) without having to ask first.'

This definition was validated by a group of nine participants asked to rate the level of friendship it suggested to them on a 5 point likert scale<sup>5</sup> (stranger, acquaintance, casual friend, friend and close friend). Eight of the group chose 'close friend', one indicated a stage between 'friend' and 'close friend'.

c) Validity of Transcripts assessed by participants.

Following the completion of the transcription, the researcher compiled a 2-3 page summary of the interview. This was sent, along with a full copy of the transcript, to the participant. They were asked for comments, especially relating to any omissions or errors they discovered.

d) Semantic Validation

This refers to ensuring that words (or phrases) classified together have similar connotations or meanings. In other words, there has to be 'connotative categorical equivalence' (Weber, 1990). This was assessed in two ways. Firstly, through the agreement of others. Two independent reviewers were asked to consider the data assigned to the thematic categories by the researcher. They were asked to comment upon the 'connotative equivalence' of the entries to each other and the category definition. Any disagreements were resolved through discussion. Secondly, through the use of dictionaries and thesauri which were consulted to

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<sup>5</sup> A copy of the Definition and Likert scale can be found in Appendix 1d.

ensure that words and phrases categorised together are generally understood to be semantically similar.

**d) Reducing subjectivity - The 'Confirmability Trail'**

To minimise the potential for subjective interpretation of the data by the researcher, Erlandson, Harris, Skipper & Allen (1993) highlights the importance of explicitly discussing the 'trail' of reasoning that led from the raw data to the conclusions. A summary of the 'confirmability trail' for this research is contained in the Discussion.

**e) Reducing subjectivity - Triangulation**

The concept of 'triangulation' (in this instance) refers to comparing the raw data and conclusions drawn from it with established theory in the field. If they fit together well, it can be seen as support for the reliability and validity of the conclusions. Although this research is investigating a new area, there are several related areas and theories that could provide this support. This relating of research outcome to existing psychological knowledge and theory will, again, be described in the Discussion.

## **2.3 SETTING**

All of the participants were interviewed in their own homes. This minimised the demands of participating and ensured that they remained as comfortable as possible.

## **2.4 MATERIALS**

The interviews were conducted using the 'Interview Guide' (see below) and recorded by means of a Dictaphone with external microphone. This was to ensure that they could be transcribed using a standard transcription machine. The transcripts were analysed with the

help of QSR NUD.IST computer software.

## **2.5 PROCEDURES**

### **2.5.1 Development of Procedures**

#### **a) Interview Guide<sup>6</sup>**

The interviews were designed to contain elements of free and semi-structured interviewing. A guide was devised to ensure that the introduction, initial open question and concluding comments were standardised. The guide also contained a list of theme prompts, developed from the literature review, to facilitate discussion. The themes included personal mortality, anniversary syndrome (from Sklar & Hartley, 1990), future and existing friendships or relationships (from Oltjenbaum's model of 'Secondary Loss and Incremental Grief' (1996) and Sroufe & Fleeson's (1996) comment that relationship patterns can be repeated throughout life) and reasons for participating (to explore potential selection biases). Finally, the guide contained telephone numbers for local CRUSE offices to be given to the participants if deemed appropriate.

#### **b) Pilot Study 2 - Interview content and style**

A pilot interview was conducted with the aims of identifying any weaknesses in either the interview guide or the researchers interview style. A participant, who had lost a family member rather than a close friend several years ago, was recruited from the Plymouth Bereavement Service'. Despite the obvious difference between this selection and the participants for the main study it was felt to be a valid pilot interview for two reasons. Firstly, the aims were to assess content and style of the guide and interviewer rather than

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<sup>6</sup> A copy of the Interview Guide can be found in Appendix 1e.

the responses per se. Secondly, the shortage of 'survivor friend' participants meant that all had to be included in the main study to maximise reliability and generalisability of the results.

The research supervisor assessed a recording of the pilot interview and made a number of comments on the style of the interview. These, together with comments from the participant led to the following alterations of the interview guide:

- 1) The inclusion of an 'aide memoir' for the interviewer with examples of useful questions and techniques.
- 2) The addition of theme prompts concerning the funeral and suggestions for future carers of survivor friends.

#### 2.5.2 The Main Study

The interviews were conducted following the revised guidelines discussed above. The majority of interviews lasted one and a half hours. The prompt questions were used towards the end of the interview and only if the theme had not been discussed spontaneously by the participant. Once the interview was completed and the transcript typed its validity was established as described in section 2.2.2c. Once it had been validated, analysis began.

### **3 RESULTS**

#### **3.1 PRESENTATION OF RESULTS**

The results of the Interpretative Phenomenological Analysis are displayed in two ways. Firstly, conceptual maps show the links between the higher and lower order categories. Tables then show first the higher order categories by name and definition and subsequently, the lower order categories by name, definition and category strength. The coded data in each category can be found, in full, in Volume 2 of this study. Although examples and direct quotations will be used in the discussion, the author strongly suggests that the reader refers to the full coded data in order to hear and understand the categories in the participants' words. Throughout the text of this study category names will, following convention, be written in small capitals (Weber, 1990).

##### **3.1.1 Presentation of Coded Data**

During the interview, the interviewer made non-specific, facilitative comments with the intention of helping the participants continue with their story, for example, 'u-huh', 'right', 'yes' and 'mm'. When these were used during the flow of the participant's conversation, they are included, in parenthesis, in the body of the participants words as follows '(I - u-huh)'. This has been done to prevent breaking the flow of conversation. Unfortunately, the recording equipment was unable to pick up everything clearly, where the tapes were unintelligible, it is noted in the coded data as follows; '(missing data)'.

### **3.2 CONCEPTUAL MAPS**

Figures 1 - 4 give a diagrammatic understanding of the links between the higher and lower order categories or themes.

### **3.3 CATEGORY STRENGTH**

There are several ways to measure the 'strength' or salience of a category in a given text or collection of texts. For example the amount of text in each category. The participants in this study varied greatly in their loquaciousness, with some putting their ideas very succinctly and others giving more wordy descriptions. It was felt, therefore, that measuring strength by the amount of text would be misleading, with those categories supported by the more loquacious participants seeming 'stronger' than others solely on the basis of individual style.

The strength of a category can, alternatively, be measured by the number of participants whose responses have been included in it. Whilst this method does not necessarily measure the 'effort' taken to mention an issue more than once on a within-subject level (the assumption being that to mention an issue more than once takes effort and therefore increases the issue's importance to the participant), it does go some way to accounting for the 'effort' taken on a between-subject level. In light of these issues it was decided that category strength would be measured, in this study, by the number of participants with responses included in each category. As a result of measuring categories this way, some

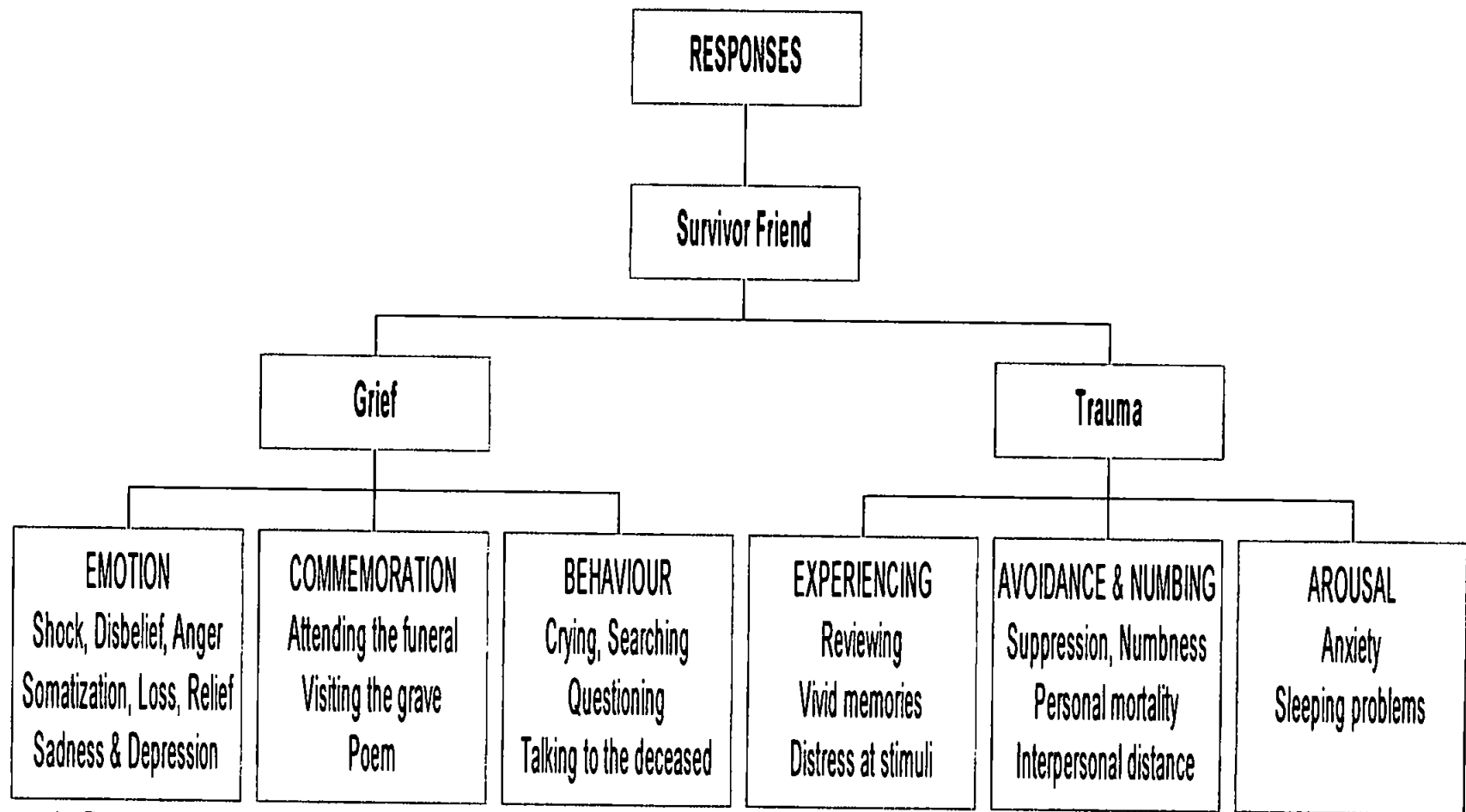


Figure 1: Conceptual map of thematic categories. Part I: RESPONSES / Survivor friend / Grief & Trauma.

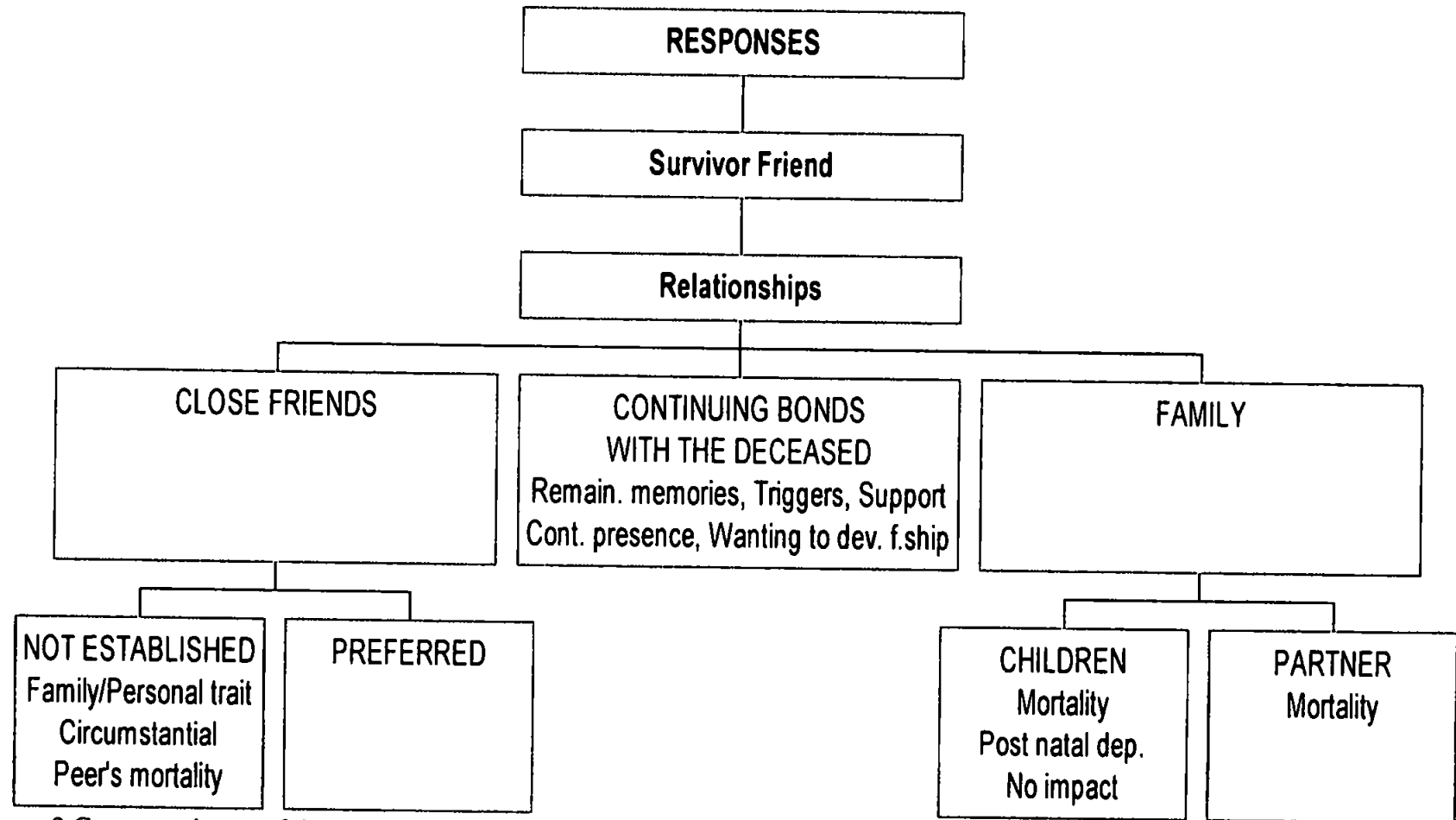


Figure 2: Conceptual map of thematic categories. Part II: RESPONSES / Survivor Friend / Relationships.

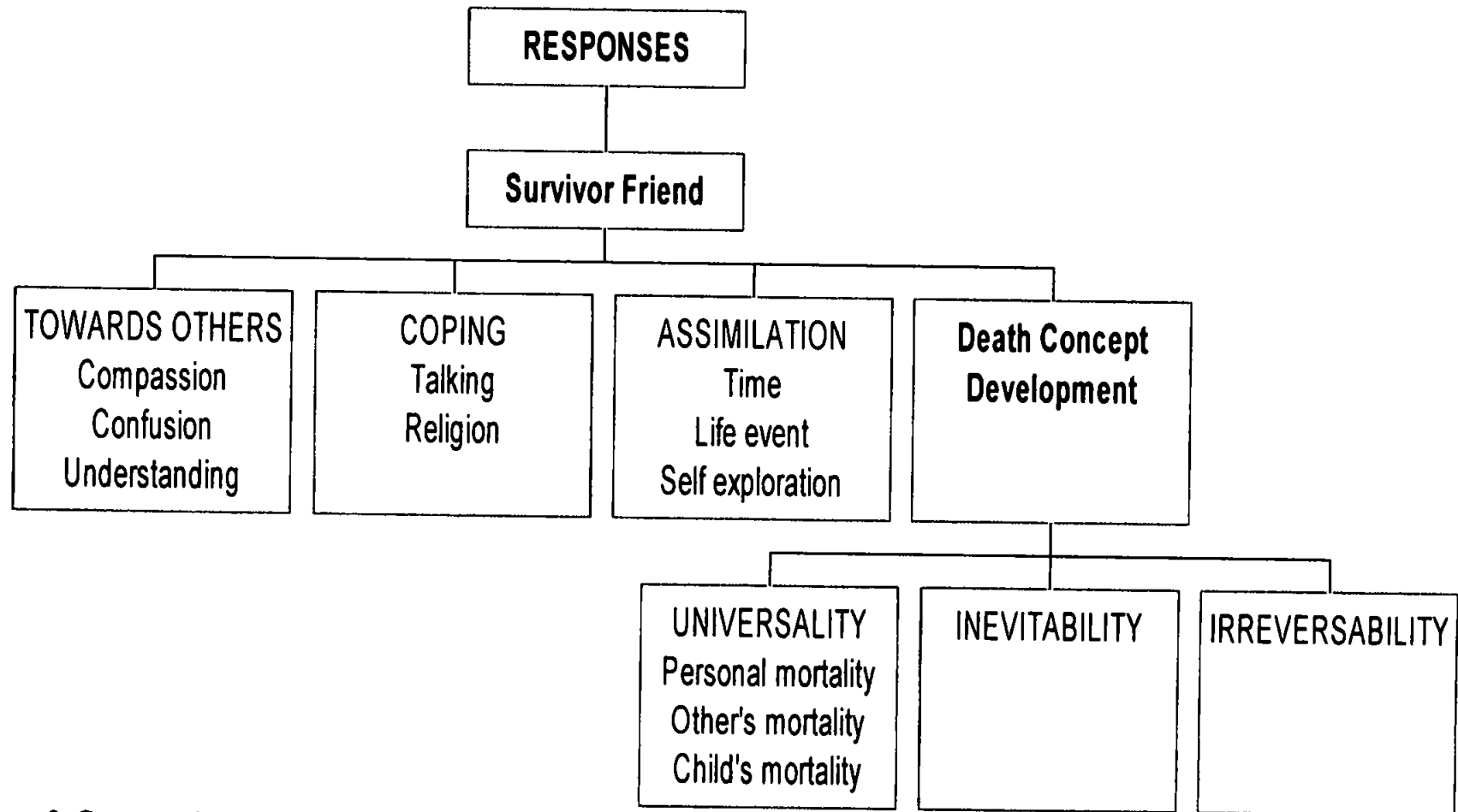


Figure 3: Conceptual map of thematic categories. Part III: RESPONSES / Survivor Friend / Towards others, Coping, Assimilation & Death concept development.

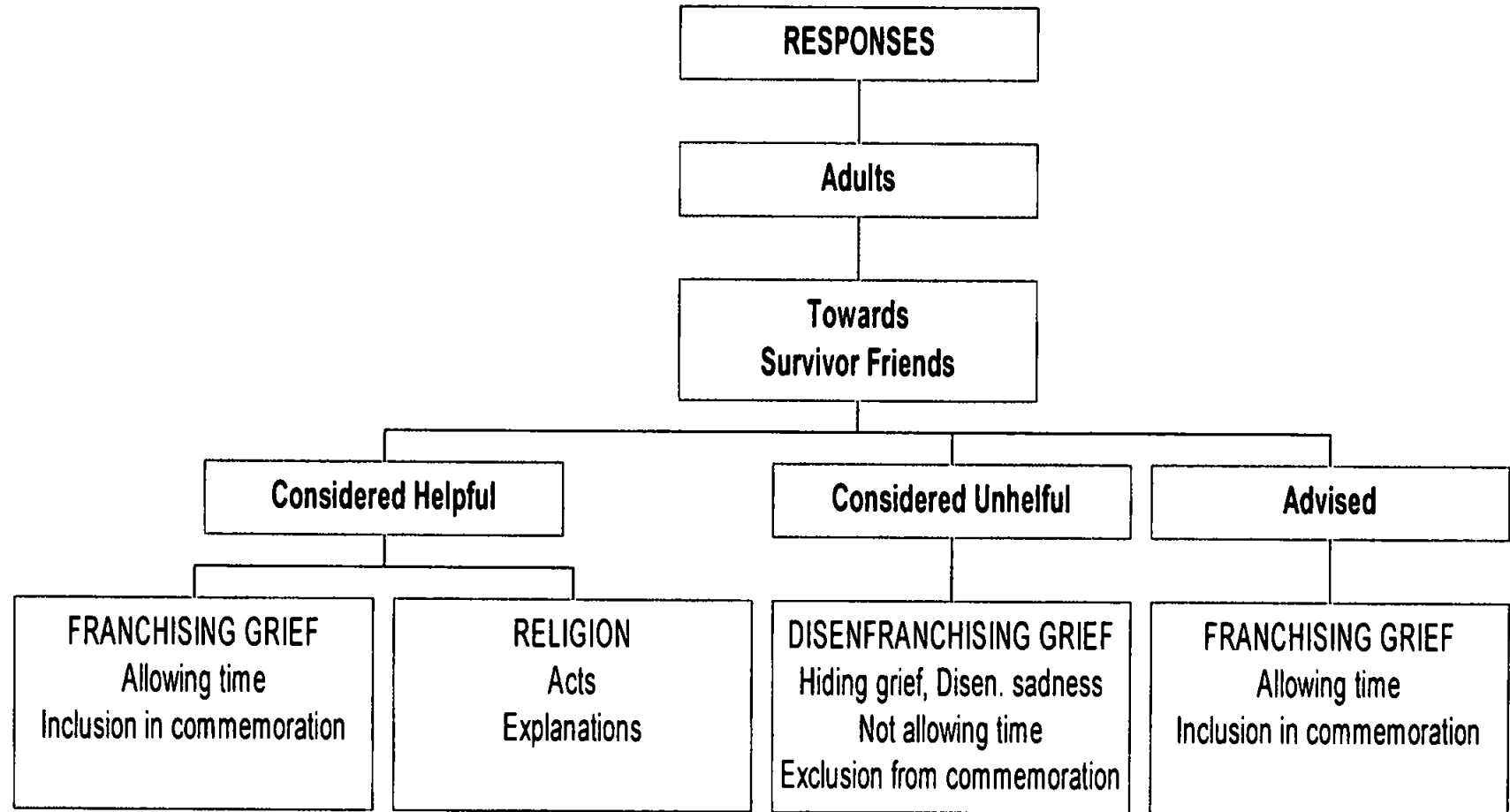


Figure 4: Conceptual map of thematic categories. Part IV: RESPONSES / Adults / Towards Survivor Friends.

categories have a strength of only one. They were included, despite this low score, because they represent themes that certain participants found important and revisited several times.

### 3.3.1 Positive and Negative Category Strength

To improve the reliability and validity of the analysis it is important to note instances that do not fit into the category as well as those that do. To this end, category strength is measured positively (i.e. the number of participant that explicitly fit into the category) and negatively (i.e. the number of participants who explicitly do not fit into the category). For example, the category GUILT has a positive strength of 2, with Louise and James indicating that they did experience guilt. It also has a negative strength of 1 with Rachel indicating that she did not experience feelings of guilt. Neil, Vicky and Jackie did not mention guilt and, therefore, are not included in the strength rating.

Positive and negative ratings may also come from the same participant. For example, Vicky said both that she did and did not remember crying, whilst Neil said both that he used to pray to God and that he wasn't religious. Rather than cancelling each other out, it is important to consider both statements as valid and explore the reasons for these discrepancies, as will be done in a later section. For the purposes of clarity on this point, the category strength will be shown in bold followed by the identifying participant numbers in parenthesis. For example, GUILT's positive category strength will read '**2 (1, 6)**' and its negative strength '**1 (2)**'.

3.4 HIGHER ORDER CATEGORIES

Higher order categories do not, directly, contain text and consequently, do not have strength ratings. Instead they form the framework that links the lower order categories to one another. The category definitions were created through reflection on the text and reference to dictionaries, thesauri and discussion with colleagues. It can be assumed that the definitions given below are relevant to text in the connected lower order categories. The relationships between the categories shown below are shown in the conceptual maps seen earlier. The relevant map for each table will be indicated. Please refer to Figure 1.

