STORIES OF GRIEF: NARRATIVES BY BEREAVED PARENTS

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ABSTRACT

STORIES OF GRIEF: NARRATIVES BY BEREAVED PARENTS

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The loss of a close loved one to death is a significant trauma for most people. The loss of a child is especially poignant to a parent. This thesis explores the accounts of 10 bereaved parents to discern their use of narrative processes to aid in understanding and managing the effects of these losses. Findings show that respondents used story structures in describing their grief experience. Similarities that occur in their stories are reported. A narrative analysis, used to integrate the premises of Fisher's narrative paradigm, the work of other researchers on the utility of stories and storytelling, and the accounts of respondents, reveals that parents naturally turn to stories to facilitate understanding, deliberately seeking details to create plausible stories about the deaths of their children. They exhibit familiarity with accepted story rules and competency in recognizing and developing causal relationships. Their narratives demonstrate knowledge of cultural master stories, some of which they view as helpful while objecting to others. They measure the rationality of stories via narrative probability and narrative fidelity, using storytelling to test plans and decisions. Parents deliberately choose among possible stories to create good lives for themselves and their families.
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INTRODUCTION

People are social beings. From the moment an individual is born, he or she exists in relationship to others, learning and developing through interaction with significant family members. These early attachments are very important to people (Bowlby, 1977a, 1977b), since they fulfill safety and security needs that are as important as food and water for survival. Bowlby (1980) observes that any challenge to maintaining attachment ties results in anxious behavior that is aimed at restoring the desired relationship (in his study, the physical presence of the mother-figure). This natural grief-like reaction assumes that the object of attachment can be reclaimed. When such reinstatement is not possible, as in the case of the death of a loved one, acute grief is the result (Bowlby, 1980).

During acute grief, an individual’s equilibrium is disrupted at all levels of his or her being (Corr, Nabe & Corr, 1994; Lindemann, 1944/1965; Shapiro, 1993; Worden, 1991). Lindemann (1944/1965) describes grief as a syndrome with distinct symptoms: physical ailments, an obsession with the deceased, guilt, anger, and disruptions in the structure of daily life. He observes that grieving people exhibit a very similar group of physical (somatic) symptoms after a loved one’s death. Breathing, sleeping and eating patterns are interrupted. There is a general feeling of weakness and fatigue. Shapiro (1993) points out that this tiredness results not only from the disruption of sleep, but also
from the tremendous expenditure of energy that is necessary to try to maintain control in the midst of disorientation and a general sense of loss of control.

Emotionally, grief results in a “sense of unreality” (Lindemann, 1944/1965, p. 9) characterized by a strong fixation on and identification with the deceased, coupled with a loss of warmth and distancing from other people in relationship with the bereaved (Lindemann, 1944/65, Worden, 1991). Harper (1995) names anger, loneliness, feelings of abandonment, fear, guilt, disbelief, and vulnerability as emotions that accompany acute grief. Shapiro (1993) observes that people “in the acute grief phase are often bewildered and frightened by the intensity of their emotions. Some fear that they are going crazy; others fear that they will never be emotionally healed.” (p. 31). “One man reported, ‘One of the most frustrating things is this mental thing. It’s not enough that I lost my child; I’m losing my mind too’” (Klass, 1988, p. 27). Grief is “an amalgam of differing feeling/thought blends” (Rosenblatt, 1996, p. 45) that varies from person to person and loss to loss, often changing from time to time for a given person as he or she survives the same loss (Rosenblatt, 1996). Parkes (1972) says, “For the bereaved person, time is out of joint” (p. 74).

Lindemann (1944/1965) notes that people experience a need to cry, often beyond their ability to predict the time or place—a need that defies their efforts to control it. According to Leick and Davidsen-Nielson (1991), deep sobbing or weeping, such as is common during acute grief, is able to release stored tension and is actually healing. Although there is a lack of empirical evidence to explain why they do so, Worden (1991) agrees that tears help to calm emotional stress.
For some people, spiritual challenges may arise (Harper, 1995), such as questioning of beliefs, pain in accepting nurturing from others, the conflict of being angry with God, or a threat to the meaning of life in general; while for others, there may be great peace and comfort in church. Financially, the bereavement period may mean an unaccustomed amount of money (too much or too little), loss of the money manager or breadwinner, loss of income, the need to become employed, or decisions about dividing assets (Harper, 1995).

Grief resulting from the death of a loved one is often the basis for study and of authors’ work (Hogan & DeSantis, 1996; Klass, 1996; Lindemann, 1944/65; Parkes, 1972, 1975, 1983; Tyson-Rawson, 1996) and will be the context used in this paper. However, Karl (1987) asserts that any “event which has threatened and/or shattered a person’s self-concept and world view” (pp. 641-2) can cause grief. According to Rando (1984), grief can result from losses in either the “physical (tangible) or symbolic (psychosocial)” (p. 16) realms. Shapiro (1993) also discusses symbolic and physical losses, but connects the symbolic to the physical as the “loss of important future experiences” (p. 11).

Grief, whether resulting from the death of a loved one or another loss, is one of the most challenging and overwhelming circumstances an individual must face in life. Both scholarly and clinical study and research related to this situation have been occurring in fields such as psychology, nursing, psychiatry, social work, sociology, medicine, counseling, and thanatology, especially in the last century. Researchers in the field of communication (Davidowitz & Myrick, 1984; Howard, 1994; Moore & Mae,
1987; Range, Walston & Pollard, 1992) are beginning to take notice of this specific context (a focus on the bereaved individual).

This thesis seeks to expand the exploration of the role of communication in this context. It discusses the human use of stories as a basic way of knowing about and measuring the events of life. Utilizing the framework of Fisher’s (1984) narrative paradigm, it investigates bereaved parents’ use of storytelling as a method for recognizing the effects of the loss of their children, as the means they use to manage those effects, and as a way to negotiate a return to equilibrium in their lives.
CHAPTER I
Review of Literature

Theoretical Framework

This investigation of stories of bereavement rests strongly on Walter Fisher's concept of the narrative paradigm (1984, 1985a, 1985b). Fisher views narrative as a "master metaphor" (1984, p. 6) rather than as a "particular method of investigation" (1984, p. 2). By proposing that the human species be called "homo narrans" (1984, p. 6), he claims a central position for the narrative paradigm such that all other methods of understanding communication flow from this central concept. Fisher claims that the idea of the narrative paradigm returns to the days before Plato and Aristotle when logos and mythos were not conceived as separate polarized elements with rhetoric dwelling in the ambiguous realm between them. Fisher challenges the necessity of these divisions. (Fisher, 1985a).

The five basic assumptions of the narrative paradigm are: 1) story-telling is in the nature of human beings; 2) humans use "good reasons" (Fisher, 1984, p. 7) as criteria for making decisions and communicating in various contexts; 3) humans create and apply good reasons according to norms or rules dictated by their history, culture, personal integrity, and experience to fit specific situations; 4) people have an inbred ability to measure rationality by means of two criteria -- narrative probability (the coherence in a
story) and narrative fidelity (the truth of the story based on events in each individual's life); and 5) people must choose among all the stories the world has to offer in order to create a good life for themselves. Each individual participates in his/her life as one who reasons and makes value decisions (Fisher, 1984). Stories are constantly being re-created. Each story requires an author (a person who tells the story) and co-authors (people who receive the story, the audience that participates in the creation of meaning for the story). The world provides plots and texts that the storytellers creatively re-tell, making meaning and value judgments as they do so. These value judgments have reasons that are assessed by means of narrative rationality (as outlined in the fourth concept mentioned above). Narrative rationality is based on two measures (narrative fidelity and narrative probability) and both are necessary for people to value a story (Fisher, 1984).

Narrative fidelity addresses the "truth" of the story. People make use of learned (but not formal) ways of judging the values expressed in a story. They turn to what Fisher calls the "logic of good reasons" (1985a, p. 349). An individual develops these good reasons based on his/her background, culture, beliefs, self-concept, interactions with others, and past experiences. In other words, a person uses his/her unique blend of personal perceptive tools to measure the veracity of the stories he/she hears or constructs. If a story does not meet these criteria for truthfulness, it fails the test of narrative fidelity (Fisher, 1985a).

Narrative probability evaluates story construction. People recognize a specific set of rules or expectations about what makes up a story—-a particular sequence of events, sensible causal relationships between important elements, and a distinct framework that
includes some things while excluding others. If a narrative is not presented as a coherent entity that matches what people expect in a story, it fails the test of narrative probability (Fisher, 1985a).

The narrative paradigm that Fisher (1984) proposes stands in apparent opposition to "the rational world paradigm" (p. 1). According to Fisher (1984), the rational world paradigm makes several assumptions. They are:

1. humans are essentially rational beings;
2. the paradigmatic mode of human decision-making and communication is argument—clear-cut inferential (implicative) structures;
3. the conduct of argument is ruled by the dictates of situations—legal, scientific, legislative, public, and so on;
4. rationality is determined by subject matter knowledge, argumentative ability, and skill in employing the rules of advocacy in given fields; and
5. the world is a set of logical puzzles which can be resolved through appropriate analysis and application of reason conceived as an argumentative construct. (p. 4)

These presuppositions paint a picture of people as rational thinkers. They understand their world through reason, are only able to accept order and logic in explanation for events, and must learn the rules and skill of argument in order to participate in the work of the world (Fisher, 1984).

While the rational world paradigm creates experts who are able to make effective use of logic, the narrative paradigm allows that all people are capable of using stories to make sense of the world and that this ability is one so basic to human nature that it cuts across time and culture. Fisher does not demand a sharp choice between these two ways
of understanding how people interpret the world; rather, he contends that the narrative paradigm is more fundamental than the rational world paradigm and that, when it is taken as the "master metaphor," it "subsumes" (Fisher, 1984, p. 6) the rational world paradigm. In other words, the rational world paradigm becomes one type of story that individuals may choose to explain the world (Fisher, 1984). Thus, adherents of the rational world paradigm adopt logic and critical thinking as their personal measure of the narrative fidelity of the arguments (stories) they hear. While actually operating at their deepest level out of the narrative paradigm, they have adopted epistemology and logical rules (from the rational world paradigm) as the only "good reasons" (Fisher, 1984, p. 7) they will accept as bases for persuasion or decision-making. By choosing to so limit their measures of narrative probability and fidelity, they seem to be behaving as if the rational world paradigm were their master metaphor (Fisher, 1984; 1985b).

In postulating the narrative paradigm, Fisher is one of a group of writers from disciplines such as "anthropology, communications, education, family studies, nursing, philosophy, psychology, and sociology" (Harvey et al., 1992, p. 110) that posit the centrality of "meaningful constructions" such as "stories, narratives, and accounts" (Harvey et al., 1992, p. 110) in affecting individual behavior. Harvey et al. (1992) gather references from Man's Search for Meaning (Frankl, 1959), Acts of Meaning (Burner, 1990), and To Think (Howard, 1991) as well as from works by Schank (1990), Smith (1990), and others to demonstrate this wide-ranging acknowledgment of the narrative structure in social science (Harvey et al., 1992, pp. 110-113). Brockmeier and Harré (1997) also discuss the "discursive or narrative turn in psychology and other human
sciences” (p. 263), calling it “part of larger tectonic shifts in our cultural architecture of knowledge” (p. 264). They trace the renewed interest in narrative to the conception that “the story form ... constitutes a fundamental linguistic, psychological, cultural, and philosophical framework for our attempts to come to terms with the nature and conditions of our existence” (Brockmeier & Harré, 1997, p. 264). Lule (1990) reviews writings in the field of history relating to narrative theory, emphasizing the handling in these works of the nature of events, how stories tie happenings together in specific ways, and how narration relates to time. These works by the authors mentioned above not only support Fisher’s (1984, 1985a, 1985b) narrative paradigm discussion, but also point to a growing acceptance in the social sciences of narrative as the basic method used by humans to understand and make meaning of the world around them.

If Fisher’s (1984, 1985a, 1985b) assertions about the existence of a narrative paradigm as a basis for human understanding are valid, research utilizing it as a theoretical framework should be able to support the concept. The following discussion represents research from several contexts—health communication (Sharf, 1990; Cherry & Smith, 1993; and Vanderford & Smith, 1996), small group communication (Peterson; 1987), organizational communication (Martin, Feldman, Hatch & Sitkin; 1983), and rhetorical studies (Bowen, 1997; Bundtzen, 1995; Hollihan & Riley, 1987; Howard, 1994; and Stone, 1988). Some claim the narrative paradigm directly while others represent narrative research that fits Fisher’s (1984) conception without making direct reference to it.
Sharf (1990) suggests developing a rhetorical analytic approach to doctor/patient interviews. She looks at the patient’s story, the doctor’s story and at the comparison between them in trying to understand whether the two were able to establish any areas of shared meaning or understanding of each other’s message. She proposes that the analyst look at how the participants’ stories evolved during the session and how each went about deciding which possible interpretation of the stories is true, believable and worthy of inspiring action. Sharf (1990) is convinced that the true measure of success in doctor/patient interviews is whether both parties have been able to revise their individual stories enough to create between them a new narrative that is mutually understood and that serves as a basis for behavior. This study examines the construction of narratives and how they motivate action in this medical setting, work that Fisher’s (1984) narrative paradigm predicts and explains.

Cherry and Smith (1993) use narrative analysis of stories told by men who are ill with AIDS to examine the concept of loneliness in their lives. Their method includes awareness of story selection by the narrators as well as a rhetorical analysis of the stories using plot, character and narrator-provided cues for interpretation of the meaning. Nine themes that emerge from the stories told to Cherry and Smith (1993) serve to enrich and expand the concept of loneliness through the experience of these AIDS victims. Practical lessons for support of people in this community can be learned from discussion and interpretation of these loneliness themes.

Vanderford and Smith (1996) examine the controversy over silicone breast implants. Through narrative analysis of stories told by patients and by doctors, a picture
of faulty communication in the doctor/patient relationship emerges such that the reputations of surgeons, the well-being of patients, and the existence of a corporation (Dow Corning) are all severely threatened. In each individual case, had patient and doctor been better able to collaborate in the creation of narratives more sympathetic to the other’s needs and concerns, major media coverage and large-scale consequences may have been vastly different.

Although most of the study in the area of small group communication is done in the task group, Peterson (1987) takes a look at the effect of stories of pregnancy on the construction of the small group culture in families. His analysis of the types of stories that are told and the effects they have on the developing family reflects Fisher’s (1984) claim that stories are carriers of truth. People accept narratives as true when the stories reflect their own experience, their culture and their history, according to Fisher (1984). Peterson (1987) claims that storytelling during pregnancy is not simply innocent passing on of irrelevant information, but an intentional effort to create the emerging nuclear family in the image desired by the storytellers.

Martin, Feldman, Hatch and Sitkin’s (1983) research comes from the context of organizational communication. Martin et al. (1983) collect stories used by organizations to support claims of cultural uniqueness. Using script theory (Schank & Abelson, 1977), they develop content analysis categories including a “set of characters or roles and a causally connected sequence of events” (Martin et al., 1983, p. 441) that often incorporate discretionary pathways allowing for alternative outcomes. Thus, they are able to describe and classify types of stories that appear across organizations. An
example of a story type is "How Will the Boss React to Mistakes?" (p. 444). In this type, two characters are necessary: the boss and the mistake-making employee. The story begins when the mistake is discovered by the boss. Then, the two confront each other about the mistake, causing one of two things to happen. Either the employee is amiably forgiven (some reparation and/or warning may be involved) or he/she is only absolved after much difficulty, if at all. This research supports Fisher's (1984) contention that people use narrative fidelity to measure stories. He states, and Martin et al. (1983) demonstrate, that people know what a certain type of story is expected to contain (based on their own experience), so they construct stories unique to their situation that also conform to the requirements of that story type.

Another example of the use of the narrative paradigm comes from the field of English literature. Bowen (1997) writes a literary analysis of the short story, "The Management of Grief," published by Bharati Mukherjee (1988) who had co-authored (with Clarke Blaise) The Sorrow and The Terror (1986), a book on the 1985 Air India airliner crash. Bowen demonstrates how the short story allows Mukherjee to work through her own grief relating to the air disaster—that is, to understand the events in relation to herself and her community and to select effective courses of action to help herself and others to deal with the losses involved.

Bundtzen's (1995) review of the film Thelma and Louise analyzes the plot and characters of the movie. Fisher (1984) claims that people judge the narrative fidelity of stories based on their own experience and the stories that they already hold to be true. Bundtzen (1995) discusses the personal history of various reviewers in an attempt to
demonstrate both that their published reviews of the movie fit with their own experiences and also how their individual backgrounds interact with the story of the film.

Two ethnographic studies (Hollihan & Riley, 1987 and Howard, 1994) use a similar approach to demonstrate construction of meaning in very different communities based on the telling of individual stories. Hollihan and Riley (1987) observe a “Toughlove” parent support group. Through the telling of individual stories and the construction of a shared understanding of the events in those stories, the group constructs a suggested course of action that is radically different than any individual parents have used in the past. Referencing Fisher’s narrative paradigm as the theoretical framework on which their study is based, Hollihan & Riley (1987) name and demonstrate how the “Toughlove” group makes use of individual narratives to accomplish its mission.

Howard’s (1994) ethnography takes place among a community of “North American Quaker dairy farmers who emigrated to Costa Rica in 1950” (p. 295). During the course of a year-long study, the author observes the funeral of an infant in the group. Her analysis examines the way individual voices reflect and shape the community story as they grieve for their little lost member. Three levels of voice are discussed: the voice of the individual, the voice of the community that is heard and constructed from these individual voices in dialogue, and the “silenced voice” (Howard, 1994, p. 297)—that is, the messages to which the community refuses to listen. Using quotes from individual voices, Howard (1994) demonstrates the way they echo general community themes of searching for good (God) and the value of community solidarity. The author observes that, while the sadness of the events (the death and funeral) is evident, there are no overt
tears on the part of the infant’s immediate family and there is no wailing or crying out by anyone else. According to Howard (1994), the silenced voice might have permitted a more obvious and emotional demonstration of grief, but the community voice would not allow it. The story of grief is constructed differently in this isolated community than it might have been in some other place because of the influence of commonly accepted values that reside in and speak from individual stories (Howard, 1994). This analysis illustrates Fisher’s (1984, 1985a, 1985b) contention that people choose from among elements of stories they already know (historical, cultural, religious, personal) when they construct their own narratives.

The final example to be cited here is Black Sheep and Kissing Cousins (Stone, 1988), a book-length report of interviews in which the author collects both family stories and the implications of those stories to the individuals that tell them. Stone (1988) demonstrates the power and the attraction of family stories, listing some of their many purposes—to explain, to remember, to set down rules, to suggest strategies for survival, to create patron saints and black sheep. Stone (1988) demonstrates ways in which people are both bound by family stories and freed by their potential. She maintains that family stories help people to understand who they are and to know how they should behave to conform to expectations based on the history, culture and experiences of their families. Stone’s (1988) research supports Fisher’s narrative paradigm without referencing it.

The preceding examples demonstrate many ways that Fisher’s (1984, 1985a, 1985b) narrative paradigm can be used to investigate the means people use to understand the world around them and to devise effective strategies to manage and survive in it. The
next section of this thesis will expand on the discussion of narrative from other
perspectives as well as review literature regarding significant loss and the role that grief
and mourning play in allowing bereaved individuals to return to healthy interaction with
life.

Previous Research

As mentioned in the introduction of this paper, scholarly and practical research
has been done in many fields in an effort to understand how bereavement affects people
and to provide some guidance and support for people who are caught in that situation.
Also as previously noted, only a small amount of this research has been reported by
researchers in the field of communication. This section will discuss research from many
sources about grief and the strategies people use to process it, about stories and their
value both in general and during bereavement, about specific needs of the bereaved, and
about social support for those who grieve.

Articles reviewed here will generally reflect one of two types of work. One type
is social scientific qualitative or quantitative research based on observed study of a
phenomenon. It connects the observation to applicable theoretical frameworks in a
specific discipline. The second type is narrative used as a case in point or an instance of
a concept described in cited research articles. This second type makes use of stories to
derive or teach procedures actually used by practitioners in the field (and appears
frequently in nursing journals). It would appear that, although nurses are a part of the
medical field and familiar with the scientific method and its application to their practice,
they value the ability of anecdotes and stories to teach in a quick, easy and understandable way.

Tasks and Stages of Grief Once the symptomology of grief is identified (as documented in this paper’s introduction), researchers look at its overall patterns as well as the tasks people must accomplish in order to pass through it.

Some authors describe grief in terms of tasks the griever must accomplish. Worden (1991) identifies four primary tasks. They are: 1) acceptance of reality (loved one is dead); 2) suffering through the anguish of grief (pain is necessary to healing); 3) finding a new balance in life without the deceased; and 4) moving the deceased aside psychologically in order to get on with life. Fox (1988) names “1) understanding, 2) grieving, 3) commemorating, and 4) going on” (p. 21) as important bereavement tasks for children. Leick & Davidsen-Nielsen’s (1991) tasks of grief include: 1) accepting that the loss is a reality (both intellectually and at a deeper level), 2) entering into the emotions of grief, 3) acquiring new skills, and 4) reinvesting energy in new ways.

Other authors discuss overall patterns of grief that they call stages or phases. These patterns are in many ways reminiscent of Kubler-Ross’ (1969) work on the stages of death and dying (denial, anger, bargaining, despair, acceptance). Her work was done among dying people, whose task was to come to terms with their own approaching death, as opposed to bereaved individuals who must respond to the death of another.

Bowlby (1979, 1980) and Parkes (1972) describe an often-quoted list of stages of grief that includes: 1) numbness, 2) yearning and searching, 3) disorganization and
despair, and 4) reorganization. Parkes (1972) observes that each state or condition in this list seems to melt into the next.

Leick & Davidsen-Nielsen (1991) also talk about three phases of normal grief, but their description identifies the goal (or task) of each phase. They are:

[1] deliverance from the past by recognizing the significance of the loss in all its facets; [2] re-building of the present with a new everyday life that contains both what is left and some necessary changes; and [3] an experience of having a future with new possibilities, new pathways. (pp. 9-10)

McIntier (1995) names the stages of grief as shock, depression, anxiety, hostility, guilt, reconciliation and relief. Although McIntier's (1995) reference to stages suggests a neat linear succession, she points out that individuals resolve grief in unique ways and amounts of time. Miles (1985) presents a model of phases for parental grief that reflects those named by McIntier, but simplifies the list, describing it as a “wheel of reactions” (p. 220). The list includes: 1) numbness, shock, disbelief, 2) intense grief, including loneliness and guilt, and 3) reorganization (Miles, 1985). In their work with children, Normand, Silverman & Nickman (1996) identify “trajectories of connections” (p.94) that move from “Seeing the Parent as a Visiting Ghost” (p.88) through “Holding on to Memories from the Past” (p. 88) and “Maintaining an Interactive Relationship” (p.88) to “Becoming a Living Legacy” (p. 88). These researchers expected children in their study to progress through these phases in the course of two years or be considered in danger of an unhealthy grief response.
Many authors agree that most bereaved people experience similar emotions and states (Cowles & Rodgers, 1987; Karl, 1987; Martocchio, 1985; McIntier, 1995; Miles, 1985; Rando, 1984). One notable exception to this apparent consensus is Klass (1996) who states, “It seems reasonably well accepted today that there are no easily defined stages in grief (p. 201). Berardo (1988) also advises that care should be taken when applying the concept of patterns in grief to individuals.

In reality, individuality in grief response is acknowledged even by these same authors who describe models or stages (Cowles & Rodgers, 1987; Karl, 1987; Martocchio, 1985; McIntier, 1995; Miles, 1985; Rando, 1984). McClowry et al.'s (1987) study led them to conclude that “grief is an individual journey that should not be expected to follow time limits and a specific path” (p. 373). Shapiro (1993) describes a unique pace that includes variability in intensity, recurring emotions and issues, and an occasional need for emotional respite. Berardo (1988) points out variables that influence individual response to loss, including “sociodemographic and cultural factors”, the social support available to the bereaved, stress from other life events occurring before or at the same time, and the “intensity of the relationship” to the deceased (p. 279). Referencing Fulton’s (1970) description of “high-grief” and “low-grief” experiences that are tied to intensity of attachment to the bereaved, Berardo (1988) asserts “what constitutes low grief for one may be the major trauma of a lifetime for another” (p. 280). Similarly, Rubin (1986) states that an individual’s “unique relationship with the deceased” demands “a personal odyssey through the mourning process” (p. 378).
The concept of process or progression is another element mentioned in definitions of grief. Freud (1914-1916) noted “Although mourning involves grave departures from the normal attitude to life, it never occurs to us to regard it as a pathological condition... We rely on its being overcome after a certain lapse of time...” Farrugia (1996) also points out the resemblance of grief to clinical depression, making the distinction that grief “generally follows a predictable course... a progression of feelings from extreme grief to recovery” (p. 31). Many authors describe grief as a process, a trajectory, or progression along a continuum (Brabant, 1989-1990; Hogan & DeSantis, 1996; Klass, 1996; Rando, 1984; Rubin, 1986; Shapiro, 1993). The suggestion of movement (progress) is inherent to the phase, stage or model concepts previously discussed in this section.

One of the ways to measure progress is time. As Leick & Davidsen-Nielson (1991) put it, “[I]t takes time for it to sink into the minds of... kith and kin that the person has gone for ever. ... They will no longer have a future together” (pp. 29-30). A variety of time frames are mentioned by authors who study grief. Lindemann (1965/1944) described resolution of most cases of uncomplicated grief reaction in four to six weeks. Rubin (1986) estimates a few months while Normand et al. (1996) look for progression in two years. Brabant (1989-1990) mentions two or more years, while Rando (1983) describes a pattern of increased intensity of grief in parents during their third year of bereavement that follows a slight moderation in the second year. Martinson, Davies & McClowry (1991) conclude that bereavement for parents “is not a time-limited occurrence” but “is a continuous process of indefinite duration” (p. 264). Rando’s (1983)
study, also done with bereaved parents, indicates that time may not “heal” grief (p. 13). Shapiro (1993) asserts that the amount of time that passes is not as significant to the bereaved individual as is his or her willingness to communicate the emotions resulting from the loss. “Time is a very important aspect of grief work,” according to Simos (1979, p. 38); however, the griever must be willing to make use of time to confront the loss, suffer the pain, and make an effort to move on.

**Grief Work** As defined by Lindemann (1965/1944), grief work “achieves emancipation from the bondage to the deceased, readjustment to the environment in which the deceased is missing, and the formation of new relationships” (p. 10). Shapiro (1993) calls it “an outlet for the powerful emotions stimulated by the loss” (p. 27). Rando (1984) states that grief work is an appropriate term, “for grief requires the expenditure of both physical and emotional energy” (p. 20). However, since neither the bereaved individual nor his or her support network usually see grief as work, moving through it often turns out to be more difficult than is necessary (Rando, 1984). Parkes (1972) points out a similarity between “worry work” (p. 74) and grief work in that they both facilitate adaptation to change in a person’s life.

What is actually accomplished during grief work? Rando (1984) points out that “[w]hen an individual cares about someone, he emotionally invests part of himself in that person. In psychoanalytic terms this is called *cathexis*” (p. 18). *Decathexis*, then, is “detaching and modifying emotional ties so that new relationships can be established” (Rando, 1984, p. 19). Stroebe, Gergen, Gergen & Stoebe, (1996) maintain that changes in world view in western culture in the past century or two have impacted expectations
about grief work. They claim that in the romantic era, bereaved individuals were not expected to break all ties to the deceased. Practices such as praying for the dead, looking forward to joining them in heaven, and naming children after ancestors reflect continuing relationships with the dead from the romantic viewpoint. However, the modern world view puts an emphasis on efficiency and rationality; therefore, it expects a timely completion of grief work so that bereaved people can return to normal productivity as soon as possible (Stroebe et al., 1996). For the modernist, decathexis defined as “a breaking of ties between the bereaved and the dead” (Stoebe et al., 1996, p. 32) is perceived to be the best possible outcome. Rosenblatt (1996) responds to hesitancy relating to the purpose of grief work with a call for the bereaved person to adjust to the loss “while honoring and perhaps even holding on to the meanings, memories, investments, and identities connected to the deceased” (p. 53).

**Detachment**  In a review of works by Freud, Abraham, Schafer, Volkan, Fenichel, Bowlby, Parkes, Raphael, Walsh & McCouldrick, and Parkes & Weiss, Silverman & Klass (1996) discuss the 20th century concept that the goal of grief is disengagement from the departed. Some of these works allow for temporary adoption of modified roles for the deceased in the lives of the bereaved, but only to allow gradual awareness of the finality of death. The bereaved person’s prolonged maintenance of bonds with the deceased individual is seen as an unhealthy complication of the grieving process (Silverman & Klass, 1996).

“Reality-testing,” says Freud (1914-1916), “has shown that the loved object no longer exists and it proceeds to demand that all libido shall be withdrawn from its
attachments to that object” (p. 144). Withdrawing from a libidinal position, however, is strongly resisted, resulting in a state in which reality is questioned and the existence of the lost loved one is prolonged in the psyche. “Normally, reality gains day,” Freud (1914-1916, p. 144) continues, but at a cost of time and much emotional energy. He comments on the difficulty of accounting “in terms of economics” for the fact that adjustment to the loss of a loved one causes so much pain, but claims “when the work of mourning is completed the ego becomes free and uninhibited again” (Freud, 1914-1916, p. 144). In his discussion of this wrestling match between acceptance of past and present realities, Simos (1979) credits “the accumulated satisfactions one has derived from being alive” with final success in convincing “the bereaved to sever the attachment to that which has been lost and to find pleasure in new attachments (p.35). Stroebe at al. (1996) observe that grief counseling and therapy professionals today place great importance on the “breaking of ties” (p. 35), viewing continued attachment as a symptom of abnormal adjustment to a loss.

**Continuing Attachment** In opposition to the detachment approach, Silverman & Klass (1996) “propose that it is normative for mourners to maintain a presence and connection with the deceased, and that this presence is not static” (p. 18). The relationship appears to be similar (in its ability to adapt to the present needs of the bereaved) to the original relationship that had existed between the two living individuals prior to the death of the deceased (Silverman & Klass, 1996).

Hogan & DeSantis (1996) refer to a “spiritual proximity” (p. 238) that is created in significant relationships. When one of the people in such a relationship dies, the other
has a “vital need to construct a new meaning of life and sense of self” (p. 239).

Preservation of that spiritual proximity supports the efforts of the bereaved individual (Hogan & DeSantis, 1996). Conant’s (1996) study reveals the value of “ongoing attachment to the deceased spouse” in providing “continuity to the widow’s current life by honoring the past” (p. 192). Also working with widows as well as widowers, Farber (1990) finds that “[r]elationships do not end like cutting a ribbon, in which each piece is completely disconnected from the other” (p. 43), but that ongoing relationships “may be both normative and sustaining” (p. 44) for his respondents.

“The continuing attachment to the deceased and the past is not without risks” according to Rubin (1996, p. 229). Rubin (1996) mentions authors who have discussed how “mental representations or internal working models of the living are organized” (p. 220), pointing out that for the bereaved individual, these inner representations become the relationship. If the association remains static, adaptation to the loss is not healthy (Rubin, 1996). However, she claims, those who successfully negotiate the grieving process “emerge with a continuing relationship to the internal representations of the deceased” (p. 283).

Silverman & Klass (1966) suggest that there is “a process of adaptation and change in the postdeath relationship and the construction and reconstruction of new connections” (p. 18). Construction is making “something out of component parts” (Silverman & Nickman, 1996, p. 74). These components may include elements of the belief system and personality of the deceased that, when imitated and adapted by the bereaved, can serve as a link between them. Silverman & Nickman’s (1996) study
indicates that constructing connections to lost parents allows a child to “make sense out of his or her experience and to make it part of his or her reality” (p. 74). Learning to remember and finding a way to maintain a connection to the deceased are “normative aspects of the accommodation process” (Silverman & Nickman, 1996, p. 74). This construction process or “transformation of the inner representation” is “complex” for bereaved parents as well, according to Klass & Marwit (1988-89, p. 39). Klass (1996) observes that the parental bond to children is complicated, “so transforming the bond can be a long and exhausting task (p. 211).

Silverman & Nickman (1996) acknowledge that “the intensity of the relationship with the deceased must diminish with time” (p. 85). However, Rando (1984) emphasizes that the relationship still exists, but in an altered state. “What is changed is the griever’s ongoing investment in and attachment to the deceased as a living person who could return the investment” (Rando, 1984, p. 19). According to Silverman & Nickman (1996), “We are not talking about living in the past, but rather recognizing how the past informs our present” (p. 85). “[R]ather than emphasizing letting go, the emphasis should be on negotiating and renegotiating the meaning of the loss over time. While the death is permanent and unchanging, the process is not” (Silverman & Klass, 1996, p. 19).

According to Silverman & Nickman (1996), “we need to consider bereavement as a cognitive as well as an emotional process that takes place in a social context of which the deceased is a part” (p. 89). Schuchter and Zisook (1993) state:

What occurs for survivors is a transformation from what had been a relationship operating on several levels of actual, symbolic, internalized 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. (p. 14)

All of the researchers referenced in this section to this point support the concept of continuing attachment and use the word ‘transformation’ in that context; however, Bowlby-West (1983) is an exception. She uses the term ‘transformation’ to mean “‘detachment’, ‘a release from the attachment to the dead person’” (p.284). She proposes the addition of transformation and actualization to the stages of grief named by Bowlby (1979) and Parkes (1972). Her understanding of actualization is “the experience of acting on the transformation experience; that of using the new sense of self, of being freed from attachment bondage” (Bowlby-West, 1983, p. 284).

Transformation is a process. Early in the process, according to Silverman & Silverman (1979), the difficulty of accepting the finality of death “creates a special tension” (p. 430). They observe that “survivors begin with the expectation that the deceased will return, or at least will continue to interact on a day-to-day basis” (Silverman and Silverman, 1979, p. 435). Klass (1988, 1996) identifies another phenomenon that happens early in the process, the use of linking objects that can remind the bereaved of and reconnect him or her with the deceased. Whether physical objects, ideas, or figures in imagination, they allow the griever to find comfort in connecting to the presence of the deceased. “Linking objects, religious solace and memory” (Klass, 1988, p. 70) can embody what Volkan (1981) describes as introjections, psychologically maintaining a stationary image of the child in the parent’s consciousness. Often, though,
parent/child connections begun at the time of death via linking objects are enduring and will evolve in healthy directions during the grief process (Klass, 1996). The use of linking objects was also identified by Normand et al. (1996) and Silverman & Nickman (1996). Klass (1996) notes from his research, that many parents initially need to “spend time separating from their inner sense of the living child” (p. 204). As they do so, pain is often their initial link—the pain suffered by the child during life and the parents’ pain of bereavement (Klass, 1996).

Richter (1984) identifies the grief process as a “psychosocial transition” (p. 47) despite times of extreme intensity and difficulty. Major loss “is an event that initially diminishes self” (Harvey, Orbuch, Weber, Merbach & Alt, 1992, p. 102). The bereaved individual must “rediscover meaning by formulating new representations of the self, the other survivors, and the deceased—and the relationships among them” (Tyson-Rawson, 1996, p. 126). Conant (1996) reports the widows in his study use memories of their deceased husbands in many ways to work through their grief, finding in them “permission to move on in life while maintaining meaning in the past” (p. 195.) Experiences of sense-of-presence of their spouses help these widows in “shifting relationships to incorporate loss” (p. 194) while they build valued aspects of their marriage experiences into their own revised self images. Klass (1996) also finds sense-of-presence to be one of the phenomena experienced by parents in his studies as they attempt to interact with the “inner representation” (p. 200) of their deceased children.

Silverman & Silverman (1979) report that children search for rituals (attending church or synagogue or visiting the cemetery, for example) to help organize the new relationship
with the deceased parents. They also try to negate the effect of death by adopting characteristics of the deceased parents in themselves (Silverman & Silverman, 1979).

Several researchers describe findings among their informants that support what Klass (1996) calls "the enriched ego" (pp. 71-72), in which parents recognize a oneness between the spirit of their deceased children and their own ability to incorporate aspects of the children's personality into their own. Thus, "[r]ather than identifying with the child's pain, the parent identifies with the energy and love that was in the living child" (Klass, 1996, p. 207). Normand, Silverman & Nickman (1996) report bereaved children's realization that "they are what is left of the deceased" (p.102) in that they not only hold a living image of their parent within themselves, but also carry their deceased parents in their own being through their actions, ideals and character. Conant (1996) describes similar incorporation of traits of deceased spouses as well as elements of past relationships in present life among widows. Although Freud (1914-1916) calls for separation from attachment to the deceased as a prerequisite for recovery, he acknowledges that an element of the past relationship remains with the deceased when he states, "So by taking flight into the ego love escapes extinction" (p. 257). "The end of grief", according to Klass (1996, p. 199), "is not severing the bond", but rather a fresh incorporation of the deceased into the daily living and community associations of the bereaved.

Resolution At the end of the process of transformation, the result of grief work, is resolution of the loss. Shapiro (1993) points out a common assumption that "the world is the same and that the individual who has sustained the loss must fit back in" (p. 43).
Nothing is further from the truth for the bereaved person whose acceptance of the loss and personal transformation of self in relation to it acknowledge a very different reality than had previously existed (Shapiro, 1993). Both Martinson et al. (1991) and Sherebin (1999) emphasize that successful resolution involves integration of the loss into the life of the bereaved. It involves change—not “recovery” (Martinson et al., 1991, p. 265)—that supports “harmony” (Sherebin, 1999, p. 237), a “new equilibria” in both “inner and social worlds” (Klass, 1996, p. 200). Miles (1985) reports, “parents say that they never recover from the loss of a child. They are never their old selves again, but face life as a different person” (p. 234).

What indications reflect a person’s arrival at the resolution stage of bereavement? Resolution is evident, according to Rubin (1986), “[w]hen the bereaved’s level of functioning has reached homeostasis, the loss has been accepted as permanent, and the covert internal relationship to the deceased has stabilized” (p. 220). Simos (1979) describes “renewed confidence, self-respect, spontaneity, and pride, renewed energy and initiative, organization and planning” in addition to “peace and an acceptance of pain as a necessary part of living” (p. 39). Rubin (1996) looks at the “memories and representations of the deceased” (p. 221). Resolution is apparent when they can be called to mind in a relaxed manner and bring comfortable affirmation rather than menace while being easily “woven into the fabric of life” (Rubin, 1996, p. 221). As earlier, Klass (1996) finds that the parents in his studies connect their grief resolution to “their bond with the inner representation of their child” (p. 212). These parents report that “making the pain count for something” is an important part of grief resolution (Klass, 1996, p.
Miles (1985) determines resolution to be evident when the memory of the deceased is no longer lionized. In other words, the bereaved can remember "negative" as well as "positive" elements of the deceased's personality (Miles, 1985, p. 234). Rubin (1986) states that two major areas must be settled for resolution to occur: "relationship to the deceased" and the "meaning of the loss" (p. 384).

**Pain after Resolution**  It is frequently asserted by grief researchers that resolution does not represent recovery since, according to Simos (1979), "that which is lost is never forgotten" (p. 39). Richter (1984) maintains that "[t]he loss of a long-term relationship represents for many the loss of self, and some persons never recover" (p. 53). Bowlby (1980) insists that although the attempt to "recover" (p. 108) may diminish, it will not end. McGlowry et al. (1987) find that "for some individuals the pain of loss may continue for a lifetime even when there is successful adaptation" (p. 362). Simos (1979) points out Sigmund Freud's letter to a friend in which he notes the void left by a loss that "remains something else" even after the resolution of grief. Freud comments, "And actually this is how it should be. It is the only way of perpetuating that love which we do not want to relinquish." (Freud, 1960, p. 386).

Rubin (1986, 1996) describes "the epilogue to mourning" (p. 384, p. 220) in which "less intense but emotionally charged memories, associations, and representations of the deceased will continue to accompany the bereaved at some level for the rest of his or her lifetime" (Rubin, 1996, p. 220). Brabant (1989-90) suggests that bereaved individuals may experience new instances of grief even though the initial loss may have been successfully resolved. She finds that these experiences are not "regression" (p. 278)
as part of the original grief process, but rather responses to new conditions, new costs for which the individual has not yet accounted as a result of the original loss (Brabant, 1989-1990). Rosenblatt (1996) proposes that each loss is actually a sequence that begins at the time of death and extends throughout the entire lifespan of the bereaved. These "new realizations of loss ... are only present or perceived when one has developed to the point where one would need what has been lost" (Rosenblatt, 1996, p. 51). Rando (1984) also discusses "upsurges in grief" (p. 129) prompted by significant life stages that the deceased loved one is not present to experience. She calls for efforts to prepare bereaved individuals for these occurrences (Rando, 1984). Having interviewed families 7-9 years after bereavement, McClowry et al. (1987) describe an "empty space" feeling that arises often at holidays and anniversary times, but that diminishes in intensity with the passage of time. McGoldrick (1991) also discusses the difficulty of anniversaries and holidays for families as they realign their relationships and structures without the deceased.

"Grief recurrence", according to Rosenblatt (1996, pp. 54-55), may occur as a result of cues in one's environment and/or family. Most occurrences cannot be anticipated. Some people even welcome and seek them as bittersweet reminders of the lost loved one (Rosenblatt, 1996).

**Value and Attitude Shifts Resulting from Major Loss**  "[T]he influence of the loss experience is extremely potent. It can be a significant catalyst in life, with potential to affect both mature and immature personalities" (Rubin, 1986, p. 385). Harvey at al. (1992) claim that "major losses can be wellsprings of growth and renewal too. They are often benchmarks in one's life course," bringing about "reconciliation of the deepest and
most stable kind" (p. 102). The key to this growth and renewal is that successful adjustment to loss requires the bereaved person to change their identity (Cook and Dworkin, 1991; Harvey at al., 1992). Out of identity change flows new behavior (Cook and Dworkin, 1991).

In a study of mothers who had lost developmentally handicapped children, Milo (1997) reports dramatic shifts in priorities as a result of major loss. Due to what they perceive as a “powerfully transforming experience” (p. 6), these mothers find their value systems changed in positive ways. Talbot (1997) studied mothers who had lost their only child. Among those who “made a conscious decision to survive and reinvest in life”, the current motivation is “maintaining a connection with the[ir] child[ren] and using mothering skills to nurture themselves and others through volunteer activities” (Talbot, 1997, p. 76-77). Helmrath & Steinitz (1978) point to “definite changes in life-styles and values” (p. 789) in the couples they studied, including a shift in their view of friendship and the obligations it entails.

