

**Insights into the grief of parentally bereaved young people: a grounded theory study exploring young people's psychological and emotional experiences following the death of a parent.**

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*Submitted in fulfilment of the requirements for:*

Doctorate in Psychotherapy

By Professional Studies

A Joint Programme between the Institute of Work Based Learning Middlesex University and Metanoia Institute

The degree is awarded by Middlesex University

January 2015



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## ABSTRACT

This study aims to explore the lived psychological and emotional experiences of parentally bereaved young people. There has been little research carried out which seeks to understand the meaning and complexity of the individual's world through the analysis of their personal account of events and experiences. This research aims to highlight the experience of those bereaved at a young age, observing both the challenging and helpful aspects of support. Using grounded theory analysis based on Charmaz's social constructivist approach, the study reports on the outcomes of semi-structured interviews conducted with eleven bereaved boys and girls in North London. Five superordinate themes were identified: *Losses*; *Disrupted identities*; *Struggling to make sense of grief*; *Role of others*; and *Finding a new kind of normal*. The researcher also identified two overarching themes: time and ambivalence. The research highlights the extent to which young people are emotionally and psychologically affected by the premature death of a parent. The findings demonstrate that grieving is an individual process, yet there are common threads that can be drawn together in order to provide a framework for grief's trajectory. Bridging research and practice, recommendations are made on how best to support this often overlooked group of vulnerable young people which include improved family support programmes at bereavement organisations, a new information guide for bereaved young people and a bereavement training programme for professionals. Recommendations are also made for further research and dissemination of information on best practice.



## ACKNOWLEDGEMENTS

For my Academic Adviser at Metanoia, Dr Ruth Caleb, I would like to say thank you for all your help, support and kindness over the past five years.

For my consultant group, Dr Saul Hillman, Dr Anna Spivack and Litsa Davies, I do not think I have met a more committed, helpful, intelligent and supportive group of people. I am indebted to you.

For my Academic Consultant, Dr Elizabeth Rolls for her intelligence, belief, encouragement, investment and exceptionally wise advice.

For the participants who agreed to take part in this study, thank you for the honest, sincere comments that you gave in your interviews. I am immensely grateful to you all. I hope I can go some way to making your voices heard.

For the school where my principal research took place, I am so thankful to you for allowing me to interview students from your school and for the way you have supported this project from inception to completion.

For my family and friends, your love, support and constant understanding has been unfaltering for the past five years. Thank you for always being there.

For the lecturers and colleagues at Metanoia, thank you for your total commitment and encouragement – it has been a wonderful learning environment.

## DEFINITION OF TERMS

**Adolescence:** is defined by Erikson (1959) as the age of man concerned with Separation and Autonomy and Identity and Role Confusion. With the establishment of a good initial relationship to the world of skills and tools, and with the advent of puberty, childhood proper comes to an end. Youth begins. In a search for continuity and sameness, adolescents have to fight many of the battles of early years. He is ready for intimacy, that is the capacity to commit himself to concrete affiliations and partnerships and to develop the ethical strength to abide by such commitments.

**Adolescent:** defines any person between ages 10 and 19. (World Health Organisation, 2014).

**Ambivalence:** Bleuler (1911/1950) identified three types of ambivalence. First, he identified *voluntary ambivalence*, which refers to conscious conflicts over doing or not doing something or over doing one thing versus doing something else. Second, Bleuler identified *intellectual ambivalence* in secondary process thinking, which manifests itself either linguistically, as a condensation of opposites in a single word, or cognitively, in the simultaneous interpretation of experience in both positive and negative ways. Both voluntary and intellectual ambivalence refer to conscious non-neurotic conflicts that all individuals face every day. Bleuler's third type of ambivalence, *emotional ambivalence*, refers to coexisting feelings of love and hate directed toward the same object or object representation (Gay, 1989). In this study, all three forms of ambivalence will be used.

**Bereavement, grief and mourning:** Bereavement can be described as a *state* of loss, grief being *the reactions* to being bereaved and mourning as the *expression* of grief (Balk, 2011:3).

**Family:** is used to mean the network of people in the child's immediate psychosocial field (Carr, 1999:3).

**Orphan:** Any child that has lost one parent is described as an orphan. (UNICEF and UNAIDS, 2008).

**Parent:** The term parent is used to mean biological parent.

## Chapter One: Introduction

Death is not an easy subject despite being the one certainty of life. In the United Kingdom, an estimated 1 out of every 29 school aged children has experienced the death of a parent or sibling (CBN, 2014)<sup>1</sup>. At a time when parents are still the central infantile love objects and still young themselves, young people experience the most traumatic of events which can seriously hinder the natural course of personal development. Gaining the title of bereaved, an adolescent not only has to manage the already challenging tasks of growing out of childhood, involving separation and independence from the parent, but also the grief involved with the irrevocable loss of a parent. For those involved with bereaved young people, it is important to understand how the death of a parent impacts on their lives. Winnicott (1971:144) advises about adolescents and death that “you can expect troubles”.

There is limited research into young people’s experience of bereavement in the UK. A robust grounded theory research study would offer a contemporary view of a group of bereaved young people and help work towards a framework for the trajectory of grief for those bereaved young. Semi-structured interview questions, a nationally validated measure CORE-YP and a creative activity were used to elicit the responses of bereaved young people in order to answer the following research questions outlined in Table 1.1:

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<sup>1</sup> A nationally representative sample surveying children aged 5 to 16 in Great Britain found that 3.5% had been bereaved of a parent or sibling (Fauth et al 2009). A recent analysis of the 1970 British Cohort Study (Parsons, 2011) found that this statistic was even higher, representing 5% of children under 16.

**Table 1.1 Research Questions**

<b>Research Questions</b>
What was the emotional and psychological impact of the death on the participants' lives?
What were the actions and strategies used by the participants to make sense of the bereavement?
What were the intervening conditions that influenced the participant?
What were the consequences of these actions and strategies?
What were the implications for supporting the bereaved?

Eleven parentally bereaved participants aged 12-16 were interviewed in one-to-one meetings, in a safe situation mainly at their school. They had experienced the deaths of a mother or father over a year before the interview (except one, which was six months prior to the interview). The majority (nine) had had no type of specialist bereavement support.

The purpose of this constructivist grounded theory study would be to gain a better understanding of the core processes that underlie the personal meaning of the premature parental death for individual bereaved participants.

The aim would be to contribute to existing research, change perceptions about grieving and consequently improve availability of high quality support for grieving families. In their research into schizophrenia, Laing and Esterson (1970) went directly to the patients themselves, carefully exploring their words and co-constructing meaning with the support systems. It led to a completely different way of seeing 'schizophrenia': If we could better understand the short-term and long-term emotional and psychological effects of bereavement and coping

strategies in the UK based on the analysis of the experiences of young people themselves we can provide more appropriate interventions.

This doctorate emerged from the stories of my own personal experience of being orphaned at a young age, working psychotherapeutically with bereaved children and their families for twenty years, setting up and running clinical services for bereaved children, young people and their families, the experiences of my team of mental health professionals and finally from my learning to become a researcher at the Metanoia Institute.

The research began with a passion to investigate the experiences of those bereaved at a young age at more than superficial level. Being immersed in the field, I was well placed to gather evidence through direct contact, however having worked psychotherapeutically with bereaved and troubled children and adolescents for some twenty years, I knew engaging adolescents would be a challenging task. As a practitioner-researcher, steps were taken throughout the research to limit any bias as far as possible. The research also had to be realistic in terms of my time and financial commitment; the sample size would have to be small.

I wanted to integrate my observations with the theory that we are all the time in the process of developing (Winnicott, 1971:xi) and bridge a gap between research and practice. My own workplace, Grief Encounter, will benefit from this research, which will review our working practices and resources for bereaved young people. Mental health practitioners, professionals working in the education systems and other child bereavement organisations will also benefit from new research into adolescents' responses to loss. The research will be another vehicle to raise the profile of today's bereaved young people and perhaps for our society to recognise those bereaved so young as a vulnerable group.

The next chapter introduces both my own personal context and the underlying reasons for conducting this research whilst placing bereavement within contemporary western society, primarily within the UK. Chapter Three examines the research conducted on bereavement, focusing on the psychotherapeutic,

psychoanalytic and psychological perspectives of working with young people and bereavement. In Chapter Four, I outline my epistemological stance, method and methodology. Chapter Five focuses on the findings from the research. Chapter Six links the theory, research and practice of working with bereaved young people, suggests further research and discusses the products and impact of this study. Chapter Seven is a personal reflection.

## **Chapter Two: Background**

### **2.1 Introduction**

This chapter introduces both my own personal context and the underlying reasons for conducting this research whilst placing bereavement within contemporary western society, mainly the UK where I was born and continue to live. It took me ten years in counselling practice, an immersion in my chosen field of work and a lifetime of learning to be brave enough to challenge conventional bereavement thinking. This challenge, although gaining much support, has led to more questions than answers; this study asks some of those questions and attempts to find some answers.

### **2.2 My context**

#### **2.2.1 Psychotherapeutic influences**

I am academically and professionally qualified as an integrative psychotherapist, with Senior Practitioner Accreditation from the British Association of Counsellors and Psychotherapists. I have had the privilege of working psychotherapeutically both one-to-one and in groups as a facilitator with hundreds of bereaved children, young people and their families within a bereavement service, in private practice and with Place2Be. Through my work with other bereavement professionals and my personal reading, I gathered extensive expertise. My therapeutic work with the bereaved provided me with a privileged insight into their inner worlds. However, I began to see misconceptions about grieving processes repeated time and time again, evident through the young people's stories. Without visible signs of a broken heart, children and young people were left struggling from the impact. Home was no longer a safe refuge, with boring normality and normal rules. Yet, we as adults were continuing to send them back to school to get on with it, often avoiding the death word. 'Death' was the elephant in the room. The children seem fine, was a

quote from countless school professionals, parents, adults, and even myself at times. From my personal experience, were they truly fine? Was it possible to experience such a trauma and just be fine?

I decided to bring these ideas together in an interactive book encouraging conversations about death between children and adults<sup>2</sup>, which was published in 2004. A pivotal moment came in my life following the overwhelming response to the publication of this book, evidenced by sales, emails, calls and personal contacts. As with Dyregov's (1990) work and with some of the adult analytical work now being published, some of the issues resonated with the bereaved. I realised the need for a therapeutically based organisation for bereaved children and young people; I wanted to make things different for today's bereaved children and young people by offering help and therapeutic support to a wider population of bereaved young people. The public response to the book was such that it enabled and empowered me to set up a service for bereaved children in 2004, called Grief Encounter which is now one of the UK's leading bereaved children's charities. I am currently the Founder and Chief Executive of Grief Encounter.

At Grief Encounter, I have led the clinical practice; designing and running the Family Programmes, trainings and developing resources for bereaved children, young people and their families. I have lectured, trained, consulted, been a keynote speaker and run workshops following invitations from many professional organisations including schools, BACP, CRUSE, other bereavement organisations, religious centres, psychiatrists, hospitals, the BBC, ITV, Sky News, Channel 5 and extensive media. In 2013, I was the 'Daily Mail Inspirational Woman of the Year'. I have also just been awarded an MBE for my work with bereaved families in the UK.

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<sup>2</sup> Initially published by the National Children's Bureau, the publication still plays a major role in Grief Encounter's programme of support and many other child bereavement services as the bestselling book of its kind (NCB Publications, 10,000 in circulation). Examples of my other work include some published work in in the CCYP journal, 'Chocolate Chipped' a book for children about the loss of a father and I compiled 'Bad Time Rhymes' as a result of a national poetry writing competition.



### 2.2.2 My personal story

My road to helping others therapeutically and subsequently this research began with being orphaned at 9 years old. This was where my knowledge about life began: that death was part of life. As Yalom (1980) suggests, death denial is implanted early in children's concepts of life with most people growing up thinking 'it's not going to happen to me'. I grew up with the belief that 'everybody is going to die soon'.

My childhood was cut short from the day my mother died, when I was 4 years old. Nobody told me that she had died and I was excluded from all the funeral rites, in the interests of protecting me from the pain. The next few years were spent involved in an environment that pretended everything was 'normal' and that I would have no understanding. Yet, having to manage matters of life and death in addition to learning to play in the playground, I lived in fear with no way of making sense of what had happened. This world was shattered once more when my father died 5 years later from a heart problem and my Aunt and Uncle adopted me.

I lived with fear and a broken heart, unable to give sorrow words. The resultant deep narcissistic hurts were hidden, most feelings unidentified and unexpressed and worries buried deep; I needed to ensure that I was not abandoned once again. Most of the time, I tried to be normal, putting the scenes I imagined over and over again out of my mind, but it was an impossible task. Even at this young age, it was too easy to feel that life was futile; finding meaning in life was critical, especially as I did not expect to live beyond my mother's 43 years. To the outside world, I appeared to be coping and managing very successfully. I felt secure, loved and happy with my Aunt and Uncle and new brothers, successful at school, with many friends and a good quality of life. However, my grief work was done privately and without discussion. The adults and I, consciously and unconsciously, became involved in a conspiracy of silence and a dance of complicity in order to avoid the pain, resulting in a very lonely grieving process.

'Self-research', particularly through personal therapy and my post-graduate training, helped me become more open about my story and the psychological

and emotional damage caused by my parents' death. I began to make sense of my past and present behaviour, thoughts and feelings, building a wider emotional vocabulary and understanding and building a truer self. Due to the secure environment of my 'second home', I did not go over the edge, but knew how close to the edge a bereaved child could be. I soon became aware that I was an expert at holding adult emotion, had a special ability to empathise, a heightened ability to identify emotional trauma and respond sensitively to distress. Using Jung's concept of "wounded healers" (1959:254) I could listen with what May (2010) calls a different quality of compassion and help others to heal whilst also healing myself. This led me to the question of whether my experience may be similar to others who were bereaved as children.

My pattern of compulsive caretaking was channelled into being a mother whilst still helping bereaved others, but in a more balanced way. For the first time, I could be more open about my grieving process, without feeling guilty about upsetting the adults around me. I no longer had to maintain some of the damaged relationships in my life.

Much of my learning had also been from being a wife and a mother to four children. I learnt how to trust, to love unconditionally, to play and have fun and to educate successfully. I also learnt how to separate and let go healthily; to trust that they are not going to die prematurely and that they will come back. Death was part of life, but life was also part of life. Further, I was able to build up a picture of a regular child from an on-going interest in their lives and those of their peers. This provided me with a benchmark of comparison when challenges were presented in the therapeutic work with the children and young people. I combined this with an in-depth exploration and reading about theories in child development<sup>3</sup> at University and a general interest in the science of the mind.

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<sup>3</sup> My child development work was based on theory derived from Piaget, (child development); Daniel Stern, (interpersonal world of the infant); Melanie Klein (1939,1957) Michael Balint (1968) The Basic Fault; John Bowlby, 1969-1980; Donald Winnicott (1958, 1965, 1971) and the work of Erik Erikson (1950) and Maslow's Hierarchy of Needs.

### 2.2.3 Researching as a bricoleur

Whilst I still had access to the experiences of parentally bereaved children, I wanted to gather their stories, make observations and perhaps make sense of them in relation to a theory which may challenge, confirm or add to the traditionally held views of bereavement. I wanted to use my experience, compare it with their experience and offer appropriate support. Furthermore, I wanted to share this learning with other professionals who may also be well placed to be part of the changing landscape for bereaved young people and their families.

Rustin (2000) purports that an individual piece of psychotherapeutic work could be viewed as a research project. This viewpoint widened my definition of research; I could use my psychotherapeutic skills and conduct research into my area of expertise, aiming to use a method and methodology that mirrored this process. With robust research, my 'known' experience could be validated in a wider field.

Involvement with the research area of an umbrella organisation, the Childhood Bereavement Network (CBN) which is linked with the National Children's Bureau (NCB), ensured that my interest and skills were updated with Alison Penny and Stubbs's (2014) regular updates of both the national and international field of research. The Bereavement Research Forum, chaired at one time by Liz Rolls (my Academic Consultant) was also a source of current bereavement research. My practical work was continually supplemented with substantive literature and studies about bereavement in adults, young people and their families.

Paradoxically, although I had been writing about subjects and training others about an area that I had lived and been personally, intellectually and professionally immersed in for most of my life, I was not always entirely sure whether what I was communicating and writing was effective or useful. It is for these reasons that I undertook the Doctoral by Professional Studies programme at Metanoia Institute; a programme where I could use psychotherapy and work experience and bridge the gap between practice and research. My aim was to convert what McLeod (2001) may have termed naïve facilitative inquiries into

sound experiential research. This involved gaining an understanding of epistemology and ontology and finding a research methodology and method whereby I could use my own 'knowledge' to produce a valid original contribution to contemporary thought about bereavement. I began to formulate my research questions (see Appendix 1: Developing the Research Question Figure 1).

## **2.3 Grief's context**

Before I examine the research into the experiences of bereaved young people in the Western world in Chapter 3, I wish to situate this research within a social and cultural context. Ribbens McCarthy (2005) suggests that in attempting to make sense of the chaos bereavement brings, most professionals seemed to have embraced psychological theories, perhaps at the expense of other schools of thought.

### **2.3.1 The culture of silence**

Death talk in the late 20<sup>th</sup> century had generally become taboo in Western society, yet a century earlier when illness, death and grief took place at home, children learned to regard them as a natural part of life (Wolfert, 2012).

People have realised that this subject is usually seen as taboo, too delicate to discuss, and that it's unusual for someone to speak out and just to allow themselves to grieve (Brookes Dutton, 2013).

In the UK, cultural norms had been transformed by two world wars, the decline of religion and demographic change (Jalland, 2013). With regard to adults, Jalland (2013) describes the:

...culture of silence which persists... avoidance, minimal ritual and suppressed grieving ... and uneven and variable views of appropriate ways to grieve in many parts of the UK despite the growth of bereavement counselling organisations such as CRUSE .

The decline in mourning rituals resulted in a lack of vital support for widows

who were forced to hide their sorrow (Gorer, 1965 cited in Jalland, 2013). She notes that C.S.Lewis' account of grieving in *A Grief Observed* (1964) notably changed the culture of grieving:

No one ever told me that grief felt so like fear...a sort of an invisible blanket between me and the world... People get over these things...Then comes a jab of red-hot memory and all this commonsense vanishes like an ant in a furnace (Lewis, 1964:15-16).

The 1970's saw a slow revival for adults of 'expressive grieving' (Jalland, 2013) reflected in the growth of bereavement organisations such as Compassionate Friends, CRUSE and a growth in bereavement literature. The late 20<sup>th</sup> century in the UK brought more public outpourings of grief, such as the public reaction to Princess Diana's death. However, as Walters (1999) suggests, the overall picture was still of the public absence/private presence of death, leading to grief being an internalised, private process:

No culture before has abandoned all recommendations as to how to mourn...mourners still conform to certain patterns, often learned within their nuclear family. If parent's grief is private, how are children to learn about grief? (Walters, 1999: 166,141).

Furthermore, there still remained an avoidant attitude towards emotional pain, especially with regard to young people:

We have an attitude in our (Western) society that pain and suffering can be avoided at all costs and that if they occur, something must be wrong with us...identified as deviant, something to be feared and avoided...using drugs and tranquilisers to hide, shorten, mask this pain (Silverman, 2000:5).

Rolls (2010) suggests that children's' experience of bereavement is set within the kind of culture that:

... has increasingly devised social defences against the insecurity and chaos of death...the hiddenness of death from everyday life and the loss of

mourning practices and rituals has made the position of children increasingly precarious (Rolls, 2010: 20).

Most people die in hospital in the UK (ONS, 2008) and dead bodies are usually no longer kept in the parlour for children to observe and dance around. Yet, young people are surrounded by graphic images of death with instant, unedited pictures of world catastrophes appearing on their TV screens and mobile phones.<sup>4</sup> The top selling computer game, *Call of Duty*, is filled with scenes of death. The fictional bestsellers (i.e. the Harry Potter series) are stories of a young person experiencing the death of both his parents and his quest for revenge. Walters (2009) points out that the one major exception to the 'normally hidden reality' was the media coverage of TV reality star, Jade Goody in 2009.

Furthermore, as Silverman purports:

We in the Western world live with a paradox: Death is all around us, yet we believe that if we do not talk to children about death, it will not touch them (Silverman, 2000: 5).

Kastenbaum eloquently explains children's experiences, calling them "The Kingdom Where Nobody Dies...where the subject of death had been locked in silence and tension" (Kastenbaum, 2000: 6). Yet, "The death of a parent is a catastrophic event for a child" (Yalom, 1980: 105), and dealing with death is one of children's major developmental tasks. Yalom suggests that children's coping strategies are denial-based, mainly due to death education in the Western world, which he terms a "tip of the iceberg approach" (Yalom, 1980: 75-109). If we examine education about bereavement in the UK, the subject of bereavement does appear at the end of the SEAL guidance for the National Curriculum but after other losses such as moving house and divorce. There are many opportunities within other subjects and set texts to explore the subject such as English, Drama, Biology, and PSHE but seem to be confined to religious studies and spirituality.<sup>5</sup> School communities are often on the frontline following

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<sup>4</sup> One of my clients accidentally and inadvertently witnessed his father's death in a riot on television.

<sup>5</sup> This is based on my anecdotal contact and experience and an examination of PSHE guidance for teachers. An example would be an examination of how the set text *Life of Pi* is taught; some of the

bereavement, with some useful resources but not enough (Job and Frances, 2004). Bereavement and loss is one of the major issues brought to school counsellors (Jones, 2009). Seventy five per cent of respondents to a survey wished school had taught them more about coping with bereavement (Penny, 2010).

Furthermore, overprotective relatives could obstruct young people's grief processes in an attempt to shield them from unnecessary pain and confusion. Children sense the message the adults give verbally and non-verbally to 'not go there' (Anewalt, 2012). Wolfelt (1983) used the term forgotten mourners; children became invisible grievers and thought of as resilient, will bounce back resulting in a lack of need to talk to them about death (Ott, 2012). However, as Chown's (2013) findings reveal that young people's competence and understanding is undervalued. The participants in her study wanted to be included and involved, not marginalised or ignored. He or she might feel abandoned and forgotten in the chaos that accompanies an impending death or in the turmoil of the aftermath (Hinds, et al., 2005).

It must be noted that adults are not the only ones putting up barriers; young people who have experienced death often find themselves mistrustful, angry and despairing in a world that is no longer safe. They are consequently "often hard to help and self-destructive" (Hunter-Smallbone, 2009:318, about looked after children).

In my experience, adult (i.e. conscious and unconscious) responses to bereaved young people following a death often seemed to involve denial. 'Death' was often the elephant in the room, the taboo subject. I met much willingness to help children, but sometimes laced with:

- assumptions, e.g. children don't grieve, children are resilient;
- part knowledge, e.g. I don't know what to say, I don't know the answers to their questions, if we avoid it, it will go away;

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book is based on the loss of Pi's parents and brother, yet rarely in the curriculum guides is that addressed as a theme.

- value judgements, e.g. time heals, it is no good going back, opening old wounds;
- fear, e.g. talking about death will ‘damage’, ‘re-traumatise’ or ‘upset the children’.

Such perspectives served to set a blueprint for grief and loss management, which often resulted in destructive life patterns or young people not reaching their full potential (I consider this further in Chapter 3).

### **2.3.2 The historical context of grief studies**

Psychologically-based grief studies began to emerge following psychoanalyst Freud’s (1917) seminal work, ‘Mourning and Melancholia’, where he proposed that the work of mourning was principally to detach the survivor’s memories and hopes from the dead (Freud, 1917: 244). Freud’s notions about letting go of the loved one<sup>6</sup> were widely adopted alongside others including Lindemann’s (1944, cited in Stroebe and Stroebe, 2007:28) post-war ideas of not to repress grief and Kubler Ross’ (1965) stages of grief when working with dying patients. Murray-Parkes (1972, 2006) added to this knowledge, highlighting the importance of severed attachments and assumptive world changes. These notions developed into the wide adoption of the ‘Stages of Grief’, generally attributed to Kubler Ross (ibid), whereby one worked through stages of emotions such as denial, anger, and sadness and moved to acceptance. However, the concept has often been misunderstood and instead of the theory being an aid, it seemed to have become a burden to the wide range of clients I was meeting. As we moved into the 21<sup>st</sup> century, newer models began to emerge with researchers beginning to question the adequacy of these grief work hypotheses (Stroebe and Shut, 2007: 375-399). They felt that many approaches were either stress based, general theories or task models; they developed a bereavement specific Dual Process Model (1999) focused on cognitive and behavioural efforts to manage the environment following death through loss orientation and restoration orientation. Another emergent model was that of continuing bonds (Klass, et al.,

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<sup>6</sup> Balk (2011) reminds us that for a person to be bereaved, the lost person must be one of value, taken away irrevocably, leaving the person to grieve the loss.



1996), which encouraged the *holding on* to the essence of our loved ones instead of the emphasis on letting go. The two other models that have been part of the changing landscape have been those of the tasks of grief championed by Worden (1996, 2011) and Neimeyer's (2004, 2011) meaning making.

However, most of these frameworks were adult-orientated as were the research studies that informed them; chronologically, children and young people were overlooked when models and theories were established.<sup>7</sup>

We would argue that there are no models in the literature of bereavement that reflect the contemporaneous experience of children and young people, derived from their own, as opposed to their caregiver's, voice. Rather ideas about their bereavement experience are borrowed and adapted from theories and models that apply, in the first instance, to adults (Rolls and Payne, 2007).

Our understandings of the psychological impact of loss for children and young people in 1960s and 70s were principally brought into the public domain through the work of Bowlby (1969,1973,1977,1980) and Winnicott (1965, 1971). We have much to be grateful to Bowlby's (1998:11) convictions that loss was a key research issue; his firm beliefs and research indicated that separation from parents caused traumatic responses and damage:

Should a parent die the immense significance of the base to the emotional equilibrium of the child or adolescent or young adult is at once apparent.

His account of loss, attachment and grief reactions to trauma<sup>8</sup> began to help us understand young people's psychological responses. In contrast to Freud, (1917) searching and being reunited with the lost object was part of the *normal* process to recovery. Bowlby's concerns were that people had missed the significance of separation and loss as a cause of unhappiness and psychological problems,

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<sup>7</sup> As pioneers of child psychiatry and psychotherapy Anna Freud (1965) and Melanie Klein (1932) paved the way for more child focused work; work which led to the object relations school including Donald W.Winnicott and Michael Balint.

<sup>8</sup> He saw grieving as an irreversible form of separation resulting in an *intense form* of separation anxiety with 4 stages: numbing, yearning and searching, anger, disorganisation and despair and reorganisation.

which have “grave and far reaching effects on his character and on the whole of his life” (Bowlby, 1953 cited in Holmes, 1993:37).

Bowlby (1980) also highlighted that adults have the benefit of independence and the knowledge that, ...”they can survive without the more or less continuous presence of an attachment figure” (Bowlby, 1980:290). Following the loss of a principal attachment figure, a child will have to reorganise his world in order to survive.

Winnicott’s (1958, 1965, 1971) writings may not immediately come to mind when thinking about specific papers on young people, death and loss, yet combining his observations and psychoanalytical learning, he offered deceptively simple, deep insights into the impact of death on a young person’s experience that are still relevant today. He describes how the adolescent was on the road of dependence and independence, perceiving that, an adolescent is repeating an essential phase of infancy Winnicott (1965:117). Whilst moving towards socialization, he suggests that the young person’s developmental path is disrupted, derailed or, in the extreme, shut down by a significant death. If the environment suffers from the traumatic disruption of death, it can certainly no longer be considered a facilitating one and as a result, developmental tasks will be impaired.

Identity formation is considered to be the most critical path that defines adolescence (Erikson, 1950, 1968). Susillo (2005:500) suggests that the role of the parent is to support identity formation; when a parental death occurs, the adolescent will lose this guidance.

Adolescents will be involved in the re-working of the Oedipal<sup>9 10</sup> experience, detaching from the intimacy with a parent both physically and mentally (Horne, 2009). For instance, the loss of parental touch will be critical to the young person (Horne, 2009). As the young person moves through puberty, he will necessarily

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<sup>10</sup> Most modern day commentators would now view the Oedipal resolution as involving both parents, subsequent boundaries and centering on the parents sexuality (Horne, 1999).

face both external physiological and internal issues. As Van Heeswyk (1997 cited in Lanyado and Horne, 2009:33) says wryly “Adolescence begins with biology and ends with psychology”.

It is important to note that if a parent is lost during adolescence, the love object is *prematurely* uprooted from the adolescent who is still very much dependent on its existence. The change would also include the likelihood that the surviving parent is grieving himself or herself and emotionally unavailable. Consequently, the bereaved adolescent attains “a false maturity” (Winnicott, 1971: 136) suggesting an *emotional* immaturity. For instance, taking a new position and responsibilities within the family that might require maturity that is not age appropriate (Dowdney, 2000). Not attaining this *emotional* maturity by growth, results in “a facile impersonation of an adult” (Winnicott, 1971:147). Subsequently, the death of a parent and loss of security causes “a loss of space in which to play and create: the loss of spontaneity, play and carefree creative impulse” (Winnicott, 1971:146). This notion is the *cornerstone* of the impact of death on a young person, described by Horne (2009:35) as the loss of:

...the fluidity of childhood and adolescence: the tolerance of states of not knowing, the curiosity to engage with the world, a sense of playfulness linked to the aptitude to be creative with ideas.

Another key task is the establishment of new relationships and the transference of libidinal cathexis to peers (Freud, 1963). Winnicott (1971) also explains this importance of the role of the family and environment with regard to the successful negotiation of this aspect of identity and independence. In order to enjoy the freedom to, find “a wider circle ready to take over” (Winnicott, 1965:136), the individual needs a sense of security, usually offered from the parent, a living person. The two main features are:

The continued existence of the opportunity for dependence of a high degree; the other is the provision of the opportunity for the individual to break away from the parents to the family, from the family to the social unit and from that to another (Winnicott, 1965:136).