Please refer to Figure 1.

| CATEGORY<br>NAME                             | CATEGORY<br>DEFINITION   |
|--|--|
| Responses                                    | Reactions to the bereavement.  |
| Responses /<br>Survivor Friend               | Reactions of the survivor friend to the bereavement.   |
| Res. / S.F. /<br>Grief                       | Reactions of the survivor friend commonly associated with grief and bereavement.             |
| Res. / S.F. / Grief /<br>Behaviour           | Behavioural reactions of the survivor friend commonly associated with grief and bereavement. |
| Res. / S.F. / Grief / Beh./<br>Commemorating | Acts of the survivor friend to mark the life and death of the deceased.                      |
| Res. / S.F. / Grief /<br>Emotion             | Emotional reactions of the survivor friend commonly associated with grief and bereavement.   |

Table 1: Higher order categories Part I.

Please refer to Figure 1.

| <b>CATEGORY<br/>NAME</b>                                  | <b>CATEGORY<br/>DEFINITION</b>  |
|---|---|
| <b>Res. / S.F. /<br/>Trauma</b>                           | Reactions of the survivor friend that suggest a degree of traumatising.   |
| <b>Res. / S.F. / Trauma /<br/>Experiencing</b>            | Trauma reactions involving the survivor friend regularly re-experiencing the events of the death or bereavement with associated emotions. |
| <b>Res. / S.F. / Trauma /<br/>Avoidance &amp; Numbing</b> | Emotional trauma reactions involving the survivor friend avoiding or feeling numb to stimuli associated with the bereavement.             |
| <b>Res. / S.F. / Trauma /<br/>Arousal</b>                 | Trauma reactions involving high levels of autonomic nervous system arousal in the survivor friend.  |

Table 2: Higher order categories Part II.

Please refer to Figure 2.

| <b>CATEGORY<br/>NAME</b>   | <b>CATEGORY<br/>DEFINITION</b>   |
|--|--|
| <b>Res. / S.F. /<br/>Relationships</b>                                   | Responses of the survivor friend relating to the development and maintenance of future relationships.                              |
| <b>Res. / S.F. / Relat. /<br/>Close friendships</b>                      | Responses of the survivor friend relating to the development and maintenance of close friendships.                                 |
| <b>Res. / S.F. / Relat. / C.F. /<br/>Not established</b>                 | Responses of the survivor friend indicating that new close friendships were not established after the bereavement.                 |
| <b>Res. / S.F. / Relat. /<br/>Continuing bonds with the<br/>Deceased</b> | Responses of the survivor friend indicating that elements of their relationship with the deceased continued after the bereavement. |
| <b>Res. / S.F. / Relat. /<br/>Family</b>                                 | Responses of the survivor friend to the bereavement relating to their family.  |
| <b>Res. / S. F. / Relat. / Family /<br/>Children</b>                     | Responses of the survivor friend to the bereavement relating to their own children.  |
| <b>Res. / S. F. / Relat. / Family /<br/>Partner</b>                      | Responses of the survivor friend to the bereavement relating to their partner.   |

Table 3: Higher order categories Part III.

Please refer to Figure 3.

| <b>CATEGORY<br/>NAME</b>                          | <b>CATEGORY<br/>DEFINITION</b>  |
|---|---|
| Res. / S.F. /<br><b>Coping</b>                    | Reactions of the survivor friend that were reportedly helpful.  |
| Res. / S.F. /<br><b>Assimilation</b>              | Reactions of the survivor friend indicating an emotional acceptance of the bereavement.                                       |
| Res. / S.F. /<br><b>Towards Others</b>            | Reactions of the survivor friend to others following the bereavement.   |
| Res. / S.F. /<br><b>Death Concept Development</b> | Responses of the survivor friend indicating that the bereavement influenced the development of their understanding of death.  |
| Res. / S.F. / D.C.Devt. /<br><b>Universality</b>  | Responses of the survivor friend indicating that the bereavement influenced their understanding of the universality of death. |

Table 4: Higher order categories Part IV.

Please refer to Figure 4.

| <b>CATEGORY<br/>NAME</b>  | <b>CATEGORY<br/>DEFINITION</b>  |
|---|---|
| <b>Res. /<br/>Adults</b>  | Reactions of adults to the bereavement.   |
| <b>Res. / Adults /<br/>Towards Survivor Friends</b>                         | Responses of adults to the survivor friends following the bereavement.  |
| <b>Res. / Adults / To S.F. /<br/>Considered Helpful</b>                     | Responses of adults to the survivor friends that reportedly helped them to cope and understand the bereavement.                                     |
| <b>Res. / Adults / To S.F. /<br/>Helpful /<br/>Franchising Grief</b>        | Responses of adults to the survivor friends that recognised and supported their grief and helped them to cope and understand the bereavement.       |
| <b>Res. / Adults / To S.F. /<br/>Helpful /<br/>Religion</b>                 | Responses of adults to the survivor friends that used religion and religious beliefs and helped them to cope and understand the bereavement.        |
| <b>Res. / Adults / To S.F. /<br/>Considered Unhelpful</b>                   | Responses of adults to the survivor friends that reportedly did not help them cope or understand the bereavement.                                   |
| <b>Res. / Adults / To S.F. /<br/>Unhelpful /<br/>Disenfranchising Grief</b> | Responses of adults to the survivor friends that did not recognise or support their grief and did not help them cope or understand the bereavement. |
| <b>Res. / Adults / To S.F. /<br/>Advised</b>                                | Responses that adults could make to the survivor friends that would, reportedly, be helpful.  |
| <b>Res. / Adults / To S.F. / Adv. /<br/>Franchising Grief</b>               | Responses that adults could make to survivor friends that would recognise and support their grief and be helpful to them.                           |

Table 5: Higher order categories Part V.

### 3.5 LOWER ORDER CATEGORIES

GRIEF - Please refer to Figure 1.

Responses / Survivor Friend / Grief / Behaviour / ...

| CATEGORY NAME                    | CATEGORY DEFINITION                         | POSITIVE CATEGORY STRENGTH | NEGATIVE CATEG. STRENGTH |
|----------------------------------|---|----------------------------|--------------------------|
| <b>Crying</b>                    | Tearful reaction to the bereavement.        | 4<br>(1,4,6,7)             | 2<br>(1, 4)              |
| <b>Searching</b>                 | Looking for the friend after the death.     | 1<br>(2)                   |                          |
| <b>Questioning</b>               | Asking or having questions about the death. | 5<br>(2, 3, 4, 6, 7)       |                          |
| <b>Talking with the deceased</b> | Talking with the friend after the death.    | 1<br>(4)                   |                          |

Table 6: Lower order categories Part I

Responses / Survivor Friend / Grief / Behaviour / Commemorating / ...

|                              |  |             |  |
|------------------------------|--|-------------|--|
| <b>Visiting the grave</b>    | Actively seeking the opportunity to visit the grave after the funeral. | 2<br>(3,6)  |  |
| <b>Attending the funeral</b> | The survivor friend going to the funeral.                              | 2<br>(4, 6) |  |
| <b>Poem</b>                  | Writing a poem in memory of the friend.                                | 1<br>(4)    |  |

Table 7: Lower order categories Part II.

Responses / Survivor Friend / Grief / Emotion / ...

|                                 |   |                      |          |
|---------------------------------|---|----------------------|----------|
| <b>Shock</b>                    | Feelings of being very surprised at the news of the death.                                    | 3<br>(1, 2, 6)       |          |
| <b>Disbelief</b>                | Not believing or denying the death when told about it.  | 5<br>(1, 2, 3, 4, 6) |          |
| <b>Guilt</b>                    | Self blame or remorse about the death.  | 2<br>(1, 6)          | 1<br>(2) |
| <b>Loss</b>                     | Recognition that something is lost or missing from life after the bereavement.                | 6<br>(All)           | 1<br>(3) |
| <b>Sadness &amp; Depression</b> | Feelings of sadness, hopelessness and other symptoms of depression concerning the bereavement | 5<br>(1, 3, 4, 6, 7) | 1<br>(4) |
| <b>Somatization</b>             | Distress experienced as emotional pain  | 2<br>(1, 7)          |          |
| <b>Anger</b>                    | Feeling angry or cross about the death directed to the deceased or other people around.       | 3<br>(4, 6, 7)       |          |
| <b>Relief</b>                   | Feeling a sense of relief that the deceased no longer has to suffer.                          | 1<br>(6)             |          |

Table 8: Lower order categories Part III.

**TRAUMA** - Please refer to Figure 1.

Responses / Survivor Friend / Trauma / Experiencing / ...

| <b>CATEGORY NAME</b>       | <b>CATEGORY DEFINITION</b>  | <b>POSITIVE CATEGORY STRENGTH</b> | <b>NEGATIVE CATEG. STRENGTH</b> |
|----------------------------|---|-----------------------------------|---------------------------------|
| <b>Reviewing</b>           | Reviewing or constructing and then reviewing the events in imagination with associated emotions.        | <b>2</b><br>(1, 7)                |                                 |
| <b>Vivid memories</b>      | Memories of the event that are particularly strong and that come to mind with very little prompting.    | <b>4</b><br>(1, 2, 4, 7)          |                                 |
| <b>Distress at Stimuli</b> | Psychological distress at exposure to stimuli that symbolise or resemble the events of the bereavement. | <b>2</b><br>(1, 3)                |                                 |

Table 9: Lower order categories Part IV.

Responses / Survivor Friend / Trauma / Avoidance and Numbing / ...

|                               |   |                             |                 |
|-------------------------------|---|-----------------------------|-----------------|
| <b>Suppression</b>            | Efforts to avoid thoughts and feelings associated with the bereavement. | <b>6</b><br>(All)           |                 |
| <b>Numbness</b>               | Inability to recall aspects of the event.                               | <b>2</b><br>(4, 6)          |                 |
| <b>Interpersonal Distance</b> | Feeling detached or estranged from others.                              | <b>5</b><br>(1, 2, 3, 4, 7) |                 |
| <b>Personal Mortality</b>     | A sense of a fore-shortened future.                                     | <b>4</b><br>(1, 2, 3, 4)    | <b>1</b><br>(6) |

Table 10: Lower order categories Part V.

Responses / Survivor Friend / Trauma / Arousal / ...

|                          |  |                       |  |
|--------------------------|--|-----------------------|--|
| <b>Anxiety</b>           | Fears or anxiety following the bereavement.      | <b>3</b><br>(1, 3, 7) |  |
| <b>Sleeping problems</b> | Difficulty falling asleep after the bereavement. | <b>3</b><br>(1, 3, 7) |  |

Table 11: Lower order categories Part VI.

**RELATIONSHIPS** - Please refer to Figure 2.

Responses / Survivor Friend / Relationships / Close friendships / Not established / ...

| CATEGORY NAME            | CATEGORY DEFINITION   | POSITIVE CATEGORY STRENGTH | NEGATIVE CATEG. STRENGTH |
|--------------------------|---|----------------------------|--------------------------|
| Family or personal trait | Close friendships not established due to personal or family held attributes   | 3<br>(2, 4, 7)             |                          |
| Circumstantial           | Close friends not made due to circumstance or situation.  | 1<br>(1)                   |                          |
| Peers mortality          | Close friends not established because the survivor friend is aware that they could also die and does not want to experience that again. | 2<br>(4, 7)                | 1<br>(2)                 |

Table 12: Lower order categories Part VII.

Responses / Survivor Friend / Relationships / Close friendships / ...

|           |   |          |  |
|-----------|---|----------|--|
| Preferred | Survivor friends preferring exclusive, close friendships. | 1<br>(3) |  |
|-----------|---|----------|--|

Table 13: Lower order categories Part VIII.

Responses / Survivor Friend / Relationships / Continuing bonds with the deceased / ...

|                                   |  |                      |          |
|-----------------------------------|--|----------------------|----------|
| Continued presence                | A sense that the deceased is still around or still exists in some way after the bereavement.                                       | 3<br>(1, 4, 7)       | 1<br>(2) |
| Remaining memories                | Being able to remember the friendship and time spent with the friend, with examples of the memories elicited during the interview. | 6<br>(All)           |          |
| Triggers                          | Events or objects that elicit memories of the deceased.  | 5<br>(1, 2, 3, 4, 6) |          |
| Wanting to develop the friendship | Curiosity about the relationship and wanting to know how it would have developed.  | 2<br>(1, 4)          |          |
| Support                           | The continuing bond acting as a support to the survivor friend.  | 1<br>(4)             |          |

Table 14: Lower order categories Part IX.

# RELATIONSHIPS continued.

Responses / Survivor Friend / Relationships / Family / Children / ...

| CATEGORY NAME         | CATEGORY DEFINITION   | POSITIVE CATEGORY STRENGTH | NEGATIVE CATEG. STRENGTH |
|-----------------------|---|----------------------------|--------------------------|
| No impact             | Being a survivor friend having no discernible effect when thinking of their own children.                   | 2<br>(1, 3)                |                          |
| Post natal depression | Experiencing post natal depression on the birth of their child and this prompting thoughts of the deceased. | 1<br>(4)                   |                          |
| Mortality             | Being conscious of the mortality of children when the survivor friend started a family of their own.        | 2<br>(1, 7)                |                          |

Table 15: Lower order categories Part X.

Responses / Survivor Friend / Relationships / Family / Partner / ...

|           |  |          |  |
|-----------|--|----------|--|
| Mortality | The survivor friend being aware of the mortality of their partner. | 1<br>(4) |  |
|-----------|--|----------|--|

Table 16: Lower order categories Part XI.

# TOWARDS OTHERS - Please refer to Figure 3.

Responses / Survivor Friend / Towards others / ...

| CATEGORY NAME | CATEGORY DEFINITION  | POSITIVE CATEGORY STRENGTH | NEGATIVE CATEG. STRENGTH |
|---------------|--|----------------------------|--------------------------|
| Confusion     | Misunderstanding or confusion about other peoples' responses to the bereavement. | 4<br>(1, 2, 4, 7)          |                          |
| Compassion    | Being aware of the distress or suffering of another and feeling sad for them.    | 4<br>(1, 2, 4, 6)          |                          |
| Understanding | Understanding the responses of others.   | 3<br>(1, 2, 3)             |                          |

Table 17: Lower order categories Part XII.

COPING - Please refer to Figure 3.

Responses / Survivor Friend / Coping / ...

| CATEGORY NAME   | CATEGORY DEFINITION  | POSITIVE CATEGORY STRENGTH | NEGATIVE CATEG. STRENGTH |
|-----------------|--|----------------------------|--------------------------|
| <b>Talking</b>  | Talking about the bereavement to others and feeling comfortable doing so.            | 5<br>(1, 2, 4, 6, 7)       |                          |
| <b>Religion</b> | Religious beliefs being helpful in understanding and coming to terms with the death. | 3<br>(2, 3, 4)             | 1<br>(3)                 |

Table 18: Lower order categories Part XIII.

ASSIMILATION - Please refer to Figure 3.

Responses / Survivor Friend / Assimilation / ...

| CATEGORY NAME           | CATEGORY DEFINITION  | POSITIVE CATEGORY STRENGTH | NEGATIVE CATEG. STRENGTH |
|-------------------------|--|----------------------------|--------------------------|
| <b>Time</b>             | Time being an important factor in the assimilation of the bereavement.       | 1<br>(1)                   |                          |
| <b>Life event</b>       | The bereavement becoming assimilated into the person's 'life story'.         | 1<br>(2)                   |                          |
| <b>Self exploration</b> | A wish to develop an understanding of the impact of being a survivor friend. | 3<br>(3, 4, 7)             |                          |

Table 19: Lower order categories Part XIV.

DEATH CONCEPT DEVELOPMENT - Please refer to Figure 3.

Responses / Survivor Friend / Death concept development / Universality / ...

| CATEGORY NAME             | CATEGORY DEFINITION   | POSITIVE CATEGORY STRENGTH | NEGATIVE CATEG. STRENGTH |
|---------------------------|---|----------------------------|--------------------------|
| <b>Personal Mortality</b> | The survivor friends' awareness of their own mortality following the bereavement.               | 4<br>(1, 2, 3, 4)          | 1<br>(6)                 |
| <b>Others mortality</b>   | The survivor friends awareness of others (including peers) mortality following the bereavement. | 3<br>(2, 4, 7)             |                          |
| <b>Child mortality</b>    | The survivor friends awareness of a child's mortality following the bereavement.                | 2<br>(4, 7)                |                          |

Table 20: Lower order categories Part XV.

DEATH CONCEPT DEVELOPMENT continued.

Responses / Survivor friend / Death concept development / ...

| CATEGORY NAME   | CATEGORY DEFINITION  | POSITIVE CATEGORY STRENGTH | NEGATIVE CATEG. STRENGTH |
|-----------------|--|----------------------------|--------------------------|
| Inevitability   | Realisation that death is unavoidable.                                 | 1<br>(3)                   |                          |
| Irreversibility | Realisation that once death occurs the person can not be brought back. | 2<br>(2, 3)                |                          |

Table 21: Lower order categories Part XVI.

CONSIDERED HELPFUL - Please refer to Figure 4.

Responses / Adult / Towards Survivor Friend / Considered helpful / Franchising grief / ...

| CATEGORY NAME              | CATEGORY DEFINITION   | POSITIVE CATEGORY STRENGTH | NEGATIVE CATEG. STRENGTH |
|----------------------------|---|----------------------------|--------------------------|
| Allowing time              | Being given time to ask questions and talk about the bereavement and this being helpful.                            | 2<br>(2, 4)                |                          |
| Inclusion in commemoration | Adults facilitating the survivor friend to be involved in rituals and acts of commemoration and that being helpful. | 2<br>(4, 6)                |                          |

Table 22: Lower order categories Part XVII.

Responses / Adult / Towards Survivor friend / Considered helpful / Religion / ...

|              |  |          |                       |
|--------------|--|----------|-----------------------|
| Acts         | Adults involving the survivor friends in religious acts and this being helpful.        | 1<br>(4) |                       |
| Explanations | Adults using religious explanations for the death and afterlife and this being helpful | 1<br>(4) | 1 <sup>7</sup><br>(7) |

Table 23: Lower order categories Part XVIII.

<sup>7</sup> Religious explanations given but considered unhelpful.

CONSIDERED UNHELPFUL - Please refer to Figure 4.

Responses / Adult / Towards Survivor Friend / Considered unhelpful / Disenfranchising grief/ ...

| CATEGORY NAME                | CATEGORY DEFINITION   | POSITIVE CATEGORY STRENGTH | NEGATIVE CATEG. STRENGTH |
|------------------------------|---|----------------------------|--------------------------|
| Hiding grief                 | Excluding the survivor friend from displays of grief by others, and this being unhelpful.   | 4<br>(1, 2, 3, 7)          | 1 <sup>8</sup><br>(1)    |
| Disenfranchising sadness     | The survivor friend being disallowed feelings of sadness and this being unhelpful or confusing.   | 2<br>(4, 7)                |                          |
| Not allowing time            | The survivor friend not being given the opportunity or time to talk through their experience and understand the situation and this being unhelpful. | 5<br>(1, 2, 3, 6, 7)       |                          |
| Exclusion from commemoration | The survivor friend being excluded from rituals commemorating the deceased and this being unhelpful.  | 4<br>(1, 2, 3, 7)          |                          |

Table 24: Lower order categories Part XIX.

ADVISED - Please refer to Figure 4.

Responses / Adult / Advised / Franchised Grief / ...

| CATEGORY NAME              | CATEGORY DEFINITION   | POSITIVE CATEGORY STRENGTH | NEGATIVE CATEG. STRENGTH |
|----------------------------|---|----------------------------|--------------------------|
| Allowing time              | Giving time to discuss and talk about the bereavement which is seen as potentially helpful. | 3<br>(1, 6, 7)             |                          |
| Inclusion in commemoration | Being included in rituals and acts of commemorating being seen as potentially helpful.      | 1<br>(2)                   |                          |

Table 25: Lower order categories Part XX.

<sup>8</sup> Grief was hidden but not thought of as unhelpful.

Free Categories ...

| CATEGORY NAME                    | CATEGORY DEFINITION                                       | POSITIVE CATEGORY STRENGTH | NEGATIVE CATEG. STRENGTH |
|----------------------------------|---|----------------------------|--------------------------|
| The friendship                   | Descriptions and memories of the friendship.              | 6<br>(All)                 |                          |
| Motives for participating        | Why the participants chose to take part in the study.     | 6<br>(All)                 |                          |
| Validation of Participant choice | Comments suggesting the validity of participant selection | 1<br>(6)                   |                          |

Table 26: Free Categories.

### **3.6 DEVELOPMENT OF RESULTS**

One of the important aspects of qualitative research is the process by which the categories were developed. This section will focus upon the analysis process by describing the 'Confirmability Trail' and the discrepancies in category strength ratings.

#### **3.6.1 The Confirmability Trail**

As the structure of I.P.A. suggests, the transcript from each interview was taken in turn. This was done for Louise, Rachel and Neil. These analyses were then combined. The transcript from the interview with Vicky was then analysed separately. This allowed new themes to present themselves without the framework created from the earlier analysis. At this point all of the created categories were combined. Finally, the interviews with James and Jackie were analysed and included in the developing framework of categories.

##### **a) Louise**

Analysis of the interview with Louise identified a number of broad themes. Firstly, there were a number of initial or more immediate reactions to the death, including behavioural and emotional responses (i.e. 'sleeping problems' and 'shock'). Secondly, there was a great deal of conversation about the fact that Louise was excluded by her parents from expressions of grief and rituals surrounding the death. This immediately, reminded the researcher of the literature concerning disenfranchised grief. However, it was felt, at this stage, that 'exclusion' would be a better term as it has no implication of intention. This theme was further sub-divided into physical exclusion, exclusion through silence, self-

exclusion (Louise reported purposefully not speaking about it), the speed with which Louise was excluded and her attitudes and feelings about this exclusion.

The third main theme identified from this interview was labelled '**processing**' and defined as 'emotional change over time and the continuation of life'. Louise talked about ways in which she had begun to cope with the loss and how she had been able to talk with her parents about it several years later. She also talked about an understanding of the events that had developed over time or 'in hindsight'. One category '**repression**' (later renamed '**suppression**' due to the fact that it appeared to be a conscious rather than unconscious act) seemed to fit with both the more immediate reactions and processing over time. Establishing the time scale of reactions continued to be difficult throughout the analyses.

There were two smaller themes identified within this interview. Firstly, there was a great deal of text concerning Louise feeling '**awkward**', which appeared to be concerning feelings of guilt and because she was aware of being a reminder to Jane's parents. There were also others forms of guilt (unrelated to being a reminder), which made mapping '**awkward**' into the bigger themes difficult. There was no clear way to combine these categories at this time. The second smaller theme was that of '**memories**'. Louise discussed her memories of the friendship, memories that were particularly vivid and things that acted as triggers for her memories of Jane. Finally there was a number of categories that remained 'free' or unconnected to others. They included '**pain**', '**continuing bonds**' and '**secondary losses**'.

#### b) Rachel

Although Rachel's interview was analysed separately from Louise's, there were several similarities in the final framework linking the emerging categories. There were, again,

emotional and behavioural responses to the bereavement with additions to those mentioned by Louise (e.g. **'searching'** and **'sorrow for others'**). Rachel used **'religion'** and religious beliefs to help her cope with the bereavement. Once again, however, there was a degree of confusion over whether this was an immediate response or an element of **'processing'** over time. **'Exclusion'** (with the same subdivisions as before) was also an important theme in the transcript, with Rachel attributing it to her parents wish to **'protect'** her. The theme **'memories'** was also present. Finally, the **'free'** categories included **'comprehension'**, which was particularly prevalent. It detailed Rachel's confusion about the reactions of others to the bereavement.

c) Neil

Once again, the final conceptual framework developed from those categories identified in Neil's interview, was similar to Louise and Rachel. Nevertheless, several new ideas emerged. The theme **'personal mortality'** was identified, along with comments about the **'death concept'** in general. **'Personal mortality'** highlighted a growing difficulty with the conceptualisation of responses as **'emotional'** or **'behavioural'**. It related to the anxieties that kept Neil awake at night (i.e. the behavioural sleeping problems) and to the anxiety he felt in general (i.e. an emotional response).