Martinson et al. (1994) observe a modified view of the value of time in the bereaved families they studied, finding a higher priority on time spent building and maintaining family relationships since the loss. These families also exhibit “an acute sense of vulnerability” (Martinson et al., 1994, p. 23) that contributes to the perception that life is fragile. Hogan & DeSantis (1996) also note the perception of life’s fragility. Rando (1984) and Sherebrin (1999) use the word “finite” to describe the fragile nature of life. These authors (Hogan & DeSantis, 1996; Martinson et al., 1994; Rando, 1984; Sherebrin, 1999) agree that this sense of the fragility or finite nature of life calls for
renewed prioritizing and appreciation for current relationships among those who have experienced major loss.

Coping Strategies

The overwhelming and all-encompassing quality of acute grief was described in the introduction to this paper. The preceding section discussed the tasks of bereavement, the purpose of grief work, and various aspects of the grieving process. This section will explore strategies used by bereaved individuals to cope with major loss.

Ritual: The Funeral As a first attempt at grief work, people cope with death via ritual (Malinowski, 1954). Even in the most primitive of cultures, ritualistic funeral rites included “a desire to maintain the tie and the parallel tendency to break the bond” (Malinowski, 1954, p. 50). Malinowski (1954) also claims that religion offers people hope at the time of death and supports “the deepest emotional fact of human nature, the desire for life” (p. 51).

Douglas (1970) proposes that ritual provides a way of gaining control over and giving meaning to (organizing) unusual (not necessarily unexpected) events. It involves external actions that represent internal realities and is a community activity (Douglas, 1970). According to Mitchell (1977), ritual is "corporate symbolic activity" (p. xi) that operates on several levels of meaning at once, overlaying one with another and building on “natural structure(s)” (p. 15) to accomplish its work. Aiken (1994) lists several social purposes that funerals serve: “disposing of the physical body, publicly recognizing that a life has been lived, … assisting the deceased in afterlife activities” (p. 133).
Fulton (1988), building on Malinowski’s (1954) work, names three tasks for the funeral rite. These tasks are: 1) incorporation, 2) separation and 3) integration. Corr, Nabe and Corr (1994) interpret Fulton’s tasks as 1) disposition of the body in an appropriate and respectful way, 2) confirmation of the reality of death (presence of the body is important for this), and 3) reintegration or rebuilding lives and community without the missing loved one. According to McGoldrick (1991), 1) recognizing and mourning the loss; 2) signifying the qualities of the lost person that loved ones want to remember; and 3) symbolizing loved ones’ progress toward reinvesting in a world without the deceased are the three important elements in ritualizing loss. Bowen (1991) states, “the best function of a funeral is served when it brings relatives and friends into the best possible functional contact with the harsh fact of death and with each other at this time of high emotionality” (p. 89). “Each story told,” according to Rando (1984), “each incident remembered, each emotion shared with others assists in the process of decathexis” (p. 181). The funeral makes available “meaningful, structured activities to counter the loss of predictability and order frequently accompanying the death of a loved one” (Rando, 1984, p. 183). Berardo (1988) believes that rules and rituals surrounding loss are created by societies to help an individual deal with the changes brought about by his or her loved one’s death.

Since a funeral initiates “the process of reintegrating the bereaved back into the community” (Rando, 1984, p. 183), it is important for all bereaved individuals to attend. Saler & Skolnick’s (1992) study looking at the relationship between death of a parent in childhood and depression in adulthood indicates that children need to be included in final
rituals, to have things that remind them of the deceased parent, and to visit the grave. Mulcahy & Young (1995) describe self-reports of children saying they were saddened by being excluded from events that would have allowed a final goodbye to their loved one. Silverman, Weiner & El Ad (1995) suggest that children who attended the funeral of their deceased parent exhibited a greater sense of security and greater support in facing their loss. Zisook & DeVaul’s (1983) findings reveal that interviewees struggling with unresolved grief “were less likely to have attended the deceased’s funeral” (p. 253).

“Rituals remain vital and authentic for people when they are both embedded in past traditions and can be created anew according to present needs” (Imber-Black, 1991, p. 208). Rando (1984) agrees, claiming that funerals that are “not personally meaningful” are useless to the bereaved and that “meaningful” rituals are significantly helpful (p. 191). Silverman & Klass (1996) call for a new look at tradition and culture to find rituals that support “continuing bonds with the dead” (p. 20), since people will spend energy creating their own rituals if they can find none to express their needs. Rando (1984) emphasizes that rituals encourage the bereaved individual to approach “new roles and responsibilities” (for example, a husband becomes a widower) based on a “relationship with the deceased loved one [that] has radically changed” (p.183), but not psychologically ended. Imber-Black (1991) and McGoldrick (1991) both warn against rote acceptance of rituals developed by social institutions such as funeral homes or medical and religious establishments. “[R]eclaim[ing] their own mourning rituals will have lasting benefit for the family” (McGoldrick, 1991, p. 56).
In addition to the funeral, ritual activity in daily life remains significant for the bereaved individual, according to Imber-Black (1991). “[R]itual has the capacity to hold and express profound dualities and contradictions. Thus, a given ritual may…enable both mourning and celebration” (Imber-Black, 1991, p. 217). Imber-Black (1991) also talks about life cycle rituals (weddings, christenings, bar mitzvahs, etc.) that interrelate with prior loss.

These life cycle rituals, which mark both individual and family development and change while simultaneously announcing family stability, sometimes bring new and unanticipated waves of grieving of a prior loss. At the same time, because such rituals are generally embedded in extended family and community participation, they may offer an opportunity to honor and connect the deceased to the family’s present and future life.” (Imber-Black, 1991, pp. 217-218)

**Other Coping Strategies** Silverman & Silverman (1979) observe that a griever’s sense of disbelief immediately following the death performs a useful purpose. Disbelief permits the bereaved to slowly absorb the reality of the loss, cushioning its psychological impact and helping him or her to cope with the emotional demands of the funeral.

Schwab’s (1990) study reveals that most of their respondents sought release of tension during bereavement, using methods such as “talking, crying, exercising, and writing” (p. 411). Lattanzi & Hale (1984-85) focus their research on writing among bereaved individuals that runs the gamut from journaling and poetry to published articles. People who write as a method of coping with grief find a consoling method of bringing order and meaning to their experiences. Bereaved writers turn to communication as a
means of finding for themselves and giving to others the comfort all are seeking (Lattanzi & Hale, 1984-85). Irwin (1991) finds that drawings can be vehicles of comfort and communication for grieving individuals, as well. Both Milo (1997) and Schwab (1990) mention cognitive strategies by which people seek to learn about, understand, remember, and reframe their difficult loss experiences in order to regain a sense of order and positive attitude about life.

McClowry et al. (1987) discuss two types of reactions to loss in their study. One group is focused on “getting over it” and the other group on “keeping the connection”. The “getting over it” folks experience an end to their pain in time, little effect of the loss on their present life, and less vivid memories. For the “keeping the connection” group, time brings “comfortable pain filled with memories they [do] not want to forget” and a fulfilling life that now includes “a small part of themselves” set aside “for the loss of a special relationship which they view as irreplaceable” (McClowry et al., 1987, p.371).

Feezel & Shepherd (1987) also report opposing reactions to grief among their respondents. People in one group withdraw into themselves while those in the second group connect with others as a means of coping with their loss. People of all ages rate friends as strong support during bereavement, often naming them as more helpful than family members (Feezel & Shepherd, 1987). Ponzetti (1992) notes that eighty percent of the bereaved parents studied report talking to their own parents regarding the loss of their child. Bereaved parents interviewed by Schwab (1990) sometimes choose assistance from professionals in coping with the effects of their loss.
According to Irwin (1991), "...grief can be unbearably painful. For this reason it is almost inevitable that a bereaved person will seek to avoid this pain to some extent" (p. 412). About half of Schwab’s (1990) interviewees report “avoiding painful thoughts and feelings” (p. 413) as a useful strategy for coping with loss. Withdrawal from people who express unreasonable expectations related to grieving behaviors is also noted. Some people avoid objects and places that are reminiscent of the deceased while others seek out such reminders and find them to be helpful (Schwab, 1990). Schwab (1990) also reports finding widespread thoughts of suicide or wishing to be dead among respondents.

Cemetery visitation is sometimes a helpful coping strategy (Schwab, 1990). Recourse to alcohol or tobacco consumption is evident among a third of the men in Schwab’s (1990) study, while women turn more frequently to prescription drugs for relief of sleeplessness and psychological pain. Religion brings comfort to about a third of Schwab’s (1990) participants, while others express anger at God, finding religion to be of no help at all. Milo (1997) reports the majority of the mothers in her study have come to believe that a “higher power” (p.8) of some sort guides events and that everything has a purpose. These mothers find “continuing the work that the child had begun” (p. 10) to be a satisfying strategy for coping with the loss of their children. Videka-Sherman (1982) suggests that being willing to substitute another person or significant activity for the deceased loved one may actually lift the bereaved person’s depression. Such willingness represents “an active externally-directed stance toward the loss” (Videka-Sherman, 1982, p. 696) and may be a very effective coping strategy. Cook & Dworkin (1992)
recommend that bereaved individuals make use of (and create) rituals and/or memorial symbols through which they can deliberately externalize some of the grief they feel.

Several authors detail strategies for use in helping children cope with loss. Since some children may be too young to remember a deceased parent [or sibling] unaided, means such as family stories, photographs, videotapes, visits to favorite places, and other memory aids can be helpful in facilitating their grief work as they grow and develop (Mulcahy & Young, 1995). Seager & Spencer (1996) provide suggestions and a list of literature and resources for parents and others to use in helping children with bereavement issues. Lehna (1995) relates that children say outside physical activity, sharing pictures of the person who died, and talking to others about the deceased and related issues are helpful to them.

Finding a cause or someone/something to blame for the death is another coping strategy. Parkes (1972) states, “To accept the fact that death can strike anywhere and that illness is no respecter of persons or deserts undermines one’s faith in the world as an ordered and secure place” (p. 84). They often find it is less disquieting to acknowledge guilt oneself, if necessary, than to recognize “that life is uncertain” (Parkes, 1972, p. 85). Helmrath & Steinitz (1978) report that families appreciate the chance to hear and talk about autopsy data, since it helps them work out guilt feelings.

A wide variety of coping strategies have been reported by the authors in this section. None of the strategies have been reported to be helpful to all respondents. In fact, Gilbert (1989) reports that the most frequent reason for conflict over resolution of grief in marital dyads is the partner’s choice of coping strategies.
Anticipatory Grief  As the name implies, anticipatory grief is a phenomenon that happens prior to the death of a loved one. In a broad sense, anticipatory grief can be seen as a coping strategy to prepare for conventional grief, but it is not the same process (Brabant, 1989-1990; Murphy, Hanrahan & Luchins, 1997; Parkes & Weiss, 1983; Rando, 1986; Rolland, 1991). Rando (1986) calls anticipatory grief “an active psychosocial process that is undertaken by the mourner” (p. 11). This author cites the perspectives of both the dying individual and his/her family; past, present, and future time frames; as well as three groups of psychological variables as factors in anticipatory grief. These groups of variables are: those “pertaining to the nature and meaning of the person and relationship to be lost,” the “personal characteristics of the griever,” and those “that pertain to the illness and type of death with which the griever must contend” (Rando, 1986, pp. 17-18). Rando (1986) also names social and physiological factors that impact the griever’s ability to enter into anticipatory grief, such as the patient’s understanding of and reaction to his/her condition; family history and other family members’ behavior in relation to the current situation; the surroundings and the atmosphere created by people other than family members and by the culture; as well as the griever’s general physical health.

As a result of their study of parents whose children had been diagnosed with leukemia, Futterman, Hoffman and Sabshin (1972) discuss anticipatory grief in terms of five interrelated facets. They are: 1) acknowledging the loved one’s impending death; 2) grieving the expected losses related to the impending death and realizing the pain allied with it; 3) reconciling the impending death with the universal value of life while
maintaining belief in the significance of the terminally ill loved one; 4) detaching from hopes and plans for the loved one as a person with potential in this life; and 5) memorializing or creating a mental image or version of the dying person that can survive his/her death. Rando (1986) emphasizes that “it is not decathexis from the actual person that is to be undertaken, but rather decathexis from the hopes, dreams, and expectations of a long-term future with that person and for that person” (p. 13).

The concept of anticipatory grief affirms the idea that the “crisis of loss” (Richter, 1984, p. 49) is a process (Shapiro, 1993). Family members fear the debilitation and pain that their loved one will suffer as much as they fear his or her death (Rolland, 1991). Rolland (1991) encourages caregivers to offer information about and support in using methods of managing pain as well as aid in deciding and recording final wishes regarding resuscitation measures. Such support will be useful to the patient and will allow survivors to feel that they did all that was possible for their loved one (Parkes, 1975). Murphy et al. (1997) point out that for families of Alzheimer’s patients, losses in relationship occur over a long period of time and that nursing facilities seldom address grief issues with families. Especially in the case of end-stage patients, hospice social workers and palliative care providers can be of immense support to loved ones in processing their grief, work on which has begun in many cases years before the patient’s final demise (Murphy et al., 1997).

In support of anticipatory grief, Richter (1984) suggests that caregivers encourage spouses to bring “some closure of the marriage relationship” (p. 52). Opportunities for couples and other significant loved ones to discuss the emotions surrounding a terminal
diagnosis, to face future difficulties and probabilities together, to make amends for past
hurts, to grant forgiveness and be forgiven, and to support each other in facing the daily
losses that accumulate as life ends not only allow the patient to face death well, but also
facilitate the bereavement process for the survivor (Beach, 1995; Kramer, 1996-97;

Rando’s (1983) study of anticipatory grief in parents shows better preparation for
the death, higher subsequent adjustment, and less abnormal grief following death in
parents who exhibited higher levels of anticipatory grief as measured on a scale that
included dimensions of the functions of anticipatory grief discussed by Futterman et al.
(1972), as mentioned above (Rando, 1983). Rando (1983) warns that simple
participation in the illness experience should not be construed as anticipatory grief work,
but rather observations of such actions should be combined with measurements of
involvement in the emotional and practical implications of the death. Her data suggest
that fathers are as active in anticipatory grief as are mothers (Rando, 1983).

Parkes & Weiss (1983) state, “Even quite major modifications of our assumptive
world can be made without much difficulty if the changes are gradual or there has been
plenty of time to anticipate them” (p. 71). Rando’s (1986) review of research on
anticipatory grief documents that many researchers find forewarning of loss combined
with “moderate amounts of anticipatory grief prior to a death” (p. 6) aid in the adjustment
process and promote healing following the loss. Fulton & Fulton (1971) name four
aspects of anticipatory grief. They are: “depression”, intense regard for the ailing person,
rehearsal of his/her expected demise, and efforts to prepare for whatever will result from
the death. Rolland (1991) mentions “intensified emotional responses” during anticipatory grief ranging from the negative (“separation anxiety…anger…desperation”) to the extremely positive (“heightened sense of being alive…intimacy…hope”) (p.145).

“Threatened loss” (Rolland, 1991, pp.161-162) gives families a chance to improve relationships and reprioritize values. Rolland (1991) encourages people caring for the family at such times to promote the use of ritual and to support creative events or gatherings that allow celebration of life, relationship and inclusiveness. Rando (1986) asserts that the “future can be grieved without relinquishing the present!” (p. 13).

Rando (1986) warns it is false to think a bereaved individual has to face a predetermined amount of grief and that time spent in anticipatory grief directly diminishes the quantity the bereaved person must suffer following the death. Grief cannot be quantified in such a way (Rando, 1986). Both Rando (1983) and Siegel & Gorey (1994) report multiple loss, or suffering a new loss on top of previous loss experiences, is not easy for individuals. People who face such situations may not be able to enter into or benefit as much from anticipatory grief as those suffering their first significant loss (Rando, 1983).

Anticipatory grief represents a delicate balance between maintaining the intimacy of relationship with the dying person and accepting the demise of that person (Rolland, 1991; Shapiro, 1993). Should the balance be skewed in the direction of premature distancing or detachment, the dying person could be deserted at a time when he or she is in most need of caring support (Rolland, 1991; Shapiro, 1993). Rando’s (1986) review of research on anticipatory grief points out that some authors are especially concerned about
such premature detachment (p. 6). Kramer (1996-97) reports that Lindemann (1944) and Silverman (1974) are clear in their opinion that “separation and affiliation” (Kramer, 1996-97, p. 94) can not happen at the same time in any relationship, thus they believe that anticipatory grief will lead to premature detachment and subsequent problems for the bereaved after the loss. On the other hand, when the process of anticipatory grief results in a deeper intimacy than ever experienced before between the person who is ill and his/her loved one, it may get in the way of their acceptance of the separation that surely awaits them (Rando, 1984). Neither case represents the optimum result of anticipatory grief (Rando, 1984, 1986). Another danger in anticipatory grief is the possibility of arousing ambivalent feelings that can both threaten the strength of emotional support being given to the dying person and disrupt the survivor’s normal process of grief after the death if not resolved satisfactorily (Rando, 1984).

Rando (1983, 1984, 1986) reports findings that indicate an optimum level of anticipatory grief which seems to be related to length of illness of the dying person. In Rando’s (1983) study with parents of dying children, those who weathered 6 to 18 months of sickness rated the highest on preparedness for the death and on post-death adjustment. Her data indicate that anger/hostility and loss of control appear to be higher among parents facing shorter or longer periods of anticipation (Rando, 1983). Other possible results of an excess of anticipatory grief are a decrease of involvement in the daily care of the dying child, the “Lazarus syndrome” (Rando, 1984, p. 38) in which parents separate from a child who recovers and must then be readmitted to his/her former status in the family, and loss of social support for the bereaved person who, having begun
griefwork early, may behave differently than expected by his/her social network (Rando, 1984).

Finally, Rando (1986) lists researchers who find “a period of anticipation to be unrelated to post death grief” (p. 6). Sanders (1979-80) reports no correlation between the “length of illness at home” (p. 312) and the strength of emotion during bereavement.

**Unanticipated Bereavement** Parkes & Weiss (1983) state “Unanticipated death is without context; it has no history … This absence of context, this disjointedness, makes death inexplicable, no matter how detailed the account of how it happened” (p. 84).

Parkes (1975) reports disbelief and long-term serious grief disruptions among the widows and widowers in his study when they have been faced with abrupt and unexpected death. Rando (1986) explains that unanticipated bereavement represents a severe assault on the abilities of individuals to adjust. There is no time to get ready psychologically for the immense changes demanded by the loss. In such cases, according to Rando (1986), complications in the grieving process can be expected. Berardo (1988) asserts that “long-term bereavement is a normal part of sudden loss and not … an indication of failure of some individuals to cope” (p. 281).

**Culture and Society**

The previous section discusses attempts bereaved people make to help them cope with the overwhelming chaos that grief causes in their lives. This section will address the role of cultural and societal influences on the way bereaved people perceive their situation as well as the effect of others on the reorganization of the life attitudes and behaviors of bereaved individuals.
Cultural Influence   Grief is a universal phenomenon, but the expression of it is largely dependent on “cultural and psychosocial” influences ((Bowlby-West, 1983). If a person is taught “healthy” ways to approach death and loss, he/she will most likely behave in ways that promote successful adaptation to them; however, if a person experiences avoidance of death and other unhealthy responses to loss, he/she will be likely to reproduce them in his/her own life (Bowlby-West, 1983, p. 282). Yet, as Stroebe et al. (1996) point out, socially constructed “patterns of action, including their meanings and significance” (p. 31) can change as the society changes.

Stroebe et al. (1996) identify world view as part of cultural perspective. Observing, for example, that a “romanticist” finds continuing bonds with the deceased a natural part of bereavement and that a “modernist” finds it necessary to break the bonds so as to move on with life, these authors point out the harm that could be done by a counselor who is unaware of the difference in world view between him/herself and a particular client (Stroebe et al., 1996, p. 40). It would be very easy to find abnormality where, in reality, all that exists is difference (Stroebe et al., 1996). Sometimes problems arise for individual survivors when their personal responses to loss do not match that of the prevailing culture (Shapiro, 1994). Klass (1988) discusses the difficulty experienced by the bereaved parents he studied in finding “the right metaphor by which to describe the new relationship the parent now feels with the [departed] child” as a result of grief resolution, “for the culture has few symbols that seem adequate” (p. 72).

Henslin (1972) talks about the culturally generated strain faced in our culture by survivors of loved ones who have committed suicide. In Western culture, the
"explanation" (p. 218) of suicide is always dark and contributes to guilt feelings in survivors. In Japanese culture, positive explanations for the act of suicide exist, such as "a means of hastening entrance into the next life" or "an act of loyalty" (Henslin, 1972, p. 218). For survivors of suicide in Japan, assumption of personal guilt may be less likely because the culture provides supportive explanations for the loved one’s choice of suicidal behavior (Henslin, 1972).

Where cultural norms fail to offer support mechanisms for healthy response to loss, some researchers suggest that education might be helpful. In response to findings from his study that bereaved people without social support are less able to cope with loss, Parkes (1975) recommends community education surrounding death and its aftermaths so that people can learn the requirements of those who suffer loss. Wass & Stillion (1988) call for "death education" both in formal school programs and in less formal ways that take advantage of "teachable moments" to help children develop effective coping skills (p. 222).

Fairy tales may allow children a chance to face an assortment of fears and develop strategies for dealing with them via story, according to Bettelheim (1976). Comparing the media of print and television, Moore & Mae (1987) state that print "allows more time for reflective thought" in the reader, is better able to connect with the reader’s own story, and does not have to resort to representing thinking through acting as does TV (p. 54). They suggest that children’s books may be a compelling way to convey facts and skills relating to death and grief, since the "role models in children’s books are themselves children" (Moore & Mae, 1987, p. 54). However, at the end of their review of a sample
of children’s fiction, Moore & Mae (1987) dismiss such books as sources of aid in facing bereavement for children. They base their decision on the fact that children do not talk about what they read and may misread their own emotions as a result of following the action of the stories (Moore & Mae, 1987).

Brabant (1997-98) examines treatment of death in three newspaper comic strips and concludes that, assuming comic strips reflect current “cultural beliefs, norms, and values,” death education in the past thirty years has been successful in developing healthy community attitudes relating to death and bereavement (p. 43). Further discussion of the influence of culture appears later in this thesis in the discussion of communication as a strategy for dealing with the effects of loss.

**Social Role**  When a person dies, those who have been in close relationship with that person lose not only the one who died, but also the social role (such as husband or brother) that person had fulfilled for them. In addition, the bereaved person no longer fills the complimentary social role (such as wife or sister) to the role that has been lost along with the deceased person (Silverman, 1988). One of the issues that bereaved people must resolve is this modification in role position, which brings with it lost status, desires and expectations—a loss of part of the self (Shapiro, 1993). Parkes (1972) explains:

If I have relied on another person to predict and act in many ways as an extension of myself then the loss of that person can be expected to have the same effect upon my view of the world and my view of myself as if I had lost a part of myself (pp. 96-97).
The loss of a social role described here is called “role exit” (Berardo, 1988, p. 280). Role exit caused by a death is especially difficult when there is no opportunity to utilize “the time, the training, and the models” usually available to those changing social roles (Berardo, 1988, p. 280). An emotional result of role exit can be loneliness (Hogan & DeSantis, 1994). Hogan & DeSantis (1994) quote a young person who lost a sibling, “I can’t even express how much I hate being an only child... it was like my mom and dad had each other, and I had no one” (p. 140). In addition, people who exit a role often experience a phenomenon called “role residual”, especially when their “self-identity [is] equated with role definitions” (Ebaugh, 1988). Role residual manifests itself in feelings and behaviors characteristic of the role even though one has left it (Ebaugh, 1988).

Klass (1988) discusses two situations in which parents find difficulty in bereavement because of social expectations. Parents often face the dilemma of correlating their own psychological reality with social reality, unable to successfully align their own view of themselves with others’ view of them. It is a challenge for them to adjust their self-identity (Klass, 1988). Other parents, because of the socially unthinkable death of their murdered child, find themselves in a social role without any role models, struggling to understand how to manage (Klass, 1988).

Social Support Although the interaction between the physical, emotional, mental and psychological aspects of grief have not been irrefutably explained, most researchers believe that social relationships have a strong influence on all of these reactions (Berardo, 1988). Shapiro (1993) calls social support “critical to most people mourning a loss” and suggests that professionals who counsel the bereaved should help those individuals single
out and enlist the support of people who can form a social network for them. Social systems (such as family and community) provide the arena in which social support is sought by and supplied to individuals (Pattison, 1977). The same author reviews the development of social system theories across several disciplines of study and practice (such as family therapy, family sociology, community psychiatry, and social anthropology) (Pattison, 1977). Types of social support that can be provided include informational support (guidance), emotional or affective support (provision of caring, love, empathy, and trust), and instrumental or material aid (tangible resources) (Barrera & Ainlay, 1983; Cobb, 1976; Gottlieb, 1978; House, 1981; Schaefer, Coyne & Lazarus, 1981).

Klass & Marwit (1988-89) explore one example of social support. They state that just as parents are taught and encouraged by those around them in creating initial bonds when a child is born, so bereaved parents find their new social role modeled and supported by other bereaved parents and by society. "Just as shared love of the child provides models for the new parents, so shared grief provides models for the newly-bereaved parents" (Klass & Marwit, 1988-89, p. 43). Klass (1988) claims that sharing their loss allows parents to identify and spell out the unique components of the parent-child bond that are causing pain so that they may be supported in those areas. In a community of bereaved parents, dead children as well as the points of contact with them as experienced by individual parents can be "integrated in the social network" and be "socially validated" (Klass, 1996, p. 206). According to Klass & Marwit (1988-89), even
"pathological" parenting can be resolved in a "non-pathological" way "with social support and sharing of the grief" (p. 47).

Rando (1984) points out that bereaved parents are often sidestepped by others or expected to "return to normal" quickly, which, in either case, leaves them bereft of "social and emotional support" (p. 122). Such unsupportive attitudes arise out of the discomfort felt by others who can't even imagine having to lose their own children (Rando, 1984). Siegel & Gorey (1994) observe that, in cases in which discretion in discussing either the fact of the death or its cause are necessary, tactfulness itself leaves families without social support and its benefits.

Support Groups  Videka-Sherman (1982) reports that some people try to deal with loss adjustment issues by joining grief support groups and benefit from partaking in the group interaction. Some even associate with several self-help groups (Schwab, 1990).

Groups offer a safe, non-judgmental and confidential outlet for sharing (Kish & Holder, 1996; Shapiro, 1993). They also provide the understanding and assurance that those who grieve are not alone—that others are also bereaved (Kish & Holder, 1996; Milo, 1997; Shapiro, 1993). The example of others who are dealing with the death of a loved one and are getting better is encouraging (Kish & Holder, 1996; Shapiro, 1993). There are chances for people to help each other, ideas about how to regain control, new supportive relationships, and access to information not readily available in other formats (Caserta & Lund, 1996; Kish & Holder, 1996; Milo, 1997; Shapiro, 1993). In the group, individuals who may be perceiving themselves as burdensome to others can experience
themselves as receptive of and reactive to others’ needs (Shapiro, 1993). “Emotional shorthand” (no need to spell out every tiny detail of the loss each time) can be used by members of a group since group membership signifies common experience (Shapiro, 1993, p. 20). Yalom (1985) describes the curative factors in bereavement group interaction as instillation of hope, a sense of universality, access to information, altruism, cohesiveness with others in similar situations, interpersonal learning, catharsis, and a chance for examination of existential questions.

Videka-Sherman (1982) finds a special benefit of Compassionate Friends (a group of bereaved parents) to be an “opportunity … to shift coping strategies from a high degree of preoccupation to altruism” (p. 697), a change that does not necessarily happen inherently during recovery for all bereaved parents. Klass (1996) maintains that bereaved parents appreciate belonging to a group in which they can share their “inner representation of their child”—a group in which both their inner representation and their dead child can find social acceptance (Klass, 1996, p. 209). As the group honors and rejoices in their child’s life, the strength of community socialization supports the parents’ personal relationship with their child’s inner representation. There is social integration for both the dead child and the bereaved parent (Klass, 1996). In another context, Klass (1988) reports that since seeking vengeance is not sanctioned in our society, parents of children who have been murdered are reinforced in a feeling of powerlessness. The criminal justice system is not an effective tool of revenge for parents, but joining together with others in Parents of Murdered Children allows such people the strength of the group in having their voices heard in the community about the injustices done to their children.
Caserta & Lund's (1996) interest is in the development of relationships begun in short-term bereavement groups that continue outside of the group interaction. They cite a "sense of community" that leads in time to shared interests beyond bereavement as the members start to restructure and move on from the loss as well as a special bond that seems to be largely absent in relationships between group members and people they knew before the bereavement (Caserta & Lund, 1996, p. 546). Group members' outside-group interaction is definitely not limited to discussing their loss, but often includes leisure and entertainment situations (Caserta & Lund, 1996).

Sofka (1997) reports on bereavement support that is provided via the Internet—a form of mediated interpersonal communication. Cathcart and Gumpert (1990) define mediated interpersonal communication as "any person to person interaction where a medium has been interposed to transcend the limitations of time and space" (p. 44). They maintain that the medium used not only controls the amount and properties of the messages exchanged, but also "shapes the relationship of the participants" (Cathcart and Gumpert, 1990, p. 44.). Sofka (1997) describes four types of sites on the Internet that provide bereavement support. Online narrative sites offer an opportunity to tell the death story. Commemorative sites provide the element of ritual. Expressive sites offer the opportunity to share feelings. Experiential sites provide a chance for people to test how grief feels without the reality of actually losing a loved one (Sofka, 1997).

A Special Case of Social Support: Professional Caregivers Health care professionals, especially nurses, are often in a position to provide or facilitate the provision of all three types of social support--affective, informational and instrumental
(Benica, Longo & Barnsteiner, 1992; Kish & Holder, 1996; Gyulay, 1989; Warren, 1997; Witter, Tolle & Moseley, 1990). Swanson-Kauffman (1986 & 1991) describes an empirically-developed theory of caring (a concept by which the nursing profession defines itself) that includes “knowing, being with, doing for, enabling, and maintaining belief” (Swanson-Kauffman, 1991, p. 163). This continuing care enhances nurses’ key position in the provision of social support to grieving family members (Swanson-Kauffman, 1986). Swanson-Kauffman (1991) asserts that anyone can use this inherent-to-nursing theory of caring in offering social support to people struggling with loss. Field (1998) finds a different attitude in his study of physicians in general practice. Although they are aware of and subscribe to the attachment and loss model of grief, most doctors are unsure of their role in bereavement (Field, 1998).

According to Richter (1984), “The individual is more susceptible to influence by others during the disequilibrium of crisis than at times of stable functioning” (p. 47). Because of this, useful “nursing interventions” around the time of death can affect the physical and emotional conditions of the survivor(s) as well as those of the patient (Richter, 1984, p. 47). Healthcare professionals should foresee and coach loved ones in what to expect during the final course of illness, including the possible use of pain medication (Couldrick, 1992). A chaplain should be introduced early enough in the crisis to be of comfort if the ill person dies (Dyer, 1992). Dyer (1992) recognizes that nurses may feel strong emotions when a patient dies. While expressing them is legitimate, Dyer (1992) cautions that the job of the nurse is “to provide support to visitors rather than be supported by them” (p.4). Couldrick (1992) reports that informants in his study express a
“need for someone to be in control, that is, to contain the situation for both the patient and the family” (p. 1521).

Both Gyulay (1989) and Wells (1996) discuss positive nursing interventions that are helpful to parents when their child dies in an institutional setting such as an Emergency Room or ICU (Intensive Care Unit). Nurses can provide presence and touch; acknowledge the child's individuality by using his/her name; allow parents to be with and hold the child at the time of death and after; invite parents to do final bathing of the deceased child; provide a private area both before and after death, allow time for parents to take leave of the child; take care with verbal expressions (avoid cliches society usually uses to gloss over grief); allow for and accept parental expressions of grief and pain; take a photograph of the deceased child to offer to the parents; make hand and footprints; preserve a lock of hair from the back of the head; provide information about what needs to be done after the death; and implement a bereavement follow-up program (Gyulay, 1989; Wells, 1996). Lemmer (1991) encourages “enabling parents to nurture their dying infant” (p. 487) because involvement and knowledge help make memories and will aid the parents in their later grief processes. Including extended family and friends (if the parents agree) will strengthen their entire social network (Lemmer, 1991). Mahan & Calica (1997) also encourage staff to provide for parents (and/or others) time “alone with each other and with their baby” (p. 145). Maxwell (1996) asserts that the main task for nurses in the bereavement situation “is to enable the bereaved to look to the future” (p. 24).
Witter, Tolle & Moseley (1990) describe one proactive bereavement program for families of deceased patients that operates at Oregon Health Sciences University Hospital. This program combines informational and affective support in a planned way to provide family-centered care even after a loved one's death. Warren (1997) describes another example of family-centered care in a critical-care nursing situation. Even in this situation, where it is often obvious that death is a natural outcome of life, bereavement support is provided to families, following guidelines that suggest specific times of contact for nurses and family members (Warren, 1997).

An example of informational support occurs in grooming parents to help their bereaved children (Couldrick, 1992). Helpers should discuss the childhood grief process with parents so that they know what to expect (DeMaso, Meyer & Beasley, 1997). The circumstances of the death as well as gender and individual differences in understandings of loss and the grief process will have an impact on the family and individual bereavement process (Farrugia, 1996). Rubin (1986) points out that the death of a child affects the whole family structure; therefore, pre-existing healthy communication patterns among family members will aid them in coping with death. Parents should be aware that their own response to grief is a model for their children and be encouraged to show their own feelings as normal and helpful examples of what is appropriate to feel and do at this time (DeMaso et al., 1997; Rubin, 1986). Parents should be instructed to be sensitive to the child's needs, but to encourage him/her to be involved in the funeral process since funerals provide opportunities to grieve and to commemorate (DeMaso et al., 1997).
In the case of a dying child who has siblings with whom parents need to discuss an impending death, DeMaso et al. (1997) recommend that the helper should determine general family and sibling functioning before proceeding. Parents should then be given the following advice: "Be open and honest. Be age-appropriate. Explain death concretely. Expect loaded questions" (DeMaso, et al., 1997, p. 1300). Parents should also be urged to find support for themselves from among their current social support network and through professional means, if necessary (DeMaso, et al., 1997).

Irwin (1991) mentions a basic principle of bereavement counseling (affective support)—that “underlying emotions of grief should be brought to the surface of consciousness and expressed or experienced fully by the client” (p. 483). Yet, Shapiro (1993) points out, “taking ‘breaks’ from grief is important” (p. 42). Rando (1984) reminds caregivers to help people identify and properly mourn symbolic losses which may not be as readily recognized as death, yet can cause pain nonetheless. Caregivers should also be aware of past losses suffered by the bereaved that, if unresolved, may complicate the current grief or, if mourned successfully, may provide clues for dealing with today’s circumstances (Shapiro, 1993). Clients who spend time examining memories should be assured by the professional that such a practice is a healthy aspect of grief work (Shapiro, 1993). Leick & Davidsen-Nielsen (1991) advocate clarifying for people “that anger and love belong together” because “many people are afraid of anger” and are convinced that “love and anger are mutually exclusive” (p. 48).

Communication When a person has suffered a loss, he/she needs to “make sense” of all that has happened and the impact of those happenings on his/her life—to
build a cognitive understanding of it (Shapiro, 1993, p. 39). Although the “explanation” he/she comes to may be different from that developed by others, it is nonetheless important and comforting to the bereaved individual (Shapiro, 1993, p. 39). Pennebaker, Mayne & Francis (1997) claim that “What people say about loss not only reflects their psychological and emotional state, but may also aid them in coping with the event” (p. 863). They point out that the very process of making an event understandable to another person requires the teller to impose a structure on it that others can comprehend. The development of the story happens “over time with repeated writing or telling” (Pennebaker et al., 1997, p. 864). Pennebaker et al. (1997) further observe that labeling his/her feelings appears to help an individual gain control of the emotions and to appreciate how they fit into the story of the event. Their studies (Pennebaker, 1993; Pennebaker & Francis, 1996) show a positive correlation between the use of self-reflective and causal thinking categories of words in successive writing samples and improvements in physical and emotional health. According to Schank (1990), “Learning from one’s own experiences depends upon being able to communicate [one’s] experiences as stories to others” (p. 12). "An untold story is an unexamined experience; without the telling, its significance is diminished or lost...Reality demands that we embrace the shadow as well as the light, our fears as well as our loves" (Downs, 1993, p. 303).

People need to talk about their loss experiences (Couldrick, 1992; Farber, 1990; Gilbert, 1989; Helmrath & Steinitz, 1978; Kramer, 1996-97; Silverman & Silverman, 1979). Talking and being heard fights isolation and loneliness (Conant, 1996; Feezel &
Shepherd, 1987; Gilbert, 1989; Helmrath & Steinitz, 1978). Communication becomes “a means to compensate for the loss” (Feezel & Shepherd, 1987, p. 318). Lattanzi & Hale (1984-84) acknowledge that the encounter with grief modifies people and make the claim that sharing their grief also transforms them. Expressing honest feelings, even if they are mixed and uncertain, is helpful (Nelson & Patterson; 1975). Conant (1996) reports that a “sense of presence” (p. 192) of the departed spouse helped widows in his study feel less alone and vulnerable because it gave them an opportunity to talk things over with the spouse instead of facing problems alone. Helmrath & Steinitz (1978) observe from their research that parents grieving a perinatal death moved gradually toward resolution “once the lines of communication were fully opened” (p. 780).

Several authors assert that the quality of the communication shared between one who is dying and his/her significant other(s) affects both parties in significant ways. Lapsley (1977) calls for a wide view of the dying/bereavement process that confirms the value of “open communication with the dying” despite its problems and pain (p. 178). Farber (1990) observes that the dying person “feels less alone” while the survivor benefits from a “fuller” and richer relationship from which to draw strength for the future (p. 43).

Although many authors (including the researchers quoted here) uphold the value of communication in the grief process, bereaved people often find themselves reluctant to talk about their experience because of pressures from inside themselves and from the culture (Farber, 1990). Irwin (1991) mentions an opinion held by many in American culture that considers discussion of the grief experience insensitive and self-centered.
This cultural taboo often couples with the bereaved person’s censure of his/her own emotions during this time (Irwin, 1991). Davidson (1979, cited in Miles, 1985, p. 225) claims that we are culturally ill-prepared to face the “characteristics of yearning and searching” that are part of the grieving process, and thus, the bereaved may find people in his/her social network unable or unwilling to listen to his/her grief story (also Silverman, 1988). Helmreth & Steinitz (1978) report instances of friends and family persistently sidestepping reference to the perinatal losses suffered by parents in their study. They call this a “conspiracy of silence” (Helmreth & Steinitz, 1978, p. 788).

Silverman & Silverman (1979) also identify a “conspiracy of silence” (p. 431) on the part of the bereaved person him/herself when it comes to talking to family and important others. These authors describe widows and widowers in their research who are so restricted by their own inability to resolve the discrepancy between their emotional desires and the reality of the death that they cannot talk about it. As their “sense of loss” diminishes, however, these people seem to be able to communicate more easily (Silverman & Silverman, 1979, p. 438). Sometimes widows in Silverman & Silverman’s (1979) research report concern about lack of communication and sleeplessness among their children without realizing that their children’s quietness is a reflection of their own need to limit discussion of the loss. Silverman, Weiner & El Ad (1995) observe that when difficulty in communicating happens between spouses, especially as death becomes imminent, it not only harms the couple involved, but is also difficult for their children.

Beach (1995) reports data suggesting that family communication stiffens and becomes limited because people are attempting to shield each other from facing the
subject of death. Rando (1984) also describes "communication dysfunction" related to loss and a desire to "protect" the other from discussing the loss (p. 124-125). However, Walsh and McGoldrick (1991) claim that well-functioning families are used to direct communication and should find support in mutual recognition of the loss and its impact on them.

Gilbert (1989) finds couples suffering perinatal loss cope better when they are capable of communicating with each other, since significant others outside the marital dyad are likely to avoid discussion of the loss. Wives realize the discomfort husbands experience in listening to them talk about the lost child and value the effort more because of its difficulty (Gilbert, 1989). At times when verbal communication falters, these couples notice the usefulness of nonverbal methods, both alone and together with the use of words (Gilbert, 1989). Schwab (1979) adds that the simple presence of another is often as comforting to someone who is grieving as what that person says.

Davidowitz and Myrick's (1984) research looks at what type of statement is perceived as supportive by grieving individuals. They use a continuum to measure helping statements that are received during bereavement by a sample of 25 adults who have suffered the loss of a close family member. From less to more facilitative, the statements are classified as advice/evaluation, interpretation/analysis, reassurance/support, question, clarification/summary, and feeling-focused. Although all responses may be perceived as helpful at any given time, highly facilitative responses (on this scale) are most often perceived to be more caring and supportive. Helping statements can be made by anyone who encounters a bereaved person, especially if they realize that
highly facilitative statements as well as those suggesting personal action on behalf of the helper are usually perceived as helpful (Davidowitz and Myrick, 1984).

Lendrum & Syme (1992) also describe the quality of “helpful responses” to those who are grieving (p. 16). Such statements acknowledge the disturbing emotions the bereaved is feeling, the anxiety resulting from the situation for him/her, and the individuality of his/her sorrow. Supportive statements, according to Lendrum & Syme (1992), assure the bereaved that he/she has the interest of the listener and is not an inconvenience. As a result, the grief is recognized and the bereaved person feels valued and appreciated (Lendrum & Syme, 1992).

Conley (1984) describes a case in which a professional (a funeral director) uses supportive communication to aid several adolescent mourners in their bereavement process. A man had died suddenly and his eight grandchildren (aged 9 to 18) had almost all been involved in the discovery of his body. The director met with the young people and helped them construct the complete story of their grandfather's death, including each of their viewpoints. He also facilitated their discussion of mourning issues and encouraged them to participate in the funeral, which they did. Conley (1984) reports that all of the young people were progressing very well in their grief processes at both 6 months and one year later.