It is critical to note that the young person will need to retain the primary relationship to the actual parents, consciously or unconsciously, even if the relationships have not been satisfactory. "...Everything relates ultimately to the individual's mother and father... and either experienced consciously or retained in the unconscious" (Winnicott, 1965:133-136). The individual will take his/her patterns in to a group; if the group is not a healthily functioning one, many hazards exist.

The impact of early parental death on these peer relationships is again complex, especially with regard to risk taking; will the young person have a heady disregard for danger like an infant which may anyway belong to normal adolescent behaviour or an overwhelming fear that death can strike anyone at any time? Will the death cause them to be more or less responsible? Noppe and Noppe (1996, 2004) suggest that adolescent views on death<sup>11</sup> are full of ambivalence, with little consensus amongst researchers. In addition, early adolescents generally have a relatively narrow social and cultural context; any changes within these contexts will arguably enhance the impact of any loss. (see Appendix 2: Disrupted Identity Figure 2).

When the developmental tasks of adolescence compete for attention with the tasks of grief, difficulties are likely to occur (Worden, 1996). If these two states coexist, the healthy progress of *both* can be impeded. The work of Fleming and Adolph (1986) is widely cited as the most relevant theoretical framework that addresses this issue. They identify five core issues that interface with the tasks of adolescence: The predictability of events, mastery and control, belonging, fairness and justice and self-image.

Due to the reasons outlined above, "the mourning process of the young person may be quite different to that of the adult, as adolescent grief, ... might be more intermittent, intense, and overwhelming" (Noppe and Noppe, 2004:162). Winnicott comments that adolescents need "a continuity in the line of his or her

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<sup>11</sup> The main components of death are typically quite difficult for young people to comprehend. The permanence and universality of death are fully appreciated only with maturity, education, and cognitive development (White, et al. 1978).

life, not a pattern of reacting to the unpredictable and forever starting again” (Winnicott, 1971:141).

### **2.3.3 Availability of support services for bereaved young people**

If we are in “The Kingdom Where Nobody Dies” (Doka, 2000:5), it would necessarily follow that little attention needs to be paid to death. However, as we moved through to the 21<sup>st</sup> century, there has been an increasing interest in the needs of bereaved young people resulting in a movement in which I have played a large part to try and put death talk back on the map, help grieving become more acceptable and facilitate children and young peoples’ grieving processes (Penny, 2010; Rolls, 2010; Stokes et al. 1999). A small network of professionals interested in bereaved children grew under the guidance of Sarah Willis, who set up the CBN in 2000. I became a founder member and Consultant Panel Member. The aim was to encourage services for bereaved children, issue guidelines for Good Practice and to provide and share information. I have contributed, advised, benefited and innovated, growing both Grief Encounter and encouraging others services to grow. The aim is to help young people not to be invisible grievers or victims and to ensure that appropriate high quality emotional and psychological support is in place for children, young people and their family. If we fail to look more closely at parentally bereaved children’s experiences, noting our assumptions, then children can miss out on support (Penny, 2010).

However, Rolls and Payne’s studies (2007) found little evidence of coordination of services and low levels of planning to meet bereaved children’s needs. There was little consistency as to whether a particular child, experiencing a particular type of bereavement, in a particular locality, would be offered supportive services, including basic information (Penny, 2010). Western Europe has also depended on individuals to campaign for growth; Dyregov has been extremely influential in pioneering services in Norway but growth in other areas of Europe has been small. In the USA recently, there has been a growth in the view that children should be involved in the grieving process and there has been a growth in non profit counselling centers led by the Dougy Center, Portland (Saint Louis, 2012).

Together, we can offer children support so in confronting and learning about death, loss and grief, they develop the emotional capacity and intelligence that will sustain them for the rest of their lives (Monroe, 2010: Preface).

At GE, and other similar services, we have had to work in a 'wilderness' as regards to service provision, without sound research evidence. Hence, the need for more research especially in planning services for the health, social and academic welfare of bereaved vulnerable children.

### **2.3.4 Governmental responsibility**

Over the past fifteen years, there *have* been major strides in focusing attention on bereavement issues made by a national consortium of child bereavement services headed by the CBN. With regard to governmental recognition or responsibility, little attention is paid to bereaved children in the UK; Government does not see childhood bereavement as a mainstream issue (CBN, GEP MPs Parliamentary reply, 2006). This attitude is despite having a bereaved parent as Prime Minister and a bereaved child as a future King. Yet, in a Department of Education commissioned review of childhood wellbeing Akerman and Statham (2014:7) state that:

Bereavement is one of a range of difficult life events that children and young people may face...which may have both a short-term and longer-term impact on children's well-being.

No government statistics are collected on the number of young people bereaved each year in the UK, although they are collected on divorce (ONS). In planning services, child bereavement organisations rely on statistics from the CBN, based on independent research:

In Great Britain, around 35,200 sixteen year olds have been bereaved of a parent at some point in their childhood (4.7%). This equates to 1 in every 21 sixteen year olds (Penny and Stubbs, 2014).

Bereaved children were finally recognised as a vulnerable group in the Government's Targeted Mental Health in Schools programme (2008-11), which has now abruptly ended. Chowns (2013) suggests that childhood grief could be considered a relatively modern concept (Holland, 2005; Ribbens McCarthy, 2006) with children's rights only becoming a policy issue in 1989 with the UN Convention of the Rights of the Child, which gave children the right to be safe.

## **2.4 Conclusion**

In contemporary UK society, "the death of a loved one does not assume the attention nor seen as an issue over the longer term; private grief is the dominant English script" (Walter, 1999:152). With fewer rituals and the issue swept under grief's carpet, it has become a feared uncomfortable taboo subject in today's society particularly around children and young people. Monroe (2010) highlights that society remains afraid of death.

Research has shown that by the time UK children are 16, at least 3% will have experienced the death of a parent, which is a significant minority. Furthermore,

The death of a parent, brother, sister, or someone else close is a profound and challenging experience for a young person (Penny, 2010:1).

However, there is a changing climate of grieving in the UK and signs of a growth in support for bereaved young people. With service growth, there is an increasing pressure to prove efficacy and if indeed support is needed at all. There are areas of consequences, coping and care related to bereaved young people that are open for further exploration, particularly with the development of synthesised models that apply to those bereaved young based on their lived experiences. The use of research and theory should be essential in informing service delivery to ensure this efficacy.

I drew these ideas together in order to develop the research questions, which formed the framework for my study. The following chapters consider the literature available, my chosen methodology and method, the findings from the grounded theory analysis, a discussion and conclusion which links the findings, my experiences and current research. This section also includes the limitations

of the study, ideas for future researchers and emerging products. The final chapter is a reflexive consideration.

My intention was to focus on the impact of death, thus the study is very much death-focused, although the themes may well be applied to the many other areas of loss such as divorce.



## **Chapter Three: Literature review**

### **3.1 Introduction**

This chapter will focus on a review of the literature relating to the main concerns of this research: The emotional and psychological consequences of parental death on the lives of adolescents and their coping mechanisms. Having had the experience of being orphaned at nine years old within this culture and also working therapeutically with bereaved young people within a bereavement service, I was keen to review existing studies and conduct further research into their experiences. By carrying out this study, I hoped to illustrate the emotional and psychological experiences associated with being prematurely bereaved. It was my intention that this thesis would not only provide bereaved young people with an empathic account of their experiences, but professionals alike. I also hoped that more helpful supportive mechanisms could be developed from the research.

This study is limited to the Western society where I was born, live and work thus, it may limit its usefulness outside of Western culture and be less informed by the many different ways of grieving. The focus is also on individual rather than collective grieving. In Chapter 2, I discussed the 'culture of silence' in contemporary Western society. The landscape of bereavement and grief work for parentally bereaved young people in the UK was showing signs of change, albeit still within a culture of fear. With a growth in interest in child bereavement work and a growth in service provision, has resulted in a growth in interest in research.

### **3.2 Conducting the review**

Due to my background in counselling and psychotherapy, this literature review and study is believed to be pertinent to the area of study. However, in order to achieve a balanced view of the grieving processes, it is also important to

acknowledge increased learning from other scientific arenas, such as neuroscience, sociology, psychology, psychiatry, medicine, philosophy and even fiction at times. I examined a wide range of literature, searching for recurrent themes that helped develop concepts beginning with reflections on where young people received their information about death in the context of today's society.

The subject of grieving has been much neglected due to our UK culture of silence (Jalland, 2013). Yet, there is still a considerable amount of literature relating to bereavement and a review of the whole field of bereavement and grief would not be feasible as there are: "Too many theories, too many opinions leaving us disorientated" (Murray- Parkes, 2011).

Much of the bereavement and grief literature has mainly addressed adults, been widow focused, medically focused on diagnosis, gathered in the USA or based on the traditional models and understandings of the stages of grief and letting go of the loved one.

Initially, I reviewed my current extensive collection of books and literature, sifting for ideas and relevant references regarding bereaved young people, which included previously recommended books by colleagues such as Dyregov, 1990; Worden, 1996; Silverman, 2000 and Doka, 2000. I also read extensively from my psychotherapy training, reading from training (delivery and attendance) conferences, work within the field, previous published work as well as the grey literature written and received in my capacity as CEO of a child bereavement organisation.

I was able to update current research through the university gateway; in order to ensure this covered the full breadth of current literature available, I consulted colleagues from Metanoia, the Middlesex University Library Services<sup>12</sup>, the Childhood Bereavement Network, my Academic Advisor and consultant group. This included SUMMON, through the Cochrane Library and previous theses from students of Middlesex, London and Metanoia Universities. I searched electronic databases related to mental health, psychotherapy, medical and social care fields, principally ERIC, PsycARTICLES, PsycINFO and MEDLINE although these articles

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may have only included positive outcomes, as it was published work. Google Scholar was searched with care, using only peer-reviewed articles where possible. The initial terms related to the child and adolescent population, i.e. child, adolescent, children, adolescence, young people, grief, bereavement and death. In order to maintain a contemporary view and a 21<sup>st</sup> century perspective for reasons of usefulness and updating my knowledge, my exclusion criteria was: Outside the Western culture, journal articles prior to the year 2000, unless it was a seminal paper and in English. The abstracts were scanned for relevance and usefulness, attempting to keep a balanced view. Further, I followed bibliographies from relevant articles. My aim was to find 20 articles of direct relevance to the phenomenological experiences of bereaved young people; inevitably some areas of evidence may have been left out. A Doctoral student from the Anna Freud centre reviewed my literature review through the British Library gateway, which revealed further articles of interest.

Consultations with Alison Penny, researcher at the Childhood Bereavement Network endorsed that there was a dearth of research in the area of significant loss from the young person's perspective, especially in the UK. Her suggestions were to hand search through journals including Omega, Bereavement Care, BACP Research Journal and Therapy Today.

I drew the limit on searching further following a review of Akerman and Statham's (2014) bibliography for any missed or new relevant sources regarding outcomes for bereaved children and young people. I found I had used many of the relevant studies and had more to add. A further relevant research review by Penny and Stubbs (2014) was published providing further validation and clarification for my study.

A research-orientated review of the current state of scientific knowledge in the field of bereavement in general can be found in Stroebe, et al.'s (2007) Handbook of Bereavement Research and Neimeyer, et al.'s (2011) Grief and Bereavement in Contemporary Society, which bridges research and practice. For contemporary thinking with regard to a UK young person's perspective, Monroe and Kraus's (2010) Brief Interventions with Bereaved Children was a key source for this study, incorporating current research, practice and theory. For a wider

psychotherapeutic perspective, I looked to Lanyado and Horne's (2009), Handbook of Child and Adolescent Psychotherapy and Brom, et al.'s (2009) Treating Traumatized Children.

### 3.3 Trends in the research

#### 3.3.1 Adolescents and death

Given the preponderance of literature on grief and bereavement in adults, there has been a scarcity of quantitative or qualitative research that focuses on young people<sup>13</sup> with most of the research conducted being based in the USA.

Balk (1991) undertook a comprehensive review of the research into death and adolescent bereavement, noting that "Adolescent bereavement research has had a short history" (Balk and Corr, 2009:199). He makes the point that "Adolescent bereavement has not caught the attention of mainstream researchers, perhaps because of the difficulty of dealing with death or the non-normative aspect of death". He emphasises that adolescent bereavement presents an extremely serious life crisis at a time when development is marked by significant physical, cognitive, moral, interpersonal, and psychosocial transitions.

He supports his conviction with research by others.<sup>14</sup> Bereavement can impair successful completion of developmental tasks and present obstacles, creating excruciating anguish (Crook and Eliot, 1980; McNeil, 1989 cited in Balk, 1991:9). From his and his colleagues' research and observations, Balk (ibid) again emphasizes that bereavement was found to be more enduring and intense than unaffected outsiders had proposed. He called for longitudinal research that reflected the adolescent's grief trajectory using a model based on Fleming and Adolph's (1986) work based on maturational issues, developmental tasks and coping responses. Buckle and Fleming (2011) found in their grounded theory research into bereaved parenting that:

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<sup>13</sup> Midgley (2009:73) suggested three main reasons that so little child psychotherapy research had taken place in general: Ethos (i.e., work cannot be properly evaluated), operationalization (i.e., the gap between measures of change and the way the psychotherapist thinks) and institutional structures (i.e., research is not always taught in training).

<sup>14</sup> including Guerriero and Fleming, 1985; Hogan and Balk, 1990; Osterweis, Soloman and Green, 1984 and Silver and Wortman, 1980 cited in Balk, 1991:9).

Adolescence may need specific attention, as this transition has the potential to be particularly complicated and fractious as a result of the collision of adolescents striving for independence and autonomy and bereaved parents holding extensive and pressing concerns about safety and survival (Buckle and Fleming, 2011:103).

Reed (2008) points out in her recent comprehensive literature review (USA) of counselling adolescents for the death of a parent that the research has neglected to consider the views of the young people:

A clear majority of the work done in this area is from an adult perspective or from that of empirical research. If practitioners, counselors, and educators are to fully understand and help adolescents experience and integrate grief, research should incorporate the adolescent's perspective. There has been a paucity of longitudinal research done that explores death reactions and coping from the adolescent's view, and this is sorely needed (Reed, 2008: 14-15).

Moreover, in the USA, Katherine Shear and colleagues' (DSM-5 advisers) research about grief and depression in adults highlighted an urgent need for "further research to understand the course and consequences of childhood bereavement in order to guide interventions" (Shear, 2009: 746).

### 3.3.2 Measuring impact

Measuring grief is a controversial issue. In her book, *Motherless Daughters*, Edelman (1994) asks if we can measure the depth of despair with cubic feet or the length of the grieving process with a ruler? With a focus on diagnosis in the USA, debate has centred on defining the criteria necessary to diagnose bereavement as a depressive disorder or as Post Traumatic Stress Disorder (PTSD) in the DSMIV and now the DSM-5.<sup>15 16</sup>

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<sup>15</sup> DSM-5 is a manual used by clinicians and researchers to diagnose and classify mental disorders in the USA. In the US there is a different and distinct conceptualisation of childhood bereavement: health care insurance will only pay for 'treatments', which in turn require a 'diagnosis'...- this is not how bereavement is generally understood in the UK' (Rolls, 2011: 10).

<sup>16</sup> Trauma- and Stressor-Related Disorders: The DSM-5 identifies the trigger to PTSD as exposure to actual or threatened death, directly experiences the traumatic event; learns that the traumatic

In order to qualify for a DSM-5 disorder a bereaved person has to demonstrate clinically significant distress or impairment in social, occupational or other important areas of functioning (Shear, 2011) after two months of watchful waiting (DSM IV, DSM-5). If emotions and sadness happen in waves, then a depression diagnosis is unlikely (Shear, 2009)<sup>17</sup>. According to Shear (ibid), most bereaved people go on to make a good adjustment but clinically significant minorities do not and are diagnosed with depression, PTSD, substance abuse or complicated grief.

The pressures of grief being defined in terms of depression or trauma in the USA has been beneficial in that grieving has been recognized but concerning in that this has fostered a treatment based approach. Another welcome response to this approach has been the development of the Prolonged Grief Disorder (PGD) as a measure (Prigerson, et al., 2001).<sup>18</sup> Schaal, et al. (2010) used the PGD to examine the long-term impact of the trauma experiences of Rwandan widows and orphans. They found that:

A significant portion of the interviewed sample continued to experience grief over interpersonal losses and unresolved grief may endure over time if not addressed by clinical intervention...conceptualized as stemming from one's inability to make sense of the experience (Schaal, et al., 2010).

Thus, the PGD measure was helpful in terms of this analysis in identifying that young people may not just get over a death and needed help to make sense of what had happened. It could also be argued however that this measure may not be helpful with what may be perceived as 'ordinary parental bereavements.'

The picture is further complicated by the debate as to whether the early parental death is indeed a trauma. Yule and Smith (2010) consider bereavement to be a

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event occurred to a close family member or close friend (with the actual or threatened death being either violent or accidental)

<sup>17</sup> When major depressive disorder occurs in the context of bereavement, it adds an additional risk for suffering, feelings of worthlessness, suicidal ideation, poorer somatic health, worse interpersonal and work functioning, and an increased risk for persistent complex bereavement disorder. DSM-5 Section III.

<sup>18</sup> The PGD was developed for adults, which identified symptoms of complicated grief as purposelessness about the future, death, feeling that life is empty, or feeling that part of oneself had died, a shattered world view, assuming symptoms of harmful behaviours of the deceased, excessive irritability, bitterness or anger related to the death (Prigerson, et al., 2001).

normal part of human experience, but some deaths to be 'truly traumatic'<sup>19</sup> causing a child to experience further stress, experience posttraumatic stress disorder (PTSD) and develop depression. They point out that:

Until recently, hardly any clinical researchers had asked children directly about the largely inner distress they were experiencing...With clearer diagnosis, we have learned that serious stress reactions can be quite common in children following particular traumatic incidents (Yule and Smith, 2010).

Further reading suggests that normal processes of grief and mourning may well be affected by the experience of trauma (Cohen, et al., 2004; Dyregov, 2008; Layne, et al., 2008; Newman, 1995, 2002; Yule and Smith, 2010). The debate seems to be around the definition of a traumatic incident rather than around the children's inner distress. This debate continues and forms part of this research.

Focusing on young people in the UK, there is no agreed outcome measure for the impact of childhood bereavement. However, bereavement services are having to prove their efficacy in order to gain recognition and funding, hence various evaluation systems have been formulated. Much of the outcome from this evaluation work, including my own, can be found in the 'grey literature': work that has evolved from the analysis of bereavement in child bereavement organisations and hospices. Outstanding work has come from the Childhood Bereavement Network (research led by Penny, 2005, 2006, 2010; Rolls 2007,2009,2010). Penny is currently researching a child bereavement evaluation tool that can be used nationally.

When I began academic psychotherapeutic work twenty years ago in the UK, young people's grieving experiences as a whole seemed to occupy a small place in the literature. Black's (1987; 1998) work at the Royal Free Hospital in London was probably the most influential work, finding that one third of young bereaved people experienced emotional, behavioural and social difficulties following a death (Black, 1998).

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<sup>19</sup> A definition of trauma symptoms for young people remains controversial. Clarification may occur as a result of the newly published DSM-5 (2013).

Ford (2009) highlights “the paradox that reflects the pervasive tendency towards denial and scepticism with regard to psychological trauma in childhood with the result of a lack of resources allocated to care” (Ford et al., 2009:1). Recently however, I have witnessed both a growth in interest, service provision and bereaved child research (e.g. Siddaway et al., 2014 on service evaluation and Lane et al., 2014 on teacher response):

There is a limited, but growing, body of research into the impact of grief and bereavement on young children and how their support needs might be met (Potts, 2013: 95).

The reason for the growth may possibly be that many of the studies that have been carried out demonstrate that the premature death of a parent has caused stress and indicate that bereavement *is* a major risk factor in young people’s lives. Christ, G. supports this:

For a child<sup>20</sup>, the death of a parent is a highly stressful event. Research suggests that it places them at risk for adverse psychosocial consequences Christ, G (2006:197).

### **3.4 The impact of bereavement on young people**

The next section reviews the current approaches to the impact of parental bereavement in the Western world; most of these studies being USA based. Following Stroebe et al.’s (2007) research headings, this review will highlight the research since 2000<sup>21</sup> that has addressed the consequences, coping and care of adolescents following significant and traumatic bereavements. The remit in this section will be to highlight existing research into parental bereavement and to identify possible directions for this research study based on the most recent literature reviews in the UK, conducted by Ribbens McCarthy, (2005); Atherman and Statham, (2014) and Penny and Stubbs, (2014). This section will provide an

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<sup>20</sup> Children as defined by Christ, G. include young people up to the age of 17yrs old.

<sup>21</sup> Unless they were often cited, significant studies such as Worden and Silverman’s Harvard study.



overview of the potential emotional and psychological experiences that the participants in this study may encounter and provide some comparisons for the findings of this study.

Dopp and Cain (2012) report that:

There is a consensus in the bereavement literature that the death of a parent is very stressful for children, placing children at risk for future psychopathology (Oltjenbruns, 2001; Silverman and Worden, 1993; Stroebe, Schut, and Stroebe, 2005; Stroebe, et al., 2005 cited in Dopp and Cain, 2012: 42).

In this discussion, I look more in-depth into Worden's (1996) Harvard study as his study appears to be the most cited, robust and one of the few studies which used qualitative analysis in the investigation of young people's voices. It provides an opportunity to compare the outcomes of this study to his findings.

Finally, upon researching this area in Bereavement Care from 2005, I identified an interesting approach regarding early bereavement by Tracey (2011) who conducted her research using grounded theory to gather data from adults who were bereaved at a younger age. I examined this study in depth, with the possibility of making useful comparisons with researched adult retrospectives.

## **3.5 The consequences of premature bereavement**

### **3.5.1 Overview**

The first UK review by Ribbens McCarthy (2005) states that:

Major bereavement does carry the potential for short- and long-term consequences (Ribbens McCarthy, 2005: 65).

In order to highlight need, child bereavement services have relied heavily on the research conducted by Fauth et al. (2009), which analysed data from an Office of National Statistics survey of the mental health of 5 to 15 year olds in Great

Britain. The findings were that bereaved children will be more likely than other children to be diagnosed with a mental disorder.<sup>22</sup> They found that children bereaved of a parent or siblings were more likely than non-bereaved children to have clinical levels of anxiety. Although significant, these findings did not account for other variables, for instance they were unable to investigate whether this existed before the death. Parsons (2011) noted in her British Cohort Study (BCS70) analysis that childhood bereavement does have some long-term impact, but that the effect is limited after family background is taken into account.<sup>23</sup>

Ribbens McCarthy's (2005) comprehensive and interdisciplinary approach and Penny and Stubbs (2014) reviews explore evidence from quantitatively and qualitatively based research studies, which suggest important negative outcomes (noting few positive outcomes). Large numbers of young people will "experience high levels of short-term distress and depressive symptoms, but by no means all" (Ribbens McCarthy, 2005: 40). Both qualify the findings that account needs to be taken of many variables such as material resources in the child's life, relationship with dead parent, the nature of the bereavement and so on.

People who lose a parent during childhood are fifty percent more likely to die young, a Scandinavian study of seven million people has concluded. ( Li, J. et al., 2014). Those bereaved as children were more likely to die by their forties from almost all causes. Whether this life-limiting prognosis is caused by physical or mental stress is not highlighted in this study, but should be enough to warrant alarm.

### **3.5.2 Emotional and behavioural responses**

Cournos (2002) highlights that most focus is on outward behaviour, hence detracting from the internal experience and affective state. Atherman and Statham's (2014) meta-review of the literature reported that children experience a wide range of emotional and behavioural responses to grief such as anxiety, depressive symptoms, fears, angry outbursts, regression regarding

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<sup>22</sup> Meltzer et al (2000) had also conducted a similar survey finding significant associations between mental disorder and the death of a parent, sibling or close friend.

<sup>23</sup> Parsons also found that 5% of the sample were bereaved of a parent under 16, 1% higher than the Harrison (2001) figure used in most current studies.

developmental milestones, lower self esteem, greater loss of control and somatisation. Moreover, early parental death is the cause of a wide range of mental health problems including depression, anxiety, externalising problems, feelings of vulnerability and low self-esteem.

Dopp and Cain (2012) also noted that the young person often experienced an increase in anxiety focused on concerns about further loss, the safety of other family members, and fears around separation. Harrison and Harrington (2001) found that the death of a close relative or friend was associated with depressive symptoms. Those bereaved of a parent had a mean score on the self-report of depressive symptoms of 19.7 compared to 14.9 among those not bereaved of a parent. Although only small studies, Jakobsen and Christensen (2011) and Wilcox, et al. (2010) found those who had been bereaved of a parent were more likely than their peers to have attempted suicide (i.e. 1.71 to 3 times as likely). Children often had an increased sense of isolation, a sense that the loss had been minimised, diminished trust, and finally, misconceptions of what had happened (Attig 1995; Wass, 1991 cited in Stroebe and Stroebe, 2007).

Some may experience higher self worth and increased maturity; others are at risk of reduced self-esteem especially where there are secondary losses. Dopp and Cain's study (2012) suggested that if there are compounding situational factors, adjustment to parental bereavement has been found to be even poorer (Elizur and Kaffman, 1982; Rutter, 1975).

Further studies have explored the many consequential outcomes that accompany premature experiences of grief. Qualitative studies have shown more frequent visits to their GP (Lloyd Williams, et al., 1998) more somatic symptoms (Worden, 1996), higher rates of teenage pregnancies (Sweeting, et al., 1998) higher drug use, (Sweeting, et al., 1998) and higher rates of school exclusion (Cooper, 2002). Penny and Stubbs's review (2014) suggested that bereaved children and young people are over-represented in the criminal justice system. Vaswani (2008) found that persistent young offenders were at least four times more likely to have been bereaved of a parent than their peers. The death of a parent by the age of 26 increased the risk for violent criminal convictions among children of parents who died of suicide, accidents and other causes. The risk did

not differ by the way the parent died, nor by the age of the child when their parent died (Wilcox et al., 2010). Higgin's research (2001, cited in Penny and Stubbs, 2014) found high rates (41%) of bereavement amongst youth offenders and Boswell (1995) found that 57% of children convicted of the gravest crimes had experienced significant loss such as bereavement.

Students who lost parents were more likely to develop depression, abuse alcohol, engage in delinquent behaviour and be at risk of school failure than their unaffected counterparts, six months following a death (Harris, 1991). Dowdney et al. (1999) found that adolescent boys were more vulnerable to experiencing high levels of disturbance following the death of a loved one, whereas girls were more likely to internalize their feelings and suffer from depression. For 20% of bereaved children, these symptoms can be so extreme that they require a specialist service (Dowdney et al., 1999).

The trauma of a violent parental death can cause adolescent grief to be accompanied by themes of shame and stigma (Brown, Sandler, and Tein, 2007), fears for personal safety and a fantasy that the death can be avenged (Christ, Siegel, and Christ, 2002).

### **3.5.3 Educational outcomes**

Some interesting studies on the consequences of bereavement have focused on educational outcomes as indicators of impact, but drawn diverse conclusions. (Akerman and Statham, 2014). They noted that Abdelnoor and Hollins (2004) found that parentally bereaved young people's GCSE scores were an average of half a grade lower than their non-bereaved peers. Conversely, Dowdney (2000) found that some bereaved children do try harder and do better as a tribute to their parent. After controlling for other factors, the death of a parent by the age of 16 is associated with women failing to gain any sort of qualification (Parsons, 2011). Dyregov (2004) found that young people were more absent from school and that their school performance could deteriorate perhaps due to lost motivation, lack of attention due to intrusive thoughts and lowering of cognitive processing due to depression.

### 3.5.4 A longer-term perspective

Ribbens McCarthy (2005) reflects that since there is evidence of long-term risks; there needed to be a consideration of a much longer time perspective. Some further studies that corroborate this belief are discussed below.

Mild depressive symptoms appear frequent and can persist for at least a year as found by Cerel, et al. (2006) in their study of 360 parentally bereaved children. Christ and Christ (2006) found that even in stable families, 20% of children had clinical symptoms extending beyond a year after a death. Sandler, et al. (2003) argue that psychological disorders can continue over a lifetime, which is supported by the research conducted by Tracey (2011), as discussed further below. Kaplow, et al.'s (2010) longitudinal epidemiological study examined potential differences in psychiatric symptoms of both parent-bereaved children as well as those who lost other relatives and with a control group. They found the parent-bereaved were at increased risk for psychological and behavioural health problems, including separation anxiety, depression, conduct disorder, substance abuse and functional impairment. Brent, et al. (2012) and Meiser-Stedman, et al. (2011) demonstrated higher rates of depression and anxiety, functional impairment and higher substance and or alcohol abuse in a bereaved group of young people than in a control group even after 9 and 21 months.<sup>24</sup> These results were strengthened by their further research; they found 10% of the group still had prolonged grief reactions due to the death and increased levels of functional impairment, even after controlling for the clinical characteristics before and after the death. Another group, whose grief reactions did diminish over 9 months, still experienced functional impairment and were at an increased risk of depression (Meiser-Stedman, et al., 2011).

Jones, et al. (2009) explored the impact of different stressful life events in over 14,000 children born in Avon between 1991 and 1992 by an analysis of ALSPAC data. Parents were asked about their children's emotional, behavioural and social well being at the age of 13. Teenagers who experienced bereavement had lower emotional well-being than those who had not been bereaved of a family

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<sup>24</sup> Zisook (1991) had also found similar outcomes with adults.

member. This remained significant even taking into account emotional well-being at age 10 (Jones, et al., 2009). This indicates that experiencing the death of a parent or family member in childhood may have continuous, worsening effects on a teenager's emotional well being, long after the event has occurred (Penny and Stubbs, 2014).