Within the concept of processing, the category **'future friends'** began to emerge. It included discussion of friendship patterns following the bereavement and linked well to the theme of responses changing over time. The theme of **'memory'** was also present, although there was also a category concerning **'forgetting'**. The remaining **'new'** category was labelled **'burial'** and highlighted Neil's wish to visit his friend's grave. Its relation to the other categories was, at this stage, unclear.

d) Combining the Analyses - 1

Although there was a number of similarities between the analyses conducted so far, the overall impression was messy and unsophisticated. There were five 'main themes' that appeared to be somewhat unrelated (initial responses, processing, exclusion and awkwardness) and a sixth main theme emerged, labelled 'comprehension'. This included the curiosity for information that was present in all of the transcripts as well as the notion that the children created their own explanations. Text relating to this had previously been included in a sub category of 'sleeping problems' called 'imagination'. Discussion with others also highlighted the fact that the theme 'memory' contained two types of data, memories elicited during the interview and discussion of memories elicited at other times. During this discussion the division between the reactions of the survivor friend and the reactions of others became clearer. Consequently, the theme 'exclusion' was considered a sub-category of 'others reaction'. Attitudes towards this exclusion were considered a sub-category of 'survivor friend reaction'.

It was during discussion with another colleague at this time, that the concept of 'trauma' emerged. A passing comment, asking whether any of the participants had been traumatised by their experience, led to an exploration of the diagnosis post-traumatic stress disorder. This exploration led to a clear and understandable framework for some of the established categories. For example, 'imagination' became part of the re-experiencing and reviewing element of P.T.S.D.. 'Suppression' was understood as part of the 'avoidance and numbing' commonly seen in trauma responses. 'Personal mortality' could also be incorporated as it highlighted the sense of a fore-shortened future that traumatised people can experience, whilst 'anxiety' and 'sleeping problem' could be understood as part of the increased arousal experienced.

The remaining more immediate reactions to the bereavement formed a much clearer picture as responses that are typically associated with grief. They included crying, disbelief, loss, and depression as well as those already mentioned. Added to this, Louise's 'pain' became understood as '**somatization**' and Rachel's 'comprehension' became '**confusion**'. Text referring to Louise's feelings of awkwardness was divided into 'guilt' and 'being a reminder' as appropriate. Furthermore, Louise's awareness of being a reminder and Rachel's 'sorrow for others' highlighted an awareness of others that was re-labelled '**compassion**'. Although this conceptual framework was far more organised than previously, there were still difficulties. For example, although confusion is a documented response to bereavement, it was felt that the text in this category related specifically to the responses of others rather than a more general confusion. 'Compassion' also sat rather uncomfortably within grief responses at this stage. The attitudes of the participants towards being excluded were also difficult to place. They were eventually included as a sub-category of grief labelled '**disenfranchised**'. This term was adopted at this stage because of the overwhelming relevance of the text to the existing work on disenfranchised grief.

The theme of 'processing' was developed at this stage. Categories were established including '**acknowledging**' (which included the memories elicited during the interview), '**understanding**' and the concept of '**assimilation**'. 'Understanding' concerned a developing understanding of the reactions of others, whilst 'assimilation' included text referring to the benefits of time and the bereavement being considered a '**life event**'. The '**coping**' categories previously attached to processing were now included under the theme '**long term sequelae**' because the coping strategies used when bereaved were also used throughout life. The emerging concept of '**relationships**' was also included under 'long term sequelae'. The free category 'continuing bonds' was included as a sub-category of 'relationships' along with '**memory triggers**' (it was hypothesised that having memories

triggered would serve to maintain a sense of relationship with the deceased). The other category within 'relationships' was 'friends', which was the previously mentioned free category 'future friends'.

Finally, there were two remaining themes that were difficult to place within the framework. They were, the advice that the survivor friends gave for future children and text concerning the 'death concept'. Although the theme '**death concept**' contained text on all three elements (i.e. universality, inevitability and irreversibility) it was not clear, at this stage, how this related to the overall framework of themes and concepts that was developing.

e) Vicky

The interview with Vicky was analysed after a break (of three weeks) and did not use the previously established framework as guidance. This was done in an effort to keep the analysis process as 'grounded' in the data as possible. Vicky's interview described both emotional and behavioural reactions that are typically associated with grief, including '**anger**', '**numbness**' and '**talking with the deceased**'. Furthermore, Vicky described asking a great deal of questions following the bereavement and so '**questioning**' was also included as a behavioural grief reaction. She also expressed compassion for others and confusion at their responses. These categories were included under a separate category labelled '**survivor friends reactions towards others**'.

The concept of classifying 'reactions towards others' as separate from reactions in general was also used when considering 'others reactions'. Consequently, the theme '**others reactions towards survivor friends**' was created. The sub-categories of this theme were '**franchising grief**' (Vicky had been included and supported in grief) and '**religion**' (Vicky talked about the Nun's at her school describing death and the afterlife using religious

explanations). She reported finding these reactions very helpful and, once again it was difficult to establish where these comments could be placed as they were not, directly, a reaction, but, instead, comments about a reaction. After discussions with colleagues, the notion of the category '**considered helpful**' (a sub-category of 'others reactions to survivor friends' but above 'franchising grief' and 'religion') emerged. Comments about the 'helpfulness' of others could, therefore, be included in 'franchising grief' and 'religion' as appropriate.

The theme of 'coping' was also present in Vicky's transcript, with the sub-categories 'religion' and 'suppression'. This theme was linked to 'reactions of survivor friend'. The remaining main theme from the interview with Vicky was 'long term sequelae'. This include the sub-themes of 'death concept development', 'self-exploration', 'relationships' and 're-visited grief'. Within 'relationships' there was discussion of future friendship patterns, an awareness of her families 'mortality' and 'continuing bonds' with the deceased.

#### f) Combining the Analyses - 2

There were a number of stark differences between the framework previously developed and that from the interview with Vicky. This was, in part, due to the very different responses of others that Vicky described. Nevertheless, it appeared, at this stage, that the two analyses could be incorporated into a more sophisticated model.

Firstly, the 'reactions of others' (later re-named as 'reactions of adults') was reviewed. The 'considered helpful' theme immediately allowed the theme '**considered unhelpful**' to emerge. This answered a lot of earlier queries concerning the placing of comments about being excluded. Consequently, 'exclusion' (renamed 'disenfranchising grief') became a sub-category of 'considered unhelpful' and included attitudes of the survivor friends (previously

part of 'confusion' and 'disenfranchised').

The 'grief reactions of survivor friend' developed from Louise, Rachel and Neil were re-organised following the model from Vicky's interview. 'Compassion' and the rest of 'confusion' being taken out and placed in '**reactions of survivor friend towards others**'. 'Suppression' was considered a coping mechanism when analysing Vicky's interview whilst it was considered part of a traumatic response when looking at Louise, Rachel and Neil. One of the reasons for this may have been that 'trauma' was not a prevalent theme in Vicky's interview. Nevertheless, on re-reading the category and the diagnosis criteria of trauma responses, it was decided to consider 'suppression' as a trauma response. It was also noted at this stage that the text in 'numbness' (previously considered a grief reaction) fitted with P.T.S.D. criteria of being unable to remember elements of the event. Consequently, 'numbness' was also moved to the theme 'trauma'.

One further change that was made at this stage involved the distinction between long and short term responses. Throughout the process of analysis, there had been sections of text that were clearly concerning immediate responses and those clearly referring to delayed or belated responses. There was a great deal of text, however, that was far more ambiguous. This, together with the fact that the cut-off between short and long term would be little more than arbitrary, meant that the distinction could not be upheld validly. This was concerning to the researcher, because one of the aims of the study was to specifically investigate any long term effects of being a survivor friend. However, it is very important to stay with the text and not to report, as valid findings, distinctions that, at best, can be considered ambiguous. As a result of this decision, the themes that had previously been considered '**processing**' and '**long term sequelae**' (e.g. 'relationships', 'coping' and 'death concept development') were transferred to '**responses of survivor friend**' and the time

constraints of this theme (i.e. immediate or short term) removed. This meant that categories such as 'crying' contained discussions of crying at all points in time between the bereavement and the interview. There was a remaining problem, however, the theme of 'advice' given by the survivor friends to carers of future children in this situation still appeared to be somewhat homeless within this framework.

The remaining themes from the two analyses served to compliment and add to one another rather than contradict. Consequently, they fitted together well.

g) James

Analysis of the interview with James served to expand the established framework rather than to re-create it. The theme 'emotional grief reaction of survivor friend' was expanded with the addition of the category '**relief**' at the deceased no longer having to suffer. A new theme within behavioural reactions also emerged. It involved '**commemorating**' the deceased and included the categories 'visiting the grave' (also identified in Neil's interview), 'attending the funeral' and writing a 'poem' (as Vicky had done). The category 'talking' was added to 'assimilation' as text in that category appeared to be referring to the ease of talking about the deceased once the event had been assimilated by the survivor friend. Lastly, it was during the analysis of James' interview that 'remembering' (which contained the memories elicited during the interview) was renamed '**remaining memories**' and moved from 'assimilation' to the theme 'continuing bonds with the deceased'. It was understood to be evidence of memories, that can serve to maintain a sense of relationship between the participant and friend. This process of analysis led to the conceptual framework previously discussed.

h) Jackie

Once again, the analysis of Jackie's interview served to expand the conceptual framework already established. The concept of 'understanding' as a sub-category of 'survivor friends responses towards others' developed during this stage. A further sub-category was also added to 'disenfranchising grief'. Jackie had had the experience of being disallowed feelings of sadness. This 'disenfranchising aspects of grief' was, subsequently, also found in Vicky's story. The last alteration made in the analysis process of this study was the creation of the category 'advised' (within the theme 'reactions of adults towards survivor friends' and alongside 'considered helpful' and 'considered unhelpful'). This incorporated the suggestions made by the survivor friends about the way to deal with the event in future.

### **3.6.2 Discrepancies in Category Strength Ratings**

There were five categories in which participants appeared to contradict themselves. They were CRYING, LOSS, SADNESS & DEPRESSION, RELIGION and HIDING GRIEF.

#### **a) CRYING and SADNESS & DEPRESSION**

In the category CRYING Louise said:

I don't remember being over emotional, or crying, mm, I think I cried initially when I had been told, but I don't remember crying much after that at all - I don't, I don't remember crying I suppose because nobody else was.

This is the only entry from Louise in this category and highlights some of the difficulties with measuring category strength. Whilst it appears that she did cry (providing a positive rating) the passage also suggests that this was not a main or salient response to the bereavement, or at least, it is not one that she remembers well. The notion of different passages within each category providing different levels of evidence is a problem that has

challenged qualitative researchers a great deal. There appears to be no widely accepted method of dealing with this dilemma, other than remaining aware of it and discussing it openly.

Vicky also appears to contradict herself in the categories CRYING and SADNESS & DEPRESSION. She says both:

we were all just crying ... I can remember it was such a strange feeling because it was so sad ... I wrote that I was very sad today  
and  
I don't remember it being sad or people sat around crying

Interestingly, the positive evidence came from the early part of the interview when Vicky was describing the events. It could be said that she was re-visiting the time or 'in the moment' for that period of the interview. The negative evidence came from a part of the interview where she had been talking about the related 'issues' on a more abstract level and was not necessarily 'in the moment'. It would be interesting to consider the comparative veracity of statements made when the interviewee is 'taken back' to the events they are discussing and when they are not. It is certainly plausible to think that the former (positive) statements are 'more true' than the latter because of the interviewee's emotional connectedness to the subject matter when making them. Without, however, a more thorough exploration of the issue with the participant herself, it is not possible to conclude either way in this instance, except to say that in both categories Vicky provided more positive than negative evidence, which reflects the overall category strength.

b) LOSS and RELIGION

Neil says both:

It is, well it is this identification with the dead person and mm the notion too that when you grieve you are in fact mm, you are losing part of yourself rather like the grieving really for you, it's like the grieving is for those people who are left behind (I - right) the other person dead person can't grieve (I - right) the process of mm coming to terms with the loss of part of you ... I use to lie in bed and pray to God that I wouldn't get any of these diseases that were life threatening (I - right) you see, they would make me fiercely, furiously pray  
and

I don't remember ever really feeling a sense of loss. I must have done because the memory has lasted all that time'; 'we weren't a religious family (I - u-huh), we didn't go to church.

These discrepancies appear to arise from the complexity of the issues raised above. Can 'not remembering' be considered stronger or weaker evidence for the category LOSS than discussing the 'process of coming to terms with the loss of part of you'? Similarly, does not being 'a religious family' and not going to church detract from the strength of praying 'fiercely' and 'furiously'? Once again, it appears to be a matter of personal interpretation when answering these questions. It is important to be explicit about these issues where uncertainty remains.

c) HIDING GRIEF

Louise says both:

I dwelt on it a lot, and I am pretty sure if I had shared it with somebody then I wouldn't have done  
and

Perhaps the fact that I was kept away from Jane made it easier for me, because I was, I was constantly reminded, mm, I don't know

In this case there are many more passages that indicate that this response by adults was considered unhelpful rather than helpful. It is also clear that Louise, herself, unsure when talking about it being helpful, it is a statement of debate rather than fact.

This discussion highlights the fact that, although some discrepancies are easier to understand and account for than others, it is an area of continuing debate within the qualitative research community. For the purposes of this study, it is important, to be aware of these limitations and, again, the author suggests that the reader familiarises him or herself with the category contents (in Volume 2) when following the discussion of the findings.

### **3.7 SELECTION BIAS RESULTS**

#### **3.7.1 Reasons for Participating**

The participants were all asked about their reasons for offering to take part in this study as a means of investigating any selection biases that may be present. Their responses were included in the category MOTIVES FOR PARTICIPATING. The most common reason was that, when they saw the request for participants, they were interested in the subject and curious about how the interview would go (Louise, Vicky, James and Jackie). Several also thought that it was an important area and that children are not given enough help to deal

with issues like bereavement. There was an element of wanting to 'help' future survivor friends and pass on to their carers an understanding of the experience (Louise, Vicky and Jackie). Vicky, James and Jackie also commented that they had never had the opportunity to talk about it at length before and they welcomed the chance to do so, without being thought of as boring or self-indulgent. Less commonly mentioned reasons included; doing it for their deceased friend (Vicky), an interest in self-exploration (Neil) and because they sympathised with the difficulties of finding participants after the experience of close relations conducting research (Rachel).

One of the potential biases that may occur is that of only those survivor friends who found it very difficult would respond to the request for participants. This would, potentially, skew the findings away from the 'typical' experience of the loss of a friend. The reasons given above do not explicitly suggest that this was the case, instead that there was a relatively wide range of reasons. Anecdotal evidence is also helpful here. Many of the participants said, before the interview started, that they were unsure as to whether they could be of much help because they felt that they had successfully 'come to terms' with the experience and did not have any remaining difficulties. They were also surprised at the end of the interview at the amount they had been able to remember. This suggests that despite the feeling that they had emotionally processed the experience, they still considered it an important issue. Furthermore, it suggests that the findings and conclusions of this study would be relevant, not only to those survivor friends who continue to have difficulties related to the experience, but to survivor friends in general.

### **3.7.2 Description of the Friendships**

All of the participants spontaneously talked about their friendship with the deceased before

the bereavement. These passages have formed the category THE FRIENDSHIP and can help explore the 'closeness' of the relationship.

There was evidence in the interviews of many of the elements of friendship identified by Sharabany (1974) and Schneider et al (1994). This is outlined in Table 27. All of the participants also made statements of friendship, for example:

- Louise: 'we were very close'
- Rachel: 'because we were friends from infants'
- Neil: 'now he and I were very friendly'
- Vicky: 'we were best of friends'
- James: 'Justin was like my best friend'
- Jackie: 'and Liz was my best friend'.

These statements suggest that the adverts and requests for participants did specifically target those who lost a 'close' friend.

| <b>SOURCE</b>          | <b>ELEMENT OF FRIENDSHIP</b> | <b>POSITIVE CATEGORY STRENGTH</b> |
|------------------------|------------------------------|-----------------------------------|
| Sharabany (1974)       | Attachment                   | 3<br>(1, 3, 7)                    |
|                        | Common Activities            | 5<br>(1, 2, 3, 4, 6)              |
|                        | Exclusiveness                | 3<br>(1, 3, 4)                    |
|                        | Giving and Sharing           | 1<br>(4)                          |
|                        | Sensitivity & Knowing        | 1<br>(4)                          |
|                        | Imposition                   | 1<br>(1)                          |
|                        | Frankness & Spontaneity      | 1<br>(1)                          |
| Schneider et al (1994) | Similarity                   | 2<br>(1, 4)                       |
|                        | Propinquity                  | 2<br>(1, 2)                       |
| Rizzo (1989)           | Support in Conflict          | 1<br>(4)                          |

Table 27: Elements of the participants friendship as related to theoretical definitions of friendship.

## **4 DISCUSSION**

There were several main themes identified in the analysis of the interviews. Some referred to responses of the survivor friend and some to their perceptions of adults' responses to the bereavement. These themes will be discussed in full by, firstly reviewing the related interview text and then making links with existing theory and research. Areas in need of further research along with the implications of these findings on the care of child survivor friends will be identified. Throughout the discussion, direct quotations will be used to illustrate the points made. Although this may make it relatively long and wordy, it was felt that it was important both to provide evidence for the conclusions reached and to tell the participants stories in their own words.

### **4.1 GRIEF**

#### **4.1.1 Grief - the findings**

There were a wide variety of responses identified as typically associated with grief. Each participant had slightly different patterns of grief responses. For example, Rachel felt no guilt but did search for her friend whilst James experienced guilt but did not mention searching. This diversity amongst the participants reflects the diversity generally found and further supports the argument for depathologising individual grief reactions.

#### **a) Behaviour**

There were seven behavioural responses noted in the interviews. The most common of which was QUESTIONING, with all but Louise included in this category. Rachel and Vicky

had the opportunity to ask questions directly. They wanted to know what their friend died of and what happened to her body. Jackie also wanted to know what happened to Liz's body but was unable to ask anyone. Neil was curious to know where John was buried whilst James had more existential concerns, "why it had to happen to Ben, when it could happen to me or the other guys I just don't know". Although not included as part of this category during analysis, it also appears that Louise may have had questions to ask if given the opportunity. This is shown in her comments concerning her imagination 'filling in the gaps' when she was not given the complete story of her friend's death (see SLEEPING PROBLEMS).

Questioning was included in this theme for a number of reasons. Firstly, it highlights the cognitive difference between adults and children and, therefore, one of the reasons why child grief should be researched independently. This cognitive difference is shown in the typically concrete questions the participants asked. Secondly, the strength of the category was also considered indicative of questioning being a common reaction to grief.

Another interesting category within this theme is CRYING. Although four of the participants reported crying at some time after the bereavement, it was only briefly mentioned and there was a certain amount of ambivalence concerning it (see earlier discussion of discrepancy in category strength). One of the reasons for this may be that the participants' grief was disenfranchised. As Louise comments "I don't remember crying I suppose because nobody else was". Despite this, however, Vicky was tearful during the interview and several others were close to tears.

SEARCHING and TALKING WITH THE DECEASED were the two behavioural reactions that were noted in one participant each. Rachel comments that, "from my experience it is true

you do look round for the person who's dead" whilst Vicky said, "you know I used to speak to her regularly". Vicky also recalled speaking to Alison when thinking about volunteering for this study, she said, "I thought, here you are Alison, I'll do this for you". These behaviours were very common in the first few months after the bereavement but did appear to reduce in intensity and frequency over time.

There were three behavioural responses that were associated with commemorating the life and death of the participants' friends. The most obvious of these is attending the funeral, which Vicky and James did (although several others would have liked to, see ADVISED). Attending the funeral helped James to accept the reality of the loss. He said, "I think much more just to accept it... because I think I accepted it through half his funeral".

Alongside attending the funeral, James and Neil mentioned visiting their friends grave. For Neil, this was to satisfy a curiosity. He said, "I was expecting to see, his headstone you see, and I, I don't even know whether I found the right mound of earth (I - right) because that was all it was." James commented, "although one thing I do do is every time I go back to that particular village ... we always do visit the (Justin's) grave um which I don't do for anyone else". Although he was unsure about his reason for doing this, James felt that it may be because of the guilt he felt at not visiting Justin after the accident. He also commented that it "it does upset me when I visit his grave", this indicates that the initial grief can be 'revisited' at times.

#### b) Emotion

There were also a group of eight emotional responses noted from the transcripts of the interviews. The most common was LOSS defined as the recognition that something is lost or missing after the bereavement. This is one of only three response categories including

positive strength comments from all participants. They described missing their friends and feelings that other friends were not quite the same. For example, "something was missing with my other friends ... I couldn't chat to them like I used to chat to Jane" (Louise). Secondary losses were also felt. Louise mentioned how, once she started visiting Jane's house again after the bereavement, it seemed very subdued. She also described how she, "loved the fact that she had got these great big brothers ... you know I used to love that part ... so it was mm, afraid that a lot of all that well, all that went with her really".

Neil described how

it is this identification with the dead person and mm the notion too that when you grieve you are, in fact mm, you are losing part of yourself rather like the grieving's really for you ... coming to terms with the loss of part of you.

He felt that having to "face up to this death, the loss disturbed that ... whole equilibrium of my personality". Later discussion indicates that this comment refers to a childhood depression and anxiety Neil experienced

The comments within this theme show that child survivor friends uniformly experience the pain of loss. It involved realising the direct and indirect aspects of life that changed or went missing as a result of the bereavements. This sense of loss can result in sadness, depression and anxiety.

The participants commonly mentioned SADNESS & DEPRESSION. In fact each interview contained periods of sadness during which the participants became quiet and thoughtful. This, again, shows that the emotions of grief can be elicited and experienced years after the loss. When Louise was describing the overriding emotions she experienced, she said, "a mixture of sadness and fear". The general sentiment within this category is reflected in the

following comment, "I wrote that I was very sad today" (Vicky).

Neil described experiencing, what he now understands to be, a "childhood depression".

He said,

there was a tremendous shift from a very outgoing cheerful, easy going, confident young boy (I - u-huh). Something happened in those intervening years, and obviously the, one of those things was this death I think (I - u-huh) which then added to by the war years.

Neil had a reoccurrence of this depression at the age of 30 for a short time. Vicky experienced post-natal depression after the birth of her son and recalled, "I was actually thinking about Alison quite a lot you know, in those couple of weeks". As will be noted later, this led to an acute concern about the safety and mortality of her son and partner. These comments suggest that the death of friend can create vulnerability towards sadness or depression that can then be triggered by other events.

Feelings of DISBELIEF were commented on by all of the participants except Jackie. Rachel was, perhaps, the most emphatic in her comments. She described how,

I remember that very very strongly. I, I couldn't believe it, my grandmother tried her best (I - mm) ... and she was a very domineering, strong minded lady ... (but) that report was not Kathy. I had talked to Kathy, mm, no I would not believe it.