On the other hand, even caring people often allow their own discomfort with death to surface and say trite things that bring discomfort to the bereaved (Davidowitz & Myrick, 1984). Rosen’s (1984-85) data regarding negative responses to children who have lost a brother or sister lists speech that encourages feelings of aloneness and
separation or that discredits the child’s grief. There are also “pointed silences about the loss” (Rosen, 1984-85, p. 314) that lead the child to feel uncared for and discounted. Rosen (1984-85) concludes that “the responses of less significant others may have a greater impact on surviving siblings that they realize” (p. 315). Lendrum & Syme, (1992) state:

Generally the unhelpful responses are linked with the listener being non-accepting, having judgmental attitudes, being a poor listener and perhaps themselves being overwhelmed by the story. This often leads to statements such as: ... Don’t be morbid. You’re better off without him/her. Never speak ill of the dead. It’s time you got back to normal (6 weeks later!). Of course you’ll find someone else. It’s God’s will. There are more pebbles on the beach. It was meant. All these remarks make the person who is hurt feel devalued, angry and misunderstood. (p. 15)

The person making these statements may believe he/she is being supportive, but is probably too fearful of death and focused on his/her own discomfort to realize the inappropriateness of the words he/she uses—a possible manifestation of cultural denial of death and fear of dying (Lendrum & Syme, 1992).

Karpel (1980) identifies secrecy, especially when maintained at the time of or surrounding a death, as a communication practice that fosters distrust and anxiety, interferes with relationships, and keeps information from those who need it in their grieving process. A secret is defined as “information that is either withheld or differentially shared between or among people” (Karpel, 1980, p. 295).
Communication Recommendations for Caregivers  Maxwell (1996) recommends that nurses who care for dying patients help both the ill person and the family by inviting them to discuss the patient’s probable death. Such an invitation includes “providing a sympathetic ear” and “encouraging all involved to express their feelings, mak[ing] the best use of the time remaining” (Maxwell, 1996, p. 22). Richter (1984) recommends “honesty” and accuracy in explaining the patient’s condition, maintaining that having the chance to talk about doubts and apprehensions will help loved ones stop “denying” the inevitably approaching death (p. 52).

Dyer (1992) cautions against deceit in dealing with the final moments of life, observing that a straightforward sentence such as “I’m sorry to have to tell you that John has just died” is better than a half-truth or silence (p. 5). However, declaring the fact of death is different than supplying other factual details. Giving visitors time to accept the reality of death may be hard, but silence then is the appropriate practice, according to Dyer (1992). Family and loved ones will want details to help them sort out what has happened and will ask when ready. Nurses can then be of great assistance in supplying data (Dyer, 1992). Remembering that the patient is still a person after he/she has died, nurses should continue to use his/her name rather than making reference to “the body” (Dyer, 1991, p. 6). Dyer (1992) endorses giving the “assurance that the patient did not suffer or that suffering was minimized” (p. 6), but warns that platitudes may actually amplify sorrow and should be avoided.

“Death needs to be addressed straightforwardly, without excessive euphemisms” (Farber, 1990, p. 43). Mulcahy & Young (1995) advocate the use of words such as
"death, dying and died, as a way of modeling communication that [is] clear, concise and respectful of the child’s developmental needs" (p. 151). Euphemisms may have different and unintended meanings to children in addition to rejecting the reality of the death (Mulcahy & Young, 1995). Gibbons (1992) suggests a simple explanation of death “as an end to bodily functions: the dead do not move, sleep, talk, hear, or see, and will never have these functions again” (p. 70). Bowen (1991) also encourages the use of “direct words” to refer to death, stating that “tangential words” take the discussion so far afield that it is hard to tell it is even about dying (p. 87). This author believes that by signaling that the counselor is at ease with the subject of death, direct words allow the family to become more relaxed in talking about it. “The use of direct words helps to open a closed emotional system” (Bowen, 1991, p. 87). On the other hand, Dyer (1992) claims that statements such as “passed away” or “passed on” can be well understood by families and may be used by nurses for their personal comfort, if necessary (p. 6).

Stories

The preceding section discusses the role of culture and society in the perceptions and behavior of bereaved individuals as well as the effect of social support on the outcome of bereavement. Communication is named as one of the major ways social support can be given to those affected by grief. This section takes a look at the story, its basic importance to human understanding of life experiences, and its place in the grief process.

What is a Story? For a passage to be considered a story, the minimum requirements are “characters and a plot that evolves over time” (Brockmeier & Harré,
1997, p. 265). It must have a "sequential, action-oriented, and diachronic structure"
(Brockmeier & Harré, 1997, p. 270). Claiming that many different types of passages
fulfill these requirements, Brockmeier and Harré (1977) condense them under the title of
narrative –

the name for an ensemble of linguistic and psychological structures, transmitted
cultural historically, constrained by each individual’s level of mastery and by his
or her mixture of social-communicative techniques and linguistic skills … and,
not least, by such personal characteristics as curiosity, passion, and sometimes,
obsession. (p. 266).

Narrative captures the culturally “coherent and plausible” in a concentrated collection of
principles, according to Brockmeier and Harré (1997, p. 275).

Stein and Policastro’s (1984) work reviews various attempts to definitively
describe a story so that a story can be effectively separated from a non-story. The authors
group definitions from various social science sources into “state – event – state change
definitions” (p. 117), “goal-based definitions” (pp. 117-122), and “more complex
definitions” (pp. 122-124), none of which emerge as the supreme description of a story,
in their opinion (Stein and Policastro, 1984). Stein and Policastro (1984) propose that
story recognition among hearers may include an “ideal” or “prototype” representation as
well as other passages that overlap in significant ways with the ideal (p. 124). This
suggests that there might be elements of the ideal that may be omitted in some cases, yet
the passage in question might still be considered a story. Their hypothesis also suggests
that, as people grow through life and gain experience, the subjective definition of what constitutes a story might change for them (Stein & Policastro, 1984).

Stein and Policastro’s (1984) study compares the story recognition ability of second graders with that of elementary school teachers. Both groups expect to find “an animate protagonist and some type of causal relationship among events” (p. 147) as well as goal-directed actions (unless the passage clearly explains the protagonist’s inability to take such actions, such as lack of time or know-how). Results show that both groups consider the same stories to be good ones and poor ones. Teachers are more willing to consider a broader set of passages as stories than are children. The outcome of this study appears to confirm goal-directed definitions of story as the most accurate (Stein & Policastro, 1984). This work by Stein and Policastro (1984) is quoted by several authors as they attempt to define a story (McAdams, 1990; Robinson & Hawpe, 1986; Weick, 1995).

**Why do people tell stories?** Lule (1990) asserts that people use narratives to “make sense of the world” (p. 273). According to Weick (1995), stories “impose a formal coherence on flowing soup” (p. 128). People put events in order and comprehend reality when they tell stories, thus creating links between the world, themselves and others (Tannen, 1988). Through stories, people can bring order to disparate events, combining them into logical temporal sequences (McAdams, 1990). Stories clarify or explain events by creating a network of cause and effect relationships that bring together proven or accepted facts as well as speculative information that is germane to analysis of the situation (Robinson & Hawpe, 1986). Storytelling cannot exactly reproduce a
person’s experience in reality, Weick (1995) asserts, because “substantial editing” must be done to build a coherent narrative out of the events of any given situation (p. 128). According to Schank (1990), “it’s as if nothing has happened” unless a story is told about it (p. 114). As time goes by, stories serve to bind experiences together, maintaining them in relationship to each other as parts of distinctive memory segments (Schank, 1990).

McAdams (1990) believes that stories constitute an instinctive means for conveying human purpose and sense-making. Since “[s]tories...do not just happen, they are told” (Brockmeier and Harré, 1997, p. 116), they represent deliberate attempts to create meaning-carrying structures. Stories sort out what causes people to act, according to McAdams (1990), while at the same time, causes for action give order to stories.

Brockmeier and Harré (1997) confirm this concept, explaining that stories lend organization and consistency to events but they also allow people to reorganize their stories as new things happen to them or they come to new understandings.

A story functions as a “model” or “analogue” that connects “the unknown to the known” (Brockmeier and Harré, 1997, p. 279). In other words, stories contextualize events in terms of narrative structures with which people are already familiar (Brockmeier & Harré, 1997). According to Robinson and Hawpe (1986), storytelling classifies experiences into well-known groupings, bestowing an intimate predictability on day-to-day events.

Stories also perform a cathartic function for individuals. "Each time I tell my story it occupies less space and grief in my soul" (Downs, 1993, p. 303). Sedney, Baker and Gross (1994) propose that stories capture emotional events, help individuals and
families gain control over the events, relieve emotional tension, make meaning out of experiences, and connect different people's experiences of the events. Because stories “open us up to the hypothetical”, they help people clarify and explain events, taking into account many potential viewpoints (Brockmeier & Harré, 1997, p. 281). Weick (1995) agrees that stories can “rehearse” implausible situations and “provide tools for diagnosis” of problems (p. 130).

Storytelling decelerates tension build up and helps to make one's current undertaking easier (Weick, 1995). According to Weick (1995),

a good story holds disparate elements together long enough to energize and guide action, plausibly enough to allow people to make retrospective sense of whatever happens, and engagingly enough that others will contribute their own inputs in the interest of sensemaking. (p. 60)

Robinson and Hawpe (1986) propose that storytelling is a “heuristic process” by which people develop a “coherent and plausible account” that explains an event (p. 111). Good stories necessitate a storyteller of competence, discrimination and familiarity with narrative structures (Robinson & Hawpe, 1986). These authors assert that people expect stories explaining ordinary activity to be plausible, but know that other equally believable versions may exist. This acceptance of story variability is in contrast to scientific thought that looks for a single explanation for any given phenomenon (Robinson & Hawpe, 1986).

According to Schank (1990), a common measure of a person’s intelligence is their timely recitation of an interesting and pertinent story. Recognizing patterns in events,
discerning similarities and differences between the stories of others and the stories one 
already knows, and telling an appropriate story of one’s own at the proper time are 
important cognitive abilities (Schank, 1990). The essence of intelligent activity is the 
ability to discern the meaning of a current event in terms of a related precedent, thus 
creating an understanding of what is going on (Schank, 1990). Schank (1990) believes 
that human thought processes are story-based.

It helps us to find out what we are currently thinking when we tell a new story, 
what we used to think when we tell an old one, and what we think of what we 
think when we hear what we ourselves have to say. (Schank, 1990, p. 170)

How does storytelling work? Culture is a basic component of storytelling. 
Brockmeier and Harré (1997) affirm that narrative and culture are mutually influential, 
each having the power to delineate and mold the other. These authors point out that 
children are not specifically taught how to tell a story. They are simply “surrounded from 
infancy with stories” (Brockmeier & Harré, 1997, p. 276). They acquire “the storytelling 
repertoire of our language and our culture” (Brockmeier & Harré, 1997, p. 272) and 
develop “a cultural canon of narrative models” (p. 277), becoming as facile in their use as 
they are in manipulating the language. Schank (1990) says that cultural stories are so 
familiar to insiders of a culture that “we take [them] for granted” (p. 218), so much so 
that they no longer appear to be stories.

Schank (1990) also observes that people most often make reference to standard 
cultural stories rather than recount them. He points out that frequently, when a word 
from a particular language is considered “untranslatable” into another, it is because that
word alludes to a story familiar to members of the culture in which that language is spoken (Schank, 1990, p. 140). To understand the particular word, one would have to hear the story from which it arises (Schank, 1990).

Seeing narratives as “both models of the world and models of the self”, Brockmeier and Harré (1997) assert that people use stories to generate their own place in the world. Schank (1990) agrees that people decipher the events in their lives through the “standard stories of [their] culture” and that they build their own stories “in terms of” those common cultural stories (p. 149).

There are three basic types of cultural stories, according to Schank (1990). They are: neutral, condensed, or elaborated. Generalized insights into life come in a neutral story. Condensed stories represent wisdom that is seen reflected in a number of stories—a pattern of predictability. Elaborated stories are similar to neutral and condensed stories, but contain particular details and actors. Proverbs are examples of condensed neutral stories, while myths and hero tales exemplify elaborated stories (Schank, 1990).

Schank (1990) includes detail addition, commentary and role-playing among the devices storytellers use to elaborate stories, tying the use of each technique to the intention the author has in elaborating the story. Tannen (1988) discusses the use of constructed dialogue to create a sense of common experience—an emotional bond—between the characters in the story and the hearers. The techniques named by both Schank (1990) and Tannen (1988) create a sense of the particular in elaborated stories. “Particularity has a paradoxical power” to convey universality that is missing in “direct attempts” to do the same (Tannen, 1988, p. 92; also, Becker, 1988). Robinson and
Hawpe (1986) assert that it is the very balance between “uniqueness and universality” (p. 113) contained in culturally-based, elaborated stories that produces a comfortable “sense of familiarity” for the listener (p. 114). Claiming that stories are inherent intermediaries that link the specific with the universal for people, Robinson and Hawpe (1986) point out that stories can explain “rules and maxims” and investigate them at the same time (p. 124).

Robinson and Hawpe (1986) name point of view as another technique used by storytellers to create a sense of the particular. Schank (1990) observes that picking a point of view is often “a political choice” (p. 170). He notes that the act of presenting this point of view to others in stories eventually shapes the storyteller, who begins to believe the stories he/she tells actually represent his/her own point of view (Schank, 1990).

The role of the listener in shaping stories is significant (Brockmeier & Harré, 1997; Harvey et al, 1992; Schrank, 1990; Stein, 1982). Storytellers fold their personal self image as well as the image they want to reflect to others into their stories (Schank, 1990). Schank (1990) observes that a need to keep the attention and interest of the listener determines what details will be included in a story and how vividly they are expressed. Stein (1982) reports that hearers of stories demand specific kinds of data that are associated in predictable ways in the stories they hear. “Listeners will complain, stop listening, jeer, correct the teller”, according to Brockmeier and Harré (1997), should he/she get the “conventions” of storytelling wrong (p. 277). Schank (1990) states that a teller who can find listeners willing to hear his/her favorite positive stories of him/herself,
will benefit from telling his/her stories. On the other hand, if hearers only encourage stories that make the teller look bad, a poor self-image and damaged mental health may be the result for the storyteller (Schank, 1990).

The "confiding experience" is important to people because it brings the concern and input of others into the attempt to understand events (Harvey et al., 1992, p. 105). The "perceived reaction of the confidant" causes the account maker (storyteller) to fashion an account that can be understood by and will result in a positive response from the listener (Harvey et al., 1992, p. 105). Not only a good story, but also time and space for the encounter are important (Harvey et al., 1992). Schank (1990) also discusses the value of telling stories to others, pointing out that a storyteller carefully chooses his or her story for its appeal to the audience. Untold stories are not subject to such requirements, nor do they benefit from validation by the listener. Thus, such stories can create false records in the memory and have the potential for doing harm, especially if the subject matter puts the teller in a bad light (Schank, 1990).

Brockmeier and Harré (1997) claim that storytelling becomes so "transparent" to people that many of their cognitive processes are narrative-based, including dreams (p. 272). Schank (1990) agrees that dreams are story-based. However, dreams are trials of potential reality and as such are "fantasies" (Schank, 1990, p. 134). If a person tells the story of his/her dream to someone else, both the storyteller and the hearer expect to find the type of order that they require of other stories. Thus, the teller must force the dream to fit story-telling rules and make a judgment about the realistic probability of its content and action. Schank (1990) adds that dreams not subjected to the rigors of telling remain
in memory, but as fragments that are difficult to identify as fantasy. Untold dreams are lost to “critical thinking processes” (Schank, 1990, p. 127). Another benefit of confiding stories (and dreams) to others, according to Schank (1990) is that the telling brings the story out of one’s own consciousness and gives it an existence separate from oneself.

Schank (1990) claims that not just dreams, but all stories are subject to the “story-fitting” process (p.169). If something happens to a person that doesn’t fit into a story design with which he/she is familiar, it will be difficult for that person to tell about the event. Without familiar “explanation patterns” (p. 169), the teller will have trouble constructing a cohesive story (Schank, 1990). In addition, if it were possible for the teller to come up with a totally new story, his/her listeners would have to do more work to understand the new story than they are willing to put into the effort. Thus, according to Schank (1990), “tellers of stories and listeners have an implicit agreement” that tellers will make their stories fit into patterns with which listeners are familiar (p. 169). Because of this phenomenon, stories do not always accurately reflect what actually happened. According to Schank (1990), “To some extent, our stories...are all fictions” (p. 44). However, he points out, reality is the root of these fictions and they represent the best means of understanding and accessing what actually happens.

Story creation for others’ hearing, in Schank’s (1990) estimation, is important because of the gist (the teller’s memory structure) that is constructed in the process. He describes a “two-part process” of story “distillation” in which the “gist” is created and then translated into language (Schank, 1990, p. 177). Schank (1990) describes a gist as a structure of memory containing the particular details the teller considers important in the
actual event as well as a suggested order in which they should be told, but not including any particular language (e.g. English or Spanish), point of view, intellectual level or specific words. The gist creation process condenses an event into a “story-size chunk that can be told in a reasonable amount of time” (Schank, 1990, p. 115) and that will be remembered as a single unit.

During storytelling, the gist is called up from memory and converted back into a story. “The translation process...is a linguistic process. Events are being translated from memory format into English format...event by event and thus sentence by sentence” (Schank, 1990, p. 178). As the gist is being changed into language, each sentence calls anew on memory to help in its formation, thus stories are recreated in new language each time they are told (Schank, 1990).

Just as the details of events are condensed in the process of story construction, so are the details of stories condensed in the process of committing them to memory. As an eventual result of this distillation process, a story becomes a structure Schank (1990) calls a “skeleton story” (p. 93). Cultures, as well as individuals, collect standard skeleton stories. In fact, Schank (1990) claims, storytelling without access to standard skeletons is very hard. International political rhetoric consists of “new events” that are utilized to provide the particulars for stories “invoking old skeletons” (Schank, 1990, p. 155).

Sedney et al.(1994) assert that stories are constructed to fit the needs of the contexts in which they are told, observing that a story may vary depending on where it is told, who tells it, and why. People are purposeful storytellers, according to Schank (1990), deliberately choosing well-recognized cultural skeletons when constructing
stories because they can predict the results of such stories. If some details of current events do not fit the chosen skeleton, those details may be adapted—ignored or changed—so that the story being told has the desired effect (Schank, 1990). Story creation makes use of skeletons and parts of standard or first-hand experiential stories stored in memory. Sometimes, one story is used as a “master story” and elements of others are adapted to illustrate or fill out the main story (Schank, 1990, p. 180).

Schank (1990) claims that memory is an important element in understanding the importance of stories to humans. He proposes that human memory is “dynamic” in that present experiences are continuously updating information stored in two types of memory—general event memory and story-based memory (Schank, 1982). Daily events are noted and attention to details of those events allows automatic updating of information stored “cross-contextually” in the mind’s database of generalized information about how to behave in the world (Schank, 1990, p. 122). As a direct result of this process of updating, specific occurrences become broken into component information and are difficult to remember as a complete incident. Langer (1989) describes a similar phenomenon in discussing the case of “expert” functions (p. 20). She observes that people who have mastered a particular task have learned to perform all of the task’s individual steps, but that repetition of the steps eventually results in a loss of access to those steps by conscious memory (Langer, 1989).

According to Schank (1990), story-based memory can stop this “dynamic disconnection” from taking place (p. 124). Storytelling maintains the association of things that happen in any given situation and produces an account that condenses a
complicated set of events and perceptions into a single comprehensive unit (Schank, 1990). He says that when people tell stories, they make decisions about which details to include and which to leave out (Schank, 1990). Since telling a story creates a memory structure, decisions about what to remember are also being made in the process of storytelling. The coherent story that is created, Schank (1990) argues, preserves a version of the event that is easier to remember than all the disparate details of the actual event; thus, the story eventually replaces the memory of the real event in the mind of the storyteller (Schank, 1990). Schank (1990) also observes that a story must be told from time to time in order to keep it available in active memory. Since listeners influence what stories a person tells (as mentioned earlier), hearers affect what is preserved in the teller’s memory as well (Schank, 1990).

If stories can be considered memory structures, there must be some way to refer to them when desired (Schank, 1990). Schank (1990) calls these retrieval aids “indices” (p. 11) – “mental labels” (p. 23) that can be “beliefs...concepts...questions” (p. 70), “location, attitudes, quandaries, decisions, conclusions, or whatever” (p. 11). The more connections a story has in memory, the more the story can serve as a tool for learning and action in different situations (Robinson & Hawpe, 1986; Schank, 1990). Schank (1990) claims that “indexing is an idiosyncratic affair” (p. 94) because people give attention to different elements of common experiences or have different experiences. Yet, he contends, the method of indexing is common to all (Schank, 1990).

In Schank and Abelson (1977), the authors describe a pattern present in most stories in which a plan can be traced to a goal that reflects a life theme. By identifying
this plan-goal-theme sequence, people can understand the story (Schank, 1990). When the results of the plan are added to the equation and a lesson (“the abstraction of the contents of a story uniquely derived from that story”) is identified, a high-level index to the story is created (Schank, 1990, p. 99). Although this index can be accessed through any of the elements of the plan-goal-theme-result-lesson sequence, it is through the lesson that most stories are remembered. In fact, the lesson becomes a skeleton story and can be referenced as a separate entity from the story that created it. An individual can be reminded of a story already in memory by a new story if he/she indexes the new story under any of the elements used to reference the old story (Schank, 1990).

Learning, according to Schank (1990), results from a comparison of an individual’s own stories that are stored in memory with new ones being told by others or arising from new experiences. In fact, Schank (1990) claims, people cannot understand new information unless it relates to their own experience in some way; that is, it connects with their own stories. Rethinking of ones own stories is the source of new insight (Schank, 1990). Good teachers, in Schank’s (1990) estimation, recognize the value of stories to provide context for theories or “rules of thumb” (p. 15). A good story allows comparison with the learner’s own experience and encourages the abstraction of heuristics via the example of the story (Schank, 1990). Schank (1990) cites the case of children learning complex words through comparing their self-formulated story of the word’s definition with new experiences (stories) in which the word is used.

Another kind of memory structure – a script – is developed via the general event memory (Schank, 1990). “A script is a set of expectations about what will happen next in
a well-understood situation” (Schank, 1990, p. 7). Scripts are used transparently (people are not aware of their use of them) to guide personal behavior and to aid in interpretation of the actions of others. Scripts give people a “normal” or baseline for behavior, allowing the elimination of dull details in storytelling and the addition of background detail in story hearing (Schank, 1990, p. 81). Scripts allow action without intense thought, but can also encourage mindlessness (Langer, 1989; Schank, 1990). Langer (1989) warns that mindlessness puts restrictions on people’s ability to manage their lives by precluding thoughtful decision-making. On the other hand, by giving “attention to the situation and the context”, mindfulness allows learning through comparison – looking for similarities and differences – and encourages responsibility via decision-making (Langer, 1989, p. 65).

Schank (1990) contends that decision-making, creativity, intelligence, and understanding are all bound up in the mind’s use of stories. He observes that people test the efficacy of their decisions by attempting to spin a logical and consistent tale to support the decision. If they find their own story believable, then they conclude that the decision is sound, Schank (1990) states. Creativity at its most basic level, Schank (1990) asserts, is beginning with known cases (stories) and applying “tweaking rules...to the cases” (p. 193) to find new ideas. Basing his definition on what one would expect from an intelligent computer, Schank (1990) states that a commonly-applied measure of intelligence is a person’s ability to listen accurately to another’s story and to find a story to tell that matches the other person’s story. One who can successfully accomplish this listening-matching task seems to understand the story that has been told.
Another aspect of understanding relates to an individual’s belief structure (Schank, 1990). Stories are support mechanisms for beliefs. In fact, the capacity for rationalizing “one’s beliefs with evidence” represents another “measure of intelligence and reasonableness” (Schank, 1990, p. 67). Any strongly-held belief can be explained by at least one story. New beliefs are sometimes supported by stories that are tentative – that contain “empty slots” – in people’s minds (Schank, 1990, p. 79). These tentatively held belief stories are opportunities for individuals to learn through story comparison. The tentative can be tested and fillers for the blank places can be sought. New information can affect beliefs “we are flirting with at the moment” (Schank, 1990, p.77).

Understanding of stories is often called story comprehension. According to Stein (1982), “comprehension is an interactive process” wherein familiarity with previous story structures shapes the depiction of fresh data, while the fresh data simultaneously affects existing learned formulae (p. 310).

“An understander of the world is an explainer of the world” (Schank, 1990, p. 6). Daily, people must compose stories in their minds that explain what they are experiencing or what others are doing (Schank, 1990). Harvey et al. (1992) use the word “accounts” to describe these “storylike constructions” people use to explain reality to themselves (p.103). These authors claim that accounts develop little by little in a person’s life and sometimes exist only “in gist forms” (p. 103). Account making, to Harvey et al. (1992), is a significant psychological effort on the part of individuals to build coherent life explanations for themselves. They point out that people “reach a sense of completion” only when they see their “story as fitting within the boundaries of
some cultural script" (Harvey at al., 1992, p. 104). Schank (1990) also claims that people’s views develop based on the story skeletons they use and on the point of view they choose in telling their stories. An individual’s point of view begins to take form in memory and he/she may not always be aware of it until reminded by another’s story, thus being prompted to give voice to it (Schank, 1990).

Stories create models of the real world, according to Brockmeier and Harré (1997), that allow people to safely explore the ramifications of plans and behaviors. Schank (1990) observes that people want to be rational and deliberate. Thus, they create stories to test the rationality of proposed plans of action. Should their proposed behaviors fail the test, they may choose culturally accepted story skeletons to make their plans of action sound reasonable (Schank, 1990). Weick (1995) observes that

\textit{a good story...shows patterns that may already exist in the puzzles an actor now faces, or patterns that could be created anew in the interest of more order and sense in the future. The stories are templates. They are products of previous efforts at sensemaking. They explain. And they energize} (p. 61).

This section has covered a broad range of topics attempting to explain how storytelling does its work. Culture plays a prominent part as do those who listen to stories. The memory and cognitive processes of the storyteller are also very important to the process.

**How Are Stories Used to Manage Bereavement?** This section will review some examples of the use of stories to facilitate and predict successful grief processing. The work of several authors recognizes and discusses the critical roles that sharing emotions
and telling stories play in the resolution of grief (Byng-Hall, 1991; Conley, 1984; Kish & Holder, 1996; Sedney et al., 1994; Van Riper, 1997; Wilk, 1985; Worden, 1991).

Communication is one of the key areas of family relationship breakdown after a death (Lendrum & Syme, 1992; Rosen, 1986). Sedney et al. (1994) assert that stories can be used to reconnect the family. The story of a death for the bereaved family, according to these authors, includes how the person died, death circumstance details, what events led to and followed death, and each family member's personal experience—when and how each learned of the death. It contains multiple stories and is constructed by each family member according to his or her specific viewpoint (Sedney et al., 1994).

Van Riper's (1997) first-hand story of bereavement is a good example of what can be accomplished by the telling of a family story. It is shared by five sisters who had lost their youngest sister (she was 17 months old) when the survivors ranged in age from 5 to 11 years. The two youngest children had been traveling in their car with their parents when it was hit by a dump truck. The other girls had been in school at the time. Over the years since the accident, the sisters had not talked about the loss as a group until one of the sisters wanted to write a paper for a graduate class and asked the others to write down their memories of the accident. For the paper, each told of her recollections of the accident, of the events that followed and of the impact of the accident and the loss of their sister on each of their lives. In the process of the writing, the sisters interacted at a more intense level than they ever had before about the events surrounding the accident. The author gives testimony to the value of the group interaction related to the telling of the stories in the following statement (Van Riper, 1997):
Participating in this long and painful process helped each of us to grow and develop as individuals. It also helped us to grow and develop as a family. Moreover, it has given us a sense of relief and a sense of hope. (p. 587)

Another use of narratives in supporting bereaved individuals is predicting psychological adjustment based on study of the contents of stories. Folkman (1997) uses narrative analysis of stories from the final illness and death of AIDS victims to predict the coping success of their bereaved partners during the grieving period. She employs a theoretical framework and method of narrative analysis developed by Stein, Trabasso and partners (Stein & Trabasso, 1992; Trabasso & Stein, 1994; Stein, Trabasso, Folkman & Richards, 1997) that focuses on goals and emotions. Folkman finds that the proportion of positive to negative emotions coupled with that of successful to failed goal outcomes mentioned in the dying and death stories effectively predicts positive psychological states for the bereaved individuals a year after their partners’ deaths. Thus, people seem to embed in their loved ones’ death stories predictions of their own psychological journeys during the grieving period (Folkman, 1997).

The concept of scripts was discussed in the previous section. Byng-Hall (1991) asserts that scripts can have two kinds of results – “replicative” and “corrective” (p. 131). If a therapist or counselor perceives that an individual’s or family’s script might lead them to repeat unhealthy behavior in their grief process, he/she can help that person or family review their bereavement stories and compare them to current – healthier – practices. This “redramatization” of family stories can give both the family members and the helper access to the bereavement scripts they carry (Byng-Hall, 1991, p. 133). Byng-
Hall (1991) cites a case in which the author helps to create a family story for the children that is simple and yet true to the experiences of the family. As the children mature, they can return to the “simple story” and add details as they want or need them (Byng-Hall, 1991, p. 142). This simple intervention, according to Byng-Hall (1991) should “write a healthy grieving script” for the children involved (p. 142).

Myths are created stories. Schank (1990) talks about personal myths that people inherit or develop from hearing and retelling stories that others have told them about themselves. These myths are very powerful because the storytelling and hearing process causes the individual to trust their veracity (Schank, 1990). Information learned without critical examination, according to Langer (1989), is difficult to correct because it is acquired in such a “mindless” manner that the individual doesn’t question it (p. 26). Nelson and Frantz (1996) observe that families of suicide victims often create myths to deny the truth and to cover up their “shame and guilt” (p. 132). Such myths then contribute to unhealthy grief processing for those families (Nelson & Frantz, 1996).

Deliberate construction of details for use in stories can be a positive experience in bereavement. In certain cases, such as perinatal loss, it is difficult for bereaved individuals to grieve because there is little history to remember (Gough, 1999; Mahan & Calica, 1997; Miles, 1985; Shapiro, 1993; Worden, 1991). “Commemorating their child’s existence” is a way to facilitate a family’s grieving process, according to Mahan and Calica, (1997, p. 147). “Help[ing] to make the baby as real as possible” (Mahan & Calica, 1997, p. 146) creates memories that validate a family’s loss (Worden, 1991). Deciding “whether and what to name the baby” (Shapiro, 1993, p. 126), “seeing,
touching and holding the baby” (Mahan & Calica, 1997, p. 146), “shar[ing] decisions about disposition of the body” (Worden, 1991, p. 105), and “participat[ing] in rituals such as a funeral or memorial service” (Worden, 1991, p. 105) generate experiences from which people can construct family stories. Gough (1999) discusses the value and technique of taking remembrance photographs of the baby who has died. Other authors also recommend a photo of the child to document its image for the family (Mahan & Calica, 1997; Shapiro, 1993; Worden, 1991). “[W]riting, drawing, role playing” are effective ways for people to get in touch with their emotions during this especially difficult kind of bereavement (Worden, 1991, p. 52). Tangible items such as “the birth certificate, a footprint, lock of hair, nursery bracelet” (Worden, 1991, p. 106), scrapbooks, diaries and collections of memorabilia of the child (Shapiro, 1993) are also useful sources of memories that help create a family history.

Harvey et al. (1992) assert that one strong reason “to develop accounts of and confide about our traumas is to help others who come after us” (p. 106). Kerewsky’s (1997) ethnography verifies that assertion but also demonstrates the value of account making for the individual. Her work tells the story of her friend Frederic (who died of AIDS) relating to his involvement in working on a section of the AIDS Memorial Quilt for his former partner, Mark. Kerewsky (1997) points out that Frederic processes some of his losses through helping to tell Mark’s story in fabric. He also benefits from the community interaction he experiences in working with others on the project.

This section has reviewed the work of many authors, most of whom focus on how and why stories function. A much smaller body of research seeks to define the essential
elements of a story. The following section returns to research describing bereavement—works that concentrate on specific contexts for bereavement.

Specific Cases or Contexts for Studying Bereavement

The circumstances of death vary, resulting in a range of contexts in which loved ones must adjust to loss. Researchers have studied bereavement in many different situations. This section will discuss findings of research from the perspective of these particular contexts of bereavement study.


Families face bereavement in the context of their existing body of beliefs and values, using the methods of interaction to which they are accustomed in daily life (Walsh & McGoldrick, 1991). Tasks of bereavement for families mirror those previously outlined for individuals, with a strong emphasis on sharing the experience (McGoldrick, 1991; Walsh & McGoldrick, 1991). It is important to recognize that individual members
of the family will probably not be feeling the same emotions nor dealing with the same elements of grief at the same time (Bowlby-West, 1983; Walsh & McGoldrick, 1991; Worden 1991). Discord in relationships can be expected (Bowlby-West, 1983). Family grief counseling can help members reestablish family balance (Worden, 1991), facilitating trust, empathy and acceptance of differences in grieving (Walsh & McGoldrick, 1991). Silverman and Silverman (1979) observed that a family’s experience of managing to continue as a unit following the death of the husband/father facilitates their ability to face the death and its significance over time. Sedney et al. (1994) state that a family’s progress through the grief process can be monitored by listening for changes over time in their collective story about the death.

Part of the family response to death is agreeing on a definition of the family boundaries (Brabant, Forsyth & McFarlain, 1994). Brabant et al. (1994) draw an analogy to Goffman’s (1959) “front-stage performance/backstage reality” concept in their observation of bereaved families’ sense of self-definition (Brabant et al., 1994, p. 203). Goffman (1959) discusses a phenomenon in which people engage in one set of behaviors that present their best face to the world (front-stage performance). This set of behaviors is replaced by other – often very different – ones in the security of their homes or in safe relationships (backstage reality) (Goffman, 1959). Brabant et al. (1994) report that half of the families in their study maintain a definition of the family including the deceased child (which they perceive as the real family). However, sometimes these people choose to exhibit a different definition (not including the deceased child) to strangers or in certain situations. No matter how it is presented to others, the family self-definition has a
powerful effect on member relationships (Brabant et al., 1994). In fact, Gilbert (1989) reports finding disagreement among members in reordering family goals, especially when such goals might include adding a new baby.

Walsh and McGoldrick (1991) identify several possible characteristics of death that might make adjustment to it especially hard for families. They are: suddenness, very long illness, violence, and uncertain conditions. Bowlby-West (1983) also discusses factors interfering with family adaptation that range from “paranoia” and “pathology” through “family secrets” and “transgenerational mourning” to the “anniversary reaction” (pp. 284-291). In comparing families having faced deaths caused by suicide, illness or accident, Nelson and Frantz (1996) find no difference in levels of closeness, expressiveness, disengagement, conflict or cohesion perceived by family members in relation to the cause of death (Nelson & Frantz, 1996).

Breakdowns in or a lack of family communication can cause isolation, misinterpretation of intentions and facts, and a feeling of neglect in bereaved children (Gibbons, 1992; Rosen, 1984-85; Siegel & Gorey, 1994). Silverman et al. (1995) report that when parents try to “protect” their children from death, they usually only succeed in stopping the discussion that would have helped the child deal with it and they cut themselves off from their children (p. 281). Silverman and Nickman (1996) place a great deal of emphasis on the parent as a facilitator for children in understanding their connection to the deceased. Rubin (1986) also identifies the parental reaction to loss of a child in the family as a significant model for the reaction of the surviving children. Guilt
can be overcome and healthy adjustment be supported by truthful and open communication in the family (Rubin, 1986).

**Children** Two significant circumstances of bereavement for children are the loss of a parent and that of a sibling. "When a child’s mother or father dies... It is an event of unparalleled importance, of potential lifelong significance" (Rosen, 1986, p. 2). When losing a sibling, a child not only finds him/herself without a playmate, confidant, and fellow son/daughter of the same parents in the present, but also faces a lifetime without the support of someone who has shared common childhood circumstances and who embodies family once parents are gone (Rosen, 1986). In both loss situations, a child is often left without the usual attention, support and care of parents, either as a result of death itself or because "the adults around a grieving child are usually grieving themselves" (Lendrum & Syme, 1992, p. 112; Rosen, 1986).

Research indicates that children can and do grieve the loss of significant relationships in their lives, sometimes exhibiting reactions identified as part of the adult grief cycle (Bowlby, 1980; Dickinson, 1992; Finke, Birenbaum, & Chand, 1994; Lehna, 1995; Raphael, 1982; Siegel & Gorey, 1994). However, because of developing understandings and awarenesses related to age, they do so differently than adults (Finke et al., 1994; Mulcahy & Young, 1995; Worden, 1991). They may experience periods of concentrated grieving followed by times of apparent resolution, but are subject to regression to intense grief when under stress or when a new developmental stage is reached (Gibbons, 1992; Mulcahy & Young, 1995; Seager & Spencer, 1996; Seigel & Gorey, 1994).
“Magical thinking” (Rando, 1984, p. 168; Worden, 1991, p. 106) is a developmental phenomenon that allows children to believe physical happenings can be produced by the thoughts and wishes of others (especially themselves). This and other limited understandings of moral and logical concepts can lead to unwarranted guilt and anxiety for children. For example, even a very young child might feel guilty that his/her sibling is dead while he/she continues to live (Gibbons, 1992). Rosen (1984-85) reports instances of children feeling “‘special’ for having experienced the loss of a sibling and subsequently [feeling] guilty for having that feeling” (p. 313). One child might blame him/herself for a parent’s death because of a previous argument he or she might have had with that parent (Rando, 1984). Loss of a sibling might lead another child to mistakenly conclude that his or her parents are to blame for the death (Worden, 1991). Such a belief could result in misdirected fears about the child’s own security (Worden, 1991).

As they seek cues about what is appropriate behavior in the bereavement situation, children take parents and other adults around them as models (Mulcahy & Young, 1995; Seager & Spencer, 1996). While children in general need socialization and education about death to help them accept and deal with its inevitable occurrence in their lives (Dickinson, 1992), they need specific attention when death actually comes to a loved one (Dyer, 1992; Mahan & Calica, 1997; Rando, 1984; Rosen, 1984-85; Siegel & Gorey, 1994; Worden, 1991). Saler and Skolnick (1992) review Bowlby (1977) and other researchers who suggest that the best adjustment situation for a grieving child is having a parent or surrogate who provides a solid base of both physical and emotional care, making him/herself available to explore emotions, address questions, and discuss
circumstances surrounding the death of the child’s loved one. Honest, open
communication is very important to the child (Finke et al., 1994; Mulcahy & Young,
1995; Saler & Skolnik, 1992; Worden, 1991). From a study of Cambodian refugees in
Long Beach, CA, Prong (1995) reports that community programs supporting parents in
both overall parenting skills and their own personal encounters with grief seem to
promote the most solid base of support for their grieving children. Raphael (1982) finds
that a parent who suffers from pathological grief has trouble even realizing that his/her
children are suffering pain from the loss. The parent’s inability to cope effectively with
bereavement provides a model of poor coping skills for the children, resulting in grief
process struggles for them as well (Raphael, 1982). Rubin (1986) observes that siblings
often support each other through the difficulties of loss—a phenomenon that both offsets
parental shortcomings and builds on parental strengths. Because of this, Siegel and
Gorey (1994) caution against splitting of sibling sets after parental death.

Some parents/families believe that they must shield their children from the
sadness and pain that accompanies loss (Silverman et al., 1995). Parents "often wish to
'spare' the children and themselves the emotional burden of retelling the story" (DeMaso,
Meyer & Beasley, 1997, p. 1299). They wonder how the children will respond and
whether they as parents will be able to support their children emotionally (DeMaso et al.,
1997; Silverman et al., 1995). However, Sedney et al. (1994) assert that it is important
for children to hear the story. By not talking, adults deprive children of the information
needed to facilitate understanding, leaving them to create their own – often bizarre and
untrue – stories in their minds (Sedney et al., 1994). A parent’s unwillingness to talk
about a dead sibling, for example, may lead remaining children to interpret the parent’s behavior as an accusation that somehow they are at fault (Gibbons, 1992). Dyer (1992) points out that the grief process is just as important for children as it is for adults. Those who try to protect children from death may be causing future problems for them (Dyer, 1992).

Silverman et al. (1995) report that children often know more about the situation than their parents realize. Keeping secrets about illness or death creates a climate in which children feel alone and begin to believe that something disreputable must be going on in the family (Siegel & Gorey, 1994). Children can become a part of what amounts to a family conspiracy to avoid disturbing other family members by refusing to talk about the loss (Silverman et al., 1995). They may also try to take on a caretaker role, attempting to console their parent(s) and make the death up to them somehow (Rosen, 1985-85; Silverman et al., 1995). Adults may unintentionally encourage such untimely “grown up” behavior in children through well-meaning comments (Silverman et al., 1995. p. 289)). Although Wass and Stillion (1988) report that close experiences of death can have a powerful maturing influence on children, Silverman et al. (1995) warn that caretaking and avoidance of pain-causing behaviors on the part of children may result in failure to report and seek help with their own worries and concerns. A supportive communication environment will help to reduce fears and misconceptions (Mahan & Calica, 1997; Siegel & Gorey, 1994), especially in young children whose cognitive and emotional development renders them remarkably open to discussions about death (Silverman & Silverman, 1979).
Another factor involved in grief processing for children is the behavior of members of their social network outside of the family. Silverman et al. (1995) report that almost one half of the children in their study (who had suffered parental loss) were informed of the death by the other parent. Others heard from another family member or other adult, but in some cases, "[i]t was ... left to the child to figure out what was going on" (Silverman et al., 1995, p. 283). Rosen (1986) reports that often when a child dies "[t]he bereaved individual is isolated, avoided, scrupulously treated as though nothing had happened" (p. 28). Rosen (1986) contends that people behave this way for several reasons. First, they need to protect themselves from their own fears of death. Second, they want to shield the deceased brothers and/or sisters from dealing with death. Third, they wish to preserve their community from the conflicting emotions and disorder of bereavement (Rosen, 1986).

Whether conditions are ideal or not, children adjust to life without close lost loved ones (Rosen, 1984-85). Siegel and Gorey (1994) point out that parental illness often causes separations in the family and alternate caregivers for children. These experiences may serve to help the child adapt to the disruptions in his/her life when the parent dies (Siegel & Gorey, 1994). Rosen (1984-85) observes that loss resolution allows most people to move on with life while maintaining some type of connection with the one who is lost. Normand et al. (1996) maintain that these lingering attachments allow "parents [to] become immortal within the hearts and minds of their bereaved children, not only as memories, but as witnesses and as guides for living" (p. 110).
Adolescents Kuntz (1991) claims that adolescents grieve differently from both children and adults. Unlike a child, an adolescent knows that death will eventually happen to everyone. Neither unfounded guilt nor a sense of unwarranted accountability for the death appear to trouble adolescents as they do children. While observing evidence of adolescent movement through the phases of grief as described by Bowlby (1980) for adults, Kuntz (1991) finds that adolescents hurry through the grief process and mask their experience of it. They tend to cry in private, while adults do so more openly. Although they do not talk about anger, Kuntz (1991) sees evidence of it in their writing and drawing. They do experience a phase of disorganization and despair, but work very hard to disguise it (Kuntz, 1991).