There appears to be even less research that reports positive outcomes following an early parental bereavement; for instance it may be an opportunity to change a previously unwelcomed position such as one of abuse. Worden (1996) found that boys and adolescents were likely to report that they felt they had matured through the death of their parent. Brewer and Sparkes' (2011) ethnographic study of 13 bereaved young people found some positives in that during the study the participants expressed a sense of gratitude for and appreciation of life, having a passion in their lives, a positive outlook and how they could use their experiences to support others. Akerman and Statham (2014) state that some young people find ways to turn their experience into positive outcomes whilst others may struggle. They cite Wolchik, et al. (2008) who found (over the six years following a death) improvements in several areas of growth including developing new areas of interest, accepting help from others and coming to a realisation of personal strength.

Reflecting the paradoxes of grieving, Haine, et al. (2008) report that although many parentally bereaved children adapt well and do not experience serious problems...they still report an elevation of risk for negative outcomes (Atherman and Statham, 2014).

Tracey (2011) conducted a grounded theory research study, which explored the longer-term consequences of the death of a mother by interviewing adults bereaved of a mother in early life. The title and overarching theme was one of perpetual loss and pervasive grief, describing the death as the event that "shattered childhoods". Superordinate themes were:

- the unhelpfulness of silence and the need for open communication;
- the nightmare of grief that took its toll on their emotional and physical well-being;

- the need for information;
- the loss felt at milestones;
- a general lack of emotional support resulting in them covering their heart;
- an incalculable loss.

Participants in Tracey's study (2011) reflected that that they had felt a lack of structure, lack of guidance, a loss of maternal intimacy, huge gaps and a lack of trust throughout their lives. Lessons learned and positive outcomes included being able to show the grief, especially as role models to their children, a special ability to empathise and knowing you can cope.

By using sophisticated qualitative techniques, Tracey's (ibid) study had elicited beyond the surface, deeper understandings of the long-term pervasive incalculable loss of a mother (i.e. notwithstanding the residual outcome of participating in the study itself). Whilst informative and affirmative about the long term impact of parental death, Tracey acknowledges some limitations of the study: time may have distorted perceptions or memory, the theme headings did not convey all the deeper content, and as with any small sample, these themes cannot be generalised to larger populations.

In the USA, qualitative studies on the consequences, coping and care following a childhood parental bereavement have been predominantly led by Worden and Silverman's Harvard Child Bereavement Study (1996). This included the perspective of the young people themselves and elicited information about feelings using semi-structured interviews and standardised assessment instruments. The strength of the study has been perceived as having a control group of non-bereaved adolescents, involving some 125 children and a low rate of attrition. Children expressed fear for their surviving parent's safety (44%); 50% were still fearful after two years. Children's fear for their own safety rose over the first year from 11% to 16% and fear was associated with the death of a father. Worden proposed that "the increased anxiety and fear stemmed from, the lack of predictability on their lives caused by the death of a parent" (Worden, 1996:90). When compared to non-bereaved adolescents they had more health problems and sleep difficulties, more withdrawn behaviour, had more anxiety and depression, more social problems saw themselves as less well behaved and

less scholastic but saw no differences in learning, concentration or frequency of accidents. There was heightened tension and fighting within the family. Significantly, differences appeared two years after the death. Worden suggested that this could be perceived as the late effects of the loss. "Losing a parent suddenly leads to a worse adaptation to loss at 1 year "(Worden, 1996:95).

Worden reflects that the most important long-term consequence of parental death during childhood is neither depression nor an anxiety disorder but:

... The continuing sense of emptiness and an ongoing need to rethink who this parent would have been in their lives had they remained alive (Worden, 1996:110).

Overall, a more in-depth examination of the Harvard and Tracey's (ibid) studies provided an insight into bereaved young people's experiences and raised some important points. Both studies used qualitative analysis to highlight the risk areas and longer-term aspects of grieving. It seems beneficial for further research to add weight to these studies, to investigate if Worden's findings translate transatlantically and if Tracey's (ibid) findings can be supported by young people who have experienced death more recently.

### **3.6 The importance of a study investigating the views of young people**

The more focused research in the UK that has been conducted left questions still to be explored. In this section, I will highlight some of the suggestions for future research from the research that has been carried out.

#### **3.6.1 What are the gaps in the research?**

The most recent literature review, commissioned by the Department of Education, by Akerman and Statham (2014) found only a small number of UK research studies. Most were small sample studies, without control groups, except for Worden's Harvard Study (1996). They highlighted Ribbens McCarthy's



(2005) argument that statistical analysis with simplistic generalisations may hide the complexities of the often-polarised responses of bereaved young people.

Ribbens McCarthy (2005) notes that despite her extensive literature reviews and research, “there is generally a dearth of academic research which looks specifically at the perceptions and understandings of teenagers and young people” (Ribbens McCarthy, 2005:16). She highlighted gaps in the research both for larger scale statistical analyses<sup>25</sup> and the need for research that considers young peoples’ viewpoints in the form of:

Firm base-line information about the prevalence of different forms of bereavement experience among young people... it is clear that many young people do not get to talk to anyone about their feelings and experiences (Ribbens McCarthy, 2005:67).

Essentially, this is an important area for both researchers and practitioners.

Brewer and Sparkes’ (2011) suggestion for further exploration would be to interview young people who have not been able to access bereavement services in order to build on their picture of death’s impact.

It seemed also that the general research literature was not in depth enough to inform professionals and policy makers about the needs of bereaved young people (Penny, 2010). Fauth, et al. (2009) saw the need for further inquiry in to this field; certainly researched work. Rolls and Payne (2004) purport that the “use of theory and research is crucial in informing practice; indeed researchers are already doing so” (Rolls and Payne, 2004:300). From their own research, Penny (2010) and Rolls (2010) argue for better service evaluation.

Attention has been given to disruption due to loss for young people such as divorce but not bereavement (Ribbens McCarthy, 2005). The death of a parent is not as common as divorce (Faulkner, Relate 2011) yet “the loss of a loved one is one of the most intensely painful experiences any human being can suffer”

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<sup>25</sup> She suggested larger samples and comparisons with general population, which Fauth, et al. have addressed since. This idea could be developed further using RCTs.

(Bowlby, 1980: 7). Such painful experiences must necessitate severe disruptions in a young person's life, leaving questions as to why this topic has been so neglected.

Ribbens McCarthy (2005) also saw the need to develop models that can view bereavement as a process rather than an event, associated with mediators (stressors) and moderators (protective factors) leading to adjustment. The evidence supports the need for more complex explanatory models such as Amato's (2000) which relates to divorce (Ribbens McCarthy, 2005). My own psychotherapeutic work with bereaved families highlighted that often bereaved young people's experiences did not resonate with the existing models of grief. Kongsberg (2011: 197-198) suggests "it is time to move beyond using untested theories and models for coping with grief that have created more anxiety about the experience instead of alleviating it". Ribbens McCarthy (2005) also highlights that much of the research is American based, which may not always translate to our UK culture, for instance regarding religious settings or violence.

Hence, this study focuses on the gap that lies in the consideration of the grief experiences of young people.

### **3.6.2 My contribution**

My aim for this study would therefore be to add and confirm the knowledge gained from the research as outlined above, ensuring it could apply to bereavement work in the UK. By making the study young people focused, it will offer a deeper and broader range of researched information on how young people grieve. It is clear that both quantitative and qualitative studies do not lead to any clarity of conclusions, but have highlighted that the impact of bereavement on young people warrants further research.

My study would use what Stroebe, et al. (2007) call methodologically stringent empirical research rather than clinical reports. The aim would not be to undermine these reports role in illustrating the phenomena of bereavement, especially having produced a number myself, but to add credence to what bereavement practitioners and those who had experienced bereavement already

knew. My intention would be to use a method and methodology that would allow a true and in-depth reflection of bereaved young people's lived experience, a methodology based on "an epistemological position that deals with the attempt to understand more adequately the human condition as it manifests itself in lived, concrete experience" (Spinelli, 2005:131).

As already indicated, there have been too few of these such studies in the UK, USA or Western world using qualitative analysis with a social constructivist approach to reflect and capture death reactions, coping and care from the adolescent's view. Yet,

...much has been learned about childhood bereavement in the last few decades as studies have increasingly focused on the *direct interviewing* of children about their recovery from the tragic loss of a parent (Christ, G., 2006).

This psychological focus may limit the originality of my study, for example not approaching grief processes from a principally sociological viewpoint as Ribbens McCarthy (2005) suggests, I may miss some of the cultural mediators and moderators. This will remain a limitation of my study, compensated for by the strength of a psychotherapeutic approach.

The study will provide a framework for therapeutic support across modalities, based on work previously carried out for adults. Hopefully, the research will enhance clinical decision-making when making a clinical diagnosis.

### **3.7 Conclusion**

To date, little research on the psychological and emotional experiences of the premature death of a parent appears to have been carried out in the UK. Rolls (2010) observed that those working with bereaved young people have principally relied on adult theories and have adapted them to working with young people. This could reflect either a lack of interest in the subject or perhaps the lack of acknowledgement that bereavement may have any negative

impact on their psychological well-being. Much of the literature did not illuminate the nature of the problems bereaved young people faced, such as their struggles to return to normal life, the emotional and psychological difficulties and the risk to mental disorders. This led to a lack of acknowledgement of the vulnerability they experienced and a lack of understanding of the issues they faced, particularly in the longer term. In addition, bereavement is particularly complex and multi-layered.

This study is an attempt to fill some of the literature gap and to build on current research. The study only involves bereaved early adolescents and is a small-scale study without a control group. However, by using grounded theory and a robust qualitative research approach, it should reveal deeper insights into the lived experiences of those bereaved young therefore informing those in the position to support bereaved young people. Despite attempts to include other disciplines, my disciplinary base and worldview will necessarily limit the research. In Chapter 4, I will outline my epistemological stance and my chosen methodology based on my paradigms and knowledge. In Chapter 5, I outline the findings from the research. In Chapter 6, I analyse and discuss the findings, drawing some overall conclusions. The final Chapter 7 contains my personal reflections on the process of conducting the research.

## **Chapter Four: Methodology and Design**

### **4.1 Research aim**

My aim in this study was to examine the personal meanings that guided the thoughts, feelings and behaviours of parentally bereaved young people and discover the underlying core processes. By critically and robustly analysing their experiences, coping strategies and support systems, new understandings may be discovered. In order to do this, I needed to find an established research methodology suited to explore these experiences.

### **4.2 Introduction**

In this chapter, I will discuss why qualitative research was particularly suited to the research I intended to undertake. I will then explore why constructivist grounded theory was my chosen methodology, including a discussion of my personal position and epistemological underpinnings. I will subsequently outline the key aspects of the study describing how the participants were recruited, the sample of participants, the use of a standardised test, semi-structured interviews and a creative tool. Finally, I will discuss how the data was analysed in accordance with grounded theory, based on the transcriptions of these in-depth interviews.

I used ethical standards throughout; the ethical standards were based on the work I conduct with young people at my place of work (Grief Encounter) and the ethical guidelines from the professional body of which I am a Senior Accredited member (BACP) (see Appendix 3 Ethical Statement).

In subsequent chapters, I discuss the outcomes of the data analysis and the themes that emerged, reflecting on the impact of the death on the young person and the subsequent disruptions to their lives. This is with reference to the existing literature as discussed in Chapter 3 and my personal and professional experiences.

## 4.3 Research Design

### 4.3.1 Overall approach and rationale

I used Portwood's (2010) model of: Pre-Understanding, Reflection, Social Interaction, Demonstration and Post Understanding to reflect on my own position regarding my personal knowledge. I was at the point of social interaction ready to demonstrate what has been working well with bereaved young people, what could be improved and develop new products to share, store and re-contextualise for the future. I chose a research method within "a recognisable research tradition" Barber (2006: 89) as I wanted to discover new understandings about the lived experiences of those bereaved young, in order to provide appropriate support. Therefore, the chosen method and methodology was one that reflected a deep, real and accurate picture of their psychological processes. I asked myself, what was the best way to do that within my capabilities?

### 4.3.2 Qualitative research v a quantitative approach

For this study, I employed a qualitative research approach, rather than a quantitative approach in order to gain "a complex, detailed understanding of the issue" (Cresswell, 2007: 40). Evans (2013) argues that we have become a mathematical society where numbers have power but only have meaning if they are embedded into something. He argues that we add value if we put in a network of words and ideas. Neimeyer and Hogan (2001) argue for "methodological pluralism in order to reflect the complex picture of bereavement" (2001: 90) and that qualitative approaches using grounded theory for example will offer more in depth, novel and wider results. This can *later* be tested and refined using more precise quantitative methods (Neimeyer and Hogan, 2001).

Furthermore, my skill base and ontological beliefs were based on the efficacy of counselling and psychotherapy. Qualitative research, reflecting the philosophical phenomenological approach of Husserl, has "an easy affinity with counselling and

psychotherapy”(McLeod,1997:40). My intention was to use my psychotherapeutic knowledge and skills in order to provide participants with an opportunity to “reflect on their experiences of early parental death in a safe situation, in order to elicit complete, honest, rich or authentic responses” (McLeod (2001:197). As an integrative psychotherapist, my way of being with clients would be based on client-centred therapist Carl Rogers and his core conditions of empathy, congruence and unconditional positive regard (Rogers, 1961). My way of analysing and interpreting the material the client brings would reflect a psychotherapeutic stance, which would explore deeper meanings. For example in a therapeutic situation, I would be constantly searching for clues as to where the pain is emanating from, looking beyond the presenting problem, wondering about the unconscious processes through the transference and countertransference and searching for what is missing. However, I acknowledged that the interviews were not therapy sessions, for instance I would not be interpreting the transference, and I would at all times maintain my position as researcher.

I used what Rustin (2004) terms “close and detailed observation and the techniques of active listening skills, all within the safe situation”<sup>26</sup> (Rustin, 2004: 3). McLeod (1997) acknowledges that these techniques can be used in qualitative inquiry; the use of the semi-structured interview in this way could “capture lived experiences and provide a knowledge of the other” (McLeod, 2001: 3). In addition, as a “wounded healer” (Jung, 1959: 254), I would use my own bereavement experience listening with a different quality of compassion (May, 2010, Professional Knowledge Seminar).

Given my time, skill base and financial constraints, I realised that I would have to limit myself to a small sample rather than the large sample an in-depth statistical analysis would require. Research challenge modules at Metanoia helped me realise that a smaller, more focused project can be as equally valuable as one that analyses large-scale quantitative statistics; a small robust study would allow a more detailed analysis. Also, qualitative methods are especially appropriate to

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<sup>26</sup> The ‘safe situation’ can be defined as one which is time bound, uninterrupted, boundaried and confidential.

the study of vulnerable people capturing relationships, opening windows and giving depth (Daly, 1992). Furthermore, as Moore suggested in Professional Knowledge Seminars at Metanoia, if the anxiety of experiential knowledge is too disturbing, we usually want to move to propositional firmer ground (Moore, 2009). I felt able to stay with this anxiety, especially witnessing the achievements of other academics in the Metanoia Professional Knowledge Seminars who had used qualitative methodologies. For instance, I was to base much of my research journey on the work by Michael Carroll (2013) and the doctoral theses of Marie Adams (2012), Stephen Adams-Langley (2012) and Aisling McMahon (2012). Learning and listening to the guidance from Professor Simon Du Plock in Research Modules at Metanoia, particularly regarding the suitability of a phenomenological approach to research, began the journey towards my final choice of inquiry.

#### **4.3.3 Epistemological underpinnings**

My research aimed to represent the voices of bereaved young people in order to understand their personal constructs. Therefore, my methodological approach should be derived from an epistemology grounded in the social language of human beings.<sup>27</sup> Husserl's concept of phenomenology posited that experience was the source of all knowledge, and that focusing on how individuals experienced objects, events and people would provide answers about the world. This entails, for example, that an object ceases to be something 'external', but instead is defined as how a person constitutes this object (Husserl, 1931). Husserl's phenomenology strives to describe the "*essence* of everyday experience" (McLeod, 2001: 37), which is essentially a descriptive enterprise.

Hermeneutics<sup>28</sup> recognises the role of 'the other' within the process of interpretation and accounts for historical, cultural and social influences. Husserlian phenomenology focuses on an individual's conscious experience and

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<sup>27</sup> A qualitative researcher should explore the epistemological underpinnings of the methodologies before choosing their method. (E.g., Willig, 2001; McLeod, 2001; Cresswell, 2007).

<sup>28</sup> A hermeneutic approach (The study of the interpretation of written texts). to knowing is defined by McLeod (2001:22) as an act of interpretation which brings to light an underlying coherence or sense within the actions, behaviours or utterances of a group. The aim of interpretation would not be to claim ultimate knowledge but to inspire discussion amongst scholars.



constructing a description of that experience. (Spivack, 2011). However, Heidegger, Husserl's non-conformist disciple, argued that phenomenology was basically interpretative, focusing on the underlying meanings of a person's narrative. Philosophically, Heidegger (1962; original 1927 in McLeod, 2001: 59-63) thought "phenomenology and hermeneutics should be integrated in order to be able to better understand our existence, searching for the hidden and implicit meanings in our everyday world".

McLeod (2001) suggests that when developing Grounded Theory, Glaser and Strauss (1967, 1968) took the best of these phenomenological and hermeneutic approaches to underlie their research. Both unhappy with the climate of the supremacy of quantitative based research, they devised their Grounded Theory based on their work with those dying in hospitals. Given the nature of the subject, I was attracted to a methodology that could address these painful experiences with depth and respect. Glaser's background was grounded in quantitative methods and positivism whilst Strauss came from the Chicago school labelled as pragmatist and philosophical. This was based on the traditions of openness and curiosity about the world, with empathic understandings of the research participants' meanings, action and worlds. They set the paths for researchers to systematically collect and analyse data and develop theories grounded in the data rather than using the 'scientific' methods associated with quantitative research (a positivism approach). Thus, together, Glaser and Strauss offered "a method that could claim equivalent status to the quantitative work of the time...and... data that could generate more than numerical data" (Bryant and Charmaz, 2007: 33). It "rapidly became the most widely used and popular qualitative method across a wide range of disciplines" (Bryant and Charmaz, 2007: 1).

Despite what seems to me a natural affinity with these older epistemologies, Grounded Theory has been criticized for its epistemological naïveté (Emerson, 1983; Katz, 1983 in Bryant and Charmaz, 2007). However, Bryant (2007) argues that these criticisms are based on an outdated epistemological stance, especially as there have been many refinements and developments from their original theories. Glaser and Strauss's own separation especially evidence this. It seemed

to me that the main criticism was the lack of acknowledgement of the researcher's role, which was addressed by Charmaz's version of Grounded Theory (2006). Charmaz's (2006) constructivist version of Grounded Theory allows for the researcher's interaction with the data whilst retaining objectivity but recognizing that the researcher can never be totally objective: "We are not passive receptacles into which data are poured" (Charmaz, 2006: 15).

Her guidance also allows for the pursuit of emergent analytic goals rather than a priori goals. Although Charmaz (2006) argues that due to the flexibility of grounded theory, "it is not tied to one epistemological position as researchers construct their respective products from the fabric of the interactions, both witnessed and lived" (Charmaz, 2006: 179), it appears that the very foundations of her grounded theory approach are very much based on the ideas from Husserl's original ideas around capturing 'the essence' and Heidegger's phenomenological and hermeneutic approach to research. Charmaz's constructivist grounded theory approach therefore offers a reconciliation of the Husserlian and hermeneutic phenomenology, especially with the acknowledgement of the analyst's participatory role.

#### **4.3.4 Personal reflexivity**

Creswell (2007) advises that qualitative researchers should be aware of and attempt to make explicit their philosophical assumptions<sup>29</sup>, paradigms and interpretative frameworks. This reflexivity 'positions' researchers within the framework of their study. It seemed to me that as an insider researcher, together with my own lived experience, to be constantly reflexive in these areas was fundamental.

Challenged on the topic of "What is knowledge?" in Research Seminars at Metanoia, led by Derek Portwood, I reflected on what I 'knew' about a bereaved child's journey, having been orphaned at 9 years old, which opened areas of concern as I outline below.

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<sup>29</sup> He defines these as: ontology, (the nature of reality) epistemology, (what is knowledge) axiology, (role of values) rhetoric (the language of the research) and methodology (methods used in the research) Creswell, (2007:16-19).

The first area was around the personal emotional impact of immersing myself in the stories of grief, not only in the interviews but also from the depth of analysis through the transcripts. I knew there would be times when I would follow my pattern of distancing myself or escape from the dark places. Having kept my own personal story silent for some thirty years, would the participants also be engaged in dissociation, denial, distancing or perhaps their thoughts and feelings too deeply hidden in the unconscious to reveal? My belief system was now one of sharing and making sense of dark experiences and a belief in therapeutic processes, which may not be shared by the participants.

Give sorrow words. The grief that does not speak whispers the o'er  
fraught heart and bids it . . . break (Macbeth, Act IV, Scene 1).

With regard to the research, paradoxically I was more concerned with *not* hearing painful accounts of experiences, as it may mean I had not created a safe enough situation.

My second area for concern was that I had learnt that death was a very real part of life, unable to engage in "... devising ways to deny or escape it... as most young people are able to do" (Yalom, 1989: 5). I had grown up in Western society, a death-denial society, which resulted in a very isolated grieving process. Despite their personal experience of death, would the participants be involved in this kind of death denial or would they support my knowledge that death was part of life?

Another area for concern was that my story was generally a positive one of survival and coping; how was I to feel if I witnessed stories laced with negativity? Knowing that death was the one certainty of life had allowed me to value the day and make the most of opportunities. I had to be aware not to impose these views on the data. Furthermore, having lost a family, I was acutely aware of the value and importance of family in my worldview. My beliefs were that human beings are basically social beings and that attachments belong to one of man's basic needs (informed by the work of Bowlby, 1969-1980; Erickson, 1950; Frankl 1959; Yalom, 1980, 1989). I was aware that I had to be mindful not influence the participants whose paradigms differed.

I was also concerned whether I would be able to maintain a professional distance and objectivity. My language was grounded in the psychotherapeutic therapeutic world and my way of being was to listen, be empathic and to attempt to help the client make sense of their experience (often by interpreting the conscious and unconscious processes). I would have to be very aware that I would not be in quite the same position to do so within the research interview nor when analysing the data. I addressed this by finding a phenomenological research approach that allowed the researcher's participation insofar as my role was transparent and reflexive. Furthermore, when visiting the school to interview pupils I needed to somehow position myself as trustworthy with the community I hoped to interview, yet maintain a researcher's stance. I was aware of how professionally qualified I was, but my concerns lay around conveying this in an appropriate way. To enhance my reflexivity, I established academic supervision and a consultant group (see 4.4 Validity and transparency strategies and Appendix 4 Consultant Group).

Having experienced the deep loneliness and fear of abandonment as a bereaved child, I was very mindful of relationships. I planned times when I would leave the solitary world of research with the books, notes, paper, reflections and computer work in order to enjoy time with my family and friends. The cognitive processing, the writing itself and reflexivity with supervised practice would ultimately be therapeutic to further validate some of my own experiences and enhance my own understanding.

A concern emerged from this; that of the well-being of my consultant group (see Appendix 4) who would also be immersed in the stories of grief at times. I had to bear this in mind when setting the structure of the meetings i.e. to ensure these meetings were also a 'safe' space.

My final area of concern was the risk involved in what would emerge from the overall findings. This concern followed the question from one of my supervisors: "What if the findings do not support some of your personal convictions, especially having such a personal investment into the subject over so many years?" I needed to balance and be aware of the resultant splits from my deep

narcissist hurts, such as the omnipotent feeling of creating a theory of certainty and my feeling unable to give myself a voice or trust my lived experience.

Having reflected upon what I wanted to achieve and why, the best approach was a social constructivist grounded theory approach, based on the epistemological stance that would capture the essence of being. Reflecting on my own personal values and beliefs as above, I could adopt a constructivist position, which does not aim for claims of universal reality i.e. that the findings being reported are reflexively contextualised and compromise *a* truth rather than *the* truth (McLeod, 2001: 38). This helped to allay my omnipotent fear that I would have to create a universal theory.

#### **4.3.5 Methodology: Choosing Grounded Theory**

To test the appropriateness of a constructivist grounded theory approach, involved exploring why I did not choose another.

NICE guidelines (2005) consider Randomised Control Trials (RCTs) as the most valid approach, however I was concerned that using RCTs may overlook the *subtler indicators* of experiences and change.

Such statistical analyses may hide some of the complexities in the data and obscure the extent to which individual children's responses to death may be quite polarised (Ribbens McCarthy, 2006: 24).

However, I do recognise the value, significance, validity and importance of RCTs, yet decided to leave this for future research due to scale, cost and the reasons outlined above.

Ethnographic research by observing, participating and recording the life of a particular group, using the method of field work working from the ground upwards in order to gain the participants' worldview, may have been an appropriate approach if I were researching group work. It certainly would have been an appropriate approach given my personal aims and would have offered a wider worldview than individual alone. Brewer and Sparks (2011) successfully used this approach with groups of bereaved young people. However, even using

grounded methods, I felt I might “see data everywhere and nowhere and gather mountains of unrelated data” (Charmaz, 2006: 23). In addition, constructivist grounded theory would offer more of an opportunity to actually speak, listen and hear individual participants in a more focused way. The strengths of ‘discursive’ approaches seemed very similar to the grounded theory approach interviews I was intending to carry out, with similar limitations (i.e. their emphasis on the use of language). However, I once again felt I might have lost something in the area of rapport.

Interpretative Phenomenological Analysis (IPA) allows “researchers to explore the different meanings behind a person’s experiences and place the meanings of these experiences within their personal, social and cultural context” (Dean, et al., 2005: 626). IPA adopts a non-positivist, relativist ontology<sup>30</sup>, which “emphasises the diversity of interpretations that can be applied to [the world]” (Willig, 2001:13). IPA is also firmly grounded in the philosophical and epistemological ideas, but Constructivist Grounded Theory also offered this approach. The roots of Grounded Theory were in Glaser and Strauss’s (1967,1968) studies of those dying in hospitals and their own deeply held motivation to find a better way to research death and dying growing from their own personal parental bereavements. Charmaz’s persuasive arguments about constructivism finally drew me to choose Grounded Theory over IPA:

A constructivist approach means more than looking at how individuals view their situations. It not only theorizes the interpretative work that research participants do, but also acknowledges that the resulting theory is an interpretation (Charmaz, 2006: 130).

The final approach I considered was that of Collaborative Inquiry or Action Research, as defined by Reason and Bradbury (2008). Chowns (2013) had very successfully used this kind of research with a similar project with young people facing the death of a parent. However, once I embarked on the initial enquiry, I realised I would be generating more than enough data. My regret was that an Action Research style gathering of data created in the consultant group would

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<sup>30</sup> i.e. what is there to know. A relativist ontologist maintains the view that “the world is not the orderly, law bound world as the realist believes it to be” (Willig, 2001: 13)

have enhanced this grounded theory study, by adding a further and wider contextual perspective to this study.

#### **4.4 Data collection procedures**

My aim was to gather rich, substantial and relevant quality data; according to Charmaz (2006) data had to be useful for developing core categories, suitable and sufficient. A small sample would be suitable for grounded theory analysis as the data illuminates the properties of categories and the relation between the categories (see Time Plan: Table 3).

##### **4.4.1 Sampling**

Wishing to explore and understand the experiences of a specific group of people, my intent was to use purposeful sampling (Morse, 2007), which can be accused of being inherently biased and hence the greatest weakness of qualitative inquiry. Morse (2007) suggests that the key to developing any comprehensive and dynamic theory is the use of astute and efficient methods of sampling. This is dependent on excellent research skills, targeted and efficient sampling techniques and locating excellent participants to obtain excellent data. An excellent participant according to Morse is one who has been through or observed the experience under observation. One aim would be a fairly homogenous sample if possible.

Collecting too much (substandard) data results in a state of conceptual blindness on the part of the investigator, even with the use of computer programmes that sift and sort but cannot do the analysis. According to Morse (2007:234) “deliberately sought and selected data is essential for good work; collection can still be rigorous”, as modelled below.

##### **4.4.2 Information on the school setting**

In the interests of finding “excellent participants” (Morse, 2007:234), it was important that the participants were invited not coerced, attending by choice not to please their parent, the school staff or me. Ethically, for this study, a school setting was preferable, where there would be staff who knew the participants

and could provide a safe space. Whilst I was studying research approaches at Metanoia, an Assistant Head approached me by telephone at Grief Encounter (my place of work). She felt that the area of bereavement in her school needed some attention, concerned with some of the statistics regarding negative outcomes following the death of someone close. She had heard about Grief Encounter through another local organisation; we had not had previous contact. The school was a comprehensive North London Catholic school, with pupils 11 to 19 years old, of mixed gender. Approximately 130 students were in each year group, with an ethnically diverse population (principally white and African backgrounds). This seemed an ideal opportunity to source young people to interview that had not had bereavement support, yet would have a safe support mechanism around them following the interviews. I would also be able to revisit them for feedback on the findings. Permission for the research was sought and given by the Headmistress (see Appendix 5: Sample correspondence to Head of School and consent) and a school contact appointed to facilitate the research: The Head of Behavioural Support Team (HBS).

This study focused on years 8 to 11 (Key Stage 4), as these students were the main responsibility of the Head of Behavioural Support Team. School staff were also available for student support, any child protection issues that may have arisen, liaisons and setting up subsequent student support from Grief Encounter. By focusing on a school community, I covered a range of cultures, ethnicity, socio-economic class and gender. My experience is that bereavement is a great leveller and I therefore did not want to focus on a particular group at this point although I was aware that differences might have emerged which would be discussed in the findings and discussion chapters.