Rachel attributed the strength of her denial to the unexpected nature of the death. Disbelief appears to be a very common reaction to the loss of a friend. In childhood death is always untimely and, as noted by Rachel, often unexpected. These factors may well serve to increase the amount of disbelief experienced.

SHOCK and ANGER were both mentioned by three participants. The former is, perhaps, best

summed up, with Louise's comment that, "at the time, mm, it was a total and utter shock". All of the comments within this theme indicated that shock was confined to the early or initial stages of grief. Anger was primarily expressed towards the deceased for leaving them, for example, "why did you leave me, you know ... you died on me" (Vicky). This sense of abandonment is echoed in the following comments from Jackie. She said, "because I was angry at her for being stupid ... she allowed herself to be taken away from me". On the other hand, James was angry at the person who told him of the accident.

Louise and James both described feeling GUILTY (especially survivor guilt), after the bereavement. James talked extensively on this subject, for example,

the wierdest emotion I get is um some amount of um guilt and because, I think it's because we the thing about going on holiday (I - u-huh) and mm, you know just thinking well then if I was there that would have been me so he would still be alive.

As will be seen later, James also purposively avoided thinking and talking about the bereavement for some time. He attributes this, in part, to the feelings of guilt he was experiencing. He said, "I think that (the guilt) was there from day one so that probably ended up as the reason why I block it (I - u-huh) because I didn't want to deal with that". Louise also took efforts to avoid thinking or talking about the bereavement. Perhaps, the presence of survivor guilt is one of the factors that leads to this suppression.

Louise and Jackie described experiencing a physical pain after the bereavement. Louise described, "it was like a constant heartache really. You know real heartache". She remembers feeling this pain especially at night and when she woke up in the morning and felt that she could not cope. Louise had not felt this 'pain' for several years, although she did re-experience it in her twenties when she found a party dress belonging to Jane.

Jackie mentioned experiencing pain when imagining Liz's last moments. She said, "I have a sense that it actually was very painful and it didn't last very long and I stopped doing this ... because I didn't know how to cope with it". Both of these participants associate 'pain' with 'not knowing how to cope'. It seems that this may be a physical expression of the overwhelming nature of their experience and emotions. Helping a survivor friend to cope, providing them with strategies and opportunities to talk about their distress may, this would suggest, help to reduce the intensity of this 'pain'.

The final emotional response mentioned was RELIEF. This was mentioned by James and is a product of the unique (within this study) situation he was in. Justin had been severely brain damaged by the road accident. When he died James felt that, perhaps, it had been "the best thing". James was very sad when saying this and immediately commented that he was not in a position to judge. This emotion is, evidently, difficult for the survivor friend to accept. When a person is brain damaged, however, their whole personality, abilities and skills can disappear and change. Friends and family can experience a sense of loss whilst the person is still alive. Perhaps, some of the 'relief' mentioned by James, was the result of being able to begin 'legitimately' grieving.

#### 4.1.2 Conclusions from the findings

The breadth and variety of behavioural and emotional grief responses reported by the participants in this study has been reviewed. It has been noted that children appear to have a great deal of questions when bereaved, which may be the result of their cognitive immaturity. Some reactions have been noted to be particularly common in the initial periods of grief (especially denial, which was related to the unexpected nature of the death). It was suggested that being a survivor friend might be a risk factor for depression, which is

subsequently triggered by other events. It was hypothesised that survivor guilt may be one of the factors leading to the suppression of emotions and that pain may be experienced as an expression of the child's inability to cope with the situation.

#### 4.1.3 Grief - links with existing theory

The majority of previous studies of child bereavement have focused upon familial loss. This study has, however, identified very similar emotional and behavioural responses. This supports the findings of Lurie (1993), that reactions to family and friend loss are more similar than dissimilar. The group of responses identified earlier from the work of Dyregrov (1991), Wells (1993) and Davies (1995) include depression, guilt and denial which were all found in this study. It also identified 'psychosomatic illness' (which is possibly linked with SOMATIZATION) and loneliness (similar to LOSS).

Furman (1984) found that denial (as well as psychosomatic illness) is particularly strong in the six to 10 age group (from which the majority of the participants came). He suggests that this may be due to their wish to appear similar to their friends. This may be a second reason for strong denial, alongside the 'unexpectedness' mentioned before.

Attachment theory can also provide an understanding of the strength of the denial experienced by the participants. 'Unexpected grief syndrome' has been linked with early attachment history involving unexpected or untimely death. This syndrome is characterised by increased levels of shock, disbelief and a sense of the deceased's continued presence (which fits with Rachel's own interpretation of her response). The impact of this early bereavement on the survivor friends' attachment styles is discussed in the later CLOSE FRIENDSHIPS section.

'Unexpected grief syndrome' is also characterised by depression arising from the early experience of hopelessness. This is one way of understanding how being a survivor friend may be a risk factor for depression. Brent et al (1992; 1994) also conclude that the loss of a friend through suicide appears to be a risk factor in the development of depression. Suicide is a very traumatic, sudden way to die and the friends in this study also tended to have traumatic, sudden deaths (including drowning, road traffic accidents, during an operation and blood clots on the lung). One of the participants who experienced subsequent depression also witnessed the death, which must have been especially traumatic. It would be interesting to investigate whether being bereaved through a traumatic, sudden death is a stronger risk factor for depression than being a survivor friend per se.

Questioning is not commonly mentioned as a grief reaction amongst children. There are, however, several indications that it may be. For example, Pohlman's (1984) paper commented that children in her class had lots of questions following the death of their classmate. Furthermore, many programmes for bereaved children specifically include a question and answer session (for example Winston's Wish in Gloucester). The fact that their questions tend to be concrete and concern the physical (i.e. 'what has happened to her body) indicate that they are the result of an incomplete understanding of death (see Nagy, 1948).

Questioning may not have been previously identified as a common response in child grief because of the disenfranchising that occurs (see later discussion). This reduces a child's opportunity to discuss misunderstandings and gaps in their knowledge. If children are given neither permission nor time to ask questions they do not ask them, adults can then assume that they do not have them. This study, and the work of many grief counsellors, shows that

this is an unsafe assumption, the implications of which are obvious.

When looking at survivor friends specifically, Sklar and Hartley (1990) found that they felt they were unable to cope and a degree of unresolved despair and guilt up to five years later. It is clear that, at least some of the participants in this study felt unable to cope (see comments in SOMATIZATION, above and HIDING GRIEF, discussed below). Although it may be inaccurate to say that the participants' grief remained 'unresolved', the above review has highlighted the fact that it can be 'revisited' at times long after the death. This also disproves Baker and Sedney's (1996) suggestion that children's grief is short lived.

#### **4.2 GRIEF - CONCLUSIONS**

The diversity of grief reaction to the loss of a friend has been established through a review of the data and consideration of existing research. It was suggested that 'questioning' should be considered a common childhood reaction to bereavement. This was supported by references to the work of grief counsellors. It was hypothesised that being a child survivor friend may be a risk factor for depression. Existing research and theory that supported this notion was identified, although it appeared that the traumatic and sudden nature of the death may be a stronger risk factor. A recommendation for further work in this area was made.

It was hypothesised that the presence of guilt may contribute to the suppression of emotion in the survivor friend and that physical pain may be the consequence of feeling unable to cope with the situation. The possibility that denial was particularly strong in child survivor friends was considered, and the theory explaining that discussed. Finally, it was established that childhood grief is not necessarily short lived.

### 4.3 TRAUMA

Trauma responses are most commonly discussed in the context of 'Post Traumatic Stress Disorder'. The diagnosis of P.T.S.D. depends upon a number of criteria being met. Firstly, DSM IV states that a person would have been 'confronted with an event .. which involve(s) actual or threatened death ... or a threat to the physical integrity of oneself or others'. Confronted need not only mean 'witnessed' but also 'indirectly experienced' (Tomb, 1994). This is certainly the case for the participants in this study. There are three symptom criteria for the diagnosis of P.T.S.D. covering; persistent re-experiencing of the event; avoidance and emotional numbness and increased arousal. Lastly, the symptoms should be present for a month or more and cause clinically significant distress or impairment of functioning before diagnosis is given. Although it would be impossible to tell, from the interviews within this study, whether any of the participants experienced P.T.S.D., the number of individual symptoms described is striking. The concept of traumatic stress responses can also be seen as a continuum. Therefore, although the participants may not have had diagnosable P.T.S.D., they do appear to have had varying degrees of traumatic stress response.

#### 4.3.1 Trauma - the findings

##### a) Re-experiencing

Although many of the participants did not witness the death of their friend, some of them did appear to reconstruct the event in their imagination. This reconstruction was then played and replayed in their minds, causing distress which they kept private. For example, "I use to go, and I would put myself, and I would make myself go through what had happened night after night" (Louise) and "it was such an unknown, and in my own head I

could, I could look at things, and not tell anybody” (Jackie).

In both the stories the survivor friends used their imagination to fill the many gaps in their knowledge of the death story. When asked if she could describe what made her review the events in her mind, Louise said, “perhaps if I had been told exactly what had happened, how it all was, then perhaps I wouldn’t have”. Therefore, clear explanations by adults may have reduced the intensity or frequency of this trauma response. This has clear implications for carers of future survivor friends.

Another trauma response is the presence of VIVID MEMORIES. Louise, Rachel, Vicky and Jackie all described memories related to the event that were particularly strong. The majority concerned either the events of the death or the circumstances in which the participant was told of the death. For example; “my mother said she had drowned. It’s big pictures of water, I’ve got a, it’s sort of a big memory of mine” (Louise) and “well I don’t even have to close my eyes, I can just see her in my mind’s eye. There was a red pillar box, there was Kathy grey on the pavement and I crouched down beside her” (Rachel).

Louise and Jackie’s memories of their friends also seem to have taken on a ‘vivid’ quality. Louise describes how she can “picture her to this day”, whilst Jackie comments that, “I can see her face now ... I can just visualise her now”. It appears that, not only do survivor friends not forget their experience, memories of certain elements are especially well preserved and can come to mind with little or no prompting years later.

The final reaction within this criterion is re-experiencing the distress of the events when faced with cues that trigger memories. Although many of the participants mentioned triggers (see discussion below), only Louise specifically mentioned re-experiencing the

'pain' of grief. She last experienced 'physical heartache' in her twenties, when she found Jane's party dress.

b) Avoidance and Numbing

Another P.T.S.D. criterion is 'avoidance and emotional numbing'. SUPPRESSION is one of the biggest categories within this study, both in the number of participants included (all six) and the amount of text devoted to the theme. As previously noted, crying appeared to have been suppressed in some of the survivor friends. Most of the participants also avoided talking about the bereavement. For example, Louise said, "I didn't speak, I didn't say anything ... I didn't draw attention to myself in anyway". Although Vicky did talk about it at the time she now says, "I couldn't ... really discuss it, people don't really know what ... I don't want to discuss it with anyone really". Louise and James both describe this type of reaction as 'blocking out'. This illustrates the purposeful avoidance of reminders that is a key feature to this element of trauma response.

There were a number of responses to this blocking noted amongst the participants' comments. Both James and Neil felt that it led to 'delayed grief reactions'. For example, James said,

I always um feel kind of upset to talk about it and stuff, so I don't actually know if I've actually gone through the grieving um period (I - um) even um sort of er how many years time, 20 about 10 years down the line.

James also noted that suppressing memory of Justin's death also "kind of blocked really remembering everything from the past".

It was also noted that this early suppression of emotion might have been a factor in the creation of some personality traits. Jackie commented that she,

can be very controlled ... and I think this is part of my personality now ... I think that that (the bereavement) must've been very much cemented in place because of what happened.

The above may be considered relatively negative consequences of suppression. However, Rachel's comments do not seem to have the same implications. She commented that,

It was normality, it was cope girls and we did ... I mean she was just gone and that was it, we couldn't do anything about it, we couldn't bring her back, we had to get on with life, and we did.

These comments suggest that not talking or thinking about the bereavement meant that Rachel was able to adapt to school life without Kathy. It is interesting to note, however, that Rachel was one of the few participants able to talk about her feelings at home. She did not suppress her emotions all of the time. Perhaps it is this opportunity to share emotions at certain times that leads to suppressing them at others being more helpful. Those participants who felt unable to talk at any time tended to report more negative effects of suppressing.

It has already been suggested that feelings of survivor guilt may be one reason for this suppression. It seems however, that there may be many more, for example, feeling unable to cope (picked up in James and Jackie's interviews). Finally, suppression may also be a mechanism by which grief can be disenfranchised on an intra-psychic level. This 'hiding' of their grief reactions, for whatever reasons, would serve to reinforce the disenfranchising by adults that was common (see later discussion).

Another reaction associated with avoidance and numbing is the inability to recall certain aspects of the event. This was particularly evident for Vicky, who was the one participant to witness the death. She describes how it all seemed "just a bit of blur really" until later

that evening. It seems that bereavement can cause both snap shots of very clear memories and periods of incomplete, unformed memories. Arousal is high during trauma responses (as will be seen below), perhaps the vivid memories are created as a result of this extra alertness but cannot be maintained over time because of the energy they require.

Finally, INTERPERSONAL DISTANCE is also considered an element of the avoidance and numbing seen in traumatic responses. Four of the participants recall not having a close friend for some time after the bereavement. Vicky and Jackie reported avoiding close one-to-one friendships specifically for a fear of being bereaved again. The reader is referred to the discussion of close friendship patterns following the bereavement (below).

Confusion at other people's responses also served to put distance between the survivor friend and others. Louise recalled how she

did tell two or three friends ... that she drowned, and I could remember there being an awful lot of, I gained an awful lot of attention through that ... I didn't like it, because I was sad about it and all people really wanted, typically, wanted to know the gory details all the time.

A sense of a foreshortened future has also been noted in some of the survivor friends. This is related to the impact of the bereavement on their death concept development. Once again, the reader is referred to the relevant section below. The implication of a heightened awareness of their own mortality led some of the participants to develop a fear of dying. Louise said, "the fact that if she could drown so could I, and I mean that frightened me". Neil was particularly anxious after the loss and used to pray to God that he, "wouldn't get any of these diseases that were life threatening". Vicky has written her will unusually young and has "probably got about three or four death policies", feeling that it is sensible to be

prepared, in this way. Although James did not have this type of reaction, the comments of the others highlight the potential for survivor friends to become very concerned for their own deaths in ways that can impact on their lives.

c) Arousal

The final P.T.S.D. criterion refers to evidence of increased arousal. Both ANXIETY and SLEEPING PROBLEMS were noticed in the reactions described by the survivor friends. As well as being frightened of dying herself, Louise was also concerned about forgetting Jane. She said, "I don't know if I was frightened that I should forget what she looked like or how she was ... I think I probably was". She recalled that fear (along with sadness) was her over-riding emotional response to the loss.

As noted above, Neil was also fearful of dying and believed that it stemmed from the bereavement, although there were a number of other triggers as well. His anxieties were "absolutely to do with health and death" (John died in hospital). Although his anxiety may well have been maintained by the experience of living during the Second World War, Neil does not recall being frightened of the bombs. Jackie was the other participant who recalled being fearful or anxious. She described it as, "a sort of fear of being overwhelmed by the amount of anger that I felt".

It was these three participants who also had difficulties falling asleep, which emphasises the close relationship between these two reactions. Louise described how she had difficulty getting off to sleep because, "before I went, I actually fell asleep I would make myself go through it". Neil had difficulties falling asleep because he would "lie in bed and pray to God" as detailed earlier. Finally, Jackie described how she used to think of Liz especially at night time "because that was the only time that I would have been in my own little world ..

with curtains around you and I, I had a very vivid imagination”.

#### 4.3.2 Trauma - conclusions from the findings

This study has identified trauma responses in the reactions of survivor friends to the bereavement. There is potential for them to re-experience the event, even when not directly witnessed. It seems that it may be important for carers to tell the child the full death story to avoid their imagination ‘running riot’ in this way. It seems that certain memories associated with the bereavement are particularly clear, possibly due to increased levels of arousal. Some memories, however, remain unclear or ‘blurred’. This study has also identified a strong tendency amongst survivor friend’s to suppress their emotions and reactions. This seems to be related to survivor guilt and an inability to cope and can reinforce the disenfranchising of their grief by others. The impact of this suppression was hypothesised to be dependent upon the opportunity the survivor friend had to talk about the death when they needed to. The death of a friend has also been seen to impact on the interpersonal network of the survivor. Finally, it appears that survivor friends are vulnerable to anxiety, especially about their own death, and sleeping problems.

Many of these responses could have been included with those that are typically related to grief. The similarities are numerous. Organising them in this way, however, serves to highlight the potential vulnerability of survivor friends to be traumatised by grief and bereavement. One of the reasons why this theme may have appeared so relevant to this study is that all of the deaths were traumatic in their own right (i.e. the result of accidents), as a lot of child deaths are.

#### 4.3.3 Trauma - links with existing theory

Although many research studies do not make the distinction between traumatic and non-traumatic deaths (see Nader, 1996), the responses noted in this study are commonly found in other bereavement research. For example, the list compiled above from the work of Dyregrov (1991), Wells (1993) and Davies (1995) includes anxiety, vivid memories and sleeping problems as a result of a fear of dying. In her work on traumatic death and grief, Nader, (1996) has noted that all memories of the bereaved can be suppressed because they trigger traumatic re-experiencing. This would be a possible reason for James having blocked his childhood memories.

In studies of friend or peer loss specifically, reductions in ability to cope, unresolved fears for mortality, non-specific fear and numbness have all been reported (Schachter, 1991; Sklar & Hartley, 1990). Deck and Folta (1989) suggest that the fear of mortality seen in survivor friends may be because identification with the friend is great and therefore, the threat to self is also great.

The interpersonal distance noted in the participants in this study can be understood by reference to Oltjenbaums (1996) model of secondary loss and incremental grief. It certainly appeared the case for Louise, if not others, that her classmates did not understand the experience she was going through, which can lead to withdrawal, social isolation and 'incremental grief'.

The ambivalence concerning the costs and benefits of suppression found in this study is reflected in the existing 'coping' literature. When debating this issue, Stroebe (1994b) identifies one of the basic assumptions of western grief therapy as 'confronting is good'. The general idea is that talking about and facing the pain of grief is a necessary step towards

resolution. Stroebe (1994b) goes on to highlight cultural differences in grief responses, some of which advocate distraction and avoiding the pain (see Mandelbaum's study of grief reactions in the Native American Hopi Tribe, 1959). Research evidence for the efficacy of confronting and the detrimental effects of suppression is also ambivalent. Work focussing on other stressors has shown, both, that suppressing thoughts of the event can lead to, increased levels of poor health (Pennebaker, 1989) and better adjustment (Kaminer & Lavie, 1993). Other research has indicated that there is no relationship (Schut et al, 1994).

Folkman, Chesney, Collette, Boccillari and Cooke (1996) suggest that 'spirituality' can lead to positive re-appraisals of the bereavement and this can, in turn, lead to suppression of negative emotions and an overall positive psychological state. It is interesting to note that it was Rachel who benefitted most from suppression. She was also the only participant who believed a purposeful God had watched over events. Not only, therefore, does the opportunity to talk when needed, appear to make suppression at other times a 'coping strategy' (as concluded above), but also an element of spirituality.

Existing literature and theory can also help to understand why the concept of trauma in bereavement emerged in this particular study, including, most importantly, the nature of the stressor. The participants in this study experienced an event that was severe, sudden, and unexpected. It involved physical damage to a loved one and was life threatening. It was also isolating and damaged the survivor's social support system. These characteristics have all been identified as risk factors for trauma responses (Tomb, 1994).

The fact that the participants were children when they experienced the stressor might also have influenced the prevalence of trauma responses observed. In a study of adults who have experienced a range of traumatic experiences (including 'tragic death'), Norris (1992)

found that age was the strongest predictor of diagnosable P.T.S.D.. It appears that people develop resilience to trauma over time (Norris & Murrell, 1988). In a review of work investigating pre-trauma risk factors for P.T.S.D., Tomb (1994) mentions a long list but concluded that 'an impregnable case is not made for any single factor (with perhaps the exception of youth)' (p247).

Post-trauma risk factors have been noted to include lack of support, inability to discuss the event, familiarity with the victim and a sense of abandonment (Pynoos & Nader, 1988). The participants in this study tended to experience a lack of support both through the nature of adults' responses to them (see below) and the loss of their supportive friend. It is also clear that many of them felt unable to talk about the bereavement afterwards. They obviously had a familiarity with the victim and, referring back to the category ANGER, both Vicky and Jackie described a sense of abandonment.

Norris (1992) found that, amongst those who had experienced a tragic death or road traffic accident, 76.2 percent displayed one 're-experiencing' symptom, only 50 percent had one symptom of avoidance and numbing and 72 percent had one symptom of increased arousal. Interestingly, this does not fit with the pattern found in this study, with avoidance and numbing being the strongest reported set of responses. One of the reasons for this may have been that adults are better supported (or franchised) in their grief, than the majority of child griever in this study. It is possible to suggest that the experience of grief being disenfranchised can lead to increased rates of suppression. Norris (1992) goes on to comment that the presence of 'avoidance and numbing' is the strongest symptomatic predictor of a P.T.S.D. diagnosis. This study appears to have found a population with particularly high rates of avoidance. This implies that they may also be prone to diagnosable P.T.S.D.. This would be an interesting avenue for future research.

There are a number of implications of this interaction between grief and trauma responses. Firstly, as Louise comments and Baker et al's (1992) model of childhood grief advocates, there is a need for children to have knowledge of the death to avoid ruminative reviewing. Baker et al (1992) also point to the fact that trauma can also prevent grief being processed and needs addressing first. Therefore, giving the child accurate information can facilitate grief through both enabling it to begin and reducing the trauma that can prevent it.

It is also important to learn from work investigating factors that can help the resolution of trauma responses. In his review of the current position, Tomb (1994) identified two factors that can guard against the development of P.T.S.D.. They were rapid engagement that includes a sharing of emotion and early and ongoing social support. Carers would, however, need to be sensitive to the impact of trauma related interpersonal distance and feelings of estrangement that may impede a child's ability to use their existing support system or grief therapy. The majority of reactions of adults, described by the survivor friends in this study, did not involve these factors and were also described as unhelpful (see below). It is possible that one of the reasons that they were unhelpful is that they did not protect against or reduce trauma responses.

It is not clear whether any of the participants in this study would have fulfilled the diagnosis for P.T.S.D.. However, they were young, the stressor fitted several criteria related to the presence of trauma, they described a great deal of emotional suppression and they received little social support. These findings indicate that child survivor friends are a vulnerable population. Further research into the prevalence of trauma responses and their interaction with grief would be very valuable.

#### **4.4 TRAUMA CONCLUSIONS**

The wide range of trauma responses seen in the participants of this study have been reviewed and related to existing research and theory. The ambivalence concerning the costs and benefits of suppression in this study and previous research was noted. It was suggested that suppression might be helpful when the bereaved also has the opportunity to talk when they wish and is able to positively re-appraise the event through a sense of 'spirituality'. It was noted that there was a particularly high level of suppression in this study, which was related to the disenfranchising of grief by others.

Child survivor friends were identified as a potentially high-risk population for the development of P.T.S.D. or lower level trauma responses. Several implications of this understanding of grief were noted, including the need for the child to have knowledge and information about the loss and the need to engage them in emotion sharing with on-going social support. The prevalence and severity of trauma responses amongst child survivor friends was noted as needing further research, along with the interaction of grief and trauma responses and the implications for therapy.

#### **4.5 RELATIONSHIPS**

##### **4.5.1 Continuing bonds - the findings**

There was evidence of an influence of being a survivor friend upon the participants' existing and future relationships. The strongest, or most prevalent, theme within RELATIONSHIPS

was CONTINUING BONDS WITH THE DECEASED. These bonds were established, maintained and understood in a number of ways.