“Bereaved adolescents may behave in a dramatic, self-centered manner” (Gibbons, 1992, p. 70). Adolescents are developmentally focusing on issues of independence and identity, but a death of someone in their immediately family disrupts the normal attention they receive from parents and causes them to address issues (such as the inevitability of death; pain, suffering and their purpose; and limited family resources) not normally met at their stage of life (Kuntz, 1991; Martinson & Campos, 1991). One outcome of this situation is a sense of “growing up fast” (Martinson & Campos, 1991, p. 61) or “instant maturity” (Kuntz, 1991, p. 107); while another is the adolescent’s tendency to rush through grief and to mask its effect so that he or she appears to be more similar to peers who aren’t struggling with grief (Kuntz, 1991; Martinson & Campos, 1991).
Hogan and DeSantis (1996) comment that "egocentrism" is usually coupled with adolescence, but that "ultracentrism is an outcome of experiencing the existential crisis of the death of a brother or sister" (p. 244). According to Hogan (1988), this ultracentrism may lead some adolescents to behave as if they are not affected by the loss in an uninformed attempt to release their parents from the torture of the grieving process. The parents may misconstrue the adolescent's actions, believing the sibling's death is not being mourned by the adolescent (Hogan, 1988). Gibbons (1992) says that the feeling of responsibility for the welfare of the parents can be explained by the family legacy. It is an ethical demand that derives from the parent/child relationship. It begins with the child's debt to the parent for life itself and implies that a child is beholden to the parent for his or her existence (Rosen, 1986).

Disruption in structures of family communication coupled with the adolescent's painful experiences of the finality of death and of watching parents dealing with grief often necessitates bereavement support from outside sources so that families can meet the needs all members, especially adolescents (Martinson & Campos, 1991). Wass and Stillion (1988) report that efforts to support both children and adolescents through the process of grief can bring about positive outcomes from the experience.

Parents  People have expectations regarding the timing of the life cycle. Losing a loved one in a situation that violates these expectations is very difficult (Rando, 1984; Walsh & McGoldrick, 1991). "As expressed by the Chinese saying, 'White hair should never follow black', the life course is experienced as out of order if a child dies before parents" (Walsh & McGoldrick, 1991, p. 18). According to Rando (1984), parents who
lose a child “have lost their hopes, dreams, and expectations for that child, and have lost parts of themselves and their future” (p. 121), including a dependable caretaker for themselves in old age. Even if they lose a child during adulthood, “parents have still lost their ‘baby’” (Rando, 1984, p. 122).

Rando (1984) asserts that parenting is a “basic function of the adult” (p. 120). Klass & Marwit (1988-89) call a parent’s “relationship to the child...one of the major constellations of meaning for the adult”, one for which they are prepared to surrender many others” (p. 46). A parent’s “sense of self” is profoundly invested in his/her affiliation with and responsibilities for the child (Rando, 1984, p. 120). Discussing the relative intensity of these connections between the parent’s self image and the child, de Mause (1974) lists three possible reactions of the adult to his/her child. A “projective reaction” allocates a reflection of what resides in the adult’s unconscious to the child (de Mause, 1974). A “reversal reaction” sees the child as a proxy or replacement for an adult who was important to the parent when he/she was a child (de Mause, 1974). An “empathic reaction” allows the parent to identify enough with the child to recognize his/her needs yet separate sufficiently to meet them (de Mause, 1974). The parent will be able to keep the child apart from his/her self in direct proportion to his/her ability to sustain an empathic reaction (de Mause, 1974).

Turner (1970) differentiates bonds between people based on the amount and the strength of interaction. “Contractual” bonds are established assuming “mutual obligations”, while “sacred” bonds derive from “obligation to God, or to ancestors, or to an abstract principle” (Turner, 1970, p. 91-92). While both types of bonds arise from
obligation, sacred bonds cannot be damaged by lack of interaction, but contractual bonds can suffer from lack of give-and-take (Turner, 1970). “Crescive” bonds develop based on mutual interaction, while “identity” bonds happen as one person integrates distinctive traits he or she observes in another into his/her own personality (Turner, 1970). While the marital bond may be thought of as contractual in our culture, the parent-child connection is considered a sacred bond. Children enter parents’ lives through identity bonds, but as they grow, crescive bonds are also formed (Turner, 1970).

Goldberg (1979) observes, “[the] parent-infant interaction system appears to be one of finely-tuned reciprocal behaviors that are mutually complementary and appear to be preadapted to facilitate social interaction” (Goldberg, 1979, p. 214). Klass & Marwit (1988-89), in their review of human bonding literature, assert that “an interactive model rather than an instinctual model” explains lasting human bonds most effectively. They note that despite some amount of undecidedness in the early stages, parents form strong bonds with their children and are driven by a desire for “competence” in parenting (Klass & Marwit, 1988-89, p. 36). Variability in the degrees of “ambivalence” and competence a parent experiences are related to the “quality of social support” he or she receives and to his or her own experiences (Klass & Marwit, 1988-89, p. 36). The complicated nature of parent/child bonds is reflected in the “disequilibria” parents experience when a child dies (Klass & Marwit, 1988-89, p. 39).

A child’s death interferes with social roles and with the parent’s actual and psychological relationship with the child (Klass & Marwit, 1988-89; Rando, 1984). Based on his/her inability to protect the child from death, a parent often experiences a
“deep sense of helplessness” that triggers emotions of “anger, guilt and fear” (Miles, 1985). Rando (1984) describes “an overwhelming sense of failure and loss of power and ability” (p. 120). According to Seligman’s (1975) theory of helplessness, people in crisis can learn that their responses make no difference in the outcomes of their situations. They will exhibit anxiety and continued effort until they come to believe that they do not have control of the situation. If they no longer expect to be able to make a difference in their circumstances no matter what they do, they will learn helplessness and lapse into depression. A chronic attitude of helplessness can result when recurring instances of powerlessness get in the way of proactive responses to stress (Seligman, 1975).

According to Langer (1989), “learned helplessness” may then “[generalize] to situations where the person can, in fact, exercise control” (p. 53). Martinson et al (1991) propose that a sense of “the vulnerability of all relationships” may burden a parent after the demise of his/her child (p. 265). These sensations of vulnerability and helplessness, coupled with the need to function in the very parental role they are grieving, make it even more difficult for parents who have surviving children (Rando, 1984).

Mothers and fathers who have spent many hours participating in a child’s sports or school activities, engaging in a commercial venture with an offspring, or personally nursing a sick child find bereavement especially challenging (Miles, 1985). Some parents linger in a seemingly anesthetized and wordless state, needing support to acknowledge the child’s death and what it means to them (Miles, 1985). Others are angry with everyone, including themselves (Schwab, 1992). Some turn to abuse of alcohol in an attempt to deaden their pain (Martinson et al., 1994). Parents may feel “a
responsibility to be sad” to protect the memory of their child if they perceive that others are ignoring the death (Klass, 1988, p. 34). Bereaved parents must solve concrete problems, such as finding appropriate ways of observing family birthdays now that a child is gone, by taking deliberate actions that consciously reflect an altered reality (Klass & Marwit, 1988-89). Formerly simple tasks, such as talking about how many children they have, become pointedly and poignantly momentous efforts (Brabant et al., 1994). From a study of mothers who had given birth to and nurtured a disabled child who subsequently died, Milo (1997) reports the need to “rework their world view” twice in facing “the metaphoric death of their dreamed-for child and then, after months or years, the death of their actual child” (p. 2).

Competence in parenting, assert Klass & Marwit (1988-89), communicates the unconscious psyche’s “sense of omnipotence” (p. 41). That omnipotence is lost when a child dies. While resolution of grief for parents will embrace a renewed sense of competence, these authors claim that omnipotence can never be fully restored. Thus, bereaved parents will never again experience the world as they once thought it was. Many will be subjected to a lifetime awareness “of an empty historical track” in which their children would have traveled had they still been alive (Klass & Marwit, 1988-89).

The death of a child acutely confronts a parent’s sense of competence and sacred obligation (Klass & Marwit, 1988-89). During bereavement, parents attempt to reestablish their competence by doing grief work that takes many forms. Some write about or in honor of their dead children. When the manuscripts are published, the memory of the child is preserved (Klass, 1988; Klass & Marwit, 1988-89). Some
institute or administer programs or organizations dedicated to their children (Klass & Marwit, 1988-89). Others take part in legal action or other efforts to bring about justice in relation to the deaths of their children as a way of expressing their ability to care for them even after death (Klass & Marwit, 1988-89). Some parents indicate their competence by service in the community, especially when such service memorializes their loss (Klass, 1988).

McClowry et al. (1987) observe two distinct patterns of response to the grief of losing a child. They are: “fill the emptiness” and “keeping the connection” (McClowry et al., 1987, pp. 366, 367). Those who fill the emptiness quickly engage in benevolent activities in the name of their child. After a while, these parents realize that they have finished their work, as if their feelings of emptiness are now satisfied. Those who are keeping the connection gradually feel less discomfort in the course of their thoughts and words about the deceased child. Both groups eventually feel a need to progress to new areas of interest and effort (McClowry et al., 1987).

Videka-Sherman (1982) measures levels of depression and reports of personal change in her study of bereaved parents. She reports that three coping strategies (altruistic activity, replacement with another child, and replacement with a new role) resulted in less depression among people who used them than among parents who did not. People using escape as a strategy showed poor adjustment to the loss (Videka-Sherman, 1982). Milo (1997) declares that the mothers with the most optimistic world view in her study of those who had lost disabled children were those who were able to explicitly accept the contradictions inherent in their situation.
Klass & Marwit (1988-89) claim that the significance of the parent/child relationship to the self of the parent precludes its ending with the death of the child. These authors maintain that the parent will resolve the "psychodynamic" connection with the dead child in one of the three ways described by Volkan (1981) (Klass & Marwit, 1988-89, p. 45). They are: 1) identification (in which the parental self becomes more like its memory of the deceased child, taking on qualities recognized as those the child possesses), 2) introjection (that allows the parent to hold the child in memory as if petrified in time, place and relationship) and 3) externalization (that consists of the parent casting elements of his/her own self onto the dead child as a means of maintaining a connection with him/her). The healthiest of these types of resolution is identification (Volkan, 1981).

**Effect on the Marital Dyad**  
A very significant aspect of a child's death is the effect of the loss on his/her parents' marital relationship. Both partners suffer the loss at the same time and, thus, experience the intense pain of bereavement simultaneously (Gilbert, 1989; Rando, 1984). For each, the person to whom he or she would naturally turn for solace is unavailable when most needed (Rando, 1984). Gilbert (1989) states that people recounted being "overburdened" from trying to comfort their spouse while actively grieving themselves, which led them to doubt their own capacity for being compassionate and helpful partners (p. 612).

Often, there are expectations that, since each is reacting to the same death, each will respond in the same way at the same time (Gilbert, 1989; Rando, 1984; Schwab, 1992). In some cases, couples do experience "a common, sometimes identical, grief" (p.
610), but more commonly “incongruity in grieving” (p. 615) is the norm (Gilbert, 1989). Many factors contribute to this incongruity. One is that each partner has developed strong views about proper grieving and mourning (the social presentation of grief) behaviors based on individual personality, experience, education, and beliefs (Gilbert, 1989; Rando, 1984). Another factor is that each partner has had a one of a kind connection to the child that flows from the gender of the parent and the child, the type of interaction between each parent and the child, and the dreams and plans each held for the child (Gilbert, 1989; Rando, 1984). The two spouses also may have distinct and individual emotional responses to loss or may experience similar emotions in varying patterns and degrees (Gilbert, 1989; Rando, 1984).

Gender-specific response to loss can also present a problem that sometimes leads to misinterpretation of the other’s actions (Gilbert, 1989; Schwab, 1992). Klass (1988) points out that men sense a “void and seek solitude” as a result of loss while women suffer isolation, causing them to notice detachment more intensely (p. 41). These differences can lead wives to be frustrated with their husbands’ seeming “unwillingness to share their grief” (Schwab, 1992, p. 146). A husband often experiences dual pressures – an inability to know how to alleviate grief for his wife and a need to handle the demands of everyday life (Gilbert, 1989; Schwab, 1992). In the midst of these pressures, he may find little energy or time to focus on his own grief (Gilbert, 1989; Schwab, 1992).

The intimacy of living as married partners also causes difficulties since bereaved people in general sometimes transfer guilt and anger they feel about the loss onto those around them (Rando, 1984). “[D]isinterest, depression, avoidance, or other grief-related
responses" (Rando, 1984, p. 124) can have a negative effect on their sexual relationship (Schwab, 1992). At times, couples might try to manipulate each other to grieve "in the 'best' or 'right' way" (p. 612) or they may engage in grieving contests (Gilbert, 1989). Another factor in disparate grief between spouses is that, even before the child’s death, they have held differing opinions of their relationship and how it works – or should work (Gilbert, 1989; Klass, 1988).

Conflicts resulting from these and other factors can lead some couples to doubt the viability of their marriages (Gilbert, 1989; Klass, 1988). Yet, despite these potential difficulties, couples who find positive ways to deal with them are often able to steady their relationships (Gilbert, 1989; Klass, 1988). When partners become sensitive to dissimilar responses to the child’s death and learn why such variability occurs, they can begin to accept differences as tolerable (Gilbert, 1989; Schwab, 1992). According to Gilbert (1989), “talking about the future that they had planned for their child [is] helpful” (p. 618). Gilbert also asserts that crying together and being “physically available to each other when hugging, touching, or sometimes talking [is] needed” allows partners to more “accurately interpret each other’s behavior” (p. 619). Some individuals deliberately alter their opinion of their spouse’s actions by viewing them “through a more positive frame” (Gilbert, 1989, p. 622). Mutual sensitivity to and concern for supporting the spouse’s needs, along with a realization and acceptance of restricted personal abilities to handle all of the spouse’s problems, is good for individuals themselves while increasing investment in their marriages (Gilbert, 1989; Klass, 1988).
Coming to a sense that they share the same loss, but not the same experience, allows some couples to relieve stress and improve compatibility (Gilbert, 1989; Schwab, 1992). Helmrath and Steinitz (1978) report that reciprocal faith and confidence in the relationship arises from “sharing of feelings between partners” and is the most significant factor in grief resolution for both parents (p. 789). Marital dyads with a good preexisting relationship in which each individual sees his or her partner and the relationship positively have the greatest likelihood of coping successfully with the death of a child (Gilbert, 1989; Schwab, 1992).

**Perinatal Death and Miscarriage** The death of a child at or close to birth “constitutes an extremely stressful event at a time of increased stress (pregnancy)” that is complicated by a tendency of the parents’ social network to diminish its significance (Thomas & Striegel, 1994-95, p. 300). Shapiro (1993) points out that before conception even takes place, couples become emotionally involved with the child of their fantasy. They imagine how the child will look, what its gender will be, how their lives and those of their families will change once he or she is born, what financial resources will be necessary, and how they will teach and nurture the child (Shapiro, 1993). Worden (1991) claims that after perinatal death, “the family grieves as much for what they might have had as for what they’ve lost” (p. 106). Yet, they experience valid and agonizing symptoms of bereavement (Helmrath & Steinitz, 1978: Mahan & Calica, 1997).

Perinatal loss (death of an infant within 28 days before or after birth) is difficult for parents to process because there are very few, if any, memories to share (Kish & Holder, 1996). A previous section of this thesis describes ways that nurses and others
can help parents notice and preserve small details with which to construct physical connections to this child. While the parents are bonding to this child, both in fantasy and reality, members of their social network may not as yet have begun to view the expected baby as a human person (Helmrath & Steinitz, 1978). Thus, when he or she dies, others may view the death as simply an end to a pregnancy – an inconvenience – rather than as a real loss of a child to whom the parents are legitimately attached and for whom they must now grieve (Helmrath & Steinitz, 1978). Failure of others to even acknowledge the parents’ loss can be especially hurtful (Mahan & Calica, 1997). Well-meaning attempts to refocus the parents’ attention on the prospects of another pregnancy may mask the uneasiness of physicians, family members and friends, but does little to console bereaved parents (Mahan & Calica, 1997; Worden, 1991).

Couples may consider themselves guilty for the child’s death or doubt their abilities as effective parents even though they have been told and profess a cognitive comprehension of the medical reasons for it (Helmrath & Steinitz, 1978). Each parent must deal with elements of the loss that are separate and specific to his or her own experience (Gilbert, 1989). Rando (1984) points out that the mother is frequently not consulted in decision-making relating to the remains of the child, either because she is physically unable or because medical staff people want to save her the emotional turmoil. The father may be forced to make arrangements alone. This causes resentment on the mother’s part (especially when funeral services happen while she is still hospitalized) and stress on the part of the father while it separates the couple who need to begin processing the loss of their child together (Rando, 1984).
Shapiro (1993) observes that in a miscarriage, focus is usually placed on the mother while the father’s feelings might be ignored. At times, fathers themselves fail to recognize their own emotions as resulting from loss. They may show anger or resentment rather than sadness. Some fathers may believe they are at fault for the physical and emotional difficulties their wives are facing and “vow never to put their partners through this again” (Shapiro, 1993, p. 119).

Worden (1991) cautions couples against forgetting their other children at the time of a perinatal death. Usually, the siblings do not meet their deceased brother or sister, which causes them to have doubts about his/her reality. When parents fail to talk about the loss, the child’s death becomes even less real for them (Worden, 1991).

Caregiver Grief Miles (1985) observes that other adults besides the parents become emotionally involved with an ailing infant or child and his or her family. Professionals who are also touched by the death of a child are “nurses, physicians, respiratory therapists, social workers, ministers, and psychologists” (Miles, 1985, p. 238). In situations such as deaths resulting from AIDS, survivors may hesitate to turn to relatives and friends, resulting in a greater dependence on healthcare professionals they have come to know throughout the illness (Maxwell, 1996). Benica, Longo and Barnsteiner (1992) point out that critical care nurses provide social support for dying patients and bereaved families on a regular basis. Professionals who work with the dying and/or grieving need to care for their own emotional health and, if possible, modify the amount of time they spend in such work (Benica et al., 1992; Dyer, 1992; Humphrey, 1986: Mahan & Calica, 1997; Miles, 1985). Humphrey (1986) asserts that the Hospice
Movement does a good job of providing grief support for staff and recommends that "hospitals, nursing homes, and home care agencies" should do so as well (p. 72).

**Work-related Considerations** Sunoo and Solomon (1996) use stories of workplace support (or non support) of individuals to illustrate practical means organizations must take to support workers during the grieving process. These authors assert that encouraging employees to take time for grief – to share feelings with and listen to the stories of bereaved comrades – will strengthen organizations as well as affected employees. Miles (1985) points out that bereaved people suffer "difficulties with concentration and confusion of thought processes" which interfere with their abilities to work effectively. Organizations seldom take this fact into account, making it advantageous for someone to encourage the griever to address the effects of grief with his/her superiors and coworkers (Miles, 1985). Pine (1986) observes that coworkers of a person who dies may be overlooked in terms of their grief responses. People who lack "legitimate social avenues" to communicate their feelings following a loss may experience difficulties in coping with it (Pine, 1986).

**Suicide** La Greca (1988) defines suicide as "the conscious, intentional taking of one's own life through an identifiable, discrete act" (p. 229). Thus, unintentional deaths resulting from accident or even death-defying behaviors are not counted as suicides (La Greca, 1988). Those bereaved as a consequence of suicide are apt to be trapped in the grief process for a very long time, feeling isolated and "under the threat of doom" (Lindemann & Greer, 1953, p. 12; Rando, 1984). A survivor of suicide is likely to feel rejected and abandoned by his or her departed loved one (Berardo, 1988; Lindemann &
Greer, 1953; Rando, 1984). He or she also suffers a blow to his/her sense of self due to being unable to foresee or stop the destructive actions of the loved one (Berardo, 1988; Lindemann & Greer, 1953; Rando, 1984). The survivor’s sense of personal worth is diminished by the tragic actions of one who had seemed to respect him or her (Lindemann & Greer, 1953; Rando, 1984). He or she may begin to question meanings that were formerly held securely (Rando, 1984), such as “the meaning of existence, the value of life, … the hereafter, the value and place of ones activities in the larger scheme of things” (Henslin, 1972, p. 216).

Since “suicide is stigmatized” in our society (Siegel & Gorey, 1994, p. S69), a sense of shame often overcomes survivors (Lindemann & Greer, 1953; Rando, 1984). The question “what will people think” (Lindemann & Greer, 1953, p. 13) may lead families to resort to silence or to create fables or stories as explanations for the death that are easier to accept than the harsh truth (Berardo, 1988; Lindemann & Greer, 1953; Siegel & Gorey, 1994). Families may seek to find a scapegoat to blame for the tragic death (Berardo, 1988; Lindemann & Greer, 1953; McNiel et al., 1988). Scapegoating permits psychological release for many while it attacks one who is probably least able to defend against the unwarranted culpability others want to place on him/her (Berardo, 1988; Lindemann & Greer, 1953). Yet, despite attempts to blame another, survivors can seldom avoid a general sense of guilt (McNiel et al., 1988; Rando, 1984). Henslin (1972) asserts that people feel guilty based not on what they have done or failed to do in relation to the suicidal behavior, but rather on their personal perception of their actions or lack of
action. Miles (1985) names several types of guilt survivors may experience following suicidal death. They are causation, cultural, moral and survivor (Miles, 1985).

Suicide diminishes the “cohesiveness of the whole group”, according to Lindemann and Greer (1953), causing the act to be treated as if it were “subversive and destructive” (p. 11). Henslin (1972) asserts that the culture of America is responsible for censuring suicidal death. This author points out that some seemingly self-inflicted forms of death are given an “explanation” that removes them from the category of suicide. Deaths, such as those of soldiers, police, or firefighters who give their lives in the line of duty, are perceived as acts of heroism that support principles the culture holds dear (Henslin, 1972). Kastenbaum (1977) reports that, while other cultures may hold suicidal death in high esteem and even deem it “The Great Death” (p. 273), the American culture assesses suicide as morally condemned, unlawful, or as the result of a mental illness or a character fault. Thus, Americans who survive the suicidal death of a loved one have no acceptable categories of meaning on which to call for help in reconciling their loss and find themselves examining their interactions with the victim for difficulties that might have led to his/her action (Henslin, 1972). Suicide survivors receive less social support in their bereavement than survivors of other types of death, while being forced to endure “investigations by police, coroners, and insurance agents” (Rando, 1984, p. 150). Parents who face the suicidal deaths of children must often endure societal reproach for allowing such behavior from their offspring (Nelson & Frantz, 1996).

Lindemann and Greer (1953) assert that when someone a person has loved and respected commits suicide, he or she becomes a “model” of using self-destructive
behavior to solve personal problems (p. 13). Especially for individuals who have refrained from such a “forbidden act” themselves with difficulty, it becomes easier to consider self-destruction as a viable alternative (Lindemann & Greer, 1953, p. 13). When the pain of separation from the loved one is combined with the complexity of surviving suicide, some individuals may give in to the temptation to follow the example given by their loved one (Lindemann & Greer, 1953). Berardo (1972) reports that fear is often expressed by family members that whatever “madness” caused the first suicide will cause others among relatives (p. 285).

AIDS-related Death Bereavement due to Acquired Immunodeficiency Syndrome (AIDS) is often complex and difficult because the disease is “universally fatal”, is frequently contracted by more than one member of a family, and is “stigmatized” (considered disgraceful) by society in general (Siegel & Gorey, 1994, p. S66). The social order does a poor of job of caring for the psychological requirements of those “affected, as opposed to infected, and subsequently bereaved by the virus” (Maxwell, 1996, p. 21). Individuals who have lost loved ones to AIDS are often limited in using the standard network of social support that is customarily available to survivors of other types of death (Maxwell, 1996).

Of particular concern are children of AIDS victims, who are not only impacted by parents and family members who are sick and getting sicker all the time, but also by secrecy about the cause of the illness and/or restrictions about telling outsiders what is wrong with their ill family members (Siegel & Gorey, 1994). In addition, these children may be worried about whether they too will be ill in the future yet, due to family
inhibitions in talking about the syndrome, may not be able to have their questions answered (Siegel & Gorey, 1994). They often experience periodic temporary care conditions and are separated from their siblings (Siegel & Gorey, 1994). The ideal situations needed by grieving children for optimum coping (see section on children) – "sustained care, support, and environmental stability" – can very easily be threatened in families reeling from the complications of dealing with AIDS (Siegel & Gorey, 1994, p. S68). The infective nature of AIDS also causes many children to lose multiple family members to the disease, adding further complexity to their grieving processes (Siegel & Gorey, 1994).

**Accidental Death and Murder** Survivors of accidental deaths frequently blame themselves for being unable or unavailable to foresee or change the circumstances that led to the fatal accident (Shapiro, 1994). Murder forcefully robs survivors of "the basic sense of power over [their] lives" that people believe civilization should guarantee (Klass, 1988). This generates a "sense of rage" (Farrugia, 1996, p. 31) and a "drive to revenge" (Klass, 1988, p. 125). Although the legal system seems to be a good way to secure retribution and revenge, many survivors find they are less than satisfied with the results of court battles (Klass, 1988).

This section has discussed research related to specific contexts or situations for grieving. The entire literature review has dealt with the impact of the death of a loved one on those who survive as well as ways people use to reconcile their grief, on the definition of a story and a discussion of the impact of narrative structures on people, and on specific situations of bereavement that researchers have studied.
Research Questions

Fisher’s narrative paradigm suggests that people should naturally turn to stories in an attempt to understand and to find their way through a devastating happening such as the loss of a loved one. Through the use of narratives, people should look for “good reasons” for the event and for their emotions in response to it. These good reasons should be created and applied according to the norms and rules they have learned from their history, culture, and personal experience. These good reasons should also fit with the personal integrity of the individual who should measure the rationality of such stories by use of narrative probability and narrative fidelity. From among all of the stories possible to be told, an individual should choose the ones that will make a good life for himself/herself and his/her family.

The purpose of this research is to determine whether people create stories to describe their bereavement experience. The following four questions will be answered by this study. 1) In the course of describing their bereavement experience and the process of managing it, do people use stories? 2) Are there common elements in these stories? 3) What common elements can be named? 4) Does the use of stories appear to help people cope with loss and bereavement?
CHAPTER II

Methods

Respondents

Bereavement is a difficult time for most people, but grief responses do vary. One of the critical indicators of a strong grief response is the degree of involvement of the self-image of the bereaved individual in his/her relationship with the person who dies. The parental role involves an individual in bonds with his/her child that are based both on interaction and culturally mandated expectations. These bonds strongly affect the self-concept of the individual. When a child dies, the parent suffers formidable losses to his/her self-concept in addition to the loss of the relationship with the child. These multiple losses usually result in a strong grief response in bereaved parents. This study uses parents as respondents in an attempt to assure that the individuals interviewed are reporting from a strong experience of grief. As previously discussed, such a strong experience causes disorganization and disequilibrium to such a degree that an individual must find ways to adjust if he or she is to continue living in a sane and productive manner. According to Fisher’s (1984) narrative paradigm, an individual experiencing intense grief will naturally make use of stories to accomplish this adjustment. In building the sample as well as in conducting the interviews, the researcher found evidence of strong grief experience among parents. Several possible candidates for
inclusion in the study were identified who refused to participate because they found it too hard to talk about their losses. At least two of the actual respondents reported having had second thoughts about being interviewed, saying that they had almost called to cancel their sessions a few hours before they participated. Without exception, respondents struggled with unexpected indications of emotion at least once during their interview sessions and several thanked the researcher for the opportunity to talk about their child and their experience of loss. These instances indicate that the bereaved parents contacted regarding this study did experience strong effects from the losses of their children.

A snowball sample was collected for this survey. A wide variety of community members were contacted, asking them to recommend bereaved parents who might be willing to participate in the study. When parents known to have lost a child were identified as possible respondents, they were asked either by the researcher or by an intermediary to consent to an interview with the researcher. Those who were willing were contacted to arrange time and place. Respondents included four white males, one African-American female, and five white females. Their children had died at ages ranging from 10 days to 40 years. The duration of their bereavement experiences (the time from the death of their child until they were interviewed) varies from 3 1/2 to 30 years. These respondents exhibit wide variance in terms of the age of death of their children, cause of death of their children, and duration of bereavement; however, they hold in common a strong grief experience.
Instrument

A questionnaire was devised to elicit the respondents' personal stories of their bereavement experiences. The goal was to provide an opportunity for respondents to tell stories so that those stories could be studied. Respondents were asked to talk about the effects of their losses and how they dealt with those effects. They were also asked about people and events that were helpful or made the bereavement experience more difficult for them. Questions relating to an end of the negative effects of the loss and use of the word “recovery” were meant to draw out discussion of the final results of the bereavement process. Respondents were asked to give advice to others as a means of tapping into the learning that participants had garnered from their own grief/loss experiences. The invitation to speak about the death of the child was deliberately placed near the end of the interview to test whether a participant would tell the story of his or her bereavement separately from that of his or her child’s death. The researcher had predicted that participants would talk about the death before being asked to do so. Open-ended questions were used to facilitate the widest possible responses on the parts of the participants.

The guide was piloted with two bereaved parents and revised slightly before the research interviews were conducted. The Appendix of this paper contains the interview guide used for the research sessions.

Procedures

Respondents were interviewed in sessions lasting for one to one and a half hours, using the guide mentioned above. Interviews were conducted at various locations,
depending on the comfort and convenience of the interviewees. All sessions were audio
tape recorded with the permission of the respondents.

The interview guide was used to aid respondents in describing their bereavement
experience in detail. Follow-up questions gently guided all interviewees in addressing
similar aspects of their experiences. The interviewer took sparse notes during the
interviews. Interview tapes were then transcribed. (Side comments and stories that did
not relate directly to the respondents' bereavement experience were not included.)

Analysis

Following transcription, the interview material was divided into segments based
on subject matter. Similarly themed segments from all interviews were then gathered
together. At this stage, it became apparent that the categories with the highest numbers
of segments were those that addressed the questions included in the interview guide.
After removing categories relating to the interview questions, two general subject areas
emerged among the remaining categories. They were: narratives of situations that
occurred surrounding the death of the child and during the bereavement of the parent, and
discussions of knowledge or insight garnered by the participants as a result of thought
about bereavement-related situations. Account segments relating to the interview
questions will be reported first in the results section, followed by account segments
initiated by the respondents in addition to subjects raised by the researcher.

The researcher then went through the data herself to ascertain the presence of
narrative structures in the accounts of the participants and to describe similarities evident
among the stories. Narrative analysis was used to identify segments that exemplified
respondents’ use of stories as predicted and explained through an integration of the
premises of Fisher’s (1984) narrative paradigm with ideas about the utility of stories by
other researchers. In some data analysis, it is customary to use two coders to assess
interrater reliability. However, in narrative analysis, the interpretive nature of the data
and the fact that information is not being categorized in the same way that it would be in
content analysis makes the use of more than one coder especially difficult. Narrative
analysis is more akin to rhetorical inquiry than to other forms of qualitative research.
Thus, most narrative analysis uses just one individual to interpret the data, as was done in
the present study. As examples, see Bowker’s (1996) assessment of metaphors in the
diary of a woman facing cancer and its treatment, Sharf’s (1990) analysis of the
interaction between physicians and patients, and Cherry and Smith’s (1993) examination
of loneliness in men with AIDS.

Narrative analysis of the accounts reported in this study yielded rich results.
Although it is rather unconventional to cite and integrate so much past research in the
discussion section, the practice brought together various conceptions about stories,
including how they work for people, with the accounts of this study’s participants to
discern how stories were valuable to these bereaved parents. Many examples emerged
from the accounts of these respondents that confirmed their use of narrative processes to
create meaning, to test action plans, and to make choices that helped them and their
families deal successfully with the effects of the loss of their children.
CHAPTER III

Results

The results of these interviews are reported here in two sections. The first section reviews topics that are addressed in the questions contained in the interview instrument. Although these comments are organized according to the survey instrument topics, the contents of each interview do not necessarily follow this rigid format. The research instrument (located in the Appendix of this thesis) is constructed in such a way that parents are invited to tell their own stories. Each person interprets that invitation in his/her own way. Many tell their child's death story, or major aspects of it, before being invited to do so. The second section relates topics that are addressed by at least two of the narrators in the course of telling their bereavement stories. All of the informants include topics beyond the formal questions listed in the survey.

The words of the respondents that are included in this results section are quoted from spoken English. They often do not follow the grammatical rules of written language. Thoughts and sentences are sometimes left unfinished, abandoned in the middle of being spoken in order to better follow the concepts the narrator is trying to convey. In the course of reporting these words, the researcher has used several conventions that need to be explained. When it was apparent from the inflection of the
voice and non-verbal signals that a thought or sentence has been left unfinished or interrupted, a dash ( - ) is used to indicate the change in meaning. At times, some words were unintelligible to the researcher (either in person or on tape), yet the rest of the thought was intact. At other times, the respondent made a side comment that is not necessary to the meaning of the thought that is quoted or made repeated and/or unnecessary statements that do not affect the sense of the whole segment. In these two cases, an ellipse (...) is used to indicate that something has been left out or is unintelligible. To preserve the privacy of the respondents, proper names are replaced by common nouns. This is indicated by the use of brackets.

Topics addressed in survey questions

1) What are the effects of this loss on you? Whether the parents were present at the death of their children or not, they reported a wide variety of reactions to the loss of their children. Disbelief was specifically mentioned by two mothers whose sons were killed unexpectedly in accidents while away from home. Five people mentioned shock as part of their immediate response to the loss. Their comments follow.

"Well, the immediate effects were pretty much shock, disbelief."

"Well, I think, initially – a blur, a haze, shock."

"Immediately, I kind of went into this thing like that I was in some bad movie, that this was just – somebody had pulled a trick on us and this was just a really bad movie and ... and just shocked. ... I think your mind protects you during that because you go into this like [you] only can accept what you can handle because
otherwise, if you had all that to deal with I don’t think you could do it. It’s just sort of a numb – gradually little things come in – self-protection or something.”

“Everybody got concerned about me because I was too calm. So my sister called my family doctor...and he came over to the hospital. He drove behind me to make sure I got home safely. ... He wrote a prescription for some sleeping pills. ... So, I’m sure – they said, ‘He just knew that you were in shock.’”

“Then, I think I immediately went into some kind of defensive shock, or something. I don’t know what the medical term is, because I don’t know what happened. But I stood up and said to the doctor, “Doctor, you know, she’s gone now and you’ve done a wonderful job. Thank you very much. Like OK, somebody just closed the door. I just didn’t know what to do with myself.”

Another mother described her experience without using the word “shock”; however, the happenings she depicted are very similar to those described by others as shock.

“I remember certain incidences, but I don’t really have a clear picture of everything – a fog and just overwhelming and just, you know, like I was going through the motions of living, attending to details, you know, that need to be attended to.”

Parents discussed the emotional turmoil of the loss of a child in various terms. “It was as devastating as it’s possible to get.” “Basically, emotionally it beat me to death.” “I cannot deny the fact that emotionally I was torn asunder.” “I was totally devastated.” “I just remember the sense of ... this is surreal – this whole thing.” One father described
the first year as being very emotional for him and his wife. A mother reported a lull of almost six months between the death of her daughter and the onset of her own emotional response.

A father whose newborn son died without leaving the restraints of a respirator struggled with his lack of what he considered to be a proper emotional response. He specifically compared his reaction to that of his own wife and to that of another couple that he met at a support group meeting, finding himself lacking in emotion. He referred to his first child and talked about how he had gotten to know her as a newborn, thoroughly enjoying the experience. He was able to hold his second child only as he died in his arms. As a result, he felt he did not know that child. The following are his words.

"I didn’t feel as moody as I thought I should have felt or as bad as I thought I should have felt. Now isn’t that strange? …I mean, I actually wanted it…but it just wasn’t there. And so it took, I think, the whole year to work that whole thing out again about if you really don’t know somebody, if you’re really not close to somebody, it really is hard to feel that."

The same father described feeling angry about his loss of control over the events that caused his son’s death. In the selection that follows, he tells his experience of the labor and delivery of the child.

"For me, it was a novel thing because, there again, there was nothing I could do. My head was just simply at a loss for what to do. And it was supposed to be so routine. I mean, [my daughter] came. [She] was a normal delivery. [My son] –
you know, she was pregnant and everything seemed to be just like clockwork, like it should go. We’re talking the last couple of minutes – it all fell apart.”

Discussing the loss-of-control feeling connected him to another incident of the same feeling. In the next segment, he relates an anecdote about his daughter and the struggle he had with her over anorexia. As he was talking, he realized that she almost died because of the anorexia. He described that same loss-of-control feeling and the anger it caused.

“And I remember the same thing, of being so mad because no matter what I did, I couldn’t change her and I think that’s part of this whole anger thing about being out of control. I mean, before when the kids were growing up, you know, you either did it or I smacked you upside the head or some kind of punishment to make you do it. I could always make you do it. Might made right. Now all of a sudden, no matter what I do, I can’t bribe her, I can’t threaten her, I can’t punish her into it. There’s nothing I can do! There’s this thing that has taken over control of her head and it’s outside of my control.”

Other parents also talked about anger. In the quotations that follow, the first comes from a father who is straightforward about his feeling of anger and how it affects his relationship with God. The second is from a mother who refers to a support group meeting at which anger was discussed and her reaction to the discussion.

“I can’t say I was angry at God. I was angry at life itself – well, why did this happen? Why did it happen to us? … For a while I was too angry to talk to God, but it was not very long – two or three days.”
"And it was, again, a little surprising for me when it came up in group. And I've heard some people really – just really, really angry with God. And I'm like, 'Wow, you can actually do that?!’"

The same woman just quoted above related an incident of displaced anger that occurred soon after her daughter had died of a chronic illness at the children’s hospital. She had taken her son to the same hospital's emergency room for treatment of an infected hair follicle and a resulting boil. In the following selection, she tells how she over-reacted to the treatment plan and talks about the angry statement she made.

"...And I just cried. 'I’m not coming back here ever!’ And I just really performed...and my son said that I fell out on the ground and I acted out... He said, 'Yes you did. You told that man that you was afraid they were going to kill me.’ And I said, 'I didn’t say that.’ I just said I didn’t want to be here – that was all I said. I didn’t want to be here at this particular time. ... But that was the only time that I lost it was when I had to take him over there to the hospital.”

Another case of displaced anger is described below by a father. He talks about being angry with the facilitator of a support group who challenged his habit of always answering for his wife during the sessions.

"[The facilitator] told me, she said, ‘[Your wife] has got to learn in her own way. She’s got to be able to live with this and your answering questions for her all the time is not helping any.’ In so many words, when she told me that, it turned me off totally. So I told [my wife], if I remember correctly, ‘I’m not getting too much out of this. You don’t care if I don’t go anymore.’ If I remember correctly,
[my wife] says, 'No, I’ll go ahead and go. And I said, ‘You don’t need to say anything to [the facilitator] or anybody else. Just say I’m busy. I don’t feel like going.’"

People sometimes say things that seem to contradict their own assessment of circumstances in the course of telling their stories. One woman professed to have never felt angry, yet in another place in the interview she related an incident that happened very soon after her son’s death in which she describes feeling angry. That segment appears below.

“My parents were in from [another state] and they thought we needed to go out and we went to [the store] and I can remember being very angry that people were happy. People are smiling. They shouldn’t be smiling because I’m hurting. Everybody should be hurting. I can remember that very clearly, that, you know, why are these people laughing?”

The same woman talked at great length about her anger and frustration with the military and the government over mistakes and misjudgments that led to accidental death for military personnel. Her son had been killed in an accident while serving in the military. The anger and frustration she described are definitely connected to the death of her son; however, she interpreted these emotions related to military accidents as an attempt to make a statement, rather than as emotions flowing specifically from her loss of her son. Thus, she can make the following statement and believe it is true.

“I never got angry. Some people get angry. I’ve never – and I’m not saying never because I understand grief to be a lifelong process. There may be one day
when I wake up just as mad as ever, but for right now, there wasn't any of that kind of anger issues or any of that."

In the following group of quotations, people often name crying as an aftermath of loss and describe their experience of it. However, the last statement in this group portrays a lack of tears.

"I can honestly say – I've had tragedies since then – I had never ever cried as much. Bedtime was always the best time for that."

"I went to bed and just slept. I cried a lot. As time went on, crying became less constant."

"That first couple of nights, we cried a lot. But after a while, you just run out of tears."

"I think [my wife] and I both cried until we couldn't cry anymore."

"The girls started wailing...and I don't think I cried that night."

The same person who didn't cry immediately following her daughter's death related the following information about her father. (Later in the interview, she talked about experiencing an incident of strong emotion about six months after her daughter's death in which she did cry and scream).

"I remember my father coming into the room and he was crying. I had never seen my father cry before, so that was shocking. Actually, he said he's only really cried in front of his kids three times and that was when Kennedy got shot, when King got shot, and when [my daughter] died. And so, that was a shock. Because this is a man who didn't do that in front of any of us six kids...there's four girls
and two boys – and so we did not see it growing up. I don’t remember Kennedy getting shot. I do remember King getting shot and I do remember thinking the world was coming to an end because my father was crying. …so, he came in the room and he was crying.”

A man whose daughter had died from a congenital disease reported a sense of purposelessness. He said, “I gave up life for a while. I just couldn’t find my focus.” Not only did he lose his daughter, but he also lost membership in the supportive community built up around her disease. His own efforts in raising money to fight the disease and educating others about it no longer seemed as important since his daughter had died.

“I know when she died that I had a hard time for a long time knowing what my focus was. I had spent all this time with [the disease] and now it was all gone. It was the warmest part of my life, probably the bigger part of my life.”

Respondents in this study did not mention many physical complaints flowing from their loss. The following selections include some of their responses related to the physical effects of grief. A father talks about how he and his wife dealt with an inability to sleep. One person is not sure that his sleeplessness is related to grief. Another person dismisses physical effects altogether.