The HBS invited parentally bereaved students to attend an introductory meeting, which I facilitated. In order to add another layer to informed consent, I introduced my research and shared my experience to help gain their trust. I explained that I had been bereaved as a child and wanted to make things different for today's bereaved children, as I had kept my story silent for many years, which had resulted in much inside pain. I added that I was conducting the research to gather views of bereaved young people about their bereavement



experiences, and to explore how best to support bereaved young people. I explained that their names would be used to protect their identity, their interviews destroyed after analysis, they would be offered support independent of the interview and a £30 voucher for participation. They all signed up; only 2 boys who attended the meeting chose to disqualify themselves; they were brothers whose father had died, but their mother was also dying of cancer at the time (although they were still offered support). The HBS subsequently arranged the interview schedules, distributed the parental information sheets (Appendix 6) and parental consent forms (Appendix 7) and collected the parental consent forms on my behalf. The Head of Behavioural Support Team also participated in the review meeting when the results were presented to the participants, encouraging and supporting the students if necessary.

#### **4.4.3 The Participants**

Although the participants were invited to participate and not 'selected' (see Appendix 8 for the invitation letter to the interviewees) following the death of a parent, from one school in an urban area of London, the participants were a fairly homogenous group. The majority of participants had not had bereavement counselling or professional support before the interviews took place; this provided a clearer picture of what, if any, support services may be needed. Table 4.1 highlights the demographics of the participants used in the study.

**Table 4.1: Details of participants**

<b>Name*</b>	<b>Gender</b>	<b>Age now</b>	<b>Age at time of death</b>	<b>Time since death</b>	<b>Ethnicity**</b>	<b>Parent who died</b>	<b>Type of death**</b>	<b>Religion</b>
<b>Andrew</b>	M	15	11	4 years	Black African	Dad	Stroke	Christian
<b>Colin</b>	M	13	1	12 years	Black African	Dad	Unknown	Christian
<b>Penny</b>	F	13	12	1 year	Black British	Dad	Murdered	Catholic
<b>Belle</b>	F	16	15	1 year	White British	Dad	Cancer	Jewish
<b>Jimmy</b>	M	15	14	2 years	Irish	Mum	Cancer	No religion
<b>Pippa</b>	F	15	11	4 years	Asian	Dad	Heart attack	Catholic
<b>Melinda</b>	F	15	11	4 years	White British	Dad	Alcohol abuse	Catholic
<b>Vicky</b>	F	12	10	2 years	Black British	Dad	Cancer (sickle cell)	Catholic
<b>Jennifer</b>	F	15	14	1 year	White British	Dad	Heart attack	Catholic
<b>Matt</b>	M	13	13	6 months	Asian	Mum	Cancer	Muslim
<b>Belinda</b>	F	15	2 and 7(dad)	8 years ago	White British	Mum and dad	Cancer	Jewish

\*All participants' names have been changed

\*\* As told by the participant

Within this sample, there were 7 female and 4 male participants. Ages at the time of interview transpired to be 12 and 16 years of age, which was a good representation of early to mid-adolescence. The interval between the participants' bereavement and the time of the interview varied quite widely between 6 months to 12 years with a median age of 1.5 years and just under 50 per cent of them interviewed between 1 and 2 years following the loss. (see

Appendix 9: Timeline). There was an even spread of ethnicity with 4 White British participants, 2 Black African, 2 Black British, 2 Asian and 1 of Irish descent. Religious affiliations were evenly spread, predominantly Catholics (5), Muslim (1) Christians (2), No religion (1) and Jewish (2). The only imbalance was regarding which parent had died as the final analysis revealed that most deaths were paternal; in order to maintain the homogenous nature of the sample to facilitate the elicitation of the themes, I interviewed another participant, a work experience volunteer from my bereavement organisation who had experienced maternal death (all permissions sought and granted in the same fashion). One participant interviewed was not used for the analysis, as it transpired that it was not her birth mother. The reasons they gave for the type of death included a range of illnesses, predominantly cancer and heart disease. The total number of participants in the final analysis was 11, by which time saturation was reached (i.e. new interviews no longer elicited new themes in accordance with the principles of grounded theory).

#### **4.4.4 Questionnaire design**

With a view towards supplementing the semi-structured interview I examined some diagnostic tests currently in use, using reviews of structured diagnostic interviews through journals, articles, books and peer consultations.<sup>31</sup> None emerged as appropriate for this study either due to complexity of use for the young people, they were time consuming given participants' availability, concentration levels or the emotional aspects were omitted. Further, given this was not principally outcomes research, but an exploration of experiences a narrative tool, for example using Story Stems Assessment Battery (Hodges et al.) as used by the Anna Freud Centre may have provided aspects of reality hidden from conscious awareness. However, I felt this could be better achieved by using the 'feelings figure' from GE workbook (see Appendix 10: Figure 4. Feelings drawings) whereby the participant could access emotions without words. For a

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<sup>31</sup> Rezulska (2011) reviewed some 30 currently available psychological and emotional diagnostic tests for children and young people citing K-SADS, DISC1V, ISCA, YPQ, SCL 90, DES1V and MFQs DES. I reviewed the DSM-IV diagnostic tests for depression and PTSD, Prigerson's (2001) PCG the CPTCI (Nixon, 2009) and the IPG-C (Spuji, 2013).

test that could be nationally validated, free, addressed feelings and was a realistic length, I also chose to use YP-CORE (see Appendix 11).

I devised the interview questions (see Appendix 12) and discussed with the consultant group. I designed open-ended questions, with the intention of allowing the interviewee space yet keeping a focus on the topic and mindful of questions to avoid bias in line with Grounded Theory principles.

At all times, I aimed to be empathic and respectful, for example the right to stop or not to answer; to see the world as they did, to focus on the psychological and emotional aspects of young people's experiences and search for patterns. The principal remit was to gain the trust of the participant, especially with the foreknowledge that trust was likely to be a major issue for participants. Given the school setting (i.e. the school timetable) and young people's concentration levels the interview was 45 minutes to an hour long in duration. At each interview, participants were provided with a verbal explanation of the aim of the study, how their interviews would be used, and the expected time of their participation. Participants were informed that they could terminate the interview at any time and every participant signed a consent form (See Appendix 13).

The initial questions sought basic information about the death itself, for example where, when and how their parent had died. Sensitivity to the needs and lives of interviewees was shown as appropriate e.g. family situations, religious perspectives.

The CORE-YP (see Appendix 11) set the platform to direct the conversation in order to elicit participants' psychological and emotional experiences. It was also used as CORE-YP included a question regarding self-harm (q4); this was a final safeguard in case participants were at risk of harm. At a later point in the interview, in order to facilitate participants' access to feelings that were perhaps more unconscious or pre-verbal I used a tool I had devised in my work/workbook at Grief Encounter; a feelings figure to colour rather than verbalise (see Appendix 10). The feelings figure is based on the notions from Klein (1932) that the internal world is built up by the phantasy of concrete

objects located in the body (giving a sense of identity) and also one of Freud's notions (1923) that the ego is first and foremost a bodily ego. The physical act of colouring feelings is an attempt to facilitate the linking of the body and mind, in order to encourage the neural pathways that link these mental processes. i.e. thoughts, feelings and behaviours. This proved to be most valuable in allowing the verbalisation of some of their emotions, both after the death and at the present time. The actual process and the completed visual picture seemed therapeutic for some, as evidenced in the transcripts.

In order to hold the ending and ensure the participants were not left with difficult feelings, I used a pictorial representation of the upward spiral of grief from my workbook (Gilbert, 2014) in order to discuss their views on their grieving process and encourage any final comments. I asked participants whether they felt able to end at that point, gave them a debriefing form and reiterated the sources of further before closing the interview. Participants were presented with a £30 gift voucher and all signed a receipt once the interview was completed.<sup>32</sup>

#### **4.4.5 Semi-structured interviews**

I chose to use semi-structured interviews in this study due to the valuable insights into the worlds of participants they allow and as they were a regular tool when utilising grounded theory. Other methods were considered and are discussed below.

Smith, Flowers and Larkin (2009: 56) suggest that “because of wide exposure to market research and popular questionnaires in magazines, most people have learned to give information in bite-sized, box-ticking packages and may need encouragement and guidance in engaging in fuller, deeper disclosure”. They explain that a semi-structured interview allows “a rapport to be developed and gives participants the space to think, speak and be heard” (Smith, Flowers and Larkin, 2009: 57). This tends to produce richer data. Moreover, Charmaz (2006:

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<sup>32</sup> Had any participant terminated or withdrawn from the study they would still have received this voucher as a token of gratitude.

28) suggests that semi-structured interviewing fits grounded theory methods particularly well, to gather rich data by what she termed “intense interviewing” (Charmaz, 2006: 27). Unlike structured interviews, questions are open-ended, yet directed, shaped yet emergent and paced, unrestricted, and flexible. Given my active listening skills, interviewing was an appropriate choice to illicit rich data.

The pre-composed questions I devised for the interviews would act as a guide, allowing flexibility and depth yet still allow the data to be compared and contrasted in the analysis. Grounded theory style interviewing would also narrow the range of interview topics. As this study was to focus on the psychological and emotional processes of bereavement, interviewing seemed suitable:

A constructivist would emphasize eliciting the participant’s definitions of terms, situations and events and try to tap his or her assumptions, implicit meanings and tacit rules. An objectivist would be concerned with obtaining information about chronology, events, settings and behaviours (Charmaz, 2006: 32).

Recording and transcribing the interviews would also make them easily accessible for coding, scrutiny and available for validity checks. I would be accountable and transparent. However, this process may have limited the openness of the participant, despite the safeguarding procedures of anonymity and destroying the data when the analysis was completed. I attempted to counter this by reiterating that the recordings would not be kept, once the thesis was written.

The research student on the consultant group, with a view to determine whether any major changes to the interview or interviewing technique needed to be made, conducted the initial pilot interview (following guidelines as laid out by the BACP by Spong, 2011). The consultant group felt that more emphasis needed to be made on the middle section of questions, as these would elicit the most relevant data; data that also had to be managed (See 4.4.1 Sampling). The CORE-YP would only be used to introduce the participant to the interview but not analysed, especially as it was more useful as a measure of change over time and

limited by the in the last week question which was found not to be relevant to this cohort due to the passage of time. The group also agreed that it was critical to use the techniques a therapist would use, as outlined in 4.3.2, in order to elicit deeper understandings, whilst maintaining the position of researcher. Hence, the structure of the interview remained the same but the emphasis and the style of interviewing were changed to ensure questions were used to “explore, not to interrogate” (Charmaz, 2006: 29).

#### **4.5 Reviewing other data collection methods**

Other potential methods I considered were the use of observational methods, but on reflection I felt this more suited to an ethnographical approach (see 4.1.4). My intention had been to gain further perspectives on the findings through using focus groups, for example as used by Morrow and Smith (1995) in their grounded theory study of abuse. However, given the time and cost limitation that evolved during the data collection and the rich data collected from the interviews, I conducted a validity check with the participants rather than collecting new data.

Another interesting method I considered was the use of personal diaries (written or video) or blogs kept by the participants. This may have provided access to otherwise hard to obtain information, in real time. However, they require the participant to make a long commitment to maintaining a record of events, feelings, experiences and activities (Willig, 2008). Intonations, poignant pauses and facial expressions perceptible in the interview dialogue may be lost in observatory methods or written documents, which may result in some degree of misinterpretation by the researcher (Robson, 1993). Furthermore, realistically this extra element of ‘work’ may have also deterred participants from volunteering in the first place. I felt that to ensure engagement I would have to build trust and rapport with the participant before they undertook this task; this process may have compromised my aim of sampling participants with whom I had little previous contact.

## 4.6 Validity and transparency strategies

Mindful of the “potential multiple meanings of data” (McLeod, 1997: 71) I set up a consultant group; 3 fellow researchers who would help me from the beginning with my epistemological position, the analysis of the data, a greater depth of analysis, ensure ethical good practice and highlight bias issues as I was a worker in the field (see Appendix 4). These meetings over three years offered opportunities for critical reflexivity, closing down some areas, opening others and consolidating others. For example, I often used my extensive experience of death and bereavement to compare with the participants’ experience, reflecting with the consultant group if this was useful and relevant to the data or not. By researching in a school community where I had not had previous connections, nor had my organisation Grief Encounter, I reduced institutional biases.

I also undertook a position of reflexivity by using supervision with my Academic Adviser at Metanoia and an Academic Consultant and in the writing of this study. Etherington (2004) suggests that reflexivity is one of the essential skills of counselling and research, which she defines as an ability to notice our responses to the people, events and world around us. This knowledge is then used to inform our actions, communications and understandings. I used supervision for this process, aiming to be open and honest with my weaknesses, for example in meetings with my academic adviser (AA) she would often alert me to separate my organisation Grief Encounter and to own the “I as a researcher” words. Furthermore, the way of approaching the analysis would be one of a “research cycle” as defined by Barber (2006: 181).

Research challenges, professional knowledge seminars, discussions at Metanoia and personal reading guided me through the methodology whilst both supervisors guided me with the analysis of the research. Transparency was encouraged with the use of a reflexive journal; I kept an A4 notebook which turned into four large notebooks, copious loose papers, post it notes on my computer and in the books and a memo book for my middle of the night scrawling and reflections. They included reflections about my progress, in order to write a critical commentary at the end of my work. This journal would



highlight my observations including the unconscious, themes, what went well, pitfalls, improvements and ideas about future research.

## 4.7 Ethics

Ethical approval was granted before interviewing took place from Middlesex University and Metanoia Institute. The UCL Ethical Committee also considered and approved the MA student's<sup>33</sup> project (see Appendix 14). School permissions were sought and gained from the Head of School (see Appendix 5) and parental consent forms (Appendix 7). I worked within the framework of BACP Code of Ethics (although adult focused) Metanoia Ethical guidelines and the Childhood Bereavement Network Guidelines for Good Practice. Advice was taken from NSPCC guidelines, CCYP researchers and NCB guidelines. Research Issues (Machin, 2000) had useful protocol guidelines. Working in clinical practice with young children, my own work practice had sound, updated Safeguarding Children Procedures<sup>34</sup> and practice policies regarding issues such as confidentiality, informed consent and touch policies, based on the legal framework and psychoanalytic traditions currently operating in the UK (Daniels and Jenkins, 2000; Bond, 2004; Hamilton, 2013 Children's Legal Centre). I have a current Enhanced DBS, as did the consultant group. I also had both Professional Liability Insurance, as did the consultant group and Public Liability Cover through Grief Encounter. I undertook a Risk Assessment of the school setting.

As Cook (2001) outlines with regard to ethical issues in bereavement research when recruiting participants, I gave great consideration to the recruitment of participants (see 4.2.2), choosing not to advertise for participants as I would not necessarily have had access to their psychological histories. Cook (ibid) also suggests that the timing in relation to loss must be considered; none of the interviewees had experienced the loss less than six months previously, which also ensured they could make a rational, informed consent decision not being

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<sup>33</sup> Jessica Blum, who was conducting the pilot interview as part of her M.A. research.

<sup>34</sup> I had been involved with the writing and updating of the Child Protection procedures for Grief Encounter, in conjunction with my clinical staff team London Borough of Barnet's Child Safeguarding Adviser, the Children's Legal Centre, the NSPCC.

caught in the initial maelstrom of grief. Cook (2001:124) purports that “the bereavement researcher must have more information than would typically be the case in other types of studies”. I addressed this with a reliance on the HBS to filter any unsuitable applicants; one severely disturbed young man in the early months of grief was not invited to participate, with all parties discussing with him the reasons why (Those whose mother was also dying chose not to participate).

Although parental consent was not essential, (see ‘Gillick principle’, Hamilton, 2013. Children’s Legal Centre), I obtained consent from all the parents through the school, in case the interviewee was troubled on their return home. I also hoped it would encourage conversations about the loss with the parent. This also ensured a safety net, with respect for their culture; there was a possibility that the lens of my research would differ, but this did not arise.

The well being of the young person was primary, aiming to do no harm. Possible risks were considered in depth, as identified by Cook (ibid). Threats to confidentiality, unethical use of findings and research-induced stress were highlighted. For this reason, GEP and school support was offered at various points. For instance, the school safeguarding children policy would be activated if the participant had disclosed issues that put them at serious risk of harm; again this was not found necessary. Ethics as a process approach was adopted as modelled by Cutcliffe and Ramcharan (2002): by offers of contact after the research interview itself, his team dealt with potentially emotive matters with sensitivity. I believed that this offer of continued support following the research offered a unique quality (within the ethical framework as outlined below).

Not only was avoiding harm considered but also offering a situation, which may be *beneficial* was considered. Although interviews with young people about death experiences may cause concern about emotional distress (Sin, 2005; Sque, 2000), providing *extra* attempts to protect interviewees were made and safety nets were provided. In this research, they consisted of: informed consent, withdrawal options, a safe environment, school staff knowing participants, child protection procedures in place at school and for the interviewer, confidentiality, post interview support offered, school staff support, respectful, empathic and

qualified interviewers, insurance, risk assessments by the school link officer, follow-up interviews offered and links to other viable and available organisations such as the Samaritans and Childline given in writing at the start of the interview and at the end.

Previous studies have found bereaved participants benefited from the research (Melrose, 2002; Dyregov, 2004). Dyregov (2004) reported that 100% of participants experienced participation as positive, principally by being allowed to tell their story. Finding sensitive ways to capture the voice of the vulnerable and exploring the needs of the vulnerable should result in opportunities to enhance their lives and well-being. This study aimed for a good experience where participants had input and control, modelled on Chown's (2013) approach.

Interviews were arranged principally at the school<sup>35</sup> to create a 'safe' situation, having a beginning, middle and end. For example, the contract included uninterrupted times, no mobile phones, clear time boundaries, respectful confidentiality revisited, no harm to self or others and a box of tissues on table. It was requested that the school provide an uninterrupted room, possibly with a small window, do not disturb sign and equal chairs. There was a further option to withdraw at the beginning of the interview (no participants withdrew, although one asked for the interview to be paused) and a signed information/consent form discussed and presented (Appendix 13).

Thirty pounds was offered in shopping vouchers, as in "reciprocity" (Liamputtong, 2007: 63). The researcher was aware that payment for participation is a controversial issue, potentially being considered as inducement, undermining free choice, coercion and hence being unethical. However, from the researcher's experience of working with young people, some hard to reach, offering them this incentive would help the right students to come forward (corroborated by Karen Cromarty, BACP/CCYP-an experienced young people's researcher in schools, the NHS offering financial incentives for research and the research being without a commercial agenda). Students would still

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<sup>35</sup> For those few participants not at the principal school, interviews were conducted at the GE office or their home by parental permission.

receive payment if they chose to withdraw, removing the free choice and coercion argument. Shopping vouchers seemed to provide a 'safe, feel good element'; all the participants signed a receipt.

If there were any signs of distress or re-traumatising with participants, this would have been discussed with the participant in the first instance. If it was thought there was risk, extra help would have been discussed and offered as stated on the information and consent forms (Appendix 13). The deputy head and the BSM were met and briefed by myself. A similar procedure would have been followed if Safeguarding Children issues arose (as in GEP's SC Procedures). In order to ensure participants views were properly represented, interviewees were invited to meet again either in a review meeting or one to one if they preferred and were offered one to one support from GEP by myself and/or and the BSM. I had supervision throughout this time, in addition to informal contact and meetings with the consultant group. Empathy, respect, integrity and sincerity in the whole process were paramount. Should any of the interviewees have given cause for concern, this would have been discussed with the supervisor. In extreme circumstances, the interviewer's role would have been terminated, thus keeping the young person's well being primary. The young people (or their parent) had the right to withdraw and also all had their names and identifiable details changed (i.e. based on BACP guidelines, NSPCC and NCB guidelines) up until the completed interview. Withdrawal did not affect the standard of care offered. At the end of the interview, participants were talked through and given a debriefing form to take away (Appendix 15).

In keeping with the Data Protection Act 1998, data would only be kept for one year after the end of submission of the thesis and stored in lockable cabinets at my home, my place of work or password protected on my or the consultant group's computers. Transcripts will never be available, either written or oral, on the Internet (e.g. Facebook or other social media sites). There was professional indemnity insurance through GE and public liability insurance through the school. All the adults involved had undergone enhanced CRB checks (i.e. now DBS).

## 4.8 Data Analysis and interpretation procedures

Constructivist grounded theory purports that the *process* of importing data is as important as the data itself (Strauss and Corbin, 1997; Charmaz, 2006). The analysis would not focus on the unconscious processes, as I wanted to stay true to the words of participants and not offer interpretations as I would in therapy. I had to keep in mind that it was research, not therapy. McLeod (1991) points out the phenomenological principles that Husserl first identified such as searching and discovering the ‘essence of the phenomenon’ have an easy affinity with therapy, yet cause problems for researchers with regard to contextualising the findings.

During the course of the research, I discovered Orona’s work (1997) described by Strauss and Corbin (1997) as “a textbook exemplification of the appropriate use of grounded theory procedures” (Strauss and Corbin, 1997: 172). It seemed prudent to follow her path.

The approach allows for the emergence of concepts out of the data-in a schema that allows for introspection, intuition, ruminating as well as analysis in the traditional mode. I was able to use my intuitions and creativity to help me discover and uncover what was conceptually happening in the empirical world...the process is not a linear one (Orona, 1997: 179).

All interviews were digitally recorded, transcribed verbatim and stored as password protected word documents on my computer. The transcripts were analysed thematically according to grounded theory traditions: “from order to disorder to order” (Heese-Biber, 2006: 321). I attempted to approach the data without pre-conceived categories, although acknowledged that there would be some bias due to my psychotherapeutic background and bereavement knowledge (as discussed earlier). With the help of three consultants<sup>36</sup>, I initially independently coded by naming segments of data with a label that “simultaneously categorized, summarised and accounted for each piece of data. i.e. defining what is happening in the data” (Charmaz, 2006: 43-46). The first few

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<sup>36</sup> The M.A. student moved on at this point to write her own paper.

codes are “literal codes, and (tentatively) become descriptive code categories” (Hesse-Biber, 2006: 321). I used, in line with the epistemological underpinnings, *in vivo* codes in order to stay close to the text and preserve participants’ meanings. This created what Charmaz (2006: 45) entitles the “skeleton or the frame” (see Appendix 16: Figure 5. First level coding). The data was then sorted by comparing code with code and code with category discerning some general themes. The data was synthesized, integrated and organised independently by allocating two or three interviews to each consultant. I considered at this point using the nVivo programme for analysis, discussing with my academic adviser and colleagues at Metanoia. I felt I would lose the nuances and emphases from the participants, for example with the actual use of language. Teenage language can be misleading, for example words such as wicked, ‘whatever’, ‘sick’ ‘yer Mum’, (although I note that programmes can possibly be refined to account for this). As with any new programme, a considerable amount of time and effort would have been placed in to learning a new technique, which unless I used it regularly would be forgotten; I felt my time was better spent focused on comprehensively and exhaustively investigating the data using pens, postitnotes, Microsoft Word for Mac Version 14, mind mapping using Free mind, reading transcribed texts on split screens and listening to the recordings and reading hard copies of the interviews.

In line with the grounded theory approach of “simultaneous data collection and analysis” (Charmaz, 2006: 20) I integrated these into focused coding categories, with early memo writing contributing to the developing categories i.e. “conceptualising the data” (Orona, 1997: 179). (See Table 2 for an example of this Second level coding).

From “theoretical sampling” (Charmaz, 2006: 179) I used memo writing to discern if the analytical categories emerging applied to the new data. Salient themes were decided and discussed in consultant group meetings. We used theoretical sensitivity (as defined by Glaser and Strauss, 1967, 1968) in order to define the categories. Any differences in interpretation were discussed in the group until consensus was reached. The coding frame was edited as analysis and data collection proceeded. Post-it notes were used to record emotions and

subsequently used to gauge the feelings participants discussed the most frequently, including the depth and the intensity. The corresponding line number and transcript page for each participant's experiences identified as pertinent to the theme were noted and collected.

With second-level coding, I elicited the provisional headings for the subordinate themes and superordinate themes. Again, with a view to ensuring we stayed close to the participants' views, to capture their meanings and action and adjust my subjectivity if necessary, each consultant analysed two or three (different) interviews and confirmed the supporting quotes from the testimonies under the emergent thematical headings (see Table 2). We noted at this point the extreme difficulties in drawing together the fragmented parts of their testimonies, wondering if this was a normal part of analysing the data in a grounded theory way or whether it was a parallel process of the participants own journeys. For instance, there were on-going challenges as to which category to fit the 'role of others'; was it a superordinate theme, as the role of others was assuming a great influence on the participants or was it more fitting under one of the other category headings? This issue emerged time and time again throughout the analysis process.

Participant by participant sequentially were further discussed, whereby the "overarching categories emerged" (Glaser, 1978 cited in Charmaz, 2006: 63). With two overarching themes and five super-ordinate themes emergent and agreed for the time being, a summary table of superordinate and subordinate themes was drawn up. I undertook the task of collating the information as purported by Orona (1997) using a processing method of introspection, intuition, rumination and analysis over a period of a year. I read and re-read the transcripts individually and as a whole, as hard copies, making Advanced Memo writing (see Appendix 17) and as word documents on my computer. I aimed to 'get to know' the participants' stories through their words and imagining their lives, making journal notes or notes on the transcripts. Advanced memo writing took the form of comparing the participants accounts and experiences by reading through each transcript as a whole with the emergent themes in mind and noting the similarities and differences. I compared the data within each

participant's interview as a whole, looking for any quotes and processes that had been missed. I allowed the data to pass through my brain circuitry, merging with other information and emerging in coherent and incoherent forms. Diagrams helped with the sorting and clarification of the data (Orona, 1997) above all keeping the focus on the significant event, the death of a parent when young, and staying true to the participants' words whilst searching for the underlying core processes that were guiding the participants' thoughts, feelings and behaviours. During this process, I noted that my focus changed from looking for symptoms and where perhaps things had gone wrong to more of an approach that would help build resilience: a quality of life approach rather than a diagnostic approach.

I wrote the first draft of the findings, scrutinizing the subcategories by examining if they fitted or served a purpose under the main superordinate themes. Could they be merged, omitted or given greater credence? Were they supported by the participants' words? What were the commonalities and differences across the participants? For this purpose, I used Strauss and Corbin's (1990) general paradigm model. Having identified the phenomena, causal conditions and context, I identified the "additional intervening conditions by which the investigated phenomena are influenced, the action and interactional strategies the actors used to handle the phenomena and the consequences of their actions and interactions" (Strauss and Corbin, 1990:99 cited by Kelle, 2007:202). I illustrate an example of this analysis in the Appendix: Table 3.

When checking validity at this point with the consultant group in meetings, another pitfall blocked the journey; the consultant group felt I had not conveyed the depth of feeling in the first draft of the findings. Where were all the quotes we had discovered and highlighted when analyzing the data? Had they become lost in the 2<sup>nd</sup> Level coding or was language inadequate to express their pain and despair? I used what could be described psychotherapeutically as the 'parallel process' to help climb out of the pit, with the help of the consultant group and feedback from my Academic Adviser. If the participants were struggling with the use of language and found a creative exercise helpful, should this not apply to my own work? I stopped re-reading the interviews and searching for 'better' quotes and drew diagrams with felt pens on large pieces of paper. I then ordered the



diagrams and stuck them on my 'Doctoral Wall'. In the end, although each interview transpired to be very different, I managed to bring the fragmented pieces into a more coherent framework by identifying the underlying common core processes such as the need for safety and belonging, using Fleming and Adolph's' (1986) model as a framework (see Appendix 17).

At this point, I decided to enlist the participants' help and drew up the salient points and main quotes (which were simplified in order to ensure engagement) and sent by email to the participants to check that my writings were representative. I held a Focus Group: a review with the participants at school (except for the three students who had moved school and failed to respond to the emails). The school research link was in attendance as a further validity.<sup>37</sup> The participants were also invited to comment on the draft of "A Teenage Guide to Life and Death", which was an illustrated version of some of their testimonies. There was a wholehearted consensus, witnessed by the school representative, that this had articulated their lived experiences as told in the interviews. The final findings were written and re-written, and further validity checks were made with word searches to ensure the participants were fairly represented, their quotes matched my text and that I had been "sensitive to the complexities of behaviour and the meaning in context" (Henwood and Pidgeon, 1994: 227).

I returned to the library to update literature reviews and theoretical frameworks, with the aim of making sense of all the data in the Discussion section. I undertook a further analysis of the findings using Charmaz's (2006: 19) questions to evaluate the data: "does the data reveal what lies beneath the surface, change over time and gain multiple views of the participant's actions?" A final validity check and help with the coherency was conducted with two members of the consultant group Dr Saul Hillman and Dr Anna Spivack, my Academic Adviser at Metanoia Ruth Caleb and finally my Academic Consultant, Elizabeth Rolls. Lastly, all work and findings were written up in this final thesis.

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<sup>37</sup> Three students requested meeting one to one, which were arranged, recorded and transcribed but not analysed with the depth of the previous data

## 4.9 Conclusion

I chose a qualitative research approach for the study of young people's experiences of early parental death. To be true to my quest of a 'rigorous inquiry', I searched for a method that was not perfect but at minimum tried and tested. Charmaz's constructivist version of Grounded Theory Research (GTR) allowed me to be immersed in the data, interact, uncover and understand meanings of participant's experiences and empirically check and examine possible theoretical explanations for the findings. Charmaz (2006) purports that Grounded Theory is a valid tool which "allows a fresher and deeper understanding of studied phenomena" (Charmaz, 2006: 153). Midgley (2009) considers Grounded Theory to be most complementary to traditional methods of psychoanalytic research. It would allow a comprehensive and in-depth analysis of participants' experiences, giving them a voice whilst allowing me as researcher to be immersed in the data and analyse in a reflexive manner. On the other hand, Willig (2008) has criticised traditional Grounded Theory for sidestepping reflexivity. However, using a newer model of GT (Charmaz, 2006; Orona, 1997), a consultant group, an academic adviser, an Academic Consultant, peer research groups at Metanoia, a personal review journal and a review with the participants the reflexivity problems were addressed.