One way in which bonds with the friend were maintained was through reminiscing over their REMAINING MEMORIES which were often TRIGGERed by a number of different situations. Louise and Vicky are particularly reminded on the anniversaries of birthdays or the funerals or when they see particularly meaningful stimuli that are associated with the loss. For example, Louise finding a party dress of Jane's and Vicky thinking of Alison whenever she sees the small stars used in schools because Alison once gave her a 'gold star' as a gift. Rachel and James, on the other hand, are prompted by locations (the zebra crossing where the accident happened and certain cycle lanes, respectively).

All six participants described some of their REMAINING MEMORIES of time spent together. For example, Neil remembered a particular incident,

on one occasion we (Neil and John) were there in the back garden and was sort of commotion and shouting going on from the alleyway, and mm, we were thinking there was a game and like everybody else did and they started throwing stones, lobbing stones over into that garden

The participants also gathered information about the death, which became incorporated into their memories of their friendships. For example, Rachel recalled that,

when I arrived down on the pavement again, Mary, who was the other girl said Kathy had been knocked down, but she's alright she stood up she's over on the pavement. So I immediately crossed the road, went to her

The process of remembering and reminiscing appeared to be upsetting or uncomfortable at

first, but, through time, “I can think about it and talk about it more comfortably” (James). Louise and Jackie also noted this change. Reminiscing even appeared to be enjoyable with participants being able to laugh and becoming very animated when telling the stories they remembered. Many of them also thanked the interviewer at the end of the session for the opportunity to take part. As James concluded, “it was nice to be able to remember the, the good times and stuff like that”. It appears that reminiscing connects the survivor friend and the deceased for many years.

A second way of maintaining a bond between the survivor and deceased was through a sense of their CONTINUED PRESENCE in the world. The strongest evidence, however, came from Vicky. She gained comfort from believing that Alison was in heaven and talking to her,

I got upset and you know when, when people call each other names and things like that and I used to think oh Alison, oh Alison, you know if you were here you would help me and (I - right) I just used to speak to her in that way really ... I think I found it quite comforting, you know ... I just always felt that she was with me (I - mm), mm, ... because Sister told me that she, she would always be and I believed it and you know (I - mm, right) I was comforted by that

Alison also continued to have an influence over Vicky's behaviour which was present in her explanation of why she volunteered, “I was just curious, and I thought, here you are Alison, I'll do this for you”.

Interestingly, the deceased seems to have ‘grown up’ alongside the survivor friend. Louise mentioned that “every birthday, you know, I think Jane, you see I was a year older than her, I can imagine how she feels”, whilst Vicky said “like she would have been 29 this year, and I thought ooh Alison 29 this year”. This suggests that the relationship may continue to

develop beyond the death. This is further borne out in the comments of Louise and Vicky within the category WANTING TO DEVELOP THE FRIENDSHIP.

Half of the participants reported a sense of their friends' continued presence. Although this is not a consensus, it highlights the possibility that continuing bonds can be dynamic, developing and, even, interactive. There appears to be a connection between this concept and religion, especially Catholicism. Catholic beliefs about death and the afterlife include the notion of the deceased 'looking down on' or 'being alongside' living friends and relatives. The strongest evidence for this theme comes from Vicky who was Catholic and attended a Catholic school. Jackie also attended a Catholic school but did not mention whether she herself was Catholic. Her interview provided very much weaker evidence for this category. Louise, who also provided evidence for this theme, was raised in a Christian home (her father worked in the church), however, her personal beliefs were not discussed. Rachel was and is a Christian, and despite providing negative evidence for this category, does comment that people can continue to live in the memories of others. Neil and James are not included in this category. They both explicitly mentioned that they were not religious. It is possible to conclude, therefore, that having a sense of a continued presence of the deceased may be related to the religious beliefs held by the survivor.

#### 4.5.2 Continuing bonds - conclusions from findings

A review of the comments in this theme has shown that bonds are most commonly maintained through the act of remembering the friend and the friendship. Several types of memory triggers have been identified, including anniversaries and locations. Remembering appears to become easier over time and can lead to a comforting, even enjoyable bond or relationship that did not appear to change with time.

It was shown that bonds were also maintained through a sense that the deceased remained, in some way, present in the survivor life. These relationships were occasionally 'interactive' and developed over time. Once again they appeared to provide comfort to the survivor friend. It was hypothesised that the presence of this type of connection between the survivor friend and the deceased depended upon the religious beliefs of the survivor friend.

#### 4.5.3 Continuing bonds - links with existing theory

The existence of a continuing relationship with the deceased would, to Freud, appear to be overwhelming evidence of 'pathological grief' (1957). Despite the strong influence Freud has had on our understanding of grief, researchers are now questioning the need for a complete detachment from the deceased. As reviewed earlier, models of 'uncomplicated grief' in adults have begun to include a recognition of a maintained connection between the survivor and deceased (e.g. Worden's (1991) fourth task 'emotionally relocating the deceased'; Zisook et al's (1990) third dimension 'the continuing relationship with the deceased'). Baker et al (1992) also posited a late stage of childhood grief 'constructing a durable internal relationship with the deceased' which implies a continuing bond. There appears to be a growing acceptance that a remaining attachment is not indicative of a pathological grief reaction. This fits well with the findings of this study as the participants felt that they had come to terms with the loss, despite these observed continued bonds.

It was not until this theme had begun to emerge from the data that the researcher discovered the growing body of research focusing specifically upon the concept of 'continuing bonds'. Silverman and Nickman (1996) discovered what they termed 'strategies of connection' between the bereaved and deceased when interpreting interviews

from an American study of childhood grief. The study was longitudinal and interviewed children aged between six and seventeen at 4 months, 1 year and 2 years after the death of a parent. 125 children from 70 families were surveyed using semi-structured interviews. They also refer to a parallel study of 43 children from 23 families in Haifa, Israel.

They identified five 'strategies' the bereaved used to maintain connections with the deceased. They labelled the first, 'locating the deceased' (for example in 'heaven'). Secondly, they identified 'experiencing the deceased' (feeling watched by their parent (81 percent) or dreaming about them (55 percent)). The third strategy involved methods of 'reaching out to the deceased' (e.g. visiting the grave, talking to the deceased). Fourthly, the bereaved children had 'waking memories' of their parent and lastly they treasured 'linking' or 'transitional' objects that had belonged to the deceased. Rather than viewing this remaining connection as evidence of being 'stuck' they concluded that 'we are not talking about living in the past, but rather recognising how the past informs our present' (p85).

Normand, Silverman and Nickman (1996) developed these conclusions further by identifying four types of relationship that the children constructed with their deceased parent, based upon interviews with a subset of 24 children. The first was described as 'dealing with a ghost' where the children view themselves as passive and located their parents 'right beside' them. These children had fearful dreams, reported not crying in the first year and deliberately avoid thinking or talking about the parent. The second relationship was termed 'preserving memories of deceased'. This was described as a relationship based solely on the child's memories with little of what they called 'interactive communication'.

Thirdly, there was a group of children who were 'maintaining an interactive relationship

with the deceased'. They talked to and about the deceased, visited their grave and dreamt about them. Normand et al (1996) concluded that this type of relationship relied upon the important cognitive activity of 'locating the deceased'. The final type of relationship was described as 'becoming a living legacy'. This was only identified in the later interviews and represented an internalising of the deceased's values and personality. Although a minority of the children remained in the same type of relationship throughout the two year study period, Normand et al (1996) noticed a consistent direction of development in the majority. The direction followed the order in which they are written here.

When comparing these conclusions to those made from this study a number of similarities and differences emerge. Some of the differences may be a result of the different methodologies used. For example, the semi-structured interview asked specifically where the child thought the parent was. Only two of the participants, in this study, spontaneously mentioned this (Vicky and Rachel, both saying that they thought their friend was in heaven with God). None of the participants mentioned dreaming about their friend. Vicky, however, did report a sense that Alison was watching her, which would fit into Silverman and Nickman's strategy 'experiencing the deceased'.

This study placed the theme VISITING THE GRAVE (supported by Neil and James) alongside other grief reactions rather than continuing bonds. Upon reflection, however, it would seem appropriate to also consider it as an element of the strategy 'reaching out to the deceased'. Vicky also used this strategy when talking to Alison.

There are very clear comparisons between the themes REMAINING MEMORIES and TRIGGERS and the strategy 'waking memories'. This study, however, found no direct evidence of the importance of 'linking objects'. In fact, when Alison's mother tried to give

one of her dolls to Vicky, she did not want it, saying, "it's Alison's doll, which should stay here with Alison".

When reviewing the theme of TRAUMA within this study, there is evidence of both fear (ANXIETY) and avoiding thoughts and feelings related to the death (SUPPRESSION). This would indicate that there were elements of the type of relationship described as 'dealing with a ghost'. Closer inspection, however, establishes that the children in the American study appeared to be afraid of their deceased parent whilst participants in this study tended to be anxious about their own mortality. The majority of participants within this study fall into the 'preserving memories' type of relationship. Vicky, Louise and James and Neil have also described elements of an interactive relationship with the deceased.

One of the main criticisms of the American Child Bereavement Study is the fact that it is potentially culturally biased (70 percent of the children were Catholic). The researchers referred to the Haifa study (the majority of children were Jewish) in an attempt to counter-balance this. However, this was done rather inconsistently and it is unclear whether or not there were any differences in the prevalence of strategies and relationship types between the two groups. In light of this it is striking that Vicky, the participant in this study providing the most extensive evidence of an interactive, developing relationship, is also Catholic. This supports the earlier suggestion that establishing this type of continuing relationship depends upon the religious beliefs of the survivor. This study has also highlighted the importance of religion, specifically in locating the deceased and the positive effect this cognitive process has upon the survivors' ability to cope (see discussion below). However, this study has shown that the non-religious also maintain continuing bonds through remembering.

Another criticism of these findings is that children may maintain bonds because they do not

understand the finality of death. Silverman and Nickman (1996), however, found evidence that they did understand this concept. An understanding of the irreversibility of death was rarely explicitly mentioned in this study, however this is a problem of omission rather than contradiction. Continuing bonds have also been reported in studies of bereaved adults, who, theoretically, should understand the irreversibility of death (Stroebe & Stroebe, 1991; Shuchter & Zisook, 1993). These points suggest that the conclusion of Silverman and Nickman (1996), that the findings cannot be dismissed on this basis, is valid.

Despite this criticism, it is important not to dismiss the concept completely. This study, along with the findings from the larger child bereavement study, has developed our understanding of the normality of retaining connections with the deceased over time. It has also suggested mechanisms through which this is done. Further work is, however, needed to explore the cultural specificity (or generalisability) of this concept. The implications of this to grief counselling (which tends to promote 'letting go') are great. It suggests that counsellors need to accommodate a wide variety of responses and continuing bonds within their understanding of 'uncomplicated grief'. This echoes the earlier argument (made in the introduction) to de-pathologise individual grief reactions. Finally this study has supported the following conclusion of Shuchter and Zisook (1993) that;

the empirical reality is that people do not relinquish their ties with the deceased, withdraw their cathexis or "let them go". What occurs for survivors is a transformation from what had been a relationships operating on several levels of actual, symbolic, internalised and imagined relatedness, to one in which the actual ("living and breathing") relationship has been lost but the other forms remain or may even develop in more elaborate forms. (p14).

#### 4.5.4 Continuing bonds - conclusions

This discussion has highlighted the common theme of CONTINUING BONDS WITH THE DECEASED, with illustrations from the interviews. The mechanisms maintaining these continuing bonds have been identified as remembering and reminiscing (which results in a relatively static, unchanging relationship) and a sense of a continued presence (which results in a more active, developing relationship). The latter was seen as, in part, a product of the religious beliefs of the survivor friend.

These themes were then compared to the growing literature surrounding the concept of continuing bonds and similarities and differences noted. It was concluded that this study showed evidence of relationships described as 'preserving memories of the deceased' and 'maintaining interactive relationships with the deceased'. The category VISITING THE GRAVE, previously thought of as a 'grief reaction' was also considered relevant to this discussion.

The limitations of the existing research were discussed and further evidence for the religious specificity of sensing a 'continued presence' was put forward. The need for further research in this area was highlighted. The implications of this concept on existing models of grief therapy were outlined along with the importance of broadening our understanding of 'normal' grief reactions.

#### 4.5.5 Close friendships and family - the findings

The majority of participants (four out of the six) reported that they did not establish other close friendships for some time after the death of their friend, giving a variety of reasons. The most common was that it was a product of family or personal traits. For example,

Rachel describes that “although we are a small family, we have been so supportive of each other that perhaps other people don’t feel wanted”. Louise’s family frequently moved as a result of her father’s job. She explained that this made making friends “jolly hard work” and that “you get to the point when you don’t really want to do it anymore”.

The remaining reason given for not establishing new close friendships was a feeling that “if I had a best friend she was going to die too” (Vicky). Vicky and Jackie appeared to have purposively avoided exclusive friendships in favour of bigger groups as the following comments show,

I don’t think I got another friend for a long time (I - mm). Even in the secondary school I mixed with a group ... and never had a close friend because she might get taken away ... it could happen again and because I didn’t know what to do, how to deal with (it) ... I wasn’t going to go through that again (Jackie).

Independence and adapting to being alone became very important for both of them. In Jackie’s words, it seems that this unwillingness to ‘trust myself to somebody else ... who won’t let me down’ made her ‘very prickly ... about getting close to somebody else’. This began to resolve when she moved to a different school five years later, although Jackie describes it as having taken ‘half a life time’ to understand fully.

This concern about the mortality of attachment figures was also around for Vicky and Jackie in their future families. Vicky described how, during a bout of post natal depression she, “just got obsessed with Paul dying, my partner, and Samuel dying”. After the birth of her children, Jackie remembered reading any newspaper articles concerning a child dying, feeling that, “I had to actually prepare myself to know what it would feel like if my kids died. How awful it would be”. Jackie had not made the connection between reading the

articles and being a survivor friend before the interview, but felt sure there was a link.

Rachel and James, on the other hand, explicitly stated that fear of losing another friend did not prevent them from making attachments. Neil felt that his friendship with John “established a pattern of one-to-one friendships”. Both Neil and Louise felt that being a survivor friend had not been an issue when thinking of their own children. Despite this ‘negative evidence’, however, there does appear to be a vulnerability or potential for survivor friends to become or remain friendless, for whatever reason, for some time after the bereavement.

#### 4.5.6 Close friendships and family - links with existing theory

It is possible to understand the reactions of Vicky and Jackie using Bowlby’s attachment theory. It seems that their ‘internal working models’ of friendship were impacted by the death of their friends. They subsequently understood an exclusive, close friendship or relationship as something that may be ended suddenly and traumatically in ways that they felt unable to deal with. Jackie describes it thus; ‘there would always be danger if you got involved with somebody else (that) they would be taken away ... and how to start to cope with this again’.

Their response to this may be seen as self protection against the distress that they viewed as part of close friendships. Sullivan (1953) suggests that friendships are the beginning of love outside the family of origin. Consequently, the concern shown for the mortality of new family members can be seen as an extension of the impact of being a survivor friend. Although there was only two participants who described feeling this way, it seems that being a survivor friend may create vulnerability towards avoiding close friendships, which

can last some time. Interestingly, this is the opposite of the 'increased bonds with others' found amongst survivor friends by Oltjenbaums (1991). Future research investigating factors that may predispose a child to this type of response would be helpful in identifying needs and targeting support services. The only characteristic shared by Vicky and Jackie and not the others (as known by the researcher) is that they both attended Catholic schools. It seems unlikely, however, that this is a predisposing factor as the schools reacted very differently.

The researcher does not intend to imply that survivor friend should be pushed into creating new friendships immediately. It is important, however, to consider the impact of remaining without close friend for an extended period of time. The earlier review showed that friendless children are socially, emotionally and cognitively vulnerable (see Azmitia & Montgomery, 1993; Bukowski et al, 1991). Loneliness has also been shown to be higher amongst friendless children (Renshaw & Brown, 1993). This could explain why LOSS (which has an implication of loneliness) was one of the strongest reported responses. Furthermore, friendship leads to reduced levels of anxiety and depression (LaGreca, 1992). It appears that survivor friends have a double burden of experiencing common grief reactions without the friendships that may have been able to help mitigate their negative effects. This point is also mentioned by Deck and Folta (1989).

School performance often falls when a child has been bereaved, due to an inability to concentrate. Once again, survivor friends may have the double burden of being less able to concentrate because both, they are grieving and they do not have their 'close friend' with whom they used to concentrate best (see Hartup et al, 1995). Cohn et al (1985) also concluded that the number of friends a child talks with intimately is important to their development, suggesting that becoming part of a group may not, necessarily, counteract the

impact of being without their 'close friend'.

This literature suggests that being a survivor friend may lead to a (theoretical) social, emotional and cognitive vulnerability. This is an area in need of further research before firm conclusions can be made. Rutter (1981) has established a number of 'protective factors' that can serve to lessen the detrimental impact of losing an attachment figure. This suggests that there maybe protective factors that can, similarly, help survivor friends. In light of the growing understanding of continuing bonds with the deceased, it would be interesting to consider this as a potential protective factor. Once again, future research is needed to explore this area further.

#### 4.5.7 Close friendships and family - conclusions

The themes CLOSE FRIENDSHIPS and FAMILY have been explored, using interview data and pre-existing theory. The reasons given for not developing new close friendships were commented upon. Using Attachment theory it was hypothesised that, in a small number of cases, the survivor friends' internal working model of friendship was adversely impacted by the death of their friend. It was noted that this could lead to difficulties establishing close friendships over a number of years. After consideration of the negative evidence for this theme, it was concluded that, being a survivor friend does not automatically impact upon future friendships. It does, however, appear to increase a child's vulnerability to remaining without a close friend.

The potential implications of this vulnerability to a child's social, emotional and cognitive development were discussed, with the acknowledgement that any conclusions made were theoretical at this stage. Several areas requiring further research were also identified. They

included exploring; factors that may pre-dispose a survivor friend towards difficulties establishing future attachments, the potential developmental implications of this response and factors that may protect a child from some of the detrimental impact of being a survivor friend. It was suggested that continuing bonds with the deceased might be a protective factor.

#### **4.6 RELATIONSHIPS - CONCLUSIONS**

One of the main themes found in the interviews has been reviewed. The presence of continuing bonds between the survivor friend and the deceased has been established and the mechanisms by which they are maintained explored. These have been compared with existing theory with the suggestion that further research is needed to clarify the cultural specificity of this concept. The need for a broadening understanding of individual grief reactions and continuing bonds was emphasised, along with the implications of this for grief counselling.

The trend towards survivor friends remaining without a close friend for some time after the bereavement has been noted. This was linked, for a minority, with their 'internal working model' of their relationships. The conclusion was made that further research could investigate factors that predisposed children towards having difficulty making future attachments, with the intention of understanding need and targeting services. The theoretical developmental implications of remaining without a close friend were reviewed. Once again, recommendations for future research, to clarify this issue and establish possible protective factors, were made.

## 4.7 ASSIMILATION

As discussed above, the data from the interviews made determining the time scale of reactions very difficult and ambiguous. Despite this a theme concerning the gradual acceptance and incorporating the event into their life-stories over time did emerge. Although five of the six participants have been included in this theme, the volume of text within each category is not especially high. Consequently, although it is 'strong' as measured by this study, it may not appear so when reading through the text included.

### 4.7.1 Assimilation - the findings

Time seemed to be an important factor in the participants' ability to cope with the loss. It also appears that they do not forget their friends, instead, memories come to mind less frequently and less intensely. Louise describes this by saying,

I suppose just that, that time has helped. I mean it is so hard to visualise but time makes one heck of a difference. Time goes on ... you learn to cope with it emotionally.

Rachel describes it as "most definitely a life event". The fact that the deceased is not forgotten links back to the earlier discussion about continuing bonds, suggesting that time is an important factor in the development of the bonds.

Another element of this theme was the participants' wish to explore the meaning of the event for them. Three participants showed an interest in this, which was expressed in both general 'life review' and, more specific terms. For example, Vicky's wish to be hypnotised and Neil's comments that,

having gone through that experience (depression) twice (I - u-huh) and trying to piece together some, some sort of narrative that (I - yes) that maybe links all of those life experiences together (I - u-huh) to cause me to feel depressed.

Jackie is the remaining participant in this category of SELF EXPLORATION. She talked of having started to cry unexpectedly when she remembered her school. This led her to counselling that was “very much learning how to cope with grief to deal with this”.

In conclusion, the strength of this theme is difficult to determine. Nevertheless, it does appear that time can be an important ‘healer’. Further support is also given to the concept that the friend and the bereavement is not forgotten but incorporated into the survivor’s life story. Finally, half of the participants expressed an interest in exploring the meaning of being a survivor friend for them.

#### 4.7.2 Assimilation - links with existing theory

As suggested above, there are links between this theme and the literature concerning continuing bonds. After describing five ‘strategies for connection’, Silverman and Nickman (1996) conclude that, perhaps, grief and bereavement never truly end. They go on to suggest that the emphasis of future models of grief and grief counselling should be on negotiating and re-negotiating the meaning of the loss over time rather than ‘letting go’. This supports the importance of time and provides a frame work for understanding Neil, Vicky and Jackie’s expressed wish to explore the meaning of this event for them.

Silverman and Nickman (1996) suggest that ‘accommodation’ would be a more appropriate term than ‘recovery’ when talking about successful long term coping with grief. Consulting a dictionary indicates that it is only a short journey from accommodation (meaning

‘adaptation’) to the definition given to assimilation in this study (‘an emotional acceptance’). Interestingly, despite an apparent accommodation to the loss by the participants, none of them mentioned the positive outcomes noticed by Oltjenbaums (1991) amongst survivor friends (e.g. increased emotional strength).

It appears that the concept of assimilation as developed in this study, fits well within the framework of continuing bonds with the deceased. It supports the notion that, although people can and do learn to cope with the loss, the deceased is not forgotten. In fact this study provides overwhelming support that a survivor does not forget or completely ‘let go’ of the deceased. If this had happened the participants may not have volunteered and certainly would not have been able to talk so eloquently about their experiences.

#### **4.8 ASSIMILATION - CONCLUSION**

The evidence for the existence of this theme within the interviews has been reviewed with the ambiguity of its strength noted. The importance of time in being able to deal with the loss has been established with the conclusion that the deceased and the bereavement are not forgotten but incorporated into the life story of the survivor. The curiosity of three of the participants about the meaning of the loss to them has been highlighted. These findings have been shown to fit well with the continuing bonds literature, especially the conclusions of Silverman and Nickman (1996).

## 4.9 COPING

### 4.9.1 Coping - the findings

There were two main categories of responses that the participants reported finding helpful. They were talking and having religious beliefs. Five of the participants mentioned talking about the bereavement at some time between the death and the interview, although only Rachel did so in the first few months. She says,

there was always somebody willing to talk to me, (I - u-huh) and I was one of those children that did want to talk, wanted to talk their feelings out. So I probably did talk about it incessantly for a while.

Although she used the word 'probably', which is not a definite, she also describes her family as one where "we talk about these things, we don't smother them and hide them, and I think this has helped".

Louise, on the other hand, did not have the opportunity to talk about her loss initially. Nevertheless, as time went on, she was able to discuss it with her parents. The following passage shows coping (in this instance, with remembering) and talking are linked;

I didn't really reach a point, oh, right, I'm over that now and I can talk about it now (I - u-huh), mm, it could've been when the awkwardness left it being with her parents her and on that path then I felt better able to remember.

Vicky, James and Jackie do not tend to talk about the bereavement in everyday life.