“The first night there was no sleep. We were up all night. So, the next day, I told [my wife], ‘We’ve got to get some sleep.’ So I called our physician – and he called in a prescription for us and we took some sedatives. The sedative helped us rest.”

“I’ve had some sleepless nights, but I can’t really blame it on that.”
“No, I don’t think I had anything physically. I had that heart condition for many years after my first husband died. And I can’t say that anything changed in a physical way.”

No respondents specifically mentioned psychological effects, but descriptions of their behavior suggest such an impact. The accounts quoted below range from automatic behavior to withdrawal from previously accepted responsibilities to depression. One person reports a decision to die.

“I did things automatically and didn’t realize what I was doing and my memories are real foggy about that whole time. I know the things got done, but I don’t remember doing them. Some things I remember doing that I didn’t. I remember going downtown about two days after she passed away to the city building to pay the water bill, but a month later, I got a bill that said I didn’t pay it. And I went down there, but I think what happened is I couldn’t find a parking space so I just went on and did something else. I remember clearly going downtown with the intent of paying the water bill and I almost got my water shut off. ... Two weeks later, I went back to work and just did everything I was supposed to do at work. And then, about a year later, ... this lady came back...and said, ‘Don’t you remember me?’ ‘No, who are you?’ And she said, ‘Well, a year ago, you worked with me to find housing.’ ‘I don’t know who you are.’... Now, what I had to say to people is, ‘From June 27, 1997 through about June 27, 1998, I’m not responsible for anything I did. I don’t remember anything I said or did. I just did things automatically and then totally forgot about them.’”
“I didn’t cook. I didn’t clean. I didn’t do laundry for about 3 years, probably just about. It wasn’t exactly 3 years. I don’t know, I just couldn’t – I went into this thing where I didn’t really care if we ate or didn’t eat, didn’t care if we had clean clothes or didn’t have clean clothes, so my husband took the slack from that. I feel like I went into kind of a different person.”

“I had a real intense year and into the second year. Then I thought I was just fine and I became at that point of non-functional and I was at my doctor’s and he gave me a little test and said ‘You’ve failed our test,’ and it was a depression thing. And I had to go on medication for depression, which I had fought for quite some time, and went on that for a while. It was good. You know, it wasn’t that I was happy, happy all the time but at least I was able to sleep normal and act like a very normal person.”

“I guess the biggest thing that happened … is I decided I was going to die. Yeah, so I just decided that that was it. I was going to die and I did everything I probably could to try to get there except actually commit suicide, or try to commit suicide. Mine was by alcohol and drugs – and I became alcoholic … to numb the pain – I didn’t want to feel any of the pain, you know, go through any of that. So, you know, yeah, I actively sought that out. It was actually a conscious decision that I was going to die, a conscious decision that I made. And, um, I worked very hard at it, but it didn’t work! You know, it didn’t work.”

2) How are you managing those effects? Several of the parents mentioned reading as a way of coping with their loss. One woman said she received literature from
co-workers. A man was thankful to the funeral director who had handled his son’s body for giving him and his wife a year’s subscription to a bereavement magazine. Someone else reported that he was given materials at a support program at his church. In the selections that follow, a man says that books helped to raise his spirits, while a woman talks about moving from books to the Internet.

“Reading and reading and reading and reading and reading. I’m serious. If I would get down, then I would get more of these books. Because I found them inspirational from the standpoint—not a religious standpoint—but from the standpoint of coming back to the focus. All of these books say exactly the same thing. Just sometimes I just need to hear it again and again.”

“I read a lot of books. Now, I’m on the Internet. ... I’m on a list serve ... for Atlanta Compassionate Friends. I met the lady who maintains it. ... There are people from all over the world that are on there. Sometimes you’ll have a subject, but usually, somebody writes in and says, you know, here is a particular issue I’m dealing with, you know, how do I pay for this—or people write poems, or write articles for magazines. They’re all posted on there. I get one or two postings from that each day, so I participate in that somewhat but not as much as say a chat room.”

Support groups were helpful to several of the respondents, although not to the man who reports having left a group because he was angered by a suggestion made by the facilitator. A woman said, “Basically the only place I could talk about my feelings was the group. ... I never felt comfortable in any other place than the group.” One woman
was very active in Compassionate Friends. Another woman attended Alcoholics Anonymous meetings several times a week and found support there for her problems, including dealing with her grief. She talks about her experience in the following segment.

“I went to treatment. I stayed 35 days, got out on a Friday, went to an Alcoholics Anonymous Meeting on Saturday and have continued ever since. ... I do A.A. a lot, still. ... It is my life. That’s the way I’ve dealt. It’s very spiritual for me. My focus is very spiritual. ... Now I don’t know what the outside world’s view of it is, but it really is very spiritual. Yeah, an appeal to a higher power – getting in touch with a higher power. There’s twelve steps that you work. It has worked very well for me.”

This same woman was mentioned earlier as having made a conscious decision to die. In the first segment below, she explains how she passed the time between her son’s death and the beginning of treatment. In the second segment, she tells about her decision to reclaim her daughter and her own life.

“... I was really just out of it, you know, for six months from November to the beginning of April ... not really there for [my 3-year-old daughter] ... but I mean, you know, even though all of the outside motions and everything were there, I wasn’t there.”

“I was forced into treatment. I, um, they threatened to take [my daughter] away ... I think the death started it – yeah, kind of brought it all together – and from there, the treatment on was life-changing. But, yeah, they threatened to take [my
daughter]. And I thought, I lost one child, I wasn’t going to lose another! And I remember that conscious decision, too. So, it was as strong as the one that I was going to die – you know, that decision for them not to take her from me, because I’d already lost one, so – ”

In addition to the mother just discussed, two other parents mentioned alcohol as a coping mechanism for their loss. In the first selection quoted below, a woman reports turning to alcohol one time to numb an overwhelming emotional upheaval and how she felt the next day. In the second, a man talks about doing “a lot of drinking” to ease grief, but admits that it does not remove the reality of the loss.

“My head hurt me so bad the next morning, I didn’t want to move. And so, I remember waking up and my head going boom, boom, boom and I said, ‘OK, I just won’t move.’ And so then, about three hours later, my stomach said, ‘You’re hungry and so you’ve got to get up.’ I said, ‘No, no!’ And so about four hours later, my body said, ‘Now, you’ve gotta get up and so I had to get up and I said, ‘Never, ever again will I do that!’ And I never have.”

“There was a group of us that did a lot of carousing. You know, if you stay self-mediated long enough, it seems to me – but even with that, I think in those moments when you’re alone, you know, somehow reality just hits home. You still face those things.”

Another coping method espoused by several participants is keeping busy. One woman said that when her oldest son died she had so many other people to care for (the
five younger children and her husband) that she had to keep busy and that was helpful to her. Two other people talk about keeping busy in the quotes that follow.

“That still is a big factor in our lives that if we had a busy life of being able to enjoy doing things that we enjoy doing, I think you can accept death a little bit better. ... I can go out in the yard and work and I don’t think about it much. But the minute I come in the house and don’t have something to do, your mind sits there and you think about it.”

“Well, I’m busy. Keep yourself busy, because, I think, in the beginning that is probably the biggest key. When you’re not thinking about something else, then you’re dealing with that – that again! When you find yourself going, ‘When is this going to leave me alone?’ Then you realize that it’s never going to leave you alone and you just keep on going. Then you stay with the busy-ness.”

In the following quote, the same man points out that, although keeping busy is a good strategy, there are still opportunities for the loss to surround you. He recommends approaching your grief from moment to moment. It is easier to handle each moment than it is to try to take on weeks or months of grief.

“You keep yourself involved and then, in those spaces of time when there is nothing else going on, those moments of remembrance will come in, those moments of feel – and you deal with them, you know. OK – look off into space and disappear for a second. When you hear something else on the radio that brings your attention to it, you deal with it. Just moment to moment.”
Medication as a coping aid has already been mentioned in several quotes – in the forms of sedatives and medication for depression. While one woman claimed that the best way to avoid being reminded of the loss is "not to talk about it" and another woman admitted that there are times when she just wants to be alone, other participants recommended "[t]alking about it. Talking to people." One man said, "it was one of my coping methods … [asking other folks] what is their experience and how did they deal with [it] when it doesn’t work." In the segment that follows, another woman relates how one special person helped her cope with her son’s death.

"My mother-in-law was priceless – absolutely the most precious thing there ever was … She was the only one at the point in time, ever – hardly, ever – that would talk about it. You know, nobody else would talk about it and she always was willing to talk about it, always willing to be there. … And she wanted to make it OK to talk about, and OK to acknowledge it, and to do something … it really meant a lot."

One man talked about a technique for coping that is akin to talking to someone. The method involved writing a letter to the deceased telling him or her all about yourself, how you feel, what dreams or hopes you might have had for the deceased, and anything else you may want to include. Once the letter is written, you are advised to go to the cemetery and read it to your lost loved one. The father took the advice, wrote a letter to his son, and read it to him. His comments about the experience follow.
"I have to tell you, I felt so dumb. I'm standing out at the cemetery with this letter, reading it out loud – in very hushed tones, by the way – and afterwards I think I did feel a little bit better –"

Prayer or talking to God is mentioned by several respondents as a helpful coping strategy. Two women talked about faith in God as a comfort and support during grieving. The father quoted below claims that the loss of his son has brought him closer to God.

"The Lord works in mysterious ways, I've found out. … I think [the loss] helped me in my religion to get closer to God. Well, after my initial loss, … I think I had – I started praying more, harder than I ever did through the years, of course. … Through going to church and praying more has brought me closer to God."

Another man talked about how his faith in God was challenged by his daughter’s illness and the results of praying for healing for her. He related that he and his wife were involved in the ecumenical charismatic renewal movement. They had had a whole chain of people praying for his daughter’s healing all across the country. They had come to believe that if their faith were strong enough, their daughter would be healed. They took her to faith healers and even stopped giving her medicine to her for a short period in an attempt to demonstrate the quality of their faith. However, her illness did not go away. It, in fact, continued it’s inevitable progression and took her life when she was 12 years old. In the first segment that follows, the man talks about his struggle with prayer. In the second segment, he talks about how he is becoming less bitter about God’s action in our day while admitting that he still wrestles with the question.
“That’s a big investment – in faith. You don’t – that’s the funny thing about praying. When you invest like that and it doesn’t happen – at least for me anyway – it left me in a very bad spot. It probably has to do with our expectations as opposed to what really is God’s promise to us. I could drive myself crazy. So I try to take a different kind of approach – this is what I want. It’s sad because it takes the expectation out of prayer.”

“And actually, I think that maybe in the last four or five years I have become more mellow in that. I’ve talked to some people who have helped me and read a few books to see that it is not my place to decide what is or isn’t going to happen. Now I try more to – I just feel like things happen. God’s there to support you. I haven’t come to a full understanding of that because if he’s there to support you in all this other stuff that happened – when he walked the earth and all the people he healed – if I want that kind of support why can’t I get it? So that’s still difficult for me but I’ve done this purposeful about-face and I just kind of leave that in the back and walk in a different direction. Trying to get where I need to be. It’s improved my relationship with God or my feeling about God.”

Three people in the study talked about the subject of questioning God. Two of the people happen to be a husband and wife. Both of them brought up this issue independently. The man’s comments appear first in the selections below, followed by the woman’s. The third segment comes from another woman who discusses the confusion that can be caused by a person of faith questioning God’s judgment.
"I never, once, said 'Oh, my God.' I never questioned God. It wasn't intended because I think our faith lives guide us in that direction. Because of our faith, we understood that God has a purpose for our lives whatever happens."

"I think [questioning] would be a normal reaction. I don't know. I think the questions would be more so. I think the anger would be there. And I think a lot of people go there. 'God, why did you do this?' and it's really not about God. It's about this world that we're in. You know, so God doesn't really do anything. We do things. It's about us, but I think it takes a perspective of - you have to have an understanding of God."

"And around that time, I had started going to a book club and the first book that they read was Conversations with God. I couldn't read it and, in fact, refused to read it and have not read it because it was a lot of questioning of God. ... Because if I question God, then I might have to come to the conclusion that maybe this was not the right decision and I might have to say I'm kind of pissed off about that. And you don't do that - you don't. It's a confusing thing when you have to deal with grief and losing someone and then questioning of that higher power who is supposed to know all and be all and knows all the good things for you. And then, you have to say, 'Now wait a minute, ... how is this supposed to help me?' And so, I have a lot of - not really fear, but I have - OK, you can kind of question and it'll be OK. I haven't got struck down yet..."

Two other respondents discussed the attempts that others make to console bereaved people by appealing to God or God's will. Neither of the parents reported
having been consoled by these efforts and actually sounded angry that people would even think such words could be consoling. The first segment that follows is from a woman who wishes people would do something to assuage her loneliness rather than talk in platitudes. In the second segment, a man rails against mention of God’s will and comes to satisfaction with an explanation related to the randomness of life.

“There are people that try very hard to tell you how God feels about it – how God feels about them. We all know this, but that doesn’t take the hurt. We don’t stop to realize a hug and invitation to dinner or just say, ‘Let’s go here, or let’s talk’ – that that is more important than listening to how God would accept your loss. … I think that they think they’re telling you something you don’t know. And it’s just like somebody telling you God never gives you more than what you can handle. And I always tell them, ‘if you never had to handle it, you wouldn’t know, would you?’”

“You know, it sounds sacrilegious, but don’t give me the crap it’s God’s will … I was telling somebody something about God and my feeling about him. A lot of it that’s in my head is from the Notre Dame nuns, which he was really a brutal meany-ass God. He was waiting for you to do something so he can getcha! … And so, because of that I don’t want to hear those trite remarks. You know, because it’s so easy to just say, ‘it’s God’s will.’ Oh, well, that makes me feel a hell of a lot better. My kid died and you tell me it’s God’s will and I’m supposed to go on with my life like nothing happened. NO! … they had the guy on [a radio program] that wrote Why Do Bad Things Happen to Good People? … his
explanations ... probably came as close to rationalizing life as anything. And basically, it was because they do. That’s part of life and you can’t control it and that’s just what happens. You weren’t good. You weren’t bad. You didn’t have a damn thing to do with this thing. ... It’s the randomness of life and ... if you try to find an answer, you basically won’t.”

3) Who and/or what have been especially helpful to you in coping with your loss?

This question challenged people to focus on the people or things that helped them the most in coping with their loss. Many of the participants talked about people who had supported them. These first two quotations are from people who specifically appreciate their spouse.

“My husband was wonderful. [My son] was his stepson and he didn’t even meet [my son] until he was 13 years old, you know, and he went through his teen years – that’s all he knew of [my son] so he didn’t have those little childhood memories to kind of perk you up, you know, when they become a teenager.”

“At the very beginning, I don’t think there’s anything that helps – month or two months. Just [husband and wife] kind of leaning on each other. Try to keep a normal.”

In the following, the same man goes on to applaud the permissive attitude toward grief that he and his wife tried to maintain during the early stages of their process.

“I had a lot of adjusting to do, my mental attitude, just the grieving process. We set ourselves a year. Whatever happened during that year – whoever wanted to
cry, whoever wanted to do anything – that year was set aside. No pressure not to.
Me and [my wife] supported each other. That was a good part.”
Pastors and chaplains were also perceived as helpful at the time of death and
during bereavement. The three segments that follow discuss the presence and actions of
pastors or chaplains.
“I’m so grateful to [our pastor]. When we found him, he knew [our son] was
gone, but he came over anyway and said prayers. I don’t know why it means so
much to people, but it does.”
“[Our pastor] helped me a lot. He didn’t tell me anything comforting or
enlightening, but he was just always there. … He told me one time after [my
daughter] died. I said I don’t think I should be working up here in the church.
I’m having problems with such and such and such and such and I told him. He
said, …”What percent of your personality – your life – is involved in that?” I
said, “Oh, I don’t know. What? – about 15 percent.’ He said, “Fine, take the other
85 percent and stick it out.’ I thought that was one of the things – subtle, but it
gives you self-worth. It helps you hold onto what you had. That’s the kind of
thing he did.”
“I don’t know that you necessarily have to go through the process yourself. I
think – I just know that you – what I appreciate, for example, about [the chaplain]
is that she takes people – she knows that people can be in different parts and is
accepting of that and I think if more people were accepting of that who have not
gone through it, then…”
Two women talked about the support they received from family and others close to the family. In the following segments, the first woman talks about her brothers and sisters gathering around her after her son's death. The second mother tells about the people who were present for her daughter's death and immediately afterwards at the hospital.

"I'm one of seven children and my brothers and sisters live kind of across the United States. And when [my son] died, my husband called my sister in S. Carolina and she called my other sister and within an hour, they were on the road. ... They came from all over ... and I said I want all of you close. So they stayed in our house, which is a small house with one bathroom – just like when we were growing up. So, I think my brothers and sisters helped me a lot to get through that because they would talk about [my son] and they knew [my son] and we could laugh and talk about the funny things that happened when he was growing up – you know, 'Do you remember this?' – so the reminiscing part was very important."

"...They found us a room. Everyone was crying and I sat down. Within ten minutes, all of the people that knew [my daughter] came in to give condolences. My brother-in-law called. (My son at the time was in Nigeria with his father.) ... He called the people in Nigeria and so, then called back and said, 'I'll be there tomorrow.' My sister made other phone calls. So we were there. ... So [my father] came into the room and he was crying. His parish priest was with him. ...
It seems like there were like 15 people around her bed. And the parish administrator...was there...so she said a prayer...”

In the following segments, other participants name a couples’ group, their church family, and groups of friends as being supportive to them in their grieving. They describe other people as being helpful through talking, praying, just being present, and keeping in touch.

“We belong to a couples’ group. There were, at that time, eight couples in that group and they came. At that time, one of them was pretty much at our house the whole time. I do a lot of talking. I think my talking has decreased in the past few years rather than increased, but I like to talk and that was the only way I think I could seem to get through it.”

“My church family was very important and I’ve said this many times that I felt like we were puffed up on little clouds by prayer because it would be just the time that I would be going really down again, then somebody from my church would call or come by or bring a meal. They were there and they stayed at our house when we had to go to the funeral or the visitation and stuff like that.”

“I remember a month or two weeks after [our daughter] died, we went with a bunch of friends to the beach. It was probably the wrong thing to do. I told all the friends that I didn’t want to talk about it. ... It was an extremely sad time. It was good to be with people. That helped, but it was certainly not a vacation.”
“Friends – many of them have moved away from the parish – they would keep in touch. That was always a help. We would get to mass on Sundays and see our friends a lot then and we would call.”

One mother related that she was burdened by guilt related to the birth injury to her son that caused his death. Even though she was a nurse, she still wondered if she had done something that caused the problem. In the following section, she tells about a doctor who sat down her, listened to her concerns, and explained that the event was not caused by her actions.

“Well, and I’ve never really been a labor and delivery or OB-type nurse, so it was totally different. Yeah, and I really think the whole thing of understanding it was somebody listening – that I really felt was listening – was more than anything because then I thought, well, he really heard me. You know, as a physician, and hearing that, you know, that there was no way to know – just, it happened, you know. So, I think that that was a big part of it - just being listened to.”

After people, survey respondents mentioned the passage of time as being helpful to them. In the quotations that follow, the people talk both about the simple fact that time passes and also about the process that occurs during that time—both are perceived as helpful.

“I think it’s the time, you know – the hurt is always going to be there. The loss is always going to be there. But, I guess for me, it’s the just passage of time. ... I think it is just the time passing.”
"I’m able to function much better now. For the first year, I couldn’t think straight, seems like. I couldn’t concentrate, you know. I’d be doing something and I couldn’t even remember why I was there — ”

"Now, as the years have passed, I have learned to accept the way it is and have learned to try to live my life in a different way. I think it profoundly affects people in their personality and in the way they relate to other people and the way you relate to your family. You know, it changes who you are because a part of you is no longer there. So you have to be — you have to adjust to that new person that you become or that you learn to become due to that loss.”

"You do get over the initial tragedy of it happening to you. Some people, it may take months and some, years. I have learned to get on with life as they say.”

"You know, time heals. ... Well, I think for me it was important what happened during that time...but I have seen people who have suffered loss, have gotten little or no help, and – healed may not be the right word because you can’t tell what’s going on inside of them – but they move on, whether they are healed or not. I would call healing dealing with it, being able to talk about it, being able to put it aside and get on with life. Some people seem to be able to do that. But for me, it was I had buried too much stuff. I needed to grieve – and reading and reading and support [from my friends].”

Two parents talked about the consolation it is for them to believe that their children are enjoying a happy afterlife. The first selection quoted below is from a mother who often uses euphemisms rather than direct words. Both her husband and her son are
dead and her reference takes for granted that they are both enjoying a common afterlife.

The second selection is from a father who actually mentions an afterlife.

“And, of course, I’ve taken consolation in the fact that he is with this father and that they are together. They were very close. Daddy picked his foot up, [his son’s] foot was right there! Very close, yes.”

“You know, if you believe that there is an afterlife, then you have to be happy that she is happy, so I use that. It’s really strange, I guess – it’s just human nature, but it’s not about us, it’s about them. Unfortunately, we’re built to hold on to and love our children so we suffer for that. But it’s not about us, it’s about them.

She’s truthfully in a better place, but I wouldn’t want anyone to say that to me. It’s something people say in a reception line or something. I mean, that is the truth. I believe that. I mean, I hope that’s true. That’s where I want to go. … But it is a comfort. You kind of hold onto that. It’s what gets you through that wave that comes upon you every now and then. I gotta remember – I gotta remember this. It’s not about me!”

Some people reported that helping others helped them with their grief. The first woman quoted below talks about working with others who are grieving. The second discusses a way that she helps herself through the anniversary month of her son’s death by doing service work.

“I can find some solace in helping other people who are dealing with grief. I’m working with two people right now who are in the beginning stages of grief – one, my cousin, and one, a woman who lost her daughter to ecstasy.”
“You know, I always try to chair a meeting in October, which I have done this month. You know, I always try to do something for myself – good for myself – in October. That’s one of the things I’ve always tried to do. It’s service and part of what keeps the thing going – and it’s getting out of me – and doing.”

The final two quotations in this section address the fact that moving on with life is helpful for some people. In the following segments, the first woman talks about being forced to go on because her husband and family needed her to stay busy caring for them. The second woman attributes goals and dreams with her desire to move on past the loss of her daughter.

“My husband [had] to go on working. I had to put aside the grieving and sorrowing and get on with it. There was no two ways about it. Life had to go on. There was so much to do and I knew they had to keep going. It was very important.”

“I have a lot of unfulfilled dreams that I’m looking for. I want my masters as well. And I want it in history. And I want to teach. And I want to get out of social work. There are a lot of changes that I want to take place. I have some goals that are unfulfilled and that keeps me busy.”

4) Who or what has been difficult for you as you cope with your loss? Generally, study participants did not name particular individuals who made their bereavement harder, with a couple of exceptions. One father related that he and his wife came home from the hospital after the death of their daughter having no idea how to go about arranging a funeral. The man called a relative who worked for a funeral home at the
time. The relative quickly ticked off a list of things to do. The man felt that his relative’s response was cold, uncaring and unnecessarily businesslike. He was looking for someone to calmly and gently aid him through the process and instead he got a business-as-usual attitude that angered him immensely! In the following quotation, another father describes the difference between his wife’s mother and his parents in a way that makes it obvious that both he and his wife were supported by the latter and not by the former.

“But the difference between my family and [my wife’s] family is, while [our baby] was in the hospital, my mom and dad came numerous times to see him. [My wife’s] mom wouldn’t come to the hospital. She wouldn’t even acknowledge it happened. … [My wife’s] mom never wanted to deal with anything negative or adverse. Her idea was just pretend like it didn’t happen – or just go on with life. My mom was just the opposite. Of course, again, this is the kind of thing that – not just that she was my mom – but this was the kind of thing that made my mom and dad the relatives that they were. … You know, [my wife] has said [she doesn’t] know what [she] would have done if my mom hadn’t been there. I think she was much closer to my mom than she was to her mom.”

Several parents told anecdotes that could be gathered under the common category of ‘stupid things people say.’ Among the segments that follow, a single thread can be traced. Each of these people relates an insensitive remark that causes an angry reaction in him or her. The first quote is from a mother whose newborn son died after about ten day, never having been able to breathe on his own. In the second, a father mentions both the worst and the best things he heard during the visitation time. The third and fourth are the
comments of a woman who had lost her daughter as well as three husbands to death. The fifth comes from a mother whose son was killed in a motorcycle accident despite the fact that he was wearing a helmet.

“People would say well, you know, you could always have more children ... everybody’s wailing, you know, you can have more children. You know, and it’s...ahh! ... It will never be this [child]. You know, and then, of course, when I was in my self-pity, I carried it harder, ‘Now I can’t ever have children again because I’m an alcoholic and I never quit drinking, and I can’t have children, you know, I mean, and on, and on, and on.’ Yeah, that I remember just infuriated me. What does that have to do with it? What do you mean I can have more children?”

“Everybody’s there to be with you to hold your hand and hug you and tell how wonderful it is – how you’ve got three other sons and you’ll be OK and all kind of stuff – that’s a CROCK! If you knew only how stupid – so many people didn’t say stupid things, but so many people say stupid things, you know. Well, you’ve got three other sons. ... That was the dumbest thing. The best thing said, I think, in the whole line was one gentleman who was a friend of ours came up and said, ‘Well, I don’t know what to say.’ And that’s all he said. He just held my hand, hugged me, kissed me, I think he kissed [my wife]. ‘I don’t know what to say.’ That about covers it, ‘cause you can’t say anything to somebody who’s dealing with –”

“I have a sister that told me this. ‘I know just exactly how you feel.’ And I said to her there is no way that you will ever know how I feel. ... You don’t know what
it's like so how can you say you know? I said, 'You can't even envision what it feels like.' She wasn't – you have to be a very compassionate person in order to be able to understand any of that. I know from my own experience that I suppose that I have said dumb things like – you try to be comforting to some people and say 'Well, I know how you feel.' You don't know unless you went through it. It's not comforting at all. I almost makes you angry!"

"Well, a lot of people will say, if somebody loses a child, a baby, 'Well, you can always have another baby.' And I say, 'So, that's supposed to fill this empty spot right here?' So that's like if somebody said, 'I'm going to take your child and you'll never see it again, all you have to do is have another baby and that will take care.' Now, isn't that kind of stupid?

"There are all those typical 'Well, he's in a better place' or, you know, 'It was God's will.' Yeah, stupid people, but I guess I think that is a given anymore. Or the person who saw my son's picture, and said 'I can't believe that's your son's picture.' I'm like, 'Why not?' 'Well, you said he got killed on a motorcycle.' 'Well, yes.' 'He doesn't look like a motorcycle rider. Well, if he just had on a helmet –' 'OK, well' – so then I feel like I have to explain all that or I'm like, 'He had on a helmet. A helmet is not a cure, you know.' 'Well, if he had taken the safety classes –' 'He took the safety classes.' You know, I mean, he was not drunk; he was not this; he was not that. You have to explain details that people don't care about. They don't really need to know and it's none of their business."
The next two comments from parents relate to things that people do that seem insensitive to them as bereaved persons. The first is from a father who objects to the written messages received at the time of his daughter’s death. In the second, a mother talks about behavior that causes her pain while it protects the emotions of the people who do it.

“I had problems with people sending me stupid poems about what God wanted and crap but that was at the time of death and after that nobody said anything.”

“What makes it more difficult for me are people who still, when you mention his name, turn around and walk away from you. They can’t bear to – they don’t want you to talk about it because, in some way, it makes them uncomfortable, so they walk away from it. So that’s difficult.”

In the following quotation, the same woman talks about facing the expectations of others in regard to grieving. She wants others to understand that grief has no timetable and that each person should be free to grieve in his or her own way and at his or her own pace.

“It’s like, the day of the funeral and afterwards, you know, you have all these people around you. ‘What can I do? How can I help you?’ And then, I think, in the months to come, when everybody disappears and then they look at you if you’re crying like ‘God, aren’t you over that yet? What is the matter with you? You should be past this.’ You know, it’s like – we even had people, you know, we said something about going to the cemetery. ‘God, you still go out there?’
It’s like, ‘Yeah! This is OK for me!’ You don’t get this? It’s very different. ... And that’s frustrating. Then I know that they don’t understand.”

The rest of this section about difficulties in dealing with loss discusses circumstances or situations rather than people’s behavior. The responses in this category vary, showing little commonality between people, with the exception of this first situation – lack of closure – and the next, which can be broadly characterized as reminders. All three of the women whose comments follow lost sons to accidental death. The first woman’s son had been estranged from her and his stepfather over a car loan that had not been repaid. The son was living with his father, rather than with her and her husband at the time of his death. The second woman’s son died of a burst aneurysm. The third woman lost her son to an accident while he was on duty with a branch of the military.

“[I miss] the ability to have gotten some closure to the disagreement we had had and to be able to get back to that laughing, fun relationship that we had always been able to have and – very close with boys when they were little. We did a lot of trips, and did a lot of different things.”

“There was no closure. When we reached [our son], there was no – he was unconscious. So that there was no ... we didn’t, uh, we didn’t have any inkling that we would never see him again the last time we saw him. The only possible inkling I had – and I know this so well now, if I had known it then – as healthy as he was, that very week he said he had a headache. It was very unlike him.”

“What happened was – this is going to be difficult. When he came – they sent him to a funeral home to try to make him so that he could be viewed. And when
he came back here, we were friends with the funeral director and the funeral
director said, ‘I really can’t do anything anymore and I just really think it would
be wise if we just had a closed casket.’ So my husband – we gathered together –
and my husband and my oldest son decided that it would not be good for anybody
but them to go and – because they needed to make sure that it was him. And so,
they went to him. Since then, my husband has regretted not allowing a closure for
me. And I really don’t know how I feel about it. I think I’m probably happy that
it worked out the way it did, but is has probably extended the grief a little bit more
because I didn’t have closure. I didn’t have that.”

The parents quoted in the current paragraph discuss the difficulty of reminders.
The first woman responds with a description of a memory attached to an everyday
event—supper—when asked what made it harder for her. The second selection is from a
mother who gives the opinion that it is harder for her to handle her feelings when she
talks to people than when she just finds reminders in her own mind. In the quote below,
she talks about memories. The third is from a father, as is the fourth. This last man has a
grandson who is afflicted with the same genetic disease from which his daughter died.

“Probably eating supper. He never sat at my table that he didn’t finish and then,
with a big smile, say ‘What’s for dessert?’ He was mischievous!”

“Maybe once in a great while you still have those times when you think about it
and I just kind of shove that out of my mind. It just brings so many things.
Sometimes you wonder if you had it to do over, would you do that again? And it
was so hard!”
“It wasn’t easy because everything – you hear this, feel this, or hear a song or you see something. Every time I looked at a young tousle-head little boy, my eyes would well up, you know. And the guys at the mill would stop me, and they’d say, ‘God, how can you – I had several of them say – how can you keep going? If I lost my son, if I lost one of my girls – one guy’s got daughters – if I lost one of my daughters, I’d stop. I’d stop and I’d die! How can you go on?’ And you’d say to yourself, ‘I don’t know. I go on.’”

“Maybe if you read a story about someone who is in a similar situation. I remember that I was still involved in the [congenital disease] chapter, but I knew so many people. You would hear about little friends dying in the hospital and you’d go to see them and that would be very hard. I didn’t do much of that. Or reading something in the paper about someone’s child. You know those columns they have all the time. Give me a break! … I think the most difficult thing is the reminders, like I said – [my grandson].”

The comments quoted in this group describe situations that occur close to the time of death. The first mother talks about the manner of the doctor in attendance at her son’s death. The second segment is shared by a father whose son was killed in a traffic accident. The third is from a mother whose son was killed in a military accident. The last father responds very simply to the question of what makes his bereavement harder.

“Just the way they present themselves. You know, and our regular pediatrician was [not] … that way. It just happened to be – you know, the night he was the one that happened to be on call, so he was called in and I guess he really – and
maybe some believed matter-of-fact was best, you know – and it was grim to
begin with so maybe he just thought being matter-of-fact was best, you know.”

“[Our son] was killed on a Saturday, but I believe it was...Sunday or Monday, we
went to the funeral home. [My wife] had her two sisters and the two brother-in-
laws were with us. And when it came time to go pick his casket out, I looked up
and tears started coming into my eyes and I said, ‘Honey, I can’t do this. I can’t
pick out his casket.’ I couldn’t and I says, ‘Everybody go, but I’m staying here.’
And I says, ‘There ain’t nobody going to force me to go in there and pick out his
casket.’ I said, ‘He’s supposed to be picking out a casket for me.’ That’s just one
of the things I couldn’t do and [my wife] was strong enough to do that. Of
course, she had her two sisters with her and I think one or both of the brother-in-
laws stayed with me. ... That was about the hardest thing about the casket. I
could not do that.”

“I think immediately after this happened, it was very hard to go out of the house.
It was something that you were forced to do and I can remember very, very
clearly the first time going out!”

“The sadness. I [also] had trouble with that before she died.”

The following two discuss social situations during the grieving process that are
difficult for the people involved. The first comes from a father who lost his newborn son.
The second is spoken by a woman whose oldest son was killed in an accident. She has
three sons at home.
"Because, again, part of life is to go back to the routine. He’s born. He’s sick. He dies. You have a funeral. There’s several days in there where, you know—in fact, it gets to a point where you just want people to quit telling me they’re sorry. Just get over that, I mean, you just want to move on. In fact, it does happen. You have to go back to work. Some people—some people—and I’m good at this—I don’t know what to say to people, I really don’t because I have a hard time [saying] I’m sorry because in a lot of cases, I’m not. But I’m feeling, so you want to say something, but some things just sound so hollow and, uh, there were times that I actually appreciated people that just didn’t say anything. Where they just saw I came back. They didn’t refer to him dying or the event or say, ‘It’s going to be all right. It’ll be fine.’"

“Still to this day, my oldest son [of those left] rarely would go to the cemetery. My second oldest one will go on holidays. The third one will go all the time. It’s very, you know, it’s very different how they choose to, you know … And I think it’s difficult for people who get so into their own grief that they think everybody should, you know—this is the way people need to do it. You know, this is grief. This is the way it should be. You know it’s very individual and giving space for that individuality sometimes can be hard. I think that’s why a lot of marriages fail. There’s a lot of marriages that fail after the death of a child and I truly believe that it’s because the two people don’t give to the other person’s grief. Even however stupid or ridiculous you think what they’re doing is, I think you have to understand that that’s their way of dealing with it and it may not be your
way, but it’s their way, and it’s right for them. So, it’s an individual thing. It’s like we’re all individuals. We’re all going to do things differently and grief is not any different than that. We’re all just goin’ to do it.”

Parents making this group of quotations express difficulty surrounding conceptions they have previously held that have been violated in some way by the loss or its aftermath. The first selection is by a mother who reflects on the unexpectedness of losing a child to death. The second comment is made by a father who seeks a logic to explain why his son died. The third is a discussion by the same father who tries to understand the reasons behind his emotional condition. The last comes from a mother who searches her own actions for a reason, an explanation, for her son’s birth injury.

“I think as adults or as people, we expect that we are going to lose our parents. We expect to lose our grandparents, but we never expect to lose a child. And there is nothing that can compare to that and there is nothing that – since [my son] died, my husband’s mother passed away and it was almost like a guilty feeling. It was like, why aren’t we more upset about this? You know, she had Alzheimer’s and we watched her suffer so. You know, it was like, why are we not – why are we like this?”

“You watch people on TV and stuff or you have a relative die and, in most cases, you go to a class. They always talk about the senselessness of it. You know, if you’re robbing a bank and you get killed, you know – he was a good boy, you know – but there’s not the senselessness of it, because you did something to put yourself in that position. You went out there and made yourself – you’re dealing
drugs — well! But in this case, it wasn’t. I was going through life minding my own damn business.”

“Yeah, or I didn’t feel worse than I felt. I mean I felt bad because, you know, the child died, but, you know, I certainly wasn’t as devastated as [my wife] was. And, uh, again, I think what the difference was that I never really knew him. I never got to hold him. I never got to be close to him. I never got to even do that little kind of — like with [my daughter]. You know, when [my daughter] came home, I carried her all around the place. … I mean, literally, if I went to the store, she went with me. Wherever I went she went with me. I’d lay on the couch, and she would be there. And, uh, I really enjoyed that, but with [my son] that just never happened. … I felt bad, but just not devastated like I thought I would and it took a long time to understand that because somebody died that you knew that was part of the family but it was not necessarily the way you felt. All that was hard to put together.”

“…I always wondered was there anything that I could have done different. Should I have done this? Did I do something wrong? Did I work too long? I worked the day — up to the day — I went. You know, did I work too long? I had bleeding at home, but I, you know, I knew people bled. So I’m thinking, I mean, you know did I wait too long? I mean, just that ruminating — could I have done something different? You know, why didn’t I know, you know? Why didn’t I do something different? That really made it hard, because I really took on a lot of that myself. So that was difficult. That was hard.”
The final two comments on difficulty are thoughts about the long-term experience of bereavement. The first comes from a woman who lost her son to a motorcycle accident. The second are the thoughts of a mother who lost her daughter to a congenital disease.

“When I go to visit my dad or my husband visits his family, you can just talk to them and to think that [my son] won’t ever drive up in the driveway and ring the doorbell…or come in and chat is hard.”

“The hardest thing with the passage of time is realizing that it’s been three years since you’ve seen and three years since you’ve talked to her. That’s hard. … I know a lady when she would talk before my daughter died, and she would talk about the fact that her daughter passed away when she was three and she would now be 27. I didn’t understand why she kept doing that. Now, I understand. … I want to live a long, long life, but it’s still hard to think about the people who are 75 or 80 years old and have to live with a loss for 50 years. … That’s sad. I want live a long time, God, OK? It’s kind of hard to think of living 50 years, 75 years without your child. I know people who have done it. … I’m going to have to do it. It’ll be all right.”

5) Do you think the effects of the loss are any less intense now than they have been in the past? The parents in this study responded to this question as if intensity was not the only measure of the emotions and effects that they suffered as a result of their loss. They allowed for the fact that there was a difference in how they had lived their lives during the days immediately following their loved ones’ deaths in comparison to the
time of the interviews, yet many claimed that the moments of sadness, loss and other connected emotions were still intense and difficult for them. It is not easy to group these responses in any coherent way, so all are presented following this paragraph. The first five responses are from mothers. The last four come from fathers.

“I couldn’t have survived if they had been as intense as they were that first few months, but, um – they are more internalized now.”

“So now I just have memories. Sometimes the memories put me in the bed for a couple of days, but I don’t have the luxury of doing that so – but I think it is less intense because of the passage of time. Instead of every second of every day, it might be every ten minutes [laughs], but during those periods, it is pretty intense.

... Just not as intense. That’s just something you just don’t get over. You get to a point where it’s better and it doesn’t hurt as much, but it’s always gonna hurt and it’s always gonna – you’re always gonna be sad, but now I’ve gotten to the point where I can kind of remember kind of the fun stuff; some of the stuff that use to make me mad cause after all, she was 14... I’m OK. ... It’ll always hurt, but the passage of time. ... And my son doesn’t understand that because he kind of thinks, ‘Well, you’ve forgotten my sister.’ ‘No, I could never forget your sister. Everything in the house reminds me of your sister. I’ve got her pictures up everywhere. It is just for me it hurts but it doesn’t hurt as much. ’ I know there are things in my life that I want to accomplish and now it’s time to work on accomplishing those things.”
“I don’t think they’re less intense. I think you learn to live differently. You know, I had to let go of power and control and turn that over to God. You know, I wanted it my way and I’ve realized it can’t be my way. It’s got to be God’s way so, I’ve learned to give over that power and control and look at [my son] in a different realm.”

“All these incidents of grief or bereavement tell me – I know I haven’t changed in the intensity of my feeling when those near to me die. It’s just as intense, but I feel differently about it in many ways. At a point in time, it turned around.”

“Yeah. It used to be every year, October was just a very difficult emotional – this is the 18th year. He was born on October 17th and died on the 27th and then was buried on the 30th. But, you know, that’s not been a bad thing. You know, other years, Octobers have just been very difficult months, very – emotionally – even if I couldn’t say it was directly that – it was bad months – a lot of memories for a lot of years, you know. So, I think that part has lessened some, actually. … There have been years that have been more difficult than others and why I don’t know. You know, and then … It has been random – random years have been difficult, but it’s been a couple years since it’s been very difficult.”

“Oh, yeah, it’s - well, maybe that’s not true. There are times when I think they are as intense today as they were, and sometimes even more so. It’s funny because, like I said, there are some times I get that kind of melancholy feeling and sometimes – we’re talking sometimes a 15-second event. I can’t tell you the time period, but it is just something that just – it’s almost a devastating feeling. I can’t
really put my finger – it’s a real sense of loss, I guess, is the only thing I can think of is that – he’s not here; he’s never going to be here; a very long time. But it just – it’ll like hit. And I’ve had it hit walking down the street. I’ve had it hit just, you know, not thinking about it. Something will trigger it and it’s always a very short duration. Short, but very intense. In fact, I think much more intense than when it ever happened. Sometimes it really surprises me.”

“I think it’s something that never leaves me. I … don’t think about it daily, but then it always comes back to me. And when it does, I always get pretty sad. But over the years that has kind of slacked off. I might get sad three or four times where it might have been weekly a few years ago. It is interesting to me that I still miss her. I just find that really hard to believe.”

“Yes, less intense. Yes. You learn after a while you have to go on with your life. And it’s one of those things. At first, you keep saying this is not right. He’s supposed to bury me, not me bury him. And, uh, many times even before this happened to [my son] and I would hear on TV where people had lost children and I said, ‘Oh.’ I would feel for the people and I said, ‘Oh, that’s sad. It is really hard.’ It’s something else to lose a son or daughter in a war. That’s to be expected when you know they’re going to war. You hope they don’t be killed or maimed, but to have it happen in an automobile while you’re still at home and – but after that happened, I said, ‘I know now what they’re going through.’ Every time I hear of a family that loses their son or daughter, I pray for them as much as I can. It has changed my outlook on life.”
“...[I]t’s not – you know, initially, it was really – you know, it hurt a lot more. In the beginning – and I’m not saying it doesn’t hurt as much, you know. It hurts reviving the thought of the moment I had the – it’s not that it’s not there. It’s the identical pain, but over time, you know how to do what you have to do. You know how to deal with it. It’s experience, you know, for the want of a better word. It’s experience. It’s like the first time you ride a bicycle, you’re kind of wobbly, but after you rode a bicycle for ten years, you’re still as much afraid when you got on the bicycle as you were before, but you know how to combat the fear, what to do if this happens or that happens. And that’s with the grieving process. It’s a matter of experience. Because, like I said, those moments come to you and you – oh, God, no.”