The skills I have as a therapist mirrored those needed by a rigorous qualitative researcher to establish empathy and rapport with the participants, thereby eliciting deep, rich, and valuable data. Validity and bias was addressed by the formation of a consultant group of researchers, reflexive use of supervision and Metanoia study groups. Ethical best practice was based on interviewees attending through their free will, working on the assumption that bereaved young people wanted to tell their stories. Confidentiality was addressed by changing names and safe storage of interview data. They had the right to withdraw and support was offered after interview, with feedback given after analysis.

Once the themes were identified, they deeply resonated with bereaved young peoples' experience and thereby offered deeper understandings. This method of

qualitative inquiry, a curious approach, should produce results with meaning and not solely clinically superficial statistics – “a way of seeing as in artwork” (McLeod, 2001). This study adopts a constructivist position, which does not aim for claims of universal reality i.e. It will not “offer *the* truth but rather, a truth that makes a difference, that opens up new possibilities for understanding” (McLeod, 2001: 4).

## **Chapter Five: Findings**

This chapter presents the outcomes of the data analysis. The data was collected and analysed ethically within the structures of modernist grounded theory based on a social constructivist approach. The aim was to gather a deep, honest and true picture of the bereaved adolescents' experiences over the short and long term. I will first outline the superordinate themes that have emerged from the participants' narratives. I will then explain the themes in depth, illustrating the subordinate themes drawing upon quotes from the participants. In line with grounded theory methodology, I will stay close to the participant's narratives.

### **5.1 Overview of Findings**

The interviews provided detailed information about the lived experiences of 11 young people bereaved by the death of their parent. As the table of participants indicates (see Table 5.1) the death had occurred a minimum of one year previously, except for one participant where the death occurred six months prior to the interview.

#### **5.1.1 Superordinate research themes**

Using a grounded theory approach, five superordinate themes emerged from the coding of the data elicited from the interviews with participants. In line with grounded theory methodology rules, particular care was taken to stay grounded in the empirical world by using the words of the participants. Each emergent theme became more (or less) central as the analysis progressed towards data immersion and second level coding. The participants' idiosyncratic experiences of loss became central to the superordinate themes that followed. Finally, once these themes took shape, it became apparent that a temporal element began to emerge, resulting in the themes being ordered chronologically in relation to the actual experience of the death.

These five primary superordinate themes are: *Losses*; *Disrupted identities*; *Struggling to make sense of grief*; *the role of others*; and *Finding a new kind of normal*. This is illustrated below in Table 5.1.

**Table 5.1: Superordinate research themes**

Superordinate research themes
<b>1. Losses</b>
<b>2. Disrupted identities</b>
<b>3. Struggling to make sense of grief</b>
<b>4. Role of others</b>
<b>5. Finding a new kind of normal.</b>

I also became aware of the importance of two layers, which ran throughout these themes: *Time and Ambivalence*, explained as follows. For the purpose of this study, these are not listed as superordinate themes, however both were inextricably linked to the participants' journeys. The element of 'time' could not be isolated from the participants' experience, given the immediate and delayed impact of the death on the participants. The element of 'ambivalence' that emerged from the participants was also woven throughout the temporal aspects. This referred to the conflicting positions that participants found themselves in during the grieving process, when feeling positive and negative emotions about the same issue for example (see definition of terms). In order not to detract from the messages of participants in the superordinate themes, I kept the five superordinate themes and positioned *time* and *ambivalence* as overarching themes.

Further, the widespread consequences of the death impacted on many areas of participants' lives; although the following analysis is divided into sections based around the five subordinate themes, most overlap or interlink given that psychological processes are dynamic and complex. I felt the subsequent positions of the subordinate themes and quotes were the best fit in spite of the inter-relationships.

## 5.1.2 Subordinate research themes

Table 5.2: Subordinate research themes

<b>1.0 Losses</b>
<b>1.1 Primary loss</b>
<b>1.2 Secondary losses</b>
<b>2.0 Disrupted identities</b>
<b>2.1 Who am I?</b>
<b>2.2 What is my new role?</b>
<b>3.0 Struggling to make sense of grief</b>
<b>3.1 The emotional</b>
<b>3.2 The cognitive</b>
<b>3.3 The behavioural</b>
<b>4.0 Role of others</b>
<b>4.1 Changed relationships with the family</b>
<b>4.2 Changed relationships with the wider community</b>
<b>5.0 Finding a new kind of normal</b>
<b>5.1 Reconnecting</b>
<b>5.2 Protective factors and stressors</b>

These themes are analysed in detail in the following five sections, with reference to the interview questions. This allowed me to focus in more detail on some of the specificities of the experiences. The findings are then reviewed in the discussion (Chapter 6).

## 5.2 Superordinate theme 1: Losses

### 5.2.1 Introduction

With reference to the first research question about the emotional and psychological impact of the death on their lives, all the participants spoke generally about how their lives had changed irrevocably following the premature death of their parent; changes that brought many losses and very few gains.

Their bereavement was undoubtedly a highly significant issue, resulting in changing their life's direction both in the short term and long term.

Two emergent subordinate themes resulted from the theme of loss: 'Primary Loss' and 'Secondary Losses'. Primary loss explores what the parental relationship meant to the participants. With regard to 'Secondary Losses', it became apparent that when a parent died, far more was lost than the parent alone, which could be described as additional losses or secondary losses. These often served to compound the parental loss, and included physical losses such as the presence of the dead parent's family and special calendar dates, as well as perceived losses such as their sense of a secure base.

### 5.2.2 Primary loss

This subordinate theme specifically captured the individual experience of losing the parental figure, what the parent meant to them and whether the participants experienced this as a loss. Jennifer leaves us in no doubt:

My best friend was gone so really profound loss (Jennifer: 8:404).

For all participants, it was apparent that everything had changed following the death, with participants living lives far different from before the parent had died:

...It was weird, it was different, it wasn't like how it was before. Like normal it had changed (Andrew 10:553).

As Jimmy explained, his core beliefs and values were challenged:

[of his life]...it's changed dramatically...everything. I mean everything. My family, the way I think the way I think of people. So changed (Jimmy: 9:405-414).

Given that these were all untimely deaths, the participants suddenly became involved in an unwelcomed traumatic event whereby the concept of death was known about but had now become a reality or a truth. The word 'mum' or 'dad' now prompted this kind of response:

Died. I think it was last July. Got shot in Jamaica (Penny: 6:270).

Life literally became a matter of life and death, with survival dependent on the switch of a button:

The doctor said it won't work and then my dad said switch [the life support machine] off, switch it off and then she passed away (Jimmy: 5:211).

These young people heard, told and witnessed the most difficult and painful of stories. This quote from Jennifer, mainly told in one breath, is her account of finding her father dead:

I just heard my mum screaming and panicking and the next-door neighbour. I thought my mum and him were having an argument but then I heard it was a different voice. Me and my sister started crying. We didn't want to go outside or open the door. My sister does open the door and we saw my mom just standing there crying like your dad's not breathing so we just started panicking and me and my sister went into the bathroom and my sister was just like panicking and everything (Jennifer: 8:374-381).

The parent had played a major part in all their lives before their death, even given that three of the parents were separated from the surviving parent and one had died some years ago. For instance, the expectation that the parental relationship should be one of the longest in their lives had been shattered:

...You're meant to get brought up with your dad (Colin: 12:526).

Others expressed the shock of realising that their own parents were not immortal and this had come at a time when it was least expected:

I always thought he'd get better again but he didn't (Andrew: 6:304).

Participants became involved in evaluating what the dead parent represented to them, not only in the present but also in the past and future. One participant described not having his father as not having a key to his padlock Colin (11:500-503). Colin also missed his dad for more everyday events:



Some people always have their dads with them, so they're like their lock is strong, they're good together...Dad can you come pick me up from here or lets say I have a football match... (Colin: 12:520,12:537-8).

All the participants grieved the loss of shared time with a parent:

Because like I was always with my dad; I was a daddy's girl (Jennifer: 20:1017).

Belinda spoke about how the fun was missing from her life after her father died:

...A lot of fun that I'd had was with my dad (Belinda: 6:324-5).

Even the participant who said at one point that his life was no different in the long term now that his father was dead spoke of regret and wanting time over again with his father:

...I wanted to do things over again but it was too late (Andrew: 6:311).

Participants spoke of lost opportunities to make the parent proud, with some of the parents representing a source of knowledge, values and as a role model. Paradoxically, the person that they would have turned to as a source of guidance, protection and security was gone:

It's like the biggest thing in my life.... I just found it easy to talk to him about anything (Penny: 12:509).

Working hard to achieve academically had lost its meaning and purpose, changing how she now felt about going to school preferring to be alone:

I don't like school; I have days when I proper, proper don't want to see, hear no one (Penny: 18:786-7).

Some participants spoke of the loss of intimacy illustrated by missing the touch of a parent. For instance, Pippa spoke of her loss of the irreplaceable physical bond with a parent, of feeling physically loved and protected by her father:

Yeah then like remembering the past. I was sitting in his lap, that he is kissing me sometimes, that he is hugging me (Pippa: 10:437).

On occasion, a few of the participants expressed their ambivalent feelings towards the dead parent:

...it feels quite horrible...we were expecting you to be there for us and where are you? (Jennifer: 15:730-1).

All of the participants indicated that there was a sense of emptiness or incompleteness following the death of their parent, no matter what the circumstances before the death were, acknowledging the uniqueness of the relationship with a parent:

It's your parents, your two closest people you are to and then you lose them, and then you're lost without that other piece. It's like a piece to a puzzle Vicky (1:34).

Colin reminded us of the genetic relatedness; there would always be something missing:

Nothing is complete without a dad, without that bond (Colin: 4:172).

### **5.2.3 Secondary losses**

As the participants were discussing the primary loss, it began to emerge that the primary loss brought with it secondary adversities as sources of distress in their own right. These additional losses came in many different, and sometimes unexpected, guises. The list was long ranging from changed and damaged sibling relationships to the loss of the dead parent's family and relatives. Notably, the loss of other family members (i.e. real or perceived) was very significant to most of the participants:

Yeah it's like my other- dad's half of the family, half of them haven't called since the funeral to see if I'm ok or anything and they haven't visited (Vicky: 9:544-5).

Other repercussions included negative changes to the family's financial position, friendships, holidays, home life, as well as fun or pivotal events ruined due to the

parental absence. For instance, previous celebratory events became non-events and happy times replaced by anniversaries of the loss. Jennifer spoke about the loss of dad's family and how Christmas had changed:

Every Christmas they (family) used to come round and it used to be like nice enough but last year for Christmas they didn't come round (Jennifer: 15:726).

Some participants spoke about calendar dates that now had new negative connotations:

Like on a special occasion I'm supposed to be happy but sometimes I just feel down (Vicky: 2: 115).

Thoughts of the home no longer being a happy home anymore circulated within some of the interviews. Boredom, lethargy, and apathy began to replace the good times they once had as a family:

...We don't get visitors a lot now, only occasionally ...so me and mum go to bed at like eight o'clock because it's so boring and there's nothing to do (Vicky: 14: 751-2).

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The first superordinate theme of loss established that the early parental death had significantly changed the participants' life's trajectory representing extensive loss and a sense of incompleteness. Life had now become a matter of life and death, involving the loss of love, guidance, security and time. The premature separation could be seen as causing the participant to reorganise their parental attachment patterns, with resultant changed behaviour patterns to manage or avoid overwhelming feelings or pain. The death also brought numerous secondary adversities in various guises, such as the loss of other members of their family whether real or perceived, which seemed like a domino effect and served to compound the experience of the primary loss.

The impact was widespread and continued long after their initial reactions to the event and experience of prematurely losing a parent whilst participants were still so young. Notably, they were ill prepared for the impact on their life trajectories, not knowing which way to turn. It was important to note that their initial reactions did not necessarily reflect the longer-term picture and should be seen both as separate and together with the longer-term outcomes.

## **5.3 Superordinate theme 2: Disrupted Identities**

### **5.3.1 Introduction**

This section focuses on the disruption to the participant's identity following the loss of a principle attachment figure, as this constituted an issue of major importance for all participants. Just at the time of forming their own identities, they had become a person who had lost their parent. Many of the participants' responses were concerned with not feeling the same person inside and subsequently not knowing who they were now given that their parent was dead. As seen in Section 1, they became involved in working out what the parent meant to them and what was missing, which resulted in revised internal working models.

The subordinate themes, which emerged from within disrupted identities, were 'Who am I?' and 'What is my new role?' These themes focused on the participants' struggles with their sense of self without the dead parent. As time passed, they had to revise their own mental representations of themselves (i.e. their self-narratives). Identifying their struggles and pain often became complex due to participants' ambivalence,<sup>38</sup> particularly in relation to issues around keeping things private and openly expressing their distress and anxieties.

### **5.3.2 Who am I?**

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<sup>38</sup> For the purposes of this study, Ambivalence is defined in the Kleinian sense of the ability to hold good and bad feelings together internally. (Klein, 1957: 192). Ambivalence is also defined in the Definitions of terms.

This subordinate theme begins to explore the impact of bereavement on their identities. The change was represented in a variety of ways, ranging from feeling a complete loss of a sense of self and empty inside to experiences of falling apart and not knowing. As Pippa asked:

If you are no longer a daddy's girl, who are you? (Pippa: 10:432).

Participants made it quite clear that they were grappling with new identities that were often challenging and unwelcoming:

I don't want to be an outcast. I don't want to be the one that's lost my dad. I just want to be normal (Jennifer: 27:1357).

Participants were often left feeling that they were no longer the same person, nor would they ever be again:

I'm still myself but from a different point of view (Jimmy: 9:414-5).

Another participant, Colin lost touch and dissociated himself so much from his former sense of self that he did not even recognise himself when he realised his father was dead:

If someone was to show me a video of me, really and truly I would say that isn't me (Colin: 13:594).

Furthermore, Andrew's account of his inner self was full of contradictions, confusion, denial, rejection and abandonment. He was struggling to find a revised self-narrative and felt invisible. Without his father, Andrew was left wondering who he was at all:

I didn't really know myself, I still don't know now (Andrew: 13: 708-9).

Grief also included the realisation that it was a loss that would change the person they were forever:

I'll never be the same person as I was had he not died, um and it impacts your life forever (Belinda: 4:184).

### **5.3.3 What is my new role?**

The second subordinate theme explored the changing identities assumed by the young person following the loss. The changes in dynamics that came about as a result of the death caused damaged structures and shaken secure bases, leaving participants wondering how to move forward and referring to internal struggles with the reformulation of their new identity.

Reflecting their ambivalence, some of the participants presented a picture of being strong, omnipotent and in control following the death. At other times, participants spoke as if they were impotent, powerless, helpless and/or out of control.

Colin expressed the loss of his father through rage, causing havoc at school:

I just went crazy, I lifted up a table, I flipped this table, it went flying to the side of the room...I picked up a chair and I swung it at the kid...I'm like come here...Teachers have a fear to have me in their lesson cos I'm going to cause havoc (Colin: 9:412-6, 11:468).

Conversely, this was the young man who could not pull himself through the grief process and without the strength to ask his mother about how his father died:

I can't pull myself through it no matter how much I could try... I don't have the strength to go up to my mum and go like how did he die? (Colin: 14:613-618).

For others too, it appeared advantageous to be strong rather than weak and powerless. Grieving and crying were perceived as a weakness Jennifer (23:1145). In Belle's perceptions, quoted below, she refers to being strong like her mother (rather than weak like her dying/dead father):

I mean we all had a good cry and at his funeral as well but I don't think I've cried over him since the funeral....I see myself as a strong person... I hadn't seen my mum crying ...if I had seen my mum be weak I would've been like oh am I supposed to be crying? (Belle: 3;126, 4:170, 11;495-501).

However, although this coping strategy worked at times, it let her down during other times when perhaps she needed to be a vulnerable infant. Later in her interview, Belle expressed a need for bereaved young people to be 'babied' and 'hugged' (12:521).

Another participant, Melinda, expressed her confusion about being strong or weak:

Don't feel you're doing anything wrong if you're getting upset... it doesn't make you a weak person (Melinda: 19:586-7).

Jimmy believed he had the strength to manage autonomously once he was left without his mother, preferring self-reliance and telling us that:

I make my own point of view (Jimmy: 4:158).

There seemed to be a strong sense in many of these participants not to expose their grief, invariably preferring their more personal and private ways. (Also explored in 3.1) Matt attempted to keep his grief private by displaying a happy persona both with his friends at school and at home to please his father, but this left him alone with his emotional pain as a result of the loss of his mother:

But now, I try and be happy. I'm all right. I've got friends...mmm.... (Matt: 10:513).

However, he began crying and sobbing in the interview a few seconds later for about ten minutes (evidenced in the recording) displaying a raw and unresolved sadness.

Belinda's new role was also to be happy around others, with her grief kept privately:

I found nights really hard, um, and that's the only time really apart from at the funeral and, at the very beginning I'd be openly sad. I felt like I had to be happy all the time really (Belinda: 2:129-30).

Most participants simply just did not know what to do with the truth:

I just feel like a big bubble and I want to pop it. If the bubble burst then everyone would see the truth (Penny: 14:634).

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The second theme addressed how the individual's identity was challenged and changed by loss of a principal attachment figure. With autonomy and independence high on the adolescent's priority list, the interruption to their path had a major impact on their identity formation. Within this superordinate theme, a subordinate theme 'Who am I?' concentrates on the internal struggles that parentally bereaved young people appear to show following this developmental disruption. All participants conveyed through the interviews changes in their sense of self; much of the material within this subordinate theme is suggestive of individuals feeling disrupted, lost, fragmented and/or disorganised. At worst, one participant felt unrecognisable and at best participants felt different. The second subordinate theme 'What is my role?' demonstrated how they were questioning their role, place and purpose. Again, throughout this section, participants were able to communicate how they were having to make sense of this new order and find ways to rebuild their sense of self including who they were within the family. This itself formed part of a review of what the dead parent represented, namely someone they had loved or had a meaningful relationship with, who had left them forever.

Indicative of ambivalence in response to the challenges faced resulted in participants often facing internal conflicts, struggles and experiencing both extremes on the end of a spectrum. In these findings, these ambivalences centred on being strong versus weak, being dependent versus independent and being private versus public. Not wanting to feel different yet not feeling the same person anymore, these struggles often appeared to cause participants to internalise their emotional pain and conceal the truth. Though their verbal narrative often said one thing, sometimes these difficulties surfaced non-verbally and suggested unresolved feelings. Some participants mentioned that a longer-term strategy to maintain this false identity in order to hide vulnerability often proved too difficult, a theme which is explored further in the fifth superordinate theme.



## 5.4 Superordinate theme 3: Struggling to make sense of grief

### 5.4.1 Introduction

The previous superordinate theme focused on the changed and disrupted internal self-representations that came about with the loss. This third superordinate theme widens the lens in order to understand how the participants were responding to the loss emotionally, cognitively and behaviourally. In essence, it encapsulates the personal meanings that guided their thoughts, behaviours and feelings. This theme explores these reactions and draws considerably upon the ambivalences that accompanied how they thought, felt and behaved at the time of the death and in the months to follow.

### 5.4.2 The emotional

This first subordinate theme focused on the struggles in relation to the vast array of feelings experienced in the aftermath of the death and subsequent period. Feelings varied in intensity, frequency, duration and depth, often overwhelming in the first instance. There was often a struggle in whether to express or suppress the emotions.

When speaking about receiving the news of the parental death, and the immediate aftermath of the death, participants experienced intense reactions described mainly as being shocked, frozen, untouched, distanced, and numb:

...like the whole week, the whole couple days I just didn't cry and I don't know why. Like it seemed that...I just didn't want to cry. My heart felt numb like I had no feelings, no emotions (Penny: 8:324).

They often experienced contradictory feelings and ambivalent reactions, illustrated by Colin when describing the news that his father was dead, at first saying it really hit me (4:172) in contrast with it's nothing big (4:182).

Belinda described this in terms of a separation of thoughts, feelings, and behaviour:

I knew what it meant that he was dead and I knew it was such a bad thing in my mind but I didn't show those emotions. I sort of separated my

actions from my actual thoughts so I'd laugh...laughed when they told me he'd died... (Belinda: 5:226-228).

Reactions that involved shock did not seem to be related to whether it was an expected death due to chronic illness or a sudden and unexpected death. Jennifer's father had serious heart problems for many years and had even played games to try and prepare her for his demise, yet when she described his death she said:

I felt shocked, it was just so sudden (Jennifer: 11:514).

The process of grief was also time-related and participants drew upon a distinction between the immediate impact and the delay of grief, there often being a time lapse between being told the fact that a parent had died and experiencing the truth and reality of the loss:

It didn't really affect me until a few months later (Melinda: 4:112).

Some participants were so protected by the shock and their defences that they did not feel anything for months and felt far from the grieving process:

[My heart] feels ice cold like it has no emotion to show, and it's been a year it hasn't been an anniversary yet and I still haven't really grieved. (Penny: 14:617-9).

When participants were able to express their emotions, fear and anxiety featured highly. Fear itself had multiple layers and was expressed in many different ways by the participants. It included fear of experiencing the emotions themselves, fear of their own death, and/or fear of others dying and the fear of the future. For some, the depth of fear was quite tangible and continued to interfere with their lives long after the death. For instance:

I feel trapped like there is no way out. All you can see is the blackness and the fear and inside it all the emotions (Jennifer: 10:478-9).

The power of fear was such that it often disturbed their sleep, sometimes manifesting itself through dreams. Vicky was one such participant who talked

about her fear of the night, and how the intrusion of fearful memories, and thoughts about the deceased disturbed her sleep:

Sometimes I wake up in the middle of the night and I just feel on the edge or something. I get to sleep easily but I wake up in the middle of the night um feeling like someone's in the room (Vicky: 3:145-7).

Participants worried about the health of the surviving parent, other relatives and even their own health. Bodily problems and illness were now much more closely associated with death and dying in nine of the participant's stories.

I was worried about my mum because she has high blood pressure, it runs in the family (Vicky: 9:520).

In many cases, death was so all consuming, it was now a dominant part of their lives; relationships could end at any given time, even the family as a whole. Penny was living in fear that her whole family was going to be annihilated:

It's like they're (dad's murderers) trying to wipe out the whole (family). I'm really worried (Penny: 7:286-7).

Of all the participants' experiences, thinking about how different the future was going to be without the parent was the most overwhelming source of concern and anxiety:

After losing my dad, I didn't know what was happening next so I was just worried and a lot of things were going on in my head like what is going to happen next (Melinda: 7:189-91).

Fear was still being discussed some time after the death by most of the participants in different ways, especially a fear of the future and a preoccupation that bad things were going to happen again:

I was afraid that everybody else was going to die...My dad was everything really, I was afraid; I didn't know what was going on, what do I do now, like I just didn't know. I was afraid of the future without him (Belinda: 3:134-9).

Profound and intense sadness was openly expressed or evident in the interviews for most of the participants. For example:

I'm so sad I could die (Jennifer: 29:1445).

As was evident earlier in Matt's case, sometimes sadness was less obvious. Matt spoke about generally, trying to be happy, (4: 212) and aiming to stay calm (10:508) following the death of his mother six months previously. Yet his sadness seemed so close to the surface. When I asked him in the interview what his sadness was about, he said he felt sad because:

No one celebrated [religious festival] with mum (Matt: 5:273).

The participants' sense of isolation was quite striking at times, evident by an encompassing sense of loneliness. This seemed to be the result of diminished trust and feelings of abandonment:

.... all those times I went running back to you [dad] and now there's no one to run back to, it's just me... Once they're gone (dad) it's like, it's just you [Penny] and the big world. It's like you might as well have been kicked out, abandoned, put on the street because it's just you (Penny: 4:201-2, 5:219-221).

Often, feeling that they were the only ones who had experienced the death of a parent exacerbated the participants' loneliness and isolation. For example, Vicky stated:

I was like the only one that has suffered a death (i.e. at her primary school. (Vicky: 16:845).

The loneliness was compounded by experiencing a sense of unjustness, envy, and jealousy, either of other peers with fathers or other families. This jealousy was expressed openly by two of the participants about milestone events or everyday happenings:

When he passed on I was just so jealous of my sisters because he got to go to both of their graduations and like he didn't get to go to mine (Belle: 5:205-7).

And:

I get jealous when I see a complete family that are all happy together (Pippa: 15:660-2).

All the participants expressed anger in different ways. Anger took different forms and included anger directed towards themselves, towards the deceased, towards the surviving parent and/or to others in their lives:

Since my dad died, my anger has just shortened. I get angry quite quickly now (Jennifer: 4:165-6).

Although anger was sometimes verbally manifested, as cited earlier, one participant Colin physically expressed it at school stating:

I would just get so angry I'd start flipping tables, flipping chairs, just make sure like nothing's in my way and no-one would be able to stop me (Colin: 7:310-311).

Another participant Vicky spoke about how she felt angry at everyone:

I remember being really angry with everyone because I didn't understand it at the time.... I wanted to punch something (Vicky: 6: 319, 6:331).

Participants were often grappling with several emotions simultaneously. Beneath the fear and anger, it seemed as if there was deep sadness, experienced at many levels and in many guises:

You're sad about it but the anger builds up so much (there's) just no room to be sad (Penny: 14:625).

Similarly, Melinda realised that her anger was hiding her sadness:

I've shown like how much I'm upset through anger... angry that my dad's gone and angry because I hadn't had help (Melinda: 15:449, 20:615).

The participants also demonstrated that grieving is not only about sadness and crying but a complex and diverse range of emotions. Many spoke about combinations of feelings at the time of the loss and the feelings returning in the subsequent months and years. For instance:

I feel more angry than sad because sad and devastated for me are similar but devastated is worse and anger is taking over because of the devastation (Vicky: 8: 462-3).

Interestingly, Melinda was the only one to express relief at her father's death:

I felt relieved in a way because he was causing himself and other people harm and I knew he was in a better place and a safer place (Melinda: 8:232).

Participants not only described the range and depth of some emotions but also how difficult it was to *manage* the feelings that did not occur in the way they had expected. There was much confusion, interwoven throughout the interviews, both around the time of the death and subsequently.

...I was confused, I didn't really know what to do like I was just like, I wasn't too sure about anything back then (Andrew: 12:641-2).

Participants spoke about how feelings came and went and resulted in frequent mood changes:

It would be like one minute I'd be having a really good day in the morning and then my feelings would just drop (Jennifer: 20:1450).

Participants also indicated how they defended against feeling their feelings and used strategies in order not to feel exposed such as projecting their feelings onto others or dissociating themselves from their feelings.

...I just didn't cry and I don't know why. Like it seemed that...I just didn't want to cry. My heart felt numb like I had no feelings, no emotions (Penny: 8:324).

Jennifer hid her feelings, explaining she did not want to be a sad person all the time, so tried not to show what she was truly feeling.

Usually, I was very happy but soon after it happened I would pretend to be happy (Jennifer: 12:594).

Belle coped by not showing her sadness by crying, as quoted earlier, since her mum did not cry and she had not cried since the funeral (3:126) yet, she says:

(The death was) absolutely horrendous ...Obviously, I was really sad about it...(dad's death) (Belle: 4:149-50,11:502).

She acknowledges:

I would've liked the attention actually because I think it's important to acknowledge that something bad has happened to you (Belle: 12:522-3).

Participants found ways of concealing the pain; masking the pain made it easier than dealing with the emotions they did not understand.

I tried not to show a lot of them [feelings] so they just sort of stayed in my head which didn't help...[of nights in private] that's the only time I'd be openly sad (Belinda: 3:113, 3:131).

In response to my question, "Do you remember when dad died?" Belinda illustrated the experience of dissociation and the splitting of her thoughts, feelings and behaviour:

The whole separating my thoughts and my actions I, inside it was my dad's just died. It's a massive thing but externally I was still laughing, like I remember my main worry when my step mum told me, she was like 'I'll cook you all breakfast' I was like but my sister's already had a bowl of cereal, like little things like that, like that was still my main focus (Belinda: 4: 249-254).

Andrew's replies in the interview were complex and contradictory, revealing his ambivalence, confusion and denial and experiencing difficulties in identifying how he was feeling:

...everything seemed the same man, the same thing every day till I went back to school and then back to normal again...it will get better it won't get better it's like, things will change, it will get better eventually like, but I don't really know (Andrew: 12:621, 13:705).

### 5.4.3 The cognitive

This subordinate theme focused on the struggles in making sense of one's thoughts and the ambivalences that came with this. Participants consistently expressed feeling cognitively ill-prepared to deal with death and of the many difficulties they had when trying to formulate new belief and value systems; to explain, rationalise, reflect, plan, and/or make sense of the thoughts in their heads.

I didn't have death in my book of thinking (Colin: 6:240).

This cognitive process was very temporal during the course of grief and related to how other people's lives returned to their everyday routines, but the participants' lives had changed forever:

It's like your everyday life is not there (Penny: 5:259-60).

The death itself caused many existential questions in the minds of the participants:

Why is this happening? (Vicky: 3: 124-5).

Many other questions arose around existentialism such as what was important in life, the meaning of life, the finality and where was the dead person?

Where's my mum?...and stuff like that (Belinda: 2:102).

Jennifer expresses how she found herself challenging her worldview:

It's changed for me. I see life in a different way and me dealing with situations (Jennifer: 24:1212).

The participants being pre-occupied with the death or the meaning of death, struggling throughout the interview with very 'adult' existential and spiritual



issues, faced further cognitive struggles. Penny highlights her existential struggles, reflecting that not finding any answers left her with the unknown:

...why has it happened? And all these questions that I can't answer, no one can answer. And then, questions of like was he scared to die like? And the question no one can answer, that just plays with your mind, confuses you... (Penny: 10:458).