Nevertheless, they found talking, during the interview, comfortable. There appears to be some evidence, therefore, that talking and coping with the loss are linked. It also appears that time can impact on the survivor friends' ability (or opportunity) to talk.

Three participants used religious beliefs or acts to understand and deal with the loss. Rachel and Vicky felt comforted and reassured that they were able to locate or place, their friend in heaven and safe with God. Rachel remembered that she "had no worries about where she was gone", whilst Vicky said "I don't remember it being a real traumatic ... especially as she had gone to heaven".

Rachel was also able to feel protected by God. She describes it thus;

I just felt that there must be some purpose that it was only Kathy that was killed and not the rest of us, I felt very protected (I - right, u-huh) mm, I can definitely say that I felt it was providential, one - I hadn't witnessed the collision and two - it wasn't me.

There may be an element, within this sense of protection and sense of providence, of being absolved of the guilt often, erroneously, felt by the bereaved. The word 'absolved' is being used advisedly and does not mean to imply that the survivor friends had realistic cause to feel guilty. Rachel is the only participant who specifically mentioned that she did not experience feelings of guilt, whilst James, who is not religious, talked at length about feeling guilty.

Neil remembers how he "use to lie in bed and pray to God. Despite employing these 'religious acts' in attempts to reduce the anxiety he was experiencing, he did not view himself as religious. It is interesting to note that he did not report gaining any solace or comfort from his prayers. Gaining comfort from religion, in the way that Rachel and Vicky report, seems to depend on holding strong enough religious beliefs. Whilst this may seem

obvious, we must remember that Neil was a young child employing the strategy available to him at the time. The fact that he did not believe, but was willing to try prayer may be an indication of the level of anxiety he was experiencing.

This analysis has provided evidence that holding religious beliefs can provide comfort and reassure the survivor friend. It appears to be particularly helpful because it provides a 'location' for the deceased and a sense of purpose (even though that purpose may not be understood). Religious acts may be employed by those who do not have firm beliefs, but they are less likely to be helpful. This suggests that helping children to create a place or location for the deceased (with or without religious connotations) may be beneficial to their coping with the loss.

#### 4.9.2 Coping - Conclusions from the findings

The text concerning talking and religion as helpful to coping has been reviewed. It was noted that, although only one participant had the opportunity to talk immediately after the bereavement, it was considered helpful. It was acknowledged that several participants found it easier to talk after time has passed and that this was linked to improvements in coping.

Religion was seen to be helpful to those who held religious beliefs. It was seen to provide the survivor with a sense of location for the deceased. It was also hypothesised that the sense of a 'purposeful God' improved coping through the absolution of guilt which is often experienced in grief. It was noted that one non-religious survivor friend used prayer to reduce anxiety. It was established that this appeared to be less helpful. The conclusion, that religious acts only provided comfort alongside religious beliefs, was made. The

suggestion was made that, children may be helped by being encouraged to develop their own understanding of a safe and comfortable 'place' for the deceased, which could be done in religious or non-religious ways.

#### 4.9.3 Coping - links with existing theory

The importance of talking and processing emotions during bereavement is extensively documented. Although some of the therapies recommended for grief may not specifically focus upon talking (for example art or music therapy), they all share the common understanding that processing emotions and reactions are central to coping with the loss. Although Stroebe (1994b) has questioned this assumption, it seems that the opportunity to process is still important. The ability of the bereaved to place or locate the bereaved has also been noted as an 'important cognitive process' (Silverman & Nickman, 1996) in the development of continuing bonds with the deceased. The reader is referred to the relevant section for a full discussion of the concept.

Park and Cohen (1993) researched differences between religious and non-religious coping with the death of a friend in a group of 96 Protestant and Catholic college under-graduates. They differentiated between intrinsic and extrinsic religiousness. Intrinsic religiousness was understood to mean that the person regarded faith as a supreme value providing one's life with motivation and meaning. Extrinsic religiousness, on the other hand, was considered strictly utilitarian, providing safety, comfort and social standing (Allport, 1966). They found that those with both intrinsic religion and a belief that a purposeful God was involved in the death, showed less distress and more positive adaptation to the event (as measured by the Impact of Events Scale, Horowitz et al 1979) than those with extrinsic religiousness.

It has already been noted that suppression can lead to positive psychological states (i.e. adaptation). This is thought to be the result of positive re-appraisal of the event, perhaps through spirituality and the absolution of guilt. These may be the mechanisms underlying the positive effects reported by Park and Cohen (1996). Further work would need to be conducted to explore the nature and strength of this possible relationship between coping, religiousness (or spirituality) and reduction of guilt.

#### **4.10 COPING - CONCLUSIONS**

The relationship between talking and coping has been discussed and the findings of this study supported by the assumptions of grief therapies. The role of religion in coping has also been highlighted. This study was shown to imply that religion helped by providing a location for the deceased. Evidence that religious beliefs concerning providence or God's plan were also seen to facilitate coping. It was noted that this finding was supported by existing research. It was suggested that this relationship might be the result of positive re-appraisal, suppression and an absolution of guilt. The recommendation for further work in this area was made.

#### **4.11 DEATH CONCEPT DEVELOPMENT**

##### **4.11.1 Death concept development - the findings**

All three elements of the death concept (universality, inevitability and irreversibility) were mentioned in the interviews. The most commonly talked about element of the death concept was UNIVERSALITY, with comments from five participants included. This was subdivided into thoughts about personal, others' and child mortality. For example, Louise

describes realising,

the fact that if she could drown so could I, and and I mean it frightened me, you know that, that I mean you don't think at the age 6 that anything like it is ever going to happen to you do you?

Vicky and Louise's reluctance to develop new friendships also indicates that the bereavement has led them to the realisation of the universality of death.

A comment from Rachel was particularly interesting. She mentioned that,

Kathy's death ... was the fourth death I had come in contact with (I - right) but it was my own peer group ... it's more difficult to come to terms with it I think ... it's always something is going to happen to another generation (I - right). No, this was, that was the difficulty of it

This suggests that there is something very specific about losing a peer, which is reflected in the impact this realisation had. It made both Louise and Neil very fearful of things that may harm or kill them. It has also led Vicky, directly or indirectly, to getting a number of death policies and feeling protective of her family.

The link between the experience of being a survivor friend and an awareness of the inevitability and irreversibility of death was less supported by this study. Neil made the general comment that, "I suppose really there must be a point in childhood you know when you come to terms with the whole concept of death anyway (I - right). I am not sure of when that happened to me". Rachel made the only comment specifically relating to the irreversibility of death. She said "I mean she was gone and that was it, we couldn't do anything about it, we couldn't bring her back". It is not clear, from this, whether the experience of Kathy dying lead her to realise this or whether she was aware of it

beforehand.

James commented that “I don’t think about death actually ... I don’t think um that’s er sort of like frightened me about death”. Despite this negative evidence, this study has provided evidence that the death of a friend during childhood can have a profound impact on the development of the understanding of the universality of death, which, in turn, caused some participants anxiety. It appears to have less of an impact on the development of other aspects of the death concept.

#### 4.11.2 Death concept development - links with existing theory

The earlier review showed that research on variables that can influence death concept development in children was rather ambiguous. There was, however, some evidence that suggesting that early experience of bereavement can lead to a precocious understanding of the universality of death (Kane 1979; Reilly et al, 1983).

The participants in this study lost their friends at varying ages (within a certain band) and it is, therefore, difficult to establish whether there is evidence for a ‘precocious’ understanding of universality. Despite this, four of the participants attribute their understanding of personal mortality to the experience of their friend dying. The findings from this research certainly add weight to the suggestion that early experience of bereavement can lead to a specific, acute (and in some cases, precocious) realisation of the universality of death.

## **4.12 DEATH CONCEPT DEVELOPMENT - CONCLUSIONS**

The conclusion that the experience of being a survivor friend can lead to a particular awareness of the universality of death (especially personal mortality) was illustrated with text from the interviews. The impact of this realisation was discussed. A review of the negative evidence highlighted that, despite this being a strong category, it was not a consensus. It was acknowledged that there was far less evidence for the impact on the understanding of either the irreversibility or inevitability of death. These findings were supported by existing literature.

## **4.13 TOWARDS OTHERS**

### **4.13.1 Towards others - the findings**

Survivor friends' responses to others appeared to fit within three broad categories CONFUSION, COMPASSION and UNDERSTANDING. Louise, Rachel, Vicky and James described feelings of compassion that were, most commonly, directed towards the parents of the deceased. It was felt both at the time and when thinking about the bereavement years later. For example, "its not until you get older that you think God, it's tragic really ... and what her parents must be going through" (Vicky). Rachel also comments that "another person I felt very sorry for too was the driver of the lorry".

These comments highlight the survivor friend's tendency to consider others in spite of their own grief. This awareness led, for Louise, to feelings of 'awkwardness' as the following

comment shows, “I felt very, very awkward being the only girl”. Furthermore, when asked why she would have liked to have attended the funeral, Rachel said “its more supporting the grieving ones (I - right), because I truly felt sorry for them”. Previous consideration of the theme GRIEF has established the fact that the participants did grieve. It is interesting to note that, in some cases, they explicitly put the grief of others above their own. Although it is not the researchers intention to suggest that feelings of compassion are, in any way, negative, it is possible to understand these comments as evidence that the survivor friends disenfranchised their own grief on an intra-psychic level.

Another common reaction towards others was CONFUSION, supported by Louise, Rachel, Vicky and Jackie. The confusion (often described as feeling ‘strange’) centred around the reactions of others (relatives, teachers and other children) to the loss. Rachel, Vicky and Jackie thought the reactions of teachers were also strange. Rachel commented that

the other thing I couldn’t understand was why the headmaster announced it in the school the next morning, and the zebra crossing was put out of bounds during the lunch hour. We all used the same zebra crossing to go home (I - right) after school, I thought it was stupid.

Vicky took some time to understand Sister Mary’s idea of having a ‘birthday party’ to celebrate Alison’s first day in heaven. Jackie and Rachel, on the other hand, “couldn’t understand how little was made of it” (Rachel). These comments imply that children require help to understand both the events surrounding death and how other people react to it. Three participants talked of how they were able to reach an understanding of other people’s responses over time. Louise and Rachel felt that other people had reacted in certain ways, because “that was the only way (they) could cope” (Rachel). Alternatively, Neil (who viewed his mother’s response as ‘unhelpful’ rather than ‘confusing’) thought of

her as trying to 'protect' him. He said "this was a habit my mother had but often protecting me from these things". This developing understanding could be seen as another form of 'compassion' toward other people impacted by this bereavement.

#### 4.13.2 Towards others - Conclusions from findings

There is evidence that survivor friends were able to feel compassion for others in distress, most often the parents of the deceased. This was seen to lead, in some cases, to feelings of awkwardness and wanting to support them. These comments can be linked to the concept of grief which is disenfranchised on an intra-psychic level.

There was also evidence of confusion felt by the survivor friends about the responses of others. This was especially concerning adults reactions towards the participants. This was seen to have implications for the carers of these children. Finally, an understanding of others reactions was seen to develop over time. Adults' reactions were seen as a product of their coping styles and as intended to 'protect' the children. This understanding was seen as a form of the 'compassion' already mentioned.

#### 4.13.3 Towards others - links with existing theory

The concept of disenfranchised grief can provide a framework for understanding some of these reactions towards others. Firstly, Louise and Rachel may have internalised the social rules and expectations concerning child grief and consequently, considered their own grief as secondary to others. Secondly, the confusion felt by the participants about the reactions of others towards them may also be understood in terms of disenfranchised grief. Some of the reactions that confused the survivor friend can be considered disenfranchising. Their confusion could, therefore, could be understood as a product of the friction between what

the survivor friend experienced and what they were supported in experiencing. The reader is referred to the discussion of adults reactions to survivor friends for consideration of the implications of disenfranchised grief.

#### **4.14 TOWARDS OTHERS - CONCLUSIONS**

Survivor friends reactions towards others have been reviewed. It was shown that the majority expressed compassion towards the parents of the deceased either at the time or afterwards. This was seen to lead to feelings of awkwardness in one participant and a desire to actively support the relatives in another. The tentative suggestion was made that these responses to compassion may, in part, be due to the survivor friends disenfranchising their own grief. It was noted that participants developed an understanding of others' responses over time, which was seen as another form of compassion.

It was also noted that there was a degree of confusion expressed by the survivor friends and that some of this concerned the way in which adults responded to them. It was suggested that this confusion might be the product of friction between the personal experience of the survivor friends (i.e. grief) and what the adults supported or franchised then in experiencing.

#### **4.15 RESPONSES OF ADULTS TO SURVIVOR FRIENDS**

The responses of adults towards survivor friends that were considered to be unhelpful were seen as behaviours that disenfranchised their grief. Similarly, some of those that were considered helpful or advised were seen as franchising. To avoid repetition, the literature referring to these themes is considered together.

#### 4.15.1 Considered unhelpful - the findings

All of the participants had some experience of their grief being disenfranchised. One of the ways in which this was done was through adults hiding their own grief (see Louise, Rachel, Neil and Jackie). Louise remembered that, "I didn't see her parents for ages and ages afterwards, when they were virtually ... over her death, so I didn't experience any of their grieving". Rachel and Neil commented that this may have been due to the cultural norms of the time that emphasised 'protecting' children from distressing emotions.

Hiding grief (or protecting) in this way was considered unhelpful by Louise, Neil and Jackie (although Louise was at one point unsure). One of the reasons for this appeared to be that it left them with no example of how to deal with what was, as Jackie said, a "new experience". For example, when the interviewer commented to Jackie that it sounded like she had learnt from watching others that grief did not affect people, she agreed and said "and I think that affected me tremendously subsequently". As well as not providing an example, hiding grief and protecting children was also seen to influence the development of self. Neil said,

in hindsight (it) is probably not a good idea (I - right) Not that it, it a, what it effectively does, doesn't it, it mm, it chops of a piece of experience which you would be so much better to have had (I - u-huh). You don't, you don't suffer a full range of human experience (I - u-huh) but there is a bit of you which is not complete.

A second way in which grief was disenfranchised was through the participants feelings of sadness being disallowed. This was noted only in those participants who had attended a Catholic school, although it may not be specific to Catholicism. Vicky was told that "it

ought to be a celebration, it was like Alison's first day in heaven, you know .. we ought to have a party, Happy Birthday Alison". Although this provided the opportunity for the children to commemorate the deceased, it still felt "really strange". Similarly, Jackie did not have her sadness supported by the nuns at her school. It appears that, although religion can be helpful to survivor friends, it may also serve to disenfranchise their feelings of sadness. The impact of this, however, was not, specifically, mentioned.

The third way in which the survivor friends' grief was disenfranchised was by adults not allowing them time to talk and understand the death. Five of the six participants felt that the bereavement was dealt with too quickly. The wealth of text in this category also underlines the importance of this issue to the survivor friends. All of the participants, except Vicky, remember how it was not talked about at all after the news was given (Rachel made this observation for school but not home). The comments included; "there was never any reference to Liz, it was an unfortunate incident so you put it away" (Jackie). There was a sense that the children were required to "get on with our day, we don't let it affect us we are very strong and we just move on" (Jackie).

It is interesting to comment, at this point, on the lack of a theme concerning the reaction of other children to the loss in general or the survivor friend specifically. This omission is surprising when considering the social nature of a child's world within school. Perhaps, however, it is less surprising when considering the messages the majority of participants were reading from adults (that it was not something to be talked about). The other children in school would, one can assume, also receive this message to a greater or lesser extent. Consequently, they may not, externally or noticeably, react to the loss or the survivor friend.

There were a number of comments about how unhelpful this lack of time was. When asked whether she knew what prompted her to go through the events in her mind before sleeping, Louise answered, “perhaps if I had been told exactly what had happened, how it was, then perhaps I wouldn’t have”. Perhaps the strongest message comes from Jackie. She said,

there was never any, what effect it would have on you (I - mm) and, mm, ... looking back it was just horrific the way (I - mm) it was very, it happened, and we just went on with our day, it wasn’t I don’t remember a prayer being said for her (I - right) or anything at all, just you have this stark news that Liz had died because she didn’t do as she was told, and it just brought a, has stayed with me this horrific way I - mm) of not caring about young children.

She feels that it “impacted on me .. I think if I had my life again I would much prefer to have been a relaxed, mm, feeling person through my teens and early twenties”.

The final way in which adults were seen to be un-supportive of the participants’ grief was through excluding them from acts of commemoration (e.g. the funeral). Once again, this was seen, in part, as a result of the prevailing social norms of the time (Louise, Rachel and Neil). Louise, Rachel and Jackie all expressed a desire to have attended, Louise feeling “cheated” and “resentful” at not having done so. Jackie did not know about funerals when Liz died. The first funeral she attended was for her grandmother. After that experience, she feels that they provide an important opportunity to say goodbye. Finally, although Neil did not explicitly mention wanting to go to the funeral he did visit the grave afterwards. It appears that excluding child survivor friends from the funeral denies them an opportunity to say ‘goodbye’. The importance of this for the bereaved is well documented and supported by the comments of the participants themselves.

#### 4.15.2 Considered unhelpful - Conclusions from the findings

There was a great deal of text relating to this theme, all of the participants having had their grief disenfranchised in some way. It appears that adults tended to hide their own grief from the survivor friends. Although this was seen as, partly, a product of the era, it was considered unhelpful for two reasons. Firstly, several of the participants noted that it meant they had to cope by themselves. They had no example of how to deal with the emotions associated with grieving. The importance of learning by example is extensively documented and it is, perhaps, unsurprising that the children found it difficult to cope without it.

The text within this category also refers to the role of religion in coping with loss. It has been shown earlier to provide comfort in some ways. However, this review shows that it can also be unhelpful. Survivor friends can get the sense that they are not allowed to feel sad or upset about the bereavement because their friend is in heaven. This can lead to feelings of confusion.

Participants have stressed the importance of being allowed time to talk about their feelings. There was a sense, within, the text that to move on quickly is disrespectful. Furthermore, not providing the opportunity to talk can result in the survivor friends having incomplete information, which is filled in by their imagination. This can, in turn, lead to increases in anxiety and difficulties getting to sleep. The general view from the participants was that not being able to talk about the loss and the speed with which it was apparently 'forgotten' reduced their ability to cope. Finally, four of the participants found not going to the funeral unhelpful. It appears that exclusion from this, and other forms of commemoration, denies them the chance to say goodbye.

#### 4.15.3 Considered helpful and advised - the findings

There were two main types of reaction that the survivor friends reported as helpful and supportive. They were franchising grief and using religious acts and explanations to help understanding. Responses that franchised grief were separated into two themes, to distinguish those who had experienced them and those who had not. Once again, in order to avoid repetitions they will be considered together.

Grief was franchised in two ways. Firstly, through adults allowing time for the survivor friend to talk. Rachel and Vicky had the experience of being able to talk about the death and both commented that it helped them come to terms with the loss. Rachel's comments can also be found in the discussion about talking as a coping strategy. Vicky recalls how Sister Mary took them to the beach "for a few hours, like a special treat, and mm, then we were there asking questions about her body". Sister Mary also gave them extra time at the end of the day to write about their experience in their diaries. Vicky remembers that it was "really nice to have I think that time something to write in". Sister Mary also published some of the poems that the children wrote. It is clear that Vicky found this helpful, from her comments "I definitely think the teachers were really great ... I just think they really handled it really well".

Louise, James and Jackie all recommended that future child survivor friends be able to talk about their feelings and ask any questions they have. As Louise explains "talking about her would have helped me cope, thinking back". James recognises the need for adults to take time and explain the events slowly, at a pace that the child can understand.

The second way, in which adults were noted to franchise and support the grief of the participants' was through including them in the rituals to commemorate the deceased.

Vicky and James were the only two participants that went to the funerals of their friends. Vicky was even involved in the service through playing a tambourine. Despite initial ambivalence about attending from James, both were glad to have been there. For example, James commented that, "I think that's like my mum made me go to the funeral I'm glad I did". They were the two youngest participants, suggesting that their socially recognised 'right, role and capacity to grieve' may be shifting into line with the research findings.

Vicky was also encouraged to write a poem and be involved in a 'birthday party' for Alison's first day in heaven. Both of these can be seen as acts of commemoration. Despite the initial confusion detailed earlier, Vicky remembers thinking, "yeah alright, Alison would like us to celebrate her life really". Although non-Catholics or non-religious people may find the idea of a birthday party difficult to understand, it seemed to franchise Vicky's grief in a number of ways. Firstly it provided time for the children in the class to process events and acknowledged the fact that something had happened which meant the school day could not continue as before. It also provided an opportunity to 'say goodbye', the importance of which has been noted earlier. Those participants who did not attend the funeral advised that children be given the opportunity.

A further, less commonly noted, response that was considered helpful was adults using religious acts and explanations to talk about the death. It has already been noted that Vicky thought her teachers responded well to the loss. Part of this was through encouraging the children to say prayers and taking them to the local church where they lit candles. Vicky and Jackie describe their teachers' using religious explanations for the death and afterlife. Vicky talked at length about the reassurance she received from the concept of Alison remaining with her as described by her teachers. The following comment is typical, "I think I quite liked it, quite reassuring that she was there I think, I can remember, again I can

remember thinking well that's not because she is still my friend (I - u-huh)". Jackie, on the other hand, did not appear to find the concept of Liz being in heaven to be particularly helpful, she describes it as part of "the Catholic way ... you suffer in silence".

Once again, the role of religion as a comforter is ambivalent. One of the reasons for these different reactions to this may be a difference in individual beliefs as detailed before. It is also possible, however, that the participants' ability to gain reassurance from the religion of others, depends upon the context in which that religious belief is used. Vicky's grief was, in the main part, franchised and she felt supported. Jackie, on the other hand, felt very lost and unsure about grieving. Religious explanations by others may be helpful, therefore, when it both fits with the survivors internal beliefs and is part of a supportive, caring and franchising response to the survivor friend.

#### 4.15.4 Considered helpful - Conclusion from the findings

The comments within this category highlight the fact that talking and giving time are very beneficial in facilitating the grief of children. By default, they also support the conclusions made above, that not responding in this way can be detrimental for the survivor friend. Furthermore, the inclusion in acts of commemoration has been identified as important in the child's ability to say goodbye to their friend. The participants in this study recommended these responses. This theme has also highlighted the concept that religion may only be helpful when part of a facilitative, franchising response to the survivor friend.

#### 4.15.5 Responses of adults to survivor friends - links with existing theory

There is a very obvious link between the text reviewed here and the existing literature

concerning disenfranchised grief. As noted earlier, Doka (1989) identified two contexts in which grief can be disenfranchised that are particularly relevant to the experience of a child survivor friend. The participants in this study unanimously support the conclusion that the grief of child survivor friends can be and is disenfranchised.

When writing about grief therapy in another disenfranchised group (the very old), Woods (1994) talk of a 'conspiracy of silence' with family and friends trying to 'protect' the bereaved by not discussing the loss. There is certainly evidence of this 'conspiracy', which is motivated by a desire to 'protect' in the findings of this study. Their conclusions that, 'the distressing emotional response is avoided, at the cost of never adjusting to the loss' is also partially supported. It is only partially supported because the participants in this study have been able to talk about the loss as time has progressed and the losses have become assimilated or accommodated into their lives.

Despite the fact the research is breaking down the beliefs that lead to grief being disenfranchised (i.e. that children do not grieve and their friendships are not particularly significant), Doka (1989) hypothesised that they are still held by the general population. This study indicates, however, that this may be changing. Further research would have to be conducted to confirm this.