6) Do you expect that you will ever get to a point at which you will no longer suffer ill effects from this loss? In many cases, the flow of the interview made the answer to this question obvious by the time it was been asked. A few of the parents had simple responses for it. The first four of the following segments are very straightforward. The fifth is a little more elaborated, but confirms the consensus of the others. The last seems almost to answer some other question. The father who makes it explains how the effects of the loss are still in his life.

“You never get over it. You just learn to live with it – you just learn to live with it.”
"I don’t think so. I think that always, I’ll have some spot there. Some little corner of my heart that is not whole. I don’t anticipate that – and that’s OK with me. I mean, it hurts, but it’s OK."

“No, not now.”

“It’ll never happen! Yeah, if I close my eyes and I’m with him again, it’ll stop. But not until, not until.”

“I don’t know that I’ll ever – I don’t think I’ll – I don’t see how I could possibly get to a point where I could not remember that sense of emptiness and loss. I was able to get to a point were I can laugh and be more involved in something else and not think of him every minute. Unfortunately, I’m back to doing laundry and going to the grocery store. … I used to worry over details, and I’m not saying I don’t worry ever over details, but it’s not – I’[d] much more easily now…say, you know, it’s not life or death. It just isn’t!”

“But I’m trying to answer your question a little better. I think after maybe five or six years, that you think about her and you see her picture or you’d open the drawer and there would be her old diary and that would bring out sadness, but I’d also try to think about the joy of who she was and how much I enjoyed having her and that kind of stuff.”

7) **What positive effects, if any, do you experience flowing from this loss?** Most of the parents interviewed were able to identify positive effects that result from the loss they have experienced. The first group of responses clusters around positives evident in the families and in the personal awareness of what is valuable among the study
participants. The first two selections that follow are from mothers. The last two come from fathers. The second and third refer to the same family – the respondents are husband and wife.

"The ... most positive effect that I have is the, I think, just the total love and commitment and giving to my two children. There is absolutely nothing on this earth I wouldn't do for them and I think that's a result of that. ... I really think that that's something that came out of that. I mean, I don't know that -- I don't know that [my husband] put that together and I know that he doesn't understand how I am about my other two, but I -- there is nothing I won't do or try to make possible or whatever -- for them. I really think that ... I really don't know [if it would have been the same had my son not died]. I have no idea."

"Well, I think our family is probably -- I'm not going to say that we weren't close before, but I think that we appreciate each other maybe a little bit more than we did before. We're there a little bit more for each other and that could have been that way anyway, but I tend to think maybe not. You know, there is a little bit more sense of rallying around people. We do very, very little arguing, bickering, you know. We have fun together always. We don't let -- I think it had a profound effect on our family perspective."

"And you know, I would be remiss not to say that [my son's] passing did not only have ill effects. There were good effects from his passing, too. His passing changed our value system, changed our perspective on life, on family, on faith -- just about the whole gamut. We don't spend any time within our family dealing
with stuff that just doesn’t matter. There is no bickering, no fighting or arguments. His brothers are closer now than they ever were. And he’s part of that. He’s made that difference. And we know what is valuable. I call it the wake-up call – the grand wake-up call. ... Those are the things that [my son’s] passing gave us and he gave a lot of other people – a different perspective on life.”

“I think [a counselor] told us that a death in the family will either split a family apart or bring them close together and I think it brought us closer together. ... So to this day, I like to go to see football games and the bands and stuff like that, but I don’t go because it still bothers [my wife], so I gave it up as far as wanting to go to football games and, but, uh, through this, it has brought me closer to [my wife], because I do what she wants. And lots of times there is something on TV that bothers her and she’s leaving the room. I said, ‘No, switch to another thing if you don’t like it.’ Not that either one of us is boss – we’re both equal partners – but it upsets her so. If it bothers her – it don’t bother me per se – but I’ll go with what she wants and, in this respect, it has helped our marriage.”

Other parents found that results of their loss experience have taken them outside of themselves and their families to a greater understanding of and contact with others. The first two comments below are from a man and a woman respectively. The third comes from a mother who is very passionate about the results flowing from her bereavement. The fourth is from another woman who collects the results of her many bereavements into a statement of faith.
“Compassion for other people. Immediate understanding. My heart goes out to people. Try to be of some help.”

“Yes, I think it makes you more aware of other people’s loss – much more aware of other people’s loss. You do want to reach out to them. … If you haven’t learned any compassion for people after losing a loved one, well, you’re just a sad human being. You must be somebody that has no feelings.”

“If I can be there for people who have gone through the same thing and they’ve gone down the road of alcoholism and all of that, that I can share, you know, my experience and I can share my strength and my hope with them, too. So that, even though it’s very painful, it’s been a good thing. You know, because a lot of women – I mean, you just don’t run into people every day that say, ‘well, I’ve lost a child and I turned to drugs and duh-da-duh-da-duh.’ You know, so when you are in a meeting, or giving a lead, or doing whatever I do as part of my recovery, still, people reach out for that because other women out there have suffered that but they don’t hear that story. They don’t – they think they are the only one that’s had that loss or suffered that and suddenly they hear. ‘Oh yeah, and how did you get through? What did you do? And how are you sober today?’ – that type of thing, so. That’s a positive that I look at to see some good that came out of that.”

“Patience is probably one of the biggest – patience, consideration for other people. I don’t know how much connected with bereavement – but I’m sure it is. It has to intensify your feelings. You have to believe that there is something more wonderful coming along, something that is beautiful, some goal, something in the
Lord’s plans for us that makes it all worthwhile. It’s the resurrection thing over again!”

One father found little that was upbeat coming from the loss of his son. Both of the following quotes come from him. The first claims there is nothing positive involved. The second admits a roundabout positive.

“Nothing comes to mind. I mean, it’s just – I’d love to tell you I’m a better person, more caring, more in touch with my spiritual side, but I’m not! Oh, I’d love to say there’s something, but, you know, to me it was pretty much one big negative. … For [my son’s death], I don’t see what positive happened…”

“The other side about it. The only thing I can tell you that I think is a positive is that he died, because I don’t think I’d been capable of taking care of a brain-damaged child. And I think that having a child in an institution, I think, would have been probably much more devastating than to having it die. It’s kind of a backhanded way of doing it, but it is, I mean, but I know me and I know I don’t – I’ve heard people talk about having a retarded child is the biggest blessing in their lives and all that and I wonder how they do it – and maybe once it happens to you – because I know some things maybe happen to you that change your perspective on that."

8) Do you ever expect positive effects to evolve from your child’s death? This question assumes that parents have not identified any positive effects from their child’s death. All respondents had identified at least one positive result by the time this question
was scheduled to be asked in the interview; therefore, the question was not used. As a result, there is no data to report.

9) Do you perceive that your expectations relating to the effects of this loss are similar to or different than the ways others expect you to be affected? Survey participants had three basic ways of understanding and answering this comparison question. One of the ways they interpreted the question related to changes in themselves as a result of having suffered the loss of their child. A second way parents responded to the question was to compare themselves to others who have lost a child or a close loved one. The third understanding of the question was to compare their responses to bereavement to the attitudes of the general public who have not gone through bereavement. The selections that follow address the changes in the individual being interviewed. The first two responses are from women. The last come from a father.

“I’m more into the day-to-day. Financial struggles, family issues, you know, more so with worrying about things that just weren’t important in the scheme of things, so…”

“I also learned, by the way, that I made too much of things that didn’t need so much made of. There were other things more important. Because of the way it happened so quickly and so on and so forth…it was no longer difficult to take some time to listen to [my children], to stop and listen to them. I used to answer them and go right on.”

“I never will understand why it happened. It has definitely changed my thinking and my manner towards it. It’s – it’s hard, really hard because it just – I have a
different outlook on my own life and life in general. ... Other than that, we’re coping as best we can, even at this late date.”

The second group of quotations represents people who compare their changed attitudes toward bereavement to others who have also suffered a loss due to death. The first woman has a particular individual in mind in her comparison – her departed son’s young wife. The second woman is hesitant to make comparisons due to her belief in the individuality of grief. The third and fourth selections come from fathers. The last is from a mother who also talks about how she, herself, has changed.

“I think there are probably some people who can forget it quickly and move on but I don’t think there are many people who do. I can honestly say that there are people who can move quickly on – to get married in eleven months – I think especially in younger people. They get over it more quickly. There are so many challenges for them, so many temptations, so many opportunities that present themselves.”

“I would think that I’m similar. I mean, they seem to – people that I’ve talked to seem to go through – everyone, obviously, grief is a personal thing and everyone grieves differently, but I think there are some similarities, probably in the loss of a child, that maybe you would find, but I recognize that everyone has a different relationship with the child. No one in our family grieves the same, to this day.”

“I think anybody who goes through losing somebody who’s very close to them has got to be more compassionate or understanding, just sympathetic than people
who haven’t had a loss. If you haven’t had a loss, especially a child, there is absolutely no way that they’ll ever understand what that’s about.”

“I don’t know how much different mine would be from anybody else that lost a child vs. a parent vs. a close friend. Whatever you believe, I mean, whatever you believe about afterlife, reincarnation, whatever your belief is – there is a finality to that that is just – it really is. It’s something that’s not gonna change tomorrow. You’re not gonna get up tomorrow and its gonna be different. Dead is dead!

They ain’t comin’ back. That’s – I think, unless you really had a close person die – I mean, real close, you never – finality in our world is never final, but that is.”

“You mean do other people feel that same way about their child, like I do? I would think so, yes. I would think other people would have a different appreciation or understanding of what all that’s about. How important it is. …I guess what I would – the way I would see it or the way I think it would be is – I think after having lost [my son], and I think after someone else has lost their child, that as a result of that they would come up with the same feelings for their children that they have left. I really do think that I’m different that I feel different – that I’ve changed – or that I’m a little bit different from other people who have not had that same experience.”

The third group of responses to this question assumes that the bereaved individual is being contrasted with others who have not lost close loved ones. The first selection is from the same mother who made the final quote in the last paragraph. The second mother includes a comparison between her own bereavement experiences following the
losses of her mother and her son. The third and fourth segments come from mothers who claim that only those who have experienced loss can truly understand how it is. In the fifth selection, a father tells an anecdote that exemplifies his opinion about his own mindset weighed against that of others. In the course of describing his personal outlook, the father in the final quotation talks about attitudes of others.

"[Comparing attitudes] of life in general, and my other children, and time and – or like you mentioned before, priorities – all that is dramatically different from before that happened. I thought you had children, you went to work, and lived and you got old and you retired and now I know that, you know, you live and you are in your life. You are really there, I mean, you are there that day. And you kind of go from there. You know, children and the spiritual aspect of my life and all that’s much more important – and giving to someone else and sharing, you know, what I’ve been through, what’s helped me and what is more important. I just don’t know. I think that’s been different. I don’t know. Other people may feel that way, I mean, have that in their lives."

"Yes, I do feel like I’m different. But in other ways, I feel like I’m just like everybody else – it’s just that I have this particular sorrow. ... It’s an intense pain that I don’t think anybody ever understands it, I guess, until – until they go through it. My sister went through a divorce and I didn’t really understand what she had been through until I went through a divorce. But I would hope that not everybody has to go through the loss of a child to understand that. In some ways, I do feel sometimes like I’m out of kilter with the norm. ... Look, don’t spend
your time worrying about this kind of stuff. If you lose them, then you’re gonna always regret this and, um – stop and spend a little more time and enjoy more.

My mom died and I miss my mom dreadfully but somehow I was able to understand my mother dying, but I couldn’t – I just have difficulty understanding why my son died. But then I go back to that thing that says why should I be – why should that be so unusual? Different people die and they have all these different relationships, so why is this so unique? Because it isn’t really unique. It’s just because I’m aware of it – it seems more painful.”

“I don’t think anyone that has not lost a child can truly understand that loss. I really believe that you have to experience it in order to understand it. I mean, I think people can be empathetic. They can be sympathetic, but I don’t think they can truly understand.”

“I don’t think everybody understands that. And I know that people – I know that people who have never been in my situation feel like six months or a year is long enough and I have to gently tell them that that’s not the case. And I know that other people in the group said they got angry and cussed them out. I don’t think you need to approach it like that, so for me it’s just gently explaining…that it’s how I’m going through this dream, but you may go through the dream differently than me and that’s OK. I recognize that and I think I recognize that from hearing other people’s experiences at the group.”

“One time we was at a party. I met this guy who had nine children and he lost one of them. It was an accident. It was a girl. They was on the way to Florida
and one of his girls got killed in an accident where the car flipped off the edge of the road and ended up down in a ditch. I think there were three girls in it and two of the girls came out OK and she got killed. And … he says – they were talking in general – and, of course, I gave him my condolences and he gave me his condolences. And one other guy was standing there and this guy looked at the one that lost his daughter and he says, ‘You get over it.’ And I looked at him and I said, ‘I’m sorry, but you never get over it’ – which you don’t. … I did disagree with him right on the spot. He didn’t give me any dirty look or anything like that. I just spoke what I felt and if he wanted to hit me for it, what can you do?”

“Somehow I’ve always been a compassionate person because I feel for people who go through what I’ve been through. … But I feel like when I find somebody grieving that I have no problem assuming that it was appropriate, if they wouldn’t feel bad, I wouldn’t feel bad, to put my arms around them and be with them. I wouldn’t have a bit of trouble with that. I think there are a lot of people whose attitude is ‘get over it. Pick yourself up by the bootstraps’ – which is not a possible thing to do. ‘Just get over it.’”

10) Please talk about your child’s death. The objective of this study is to collect the bereavement stories of people who have experienced a significant loss that has caused disruption in their lives and necessitated a process of grief. In order to accomplish this, participants are asked to focus on themselves for most of the interview. The third to last question invites them to talk about the story of their loved ones’ death. Exactly half of the respondents (one man and four women) followed the pattern of the interview and did
not talk about their child’s death story until prompted to do so. The other five
participants (two women and three men) told the death story very early in the interview.

Most of the stories are long. Almost all of the participants cried or were at least
choked with emotion somewhere during the narration of their children’s death stories.
Due to the length and the sensitive, personal nature of the stories, long quotations from
them are not included in this section. A short synopsis serves as a review of the
information gleaned from these stories.

Two stories were about young girls who died after struggling with congenital
diseases. The first story was told by a woman whose daughter died right before her 15th
birthday. She had spent many nights in the hospital attempting to fight the disease and to
extend her life. At the time of her death, she had been hospitalized to attend to another in
a series of crises. She had been in a coma for three days. Her mother had been called
back to the hospital from a short respite at home only to find the hospital personnel
attempting to revive her daughter. When she arrived, she gave permission for them to
stop their efforts. Her daughter was dead.

In the second story, the young girl had also spent a great deal of time in and out of
the hospital attempting to stabilize her condition and insure the longest possible life for
her. Her condition had become acute and she was again hospitalized. At that point in the
illness, the standard procedure was for the doctor to send the patient to the Intensive Care
Unit (ICU), where her life could be extended with machines and special equipment. She
and her parents refused to go to ICU. She believed that she needed permission to die
from all those who loved her before she could go. She called all of her loved ones and
asked for that permission. After receiving it, she prayed to die. Her father talked about how her final hours went. Both he and his wife were present when their daughter died. She was 12 years old.

The next two stories are from parents who lost children who were past their teens. The first woman’s son had lived at home until he was 27 years old, when he left to be married. He had been married for only five months when his parents received a phone call at night that he had been taken to the hospital. By the time they arrived, he was in a coma. He had been an extremely healthy young man, but in the course of six hours, he died from a cranial aneurysm. He was the woman’s oldest child.

The second mother has a daughter who had been mentally retarded since birth and had the mental capacity of a four-year-old. The woman had cared for her at home until she was 39 years old. At that time, because of concerns about her own heart condition and not wanting the daughter to become a burden for her other children, the mother placed the daughter in an MDR home. That separation was difficult for the woman, even though she visited her daughter often and brought her home for visits at least twice a month. One Sunday, the daughter didn’t want to go back to the home when it was time. She hadn’t eaten very well that day. On Thursday, she went into an epileptic seizure at the home and didn’t come out of it. She was taken to the hospital. When her mother arrived, she was unconscious and remained so until she died that day. She was 46 or 47 years old.

This next story is gleaned from two experiences of bereavement around the same death. Both the mother and the father participated in the survey. The story began at the
end of the mother’s pregnancy when, sometime during a short (one and a half-hour) labor and delivery, the placenta separated before the baby was born and he breathed in meconium-stained amniotic fluid. Although he was a full-term baby, he was placed in the Intensive Care Nursery and put on a respirator. He remained in the nursery on a respirator for ten days until it became evident that he was not responding to the treatment. His parents gave permission to remove him from the respirator and held him for the first time. Since his lungs had been destroyed by the meconium, he was unable to breathe on his own and died in his father’s arms.

This is also a story constructed about the death of a young man from the combined perceptions of both his parents who consented to be interviewed for the study. The son was a 19-year-old member of the military. He was doing some work on the outside of a boat from a canoe. Another young man, who was not qualified or permitted to drive a boat, decided to play a joke on the guys working in the canoe. He planned to make a large wake that would swamp the smaller craft. He got behind the wheel of a 40-foot boat and lost control of it, running over the canoe and the men in it. The son was killed when he was sucked under the engine of the larger boat. A special difficulty for the parents was the way deaths are reported by the military – in a very cold and impersonal manner. The men who notified the father and mother of their son’s death either had no details or were unable to divulge them. They were forced to wait until the son’s buddies arrived with his body and for the funeral to find out any details.

The final two stories involve accidents on the road. The first mother had been alienated from her son over a debt for an automobile that had not been repaid. The son
had moved out of his mother’s house and had been living with his father (the two were divorced) as a result of the disagreement. The son sold the car that had been the focus of the contention and bought a motorcycle on a Monday at 10 a.m. The next evening, he had been driving around on the motorcycle showing it to his friends, when he and a buddy decided to see how fast it would go. They went out to a rural road at about 10 p.m. to test it out. The son was driving the cycle and was wearing a helmet. He must have missed or misjudged a gentle curve and smashed into the guardrail. The handlebars broke and pieces of it came up, hit him in the face, and broke his neck. The young man was 20 years old.

The last story is told by a father. He also discovered that his son was dead via an announcement by an officer in uniform. He had reconstructed the tale of the evening of his son’s death, story by story over several months. His son had gone to a party on a Friday evening with some of his friends. He returned home for his own car because he had discovered that two girls at the party had no way home. After he had delivered them safely, he was returning to his own house when he pulled out into the path of another car that was speeding, was hit and killed. This young man was 19 years old.

11) In your experience, is it possible to “recover” from the loss of a loved one?

This question is intended to discern the participants’ views of the end of the grief process. Their discussion of the word “recover” allowed the researcher to hear how they viewed the results of their bereavement. Of the following quotations, the first four are spoken by fathers and the second four by mothers.
“No, I really can’t use recovery. I think it’s more the process of coming full circle. In my case, I think it was the process of understanding everything that was associated with the death and that included the phenomena of feeling guilty about not feeling bad about feeling guilty, the anger of him dying, and that sort of thing. Now that might be a recovery, and I guess I could say that that’s a recovery, ‘cause you’re going through some kind of a process, but once I went through that later portion of it … I don’t think a lot of it became very clear until, I would say, the last few years.”

“I suspect that that’s not a bad word – recovery’s not a bad word. I have recovered from open heart surgery. My heart is repaired – I had four by-passes, but because of the 99 percent bypass that I had, there was some damage done to my heart. There was about an 18 percent blockage. It’s never gonna be one hundred percent again. You can recover from grief, but you’ve not done away with it. It’s like putting a bandage on a cut. Take the bandage off one day and the wound is healed, but you still have a scar and that’s pretty much what grief is. It’s a wound. It’s a deep wound that you can recover from, but you’ve still got a scar. In this case, I call it a hole and it is a hole. It’s an empty place. It’s a piece of you gone.”

“For my terms I can’t see recovery because I would just have to be – in more common words, like I said before, it’s getting over that particular circumstance or hurdle or something like that. I feel when you’re using the word recovery, you’re
talking about someone coming out of major surgery. I wouldn’t use it in this context.”

“It’s not a word that bothers me either way. I think in a way we do. If recovery is gaining our footing again, then I think it’s an adequate word. Recovery would be to get back on your feet, to survive something and get back on your feet. So, in that case, it would be an OK word. I don’t see grief as an illness. I see it as a state, so you have to get through that state to get to the next state. I guess recovery would be – yeah, I guess recovery would be an all right word, but not in the sense of having been – broken and you’re put back together again.”

“How are you defining recovery? Because it leaves its mark. If you’re a human being, I think you are going to be changed. I think it can be for the good. I can understand how for some people, perhaps if they can get over it in a positive way. I don’t really think that it should hold you back necessarily.”

“I don’t think it’s possible to recover from grief. I think – because it’s always going to be – it’s always gonna be a part of me, so I don’t think you can recover from grief. I think there are different degrees and I think that it gets better over time, but there’s always going to be that sense of loss. There’s always going to be that sense of wanting something or wanting to touch something that I can’t so, no, I don’t think there’s recovery. I think there’s just – at some point, it gets better.”

“No, that’s a word I don’t like. ... It sounds like if you recover then you’re going to be back to normal. You’re going to be back just as healthy as you were before, but you just needed a little bit of down time to get back there. And I don’t think
that's possible. Another term I've heard is "new normal". You return to a new normal and actually I kind of like that. So, recover in the fact of things not being acutely always smacking you in the face..., maybe, but not really a recovery. It's a process – you gotta go through it, but it doesn't end, but it just becomes – at first it's like the whole part of who you are and gradually your old self begins to come back in a little bit but I don't think it ever goes away. I've had surgery and I've recovered and I have a scar. So maybe in that sense – I have a scar and this one's just a little bit more – different things pull that scab off easier. Then you have to go back down and experience all that really painful stuff, but they just don't last as long or stay as long.”

“No, because recovery says to me that there's going to be a wellness there. You know, you're going to recover from something and you're going to get better. Grief is not something that you get better from. It's a permanent state of life. It's all about who you are, you know. And I think that would be any loss. I think it's probably just accentuated with the loss of a child, but I think any grief is a permanent thing because someone is permanently gone from your life. It's not a temporary thing that goes away.”

“For me, I don't know that I ever – I don't know that I recovered from grief. I think that for me, grief is just that whole experience, the whole result, whatever, and it just becomes – it has become a part of me. And it's more part of who I am than something that happened back then and it's over and it's done. I don't think it's ever done, it's become a part of me. And, of course, being a recovering
alcoholic, recovery is on-going for me, you know, it never is over. It never stops. It’s always still there and I continue, and so I think this grief – I just see it as something that’s part of my life. It will always be there, but I don’t know, it’s not as soul-wrenching or heart-rending as it was, but that experience and the result of that experience and the emotions of that experience are still a part of me. I don’t think that it ever really goes away and that’s not a bad thing. I’m OK with all those things being there and a part of me and in my life. I don’t really – it has shaped me into who I am. I don’t see it as bad.”

12) What advice would you give to others who are dealing with the loss of a child? One of the most important ideas that participants suggested when giving advice to others in their position was that they acknowledge grief and allow for it. One woman told an anecdote about a friend of hers who had lost his son about five years after she and her husband lost theirs. She observed that although he seemed to be doing well, he never talked about his son or the death. He later developed stomach problems for which his doctor couldn’t find a cause. After he had changed to a more homeopathic doctor, he discovered that his symptoms were related to depression and his denial of his need to grieve. She reported that he had improved physically and mentally since he had dealt with the guilt. The lesson of her story was that people needed to pay attention to their grief work and not bury their feelings. The following selections cluster around the same theme – be gentle with yourself and allow for grief.
“Don’t be ashamed that you cry or grieve in whatever way it is, whether its tears or if you write poems or if you withdraw or whatever. There’s no reason to be ashamed of it because its part of life and its just how we are.”

“Don’t try to put on the brave front, you know, just be how you feel. At least, at that time, whatever it is, just be it. Don’t worry about how the world thinks about it, because I think that was part of it for both of us. I don’t know why – now, even looking back. People expect you to be OK, but…”

“Don’t be afraid to cry.”

“I guess, understand that you’re going to be angry and your anger is going to show with the person closest to you. Both parties need to understand that.”

“It’s all right to think of all the bad part and if you think of it hard enough, the good things are going to keep coming up – the goodness of each life, the wonderful times you had together, the beliefs you have. … There’s the good and the bad – and you make the best of both.”

“Don’t put any timeline. … Wayne Dyer – ‘Don’t should on me.’ Don’t tell me you should be doing this or you should get over it, or you should get on or he’s dead, so just move on. You can’t do that – just whatever grief works in your life, go with that. But I’d also say, if it gets to the point where you are totally non-functional, be willing to go to talk to a counselor or to go see your doctor if you need medication – I mean, depression is a portion of that and so that’s clinical. I mean, we had this discussion at [support group] and I’m definitely in the corner that says, if you need medication to get through – it doesn’t mask it. It doesn’t
hide it. It doesn’t make it go away. It just helps you stay capable of functioning until you can get on your own.”

“I think, don’t be overly involved. Don’t try to pull your life up. Allow time for your grief. It’ll probably take a long time. That’s OK. If you lose...a year of volunteering for this or that, that’s fine. You hopefully have lots of years to go.”

“Usually, what I tell people is that no matter what you’re feeling or how you’re acting, it’s OK for you. You know, there is no 1, 2, 3, 4, 5 stages of grief and this month, you’ll be this way and this month, you’ll be that way. It’s such an individual thing and I think what I’ve found in working with several people is that they think what’s happening to them is not OK as perceived by other people.

Because people will say, ‘Well, I shouldn’t be like this. I shouldn’t be doing this.’ I have a cousin now, you know, she’s taking anti-depressants. ‘I shouldn’t be doing this.’ And I try to tell her that it’s part of you. It’s a process that you’re going to go through – like I said before – individually and it’s OK. No matter what it is, no matter what you’re feeling, it’s OK to feel that way. It’s OK to be that way. There’s nobody that has a roadmap to this, so it’s OK.”

“I think everybody has to go through grief their own way and differently. And the only thing that I can do if people are found in this similar situation is to suggest to them what worked for me. ... So I understand that everybody’s needs are different.”

Another important element of advice from the bereaved parents was to find supportive people and talk about how you feel. In the first selection below, a woman
explains her own experience with falling away from and returning to her support system. The second segment comes from the mother who is a recovering alcoholic. The other five quotations also touch on the same topic.

“...[B]ut then, I kind of got away from the support mechanism. So I kind of stayed away from [the support group] and a few things happened that were kind of bizarre. They needed help with the newsletter. I’d seen the appeal...I began to feel guilty because I wasn’t helping. I said I could help and what that meant was I became the newsletter editor. ... Maybe I had walked around some of that...and now I have to be really immersed in reading and thinking...has made me face a few things that I didn’t think about having to do before.”

“But find that person for support, whoever it would be, just so there’s somebody you know, you can – In AA, we don’t know what real people do! You know, we have a problem – we go to a meeting, you know. We have people. We talk about it. We know what we do and we do it, and – what do you suppose real – other people do when they have a problem? Where do they go? You know, we know we can always come here. You know, we know no matter were we go we have a common bond – and a common bond of where we’ve been and where we’re going.”

“Talk about it. Talk about it to everybody that will listen.”

“Find somebody who understands and talk to them. Find that person who understands, and share all that stuff and don’t worry about what the world thinks.”
“Don’t try to not talk about it. Seek out people who’ve had similar experiences, if you can, or, if you can’t find somebody like that, somebody who is compassionate. Don’t try to pick yourself up by your bootstraps.”

“Get into some kind of a support group. Be willing to listen to what others are saying and be willing to share. [My friend] is bitter and so, so angry about the loss of their son, about the loss to the whole family, about – really a painful thing to watch. … I don’t know what it is that makes one be one way, one be another, but – I guess talking about it is the biggest thing.”

“A friend of mine lost her son about two years ago, the end of July and I gave her my condolences and I said…and when you’re ready, I’ll go to the group with you…and she said, ‘OK’ and she’s not called me and I don’t know if she’s gone yet. But the thing that I would advise anyone is – you take some time, but when you’re ready, to definitely go to the grief group or a grief counselor. It’s not good to hold it in and not deal with it. It’s better to talk to someone or be part of a group. But I would definitely tell anyone to do the grief group and if you need something more intensive, to definitely get some one-on-one, but definitely to go to the group or some place to talk about your feelings.”

Another cluster of suggestions the parents made involved social, spiritual and mental recommendations. Of the following selections, the first and third are from fathers. The second and fourth come from mothers. The final two are quotations from the husband and wife who lost their son in a military accident. The husband speaks first.
"I don’t know how people – if you’re not a person who does this, I don’t know.
Seek comfort. Allow people to love you and to comfort you and do things for you, even though you’re independent and you don’t want to feel like you’re fallen apart and you don’t want people to help you go through life. But allowing people to do things for you has a social aspect to it which allows you to continue to be in contact with life."

"Seek out people who are a support for you and if people are negative, then get away from them!"

"In our situation of being Catholic, keep in touch with the parish. Continue to go to church. Look for blessings. A lot of people come up and rub your back and hug you. Appreciate that."

"I talked about faith, because I think faith is a very important thing. It’s hard to – two people I’m talking to don’t have a lot of faith. And it’s hard to talk to people about grief when they have no hope. And I think faith in God gives you hope. Faith in God makes some minor sense out of what has happened. And I think it’s such an important aspect that if you don’t have it – I’m not sure I could be sitting here today without it. I mean, you know, I’ve just kind of given it over to God and I’ve had to do that because I couldn’t handle it."

"You have to take life one day at a time. Moment to moment, one day at a time. That’s all you can do. You have to learn, I think, you have to recognize the fact that this is something that’s not going to go away. You have to learn to deal with
that and you can’t do that in great leaps and bounds. You have to do that moment to moment.”

“Take each day one day at a time. Don’t try to look at where am I going to be ten years down the road or where was I before. Just live in the day. Take one day at a time. Whatever comes your way, kind of deal with it and then move on to the next day. If you try to look at it in a broad perspective, it becomes very overwhelming in terms of I can’t make it that far. You know, I can’t – today is all we really have and we have to take what comes our way for today and move to the next. And obviously cherish what we have in the past, and the memories, all that kind of thing. That would be what I would tell them.”

The final group of suggestions is varied. The first is from the mother who became alcoholic and is now recovering. The next two are from the man who turned to reading to regain his focus. The final one is from the father who talked in a segment quoted earlier about 15-second experiences of intense emotion that “hit” at unexpected times.

“My first reaction – don’t drink, but no. You know what I mean, but that’s facetious, but it varies, you know. I guess – just live through it.”

“Reading is not just to keep your mind busy. If you’re not having trouble with God over this thing, then you might want to do some inspirational reading. If you are, then you might want to read about the stages of grief.”

“Try to let you come out. It’s like finding things you can do for your spouse and that just might mean holding her sometimes, deciding that nobody feels like it, but we’re going out to dinner. Something!”
“It almost sounds, you know, it almost sounds so trite. It really is to find out that thing inside of you that’s missing over it. I mean, it sounds so easy, but in some ways, I’m not sure whether I’m altogether there or not. I’m not sure I ever – I’m going to tell you about the anger, see, but I’m not sure that’s it, so. There’s still some – something that’s still not quite there and maybe that’s part of the intensity of the emotions that I have on these occasions. There’s something there that I can’t recognize and it still flares up ... Maybe that’s why I want it to hold so that maybe I can find out what it is.”

The information presented in this first section of results covers the topics that were raised in the survey instrument. As mentioned before, other areas of information were significant to the stories of the parents who shared their bereavement experiences in this study. The next section of results will present some of those topics.

**Additional Topics Discussed as Part of Grievers’ Stories**

The issues covered in this section are included because, in most cases, at least two participants’ stories make reference to them. The subject matter is organized in a rough chronological sequence, beginning with a few situations that happen before the death of the loved ones and moving on into the bereavement experience of the respondents. The final segment of this section includes excerpts that represent wisdom parents gain through their experiences or evaluations they voice.

**Effects of Separation before Death** Three of the parents talked about situations that caused separation between themselves and their children prior to the child’s death. They are quoted below. The first mother’s son had disagreed with her over a car loan and
had moved out of her house. The situation was painful for her. The following quotation reflects her thoughts on whether or not the separation made bereavement harder.

"The estrangement that we had had just a few months before he died maybe compounded in some ways the sense of loss or, in other ways, it might have eased it in some ways because he wasn’t living at home right then. He had moved in with his dad and so I had already grieved that separation – physical – but not near to the point –”

The mother who speaks next was separated from her son by military duty. He had been gone in the service for six months before his death. The following is her reflection on the effect of the separation on her family’s ability to accept the reality of his death.

"Because his death was like a sudden thing. It wasn’t anything that we knew was coming. It was just totally out of nowhere. You know, I think that was where the shock and unbelieving came in. You know, this isn’t real because he was really gone. He was in the military. So, he was stationed in [another state]. So, we had already kind of dealt with a little bit of separation issues when he left. That was like major tragedy when he left in our life. So, the shock of that. These people are kidding. This is not really happening. This can’t be true. And then, as the days came along, the reality started to sink in that, yeah, maybe this is true.”

The third mother discusses the difficulty of institutionalizing her retarded daughter after she had cared for her herself for 39 years. She then goes on to discuss the difference it might have made in her bereavement had she not been separated from the intimate care of her daughter several years before she had died.
“To put your daughter in a home, it was the worst thing I ever did in my life. It wasn’t the worst thing, but it was the hardest thing. … There is a loss. Had she died after being home all this time, had she died when – and me taking care of her in the home – I realize that it would have been very much different. It would have been very hard. The separation took place when we put her in the Home. You worried about her. You know, it’s like your children married and leaving, but it was to point – to point that you had to depend on other people to be good to her.”

Acceptance of Pending Death  Three participants mentioned talk about coming to an acceptance of the approaching death of a loved one. The first segment in this section comes from the mother whose baby’s lungs had been injured at birth. She talks about the discussion between herself and her husband on the trip to the hospital the day her son died. The second is a statement about the pending death of her first husband by the mother who spoke at the end of the last paragraph. The final voice is that of the mother whose daughter died at almost 15 from a congenital illness.

“And I remember on the day we were going in to see him to decide about – no, I think they said if they ever called us, we knew it would be bad or something like that. And they did and we were going in and, I remember, both of us were remarking on how it was a beautiful day to die. Now, it was a beautiful day like today, you know, just the blue sky and sunny and kind of warm and, if you gotta go, you know, it’s a beautiful day.”

“My first husband – I realized that he couldn’t get well. And, … it was just a matter of, you know, giving him up.”
“For me I was kind of accepting before she died because I went to church the day before she died and I basically said, ‘I know that there’s nothing that can be done. I know that the doctors have done everything. Everything has been done and I just pray now for a release for her.’ And so I was – I knew what was going to happen. Of course, when you live with a chronic disease, you kind of know. You don’t know when, but you kind of know eventually that the body is gonna give up. And so, I was fine with that and accepting of that. I was going to church and accepting of the fact that God knew better than me. ... So, that’s what kind of kicked in the day she died. And then – plus – I knew she was going to die because I had already resigned myself that this was going to happen and I think that...I just kind of knew that everything was going to be OK. Of course, it’s not the outcome that I would have wanted, but I knew everything was going to be OK.”

Giving Final Permission for Death  Three of the parents talked about giving final permission for death in their narratives. In the first case, the father was present in the hospital room with his daughter as she waited to die. He said that the physical therapist pointed out to him that his daughter was very close to death. He describes what happened next in the quote that follows.

“And I kneeled down next to her and I said, ‘You just go. It’s your turn. You go.’ That was hard, but I thought it was the right thing to do. And the doctor was there and I don’t know if she thought I was crazy or...”
The second description is by the mother of the other teenage girl who died from her congenital illness. The woman had gotten a phone call at home from her niece saying, “Auntie, get back here right away…” The narrative follows from that point.

“By the time I got back there, when I walked into the room, there was a nurse named Kathleen who was on top of her pumping her heart just like they did on E.R. It was just like walking into a scene of E.R. because people were running; there were bags of blood everywhere; she was on top pumping her heart; there was a doctor who was behind her wanting to do another chest tube; and it was just a lost of action. And so, when I got there – the …Intensive Care doctor had just gotten there that day. He said, ‘We have been doing this for about 20 minutes and she’s not responding.’ I said, ‘Well, go on and stop.’ He said, ‘Are you sure?’ And I said, ‘Just go on and stop.’ So they stopped. … I said, ‘Just stop.’ So then they stopped and I said, ‘Can you take all these tubes out of her?’ So, I left the room.”

The third parent who talks about a final decision is the mother whose baby was injured at birth. She said that the doctors and nursery staff had been telling them from the beginning that their child didn’t have much of a chance, but they didn’t really hear it. In the following segment, she talks about their decision to remove the respirator.

“You know, and then, towards the end, you know, the oxygen from the respirator was making his skin puffy and everything and just, you know, and we could never hold him – till he died. We held him when he died. We had to decide to take him
off the respirator. That was hard. I mean, at least I knew that. It was the only
think we could do – “

Death Brings Relief from Pain  Two mothers talked about how they felt about
death in relation to the pain that had been going on in their children’s lives. The first
woman quoted below talks about her daughter who had been institutionalized before her
death. The daughter’s father had died several years before she did. The second is the
mother of the 15-year-old girl whose death is described in the first paragraph of the final
permission section above.

“And it’s, with her death, it was almost a relief because you knew that nobody
could hurt her and she wouldn’t suffer and she was close to her dad and that was
good, too.”

“They were expecting a breakdown. They were expecting tears and gnash-
gnashing of teeth and all of that, and I was just like – she’s out of pain and that, at
that point, was the most important thing to me. And so, I was OK. And again,
yes, I miss my daughter – tremendously I miss my daughter, but I was OK and I
still am. And I think that’s some of the conflict I have with my son. He says,
‘You don’t miss her. You never missed her’ and stuff like that. And I’m like –
we are at different points, of course. But at that moment in time, it was important
that she was not in any pain.”

Seeing and Touching Their Dead Child  Several parents told about seeing and/or
touching their child after death. In this category, there is also a mother who never was
able to see her son’s body. She is quoted at length about that situation in the section
reporting on question 2 of the survey. Hers is the third segment in the discussion about lack of closure. The first segment in this section is from the woman quoted at the end of the paragraph above. She talks about what she did after her daughter died, the tubes were removed, and she returned to her room. The second selection is by the father whose son was killed in an automobile accident returning from taking people home after a party. In the third, the mother of the young man killed on a motorcycle speaks.

“I just stroked her and just was talking to her.”

“We were the first ones to see [our son] in the casket. Of course, [my wife], it hit her real hard. I went up to [him] and felt his head and I said, ‘You never let me do this when you were alive and I’m going to do it now.’ I think that was kind of a turning point that I started to get over it real easy.”

“Because he was living with his father, …the coroner’s office called my ex-husband. … My ex-husband called us around two o’clock in the morning. They talked to – my husband answered the phone and he told him. Then he told me. … And they had just taken a picture at the coroner’s office and had my ex-husband identify him by a picture and they wouldn’t even let him see him. And [my son] died on Tuesday night…because he was a coroner’s case, …they had to do an autopsy and he wasn’t released to the funeral home until Friday. So it was from Tuesday night – so it was Friday until we could even see him. So, the first time I saw him was at the funeral home after the funeral director had already, you know, prepared the body and we were having visitation that night. It was that afternoon.”
Funeral. For some parents, the funeral was a very significant part of their bereavement experience and for others, it was simply something that happened. Maybe, the significance of the funeral depends on the energy already expended related to the death. One father whose infant son spent ten days in intensive care between his birth and his death talks about his feelings after the baby’s death in the following segment. In the second quotation, the mother of the same infant talks about the funeral.

“It’s almost like it was so emotional for so long, ... I must have just spent the damn thing. And then, I wanted it to be over with – I it to be over with. I wanted this thing done.”

“And then the funeral was kind of a fog. I don’t remember – I remember bits and pieces of that.”

In contrast, the three segments quoted below come from parents who lost their sons unexpectedly. None of them was present at the death and two of them did not see their sons’ bodies until several days after their deaths. The first mother quoted below lost her son to an aneurysm. The second mother lost her son to a motorcycle accident. The son of the father who speaks in the last selection died in a military accident.

“I remember his funeral. He was buried right over there on Main Street...and other members have been buried there – my mother has – but, you could not get into the funeral home for the flowers. They had them banked in the hall – on unused stairs. You couldn’t walk through the room, there was so many people. I remember at the time feeling each and every one of those young people that went up, oh – ”
"When [my son] died I couldn't even think about how to have a funeral and I hadn't even planned for that, you know – he suddenly died and so – Some pretty cruel things happened because of...my first husband. He got his pastor to do the service and he preached on the prodigal son and it was like so cruel – a lot of other things. ... We had a memorial service for [my son] at one year … At the first year memorial, I designed it. I planned it. I chose the pictures because my ex-husband’s wife had said no pictures at [my son’s] funeral and so – we had every picture I ever had of [my son]. My husband rented a video thing that kept – you know – we put all our slides through there and we had music and we had his friends and all that kind of stuff and that was probably the most healing thing I had done in the whole five years. It was a wonderful thing and all his friends were there and actually, we did it at the accident scene. The people that had been with him when he died were there. We asked them if we could use their yard and they were a little bit skeptical – a whole lot skeptical – what are these people doing? – but they then got into it and they made coffee for everybody and it was just – and his friends shared what that meant to them and – ”

"I’m sure [my wife] told you about the funeral. We had just hundreds – I mean all the people – we had a normally two-hour viewing that was extended to four hours. We had a four-hour viewing. We had people lined up outside that never got in the funeral home. And they started going at four in the afternoon and we stopped at about 8:30 'cause [my wife] and I were exhausted. The place was packed. You could hardly move. The funeral procession was over two miles long
going to the cemetery. We had two motorcycle escorts to get everybody there. The church was packed – wall-to-wall people. People were standing all the way down the church. We had four priests who did the mass – friends who knew [our son]... His commander at the ... station did part of the eulogy. A minister, a very good friend of ours from junior high and high school did part of his eulogy. A pastor who loved him very much did the mass, spoke too. ...The day they die is a tragedy. The day of the funeral, the day of the viewing are two of the best days. ... And then after the funeral, when we had the dinner at church, which was taken care of by the parish and was wonderful, fantastic – in the cafeteria, all the people – hundreds of people.”