For some, it seemed as if this was relentless and had permeated their days *and* nights:

Because you wish in your dreams like, if God loved me, why don't he bring him back? (Penny: 12:522).

Many of the participants also spoke of not having had the opportunity to process the details of the actual event, perhaps being too afraid to ask and discuss:

It would've helped me if my mum told me how he died (Colin: 21:925).

Despite most of the participants willing to share their stories of sorrow in the interviews, participants struggled to find the words at times to articulate the pain, as if learning a new language. I noted that the language used to describe the most horrific of scenes was quite factual, detailed and emotionally distant. An example of this was from Andrew:

...he was just ill and became better and then when he went into hospital he just died (Andrew: 3:142).

A further example of this was in Jimmy's response, which is also noteworthy in the sense that that not only was he still left with uncertainties but also how little emotion he displayed either in words or behaviours:

[My mum] ...passed away of cancer. Everywhere in her body...Every single part of her body. Lung cancer, she had a tumour in her brain, she had bone marrow cancer, loads of things (4:175) A machine was literally controlling if she was life and death. She just passed away in front of me... So that's what I think but that might have not happened. I'm not too sure. (Jimmy: 5:211-2).

Further, the actual words and language used often involved strong or violent words, conveying a sense of being struck down:

It really *hit* me...Fast *boom*, just like that *boom smack* down (Colin: 4:172,15:658).

It was also interesting to note the juxtaposing of past and present tenses, when speaking about the dead parent:

...being a daddy's girl like it was something it wasn't that he bought me things or got me, it was that he was there like don't know why but I just find it easy to talk to him about anything... (Penny: 12:510-13).

Or, worse, trying to explain the experiences was far beyond words. Penny said she:

...just freeze like a daydream in my own world (Penny: 2:47).

Despite having a clear picture of the day of the death (i.e. the 'reality') a significant part of processing grief was about managing the cognitive tasks of acclimatising to a life without the deceased:

I would like to change things so he can be here, but I can't (Andrew: 341:7).

Most spoke of the irrational hope of not wanting the parent to have died or wanting their deceased parent to come back, despite having accepted the reality that they were not coming back. For instance, Belle openly admitted that her and her sisters fantasised that father was still alive, distancing themselves from the reality of the death:

I think we [Belle and her sisters] were trying to create an illusion that he was still where he always was (Belle: 5: 199-200).

Those participants who were yearning and pining were often involved with thinking about searching for the dead person, with gone forever too difficult to accept.

Maybe one day I'm going to find my dad, maybe my dad has not died... (Pippa: 18: 812-13).

Other participants struggled in thinking and dreaming about the deceased:

I couldn't really comprehend that he was never coming back...I still think about him coming back, I still find myself daydreaming about it, like just imagining him coming back...it wasn't going to happen but inside I was always thinking about it (Belinda: 4: 190-191,201-202).

Five participants spoke about visual hallucinations of the deceased or speaking to them. One found these images disturbing, however, most participants were comforted and more worried about forgetting them:

Whenever I'm somewhere that he's been, he just appears, it might not be every day but he appears. ...Like you hear voices and you reply to them and you turn around and he's not there, it's just a voice you're hearing and it hurts (Penny: 19: 866, 872-3).

Melinda felt that by not going to the funeral, it was harder to accept the reality. It makes me feel like the past I had with my dad was just a dream. (Melinda: 13:402).

Several interviewees mentioned the importance of revisiting their thought processes as they reached different cognitive levels of understanding:

My brains developed now, I think I proper realized that oh he's not here at all.... I was young so I might not have understood. (Colin: 5: 196-7, 21:926).

#### **5.4.4 The behavioural**

This subordinate theme captured the physical and behavioural manifestations of grief. All participants spoke of a wide range of behaviours in the short and long term responses to the death: Belinda laughed, Colin threw tables, Jennifer left her house, Andrew Vicky and Belle shut themselves away in their bedrooms. The

behaviours were often different from their previous behaviour patterns, consistent with them now feeling different individuals.

Grief could be expressed through their physical symptoms. For instance, participants spoke of many examples including: Feeling sick, headaches, disturbed sleep (as mentioned), tiredness, boredom, or stomach butterflies.

Soon after it happened I stopped eating we all just stopped eating because we just felt physically sick whenever we saw food (Jennifer: 25:1230-1231).

Belinda described her grief in a physical way:

I felt like there was a massive weight on my shoulders...it just made me feel really different from my friends (Belinda: 2:124, 2:126).

For some participants, crying as the expected open demonstration of grief was not necessarily their initial reaction:

I just shut down at the time...I didn't cry over my dad until a couple of months later...I could easily say my dad was dead without getting upset...I think I couldn't absorb what it was (Melinda: 7:195, 9:268, 11:317).

Many participants referred to just not knowing how to behave:

If I was doing something with someone and it went wrong I would just storm off and think that it wouldn't work and sometimes I don't know how to deal with things (Vicky: 2:82-83).

For some, their grief inappropriately expressed through anger led to trouble and isolation:

In a week I could get a detention for every day and it got to the point where I would not go to my detentions and then like the inclusion centre...separated without seeing my friends (Colin: 13:570-1).

Saying goodbye, breaks and endings had become challenging; some participants spoke about their fears, and realising their feelings of safety depended on ensuring their attachment figures were physically safe and nearby. I felt Penny

captured this feeling with her account of simple bye-byes, explaining why separation and good-byes were now often a trigger for recalling the loss:

I hate goodbye. I wouldn't let my mum go on holiday without me...the most I would let her go is to my step granddad's house and back. Don't like bye byes they're too risky you don't know what's going to happen in that short space of time...specially people that I'm really close to and I love, I don't like it (Penny: 17:749-751).<sup>39</sup>

Within their changed world, there was a heightened awareness of the fragility of life believing that the occurrence of bad things was inevitable:

...you never know...what is going to happen... (Jennifer: 14:687).

On the other hand, again with an ambivalent tone, Jennifer introduced the idea that now that her father was dead, she was free to do as she wanted:

I see it as you don't know when your times up. Do what you want, say what you want, if you want to do something, go out and do it. What's stopping you? (Jennifer: 14:665-6).

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In the third superordinate theme, their emotional, cognitive, behavioural and existential struggles revealed the core issues showing periods of unresolved psychological and emotional problems.

The first subordinate section uncovered their core struggles with the range, depth and intensity of feelings, especially fear, anger and sadness. There was considerable evidence of strong and complex feelings; all 11 bereaved young people interviewed spoke at times of overwhelming, intrusive, negative, powerful emotions that the death had evoked with few positive emotions expressed. Feelings were sometimes experienced as physical symptoms, such as

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<sup>39</sup> I note here an example of the ambivalence experienced by the participants, as this is the young person who tells us that there is no one to rely on but herself in sections 1.1,2.2,3.1.

lethargy, headaches, feeling sick but there were no examples in this study of extreme self-harming or self abuse. Feelings were certainly not experienced in a linear way, and embodied confusion and anxiety since they were rarely experienced in isolation and often at opposite ends of a spectrum. Many of the responses were suggestive of ambivalence in how to manage some of these intense and difficult feelings.

The second subordinate theme illustrated participants' cognitive struggles, with a focus on issues surrounding acceptance versus not accepting the death, perhaps being able to objectively accept but not necessarily accept on a subjective level. There were struggles with the reformulations of new existential beliefs and value systems, without the person who had died. The processing of information, some unknown, presented challenges often beyond their capabilities and still present after time had passed. They needed information and time to revisit and return as they understood more and had more questions.

The third subordinate theme focused on the behavioural difficulties the participants conveyed, which were manifested in diverse ways. Much of their subsequent behaviours revealed fear-based activities. Ambivalent behaviours arose with separation and endings, risk-taking behaviours or withdrawal from life. Participants expressed that this was very different from how they behaved before the death and added burdens to the ambiguities and confusions of growing up.

With little expectation or experience (except for Belinda) of a loss of this kind, participants often appeared lost and struggling to cope with the death that had permeated through every facet of their lives. It seemed as if they were often engaged in attempts to heal a separation of their thoughts, feelings and behaviours following the impact of the death. The following section attempts to contextualise this by examining the influence of their external environment.

## **5.5 Superordinate theme 4: Role of others**

### **5.5.1 Introduction**

The fourth superordinate theme 'Role of Others' focuses on the participants' external social environments, drawing upon their social and emotional network. This theme explores how these relationships often had to change as the bereavement had permeated all aspects of their world. Their context was fairly limited due to their ages; including family (e.g. surviving parent, siblings, grandparents), peers school and culture (see Appendix 2).

Not only were participants involved in the internal struggles following the death of a parent, but also with coping with the expectations and support of those around them which added another layer to their whole experience. This theme consists of two subordinate themes: Changed relationships with the family and Changed relationships with the wider community.

### **5.5.2 Changed relationships with the family**

The first subordinate theme focuses on the relationships with family (e.g. surviving parent, siblings, other relatives), and how these support mechanisms were both helpful and challenging to the whole experience and adjustment process.

Seven of the interviewees spoke about changed relationships with their immediate families involving them parenting the surviving parent, caring for themselves or caring for others. Furthermore, they took on responsibilities far beyond their age. For one participant, Penny took on the role of caring for her mother and little brother:

I wanted to be there for my mum, I didn't want to listen to her crying and be more upset (Penny: 8:326).

She later reflects on her brother, adopting a more adult, caring role towards her brother:

He doesn't have to grow up before his time... I want to be there for him (Penny: 9:394-97).

For some participants, the needs of others became more important than their own needs, resulting in the caretaking of others and protecting adults from pain at the expense of themselves:

My main concerns were protecting my aunt because she was so upset (Melinda: 4:107-8).

Jennifer openly expressed that it was easier to worry about everyone else but herself:

I worry about everyone else but myself (Jennifer: 23:1139).

Often, the remaining parents were emotionally unavailable at times, perhaps caught in the maelstrom of their own grief. Watching one's mother fall apart, not being able to stop crying or provide a happy home, often resulted in a role reversal. Colin illustrates this poignantly:

I was six. She was in her bed crying and I was like why are you crying, mum? And then obviously I used to see her taking her medicines so I ran into the kitchen and I jumped on the washing machine, poured a cup of water in my cup and went and got...and I go 'there you go mummy' (Colin: 22:985-989).

Conversely, Belle, whose parents were divorced, drew strength from her mother's strength:

If I had seen my mum completely broken down I don't know what I would've done to be honest (Belle: 11:474).

Perhaps, the most extreme example of parental role reversal was when Jennifer's sister took responsibility for feeding their bereaved mother:

My sister fed my mom some yogurt and if she didn't do that my mom was like, I would've been dead if she didn't feed me (Jennifer: 25:1239-40).

Participant's grief trajectories were often different from others in the family; participants felt that there were conflicting messages from different family



members, with some encouraging them to cry whilst others encouraged them not to be upset, to be strong and positive.

Matt was openly sad as he spoke in his interview evidenced by sobbing, choking, and crying whilst talking about being happy. However, at home his father only wanted them to have fun together. For instance, Matt stated:

Me and my dad and my brother pray together. On the weekend sometimes we hang out and have some fun. Um yeah (Matt: 8:433-4).

Some individuals expressed a desire to grieve in their own way. This often caused conflicts and feelings that they were doing something wrong. For those not being able to express their pain, anger and sadness to the immediate family, misconceptions were prolonged and they continued to feel misunderstood:

...my mum expected me not to be over it quickly because it's really hard and um, um, she expected me to be upset, but like my aunties they expected me, like to not like get over it, but like *cope* with it, cause like, they're like really strict and everything, they expect me to like get over it and just not cry (Vicky: 13: 676-680).

Jimmy spoke of how people expected and told him how to grieve:

...especially my Godmother. She was expecting me to be sad constantly (Jimmy: 8:353).

She tried to make him feel better but he was searching for ways to express his own feelings, yet being ambivalent about help she was offering:

...most of the time it didn't work. I see she was trying her hardest but. ... I wanted to express my own feelings... except for people actually telling me what I should be doing (Jimmy: 8:359-361).

Conversely, some participants spoke about being *too* protected at times; there would be little reason for them to adjust to the reality of life without their father if they were kept unaware of what was happening. For instance:

I was really upset and I asked her (mum), why didn't you tell me (about dad dying)? She said 'it was because we were all trying to protect you from it and we didn't want it to ruin your school life and we didn't want it to affect your attitude' (Vicky 7: 419-421).

The young people soon understood the message of what they could and could not talk about in the family, for example not wanting to upset the remaining parent, with family secrets not generally viewed as helpful:

... it's the not knowing what happened (Pippa: 17:767-9).

This lack of information and understanding about the events caused some participants more anxiety than if they had heard the truth, as can be illustrated by Colin internally rehearsing many different scenarios about how his father died. Some of these imaginary scenarios included a bike accident, a graphic road accident and a fatal stabbing. (15:646-688) His fear was compounded by the thought that it could happen to him, and displaced to the point of being traumatised following a football accident where he started panicking and was unable to separate this experience from the experience of his father's death:

I stopped football, stopped it, it kind of traumatized me, [for] 5 months (Colin: 16:700).

Sibling relationships changed in various ways. For example, an older brother often became a parent in the house, whilst some participants cared for younger siblings. A few participants believed that the death caused rifts with their siblings, rather than bringing them closer together:

We [her twin sister] drifted apart when it happened (Jennifer: 20:1002).

Clearly, ambivalence towards the family ran through this theme and in particular how they were able to benefit from the support that the family did offer. At first, Penny felt that everyone kept smothering her. Penny (8:359-360). She spoke of rejecting her family's support, yet later in the interview, wanted someone to talk to: keeping all your feelings to yourself will send you mad (Penny: 23:1033).

Despite acknowledging they felt different inside now, some participants persisted in giving out messages not to be treated differently:

I want to be any other kid; just because I haven't got a dad I don't want to be treated differently (Colin: 17:749).

At times, some participants' ambivalent behaviour towards others resulted in the closing of social networks and detachment from these figures.

My family always showed support but I didn't take it ...I didn't feel comfortable talking to my family about how I was (Melinda: 16:474-5).

Perhaps, the ambivalence and confusion is best explained by Vicky who yearns for someone to help without her father there, yet rejects those who could be close and helpful, only wanting her father:

My dad used to help me... But now he's not here no one's helping me (Vicky: 4:195-6).

### **5.5.3 Changed relationships with the wider community**

The second subordinate theme focuses on the relationships with the wider community including participants' peer group, the school<sup>40</sup> and a range of other structures including their places of worship, and how these support mechanisms were both helpful and challenging to the whole experience and adjustment process (see Appendix 2).

The role of the peer group featured throughout many of the interviewees' responses, where there was often ambivalence about both the role and support offered. Perceptions of support varied greatly; some participants spoke about the role of friends not being very supportive whilst others drew comfort from them. With many participants, such support may have been present but often felt superficial, whilst others felt friends lacked the understanding, were alienating or even unkind towards them. One such participant, Belle expressed her feelings very strongly:

I would've liked to talk to [about] it at least to my friends or something...but they just completely froze me out... None of my friends helped me with catching up with work... (Belle: 6:241,12:526).

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<sup>40</sup> It is important to note that participants were not necessarily addressing concerns with the research school.

Others such as Jennifer did not want to reveal their vulnerability around peers; in this case, Jennifer concealed her true feelings for fear of being humiliated or seen crying:

I feel like crying but I hold it in... because they're going to make fun of me (Jennifer: 23:1138-46).

Colin further communicated how he did not want to be defined by not having a father, as someone needing sympathy:

I want people to like take me for who I am and what I've got. So what if I haven't got a dad, don't be like oh he hasn't got a dad, that's sad, I don't want that (Colin: 17:743).

Participants were aware that they played a role in avoiding discussing the death or dead parent by being private themselves or having adverse reactions to discussions about the deceased parent. In an attempt to avoid the external chaos at home, Jennifer left the house:

I just wanted to get out of the house to kind of get back to school and not worry about it (Jennifer: 12:563).

The ambivalence towards support in their social network outside the family was very pronounced. Participants wanted support and rejected it, leading to a potential for peer support to be shut down:

(About friends) Some of them don't really know that my mums passed away because I don't really even say it...it isn't that I'm ashamed that my mum's passed away. It's just that I feel that its none of their business...they go oh sorry, sorry, sorry which is sometimes helpful but sometimes it does get quite aggravating (Jimmy: 11:478-480).

The importance of shared experiences amongst friends was also a major factor; friends that had some experience of death were the easiest to talk to:

One of my friends in school, she lost her dad too so I find it easier to talk to her about it (Penny: 2:69-70).

The school community played a vital role to their adaptation to the process of grief, particularly regarding the messages the school gave to their own community:

A few people's parents have died recently. Teachers <sup>41</sup>have come to us and said 'don't say anything', leave it, let them get on with it. That's really bad (Belle: 12:524).

Ultimately, the lack of understanding in some of the participants' schools resulted in a loss of trust in adults, both at home and in school. The response from within the school was a clear factor in how the participants managed not only the immediate return to school, but also in the subsequent weeks. Some wanted more acknowledgment of the enormous trauma they had experienced, but also the support in recognising and supporting the change in their lives over the longer term. Jennifer took some responsibility to explain her need to the school staff:

I asked the teachers to have some understanding so that all the teachers know so if I walk out the lesson they know why (Jennifer: 18:888-893).

Serious acknowledgement and action towards their distress generally seemed lacking—unless participants were deviant or in danger:

...they've (teachers) always said um 'oh we'll try and get in contact with people' and stuff and they never did... It's made me a lot more angry towards the school<sup>42</sup> (Melinda: 16:477).

Colin's primary school only reacted with mentoring and anger management when his rage, following the death of his father, caused total disruption in his class. For example:

...and I'm just about to smack him in his face and like the teacher held my knuckle... (Colin: 10:418-9).

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<sup>41</sup> This was not the research school.

<sup>42</sup> This was not the research school.

Three out of the eleven participants mentioned that their spiritual and religious communities played roles for them. For example, the security of prayer was helpful for Matt, because most things are different, so yeah (prayer) it's good (8:438). Pippa's faith which held beliefs in a second life, offered her comfort:

Like I'm happy because I accept it already about my dad because I know that maybe he really needed to go there already, his second life, because in our beliefs, that we have second life in heaven with god (Pippa: 8:325-7).

One participant felt that religious leaders should have compassion and empathy as part of their role:

I think if you're a religious figurehead at a school you should be some sort of counsellor, some sort of supporter... he (the school pastor) didn't even know my dad was dead and that was a year and a couple months after it happened and I was shocked. I was like that's really bad... (Belle: 12:530-4).

Some felt overlooked or lacking equal validation of the grief given to other family members; feeling forgotten or protected with the loss of external validation of their grief. This resulted in a lack of public acknowledgement of the changes in their lives and what they meant to the dead person:

I got one text from them and then another from like my three best friends but that was it and my sisters got all letters and everything and I was really jealous (Belle: 7:290-1).

Five participants were excluded from some or all of the funeral rites:

...my mum and brothers would plan the funeral and I wouldn't see them and I would be at home... (Andrew: (12:652).

Melinda claimed her own ranking:

If anyone should be most upset, I thought it should be me (Melinda: 6:172-3).

Despite facing the most painful of experiences, there were numerous examples during the interviews of participants feeling the pressure of having to get on with it or get over it and carry on.

...unhelpful would be if someone said...that um 'you'll get over it' (Vicky: 17: 874-6).

Often this was not obviously stated but evident in the behaviour of those around them. Pippa was told, you should move on... Pippa (21:942-3). Yet, as she asks:

How can I be OK when one of the special person in my life is lost like that? (Pippa: 19:839).

There was a common theme of outside interest waning over time, especially once the death had happened, with the feeling that they just had to carry on:

I just felt like I had to carry on really because I felt that's what other people wanted me to do (Belinda: 4:212-3).

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The fourth theme addressed the role of others within the confines of their social structures (see Appendix 2), noting that many of these structures had changed too and the importance of the external environment in the participants' grieving process, whatever the previous circumstances had been. The family unit as was previously known had changed by default. As a rule, the participants in this study found themselves feeling more alone as a result of the nuclear family changes, often grieving at different times and in different ways to the rest of the family. The role of the remaining parent was critical, especially if they were able to show strength when the young person felt weak. Again, participants often revealed ambivalent feelings towards the parent due to the internal conflicts around their new roles, independence and fear of separation. Though support from the family in general was seen to be important, participants demonstrated ambivalent reactions towards most of the support they had received.

The second subordinate theme of changed relationships with the wider community considered the frustration that family and others expected them to be over it. Such expectations and assumptions were not found to be helpful. Further shortcomings from those in their community including feeling a lack of information about the circumstances and aftermath of the death, pretending that everything was the same, or worse, a complete lack of acknowledgement. Often, the answers, stories, or beliefs given and modelled by the adults contributed towards their internal struggles.

Regarding friends and peer support, some participants were left particularly bereft when they did not receive the expected support and understanding; peer support in general was inconsistent and at best superficial in nature. Friends were felt generally not to have participant's required level of empathy and some experienced unkindness. However, yet again the fear of exposing vulnerability and feeling different often kept them from accessing support. It seemed that the most helpful support came from friends who had also experienced a death of someone close.

Participants felt some support from school and places of worship, but most felt there were areas for improvement. Returning to school was exceptionally challenging, particularly over time and a number of participants expressed disappointment with how their school made sense of and communicated the young person's experience<sup>43</sup>. There was a general feeling of their symptoms, feelings, and thoughts remaining unacknowledged as real, and of underestimating the extent of the impact of the death.

## **5.6 Superordinate theme 5: Finding a new kind of normal**

### **5.6.1 Introduction**

This final subordinate theme focuses on how the participants were finding a new kind of normal, as the normal they had known now no longer existed. I consider

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<sup>43</sup> Participants spoke of the school they attended at the time of death, which was not generally the research school.



the consequences of the different strategies and resources that young people drew upon in order to adapt to their new existence without one parent. The analysis of this section was principally based on the responses to the questions in Part 3 of the interview about life changes, support, and their advice to other bereaved teens however there are overlaps with the previous themes.

The theme is made up of two subordinate themes: Reconnecting and Protective factors and stressors.

### **5.6.2 Reconnecting**

The first subordinate theme concentrated on the young person's capacity to move forward in their life whilst keeping the deceased parent in mind. With a key person in their lives gone forever, 10 out of the 11 participants expressed different attempts to re-connect with the dead parent. Often, they did not want to move forward if it meant the future was without the dead person, which resulted in on-going struggles with holding on or letting go:

Pippa was attempting to keep a connection with her father by linking emotionally yet feeling the pressure to build her new future:

Maybe when I'm not happy, maybe my father will be sad as well. I need to have a new life as well, and I need to accept everything (Pippa: 8:331-2).

Struggling with letting go, she knew she had to separate and relocate her dad to be her own person, but harboured thoughts about being unable to do this without losing her bond with her father. She became involved with the paradox of knowing her father had left her but shared her secret hope that she would see him again and he would still protect her from beyond the grave:

I'm just thinking that maybe one day I'm going to meet him again, even if he's not here with me.... They (mum, grandparent) were helping me to move on and they are telling good things about my dad: that he will still be there for you, he will support you, protect you. (Pippa: 18:790-1, 20:890).

As indicated in the third superordinate theme, some of the participants were involved in a kind of magical thinking and searching, still engaged with the hope of reconnecting and meeting again:

Sometimes I think to myself about going back to the past and stuff like that. Like imagining having a time machine...when I do daydream I think about what...I would do if I meet my mum again (Jimmy: 15:657,15:669-670).

Like many participants, Penny expressed issues around regrets and unfinished business, especially about doing things all over again and spending more time with her father:

Questions I'd love to ask and so many things I'd love to say to him even if I knew I had one more day with him (Penny: 15:645.)

Participants were finding their own ways of managing the relationship in an attempt to fill the subsequent empty space left behind:

...singing (dad)...his favourite song or talking to my mum about him... Just because you're [dad] not alive in the flesh I keep him with me all the time even if its things like...singing (Vicky: 9:407).

Some participants kept the dead parent in mind as they embarked upon their life and used it as comfort and motivation that they would have made them proud. Melinda felt that her dad was still watching over her:

...like no matter what they'll be looking down on you and you've just got to make them proud (Melinda: 20:595).

Participants spoke of other different endeavours to fill the missing space, to keep the parent in their space in a realistic way:

There's a space in my heart that my dad is there, that my love is still alive (Pippa: 18:791-2).

Jennifer posted her father's favourite music on Facebook (Jennifer: 22:1075). Music was an important connection to her father, even after his death as well as a way of self-soothing:

When I get home if I [am] feeling stressed or a bit upset I sing to get it out and it helps I've found out recently that it makes me happy to sing (Jennifer: 4: 1923).

Two participants mentioned that happy memories helped, at certain times... you laugh like that was silly, that was funny (Penny: 20:913-4).

Personal material or intangible items that is kept physically close had significance far beyond their material value:

She (a mentor) persuaded me to buy a locket...[and put]... his picture in it so I can feel closer to him (Penny: 16:702).

By finding tangible ways of remembering the deceased and keeping them close, the intensity of the pain could be diminished and they were able to feel better:

My brother wore his (dad's) shirt to school and his book bag (Penny: 18:819-20).

The interviews were conducted some time after the death and many were still holding on to the connection in different ways:

I still have my dad's number in my phone and I still know it off by heart and I think that's ok (Belle: 14:620).

It was not always easy, however, for participants to hold on to the connection. Melinda struggled and longed for this, feeling she had lost a way to connect with her father:

I think in a way I just completely lost the chain where there was of me and my dad because even though he was dead I still thought like I'll still feel him, like he's here (Melinda: 13:402).

All participants wanted to possess coherent, on-going life stories, not only about themselves but also about the dead parent. Participants did not want to forget, even if this made them sad or upset. This often took the form of activities:

I had a counsellor at primary school... we made a book, a memorial book...of my dad and where he was from and wrote poems and things and pictures of him... that helped a lot (Vicky: 15:794-6).

Colin expressed regrets that he did not have enough memories to possess a coherent picture of his father. His lack of information about his father meant that he could not form a full picture:

I can't really say yeah my dad was this [or] that because I never knew how he was like. He could've been a millionaire or he could've been a guy everyone sees sitting outside the train station and I never knew him (Colin: 11:491).

### **5.6.3 Protective factors and stressors**

Despite the passage of time since the death, participants spoke of on-going struggles and challenges. Though most appreciated some time had passed, which had helped with their grieving process, there was also an acknowledgment that there were areas of their lives that were making their grieving trajectories harder and longer:

I had to get on with it and grow up and like be 'ok' I guess and that's something I don't think people should feel, because you should be able to be sad and act your age (Belinda: 7:339).

Participants felt a general lack of understanding about their own inner pain and an inability to identify how they were feeling:

I don't know why I'm feeling so sad (Jennifer: 29:1445).

It seemed important to all the participants to attempt to regain self-control, to take responsibility for themselves with attempts to self-regulate their feelings and to be resilient in appropriate ways.

I definitely gave myself my own expectations, I felt like I have to be happy all the time because that's just the sort of child I was...(Belinda: 3:156-160).

Participants were often able to see the limitations of internalising their feelings because in the long-term this had not been a particularly helpful strategy for them. For instance, Jennifer's personal 'holding in strategy' to try and be autonomous, appear happy and manage her negative feelings was not found to be helpful over the longer term because she admitted she felt better if she allowed herself to cry:

...sometimes I hold it in for months like I'll get used to the feeling of suppression. I'll get used to a tight vest -just get used to the feeling...If I cry...I just feel so much better, like I can breathe properly (Jennifer: 23:1155-60).

Melinda states simply that she "didn't cope well, I just didn't show it" (Melinda: 15:440).

Nearly all participants spoke about feeling that sometimes the outside world was not able to provide the fit and quality of support for them, with a strong emphasis on the lack of empathy:

People like everyone said I understand, I understand but they didn't understand...everyone has their own way of grieving... I don't want everyone's sympathy... I don't want the pity I don't want the sorry (Penny: 9:369-72, 10:431, 15:684).

Vicky spoke about having support from some of her family but their inability to understand:

It would have helped if people like understood (Vicky: 16:827).

This perceived lack of empathy often resulted in withdrawal, lethargy and lack of trust. Melinda felt misunderstood about her anger:

...I didn't really talk to my mum in the end about how I felt... (Melinda: 16:495).

It was often a *process* over time whereby they felt more empowered to communicate. Penny explains with relief that she had finally found a way to trust, be more honest and begin to externalise some of her internal pain:

No more fake smiles, takes too much, too much energy out of you trying to act like everything's ok and you know it's not ok...Just lying to yourself it gets to a point where yeah in the beginning it helps you, but it don't help you the more you've used it (Penny: 24:1099, 1104-5).

For some, it appeared that their outside world was operating at a lower level of communication and were not engaged with their world:

Sometimes when I talk to people I would see they're not listening fully. They're pretending to listen but not actually doing any listening at all (Jennifer: 28:1400-1404).

Participants felt that when there were no easy answers, conversation around the death itself was avoided and were not looked at in any depth:

Everyone you [know] thinks your life's perfect, you ain't got nothing to be upset about. It's true what they say, you don't know what happens behind closed doors (Penny: 15:654-655).

As seen in the role of others, emotional support from the surviving parent and immediate family seemed pivotal to the participants, yet was often inconsistent or unavailable as the family were grieving themselves.

Everybody else had also lost the same person ...they all had their own problems, they were all dealing with it themselves so I felt like I had to... I was scared of upsetting them (Belinda: 3:156-160).

The message to Melinda was that adults could not bear her pain. Her feelings were strongly expressed in that three years following the death, no one would allow her or take her to her father's grave, because:

They (the aunts) didn't like want to be there while I got upset. (Melinda: 13:402).