Doka also concludes that disenfranchising grief can exacerbate it (and, by implication, franchising can facilitate coping). This study has provided some, previously sparse, support for this conclusion. For example, those who did not attend the funeral would have preferred to and advised it. Not attending led to one participant feeling cheated and resentful (very close to anger, which Doka predicted would increase when grief is disenfranchised). Those who went were glad to have had the opportunity to say goodbye.

The conclusion of Dyregrov (1991) that adults' lack of acceptance and recognition of children's grief can seriously hamper their long-term resolution of losses was also supported with one participant feeling that she did not feel relaxed until her early twenties. Interestingly, a comment of Louise's about ruminating on the death because she had nobody to share it with, closely matches the comments made by Deck and Folta (1989) that 'grief must be public to be shared and shared to be diminished'.

All of these conclusions are strengthened by the comments about the helpfulness of grief being franchised. They also support the conclusion of Baker and Sedney (1996) that 'children are *exceedingly vulnerable* (sic) after a death and ... require specific attention, support and education to help them cope successfully with loss' (p129). Furthermore, the link between having the opportunity to talk and coping has already been established.

It would be useful to conduct widespread research to clarify the relationship between disenfranchising grief and exacerbated grief responses. These findings and the comments of the participants have huge implications on the care of bereaved children. There are a wide range of counselling books that advocate the franchising and inclusion in grief of bereaved children (for example, Wells, 1988; Pennells & Smith 1995). Most, however, remain focused upon children bereaved of family members. This study widens the relevance of this approach to include survivor friends. It also highlights the role of the school in helping children to grieve. The participants in the study considered the ways in which the schools and teachers responded to the loss very important. Teachers and schools in general, need to be helped to be facilitative and franchising to the grief of friends when one of their pupils dies.

#### **4.16 RESPONSES OF ADULTS TO SURVIVOR FRIENDS - CONCLUSIONS**

The responses of adults towards survivor friends as mentioned by the participants have been reviewed. The distinction between helpful and unhelpful responses was seen to be between franchising and disenfranchising the grief of the survivor child respectively. Several mechanisms by which this occurred were noted and reviewed.

Disenfranchising responses were seen to include; adults hiding their own grief (giving the child no example to learn from); use of religion to deny feelings of sadness; not allowing the child time to talk through their experience (which may lead to anxiety and resentment), and, exclusion from the rituals of commemoration (which denied the child the opportunity to say 'goodbye'). These responses were found to interfere with the participants' ability to cope with the loss.

Franchising responses were noted to include; allowing time for talking and processing and inclusion in acts of commemoration. Religious explanations by adults were noted to be helpful if they fitted with the survivor friends personal beliefs and formed part of an overall franchising of the grief.

The role of social rules and expectations in the franchising of child grief was highlighted with the suggestion that they may be changing. These findings were seen to support many of the conclusions made in the existing literature surrounding disenfranchised grief. It was recommended, however, that further research be carried out to understand the links between disenfranchising and exacerbating grief. Finally the implications for the care of bereaved children and the need for their grief to be franchised were established.

#### **4.17 RELIGION**

Religion has been a recurrent theme throughout the analysis of this data. It has been highlighted as important, when considering the mechanisms by which continuing bonds with the deceased are experienced and the child's ability to cope with the loss. Furthermore, it has been seen to be important in the franchising and disenfranchising of a child's grief. The researcher is very aware that the small sample size has restricted the variety of religious beliefs discussed. All of those participants, who expressed a religious affiliation, were Christian. Future research investigating the role of other religious beliefs in these aspects of grief would be very interesting and highly valuable in our multi-faith society.

#### **4.18 MODELS OF GRIEF AND LOSS**

The introduction described a number of models of grief and grief therapy that focus upon the concept of 'work' that needs to be 'confronted' before loss can be resolved. For example, Worden's (1991) Stage 2, 'working through the pain of grief'. As this discussion has noted there are several researchers that highlight the fact that grief may never be wholly resolved, in the sense of being forgotten. Instead, they argue that the concept of 'accommodation' provides a better understanding (Silverman & Nickman, 1996). This sense of a remaining connection with the deceased came, in part, from a realisation of cultural and historical differences in grief processing which were noted to be equally effective (e.g. Wikan, 1988).

It was the acknowledging of this, along with the contradictory findings about the costs and benefits of suppression the led Stroebe and her associates to develop the 'Dual Processing

Model' of grief (see Stroebe, 1994a&b; 1997). This model describes the variability and flexibility in coping processes rather than 'symptoms'. Therefore, it fits well with the recommendation made earlier to de-pathologise individual responses and move from stage to dimensional models.

Stroebe argues that people oscillate between a 'loss orientation', during which time they may 'confront' the loss (i.e. do grief work), cry, visit the grave etc. and a 'restoration orientation', during which they may adjust to secondary losses, cope with everyday life and 'suppress' the pain. The model suggests that grief can be coped with through oscillating between these orientations. 'Complicated grief' can be seen as the result of difficulties in the process of oscillation. Firstly, no oscillation can result in chronic, inhibited or delayed grief. Alternatively, a disturbance in oscillation can result in the intrusion - avoidance reaction commonly seen with traumatic losses (Horowitz, 1986).

There are numerous implications of this type of model on grief therapy. Amongst them Stroebe (1997) highlights the possibility that avoidance of 'grief work' and confronting with tasks of restoration may be beneficial. This model is very new and in need of development and further research (as pointed out by Stroebe herself, 1997). Nevertheless, there are interesting comparisons to be made with the findings of this study.

It would appear that the majority of responses grouped in the themes GRIEF and TRAUMA can be considered as evidence of a 'loss orientation' amongst the bereaved. The ambiguity around SUPPRESSION can also be explained. As suggested from the findings of this study, suppression with no opportunity for confronting may be detrimental whilst when it occurs alongside periods of confronting it may not be detrimental. Using the 'dual processing model', it would seem that those who found suppressing had negative effects might not

have been oscillating between the two orientations.

The themes of ASSIMILATION, DEATH CONCEPT DEVELOPMENT, COPING, and possibly, RELATIONSHIPS can be seen as part of the 'restoration orientation' (although the difficulty establishing new friends may be 'loss orientation'). Furthermore, the fact that it was often difficult to determine the time frame for certain responses indicated that the participants did 'oscillate' between different orientations and reactions. This also seemed to happen within the interviews as evidenced by the periods of quiet and near tearfulness compared to moments of laughter when remembering their friend.

This model provides a useful framework for understanding the findings of this study. It also serves to temper the recommendations made earlier concerning providing the survivor friend with opportunities to talk with the phrase 'when appropriate or required'. This model seems to be a very important development in our understanding of the grief process across individuals and cultures and deserves enthusiastic future research.

## **4.19 SUMMARY**

### **4.19.1 Findings**

This study has highlighted a range of issues in the experience of child survivor friends. Most importantly, it has established that they can and do grieve. They also seem particularly vulnerable to traumatic stress responses (especially suppression) that may impede their ability to process their grief. It is clear, from the results of this study, that survivor friends do maintain bonds, in a number of different ways, with their friend for some time after the death. Some of these maintained relationships continued to develop beyond the

bereavement. There was also a tendency to remain without a close friend for some time after the bereavement. In some cases this was directly attributed to the fear of being bereaved again. The experience of being a survivor friend was also found to impact the development of an understanding of the universality of death. It may also be a risk factor for future depression.

The role of religion also emerged as an important theme in the experience of child survivor friends. It appeared to influence, the type of continuing bond established, coping strategies found helpful and disallow feeling of sadness. Religion appeared to help through providing a location for the deceased that was safe and secure and allowing a positive reappraisal of the bereavement. It was seen to be most helpful if the survivor friends hold religious beliefs themselves.

This study found that adults' reactions to the survivor friends were very important to their ability to cope with the event. Adults tended to disenfranchise the grief of the survivor friends through not inviting conversation, excluding from the funeral and hiding their own grief. It was seen that this type of response was considered very unhelpful, whilst responses that franchised grief were seen as very helpful.

The organisation of the findings also supports the developing dual processing model of grief as described by Stroebe (1994b) and her colleagues. There is evidence of both 'loss' and 'restoration' orientation in the responses of survivor friends over time with oscillation between the two. The ambivalence concerning the helpfulness of suppression was also noted to be dependent upon the survivor's ability to oscillate between the orientations.

#### 4.19.2 Clinical implications for bereavement care

The findings of this study have several implications for the care of future child survivor friends. One of the most striking issues is the importance of teachers' as well as parental responses. Although teachers are notoriously over-worked, it seems that time spent considering their responses to their class when a member dies, would be very valuable. It should also be remembered that the deceased child might have had close friends in other classes and even different schools (in other words, the teacher may have a survivor friend in their class without directly knowing the deceased).

The overwhelming message from these findings is that child survivor friends want to be included and supported in their grief. On a practical level, this involves giving clear explanations of the event, at the child's pace, and allowing time for them to ask questions and clear up misunderstandings. It also involves providing the opportunity for them to attend the funeral or other acts of commemoration and remembrance. Another strategy that this study has identified as potentially helpful is helping children to reach an understanding of where the deceased has gone, which can be done in religious or non-religious ways.

The findings also suggest that carers need to be sensitive to the possibility of trauma responses amongst survivor friends, which may impact their ability to grieve. The prevalence of suppression is of particular importance. Children suppressing their emotions may not present external symptoms of grief or distress. This study suggests that carers should not assume that a child with no obvious signs of distress is, necessarily, coping well with the loss.

The similarities of these findings with the dual processing model also suggest that carers should be sensitive to children's ability to oscillate between loss and restoration. In contrast to the aims of established grief therapies, it may be appropriate to help children focus upon aspects of restoration and distraction from the pain (for example, developing new friendships). This does, of course, need to be done with sensitivity and care.

#### 4.19.3 Critique

As with all research studies, there are a number of issues that need to be considered when interpreting the results. Firstly, the nature of the analysis methodology meant that there was a small sample size. Whilst this is common in qualitative research, it can lead to questions about the significance and generalisability of findings. There is a current debate about this issue (see Morgan, 1996 and Sherrard, 1997 for the two viewpoints). This difficulty may have been compounded, in this study, because of the fact that one participant did not completely fit the selection criteria. His story may have been different in important and unknown ways, thereby skewing the results. There were several measures taken to try and reduce the negative impact of the small sample size, including openly discussing the inclusion of this particular participant and ensuring that the established guideline of five participants was met (Turpin et al, 1997).

A further issue related to sample size was the fact that it narrowed the scope of the investigation to those survivor friends with either Christian or no religious beliefs. All of them had also experienced sudden and relatively traumatic deaths. It would be interesting to know whether survivor friends, who had experienced expected bereavements (i.e. as the result of a life limiting illness), had different experiences. There was also a wide distribution of ages in the sample (late 20's to late 60's). This may have resulted in different levels of

retained memories about the event, making the detail recalled variable. It was felt, however, that this spread of ages provided a richness and depth to the analysis as it allowed for exploration of both, very long-term effects and cohort differences.

Another obvious challenge, faced in this research, is common in many time-limited studies. The time and logistical constraints meant that the same researcher conducted both the interview and analysis. This may have lead to unknown potential 'experimenter biases'. This study implemented several different strategies in an attempt to reduce the possibility of this occurring, which have been previously outlined in the method section. The most important of these was to ensure that the research process was as transparent as possible to the reader. It was felt, therefore, that the findings established through this interview and analysis procedure were 'strong' enough to be reported.

#### 4.19.4 Areas Identified for Future Research

In order to address the concerns mentioned above, it would be important to conduct larger scale research of this area, using a team of analysers to reduce or minimise experimenter bias. Further to this recommendation, this study has also identified several areas of developing psychological knowledge that require continued research. They have been highlighted throughout the text and the most salient are summarised below. The interaction between grief and trauma has been acknowledged but requires future research to explore and understand further. The prevalence of trauma responses and diagnosable P.T.S.D. amongst child survivor friends would be an interesting place to start, and the implications of this on bereavement care.

The concept of continuing bonds and the finding that survivor friends tend to remain

friendless for some time have also highlighted avenues for future research. Investigating the developmental implications of this and the potential protective role of a continuing relationship with the deceased would be very interesting. Following on from the discussion of continuing bonds, the role of religion in the experience of survivor friends has been highlighted as an important factor to explore further.

Finally, this study suggests that the dual processing model of grief may be an important contribution to our understanding of people's responses to bereavement. This opens up a wide range of research possibilities. This research specifically highlights the ambiguity concerning the interaction between suppression and ability to cope, which requires further investigation.

In conclusion this study has shown that the experience of child survivor friends is, indeed, worthy of attention of parents, teachers, researchers, grief therapists and psychologists. It is hoped that these findings add to the developing work in this area and point the way to new avenues awaiting enthusiastic and dedicated research.

## **APPENDICES**

## **APPENDIX 1a**

### **Press Release**

Dear Editor,

I am currently studying for a doctorate in Clinical Psychology at Plymouth University. I am writing to request space in your paper for an article or advert asking for volunteers for a piece of research I am doing as part of my course.

I am interested in the experiences of adults (aged 20 or above) who had a close friend die whilst they were between the ages of 5 and 12. I am particularly interested in this group of bereaved people as they are frequently overlooked. I hope that, by doing this study, we will begin to understand this type of loss and the services needed by children who lose a friend in the future. For the purposes of this study, a 'close friend' is someone who was more than a classmate. Someone who you may have shared hopes, secrets or problems with, who you felt close to. You chose to spend time with him or her above other children you knew and may have shared the same interests or hobbies. You may have known when he or she was happy or worried without them having to say. You may also have been able to share some of your belongings (for example, pens, books and toys) without having to ask first.

I am looking for volunteers who are currently aged 20 or above, who lost a close friend when they were aged between 5 and 12 and are willing to talk about their experience. Volunteering will involve talking with me for approximately 1½ hours about your reactions to the bereavement both in the first few months and over time. This would happen at a convenient time and place between August and December of this year. All information you give will be kept completely confidential. I am particularly interested to talk with people who have found this experience difficult as well as those who have coped well.

If people are interested in receiving further information about volunteering for this project, I would like them to write to me, Katie Adolphus, c/o The Clinical Teaching Unit, Department of Psychology, University of Plymouth, Drake Circus, Plymouth, PL4 8AA; or phone (01752) 233161 requesting the Friend Bereavement Information Sheet, including their name, contact address, whether they are male or female, their age now and when their friend died. Requesting the information sheet **does not** mean that they have agreed to volunteer.

I hope that it would be possible to include an article concerning this in an issue of your paper. If you would like any further information about this, my contact number is

Thank you in advance for your help.

Yours Sincerely,

Katie Adolphus  
Clinical Psychologist in Training.

## **APPENDIX 1b**

Advert For G.P. Surgeries

## FRIENDSHIP BEREAVEMENT

I am studying for a Doctorate in Clinical Psychology, which includes research. I am interested in the experiences of adults who had a close friend die between the ages of 5 and 12. By doing this study I hope that we will begin to understand this type of loss and the services needed by children who lose a friend in the future.

I am looking for volunteers who are currently aged over 20 who lost a close friend when they were aged between 5 and 12 and are willing to talk about their experiences.

Volunteering will involve talking with me for approximately 1 ½ hours about your reactions to the bereavement both in the first few months and over time. All information will be kept confidential. If you are interested in receiving further information about volunteering with no obligation, please write to:

Katie Adolphus  
c/o The Clinical Teaching Unit,  
Department of Psychology,  
University of Plymouth,  
Drake Circus,  
Plymouth, PL4 8AA.

## **APPENDIX 1c**

### **Friendship Bereavement Information Sheet**

## **FRIENDSHIP BEREAVEMENT INFORMATION SHEET**

Thank you for responding to the newspaper article about my research project. This information sheet is intended to answer some of the questions you may have about volunteering. It also includes a return slip and a pre-paid envelope. If you have questions that are not answered by this sheet there is a space on this return slip to ask them.

### **About me**

I studied for my degree in Psychology at Southampton University. I then moved to Swansea to work as an Assistant Psychologist, before beginning my training to become a Doctor of Clinical Psychology at Plymouth University. As part of my training I do both academic and clinical work. I have had clinical placements in both Exeter and Bristol and have worked with Adults, People with Learning Disabilities, Children and Older Adults. This research project forms part of the academic work in my training.

### **What would you have to do?**

As a volunteer you would be asked to meet with me for about 1½ hours to talk about your experience of losing a friend. I will have some suggestions for areas to talk about (for example, how you heard the news, initial reaction and current feelings about the loss). However, the issues or experiences that are important to you are the ones we will focus upon.

### **Would you have to talk about everything you're asked about?**

No. If there is an area that you find difficult to talk about, or a question you do not want to answer, you do not have to. The meeting will be directed by what you want to tell me about your experiences.

### **Where would the meeting take place?**

In a meeting room in a local Psychology Department, depending upon your address. You will be reimbursed for travelling expenses, either bring your ticket from public transport or at a rate of XXX per mile if you travelled by car.

### **What will happen to the information you give?**

When I have spoken with everybody taking part, I will review what I have been told and look for similarities and differences in people's experiences. Further analysis of these similarities and differences will provide the basis of the results of this project.

**Would the meeting be recorded?**

So that I can pay full attention to what is being said, I will not be taking notes during the meeting. In order to help me remember exactly what you have said, I will want to tape record the meeting. When I have finished compiling the results of this research, the tapes will be destroyed.

**Would everything you say be kept confidential?**

Yes. Your name or any identifying information will not be used in any of my work. To illustrate my conclusions, I may want to use quotes from the meeting but they will be totally anonymous. If you would be unhappy with me using quotes in this way just let me know. I will check this with you after the meeting.

**If you agree to volunteer now will you be able to change your mind later?**

Yes. I would be happy to help with any concerns or queries you have after agreeing to volunteer. The decision to volunteer or withdraw remains yours throughout the project (including during the meeting).

**Would you definitely be asked to take part if you agree to volunteer?**

This project has a time limit and, therefore, a limit to the number of people I will be able to meet within the time available. Depending upon the response I get, I may not be able to meet with everyone that volunteers. If there are more people than time, selection will be random.

**What will happen to the conclusions of this research?**

I will be writing up the conclusions of this research as part of the work for my Doctorate in Clinical Psychology. If we have met and talked about your experiences, I would be happy to send you a summary of the research and its conclusions. This would be available from June 1999 when my research finishes.

**Is anyone supervising your research?**

Yes. Dr. Carr, based at Plymouth University (see address below), is supervising my work. This project has also received 'ethical approval' from the University. This means that they have ensured that I am being ethical and honest in my work and will be using the information you give me confidentially and with respect.

**Why am I doing this piece of research?**

I have noticed a real gap in our knowledge about the needs and concerns of children who lose friends. However, there are several indications that these children may require support and help to come to terms with their grief. The first step in understanding the impact of friend death and the ways in which adults can help is to listen to the stories of people who experienced this type of loss.

I am particularly interested to hear the stories of people who are now adults in order to gain a long term perspective. They can also help to identify coping strategies that have been useful and could be passed on.

I realise that thinking and talking about the loss of your friend, perhaps for the first time in a long while, may be difficult and upsetting. Alternatively, looking back over how you have coped may be encouraging. Whatever your experience I would be very interested in hearing your story. If you would like to volunteer, please complete the tear-off slip below and return it in the pre-paid envelope. I would like to thank you for the time you have taken to respond and read this information.

Address for correspondence: Katie Adolphus, Clinical Teaching Unit, Department of Psychology, Plymouth University, Drake Circus, Plymouth, PL4 8AA. Tel (01752) 233161.

✂.....  
...

**Name:** \_\_\_\_\_

**Contact Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Tel No: (optional)** \_\_\_\_\_

**\*I would / would not like to volunteer to meet and talk about my experiences of losing a friend during childhood.**

**\*I have further questions before being able to decide whether to volunteer. (Please list any questions over the page.)**

**\* Please delete as appropriate.**

## **APPENDIX 1d**

### **Definition Of Close Friend**

Please circle the type or level of friendship the description below suggests to you:

stranger      acquaintance      casual friend      friend      close friend

'someone who was more than a classmate. Someone who you may have shared hopes, secrets or problems with, who you felt close to. You chose to spend time with him or her above other children you knew and may have shared the same interests or hobbies. You may have known when he or she was happy or worried without them having to say. You may also have been able to share some of your belongings (for example, pens, books and toys) without having to ask first.'

Thank you!!!

## **APPENDIX 1e**

### **Interview Guide**

## Research Contract

Guarantee of anonymity

Right to not talk about certain issues if you do not want to

Right to have a break from or terminate the interview at any point

Right to have any parts of the interview excluded from the transcription and all records

Right to receive a summary of the report once it is completed.

Questions?

## Beginning

We're meeting today because I am interested in hearing about your experience of your friend, *name*, dying when you were younger. I'm aware that thinking and talking about this may cause many different emotions to come up, that is very normal and OK to happen here.

We have roughly one and a half hours. I would like to spend the majority of our time together being guided by you. By what you want to tell me about what it was, and is, like to have had *name* die. Towards the end of the time, I have some ideas of themes that I may ask to spend some time on, if they haven't already been talked about. However, I am most interested in what you would like me to know.

I'd like to begin by inviting you to share what you would like to about your experience.

## During

Can you describe your last memory of *name*?

Summarise

Examples

Explanations

Explore generalisations

Reconstruct segment or time

'What was it like for you?'

What happened

Think, feel, behaviour

What

How

## Themes

Some people have said that it made them consider their own death or feel differently about it. I wonder if this was an issue for you?

What was it like for you when you changed schools / got married?

Some people have found that it has been particularly difficult to cope with a certain times (for example around anniversaries), I wonder if you have noticed that for yourself?

The time of the funeral has been commented upon as important by some, did it hold

particular significance for you?

I wonder if it is possible to identify things that happened that helped or did not help you cope with the loss of *name*?

Some people think that losing a friend can impact other friendships in the future, I wonder if this is something that rings true for you?

I wonder if it has had an impact the way you think or are with your own children?

What would you like for your children if this was to happen to them?

People have very different reasons for volunteering for this research. Could you tell me something about what made you volunteer?

## **Ending**

As we are approaching the end of our time together, I would like to ask you if there is anything you were hoping to talk about that we have not thought about yet.

## **Review discussion**

How has it been for you talking about *name* for this time?

This conversation has been recorded and I would like to check with you whether you are happy with it all being transcribed or if there are any parts that you would like to be removed first.

I mentioned on the information sheet that I would check with you whether I could use anonymous direct quotes from our conversation or if you are unsure about that?

Questions?

CRUSE        01392 272406  
                  0117 926 4045  
                  01225 465878

## **APPENDIX 2**

### **Interview Summaries**

## SUMMARY OF INTERVIEW 1

Jane and Louise's fathers were Curates and worked together, therefore the families were very close. The interview included several descriptions of memories Louise had of her friend Jane. They included being put to bed before a party and giggling together. She also remembered that it was Jane who had told her the facts of life because her own mother was pregnant and so she had been told. Louise also remembered a time when Jane had cut her foot and she was the only one allowed to change her plasters.

Jane sadly dies whilst on holiday in (place name). She drowned and because of the rural nature of where they were staying, her body was kept in the caravan overnight. She was buried in (place name) before her family returned home. This is the first death that Louise remembers. Louise was in her parent's bed when she was told and she remembers her father saying that they would never see Jane again. It was her mother who, later, told her that Jane had drowned. Louise remembers her initial reaction as 'utter shock' and it didn't dawn on her immediately. She did cry at the time but hasn't very much since.