Effects of the Death on Important Others  In the course of their own bereavement stories, some parents in the study talked about the effect of the deaths of their children on both the siblings of the young people and on their friends. This first group of quotations consists of comments by the parents about their other children. The first mother talks about the effects of the death of the son who died in a motorcycle accident on her other son. The second comment comes from the woman who lost her son to an aneurysm. The third mother simply gives a reason for her to get her life back in order after the death of her almost-fifteen-year-old daughter. In the final selection, a father discusses the attitude of his son toward the same chronic illness that took his daughter at 12 years old and that challenges his grandson (the son of his son).

“It made me fear for my other son and wonder, you know, if something would happen to him. I don’t know that I became overly protective, but I did become
more aware to be more free to say ‘I love you and I miss you and don’t go away mad.’ He’s now 22. [He was 18 when his brother died.] ... I feel like...my other son got robbed because now he has no more brother. He doesn’t fit places. He has nobody. He just feels sort of like he’s not quite sure where he fits in, whereas before he could always be real proud to say he was [my older son’s] brother and [my older son] could take him places and things like that.”

“The next thing that came about was the difficulty in dealing with the children. Teenagers – there were 18 years between [my oldest son – who died] and our youngest boy, so [the youngest] was like 9. [The oldest] had been a surrogate father – not a surrogate father but a second father for him – his own father was there. But, he did father him, that’s all there was to it. Which was kind of nice for him to have a young father and older father who was much tireder than the young father. They were extremely close and it was extremely difficult for [the youngest]. They really looked after one another.”

“I have another child and I have to do for him.”

“My grandson – already I grieve for him and his parents. They just don’t seem to be able to accept any kind of comfort or support or help or information. When I talk about help I mean talking, understanding the disease. It’s just, I think, we chose to live in the disease – that’s a bad word. We chose to take what we had and work with it and try to do something about it. They choose to try to say, not to deny that there’s [this chronic disease], but not to make that a focus, which is good. You don’t want your life wrapped up in [the disease] as the only thing,
where the only way you can relate to the child is ‘Who’s that?’ ‘He has [the chronic disease], but I think that’s wrong when it cuts off any kind of conversation …’"

In the selections that follow, the same mother who spoke above about the closeness between her youngest and oldest sons comments first about the effect of death on her son’s friends. The second segment contains comments from the father who lost his son in a military accident. In the interview, he went on to talk about the two best friends of his son as well as a young man who had known his son earlier and returned to look him up a couple of years after his death. These are lengthy anecdotes and simply expand on the comment that is quoted. They are not included here, but accentuate the father’s concern for the effect of his son’s death on the son’s friends.

“I still find, to watch young people – especially when young people die – … it affects young and old, as far as that goes, but nonetheless when it’s the young ones – the grief just shows in every face. I’m sure you recall it. There seems no rhyme or reason to it – how this could happen.”

“That’s probably one of the real tragedies of [my son’s] passing was the reaction of his friends – it was classic. You take a 19-year-old life and snuff it out and you … They just couldn’t grasp it – they just couldn’t catch on – they couldn’t get a hold of it. They just couldn’t comprehend it. ‘How?’ ‘Why?’ We spent the majority of the first month consoling other people, consoling his friends and classmates, teammates. Old girl friends came over to the house. They just couldn’t understand.”
Incongruous Outcomes. Two parents talked about outcomes related to their sons’ deaths that seemed unfair and not logical for the circumstances. The first segment quoted here is from the mother of the young man killed in the motorcycle accident. The second comes from the father of the young man killed in the automobile accident. He discusses the outcome of a trial that followed the accident and information that was disclosed at the trial.

“But anyway, he was dead at the scene and his friend was thrown 150 feet and landed in the grass and had a bad fracture of his leg and a concussion. He has had some problems. Obviously, he had to have a lot of surgery because of his leg, but he’s walking and working today and [my son] had on a helmet and he’s not. [The friend did not have a helmet.] So, it’s like OK. It’s just one of those things.”

“[My son] was a good driver. He obeyed the laws, but like I say, they were trying to say that he did not stop at the stop sign but nobody could prove it because nobody was there. The two people that got hit were so drunk they didn’t know anyway, so it’s...but they came after us to try and sue us, but they couldn’t. ... The court proceedings...we were the plaintiff. They found in favor of the [other party], 51 to 49 percent. ... The judge got up and told the jury, ‘Remember, the plaintiff...did not have the right of way.’ They came back in favor of the defendant. ...The lawyer just grabbed hold of my hand and said, ‘Sit, sit.’ [The judge] was going by the law and if he hadn’t said that, I think they would have been in favor of us. ... I’m thinking deep down that [my son] probably pulled out and – I drove his little car once or twice and it did have a tendency to stall and I’m
thinking that’s what happened – that he pulled out thinking he had enough time and it stalled and of course, this guy doing 85 plus who was also very drunk – [my son’s] alcohol level was .07, which is, the police told me, one or two bottles of beer. The other guy had a 1.4 alcohol level, which is totally drunk. [My son] had his seat belt on. This guy and his girlfriend did not have their seatbelts on. When they hit [my son], he [the other driver] had several fractured ribs and a few other things. This girl went into the windshield and to this day, as far as I know, she’s still disfigured.”

Need to Move On Several parents talked about the need to move on after the tragedy of their children’s deaths and of returning to work. The first segment that follows is by the father who lost his infant son. The second comes from the mother of the 15-year-old chronic disease victim. The third is from the father of the young man killed in the military accident. The last comment comes from the mother of the motorcycle victim.

“In some ways, we did get back to normal. I think – not necessarily right away, I don’t think. I think at some point, you eventually go back to what you were doing. I can’t tell you when that happened or how it happened. … Because, again, part of life is to go back to the routine. He’s born. He’s sick. He dies. You have a funeral. There’s several days in there where, you know – in fact, it gets to a point where you just want people to quit telling me they’re sorry. Just get over that, I mean you just want to move on. In fact, it does happen.”
“The one that comes [to grief support group] and cries all the time – I can’t do that. I’m not built like that. She’s stuck – and it’s been about two years for her. I can’t imagine being like that. It still hurts. There are still days when I cry or there are still days when I can’t get out of bed. But I guess I can’t – I have to move forward. I don’t know what changed or when it changed, but I have to move forward. That’s how I am. … I just got to a point where I had to make a decision. I was either going to be like the one lady or I was going to move on and have good things happen in my life and be appreciative of those things or I was always going to dwell on the bad things. I can’t live like that. I just thought it was time to be appreciative of the good things and work towards the things I want to work towards.”

“We still had two sons living at home at that time and life goes on. You know, you kind of look around and all you can see and hear is the funeral. And you keep trying to tell yourself, ‘I’ve got to get back to where I was before. I’ve got to get hooked back up to life!’ Number one, it’s because I have to. Number two, because it’s what [my son] would want us to do. We were very much aware – of what [our son] – of how [our son] viewed life. [Our son] was not a quitter. He – ‘you know, don’t stop because of me. You’d better keep going on or I’ll be pissed.’ And, there was a drive within us to continue on – to continue on with life. I think it was two weeks, and [my wife] and I both looked at each other and said’ OK, it’s time – get back to work.’ I called my boss and said’ I’m coming
back to work Monday, I'm coming back to work' -- and turned around and got back to life."

"I came back to work the next week after [my son] died and then, about the end of that week, I realized that was a stupid thing to have done. ... Just having to come to work. Sometimes -- and I guess that has two sides to it -- coming to work was probably a good thing because I had somewhere to get up and go each day, otherwise, I would probably just stay at home -- couch potato. But in other ways, it made it harder because I had to put on this kind of a -- I'll call it a mask, but it was sort of that way. You had to sort of pretend that everything was OK, and go on."

**The Closeness of Death**  Three participants talked about their attitudes toward death following their experiences of loss. The first of the people to be quoted below is the mother of the aneurysm victim. She talks about her view of death over the years.

The second parent to talk of death is not quoted below. She is the mother of the infant who died ten days after birth. She has already been quoted in the early part of the results section. Her decision to die is included in the psychological effects segment. Luckily, she also made a decision to stay alive about six months later. The third parent to talk about death related to herself is the mother of the teenage chronic illness casualty. Her story appears in the second selection that follows.

"Identifying with death again ...over the years, you become much more aware of the frequency of dying, the nearness of it, and the terror of it--and, as you get older and older, not so much terror. It's more of an acceptance."
“The first year I felt like – I guess I got kind of paranoid so I guess I thought every little pain, every little bump, every little bruise was gonna kill me and I was going to die. And then, I figured out that it was not going to happen. So I figured out there is plenty to live for ... It was kind of suicidal, but not that I would actually go out and do something. I remember having the feeling that if something happened, I wouldn’t fight it. And so, if I fell into some water and started to drown, I would just probably drown. I remember going on a boat ride – and I’ve been on boat rides before – but I went on this boat ride on the Ohio River and that statement was made by someone else that if the boat went down, ‘There wouldn’t be any problem because I could swim to either side of the shore.’ And I remember thinking when she said that, if the boat went down I’d be going down because I can’t swim to either shore and not only can I not swim to either shore, I didn’t want to swim – and that scared me. On the one hand, I wouldn’t fight it, but on the other hand, I don’t want to die. OK, I need to stay away from the water! I knew that I didn’t want to kill myself. I also knew that if something happened, I wouldn’t fight it. ... I know the son of a friend got shot and drove himself to the hospital. Three years ago, if I had gotten shot, I would have laid there and bled to death. Now, I would drive myself to the hospital. So, I was kind of...so now I definitely feel there is plenty to fight for. I would swim to either shore even though I can’t swim very well. I would fight...if I got shot, I would get up and...”
Dreams  Two parents talked about having dreams of their deceased children. The first selection of the ones that follow is spoken by the woman just quoted above. She talks about her own dreams and those of her father. The second segment comes from the father of the other young girl who died of a chronic illness. The third comment comes from the mother of the son who died in a motorcycle accident. She talks about the age of her son in her conception of him and so does the father who is quoted before her.

"There was a movie that she used to like to watch all the time and it was Cool Running and it was about the Jamaican bobsled team and she loved that movie. And the one line in that movie was, when they would crash, the one guy would say, ‘Hey, Sam, are you dead?’ That line used to crack her up. So, I would say about a month after she passed away, I had that dream and she was there and I said something about, ‘Hey, [Girl], are you dead?’ And she said, ‘Yeah, mom, I’m dead.’ And I said, ‘Thank you very much for that message!’ And so, I believe I was getting messages from her and, in fact, other members of my family also because every now and then my father tells me that he dreams, particularly when he’s feeling really sad. And this man is a professor at the community college and been there for 30 years. This man is a…smart guy. He said that just about three months ago, he came into the living room and she was sitting there and he said, ‘Can [I] have a hug?’ and she hugged him. And he said, ‘Are you all right?’ And she said, ‘I’m all right.’ He said, ‘bye’ and she said, ‘bye’ and she left. And he believes that she was there and so, I do too. And that’s the way she was communicating with us – in our dreams. I have another real vivid image of
her coming into the room when I was asleep with a cousin of mine that she never knew. This cousin died about maybe 25 years ago and she couldn’t have known him. … but I remember very clearly in this dream that she and he came into the room and she said to me, she said – and she didn’t even know his name – and she said, ‘My cousin Clarence told me that I should have taken my medicine,’ and I said, ‘Really?’ and she said, ‘I’m sorry,’ and then she was gone and I said, ‘Wow, she didn’t even know Clarence!’ And so I really do believe that she was trying to give me some real clear message that she was OK. And other members of my family have talked about dreams that they have had and so we all kind of agree that she has been in communication with us through our dreams. I’m glad that it’s like that… Sometimes, I wake up crying or sometimes I wake up laughing because of the funny dreams about her, but the dreams have gotten less often. I am afraid that the memories are starting to fade … I just think it is really sad that those dreams are starting to go away. I talked to a friend of my – it has been about 20 years since his child passed away, but he’s still having dreams, so there is hope.”

“I used to dream about her a lot. In the last year, it has happened once. Surprised that – it has been a long time – so I was surprised that it happened again. Of course, she’s always the age she was when she died.”

“[My son’s] always going to be 20 in my mind. He’ll never grow up.”

“Hauntings” and Sightings  Several of the participants talked about incidents that brought a sense of the presence of their departed children to mind. All of the comments
cited here happen to be about sons. The first three quotations come from parents whose sons were young adults when they died—from the mother of a 27-year-old, from the mother of a 20-year-old, and from the father of a 19-year-old, respectively. The last segment is from the father of a 10-day-old infant.

“But back to [my son]—it’s a strange thing but, for such a long time and even today, the back of so many heads I expected to turn looked like him whether I was at church or shopping or whatever it was. I would expect it to be [my son] from the back of his head.”

“If I saw a motorcycle that was like the motorcycle we knew he’d bought, then I would have to go check it out— you know, look at that. Or I’d see somebody go by that looked like [my son] from the back, I might turn around and follow that person, you know... I recently shared—I was sitting at a stop sign and a kid turned in a car in front of me and it just—first I thought ‘Oh, there goes [my son]...I thought, the old me would have turned around and followed him and seen who was that really?...but I was able to say, ‘I know [my son’s] dead so I know that’s not [my son],’ but it took me a while to internalize that [my son] was really actually dead.”

“And there’s still moments... in the middle of a World Wrestling Match or high school wrestling— and sometimes I just think about him. I call them ‘hauntings’. I’m not thinking about anything else and all of a sudden, he’s there in my mind. I hear [his] name in a song or something— it brings him to mind. And it’s not that I’ve made him a martyr inside of me or made him more special than my other
sons, because I love them all. It’s just – he’s not here. And when those moments come by, I pass them on. I deal with them – emotional moments. There have been occasions when I’ve been in my office and there isn’t time to … but it’s not something you can just [snaps his fingers] – I’m done with it and set it on a shelf.” “I was just thinking … that, gee, [my son] would be turning about 18. He was right between the two [his daughter and other son]. And it’s funny because I don’t think of it a lot. I don’t think of him a lot. It’s just not something that … pops into my mind on a regular basis, but every once in a while it does. And every once in a while, it gets emotional. Sometimes, I’ll be watching TV and, it was the funniest thing, because it isn’t something that is related to a child dying or anything else. It could be some event that would happen that triggers the memory – wonder what he looks like – that kind of thing.”

Remember the “Real” Person, Not a “Saint” The topic of the accuracy of memories was mentioned by three of the parents. The first selection that follows comes from the mother of an almost 15-year-old daughter. She talks about a birthday celebration she had on the anniversary of her daughter’s birthday and of how her daughter’s friends told stories of things she didn’t know that her daughter had done. The second segment is spoken by the mother of a 20-year-old son. The final quotation comes from the father of a 12-year old daughter.

“Initially, I just remembered the hard part – the last few days of her life. I think what happens is there is a tendency to remember the death and then remember the good stuff and to not remember the bad stuff. So there’s a tendency not to
remember the stuff that used to make you mad, but now I can – I can remember the good stuff, the bad stuff, the stuff that used to make me mad – now I have the whole picture. And it’s OK, too, because at this party, I found out some stuff I didn’t know about my daughter. I’m like, ‘OK.’ The kids are like, ‘I’m not sure I should tell you’ and I’m like, ‘Listen now, the child is dead and there’s nothing I can do, you know, so you can tell me.’ I found out about the experimenting with drinking, the experimenting with cigarettes, the experimenting with sex. I said, ‘Oh, at age 14? OK, thanks for telling me I was blind...’ And I was happy to actually know about that stuff because now it’s funny.”

“Learning to be able to deal with how to talk about it and how to remember [my son] as he was – not to make him a saint. I think that’s a risk we all face.”

“Parents always wonder what their child would have been like when she grew. The interesting thing is we always see the positives – she would have gotten married. But the problem is we never see the difficulties – unable to cope with her illness, bad marriage. We always see them as this wonderful child who would have grown up to be this wonderful adult. I mean, we hope that.”

The “Empty Track” Experience Seven of the ten parents interviewed in this survey discuss the topic of how their missing children would or should be interacting with them and their families today if they were still here. Some expressed their thoughts in terms of imagining what choices the child would have made (similar to the last selection in the preceding paragraph); some talked about roles that go unfilled; while
others simply made reference to someone who is not there. All four of the fathers and three mothers speak in the segments that follow.

“You know, I guess until very recently the odds of maybe having another child were not out of the question. I think now they are ... and I think there was some realization that even if there was another child, they would never replace – like [our younger son] never replaced [the son we lost]. ... Again, [my daughter] and [my younger son] are just completely different. I do wonder – see the next thing is – I wonder what [the son we lost] would have done. Would be have been like [the daughter] or [the younger son]? – or some mixture of both? But they are just – I tell you, the difference between the two of them is just so, so wide.”

“It is interesting to me that I still miss her. I just find that really hard to believe.”

“Some of the things that when I needed help around the house and [my son] would be there to help. I missed him for that. And also a father-son relationship which I no longer had because, unfortunately, we didn’t have more than just [our daughter] and [our son]. And well, things in general, but nothing really definite that I could pinpoint right off.”

“I never saw him get married. I never saw him have a family. I never saw him become a young adult. My husband told me recently that he felt like we were robbed of the grown-up [son], you know, the mature [son] that you got to have a grown-up relationship with.”

“I’m always in that state of imagining what would be. So, for example, this year would have been the year she graduates. So, it was really nice to see some of her
friends. Of course, some of her friends have babies and that is sad because they are so young. And others are going on to school, so that’s exciting that they’re continuing on with their dreams. So, reminders of what could have been are kind of hard.”

“And we always kind of wondered, you know, what would he have done, because he always wanted to be a police officer. We maybe surmise that he might not have gone that direction. He might have stayed with the military because he really loved being in the military and because his girlfriend at that time, she was military too … and she was accustomed to military life, so I’m pretty sure she might have—they might have stayed in the military. And then, again, he might not. But I doubt very much whether he would have been around here. They probably would have gone to California ‘cause that’s where she was originally from and there’s a lot of action in California. Then again, he might have stayed around here. There is no way of telling – you can’t judge a person’s mind.”

“Well, obviously your whole family perspective shifts because there is a person not there. So, in terms of major events, holidays, you know, that kind of thing always brings that up.”

Response to Marriage of Deceased’s Significant Other  A topic connected to the last one reveals how difficult it is for a parent to see others who had been close to his or her departed child moving on with life. The following quotations reflect the thoughts and feelings of two mothers as they remember the marriage of a girlfriend and remarriage of a wife, respectively.
"[My son's] girlfriend got married about a year and a half after [my son] died and that was very hard! When she sent us the card telling us that she was engaged (she had been telling us that this guy was just a good friend), she wrote us a very wonderful little note about they were engaged and they were going to get married. And it's a good thing she just sent us a card because I just went berserk. You know, 'How could she do this?' It was against [my son] and all this. My husband reminded me that she was only 21 years old and she had a life to lead and, you know, she couldn't always be grieving over [our son]."

"His bride was a beautiful woman ... but she married ... It was a hard part of my remembrance, frankly. I felt so very badly about her. She was so young - younger than he. He was 27. But, I'm sure she - it was obvious that she was grieving. But, you know, eleven months later, she married his best friend which I could accept, but honestly ... it hurt, it hurt."

Unanswerable Questions  There is a subtle shift in the flow of topics at this point. From here on, the comments reflect thoughts and/or actions of the parents during their bereavement process. In this section, there are two comments made by mothers. The first is by the woman whose son was killed in a motorcycle accident. It represents her musing about her son's thoughts at the time of his accident and death. The second is from the mother whose son died of an aneurysm as she considers his whereabouts during all the years since his death.

"I had to always figure out how much time did he have from when he was going to hit until he could have known? What could he have said? Did he have time to
say, ‘God, forgive me. Let me go to heaven’? Or, did he have – what did he have time to say? Or, did he have that old flashing through your life type thing? You know, what was he thinking of? I guess that’s probably the thing that always makes you wonder.”

“Still, you wonder where he is, what he’s done all these years, what the Lord has – what kind of world are they in?”

Models for Others The three parents whose thoughts are recorded in this section noticed that their own behavior had become a model for others. One seems surprised. The other two seem satisfied that their way of coping with a difficult situation has helped others who came after them in similar straits. The first comment is from the mother whose son was killed in a military accident. The second is from the father whose daughter was the victim of a chronic illness. The third reflects the thoughts of the mother whose son was a motorcycle accident casualty.

“And what I found out was very interesting. My husband was in the diaconate at the time – preparation – last stages of that. And so, we had went to class together and all that. So, we were very upfront in our parish, and about maybe a month after [our son] died, we had two people in our parish come up to us and said, ‘We’re really impressed!’ And I said, ‘Well, why?’ And they said, ‘Because we watched how you handled this because we figured that this was gonna really – that this was gonna really take you out of here, that this gonna – your faith was gonna be over and we watched every move how you – and we really believe that maybe your faith is real.’ But, you don’t know that people are – you know,
people who realize in their own life that they couldn’t handle that – and so, watching how you – and had absolutely no clue that they were doing that. I was like, ‘Whoa, you were watching us?’”

“We had said, ‘No intensive care.’ I just found out last week that we had set a precedent at the hospital. She was the first one not to go to intensive care and after that a lot of kids didn’t go. They’d take them up there and do all kinds of stuff to them and they’d live another three weeks [in intensive care]. She didn’t want that. We didn’t want that.”

“Then, about two years later, his best buddy got killed in a car wreck. I went there for his family. They had shared how much it had meant to be at [my son’s] service. So I think they spent a lot of time planning his funeral because they had seen all the difficulties we had and how we were able to kind of correct it with the memorial service.”

Celebrations and Rituals. Parents and families find ways to deal with ritual situations like holidays and birthdays that bring to their hearts a strong emotional realization that their loved one is still missing. The selections that follow discuss various aspects of this topic. The first mother talks about preparing for the holidays, but not realizing that New Year’s Eve represents a ritualistic moment for which they were not ready. The second mother talks about ways that she celebrates her deceased daughter’s birthday. The last segment is a rather long, but absorbing description of a family ritual and the reason for it.
“That first year was so intense. One of the worst experiences we had was New Year’s Eve the first year after [my son] died. Because at the end of the year, they always have all the people who died the previous year, you know – all famous people – and on TV they’re having all the pictures of people who were famous who died that year. And you’re sitting there knowing your son died and, of course, he wasn’t a famous person, but he was famous for you. And I remember us both just crying because somehow it seemed, you know, life moved on because we went to another year and didn’t get to go with [our son]. You know, it was kind of a bizarre thing. I think one of the things we learned was to be prepared for holidays. And we tried to prepare ourselves. How am I gonna handle? – you know, what are we going to do about this? Try to figure out a protective measure – what you’re gonna do. We prepared for Thanksgiving and we prepared for Christmas, but we didn’t prepare for New Year’s and that one was a surprise!”

“We had a party at my house on her birthday and invited a lot of her friends and they did come and told me what they are doing now. That was fun. … We celebrated her birthday every year since she passed away. We keep trying to come up with different things to do. One year, we had a blood drive. Last year, my son and I just went out to dinner. We don’t find anything wrong with celebrating her birthday.”

“We go – on Christmas Eve morning – we go to the cemetery. We all stand around [his] grave and, with me being a deacon, I conduct a formal prayer and we have a, you know, ‘[Son], it’s Christmas again and you’re not here with us’, you
know, and that kind of stuff and we shed a few tears – which going to the grave, I think, is essential. It’s kind of point of reference when we go there. We know [he] isn’t there. The only thing that rests there is his remains and we go there and it kind of groups it all together. It kind of fills the cup and runs over the top. [My wife] and I always leave with a few tears in our eyes and a runny nose and we have to stop maybe before we get out of the cemetery and get ourselves together so I can see to drive. But we always feel better after we do it. And it’s not a moment – we don’t do it to torment ourselves. And sometimes we get out there and invariably – and we always tell [my son] it’s his fault – invariably on Christmas Eve morning it’s 20 degrees below zero and there’s a 40-mile-an-hour wind – at most cemeteries, anyway – but it’s bitter cold and we’re trying to stand there and pray. And we’re going, ‘[Son] – you’ve got connections, [son] – could you make it a little warmer, you know.’ And then we all go to breakfast and just let that slide – that grieving thing. And we celebrate [him]. We celebrate the holiday and celebrate [him] because he was kind of freaky about Christmas, so we celebrate [my son] in that moment when we have breakfast, … and tell stories [about him]. Everybody’s got stories [about him], but we all, you know, we all shed a tear who can be there. If they can’t be there, they’re not penalized.”

Visiting the Cemetery The cemetery is a tangible connection to lost loved ones for many people. Three of the respondents in this study spoke about cemetery experiences. The first selection comes from the same father who spoke at the end of the last paragraph about his family’s ritual experience at the cemetery. He continues with
thoughts about that visit and others. The next segment comes from a mother who lost her 27-year-old son and many other family members, many of whom are buried at the same cemetery in relatively close proximity. The final piece reflects the words of the mother who lost her infant son and has, in the meantime, also lost her mother-in-law.

“We try to get there early at 7 o’clock on Christmas Eve, but we celebrate that moment and we have that pressure valve. I call it a pressure valve. We go out maybe a couple of times – during the summer, we go about every other week. And I don’t think it’s a matter of necessity. ... We go out there and put some flags on the grave, [military] flags, American flags – and we spend a little time and we talk and we ... deal...with the missing. That’s the biggest part ...”

“I remember he liked yellow flowers. At the cemetery, they don’t keep as well as the others. It’s kind of strange. ...You take one long look there [at the cemetery] and there’s a large part of my history, my bereaving history.”

“And then, well, I guess probably back in February ... I went out there and I have to talk to [my mother-in-law], so I went out there and ... so I was able to have my conversation with her and then I was able to go over and visit and cry and take care of that, so I think, overall, that made it easier this year. It was just something that needed to be done. ... It was just a hard time for me, physically, emotionally – just for me – and I just talked to her. I went out and I probably spent a good part of the afternoon out there, you know at [the cemetery], and I imagine those people going by said, ‘Oh, my God, look at her’, but I didn’t care. Yeah, you just
have stuff you've got to say and, uh, so I think that was very cleansing for this year.”

Finishing Child's “Work” Two of the parents talk about finishing business that was started by their children or during their children’s lifetimes. A father who lost his daughter to a congenital chronic disease had been very active in an organization of families whose children also had the disease. They supported each other and raised money for research into a cure for it. In the interview, he discussed his current efforts to support the fund-raising and educational efforts of the organization, although he no longer actively belongs. He bemoaned the fact that he and his wife willingly gave gifts for many occasions to the children of his friends; however, when he asked them to support his fund-raising efforts, they came up with many excuses to get out of it. He saw his efforts as a continuation of his daughter’s unfinished business, especially when he thought that more money put into earlier research might have alleviated some of her suffering, extended her life, and/or cured her, had it been raised in time.

In the selection that follows, the mother whose son died in a motorcycle accident talks about three ways in which she has been able to fulfill desires that her son had expressed during his lifetime.

"[My son] was adopted. We got him when he was seven weeks old. He’d always talked about when he got 21 years old we’d seek out his birth parents. He’d always wanted to know if he could do that and I said, ‘When you’re 21,’ because I thought you had to be 21 to do that. So he when died, ...my ex-husband did some pretty cruel things when [my son] died. One of them was he gave me some
papers [my son] had been seeking out to find out how to go about finding his birth parents and it wasn't painful to me at all because I knew we had planned that and it was actually good for me to see that he had been moving forward on that. And I actually had a dream that ... I need to do this for [him] and so I did. I met his birth mother and then she – spent many hours with her reminiscing and showing pictures and all that, which is something that we don't get to do very much and then through her, meeting his birth father and his birth grandfather. It was outstanding. ... [My son] got kind of robbed. He was 20 years old and was planning to go to – going back and get some further schooling. And so, I don't know, somehow I felt this compulsion, you know – I had to go back to school for [my son] so I went to [the community college] and got another degree in something. ... I went on a mission trip with my church group and I would never have done that I don't believe. I say that but I don't know if I would have or not but I know that was a big factor to me – [my son] didn't even get to live. He didn't get to go anywhere and, you know, here I am and why can’t I go help somebody else. We did donate his tissue and bones. ... They gave me a list of the ages and surgeries and the hospitals where the surgery had taken place that his bone or his skin was used. So that has been also a very sustaining thing knowing he has made a difference in somebody’s life. I’ve done an article recently that [my son] always wanted to travel – well, now he traveled through his tissue and bone donation. But then I got to travel to Central America for him.”
Chronic Illness and Retardation Have Positive Sides. This topic is the first in this final series of evaluations or observations that parents in the study included in their narrations. The first comment that follows is spoken by the father of a daughter who had a chronic illness and whose grandson also suffers from the same illness. The second is from the mother whose daughter was mentally retarded.

"I think the thing that children who have chronic illnesses have going for them … I don’t know what it is. I suspect it’s just that they receive more attention. The attention and the constant interaction brings something out in them. I think maybe the fact that they were in ICU with people handling them all of the time. … I think they are special kids. I think they learn to cope differently."

"And I really and truly will say that [my daughter] being retarded taught my family a lot. And I think that people who are born normal and have a good mind are the hardest people to deal with. They are very difficult. They are not as forgiving. They are not as understanding. Your retarded children do not behave like that. They accept everybody. I know that it has been a good thing for my children to be around her. And I am glad that I kept her home the 39 years that I did."

People Try to Avoid Pain. Two participants talked about why people behave the way they do in difficult situations. In the selections that follow, a father has been observing that some people pull away from those who are ill. The statement that appears below explains why he thinks people behave in that way. The second quotation is from a mother who muses about why other parents don’t want to hear about her loss.
“People who do separate, they kind of try to get away from – pull away, and when the final thing happens – the child dies – they are not involved. Most of that action – separating, divorce is to avoid pain. Their primary goal in life as human beings is to avoid pain.”

“And I think what happens with a child is that it’s every person’s nightmare. And you’re living out their nightmare. And beyond what they want to do for you initially, they don’t want to hear about it after that, because it just – you know, you mention it and they go, ‘I don’t want to talk about this. I could never deal with that. I could never. I mean, how do you – ’ I said, ‘Well, you do.’ It’s something you think you can never ever handle, but somehow you do. God gives you the strength to move on. One little step at a time, you do get that strength, but it is hard for people to even relate to. That’s why I think there’s a ‘thing’ between people who have lost children that other people just don’t want to go there.”

Comparisons of Losses Although no one in the survey was asked to compare the loss of a child with any other loss, three parents did so in their discussion. Their conversation is quoted in the following selections. The first two comments are from mothers and the last is from a father.

“At the time, you are overwhelmed with grief. The loss is so intense and personal and leaves such a big hole, but with your spouse – I can’t speak for younger people – we had so many beautiful years together and such a peaceful – he was ill, very ill. There was all that to deal with so that you could welcome his death in
a way that was totally impossible with [my son], totally impossible – out of the question."

“And I, even when [my granddaughter] died – I think if I had lost another
grandchild, it wouldn’t have been quite as hard because [my granddaughter] was
another person that I was around a lot and had helped. … And it was hard, but –
… And then, some people will say – I had a friend of mine that told me, she says,
‘Well, it’s much harder to lose a child than it is a husband.’ And I say, you are
wrong. You have to be a certain type person in order to say that and you have to
have a certain relationship with the person you lost. And each one is different.”

“…I can talk to somebody who has lost a mother or a father or a brother, talk to
them of grief. Yeah, it hurts when someone dies, but it’s easy. I lost my mother
about three years ago. She had Alzheimer dementia. She was gone to me two
years before she died. … You know, I think about Mom every now and then and I
get a tear in my eye. She was a very good mother – a very, very good mother, one
of the best – and I miss her, but not like I miss my son! … I’ve had an opportunity
to talk to some elderly people, 80s and 90s, you know – in fact, one lady I can
recall. I was talking to her and she said, ‘I’ve buried two husbands, three sisters
and two brothers and three children.’ And, she said, ‘The children still are the
hardest – you’re not supposed to bury your children.’ And I say to myself,
‘…there’s nothing you can compare it with.’”

Need for Death Education and Experience  Several participants seemed to believe
that part of the reason they were so overwhelmed by the death of their children was that
they had little knowledge or experience of death and funerals before their children’s deaths happened. All three of those who spoke about this issue were women. Their comments appear below.

“...I wish that I had known more about people – it’s the old story – if I knew then what I know now – especially about grief. It was not anything that I had ever seen in my home when I was a child, at all. [My husband] had lots and lots of aunts and cousins on his side when he was a child. I remember one was a girl and, to my knowledge, that was the only funeral I ever went to – was with [my husband].”

“...There was no preparation for this at all none – and not that there should be preparation for this. I don’t know how you would do any, but I have found that grief and sadness is something you just don’t talk about in families and then all of a sudden you are kind of thrown into a situation that you have no idea what to do. And how would I change that? I don’t have any ideas on how I would change that, but I do think, especially in families, you know – there’s got to be a – when you go to different family members – distant, distant family members have passed away and you have gone to their funerals. ... More discussion is necessary. ... It shouldn’t be a taboo topic. It was never talked about in my family. The first funeral that I ever went to I was in my twenties. You know, I don’t want to sound morbid, but death and dying was something that was not discussed and then all of a sudden, you’re thrust into the situation and you have to deal with it and you don’t know how to deal with it and that, to me, seems wrong. So, I don’t know
how to change that. I have no idea on how to change that, but it should not be a taboo subject in families. ... You have to have some type of a way to deal with things that—you know, to deal with things like it and if you have no equipment then you’re not going to begin to deal with it. ... Can you take a class? I don’t know, but it should not be a taboo subject, so that when it does happen everybody freaks out.”

“Well, I think that they try, but they don’t try to educate themselves with the knowledge of people that lost.”

**Describing One’s Family after Loss of a Child** During the course of the interviews, two of the fathers talked about how they described their family to others now that one of their children had died. Neither was responding to a question or a probe by the researcher. Each father had his own way of dealing with the question. Their comments appear in the following quotations.

“When people say, ‘Oh, you only have two kids?’ I would say, ‘Yeah.’ I never bother to fill them in, ‘Well, there was one in between – actually, there was three but –.’ For the most part, it’s kind of like I don’t want to go there, don’t want to go through the whole thing, don’t want to explain it to you.”

“When people ask me, I always tell them, ‘I have four sons. One isn’t with me, but I have four sons. Two of them are married and on their own. One is very much on his own. There is only one I don’t worry about. He’s with the Lord and that’s why I don’t worry about him. The other three live in their own houses, got their own kids.’
The results reported in this chapter represent the stories that were told to the researcher in response to questions about the effects of the loss of a child by a group of ten parents. Although not every word is reported here, an attempt has been made to extract the most significant parts of the narratives.
CHAPTER IV

Discussion

The focus of this research is on stories and whether people make use of stories to help them describe, understand and manage their bereavement experience. This discussion will contain a reiteration of the previous research that was reviewed in Chapter 1 in order to provide a context for interpretation of the present results.

The current study supports findings of previous research which indicate that dealing with the loss of a loved one is usually a significant and challenging endeavor for the individual. Previous work points out many symptoms exhibited by bereaved individuals. These symptoms involve physical, psychological, emotional, mental, behavioral and spiritual indicators. While most respondents to this survey indicate that they had no physical problems related to grief, they did mention crying. Psychological effects such as crying, depression and a desire to die are discussed. Emotions mentioned include anger, loss of control, and loss of the will to fight if a life-threatening situation should arise. People talked about disorientation and a loss of focus as mental difficulties they experienced. Behavioral troubles include automatic functioning without accurate memory and total cessation of family responsibilities formerly carried out by the bereaved individual. Spiritual disruptions reported by these parents include struggling
with the concepts of being angry at and of questioning God as well as a crisis of faith resulting from less than expected outcomes of prayer.

Bowlby (1977a, 1977b) discusses numbness, yearning and searching, as well as disorganization and despair as three of the stages of grief. Respondents to this study reported numbness, "a fog", a sense of unreality about the death, a desire to follow people who look like the lost loved one, depression, and loss of focus. The evidence of past research combines with results of the current study to indicate that people who are bereaved are in need of relief from the disequilibrium that follows their losses.

One of the most basic needs of a newly bereaved person is to be able to understand what he or she is experiencing as a result of loss. Fisher (1984) asserts that a person in this situation would naturally turn to narrative to aid him or her in understanding what is happening and to help him or her decide how to move forward through the difficult times ahead.

A presentation of Fisher’s (1984) theory of the narrative paradigm as well as the work of other researchers relating to stories or narrative appears in Chapter 1. Although Fisher (1984) claims stories to be the basic method used by people to understand and interact with the world around them, he doesn’t present a concise definition of a story. Brockmeier & Harré (1997) offer several very general definitions. Stein & Policastro (1984) provide an excellent review of efforts by other scholars to more clearly define the nature of a story. Their study contrasts story recognition between young students and teachers in order to test the reliability of some or all of those definitions. The results indicate that both students and teachers expect a story to contain goal-directed actions by
“an animate protagonist and some type of causal relationship among events” (Stein & Policastro, 1984, p. 147).

Combining the pertinent elements of both Brockmeier and Harré’s (1997) and Stein and Policastro’s (1984) works, this analysis looks for discussions from study respondents that contain characters (people) who face difficulties related to the loss of a loved one. Those characters must either act upon those difficulties or move through a process that resolves them. There must be cause-and-effect connections evident between events, emotions and learning communicated in the discussion. In addition, there should be evidence that the discussions take into account socially accepted guidelines for reasonability and believability.

While Stein and Policastro (1984) and Brockmeier and Harré (1997) make direct efforts to define a story, many other researchers reviewed in Chapter 1 talk about what a story does or how it works rather than defining its distinctive elements. These attempts, taken together, help to create a broad understanding of the narrative concept. This insight is similar to the power of a particular story to provide a more expansive meaning than can be expressed by a simple definition. Tannen (1988) and Schank (1990) discuss the creation of a sense of the particular in stories. Tannen (1988) points out the ironic ability of the particularity in a story to convey general truths and principles in a way familiar to listeners. Thus, a story that serves as an example often has more explanatory power than a straightforward definition of a concept. In the following discussion of issues relevant to the Research Questions presented in Chapter 1, references from Fisher (1984) as well as
from the works of these other researchers are integrated with the results of the current study in an attempt to trace the value of narration to the bereaved.

1) In the course of describing their bereavement experience and the process of managing it, do people use stories?

Each of the participants in this study was able to identify the death of his or her child as the cause of significant personal difficulty. This difficulty encompassed ill effects beginning with the initial shock and ranging through a multitude of emotional, behavioral and psychological consequences. Each of the respondents also relayed a series of events and contributing factors that either facilitated or impeded his or her ability to move away from initial disequilibrium toward reorganization and a renewed ability to function effectively in his or her daily life. Each was able to trace causal chains that wound through his or her account. The accounts are interesting to hear and make sense according to common expectations for such discussions. They also reflect themes that have been identified in Chapter I of this thesis.

These accounts qualify as stories because they identify a character (the bereaved person) who takes action or submits to a process that resolves a difficulty (the grief process) over time. The accounts make causal connections between events and actions of the characters, using cohesive and plausible narrative conventions.

Schank and Abelson (1977) discuss a sequence recognizable in stories. It includes a plan that reflects the goal of a character. The goal can be traced to a life theme of that character. This plan-goal-theme sequence is then combined with the results that happen in the story and a lesson emerges. These authors claim that any of these elements
of the story can serve as an index to the story in memory, but the lesson itself is often stored as an index in the memory (Schank & Abelson, 1977). Following this thought process, the development of a lesson provides good evidence that a particular account is a story.

The respondents of the current study were asked to give advice for others relating to the problem of dealing with the loss of a child. The researcher’s purpose in asking that question was to discover the lesson that each respondent had developed from his or her experience of bereavement. If the advice given by the parent reflects elements of his or her own experience of dealing with grief, then it is likely that the individual has followed the plan-goal-theme-results-lesson chain as described by Schank and Abelson (1977). The strategy suggested by the parents as advice represents a plan to accomplish the parent’s goal of working through grief according to a theme, such as “life must go on.” The results of the strategy have been satisfactory for the parent and now represent the lesson of the story he or she has just created. When asked to give advice to others in a similar situation, he or she calls up from memory the lesson drawn from his or her own bereavement story to use as a basis for the requested advice. Thus, giving advice that reflects strategies successful for him/herself indicates that the parent has used a narrative process to understand and remember his or her own experience.

In almost every case, the advice given by a respondent can be traced to his or her account of what was helpful to him or her in facing bereavement. The mother who experienced a delayed emotional reaction of almost six months and then found help by talking to others at a grief support group advised others to take their time with grief and,
when they were ready, to go to a support group. She said that it is not good to hold grief inside and not deal with it, that it is better to talk about it.

Another mother who said that she does a lot of talking and that talking helped get her through the effects of the loss of her son advised that others should “talk about it to everybody that’ll listen”. She also advised that people who need medication for depression should definitely take it and not feel embarrassed to do so. She had indicated in her own story that she had thought she was doing OK, but upon examination by her doctor, found that she was depressed and needed medication – something she had resisted. The medication helped her through the depression and allowed her to deal with her grief more effectively.

A father who found reading to be a very effective coping mechanism for himself advised that one of the things people suffering the loss of a child should do is to read. He also had recounted that he and his wife decided that they would allow any manifestation of grief in each other during the first year and would support each other in whatever emotions arose. He advised that others allow time for their grief, suggesting that bereaved people could afford to lose a year of volunteering in order to take care of their grief.

The mother who escaped into drugs and alcohol and later became a recovering alcoholic responded that her first reaction to offering advice to others who lost a child was “don’t drink”. She then backed off, indicating that she realized not everyone would even want to drink. She also suggested that a bereaved parent should find someone who understands his or her situation and talk to that person, ignoring what the world thinks.
In her own story, she related that her mother-in-law had been a powerfully supportive person for her, someone who had believed in acknowledging her grief and encouraging her to talk about it. This mother was very sensitive to the expectations of others in her own story.

In each of these examples, the respondent advised other bereaved parents to use coping mechanisms that he or she had found helpful in his or her own experience. Each appears to have drawn a lesson from his or her experience that reflects what living through the grief had taught them. Particular coping mechanisms are helpful; therefore, another individual facing the same problem of loss should try those particular coping strategies. As Schank and Abelson (1977) suggest, having developed a lesson indicates that story development has occurred.

2) Are there common elements in these stories?

3) What common elements can be named?