Many participants expressed frustration about the limitations in their environment, particularly from those close to them. However, a number of

participants also saw that sometimes it was their ambivalence and rejection of help that caused them prolonged distress and dysfunction:

I feel guilty because I shut away from my mum –it's not her fault and like she wants to do her best for me and I'm angry because of the way I've been (Melinda: 20:617).

Some felt ill equipped to express emotions safely within the family, something that Pippa voiced:

You should just accept it [the death] because it is hard for your family that you should have anger (Pippa: 23:1025-6).

Peer support over the long term was challenging, especially given the ambivalence presented by the bereaved young people. Often, the young person struggled to make sense of feeling different to how they had previously:

I feel like I'm being pointed out as in she's different because her dad's dead (Melinda: 17:510).

It seemed challenging for them to be able to express this, particularly for boys, when with friends who often made superficial and cursory acknowledgements of the death. Matt felt his peers were good friends to me. Matt (8:429), but that the extent of their understanding was about asking, Are you alright? (10:536-7), without exploring further.

In addition, the longer-term changes in the participants' lives did not seem to feature with their peer group. Four out of the eleven participants were still openly searching for outside acknowledgement, which would have validated their loss:

I don't know how I would've liked to be treated but I was treated like nothing happened. Like I'd just been away for a couple of weeks... I would've liked the attention actually because like I would've liked to be treated like something serious just happened.... (Belle: 13:526,558-9).

Even having identified their discomforts, most participants did not really know which way to turn for support, if they needed support or what form that support could take:

Um, sometimes I don't understand why I feel this way and um I don't know how to sometimes I write poems or draw things but sometimes I think why am I feeling like this? (Vicky: 2:113-115).

She suggested ...if I made something that I could refer to like a new advice book (Vicky: 16:850-851).

Penny highlighted that often there were people around in the beginning but when 'reality hits' after some time, the support had disappeared:

Smothering don't help because when reality hits you in the real world, you don't have no one to turn to when they're not there (Penny: 23:1044-5).

The opportunity to have an outlet may involve professional support, either in the form of counselling, mentoring or facilitated meetings with the bereaved:

...it will hurt...sometimes you have to tell someone and now its nearly a year and I've only just started the counselling a couple of weeks ago. Like if you found someone to trust like a counsellor or something earlier it will help you a lot through it (Penny: 23:1019-27).

Jennifer identified how being listened to and heard in counselling was helping her move on:

It's helped me so much because before I go to that I would go 'I've moved on.' I would still be feeling the same feelings I felt last year because it was just a sense of relief that someone was actually listening (Jennifer: 28:1400-1404).

Colin highlighted that there were a combination of factors to let out feelings in the right way, at the right time and to the right person:

Let it out at the right time, do a sport, try to do something that keeps you active and let it out there. Colin (22:1000-1) to [speak to] someone like you trust (23:1020) to just listen and listen. (23:1041) Speaking to someone, knowing its confidential and knowing that they understand. Its



not that you tell someone and they can just say yeah mmm (Colin: 25:1118-9).

School could play a major role in facilitating this as they were usually directly involved with the students and the long term, such as highlighting problems to the surviving parent and facilitating support such as referral to an outside counselling agency. For some, simply meeting others who had been bereaved was the best source of implicit and explicit help. Belinda felt feel less alone by sharing her experiences with other bereaved people:

I think the main thing that helped was to meet with other people, other kids who had lost a parent because it was a very lonely time (Belinda: 5: 262-263).

Belinda added:

...not to worry about upsetting people, I think talking to someone who wasn't part of the family was very important...I knew these people would understand... and not to feel bad when you're sad (Belinda: 5:271-274, 6:313-314).

Jennifer also experienced this:

...people that understood what I was going through...like a breath of fresh air I was like I can actually just breathe and talk about it normally (Jennifer: 28:1414-5).

Jimmy now felt different and often lonely, noting that he would be more able to 'self-soothe' if he also had some sort of reflective space to think about his mother with other bereaved teenagers:

If we could talk a lot more about our bereaved parents and stuff like that.... (9:380) And, then be able to think about the happy times you've been with your parent. It might be a bit childish to say (Jimmy: 15:673).

It did seem important to some that the picture was not all negative. Vicky's new belief system included the view that experiencing some suffering in life makes for a better life:

If you suffer something like this then you'll become stronger and if you suffer nothing, it's worse than losing someone (Vicky: 17: 899).

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The final subordinate theme highlighted the protective factors and the stresses participants associated with the journey towards adjusting to the death. This included their need to be autonomous, yet struggling with self-regulation and still needing support though empathy and re-connecting with the lost person.

## **5.7 Overarching themes: Time and Ambivalence**

Time could have been perceived as friend or foe at times, but not as a healer on its own. As a marker, time did not appear to be a good enough measure; participants needed time to process the shock, their wounds and the consequences without the pressures of having to move on.

I know it's not my time to grieve...you have to be patient...Like friends, outside world, seeing everyone happy....It just shows there is such a thing as happiness, it just takes time...It will take time but you'll end up coming to terms with the truth and the reality of things (Penny:18:805-808, 22:988, 23:1012-1).

They needed time to reflect on what they had lost and what that represented to them as well as time to relocate the missing person in their lives. With regard to their identities, they needed time over again as an infant does to attach, to trust and to begin to safely explore the world. Cognitively, they had information to process that needed time as well as learning the new language of grief.

The time of day was an important factor; often the young people functioned normally and well in the day but the nights were sometimes disturbed either with sadness, loneliness, fear or images of the deceased as a comfort.

Feelings did not appear in linear, neat ways but at different times triggered perhaps by different contexts such as the time of year and special calendar days. They found grief appeared and re-appeared in different guises at various times, from which there was no escape. Above all, they needed the time to heal the emotional, behavioural and cognitive splits caused by the trauma.

The timing of interventions as sources of support was fundamental for participants to be able to take and accept support, notably allowing them transition time following the initial impact of the death.

Due to their ambivalence, the participants' accounts lacked coherency at times; their responses to the death became complex, disjointed and unpredictable reflecting the paradoxes and their ambivalence. Support was difficult due to the ebbs and flows of their needs and wants.

For instance, most participants experienced ambivalent positions towards the surviving parent. Without knowing who they were now given that one parent was dead, there were ambivalent conflicts as to whether to attach or detach. (Also explored in 4.1 Role of others). For instance, with regard to discovering their new role, paradoxically most withdrew from the surviving parent:

I shut away from my Mum (Melinda: 20:619).

Penny's ambivalence as a result of her father's death, led her to isolate herself, feeling that she could no longer trust anyone and could only rely on herself:

I'm not going to have anyone to rely on, I'm going to have to do everything myself (Penny: 10:432-3).

In Jimmy's attempts to be independent with a separate identity and withdrawing from his surviving parent, he felt at a loss as to how to parent himself. Although cognitively aware not to idealise his dead mother, Jimmy struggled with this resultant ambivalent feelings:

What about the smaller me, what do I tell him, should I shove him away? Should my [dead] mother be all to me? (Jimmy: 15:671).

Given their ambivalence and mixed messages about support, they were often forgotten, overlooked and misunderstood.

## **5.8 Conclusion**

The major focus of this chapter was to consider the research evidence gathered from bereaved young people's experiences of early parental death, addressing my five principle research questions (See Introduction). In the previous chapter, I outlined how and why I had selected a social constructivist approach to grounded theory in order to position myself to robustly analyse data qualitatively rather than quantitatively. I felt that this approach would elicit an in-depth picture of the emotional and psychological lived experiences of bereaved young people. Eleven participants were interviewed using a semi-structured questionnaire, CORE-YP and a creative tool. Not only did a psychotherapeutically informed semi-structured interview approach to questioning elicit their ideas, but also allowed for more in-depth questioning regarding their psychological well-being. A creative activity, a feelings figure, became a gateway to their emotions. This allowed me to discover and uncover what was happening in their world in an ethical and researched manner. The participants were all early adolescents and analysed without divisions for type of death, gender, class or religion. Unfortunately, the small sample size did not allow for overarching conclusions but did allow for a deeper more complex investigation and explanations. The study became a long-term study of the outcomes as all the deaths had happened over one year before the interviews (except one, which had happened six months previously. See Appendix 3)

It appeared as though shortly after the parental death that the participants had appeared to return to normal functioning, in the sense that their physical appearances had not changed. They went back to their existing schools and most remained in their previous homes. However, it soon became obvious from this study that the participants were no longer experiencing their normal life as they had previously known. Complex and dynamic core processes were set in motion following the parental death. The expectation that their parent would live until

they were significantly older had been broken and problems began to emerge which caused pain and psychological distress. As early adolescents, they experienced an interruption to their developmental tasks, which included their own natural separation from their parents, their increased autonomy and identity formation. All participants now felt, behaved, and thought differently following this loss as the five superordinate themes testify.

The impact of the death had clearly thrown them into a state of disarray, which emerged throughout many of the themes. Clearly, the impact of the loss was pervasive and isolating. Most of the themes overlapped and merged. Time emerged as a theme that overarched all the main superordinate themes, whilst the ambivalence of the participants also overarched the main themes.

There were no absolute conclusions to be drawn, mainly due not only to the wide range of responses but also the inherent ambivalences attributable both to the normal adolescent trajectory and to the impact of the bereavement. In addition, grief itself brought many paradoxes, particularly related to cognitive processing and existential issues. However, we can conclude that that a premature parental death has a major impact on the lives of children and young people.

Whenever I look in the sky at night there is that one bright star and I look at it every night... I say to my dad, and I do a little sign of the cross and send him a kiss and say a couple of words and then go to sleep. That I think helps a lot, it sounds so silly ...just look outside and you've always got one star...(Penny: 6:318-324).

## Chapter Six: Discussion

In this chapter, I will review and explore the five emergent themes and 11 subordinate themes that emerged from participants' interviews, reflecting on the narratives and identifying any connections between them. I will also link the literature and current research that supports or refutes my interpretations. I will then consider the methodology behind my constructivist grounded theory research, including the strengths and limitations of this qualitative approach. In addition, I will explore the implications of this study not only for mental health professionals and therapeutically based service providers but also the wider implications in the more general field of death education. I also highlight possibilities for future research. In the final chapter, I conclude with some personal reflections about my research journey, which aims to put my research interest in context.

This study appears to be the first study in the UK to examine the psychological and emotional experiences of parentally bereaved young people from their perspectives, in order to better understand the core processes that guided their way of being. To date, there is no one model that addresses grief and mourning in young people; I therefore examine the internal and external processes using several theories, drawn from the psychoanalytical and psychotherapeutic literature. The psychological and counselling literature offers many adult models and studies of grieving, but a paucity of research that explores death reactions and coping from the adolescent's point of view (Reed, 2008). My aim was to discover "a truth not the truth" (McLeod, 2001).

I began the research with the belief that bereavement and grieving is difficult to explain with language. I wondered if I asked the right questions and used the right research tools I would facilitate the process for participants to convey the major impact that the premature death of a parent has on a young person. Struggling to explain, Penny says:

I can't explain how much it effects you losing your parent Penny (13:585-6).

If I can explain, then I can help Penny and bereaved others explain. My intention is that the findings from this research are able to shed a clearer light on the painful journey that bereaved young people endure, so that clinicians and policy makers can become more effective.

## **6.1 Discussion of findings**

In response to my research questions, I begin by examining the resultant losses, including primary and secondary losses. I discuss the impact of the death in terms of disrupted identities and their struggles to make sense of the bereavement, focusing on the emotional, cognitive and behavioural aspects of the struggle. The final themes are concerned with the intervening conditions such as the role of others and the consequences of their actions and struggles. The themes overlapped and intertwined, as with the warp and weft of a carpet. The threads that linked the themes were the overarching themes of Time and Ambivalence.

The themes were generally consistent with the five core processes that interfaced with the normal tasks of the adolescent following bereavement, as identified by Fleming and Adolph (1986) (see Appendix 18). Bereavement is considered "a life crisis that threatens completion of developmental tasks" (Balk, 2000:36).

Adolescence is a time of what Waddell (2006) called adolescent reorganisation; this study supported that "this reorganisation was prolonged, obstructed, intensified or delayed by the death of a parent" (Meshot and Leitner, 1993:295). Their "psychological essence was profoundly shaken" (Symington, 1993:74).

### **6.1.1 Losses**

The first emergent theme was one of loss. When writing about a study of death, it may appear strange to be naming such a seemingly obvious title as a main theme. From the analysis of the data, the death did indeed represent a pervading, negative, life-changing loss causing pain and distress, consistent with the

findings of Dopp and Cain (2012). Overall, there remained little doubt that whatever the cause of death or the circumstances of the young person, they felt that their lives were changed significantly and the death had had a major impact on their wellbeing.

Participants were involved with the most difficult and painful of stories through *no choice* of their own, experiencing a resultant split or disjunction between the world that is and the world that should be (Parkes, 2010). This psycho-social transition (Parkes, 2000) resulted in one of the most severe psychological traumas that one may encounter through life, supporting his notions that death is one of the most fundamental losses a person can face. This study illustrated that, to the participants, the loss was all encompassing, isolating and devastating and hard to describe, consistent with Tracey's (2011:22) "incalculable loss".

Throughout the accounts, participants emphasised the importance of the loss, with the sense that nothing was complete and that there was always something missing. The genetic parental bond was irreplaceable, with an intense sense of loss that is very personal (Meshot and Leitner, 1992). This study supports Furman (1974) in that the young person's life was now shadowed by the parental death.

Participants in this study were affecting changes both in their external world and how they represented themselves and others in their inner world. The findings supported Sussillo's (2005:500) notions that "the untimely death of a parent is an incomprehensible and overwhelming assault that strikes at the core of the adolescent's intra-psychic and external world". Sussillo (ibid) views this as "a crisis on two critical fronts affecting both the sense of self and the attachment-individuation process".

An important element of this theme was that the *premature* separation precipitated an evaluation of what the dead parent represented to them internally and externally, in the present, past *and* future. All of the parents had played a part in the participants' lives, even those parents who did not live together or would not appear to be playing traditional parenting roles.



There is a rightful ownership, possessiveness about one's relationship with a parent. There is a powerful sense that a parent is part of oneself, contained in one's heart and known in one's soul (Sussillo, 1995:523).

What they had lost was articulated as concerns around the validation of their existence, being loved and being held in mind (Sussillo, 2005). Participants also identified as important issues the loss of safety, intimacy, fun and time.<sup>44</sup>

Another element of this theme to emerge was additional losses in their family, whether real or perceived, that the primary loss brought, which were sources of distress in their own right (Silverman and Worden, 1993 cited in Stroebe et al.). As isolated events, desired or prepared for, they may not have been problematic. However, as additional losses, in this study they often served to compound the primary loss adding to the sense of loss.

Overall, the findings were consistent with Tracey's findings of "the sense of perpetual loss and pervasive grief", changing the course of lives (2011: 22). This loss of what Parkes (2000) terms the assumptive world caused immense stress; Bereavement produces "intense and enduring emotional stress that outsiders seldom appreciate" (Balk, 1991:7).

### **6.1.2 Disrupted identities**

Although the process of separation and autonomy is central to adolescence (Erikson, 1950) the participants in this study experienced what Keenan (2014:33) terms a "double dose effect" following separation by parental death. Consistent with Fleming and Adolph's (1986) core process of self-image, as they moved towards their separate identity formation and independence by letting go of the omnipotent parent, the participants were contending with attempts to construct new, modified identities and new mental representations of the world (Sandler et al., 1962) to help make sense and predict other people's behaviours.

Klein (1940/1975) held that the infantile depressive position would be reactivated as a reaction to loss or separation, resulting in splitting and omnipotence issues and a fear of losing oneself, as this study found with some

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<sup>44</sup> It is important to note that most of the participants had lost fathers.

participants. An omnipotent state prevented some participants from moving or being in what Stern (1975) termed attunement and the ability to relate to others, illustrated in this study by most of the participants displaying a lack of trust and withdrawal into themselves. This public versus private debate featured many times within the participants' accounts. Often, participants hid their emotional pain and concealed the truth in order not to upset the surviving parent, or others. They felt a pressure to be happy around others and chose to keep their grief private. This study demonstrated that this private grief, albeit a necessity at times, also led to a lack of support.

At the other end of the omnipotent spectrum, consistent with Music (2011) feeling out of control can lead to hopelessness or learned helplessness. Participants indicated that finding a sense of agency and control in the chaotic world of bereavement was a major issue, expressing feeling ill equipped to find a balance.

Splitting was also evidenced in many of their stories, experiencing confusions with age appropriate identities, appearing at times to be regressing to those of an infant building its sense of self or appearing mature and independent, consistent with Klein (ibid) and Winnicott (1971). Keenan (2014) suggests in her research into bereaved adolescent's identity concerns, that there is an unconscious fear of abandonment and desertion characterised by a sense of *rigidity* instead of fluidity and flexibility associated with the ordinary process of adolescence. It was beyond the realms of this study to explore the unconscious processes per se, but could concur with the sense of rigidity she identified. In this study, the rigidity was evidenced by the participants feeling the need to be strong or weak. For instance, despite times of feeling deep despair when in public, crying was generally perceived as a weakness, only to be revealed in the privacy of their own space.

Identity issues could also be viewed from the Winnicotian perspective of true and false self; Winnicott (1960) suggests that an individual creates a false self in order to manage deep hurt. By splitting into a true and false self, perhaps by not wanting to be different, rejected, abandoned or "an outcast... I just want to be normal". Jennifer (27:1357), the false self complied with external rules. Roles

they were playing, such as parenting the parent or caring for others, caused unease resulting in premature independence or the sublimation of their own needs. The true or false self allows the deep hurts to remain hidden and buried. Furthermore, for those participants who were maintaining a false self their emotional energy, their fuel for life, was depleted.

Kohut (1971) purported that parental loss may lead to narcissist injury, as the lost love object nourished and endorsed parts of one's identity. This study found evidence to support this contention, within the participants accounts of the loss of their sense of self and not knowing who they were following the parental death; this was particularly noticeable with three of the participants describing their experience as no longer being daddy's girls. In this sense, Symington (ibid) explains that keeping these injuries hidden results in what he terms 'the lifegiver' pushing others away (e.g. the good parts of the internalised parent or external offers of help). The narcissistic currents are always hidden (Symington, 1993); they need to be revealed (internally and externally) for healing to take place. This study supported this premise as the participants' longer-term strategies to hide vulnerability often proved too difficult. As one participant expressed, hiding the truth made her feel that she was in a big bubble waiting to explode. Furthermore, by feeling no one cares or is concerned, even if this was an irrational feeling or one created by themselves, resulted in participants fostering an indifference that resulted in halted emotional development and an impeded grieving process.

### **6.1.3 Struggling to make sense of grief**

The third major theme was concerned with participants' emotional, cognitive and behavioural responses to the loss and the underlying core processes that governed these responses. Silverman (2000:27) argues that "Almost any death, expected or unexpected, can be for the moment traumatic". From that premise, we can draw from neurophysiological research about the impact of trauma on the brain. (Goleman, 1996; Midgley, 2009; Music, 2011; Carroll and Shaw, 2013). This research is of great significance as it demonstrates the physical effects, such as the neural pathway routes that link the triune brain and release of stress

hormones. As Lanyado (2009:305) highlights, the separation of mind and body that has existed in the past when thinking about trauma has come to an end.

Participant's initial reactions were consistent with Carroll and Shaw's (2013)<sup>45</sup> and Goleman's (1996) work, evidenced by fear triggering fight, flight, freeze, fragment and flock responses. Participants experienced intense reactions described mainly as being shocked, frozen, untouched, distanced, and numb indicating "survival mode of the reptilian brain". (Carroll and Shaw, 2013:91). The event was repeated in an "undigested, repeated and unprocessed form as if time has stood still". (Lanyado, 2009: 305). This reaction was noticeable even if they did not actually witness the death or live with the parent at the time. These reactions were woven throughout the interviews and further evidenced not only by the actual content but also the actual words they used or by the same fear repeated again and again. With the amygdala ensuring survival at its best, Carroll and Shaw (ibid) argue that access is limited to other functions (physical, psychological and emotional) and the more developed systems such as thinking, planning and decision making (human brain). There were many examples of this separation of thoughts, feelings and behaviours, with mismatches between the depth of emotions and displayed behaviours.

I knew what it meant that he was dead and I knew it was such a bad thing in my mind but I didn't show those emotions. I sort of separated my actions from my actual thoughts so I'd laugh...laughed when they told me he'd died... Belinda (5:226-228).

An important finding, in line with Worden and Silverman's (1993) findings that anxiety and fear were markedly greater than non-bereaved peers, was that fear and anxiety predominated the range of expressed emotions. This was concurrent with Fauth et al.'s (2009) findings on anxiety and Fleming and Adolph's (1986) core process of the unpredictability of events related to survival mode.

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<sup>45</sup> Based on the current thinking outlined in Carroll and Shaw's (2013) work that the external event will have a demonstrable physical impact on a triune brain (Carroll and Shaw: 2013:88); different processes belong to the reptilian, limbic (mammalian) and prefrontal cortex (human) parts of the brain.

Furthermore, anxiety levels were much higher than when compared to the general population.<sup>46</sup> In this study, this was represented by fear of the night, fear of emotions themselves, fear of others dying and fear of the future. Ford, Albert and Hawke (2009) note that “such environmental adversities elicit changes in self-regulation that are helpful for survival but detrimental to ordinary psychosocial functioning”. (2009:196). There were many examples of hyper/hypo emotional activity and anxiety-driven behaviours, for example feeling generally unsafe or hyper vigilant with some of the participants still living in these high arousal states, even after time. As Belinda said: “I was afraid that everybody else was going to die” (3:134-9). Consistent with the findings of Ford, Albert and Hawke (ibid), participants often displayed an inability to self-regulate, demonstrated by over reacting to perceived threats and experiencing difficulties in identifying how they were feeling. For instance in this study, ordinary scenarios were turned into possibilities of death and dying resulting in intense and disproportionate fear.

One unexpected key finding of this research that had not been highlighted as such in the bereavement literature was participants’ emphasis on the fear of living their lives. This was represented by the fear of the future without the dead parent, in addition to the actual fear of death itself. This discovery was an epiphany moment for me as a practitioner-researcher. In my clinical work, fear had played a large part, but I had not seen the importance of the fear of future life without the dead parent.

Fear also appeared in the form of acknowledging the fragility of life by worrying about the health of the surviving parent, other relatives and even their own. Bodily problems and illness were now much more closely associated with death and dying in nine of the participant’s stories. There was often a preoccupation with whether they themselves were going to be ill or die.

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<sup>46</sup> Anxiety disorders are estimated to affect 3.3% of children and young adults in the UK. (2014, [mentalhealth.org.uk](http://mentalhealth.org.uk)). Just over 3% of the adult population in Britain experience anxiety at any one time, and under 2% of the population experience a combination of anxiety and depression (2000), *Psychiatric Morbidity Among Adults in Private Households in Great Britain*. In O. O. N. Statistics (ed). London: ONS.

It is important to note that for a few participants, paradoxically some fears were removed; dying meant you could join your dead parent. The acceptance that they could not change or control when death was going to strike manifested in an ambivalence towards personal safety for one participant.

Ultimately, with regard to their emotional well being, it was a negative and bleak picture of deep hurts and confusion.<sup>47</sup> This finding was inconsistent with Shear's (2009) summary of adult and children which indicated that most bereaved people experience a painful period of acute grief and go on to make a good adjustment and restore their ability to attain joy and satisfaction in their on-going lives (albeit Shear does not attach a time element to these findings). She also notes that a clinically significant minority do not enjoy this positive outcome and instead experience psychiatric sequelae (Shear, 2009).

Participants were still experiencing difficult, intense emotional responses, despite being some time after the death, in line with most of the literature (See Balk (1991, 2011); Worden (1996); Silverman (2000) and others discussed in Chapter 3)<sup>48</sup>. In this study, the depth and range of feelings varied from participant to participant, yet the grief for most was described as still being isolating, exhausting and ever present in different guises. Feelings ranged from being so sad that they wanted to die to feeling able to cope but still experiencing intense loneliness. The experiences of the participants shared commonalities with the bereaved young people in studies such as Yule and Smith (2010) who highlighted separation distress, intrusive memories, yearning the dead person and stuckness, which interfered with grieving. At the other end of the spectrum was the one participant who hardly spoke about or showed any emotion at all in the interview, expressing some anger, loneliness and regret and left in a state of confusion. In line with the Harvard study (1993) from the participants' reports, feelings did seem to diminish in intensity over time but confusion, fear, anger, guilt and sadness lingered. There were marked signs with all the participants that corresponded with Prigerson et al.'s (2011) Prolonged Grief Disorder (PGD)

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<sup>47</sup> It felt so bleak following the second level coding, that I felt the need to review the findings with both my consultant group and myself.

<sup>48</sup> Further examples include Balk and Corr (2009); Black (1987); Doka (2000); Dyregov (1990); Fauth et al (2009); Ribbens McCarthy (2005); Penny and Stubbs (2014)

(albeit an adult measure) such as a yearning for the deceased, loneliness as a result of the death, a sense of numbness, a lost sense of security, excessive irritability, lasting at least two months. Music (2011) points out that predicting danger has helped with humans surviving so successfully; with the loss of protective factors there may be an emphasis on the negative emotion system as opposed to the positive affect system and help is needed to redress a balance. (Music, 2011:212). As Ford, Albert and Hawke (2009:198) suggest “self-protection overshadows healthy development”.

Parkes (2006) describes grief as a painful process of change, by which someone gradually gives up one world and enters another; participants were experiencing this process of change in relation to their worldviews, paradigms and value systems. Despite what was known about death from the media, storybooks, music or the news participants found themselves struggling to integrate their existing beliefs about their self/world into this new self/world (Brom and Kleiber, 2009). Consistent with the human brain’s processes (Carroll, 2013) participants spoke about the difficulties they had with some of their cognitive processing for example in trying to rationalise, reflect, plan for the future and make sense of what was in their minds. Ruminating and reflecting about why the death had happened, for example, led to different and difficult questions and few satisfying answers found. In my clinical work, I had found answering questions an impossible task, unless this included reflecting our helplessness and inability to bring the dead person back. Participants became pre-occupied with the death or the meaning of death, for example would it happen again? There was an expectation that everybody could die young, with the accompanying knowledge about the fragility of life causing them to raise questions such as: why is this happening, what does gone forever mean, how could deity let bad things happen, if the deity loves me, why doesn’t he bring him back?

Their attempts to understand the paradoxes and complexities of grief were often thwarted, either by themselves or others. Most participants seemed to be trying to adjust to what had happened but were concerned about whether reactions were appropriate and uncertain about knowing which way to turn. Often, they knew something was wrong, but did not know how to change their situation.

Brom and Kleber (2009) suggest that people attempt to keep their world known and predictable, being resistant to change. If the belief that the event will not take place again were not attained, fear would remain the prevailing feeling. According to Ehlers and Clark (2000), the changes need to be processed cognitively or recovery will not take place.

An interesting aspect of the research that emerged from my grounded theory approach was the use of language and the participants' struggles to find the words to express and explain the depth and breadth of their experiences. Despite the widespread impact of the death on their lives, at times it was like speaking or learning a new language. Disturbing thoughts, painful stories and huge anxieties were expressed in quite matter of fact ways, often using literal and violent language, without emotion. There were also notable changes in the past and present tenses. Using a creative tool (see Appendix 10: Feelings Drawing) allowed participants to access and make some sense of some of their hidden or deeper emotions (Forrest and Thomas, 1991). Understanding this inner world in this way can enhance our (and their) ability to internalise more effective ways of regulating and integrating intense and negative ways of being through the use of a different kind of language. Ginot (2012) points out that if in states of hyper-arousal, this process may not happen smoothly.

It was also very evident that although participants in the study did express their feelings and thoughts in relation to grief, they were often shielding from the pain and appeared to be using defence mechanisms, such as denial or dissociation (as defined by English and Finch, 1964). As discussed earlier under disrupted identity, sometimes it was easier to avoid the pain. Malan's "triangle of conflict" (1979:90) where the anxiety hides the deeper feelings, came in to play. Beneath the fear and anger, it seemed as if there was deep sadness, experienced at many levels and in many guises. Penny conveys this process when she said:

Pushing sad away because you've got angry, you're sad about it but the anger builds up so much it just has no room to be sad (Penny: 14:625-6).



Individuals unconsciously resort to defence mechanisms to protect themselves from change and subsequent feelings of anxiety (Oldham and Kleiner, 1990). Anna Freud's (1936/1993:69-121) describes the use of fantasy, actions and words, restricted egos and identifications with the aggressor as defences. In this study, defence mechanisms could be evidenced with participants' denial of the reality of the death and the hope they will meet again, disbelief that the death has actually happened or with Andrew who seemed to lack emotional response to his father's death. Another example of avoiding emotional pain was only describing the death biologically; the emotional pain did not have to be faced, as in nearly all of the participants' descriptions of the parental death. Thus, it is important to investigate if and how this pain can be made more bearable. Lanyado (2005) emphasises that although some of these defences are extreme and self-defeating, the young person may need them to protect themselves from being overwhelmed by pain. Matt needed his happy persona; Belle needed to be strong.

I noted that participants spoke about grief also being experienced physically. For instance in this study participants spoke about physical health issues such as feeling sick, headaches, disturbed sleep, tiredness, boredom or stomach butterflies related to the death. Having to manage the physical exhaustion from the hard work and stress of grieving was decidedly part of their grieving work.

I felt like there was a massive weight on my shoulders...it just made me feel really different from my friends (Belinda: 2:124, 2:126).

Within their attempts to improve their well-being were physical activities and mind-body connections, which did seem to help with their internal grief work. It was important to note that grieving itself was exhausting and stressful; physical activities could help on a multi-layered level, particularly if associated with the dead person. Perhaps, the activities could even be seen as a joyful way of grieving.