Louise describes Jane's death as very sudden and abrupt, especially as it was not talked about at home, there was no funeral or memorial service and she did not visit Jane's home for a long time afterwards. There was a period of time when Louise sensed an awkwardness between her parent's and Jane's. This was because they still had a little girl and Jane's parents had lost their daughter. Louise described feeling guilty at this point and not wanting to remind Jane's parents of their loss by her presence. For approximately the next three years Louise remembers feeling very awkward when seeing Jane's family and trying to keep quite as if she was not there, so as not to remind anyone of the loss. Louise remembers feeling very sorry for Jane's parents as they particularly wanted a girl and had more sons after Jane died. She remembers feeling that this was very unfair.

Louise remembers realising that if Jane could die, so could she. This frightened her a great deal. This fear was one of the most important features of Louise's experience. She remembers being unable to get to sleep but not telling anyone about it. She would lie awake and make herself go through what she imagined had happened, her imagination was very vivid. She feels that the events 'blew up in her mind' so much because she was by herself a lot and wonders whether having siblings to talk it over with would have made a difference. She still has a mental picture of what happened although she is not sure if this is what she was told or what she imagined. Louise also remembers waking up in the morning having forgotten that Jane had died and then realising it anew. She described a physical pain of 'constant heartache' which was particularly bad at night time and when she realised in the morning. The last time she experienced the same pain was when she was about 20 and found an old party dress of Jane's which she could remember her wearing.

Louise and Jane had attended different schools and Louise had told a couple of friends when they returned after the summer break. She found herself the centre of attention, with her classmates (especially the boys) wanting the 'gory' details. This lasted a couple of days and Louise found it awful. She feels that if they had gone to the same school, people would have been grieving together and is unsure as to whether that would have been helpful or not.

Louise remembers feeling resentful that she didn't know where Jane's body was buried. She felt cheated by this as she would have liked to have taken some flowers there. It felt like her parents did not care where she was, however, in retrospect Louise now views it as

her parent's way of coping. She probably became frightened of forgetting Jane as this would be letting her down. As a child she did not know that you don't forget someone.

Over time Louise missed Jane because she had been such fun. She also remembers loving the fact that Jane had older brothers and losing that when she lost Jane. She no longer stayed at her house so she invited other friends but 'it was never the same'. No other friends were quite like her. There was something missing, she found that she couldn't laugh and chat about the same things in the same way. One of the important differences seemed to be the length of time they had known each other. Both families had moved around the country together and so Jane was the only friend that Louise had known over a long period of time. Louise found making new friends quite difficult. She attributes this to moving around with her father's job rather than having lost Jane. She now values friendship very highly.

Over time Louise described 'waiting for the pain to get better' and a gradual process of being able to remember Jane, and feels that being able to talk about it may have helped. She began speaking to her mother about it as the two families grew apart. Her mother regrets giving Jane's mother all their photographs of her. Louise, herself regrets not being able to talk to Jane's family about her and has now lost contact with them. Louise feels that she 'worked it out' for herself which she describes as a struggle at 9 years of age. She describes herself as someone who does not let her emotions show, partly because she is shy, and this is a coping strategy she used then and now. She has become very self sufficient.

Louise still thinks about Jane, especially when she has conversations about her age with friends and imagines having them with Jane. She believes that they would have stayed friends and is curious about what that friendship would have been like.

Louise's own children know about Jane. She is very protective of them and feels that this would have been the case naturally rather than an influence of Jane having died. Finally, Louise feels very strongly that children aren't given enough help to cope with death and has noticed the effect of things like this being hidden in her work with children with special needs. This is part of the reason that she chose to volunteer for this research project.

## **SUMMARY OF INTERVIEW 2**

Rachel and Kathy had been to the same schools throughout their childhood. They both lived across town and made the journey to and from school together. Sadly Kathy died during their second year at Grammar School.

Along with two other friends, Mary and Sue, they were going out at lunch time. Due to the weather Rachel turned back to get her mac. When she returned she found that Kathy had been knocked down at a zebra crossing. Sue had run across the road and Kathy had hesitated and Rachel doesn't know whether the lorry driver had beckoned her across or not but she had run and the lorry didn't stop in time (it was later found to have had faulty brakes). Kathy had managed to walk to the pavement where she was lying when Rachel returned. Rachel can still remember how Kathy looked at that time, it is a very vivid memory. Rachel went over to her and loosened her tie and Kathy said to her that she would be fine. Rachel also took her watch and satchel to take home. Kathy was then put in the ambulance and Rachel and her other friends returned to afternoon school.

When she arrived home that evening she told her mother and grandmother about what had

happened. They had seen a 'stop press' in the local paper that a school girl had died after being hit by a lorry and immediately guessed that it was Kathy. Rachel felt very strongly that it couldn't be as Kathy had talked to her after the accident. It did not seem to matter what they said to her, she would not believe it. She felt as if she was having an intellectual struggle because she knew that her parents didn't lie but Kathy had said she was going to be all right. Later in the evening her father took Kathy's satchel to her parents and returned confirming that it had been Kathy who had died. At this point Rachel felt 'obliged' to believe it. She wanted to know why and was told it was due to internal injuries. She now believes that it may have been a ruptured spleen.

When she returned to school the headmaster made an announcement in assembly. Rachel remembers there being a 'collective sigh' of shock and disbelief. The headmaster also said that the zebra crossing was out of bounds at lunch-time. Rachel thought this rather stupid because it was still used at the end of the day. She and her friends were particularly careful when crossing the road for a little while after Kathy's death. There was an attitude in the school of 'getting on with life' and therefore it was not talked about. Although Rachel felt that it was right to get on with life, she also felt that the school perhaps made too little of it. It was as if Kathy had moved schools rather than died, a line was drawn under it too quickly. This also happened when another girl in the year above died of an adder bite the next year. Rachel feels that she wanted it acknowledged by the school. Rachel was able, however, to talk about it with her family as they are very close. She imagines that she did talk about it a lot for a while.

Kathy's friends did not go the funeral as it was during school time. Rachel feels that if it had happened to her children she would have requested that they attend. She feels she would of done the decent thing by going to the funeral and supporting those who were grieving deeply. Rachel remembers not knowing what to say to Kathy's family and almost trying to avoid them because of this. She felt very, very sorry for her parents who had also lost twins in the past. She later found out that Kathy's mother had kept her bedroom unchanged and that an Aunt had made her flat into a 'shrine' to Kathy's memory years later. At the time Rachel thought this rather weird and eerie but now sees it as their way of coping. Rachel also felt very sorry for the lorry driver.

Kathy's mother gave Rachel a photograph of Kathy which Rachel kept on the mantelpiece in her bedroom. It was while she could see the photograph from her bed and she thought that Kathy would not be able to do what she was doing in the photograph again, that Rachel emotionally realised that the death had happened, rather than feeling 'obliged' to believe it. Rachel also described looking for Kathy and then remembering that she had died and wouldn't be there. Rachel still thinks of Kathy whenever she goes across the zebra crossing where the accident happened and on Kathy's birthday.

Rachel is a Christian and was so when Kathy died. She remembers a conversation she had with Kathy about marriage, children and Christianity. This meant that Rachel felt very sure that Kathy was safe with God and Jesus was protecting her. She felt there was a divine purpose to it and that it was providential that it was not herself and that she did not see it. Consequently, Rachel did not have any guilt feelings that are sometimes associated with death. Rachel found it the fact that she knew Kathy shared her religious beliefs helpful.

Kathy's was not the first death that Rachel experienced, but it was the first of her peers. Rachel feels that this made it particularly difficult to come to terms with. She also feels that the fact that it was sudden, without prior warning meant that initial denial was stronger. She compared this type of death to the death of her late brother in law from cancer. With

this loss Rachel feels that the process of coming to terms with it and being prepared to let him go was able to start before he had actually died. His death was also different because there was an element of relief that he no longer had to suffer in pain.

In conclusion, Rachel feels that Kathy's death has become part of her background and could be described as a 'life event'. She feels that being part of a close family where people were very willing to talk things through helped her come to terms with the death. Finally, Rachel volunteered because both of her daughters are involved in medical research so she realises the difficulties involved in finding participants and felt empathy for the researcher.

### **SUMMARY OF INTERVIEW 3**

John was about three years older than Neil. He lived round the corner with his mother and an older man whom Neil thought was perhaps a grandfather figure. His father was not around, which was unusual at the time (pre World War II) and Neil had a sense of being friends with a social outcast. Neil doesn't know how they became friends but he used to go round to John's garden regularly, although John didn't go to Neil's. They had an exclusive friendship and John didn't join in with the local gang of children as Neil did. It was a deeper friendship than Neil had with the local gang of boys. There was a sense of antipathy between John and the other children in the area and Neil can remember being hit by a stone thrown over by these children into John's garden. John was what may have been described today as 'effeminate', a very gentle person. This gentleness was a very important part of the friendship for Neil.

When John was about 11 and Neil about 8, John sadly died. He suffered a haemorrhage during an operation to have his tonsils removed. Neil remembers waiting with his mother at the bus stop on the way to the cinema and seeing John's mother walking past in tears. His mother crossed the road and spoke to her and then returned to Neil, saying nothing and the continued to the cinema. A few days later Neil was outside his house and a friend cycled by and said that John had died. Neil's mother over heard the conversation from the top window and called Neil inside. He can't remember what his mother said but assumes that she must have confirmed it and that she had been scared or reluctant to tell him. At home John's death was not mentioned and his mother discouraged external displays of emotion.

Neil remembers feeling disbelief at the news. He does not remember feeling a loss but thinks he must have done. He did not go to the funeral and it wasn't mentioned, he feels that his mother was protecting him. He was curious to know where John had been buried and found out from a friend. He visited by himself, expecting to see a head stone. He found a mound of earth, but doesn't know whether it was the right one as there was no sign. This was the first experience Neil had of death, until then it had only been theoretical and the mound of earth made it concrete. Being with his gang of friends did not change after the death as John had never been part of that and it was not mentioned amongst them.

Shortly after John died the war started, lots of people were killed and there was lots of death around. His parents also divorced. Around that time Neil had what he now understands to be a period of 'childhood depression and anxiety'. Prior to this, his mother described him as very extrovert, out-going and scared of nothing. He feels that the death of John was the first event in a chain that lead to a 'person who wasn't completely in charge of himself'. The loss seemed to have disturbed the equilibrium of his personality. His anxiety and worries were around health and death. He was obsessed about not getting an illness that may have resulted in his death. He would lie in bed furiously praying that he wouldn't

get a disease. He was not worried about external things like the bombs exploding, which as a child seemed quite exciting.

He had periods of illness that meant he had to miss school and he was worried about catching up, he failed his 11+ twice. These years were described as 'unrelenting gloom'. At the end of the war he started at Technical College and felt that there was a horizon and positive things to work towards. During his 20's he had another period of depression of about 2 and a half years which drifted away whilst he was in Germany on National Service. He also had a period of depression in his 30's. Prior to the former period of depression Neil had also lost his father. He coped with this in a similar way by not showing any external emotions. Subsequent to the depression, he lost his mother and one of his sons. These deaths affected him deeply and he cried a great deal. Neil feels that a part of these displays of emotion was grief for the previous losses he hadn't cried for.

Neil feels that the identification he felt with John meant that he lost a part of himself when John died and this is true when he lost other people. He feels that grief is, in part, for yourself and what you have lost as the deceased person is unable to grieve themselves. Throughout his life Neil has had one to one friendships rather than a group of friends and he feels that this is a pattern set by his friendship with John. The memory of losing John now feels rather like a separate, contained, water-tight memory that doesn't impact on other events or memories. Neil describes this as a way he has dealt with many things in his life. In retrospect he feels that his mother dealt with it badly for him. She was trying to protect him but Neil feels it would have been more helpful to acknowledge difficult emotions and be able to talk about them. Finally, seeing the article asking for volunteers in the local paper, brought the memories back and Neil decided to volunteer partly in the interest of self exploration.

#### **SUMMARY OF INTERVIEW 4**

Alison was four years older than her friend, Vicky. Several years earlier she had swallowed a marble and this had left her in a coma for a couple of weeks. When she woke from the coma she was brain damaged and had to learn to walk and talk again. She was also behind in her school work. Therefore she dropped back a few classes into the same class as Vicky. It was then that their friendship started. They became best friends partly because they both got teased sometimes (Alison for being slightly slower at learning and Vicky for wearing glasses) and would protect and defend one another. They also used to go to each others house for sleep-overs. There was also one occasion where Alison received a silver star for her work. She put it up by Vicky's name because she hadn't got any.

A year or so after Alison had joined Vicky's class, they were all preparing for confirmation that evening. Alison was due to go to the hairdressers and her father arrived at school to collect her. She was very excited about this and Vicky was wondering whether she would be able to go along too. Alison was saying that her father was downstairs and Vicky turned around and saw that she had collapsed to the floor. Vicky assumed that she had fainted. The class teacher, Sister Anne, asked someone to go and get the headteacher, which Vicky thought odd as she had only fainted. She began to wonder if something more serious had happened. Alison's father came into the room and things are a bit of a blurr from there. The class was told to go to the hall and wait there. An hour and a half later Sister Anne returned to the hall and said that Alison had died and gone to heaven. She was crying and Vicky remembered thinking 'please don't cry'. The marble that Alison had swallowed had caused a blood clot in her lung which had become dislodged. An ambulance came and took

Alison away. Vicky remembers that there was crying and praying in the hall.

Sister Anne said they should be happy because it was Alison's first day in heaven, and they could be having a 'Happy Birthday' celebration. At first this confused Vicky. One of the other children suggested going to the local church, which they did. They lit candles for Alison and said prayers. They also had a glass of orange at the confirmation that evening. Later that evening Vicky was allowed to stay up late and she remembers thinking 'Oh Alison, I'm allowed to stay up'.

The next day, the class went to a local beach for a 'Birthday Party' for Alison. They were told that Alison would want them to be happy. The class also started asking Sister Anne questions which went on for about 2 or 3 hours. Vicky remembers one question in particular, 'will her eyes pop out?'. Although Vicky was fairly sure of the answer it still haunted her and made her wonder. They were also told that Alison was with God, which helped, and that she was still with them. Vicky was told that she could still be her friend. Later that day they were given extra time to write in their private 'life books'. Vicky wrote a poem about the red mittens that Alison had and that she wouldn't be able to wear them anymore. The class also went to the funeral on Ascension Day. Vicky played the tambourine as they sang Alison's favourite songs. It was very important for her to take part. She also wanted to look at Alison's body in the coffin to ensure that it was her who had died.

One of Vicky's initial reactions was being upset for herself at not having a best friend anymore. This made her very sad and upset when she wondered who was going to be her best friend now. As an adult Vicky thinks of how tragic it was for her parents. At the time a priest had told her that Alison was a star looking down on them. Vicky liked this idea as it meant that she could still be friends with her. It gave her a 'peaceful sadness'. Vicky used to speak to Alison regularly after she died, especially when she became upset about being teased. The majority of the time she found this comforting. Sometimes, however, Vicky became frustrated and unsure whether her friend was there and angry at being left. She would ask Vicky to show her a sign that she was with her by moving a pencil. The pencil never moved and this upset Vicky. Later, a Canon told her that Alison was there and Vicky took his authority and was reassured.

Six months after Alison died Vicky was invited to a birthday party of one of her brothers. She did not enjoy this, it didn't feel right to be there without Alison. Alison's mother gave her a doll that had been Alison's, saying that she would have wanted her to have it. For the next 2 or 3 years, Alison remembers not wanting a best friend because they might die. She was happier being alone and became a bit of a loner. She also preferred being in a group rather than with an individual friend. Several years later, when she was 14, Vicky was having problems with her maths homework. She found herself asking Alison for help, this surprised her as she hadn't thought about her for some while.

Over the years Vicky has occasionally thought of Alison and wondered what she, and their friendship, would have been like at the age she is now. She particularly thinks about her on Ascension Day. Vicky has recently had a little boy and thought 'Alison you ought to see Samuel'. After the birth she had a period of what was probably post-natal depression. During this time she thought about Alison a lot and became obsessed with Samuel and her partner, Paul, dying. This lasted for about a month. She is still very protective of Samuel. Vicky considers it very important to think about death and be prepared. She has a number of life insurance policies and has made out her will. Friends and her partner are often surprised at the preparation she had made. It is difficult to know whether this is a reaction

to Alison's death or not.

Vicky and a group of friends have visited a Clairvoyant, for a laugh. The Clairvoyant said that Vicky had a friend called Claire looking down on her. Vicky left thinking that as she got the name wrong she wouldn't be able to trust what she said. She felt very ambivalent about whether to return and find out more and thought about it for the rest of the day. She let Alison make the decision and did not return. Another friend practices hypnotherapy and Alison is interested in being hypnotised to find out what her fear of Samuel dying means and whether it is connected to the loss of Alison.

Vicky does not talk about Alison with people and expected to find the memories quite painful. It was not, however, as traumatic as she thought it might be. When she saw the request for volunteers in the newspaper, she thought 'I'll do this for you Alison'. She was also keen to pass on helpful information about how to deal with the loss of a friend during childhood.

## **SUMMARY OF INTERVIEW 6**

James belonged to a group of friends that included Justin, who was his best friend. The group used to often go cycling together around the lanes of the village they lived in. James often cycled in the front. On one particular Saturday Justin asked James if would come cycling but James and his family were going on holiday to (place name). Later that day Justin and the rest of the group went cycling. Justin was in the lead and went over a junction without looking. He hit a car and sadly went into a coma that lasted six months.

When James returned from his holiday a friend told him about the accident and said that Justin was in hospital. James remembers instantly rejecting this and being upset and angry at the friend for, what he thought was, lying. He ran home and spoke to his parents, His mother rang Justin's mother who confirmed that it was true. Six months after the accident Justin's parents were making the decision to switch off the life support machine when he came round. Justin had suffered a great deal of brain damage and had a mental age of between 4 and 5.

James went to see Justin when he came out of hospital and expected things to be the same as they had been before. He remembers being very shocked when he saw how different Justin was, he even looked different. James was very sad and also frustrated about the fact that Justin could no longer do the things he used to be able to do, like play cricket. This was the thing that James found most difficult to deal with. He coped with it by thinking that Justin was no longer the same person. Although James visited Justin 3 or 4 more times, they no longer had common interests and so drifted out of touch, which James feels ashamed and guilty about.

The accident happened in the school summer holidays. In the new school year James was going to a different school to the rest of the group (including Justin). He feels that he had already begun to be emotionally prepared for separation before the accident. The fact that he had to make a new group of friends meant that he was able to block out and not think about what had happened. He does not remembering mentioning it to the new friends he made or talking about it with any of the old group of friends either. Blocking out things he does not want to think about and dealing with them later is a coping style that James has used at other times as well.

Five or six years after the accident Justin sadly died. Although James and his family had moved away from the village by this time he found out through the brother of a friend and his mother. He had blocked it out until that point and remembers that hearing about the death brought all his memories back. He wished he had kept in touch. He does not remember having any 'grief' at the time which is very different from his reaction to his Gran's death which he described as 'immediate grief'. James felt sadness at seeing Justin disabled and remembers it feeling like it may have been the best thing to have happened. In retrospect James commented that he was unable to make that judgement as he hadn't seen Justin for a while before he died. James was very unsure about whether he should or could go to the funeral, possibly because he hadn't kept in touch with Justin and thought that his family may not recognise him. His mother encouraged him to go. It was the first funeral he had been to and remembers feeling like an outsider or observer and was very sad to see Justin's family so upset. He is very glad to have gone to the funeral.

After the funeral James did not think about it for several years. Whenever he was in the village, however, he did go to visit Justin's grave. The graveyard was by a wood that he and friends used to play in when James was about 16. He remembers sneaking off to visit the grave by himself. It was very private and personal to James at that time, although he recently took his nephew. During our conversation he was intrigued as to why he did this and wondered if it was because he hadn't visited Justin whilst he was ill.

Several years later, when James was about 23 years old, he was living in (place name). He was having a difficult time having just dropped out of university and wondering what to do next and drinking too much. He feels that this was when his 'grief' over Justin came out. He remembers feeling very guilty about having gone on holiday and feeling that if had been there Justin would not have died, especially as he was usually at the front of their bike rides. He was quite surprised that these emotions came out, although he now thinks the guilt had been there all along but blocked out. James talked about being glad that these emotions came out when they did as he was able to deal with them then. He also felt that it was nice to be able to remember the good times again. By blocking out the death, James described having also blocked out the good memories. James feels that it has taken about 10 to 15 years to be able to accept the loss of Justin and think about it without blocking it out. More recently, it comes into his thoughts every now and again but sometimes feels like a story that happened to someone else.

James would recommend that children facing the same situation should be told about it over time rather than everything at once. He feels that they need plenty of time to understand it. He also recommends that they are told about it realistically without trying to 'wrap it up in a story'.

When James first heard about the project he was very cautious. When he considered it later, however, he became interested and curious as to how the conversation would go. He thought it would be nice to have the opportunity to talk about it without being considered boring or self indulgent. This is the reason for James volunteering.

## **SUMMARY OF INTERVIEW 7**

Jackie and Liz were best friends and both went to the same Catholic school. Jackie was a boarder and Liz was a day pupil. Jackie remembers Liz as a warm and loving girl with a round face and rosy cheeks. When they were aged between 6 and 7 Liz sadly died. She was walking home from school and realised that she had forgotten her satchel she returned

to collect it and ran back. When she was crossing the road she was hit by a bus. Jackie did not find out about this until the next day when they were all told in assembly. She got the sense that the nuns were saying this is what would happen if you didn't do what you were told. Jackie does not remember any prayers being said for her and they had to go on with the rest of the day as normal.

Liz was never mentioned again at the school, even when her younger sister joined and would have brief conversations with Jackie and her friends. Jackie got the very strong message from the nuns that you were not allowed to dwell on the matter. It was her first experience of death and she observed that it didn't appear to affect people very much. She had no way of knowing what she should do so Jackie learnt from others to shut it away and not dwell on it. She feels that she has been, in the past, very controlled and that this personality trait was cemented in place by what happened after Liz's death.

Despite not being able to talk about it with others, Jackie remembers imagining what happened at the scene of the accident. She describes having an active imagination that would 'run riot' at night time. She found imagining the scene of the death very painful. She hurt to think of Liz suffering or in pain. Because of this she tried to stop imagining it as she didn't know how to cope with this pain. Jackie remembers feeling sad and angry when Liz died. She felt angry at Liz for forgetting her satchel and not looking when she crossed the road. She also described feeling angry that Liz let herself be taken away from Jackie. Another emotion that Jackie remembered feeling was fear. She was fearful of being overwhelmed by the anger she felt, especially when it felt 'dangerous' to show emotions. She also remembers being concerned about drawing attention to herself and being criticised for it. Jackie did not go to Liz's funeral although she has subsequently discovered that going to a person's funeral is important for her as a way of saying goodbye.

Jackie remembers not having a special or best friend for a long time after Liz's death. This was because she felt that they might be taken away and she wasn't going to put herself through that again. Consequently she became very independent. She changed school at the age of 12 and by the time she was in the 5th form she felt more relaxed and was able to trust herself to somebody else. She feels that the experience of having lost Liz made her 'prickly' about getting close to people. This is something that she now regrets. Liz's death also made her think of her father's mortality. Her father was ill with T.B. and Jackie can remember being very worried about him.

When Jackie had young children of her own she remembers reading the local newspapers and especially any articles about the death of a child. She felt that she had to prepare herself to know what it would be like to lose a child. Jackie had not previously linked this to the loss of Liz but, during this conversation, wondered if it might be.

Jackie would want children in a similar situation to know it is safe to talk about the death and bereavement and ask questions. She would want to ensure that there no areas in the child's imagination left to run wild. She would also recommend that information is given at the child's own pace.

Jackie was initially fascinated by the request for participants and thought that the area was an important one to research. She also felt it would be interesting to talk through her own experience as she had not done so before. Consequently, she volunteered for the project.

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