Research Questions 2 and 3 can easily be answered together. A survey of the results section indicates that there are common elements in the stories told by the respondents to this survey. The listing of these common elements that follows serves as evidence that they do exist.

The most obvious common element in the narratives is that loss is very difficult. Earlier in this Discussion section, there are two paragraphs that integrate the findings of previous research and the findings of this study about the ill effects of the loss of a loved one, so they aren’t repeated here.
Another common element is that all the respondents developed strategies for coping with their losses. These coping strategies varied among the respondents, but they all could name at least one way in which they dealt with the effects of their losses.

All of the respondents came to an acceptance of grief. In some way, each expressed either having made time and room for it in their lives, or having come to believe that they should do so. Each acknowledged the pain of grief and the need to deal with the pain somehow. Many verbalized an acceptance of the individuality of grief, whether in talking about differences among family members, discussing variations in the sharing of members of support groups, or in wanting others to respect their personal grief journeys. Many suggested tolerance of the individuality of grief responses when asked to give advice for other bereaved parents.

Another common element is the belief that time and process change the effect of the loss on the individual. Some attributed changes simply to time, while others insisted that time and process together caused the changes. Yet, all acknowledged that over time, the grief response changes.

While all acknowledged that changes occur in the effects of loss, respondents maintained that pain, loss, sadness and emptiness remain to some degree. Whether they named the change as one of intensity or kind in day-to-day experience, most parents described intense emotions at particular times of remembrance or connection with their child.

Another common element in the accounts of these participants is that reorganization following loss does happen in their lives. Some attributed the
reorganization to the passage of time while others gave credit to some sort of process or activity, but all of the parents attested to the fact that their experiences of grief changed and improved abilities to function reappeared over time.

These parents related a sense of commonality with others who have lost a child. Those who compared their expectations about bereavement and life after it with others who had lost a child indicated a belief that other bereaved parents would understand their emotions and would have learned similar life lessons from the experience of loss. At the same time, there is a sense that as bereaved parents, they are “out of kilter” with the expectations of others who have not had the same experience – who don’t “know” how it is to have lost your child.

All of the respondents agreed that grief and loss are permanent. As one father put it, there are a lot of things in our society that are not final even when they appear to be, but death is really final. Dead people are not going to come back. A mother said that once a child has died, the parent will have to live a whole lifetime without him or her, and the pain of that separation just doesn’t go away.

The final similarity to be presented here is one that cannot be seen by looking at the words found in the Results section because it resides in the nonverbal elements of the interviews. It was evident to the researcher that each respondent’s story connected deeply to the reality of the events of the loss. Every one of the respondents came to a section of his or her story that brought strong emotion to them. Most did not resort to tears, but all had difficulty struggling to control emotion at least once during the interview. One woman did cry at several times during the narration of her experiences.
In addition to the commonalities listed here, the entire Results section is organized according to common elements. Each of the topics presented there is found in at least two different parents' narratives.

4) Does the use of stories appear to help people cope with loss and bereavement? Fisher's (1984) presentation of his theory of the narrative paradigm provides an excellent organizational pattern for analysis of the data in response to this question. The first premise of Fisher's (1984) narrative paradigm is that people naturally turn to stories. Brockmeier and Harré (1997) agree, claiming that people become so practiced in the ability to understand on the basis of narratives, that storytelling becomes "transparent" (p. 272) to them. They tell stories without being aware of doing so.

Schank (1990) asserts that telling a story is necessary to confer reality on an event for the person who has been involved in it. According to Weick (1995), stories "impose a formal coherence" (p. 128) on the disorderly stream of happenings in the world. A story preserves the "connectivity" (Schank, 1990, p. 125) of incidents. Unless a story collects details in a coherent structure, things that happen to people are remembered "cross-contextually"; that is, particular instances are stored along with other instances of similar type and separated from the specific situations in which they occur (Schank, 1990, p. 122). Details that are gathered into a story and given a causal structure are remembered together with the story. Those that are not, are lost to "dynamic disconnection" (Schank, 1990, p. 124). People decide which details to connect to their stories, not realizing that because the story will be remembered as a unit and the other details will dissipate in time, the story will eventually become the reality (Schank, 1990).
Four parents in this study narrated experiences that point to their instinctive desire to collect the details related to their children’s deaths and to bring them together into a story. The first is the father whose son was killed in an automobile accident. He talked about having reconstructed the story of what transpired the evening his son was killed. He had spoken to many people, collecting bits and pieces of details over the course of weeks and months. By his own testimony, in order for the father to understand what happened to his son, he needed to build a story.

The second is the mother whose son was killed in a motorcycle accident. She admitted that it was difficult for her to accept the reality of her son’s death. She related that, during the early part of her bereavement, she needed to follow people and motorcycles that resembled her son and his machine. She also recounted her need to collect every report and certificate on which she was able to lay her hands that related to the accident and her son’s death. She even had her sister take pictures of her son in the casket so that she would have them as evidence for her later use, if necessary. Her desire to find out all the details and to have physical evidence of the death indicated that she needed to build a story from all of the information available in order for her to understand and accept what happened to her son.

The third and fourth examples come from the mother and father of the young man who was killed in the military accident. They both discussed the announcement of their son’s death by official military representatives. All they knew for two days was the basic fact that their son was dead. They longed for the rest of the details, for the information that would have connected them to what he said, what he did, whether he suffered any
pain, and all the other details for which they yearned. When a young comrade brought home his body, they were as hungry for the story as they were for a look at their son. Building the story was essential to them. They naturally sought it out.

According to Tannen (1988), stories facilitate the development of a relationship between the actual happenings and the people involved. The narratives of the two parents just mentioned include information about the young military men who came to their son’s funeral and about their ability to tell stories regarding the son’s daily activities at the military station. It is easy to recognize that the stories created connections between the son’s military comrades and his family.

As discussed in the preceding paragraphs, stories bind details together at the same time as they create a connection between events and people. These qualities of stories are extremely desirable for individuals coping with loss. Thus, in cases where details are lacking or very sparse, such as in the perinatal death situation, the deliberate creation of memories is often encouraged (Gough, 1999; Mahan & Calica, 1997; Shapiro, 1993; Worden, 1991). Something as simple as taking photographs of the dead or dying child can be very supportive.

A case of the deliberate creation of details to produce a more positive story occurs in the narrative of the motorcycle victim’s mother. She talked about her own sense of helplessness in approaching her son’s funeral and about the uncomfortable things that occurred in the funeral her ex-husband had planned at the time of her son’s death. She also told about the memorial service that she had planned on the first anniversary of his death. By that time, she had had time to think about what would have been more
comforting and supportive to her in a funeral. She incorporated all of those things in the memorial service—photographs, appropriate music, the people who were present the night her son died. She reported that the first anniversary memorial service “was probably the most healing thing I had done in the whole five years.” Due to her deliberate creation of details to remember, she is now able to replace the pain of the original funeral story with the satisfaction of the memorial service.

Fisher’s (1984) second premise is that people use “good reasons” (Fisher, 1984, p. 7) to measure how they talk about what happens to them and how they should behave in response. One measure of good reasons results from the establishment of one event as the cause of another. McAdams (1990) talks of the ability of narratives to arrange what happens in orderly patterns that facilitate the discovery of causal relationships. Causal interaction between events was discussed earlier in this section as an essential element of a story.

Without exception, the participants in this study indicate in their accounts that the death of a child is a good reason for one to experience grief. This acceptance of loss as a good reason for grief is an example of the establishment of a causal relationship. Parents also talk about pain, disorganization, anger and many other responses as reasonable results of grief. Descriptions of coping strategies and the result of time’s passage that lead to a return to a normal or “new normal” are also examples of the respondents’ recognition of causal patterns.

Another example of the use of good reasons as a measure for behavior occurs when participants were asked to give advice to others who have lost a child. Many
people suggested that any response that occurs as a result of grief is acceptable. They rated loss of a child as a good reason for a parent to experience a whole range of responses that, according to their experience, should be considered to be normal. Their recommendations for action in response to grief were often that it should be accommodated, both by the bereaved and by members of his or her social network. As one father stated, losing a year of volunteerism is reasonable for a person who is taking care of his or her grief needs – finding a way to survive.

According to Fisher’s (1984) third premise, people create and apply good reasons for behavior and communication according to basic rules they have absorbed from history, culture and their own personal experience. Brockmeier and Harré (1997) agree, asserting that people create stories that define them as members of their social environment. These authors observe that children learn about storytelling in much the same way as they learn language. They are immersed in it from birth, eventually acquiring a repertoire of familiar cultural stories along with a relaxed capability for their use.

Schank (1990) claims that people use the stories of their culture as lenses through which to view daily events and that they also construct their own stories based on those same common stories. They learn rules or sets of expectations about the kinds of stories that are considered acceptable in any culture. Storytellers must match the details and causal patterns of the events they attempt to develop into a story to these accepted rules or expectations. If they cannot, listeners will find it difficult to follow their stories and will object. Schank (1990) calls this process “story-fitting” (p. 169). Culturally-based
stories allow hearers to feel acquainted with what people tell, and they develop a delicate balance between the generality of the cultural story and the individuality of the narrative based on it (Robinson & Hawpe, 1986).

A good example of the power of a cultural story comes from the narrative of a mother who responds to this survey. Losing her newly married son to an aneurysm challenged her coping abilities, especially since it has been a very long time since his death and the kind of support that is now offered to bereaved individuals in current society was not available when her loss occurred. She found comfort in a religious cultural story – that of resurrection. She believes in a life-death-resurrection cycle that is based in the stories of her Christian religion. She accepts those stories and finds comfort in their assurance that her son is not dead, but enjoying eternal life through resurrection. In the story she told about him, he was enjoying life with his deceased father, to whom he had been very close, and all of the other relatives she has lost. Her story follows the cultural master story with which she is familiar.

Another example of a parent connecting to a culturally familiar story comes from the young military man's father. His narrative of the viewing and the funeral was filled with satisfaction and mostly glowing accounts of emotional and spiritual support received by himself and his family during that time. Berardo (1988) states that societies create the rules and rituals surrounding loss to help people cope with it. These rituals are helpful because they arise from cultural precedents yet have the power to speak to new situations (Imber-Black, 1991). Although this father did not directly refer to the cultural stories that were relived in his families' experiences during these days of ritual, he made use of them.
The story of his son’s funeral and burial are recreations of familiar cultural stories and they are comfortable and comforting because of their familiarity.

In this study, respondents reported that their cultural experience was often lacking when it came to providing norms and rules for them in their bereavement experience. The current American culture is often ill at ease with the “characteristics of yearning and searching” that are normal for grievers (Davidson, 1979, cited in Miles, 1985, p. 225; also Silverman, 1988). This discomfort leads to the subjects of death and bereavement becoming taboos – things not talked about in polite society (Irwin, 1991). Because of this attitude, several parents in this study called for a more open and frank dialogue about bereavement in our society so that people are better prepared for dealing with it.

One woman in particular, the mother of the 15-year-old girl who died of a chronic disease, spoke at length about her own lack of death and dying experience as she was growing up. She had no good ideas about how to change the general lack of conversation about such topics, but definitely cried out for an end to the taboos against death and dying as subjects for general discussion. Another mother expressed a wish that she had known more about dealing with death before her son died. She had only been to one funeral prior to her own experience with death and that happened when she was a young wife. A third mother talked about the efforts of others to comfort her in her grief, but complained that the people who tried to console her had not learned how to do so taking into account the wisdom of those who had experienced the separation of loss by death and thus, were not very good at it. These women found their culture lacking in its ability to help its members deal with death and loss.
History can relate to what has happened to a particular individual in his or her life or to the collective story of a family, a geographic area, a nation, or of any other entity that has been in existence for some time. The mother whose son was victim of a motorcycle accident explained how her siblings helped her to manage the effects of her loss. She talked about her memories of living in a small house as a child and of her desire to have all of her siblings stay at her home, which was similar in size to the one in which they grew up, during the time of the wake and funeral. She also said that they helped her cope by telling stories about her son as they remembered him over the years. The stories of the history she shared with her son and her siblings provided good reasons for her to celebrate the time she had had with him.

The same woman also related that her husband was her son’s stepfather, having come into the family when the son was 13 years old. She praised her husband for being supportive to her son over the years even though he didn’t have the benefit of knowing stories from his early years. She said that those childhood memories “perk you up” when the child moves through his teen years. She pointed out that those childhood stories would have been good reasons for her husband to have endured those challenging years.

When a griever cannot find norms for behavior based on history or culture, he or she must turn to personal experience. Several of the parents talked about running into expectations from others (which often reflect cultural expectations) that conflicted with what they have found to be true in their own personal experience. For example, one woman described needing to “gently tell” others that it was acceptable for her to still be
grieving for her daughter after one year. Her reference for such a communication is her own personal experience.

Several anecdotes in which people talked about things said or done by others that the parents did not perceive as supportive appear under question four in the Results section. In each case, the storyteller spoke angrily about the words or actions of others that betrayed his or her personal sense of propriety. The respondents generalized from their own experience about appropriate behavior for others.

Another example relates to the American culture’s attitude about God. Church and state are separated and there is no established state religion, yet a very strong cultural bias confirms most Americans as people of religion. Among the many reflections of this is the “In God We Trust” motto engraved on the currency. The participants in this study came across another apparent cultural bias related to trust in God – people seemed very apt to cite ‘God’s will’ to explain death and tragedy. Since the participants of this study belong almost exclusively to one particular religion, Catholicism, it may be that the phenomenon of citing God’s will at the time of death arises more specifically from their religious culture, rather than from their national culture. Nonetheless, this habit was recognized and rejected by several respondents.

The woman who had cared for her retarded daughter in her home for 39 years objected to hearing people try to comfort her by citing God’s will. She suggested that it would be more soothing to her to have company or be invited to go out rather than to hear how God felt about her daughter. The mother of the young man who was killed in the military accident claimed that God had nothing to do with her son’s accident. She
blamed it on "horseplay" and the fact that God allows people freedom to do what they will. Things just happen, she believes. God stands ready to sustain and support people through whatever occurs in their lives. The father who lost his newborn son deliberately named the people who taught him about God. He rejected the will of the vengeful God that he was taught to fear. He found comfort in the idea of randomness. In each case, the parent experienced and discarded the culturally accepted method of explaining the death of his or her child because personal experience revealed the cultural story to be lacking.

The parents discussed in the preceding paragraph were very familiar with the cultural expectation assuming bereaved individuals should be comforted by assurances that God willed the death of their children. Yet, when they constructed their own stories of bereavement, they rebelled against this cultural expectation. Their own experience demanded a different reality. These parents cannot cope with their loss though belief in a God who wants them to live the rest of their lives without their children, so they must find a different story that explains why their children died. A new story that unambiguously places God on their side allows them to continue to trust the higher power in whom they believe and to find comfort in God’s care.

In the fourth premise of the narrative paradigm, Fisher (1984) claims that people have an inbred ability to measure the rationality of stories. They use narrative probability (the way a story fits the rules for a story) and narrative fidelity (the veracity or truth of a story) as their criteria. Robinson & Hawpe (1986) support this premise, stating that when a story is effectively constructed, it is "coherent and plausible" (p. 111). Robinson and Hawpe (1986) concur that people expect plausibility in the accounts that they hear.
One of the rules people know about stories, for example, is that events in stories have cause and effect relationships. One indication of the respondents' awareness of this rule is that, when they come across a detail in a story they are telling that needs explanation, they use another story or anecdote to clarify or enlarge upon the point.

For instance, one mother spoke about all of the people who were present right after her teenage daughter died. She mentioned that her father came into the room and that he was crying. Without further explanation, this fact would not seem out of the ordinary for the situation; however, it held special significance for her at the time and it was important for the listener to have background about the reason for it's significance. To help the listener understand the implication of her father's tears, she inserted another short anecdote about her father, saying that he had only cried in the sight of his children three times – at Kennedy's death, at King's death, and at this granddaughter's death. The anecdote clarified an important causal relationship in the first story.

In another instance, a father talked about the feeling of being out of control of what was happening at the birth of his son. He told a second story of feeling out of control that reinforced and enlarged upon the first story. In the second anecdote, he talked about how he had always been able to control the actions of his children as they were growing up, but in the case of his daughter's problem with anorexia, he could find no way to exert control and to make her eat properly. The out of control feeling is common to both stories and the second anecdote augments and further explains the experience in the first story.
Another indication of a storyteller’s awareness of the need for clear causal relationship is his or her attempt to clarify conflicting cause and effect statements that are made in stories. He or she follows these seemingly inaccurate sequences of events with explanations that appear to have come from his or her own struggle with the facts and indicate the storyteller’s subsequent adjustment of his or her understanding of the facts so that they make more causal sense.

For example, the woman who talked about behaving in an automatic manner for a year after her daughter’s death told of an incident related to paying her water bill. She said she clearly remembers going downtown with the intention of paying the water bill and thinking that she had done so. However, she received a bill that indicated she had not done so. She realized that the facts she remembered and related did not seem to make sense based on the resultant past-due water bill, so she inserted a statement that reflects her own quandary about the situation. She said, “I think what happened is” that she must not have paid the bill because she couldn’t find a parking place. She adjusted the story in mid-telling to reflect her realization that the first version did not follow the causal relationship story rule.

The same mother provided another example of mid-story adjustment related to cause and effect story rules. She talked about the pain of being physically separated from her daughter for three years so far and of the difficulty of thinking about people she knows who have lived 50 years without their deceased children. In the midst of discussing this unpleasant situation, she seemed to realize that one solution is for her to die soon. She immediately moved from storytelling to speaking to God in a request for a
long life. As she went back to discussing the distress of long separation from her child, she acknowledged that others have done it and so will she. She said, “It’ll be all right.” In this account, one logical solution to a situation that causes difficulty is rejected as quickly as it seems to arise.

The preceding example also illustrates the premises of several other researchers. According to McAdams (1990), stories are natural carriers of meaning and motives. They can provide “tools” (Weick, 1995, p. 150) for analysis of events and help solve inherent problems in situations, allowing for discovery of what actions can be taken and what can be learned (Robinson & Hawpe, 1986). The storyteller in the previous paragraph allows the listener to hear her realization of the results of the plot dilemma she is developing and her adjustment of the story so that it fits the effects she intends to occur.

Another example of a storyteller making use of a story as a tool for discerning future actions and beliefs occurs in the narrative of the father whose daughter was born with a chronic disease. He related his and his wife’s efforts to act upon a belief in faith healing. They took actions that boldly indicated their faith that their daughter would be healed of her disease. Following the plot of faith healing, they should have been steadfast in believing that God would grant healing in response to their faith filled action and the disease would have left her. However, in the midst of their action, he related that they were unable to follow that storyline. It just did not make sense based on other information they also believed, and they returned their daughter to her familiar medical management routine. The father was still teased by the promise of faith healing, but
knew that that plot line did not work for him and his family. He related his sadness about that because it affected his belief in the power of prayer. He prays in a different way now because he has chosen not to adopt the faith healing storyline as his own. There are gospel stories that he envies because in them people receive what he was unable to incorporate into his own story – healing for themselves and/or their children. He has learned that the temptation to retell his story according to a different belief system does not fit with his experience – that its causal relationships are faulty.

Another respondent that deliberately uses her story as a tool is the woman whose newborn son died ten days after he was born. Her story includes discussion of two conscious decisions that she made during her bereavement. One was that she was going to die, which she attempted to implement via drug and alcohol abuse, and the other was that she was not going to lose her other child due to her self-destructive behavior, which she executed via treatment and participation in Alcoholics Anonymous. Currently, she is a recovering alcoholic and has been actively attending A.A. meetings for 18 years. She now tells the narrative of what happened to her so that other women can learn from her story and believe that her solution to the problems she faced is a workable one for them to use. Her story becomes the tool to which other women can connect their own experience and from which they can learn to improve their own lives. In this way, the bereaved mother is convinced that something good has come from the painful experiences surrounding her son’s birth and death.

Narrative fidelity, according to Fisher (1984) tests the truth of a story. Schank (1990) claims that the only way new information can be understood is when it connects
in some way to one’s own stories. In other words, stories “connect the unknown to the known” (Brockmeier & Harré, 1997, p. 279). An integration of these ideas suggests that what people recognize to be true resides in the stories with which they are already acquainted, thus they judge the narrative fidelity of new stories based on stories they already know and trust.

The previous example also demonstrates the ideas in this last paragraph. The woman tells the story of her own tragedy and alcoholic response to other women who have become alcoholic in response to tragedy. She hopes to help those other women cope with their problems by telling the story of how she successfully coped with a similar problem. She hopes that the other women can connect their story to hers and find in her recovery a key to their own recoveries. This example also illustrates that measures of narrative rationality (narrative probability and narrative fidelity) sometimes overlap each other in the way people use them.

Another mother’s story demonstrates narrative fidelity very clearly. She stated that after her daughter died, she had joined a book club at church that discussed Conversations with God, a book that she refused to read. She explained that she had known the book talked about questioning God and her religious background would not allow her to do so. When she joined the bereavement support group, other parents not only openly questioned God, but they expressed anger at God for what happened to their children. She was shocked because her own story did allow such behavior; however, she realized that others questioned and expressed anger without being punished (as her story led her to believe would happen). Although she was not sure how questioning the God
on whom one depends can be good for one, she had come to be willing to express her questioning and angry emotions to God, based on the evidence of the other parents in the support group. Up to the point of the interview, her experience had not shown it to be harmful. Her measure of the truth of the stories of other parents is her own story. She seems to be timidly testing her ability to adapt her measure of narrative fidelity because of hearing the stories of others.

Another example of the use of narrative fidelity comes from the father whose son died in an automobile accident. He told about attending a series of support group meetings. It appeared he had been answering for his wife whenever questions were raised at the group meetings to protect her from dealing with the difficulties of grief. His actions came from a benevolent protector type of male mentality and he only meant to support her. When challenged by the group facilitator, he became angry and was no longer open to seeking support from the group. He actually stopped attending, allowing his wife to go alone. In the course of talking about this incident, he never admitted that the group facilitator might be right in asserting his wife must do her own grief work. His own story said it was good to protect his wife from harm, and it seemed apparent that grief was harmful. In another place, he claimed that he was supportive of her bereavement needs and that his efforts have brought them closer since their son’s death. He needed to maintain the consistent theme that he supported his wife in her bereavement. That theme reflects the truth of his own story and preserves narrative fidelity for him.
One can explore imaginary and implausible possibilities in stories, according to Weick (1995) and Brockmeier and Harré (1997). Since they can include both known and hypothetical elements, stories can be constructed and reconstructed until they become believable explanations of reality (Robinson & Hawpe, 1986). Hearers can accept that a story may only represent one believable explanation for an event and that other equally convincing accounts might clarify the same situation (Robinson & Hawpe, 1986). Because people view stories in this way, narratives not only have the power to interpret events in a particular way, but also can be used to re-explain the same events when and if the person’s meaning and/or experience change (Brockmeier & Harré, 1997, Robinson & Hawpe, 1986). Schank (1990) asserts that insight can be gained through rethinking one’s own stories.

For the father of the young man killed in the automobile accident, assembling a plausible story about the night of his son’s death was a long but necessary task. There were witnesses to what happened at the party and there were even witnesses to the fact that his son had dropped the girls at their homes. However, after that, there was only circumstantial evidence from measurements taken by investigators at the accident scene. The man had to build his narrative based on his own knowledge of his son’s car, of his son’s driving ability, and of his son’s physical soundness for driving that night as well as on the basis of pure conjecture. Yet, he was able to construct a perfectly believable account that, for him, was a good story of what happened the night of his son’s accidental death. The story allows the father to put his son to rest as a responsible young adult who made a slight mistake in judgment and drove a less than dependable car rather than as an
irresponsible teenager who deliberately took unacceptable risks with his life. The father’s pain resulting from the loss of his son is immense and the story helps him to somewhat ameliorate it by casting his son in the best possible light.

Returning to the example discussed several paragraphs above about the woman who is a recovering alcoholic, there is powerful example of a storyteller revising the plot of a story to reflect changes in both her experience and her insight. During the period immediately following her son’s death, when the mother was acting under her self-proclaimed decision to die, she appeared to the rest of society to be doing fine. She went to work. She took care of her daughter. She was moving on. This is one story that she could tell about that time. Another story about the same time could be that she was not really present for her daughter, that she was only going through the motions of working and taking care of her family, that she was killing herself with drugs and alcohol. When she was confronted with the choice of shaping up her life or losing her daughter, she made a second deliberate decision. She decided to work through whatever steps it would take to avoid losing her first child as she had lost her second. Her motives and meaning changed. She changed her attitude and her behavior. Because of those changes, she can now tell the second story mentioned above and allow it to become the basis and reason for the new life that she now leads as a result of alcohol abuse treatment and working the A.A. twelve-step process. She is conscious of the divergence of the two stories relating to the same time in her life and she uses them as illustrations to other women of the possibility that they could change their own unpleasant stories as well.
As mentioned earlier in this discussion, the transparency of the use of storytelling can lead people to forget that they are thinking and understanding in stories (Brockmeier & Harré, 1997; Schank, 1990). Schank (1990) contends that narration becomes such a cognitive exercise for people that they even dream in a story-based manner. He suggests that dreams are trials of potential reality – whimsical flights of the imagination – yet they can seem to be such plausible stories that people believe them to be real. Relating one’s dreams to others is a good way to check on their reality, since telling a story always demands that accepted narrative rules be used (Schank, 1990) – an example of the use of narrative probability, in Fisher’s (1984) terms.

One of the parents in this study spoke at length about dreams she has had in which her daughter appeared. She related two of her own dreams and one that her father had shared with her. Her test of the plausibility of these dream stories has yielded the conviction that her daughter is using the dreams as a means of communication with the family – that she is actually speaking to them through the dreams. Obviously, this type of a belief is very conjectural, since there is no way to prove or disprove such extrasensory events. Yet, the narratives are plausible to the mother. She and her family have chosen to accept their dream narratives as truthful stories. Based on their own personal experiences, this family has found their dream stories not only comforting but also a means of representing the deceased member in their current lives. She lives on through these stories, although in a different way than when she was bodily present to them in her physical life.
The final premise of the narrative paradigm (Fisher, 1984) is that people pick the stories they want to use from all stories available so that they can make a good life for themselves and their families. A striking example of this premise resides in the story of the father who lost an infant son. He talked about people trying to comfort him with the statement, “It’s God’s will.” He vigorously rejected that explanation along with the story that he associates with it in his mind relating to the nature of God. He recounted coming upon a different explanation (story) that fit his experience more closely—that of randomness. He was satisfied with the random event explanation as a reason for his son’s injury and death and repeated it several times in the course of his narrative.

This father clearly chooses one story above the other for his own good and that of his family. Accepting “it’s God’s will” as a cause for his son’s injury and death would make him and his family targeted victims of a vengeful God. A story based on that cause would seriously hamper the man’s ability to call on God to support and help him in the future and make it difficult for him to change his view of God. As a father, he is committed to teach his children about their religious heritage. The “God’s will” scenario is impossible for him to reconcile with his own experience and he refuses to pass it on to his children. On the other hand, if he accepts the randomness of events in the world as the cause of his son’s misfortunes, he is free to call on a God who might allow people to suffer difficulties as part of being human, but who stands with and supports those same people through those difficulties. He can teach his children about God as a caring father rather than as a vengeful judge.
Another instance of deliberate choice of a story occurs when, without prompting, two of the fathers in this study brought up the subject of family definition. Both acknowledged that answering the question, “How many children do you have?” was more difficult for them now that they have lost a child. It is now an occasion for which they need to have a prepared reply, unlike it was before their loss. In one case, the man admitted that he doesn’t claim the son he lost ten days after birth when asked about his children. In the interview, he gave a practice sentence that might introduce the subject of his lost son, but found the resulting story long and difficult to tell. He was not sure he wanted “to go there” anyway. When the prospect of including his other son in the conversational story was not satisfying to him, he decided to claim only his two living children. His decision seemed to be in keeping with the rest of his story. While he cherished the life and death of his first son, he did not usually deal with his memory on a daily basis. Neither he nor his other children ever became acquainted with the infant who never left the confines of the hospital. It seems that the father’s choice of family definition story reflects his and his family’s general experience.

In the other case, the father said that he always claims all four of his sons, even though one is dead. The story that he has prepared to support this decision is very satisfying to him. It, too, is in keeping with his larger bereavement story. He acknowledged thinking of his son often and keeping reminders of him at home and at the office. In this case, the young man who died was 19 years old. The father’s choice to continue to include him in the family definition acknowledges the years during which all four sons lived together as a family unit. Brabant, Forsyth and McFarlain (1994) also report that parents in their study spent effort on developing practiced definitions of their families after a child’s death. These authors use Goffman’s (1959) front-stage performance/backstage reality concept as explanation for this phenomenon.
Schank (1990) asserts that people use stories to test the quality of their own decision-making. If a person can create a plausible and coherent story to support the reason for his or her decision and can imagine the same kind of story happening as a logical consequence of it, then that person becomes more confident in the correctness of his or her decision (Schank, 1990). The individual chooses the story that provides a good life for him/herself and his or her family (Fisher, 1984).

Two incidents from the narrative of the mother whose teenage daughter was the victim of a chronic disease exemplify this decision support function of stories. The first happened very shortly after her daughter’s death. Her son came back from Africa with a boil that needed medical attention. The mother took him to the Emergency Room at the hospital in which her daughter had died. She reported “losing it” at that time. Her son said that she cried and screamed and behaved as if the doctors were going to kill him as well. She said, “I’m not coming back here ever!” In this story, she seems to be a woman totally out of control. However, during the interview, while she definitely remembered the incident, she rejected the story just told and its implications. She was happier with a different decision than the one quoted above. She corrected her son’s version of the story (told above) and revised her own statement, “I just said I didn’t want to be here – that was all I said. I didn’t want to be here at this particular time.” The second statement reflects a more reasoned decision – she was upset at the time, but rejects the idea that she’ll never go to the hospital again. She has, in fact, been there since to attend the meetings of the bereavement support group that happen there. The second story is the one she chooses to support because it reflects more reasoned decision-making on her part.

In the second incident, she talked about her decision to get drunk when, at Christmastime, she finally began to feel emotions related to her daughter’s death (which had occurred at the end of June of that year). The story of her decision to drink had
ramifications that were unacceptable. When faced with evidence that the story of drinking to avoid the pain of difficult emotions entailed the physical pain of alcohol withdrawal, the woman quickly changed her story. She realized that alcohol use was not the decision she wanted to make because its story lacks narrative probability for her. Instead of turning to alcohol, she started attending support group meetings and the story of her experience there fit more comfortably with the rest of her life. The decision to talk and listen to others in response to her loss is a better one for her than the decision to drink.

Earlier in the discussion of this Research Question, the woman who is a recovering alcoholic was used as an example twice. The second time was in the section reviewing the ability of stories to provide tools for analysis that allow storytellers to try out the plausibility of different stories for their own situation. This story also exemplifies the idea of this discussion of stories allowing the testing of decision-making. When this mother came to the second deliberate decision of which she spoke, she was able to imagine two separate stories to explain the time between her son’s death near the end of October and her entry into alcohol treatment at the beginning of April – one in which she was doing everything that was expected of her and one in which she was absent to her daughter and killing herself with alcohol. Once she was challenged to change in order to keep her daughter, she acknowledged the truth of the second story and changed her initial decision. In light of the second story, she realized that her first decision was not workable for either her own good or for the good of her daughter. If she was to be a good and healthy mother for her first child, she needed to change her response to the death of her second child – and she did.

The next instance of storytelling helping to test decision-making comes from the man whose story about faith healing is discussed earlier in this fourth Research Question
section. He and his wife had made a decision to demonstrate their faith in the healing power of prayer by removing their chronically ill daughter from her medications and her accustomed medical regimen. They wanted desperately for God to heal her in response to their faith-filled actions. However, the father related being at work one day and having the hair stand up on end on his neck as he imagined the possible results of their actions. As he told opposing stories to himself about the possible outcomes of their actions, he realized that he could not accept the probable ramifications of the plot that took his daughter away from the medicines and routines that had sustained her thus far. He found himself unable to believe that this story of miraculous healing would actually work out to be real. He called his wife and she confided that the same thought process had been happening with her. They rejected the story of miraculous healing because it did not fit with their experience. It could be said that they had tested their faith-healing decision by means of narrative.

Another ramification of the couple’s decision to return to conventional medical treatment was a crisis of faith for the father. He found that that decision no longer allowed him to believe in faith healing. He related that he was still intrigued by the idea, but it only made him feel angry and cheated. He talked about having come to the insight that trying to influence God’s miraculous action is presumptuous on his part, that he had no right to “decide what is or isn’t going to happen.” He has decided to change the way he prays in order to safeguard his faith. Again, the plot of the faith healing story does not work well for him in his life, so he adopts a different story. He makes a decision based on testing the outcomes of two opposing stories.

Another example of testing decision-making through storytelling lies in the story of the mother whose son died in the military accident. She talked with great emotion about the decision taken by her husband and second-oldest son that only they would view
the mangled body when it arrived at the funeral home. They needed to verify that the body was, indeed, the son and brother of the pair, but believed that only they should see him. One story could be told that their actions were self-sacrificing in that they were willing to view a gruesome sight on behalf of their family and that they were saving the others from having that difficult sight be their last memory of the dead man. They acted out of that story. However, there is another possible storyline that would allow all members of the family to view the son and brother for the last time so that they could be sure that he was really dead. In this story, nothing one could see would be any worse than what one could imagine about what had happened to the young man. In the second story, everyone has the advantage of closure. They did not act out of this story. After the fact, the mother said, the father came to think that he should have thought of the second story and to believe that it would have been better for his wife – and maybe the other sons. She commented that he regretted his failure to think of the second story before he acted. The mother is still not sure which decision story to believe. She wishes she had had closure with her son, but she also wants to believe that her husband did the best he could have done for his wife and family.

A concept strongly related to the choice of appropriate stories from among many is the role of the listener. The “confiding experience” (Harvey et al, 1992, p. 105) brings the comfort and input of other people to the storyteller’s process of understanding what has happened. The teller of a story wants it to be understood and accepted by his or her listener(s), so is careful to fashion an account that is well-reasoned and engages the curiosity of the listener (Harvey et al., 1992; Schank, 1990). By listening or refusing to listen to various stories and types of stories, listeners have power to affect what stories are told and, ultimately, remembered by the teller (Schank, 1990).
Parents want to talk about their lost children, but often others won’t allow it. The mother whose story is discussed just above noted that it was especially difficult for her when she mentioned her son’s name to someone and that other person turned away, probably because the topic made the other person uncomfortable. Yet, for the mother, talking about her son was comfortable and desirable. When people behaved in such fashion, they refused to hear the mother’s story, so she was unable to keep his memory alive by talking about him.

The mother whose son died in the motorcycle accident related incidents in which people saw her son’s picture and began to challenge her about behavior that might have prevented his death, such as wearing a helmet or taking safety classes. The mother chafed under the memory of such discussions because they put her son in a negative light. She admitted that he made some mistakes, but he also did many things right. She commented that she disliked having to explain details to people who didn’t care or had no right to know. These listeners forced her to defend her son and try to justify his behavior when she would much rather tell stories about his dreams and his positive behavior.

Another incident in which a parent discussed the influence of a listener comes from the mother who lost her infant son. She talked in very warm terms about her mother-in-law because she had always been willing to listen to the woman’s stories relating to her son. She had always wanted to encourage others to talk about her lost grandson. She was a great comfort to the woman because many others had shunned her story at the time. The mother wanted to talk about her son and no one (except for her mother-in-law) would allow her to do so. Her mother-in-law functioned as a listener who encouraged the woman to tell the stories that could help her to understand the loss of her son and its consequences.
This discussion shows that Fisher’s (1984) theory of the narrative paradigm can be used as a matrix to answer this final Research Question. The work of other researchers enhances the development of Fisher’s (1984) premises. The results of this study indicate that people naturally turn to narrative as a means of understanding and managing their bereavement.

Limitations of Current Study

Although care was taken in the composition of the sample, it lacks diversity in some aspects. For example, all but one of the respondents are known to be of the same religion, Roman Catholic. This similarity may affect the generalizability of results of this study, especially in the discussion of religion and faith. Socio-economic status is likely to be similar among members of the sample as well. The effect of this lack of variability is unknown and may or may not be significant.

An additional liability of this study may be the use of an interview guide. As is evident in the results section, similarities of topic discussed by the respondents occurs largely along the lines of the questions asked. This reality allows for comparison of responses to the same questions by most or all participants, but jeopardizes results of the second and third Research Questions that approach the topic of similarities in the stories of the parents interviewed. This limitation does not apply to the first and fourth Research Questions relating to whether people use stories and, if so, whether they use the process of storytelling to manage the results of their losses.

The amount of time that has elapsed since the losses reported by the respondents may present a limitation in this study – the shortest duration of bereavement among the participants in this study is three and a half years. The passage of time can dull the memory of events, even events that are remembered in stories. Unless stories are repeated, they also may fade from memory. While some temporal distance is helpful to
allow processing time, the length of time since loss may cause faulty memories or the omission of important details and insights in these parents' reports.

There are many taboos connected to discussion of death and issues connected with it. People often believe that they should be finished with grieving after a certain amount of time. It may be uncomfortable for them to remember the details and emotions related to a time of disorganization and strong emotion in their lives. People may be unwilling to refresh memories of loss because of the pain that might be aroused along with the memories. Because of these social and psychological reasons, the validity of the results may be jeopardized.

**Suggestions for Future Research**

This study was undertaken in an effort to support Fisher's (1984) narrative paradigm as a basic model that people use for constructing meaning from real events and as a means of adjusting to and behaving in response to those events. As such, it was considered necessary to establish a definition for the recognition of the use of narrative and to apply that definition to the accounts received from the respondents. Because of these reasons, it was not appropriate to address the topic of using stories directly with the participants of this study.

In future research, the topic of using stories could be approached directly with participants. One could ask respondents to give their personal view of whether storytelling was useful to them or not. The drawback of such a research strategy might be that individuals are so familiar with the use of narrative that its very transparency would limit their ability to recognize whether or not telling stories was helpful to them.

Another research strategy that might be useful would be asking respondents to write about their bereavement or to deliberately tape record stories from their bereavement experience. Research questions might include specific topics such as
viewing the body, the funeral, incidents of supportive (non-supportive) behavior from others, or cemetery experiences. They might also be in the form of writing prompts such as: the most difficult thing about my loss; effects of loss and how I’m managing them; or my current relationship with my deceased loved one. These methods might be able to assess what types of accounts people consider to be stories when they are deliberately asked to produce them.

Another approach might be to return to some of the individuals who were interviewed in the current study. A researcher might look for differences between the initial interviews and the second study. It would also be possible to discuss the results with the current study respondents related to the use of stories. Their personal reports might verify or expand on the conclusions of this study.

This study has examined the use of storytelling by bereaved parents using the lens of Fisher’s narrative paradigm. Further research might adopt another theoretical perspective, such as Schank and Abelson’s (1977) plan-goal-theme-results-lesson chain with which to measure the use of narrative among respondents. Another study might also move from the context of bereavement to some other situation for looking at the use of narrative.

Conclusion

The accounts of the respondents of this study reveal their use of narrative processes in understanding and managing the powerful effects of loss. As predicted by the narrative paradigm theory, these parents have naturally turned to stories to capture and organize their experiences. They are adept at determining good reasons for events and situations based on the outcomes of their narratives. They make use of narrative processes to test their decision-making, to help them decide from among various possible courses what they will do. They choose from among the stories of their culture, history,
and experience the most appropriate and helpful narratives to promote a good life for themselves and for those they love. They often use storytelling without any awareness of its use and helpfulness to them. The results of this study support the narrative paradigm as a heuristic theoretical perspective.
REFERENCES


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Thank you for agreeing to answer some questions about your bereavement following the death of your child. (If at all possible, find out the child’s name before the interview. Use the name of the child whenever referring to him/her.) As you probably know, I am a graduate student in the field of communication and became interested in the role of communication in the process of bereavement following the death of my own daughter in October of 1997. This session with you is one of a series of interviews I am conducting to contribute to my discussion of this topic in my thesis. I greatly appreciate your willingness to share your story with me. If you are comfortable, let’s begin.

1) Let’s focus on you. You have experienced the death of your child, (NAME).
   Please accept my sincere condolences for your tremendous loss. (Allow time for the emotional response that is likely to happen as the person focuses on his/her loss.) What are the effects of this loss on you? (Probe for emotional, physical, mental, spiritual effects.)

2) How are you managing those effects?
   A. What helps you to do what you must to get through each day?
   B. What makes it harder for you to function each day?

3) Who and/or what have been especially helpful to you in coping with your loss?

4) Who or what has been difficult for you as you cope with your loss?
5) Do you think the effects of the loss of (NAME) are any less intense now than they have been in the past?
   A. If yes, please talk about how they are less intense.
   B. If no, please talk about how you manage to continue your life in the face of them. Do you expect that you will ever get to a point at which you will no longer suffer ill effects from this loss?
   C. If yes, how will that happen? (Probe for specific methods, people, etc. that will bring about the lessening of the effects.)
   D. If not, how will you manage the ill effects so that they do not interfere with your life? (Probe for specific methods, people, etc.)

6) Do you expect that you will ever get to a point at which you will no longer suffer ill effects from this loss?
   A. If yes, how will that happen? (Probe for specific methods, people, etc. that will bring about the lessening of the effects.)
   B. If no, how will you manage the ill effects so that they do not interfere with your life? (Probe for specific methods, people, etc.)

7) What positive effects, if any, do you experience flowing from this loss?

8) Do you ever expect positive effects to evolve from (NAME’S) death?
   A. Why?
   B. Why not?

9) You’ve just talked about your expectations regarding the effects of your loss of (NAME) for you in the future. Do you perceive that your expectations relating to
the effects of this loss are similar to or different than the ways others expect you to be affected?

A. How are they similar?
B. How are they different?

10) (If not already discussed) Please tell me about (NAME'S) death. (Be sure to express thanks for this sharing at the time it is done.)

11) People sometimes discuss grief in similar terms to surgery or a disease, using the word “recovery.” In your experience, is it possible to “recover” from the loss of a loved one?

A. If so, what would that recovery be like? Please describe it.
B. If not, why not?

12) What advice would you give to others who are dealing with the loss of a child?

My questions are finished. I would like to thank you for telling me about yourself and how you have survived the loss of (CHILD'S NAME). (Mention some insight they have given during the interview or do a short summary of points they have made.) Thank you very much for sharing your story with me. Your insights are helpful to me both personally and in my research.