Interestingly, given the young people's contexts, participants did not mention the use of websites or social media such as Facebook. Only one participant mentioned Facebook, in the context of finding a romantic partner and as a

connection to her father but not as sources of self-soothing. Also, noteworthy was how the participants did not talk about normal explorative adolescent activities as in sex, drugs or alcohol for example. This may have been indicative of interrupted adolescence, but also may be a limitation of the interview schedule. Noppe and Noppe (2004) highlight the interface between risk taking and non-risk taking behaviours with bereaved adolescents.

#### **6.1.4 Role of others**

This fourth theme highlighted the importance of the interrelationship between the participants' environments, with participants finding some support but also experiencing conflicts and ambivalence towards this support. In this study, I viewed external environmental factors from a relational perspective, especially the challenging role of the surviving parent, and relations with their peer group or school. I felt this process could be described as "Reconnecting" rather than "Belonging" as identified by Fleming and Adolph (1986) (see Appendix 18) as it seemed to be more of a process of *rebuilding* the attachments. However, the underlying principles are the same, with relationships being identified as a key factor in their grieving process. This included reconnections with their inner self, the dead parent and with external others.

Factors that may contribute to the development of psychological pathology or damage relating to identity, such as disorganized attachments or failure to internalize the dead parent (Bowlby, 1998) appeared at times during the interviews. Consistent with this idea and in line with studies such as Silverman (2000), this was represented in this study by examples of contradictory behaviour with participants both wanting to be at home and close to the surviving parent, yet also away from and even and rejecting of the surviving parent. Paradoxically, most withdrew from the surviving parent at times. In this regard, the experienced loss of safety to explore the world with resultant disorganised attachment (Liotti, 2004; Thomson, 2010; White, Kate and Yellin, 2011) and safe re-attachment was not a simple task. The participants from whom this theme emerged also spoke about their own role in this and identified their feelings of ambivalence toward the surviving parent. For most participants, the remaining parent had changed; Sandler's (2011) research indicated that the

surviving parent may well be more susceptible to depression and suicide risk. Participants reported that the surviving parent provided the basic needs of survival such as food, warmth, shelter, love (Erikson, 1950) but due to the changed circumstances the surviving parent struggled to provide for their required safety and protection needs. As Winnicott suggests “where an adult has relinquished the role of responsibility the adolescent becomes prematurely, and by false process, adult” (Winnicott, 1971:146).

These caretaking roles served the family well but prevented the young person from facing some of their own needs, for example to be cared for and looked after by the parent. As someone who not only is the mother of four children, but been in the helping professions all of my working life, this really resonated. It was only through personal therapy that I was able to admit being vulnerable, feelings of helplessness and be looked after instead of satisfying the needs of others. For young people to gain control over their anxiety, Ford et al. (2009) suggest the need for co-regulation from the caregiver. Without caring relationships, “young people cannot calm and regulate their emotions, trust, learn or grow”. (Horn and Lieberman, 2009:210).

Further difficulties that complicated recovery began to emerge with fitting into new and old groups. Despite the undoubted evidence above of the traumatic effect of the bereavement and the subsequent short and longer term impacts, the interviewees spoke about the reaction of the environment around them (Appendix 2) being supportive at times but often lacking in empathic responses, especially over the longer term leaving anxieties at high levels.

Relationship building in groups, as Winnicott (1971) suggests for the bereaved was fraught with difficulties. With regard to peer support, although research suggests that high school students listed peers as their preferred source of support (Carter and Janzen, 1994) or talking to friends (Worden, 1996) the participants’ experiences in this study supported Dopp and Cain’s notion that the event of a parent’s death and the bereavement process may exert negative impacts on supportive peer relationships. (Dopp and Cain, 2012: 56). Timing was

a key factor in Ribbens McCarthy's (2005) study; friends rallied around when the bereaved felt less sociable but had moved on when the young person was ready to connect. (Ribbens McCarthy, 2005). By the time Belle returned to school, her friendship group had frozen her out and she was forced to form new friendships. Some participants had experienced discomfort or teasing following the death. This study found that the peer support most valued was from those that had similar experiences, supporting the findings of Brewer and Sparkes (2011).

School played a vital role in their process, particularly regarding the messages the school gave to the school community. Despite the overarching theme of ambivalence, participants were consistent in wanting acknowledgement of the widespread and long-term impact of the death. Supporting Chowns (2011) findings, the young people sought genuineness and understanding and a safe place to contain and release strong emotions. Not wanting labelling, they were inconsistent in *how* this acknowledgement should take place.

School for most of the participants in this study represented a place for academic learning, not a place where they showed vulnerability. However, maintaining false selves in an environment where they spent so much time generally proved too difficult for most. For instance, all the participants were attending school but some participants talked about lost motivation without the pride of the dead parent, a short attention span due to intrusive thoughts and lowering of cognitive processing as in Dyregov's (2004) studies. Chown's (2013) study found that teachers did not really listen and hear, nor look behind the behaviour. Supportive responses to possible difficulties in concentrating, overwhelming feelings, absences or keeping up with work helped.

It is important to emphasise that school environments have physical, financial, time and curriculum restraints. In addition, school is a place where there are no parents and some participants felt school's supportive role should be one of acknowledgement, compassion and facilitation to external support. However, this should not be seen as an excuse to overlook risk factors. Consistency could be achieved by a nominated link worker educated in bereavement, who would use watchful waiting (DSM-5) over time, intervening early to prevent unnecessary pain.

Despite only a few participants mentioning their spiritual and religious communities in this study (one participant had no religious community) it seemed important to note that for those participants that acknowledged their religious communities or spiritual beliefs, their communities played a large role for them perhaps as a link to their parent.

#### **6.1.5 Finding a new kind of normal**

The fifth major theme addresses the research question regarding the consequences of their actions and strategies following early parental death.

Death had added an additional layer of fear in their lives; participants were experiencing a situation which was far removed from their previous way of being, with the resultant struggles as outlined previously. I summarised this trajectory diagrammatically (see Appendix 19).

Different perspectives on their life experiences of grief were offered by all the participants, experiences that were certainly not neat stages of grief. Some participants in denial and disbelief over a year after the actual death. They were involved with Worden's (1996) tasks of grieving, but again certainly not in a linear way. Stroebe and Shut's (2001) model of oscillations again were helpful to understand that there were dual processes between normal behaviour and grieving the loss: certainly the participants seemed to be able to dip in and out of grief on a regular basis. However, these models were mainly concerned with restoration, which has been interpreted as a return to normal. It was evident by listening at a deep level that normal, as the participants knew normal no longer was available to them. They may aspire to this but as with Peter Pan's Neverland, aptly named by J.M. Barrie (2011) it only exists in the mind or memories of a child. For the participants that aspired to reconstitute this, it was a thankless task.

There were signs of reinvestment in new interests, activities and relationships, such as being back at school, but there were many more signs of internal and external blocks to being able to live their lives to their full potential. I felt it important to note that none of the participants mentioned self-soothing through drug or alcohol use, suicidal thoughts, self-harming, teenage pregnancies or any

other illicit activities, which may have been used as measures of unsuccessful coping. (Sweeting, et al., 1998; Vaswani, 2008; Wilcox et al.,2010). Grief reactions had diminished, however they were still experiencing prolonged grief reactions and functional impairment, as evidenced in the studies of Melhem, et al., (2011). As with Jones's study (2009) and consistent with Penny and Stubbs (2014), this study indicated that the parental death had had continuous, worsening effects on the participants' emotional well being, long after the event has occurred.

Perhaps, as with Wolchik's study (2008), it was too early in their trajectory to see more positive outcomes and personal growth.

An important element of this final theme was concerned with a block to their mourning. Most participants said they 'knew' the dead parent was not coming back, but still searched for ways to repair or maintain a connection with the dead person, treasure the memories and/or relocate them in their life long after they had gone. Some had found healthy ways, but sometimes felt guilt or shame about admitting this. Consistent with the findings of McClowry et al. (2007:363), who "delineated the concept of the phenomena of empty space", many yearned for extra time and attention to fill some of the empty spaces:

For some individuals, the pain of loss may continue for a lifetime even when there is successful adaptation; instead of letting go of the loved one, families detailed the presence of an empty space in their lives (McClowry, 2007).

If we can change our focus and remove Freud's (1917) notions and society's pressure of separation and letting go and replace it with permission to hold the adult in mind, as with an infant's transitions, this may allow a reframing of the thought processes that block a healthy grieving process.<sup>49</sup> It was evident with the participants in this study that permission to fill some empty space by holding the dead person in mind would help the adolescent's development to get back in

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<sup>49</sup> Psychoanalytic theories have been based on the premise that an infant will work towards being able to hold the parent in mind to facilitate their separation (Bowlby *ibid*, Winnicott *ibid*) The adolescent may have concerns that they will no longer be able to hold the parent in mind i.e. forget them over time. In this study, participants voiced these concerns

line with his or her normal development trajectory, as in Klass, Silverman, and Nickman's (1996) model of continuing bonds.

Neimeyer (2004, 2011) also identifies the importance of meaning making. In this study, participants expressed a need to capture memories of the dead parent in different ways, also speaking of the solitary nature of their remembrance. Memory making is not dwelling on the past or opening up old wounds but together with another/others could be ways to relocate the loved one and to fill some of the huge, empty space. Memory making in this context should not be traumatic reminders or prolonged ruminating but positive and validated memories. McClowry (ibid) notes that those keeping the connection experienced a diminishing in the intensity of pain and a desire for something else to focus their energy.

It seemed as if we were shutting down the opportunities of what Winnicott (ibid) terms the intermediate area of experience with the use of transitional phenomena. Transitional objects could be tangible or intangible, in the form of personal belongings, memory boxes, rituals and remembrance days forming realistic pictures of what the parent meant to them, and what they meant to the parent. With permission and use of transitional phenomena, the cognitive and physical behaviours displayed in the study, such as obsessions or pre-occupation with the dead, daydreaming, pining, searching or irrational hope could be transformed into a healthier new relationship with the dead person. The aim would be to reconnect to positive experiences or a good object but not an idealised object and be better positioned to accept the gone forever but keeping the pain until it became a "comfortable pain" (McClowry, 2007). However, as Fleming and Altschul (1963) point out, fantasy in the form of denial can become an obstacle to mourning. I would contend that the notion of transitional objects holds a large caveat and should not be conducted at either ends of the spectrum, but held in balance i.e. rituals and remembrances should not be at the total expense of re-investing in new relationships or new ways forward with young people stuck or obsessed.

## 6.2 Overarching themes

### 6.2.1 Time

A temporal theme overarched all the other themes. The time element was crucial, with the participants themselves emphasising the temporal element of grieving, drawing a distinction between the immediate impact and the delay of grief. Not only was parental time taken away from them resulting in a totally different life trajectory but also in the sense that there was not enough time allowed to explore their psychological processes consistent with what Walters (1999:152) terms “time-limited grief.”

The actual word ‘time’ introduces us to one of grief’s many paradoxes; what we are considering in this research about death is actually *untimely* death<sup>50</sup>. The paradoxical timing of the death emerged as significant; just at the time of second separation (Blos, 1967), there was a fundamental change in participants’ lives. This process caused participants to face struggles between extremes, before they had a chance to complete the usual tasks of growing up and adolescence. This was illustrated in participants’ testimonies about the oscillating between not fearing death and flouting death, to experiences of staying at home, lethargy, boredom, and fear of what may happen if they went. Participants spoke of wanting to be alone and wait with apathy and mistrust, to those of not wanting to separate at all. Some participants were struggling with the possibilities of freedom and choice against the need to still be guided by the parent. It seemed to me as if Yalom’s (1989) ‘givens of existence’ had been introduced to the young people prematurely and in an untimely manner.

I also link untimely death with the attraction of untimely closure. In both my personal and professional life, for those around the mourners the road to closure becomes far too enticing. Participants all had examples of internal and external pressures to move on and get over the death. This concept is not new within the psychotherapeutic literature as Noppe and Noppe suggest:

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<sup>50</sup> This concept does link with Fleming and Adolph’s (1986) core process of fairness; as we have seen in this study, losing a parent before adulthood felt unfair to most but did not seem to feature important enough in their accounts to consider as a core process.



Working towards closure, or putting the death behind, might not be a helpful therapeutic goal. Instead, there must be a gradual *adjustment* to the reality and permanence of death. (Noppe and Noppe, 2004:158)

Nor is the concept new in the grey unresearched areas of bereavement experiences (Gilbert, 2005, 2014). But, perhaps due to the influences of Western society as discussed in the background chapter, it seems easier to pretend everything is normal and fine than to share young people's emotional pain. I note it is very hard to bear emotional pain of others, let alone the pain of children and young people.

Time as a measure was an illusion in the grieving process. I suggest that this should be viewed more as a gradual process that took time, as Parkes (2010) advises. Participants were struggling when they perceived time had not healed; what they felt in the beginning was not necessarily how they felt as time passed. Some participants were so *protected* by the shock and their defences that they did not feel anything for months. There can be a danger here, as with some of the medical models, to dismiss the vulnerability of the young people who do not qualify for PTSD for example. However, troubling traumatic symptoms appeared for some of the participants much longer after the initial impact, whilst some of their defensive behaviours were interpreted as all being well. It was important to distinguish between the trauma responses and the longer-term emotional and psychological damage; time was needed to heal the emotional splits.

Another paradox emerged; as time passed, life in general became both easier and harder, being both a friend and foe. The concept of time being a healer could work in reverse, with participants feeling the impact of the loss *more* as time passed by. There were also worries of lost love, forgetting the dead person as times passed, as well as paradoxically feeling more loved as participants reflected on the dead parental relationship and their revised current relationships. Neimeyer (2011) purports that human beings are meaning makers; the bereaved will be involved in attempting to make meaning from the death and respond to death accordingly. For a young person, the parental relationship will be pivotal in their lives; any meaning making will necessarily be relationship based. They needed time to realise and review what was lost and

subsequently to fill in the empty spaces. Much of the sadness lay within the concept of time been taken away, being sad for the future as well as the past. However, learning that life was full of loss could also be viewed as a gain, with participants reflecting on what they valued most in their lives. Oltjenbruns (2001) study highlighted the positive gains from adolescents' experiences of grief, such as a positive appreciation of life, greater caring for loved ones and strengthened emotional bonds. This certainly reflected my experience and the long term experience of the bereaved families in my clinical practice, but the adoption of this positive outlook without allowing for the dark side of grief is fraught with danger.

Brent, et al. (2012) note the importance of early intervention in order to prevent enduring symptoms. Many stakeholders in the adolescents' lives remain unaware of the concerns of bereaved adolescents (Anschuetz, 1990 cited in Stroebe, et al., 2001) and consequently not being allowed the time or appropriate environment to fully accept the death. What seemed to be missing was not the willingness or even capacity to reflect on their thoughts and feelings but the opportunities to reflect, especially in the company of trusted others. In this regard, communication is key (Noonan, 1983; Wass, 2004; Marshall and Davies, 2011). Information provision was important to the participants, especially to feel part of the grieving process. Family secrets were generally found to be unhelpful (Pincus and Dare, 1978; Dyregov, 2008). Acknowledging the unknown and an interactive, non-directive instruction manual may have to suffice.

### **6.2.2 Ambivalence**

Another theme that overarched all the themes was the participant's ambivalence, in the sense of experiencing conflicting thoughts and feelings about objects and experiences. Although ambivalence is well documented in the psychoanalytical and psychological literature as being part of adolescent behaviour (See Winnicott (1971) for what he describes as teenage troubles), this study highlights that the bereaved adolescent's ambivalence incorporated a different, darker, fear based element. As evidenced when considering participants

attempts to preserve and rebuild their sense of self, two other defences against ambivalence are those of repression and splitting (also discussed in 6.1.3).

Taking an overall view in this study, I wondered if ambivalence arose as a way of dealing with the existential anxieties<sup>51</sup> and paradoxes that such close encounters with death had brought prematurely and highlighted. In this study, as have been evidenced throughout the text, paradoxes participants experienced were concerned with those of continuity and separation of the lost parent, remembering versus forgetting, the pressures of holding on and letting go fearing death yet holding no fear, dependence versus independence, hope versus hopelessness. For instance, managing the feeling that they could survive anything having already been through the worst, yet fearing that the worst could happen at any given point. The challenge of mastering these issues about the very of core existence whilst negotiating the usual tasks of adolescence without a secure base were the risk factors than knocked them off the path, propelled them back or forward or combination of all these factors; factors which blocked their healthy adolescent development.

Reflecting on the participant's accounts and these notions, as with Klein's (1932) descriptions of splitting, I wondered whether their struggles seemed to be with being propelled to one end of the spectrum or the other and not being able to find a more healthy balance. Often, participants experienced both feelings of being in/out of control in different contexts, resulting in ambivalence. This ambivalence was more pronounced as a bereaved young person, as a result of the parental loss as explained in the above sections. Most participants identified that being at extremes were not helpful long-term strategies, yet seemed unable to heal the splits. The basic psychological problems as Symington explains are "to get these parts to act harmoniously" (Symington, 1993: 23), suggesting that hurts cannot be healed unless revealed (internally and/or externally).

Another split or conflict was concerning the process of acceptance, with resultant ambivalent feelings. At times, it felt as if the participants had accepted the death on one level, but sometimes as if they had not processed the grief at a

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<sup>51</sup> As defined by Yalom (ibid): death, isolation, responsibility and meaninglessness

deep level. Symington (2012) explains this as a subjective and objective response to an event: Acceptance versus Denial. This was represented in this study by participants with a partial conscious acceptance but also a conscious denial in order to manage the pain, as in Symington (ibid). Most participants seemed to need help with this concept of acceptance: “A loss and a loss understood are two different things” (Symington, 2012: 69). However, feeling different now, participants acknowledged their ambivalent reactions to efforts to support them.

These concepts help explain the core processes of the challenges the participants were facing as they endeavoured to rebuild their sense of self, whilst experiencing a shattered belief in parental omnipotence. The internal splits and resultant struggles led to ambivalence and confusion.

### **6.3 Methodological benefits and limitations**

There were a number of both strengths and limitations to this study. It was a qualitative, not quantitative study focusing on the impact of early parental death on the emotional and psychological well being of adolescents. This methodological approach allowed for a very in-depth and experiential account of their narratives. Though it was a small-scale study of 11 bereaved teenagers, it allowed for their voices to emerge and the resultant findings convey the convergences and divergences between these participants.

The study was the first formalised academic research in the UK<sup>52</sup>, based on in-depth studies of the actual lived experiences of a range of bereaved young people using research skills in a way that elicited some in depth reflections on the realities of experiencing the loss of a parent at a young age. I feel I have obtained, through my interpretations, a clearer understanding of not only what participants’ experiences feel like, but also what they mean. Hence, my recommendations are directly informed by this deeper understanding of the meaning of participants’ experiences. However, there are some limitations.

This study does not directly focus on the wider contexts of the family such as their financial, class, cultural or religious status and beliefs. The reason for this

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<sup>52</sup> As noted previously, service providers had contributed to the literature such as Potts, S (2009), Stokes, 2004), Gilbert (2004).

was not only due to issues of time and space but it is my personal belief that although these variables may well have an impact on outcomes, I preferred to mirror the route of the Grim Reaper, who shows no regard for income, social status, culture or religion. These background variables are ones that a study of this nature could not control for, and it felt more useful to create a more heterogeneous group. Furthermore, I took this decision so that participants were not *excluded* by reason of class, income, gender, race or ethnicity. Bereavement is a great leveller; as Silverman (2000) suggests outer processes may be different, but inner processes are similar.

### **6.3.1 The sample**

Perhaps, the most apparent limitation was the small scale of the study and as with any small sample, these themes cannot be generalised to larger populations.

I also chose not to allow for sample characteristics, e.g. type of death, gender of parent, or gender, as I felt my focus had narrowed enough as a lone researcher to early/mid adolescents and provided enough room for discussion, notwithstanding that more research is needed in these specific areas.

By keeping a narrow focus on data collection, following the advice of my Academic adviser and consultant, resulted in not collecting “unmanageable data or substandard data, which can result in conceptual blindness” (Morse, 2007: 234). Collection also had to be within my limited available resources. The deliberately sought and selected data, as purported by Morse (2007) did result in locating excellent participants on the whole and a sample that may not be described as homogenous but had a number of shared criteria.

My focus on the individual rather than the context may be regarded as both “a weakness and a strength” (Laing and Esterson, 1970:26). For example, I did not gather data from the wider social context, such as the viewpoint of the surviving parent, teacher or friend which no doubt would provide a richer picture of the individual. I did not explore extremes, such as severely traumatised young children where they have no words. Furthermore, none of the participants were in search of basic needs such as food, shelter or water, as perhaps refugee

children would be as reported in Schaal et al (2010) study of Rwandan orphans which again may paint a different picture of bereavement.

The study is also far from complete in that it was far from a naturally occurring situation; an ethnographic approach may have captured a more realistic picture of participants' everyday way of being. Such retrospective accounts will be more reliant on their memory recall about a time past in their lives.

Although I did not attempt to offer failsafe rules, perhaps by sampling a control group I could have improved validity by comparing this group with a similar group of non-bereaved adolescents. With hindsight and time, this would not have been too difficult a process within the school where I had already built trust. However, time and money again served as limitations.

### **6.3.2 The interviews**

In general terms, all the planning and thought that went into making the interview a safe situation proved worthwhile (as I outlined in the methodology). For instance, I managed to maintain their confidentiality, despite the school community being small, by changing identifiable details and names, generalising and keeping the transcripts securely. The 'safe' situation within the interviews allowed the participants to provide explicit details, even carrying out some restorative work within the interview such as being able to express some of their previously hidden emotions. Following the interviews, all but two of the participants in the school took up further therapeutic work. One moved out of the area; the other was the young man who was the most reluctant interviewee. The challenge was with his ambivalence and trust, especially with my attempts not to interpret the transference and countertransference. However, his interview still provided rich data.

The pilot interview highlighted the need for a more active listening, therapeutically based approach to asking the questions which resulted in more in-depth, emotionally based responses in the subsequent interviews. I felt that my transparency about my personal experience and the purpose of the research in the initial meeting meant that participants experienced a common connection

and thereby trust. My therapeutic approach worked in my favour for all of the interviews, albeit as a therapist I would have been continually searching for additional clues using most of my senses e.g. observing what they were wearing, their general demeanour, the transference and counter-transference. However, as a researcher attempting to avoid bias, this additional information was not consciously used in the analysis.

Using CORE-YP (see Appendix 11) transpired to be most useful for beginning to make a relationship, setting the psychological focus and as a further check for an alert to anyone likely to self harm (question 4) but limited use for this research as it needed to be repeated along the journey. The most useful part of the semi-structured interview was Section 2 (see Appendix 12) with the use of open-ended questions, which allowed deeper explorations into the story behind the story. The more focused questions about the death helped remain on task during the interviews, which given the intensity of the subject would have been all too easy to avoid. The feelings figure which encouraged verbalisations of some of their emotions helped to reach more deeply into their personal emotional lives by discussing not only the range of emotions but also where they were located in the image and what this meant to them (see Appendix 10). During the final analysis, it was an interesting personal test to see if I had truly captured the essence of their being by seeing if I could match the unnamed feeling figures to their interview transcripts; towards the end of the analysis I could. One of the final questions, which asked participant's advice to other bereaved young people rather than ask them a direct question of what helped them, seemed to allow them a chance to be reflexive and to offer a wider, more general answer. The depth of Vicky's response struck me:

If you suffer something like this then you'll become stronger and if you suffer nothing it's worse than losing someone. You can do anything (Vicky: 17: 899).

### **6.3.3 Methodological reflexivity**

Concurrent with Charmaz's (2005) account of grounded theory, this method (as outlined in detail in the methodology) allowed me to stay close to the participants' experiences in order to ensure their personal meanings were

reflected in the categories that emerged, yet acknowledged my position as researcher. As in Ryan's (2014) grounded theory study, this study allowed the power of voice from a minority group to be heard. Manual analysis using NVIVO coding allowed me to adopt an 'as if' position, work towards saturation successfully and highlight some nuances and meanings. A computer-assisted programme would have added an additional internal validity indicator to add another robust layer to the findings, but rather than spend my emotional energy in overcoming my discomfort with learning a new software programme, I felt the time better spent by a personal immersion in the data. In addition, I found using the search tools available from Microsoft Office for Mac 2011 very useful, particularly with for specific, repeated words and phrases.

However, this was a grounded theory analysis and therefore limited within the terms of the approach itself i.e. it was not a quantitative measure for example. Other limitations of a grounded theory approach were that by staying close to the texts resulted in certain issues I knew to be important in grief work remaining undiscussed, such as sex, step-parenting or social media use.

Theme headings may not have conveyed deeper content or unconscious motivations, sharing Winnicott's feelings that "the data I need are not to be culled from a form filling questionnaire or computerised investigations" (Winnicott, 1971: 142). One of my regrets is that although during the interviews, coding and memos, whilst holding the interviewees in mind and reflecting on their inner and outer world, I experienced this transference and countertransference but rarely made this part of the research. Through the unconscious, participants were conveying some of the messages that may have previously been unknown or hidden. (The consultant team also noted this). However, I did not use this (consciously) when analysing, staying close to the actual text of their words. Nor did I use all my senses as I would as a psychotherapist (particularly visual clues). In psychoanalytical terms, this 'parallel process' could be a rich data source, particularly if the interviewers are psychotherapists, and this perhaps could be an opportunity for future researchers. For instance, by following a case in her grounded theory research, Keenan (2014) allowed for breaks and endings and subsequently highlighted



fear of abandonment as a key theme from breaks and endings. I noticed in my final analysis that this had not emerged as a theme, but knew this to be a critical issue in bereavement, following many years work with the bereaved. I can only speculate that I may have unconsciously avoided the theme, due to my own personal difficulties with endings. Perhaps, my choosing one principal interview for each participant indicated replicating a premature ending. This would remain an issue not covered in this research. Certainly, during the coding analysis I experienced feelings of frustration and helplessness at not being able to talk and listen in depth to these young people again. Omnipotently, I felt I could help therapeutically but was naturally constrained. Overall, on reflection, though my clinical and personal experience with grief was a restraint when adopting the role of a research interviewer, the benefits of this dual role appeared to be even stronger. Finally, from an ethical perspective, I was glad that all the participants were offered further support.

#### **6.3.4 Bias**

Since this was a socially constructed qualitative inquiry, which explored the experiences of a specific group of people this study could be accused of inherent bias. Furthermore, despite my best attempts at transparency and with the help of a consultant group and academic supervision, this study remains my own interpretation of their experiences. One such example of this is my personal belief that all pain kept inside is unconstructive<sup>53</sup> and that psychotherapy can help must have had an unconscious impact on the analysis of the findings.

I recognise that this is an investigation into a very personal subject; one on which I have wide expertise. There are of course many other large vulnerable groups of children, for example the children of drug abusers (Wilson, 2004) or children from divorce (Relate, 2011). Many of the precepts used in this study could be applied to the experiences of these children and institutions may choose to group all these vulnerable children under one heading of social and emotional well-being such as in the Place2Be model (Adams Langley, 2012). I have to accept that one of the limitations of this specialised work is that funding is

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<sup>53</sup> This does not imply that some pain should not be kept inside.

limited and some groups will not understand why bereaved children should be deserving of specialised treatment. Furthermore, if we as the bereaved find it so hard to admit there is a problem and accept help due to trust issues, ambivalent messages will mean that people will fail to understand its meaning and impact.

## 6.4 Products

### 6.4.1 Introduction

In terms of giving a voice to young bereaved adolescents, I feel I have obtained not only what participants felt but also some of their personal meanings and the core processes that guided their thoughts, feelings and behaviours. I believe that their voice and views are both represented and woven throughout this discussion. The distinctiveness of this study is that it illustrates, conveys and helps understand the devastation to the inner and outer processes experienced by parentally bereaved young people. In addition, I have been able to bridge research and practice by creating some new products which are directly informed by this deeper understanding of the participants' experiences and support. Examples of these products are:

- an accredited Training course inspired and informed by some of the modules based on this research.
- a Teenage Guide to Death, based on the focus group of participants and including direct quotes from the participants of this study.
- a Forever Manual inspired by the emphasis on story making resulting from this research and the need for better use of the transitional space.
- Revised contents for Grief Encounter's Grief Relief Kits, including a "Forever Puzzle" based on a participant's metaphor of how there would always be parts of her puzzle missing.
- a "Name a star" project directly inspired by one of the participant's words and feelings.
- Improved grief groups and Groupwork Manual at Grief Encounter

The research has also informed some existing projects, such as the upward spiral of grief theory in the Grief Encounter Workbook, added activities in the workbook and improved presentations for modular training, presentations and conferences.

Above all, I believe simple strategies may be most appropriate for complex problems, based on the following premises. Following my own change in focus during the course of these studies, these recommendations are emotionally – focused strategies based on helping the young people to construct a greater capacity to reframe their adversities, build their resilience and develop empathy and caring for others. This is not to dismiss a more diagnostic approach, but acknowledge that the approach may only highlight *complicated* grief by focusing on symptoms of disorders rather than protecting young people from adverse effects and reframing adversities.

I share a paradigm with Melinda:

You can't change the past, but you can change the future (Melinda: 20:593-4).

Frankl (1959), a holocaust survivor and analyst, purported this view. He also suggested that happiness did not automatically come with liberation from the camps, but often bitterness and disillusionment. Much psychological work had to be done, but there was always *a choice* of how to manage the future.

#### **6.4.2 Implications for Bereavement Care Professionals and Services**

In answering Walters' question, "Is Grief work necessary?" (Walters, 1996: 166) the findings of this research validate and expand on previously discussed researchers (such as Balk, 2011; Worden, 1996; Silverman, 2000; Doka, 2000; Ribbens McCarthy, 2005; Christ, 2010; Brewer and Sparkes, 2011; Fauth et al., 2009) who emphasise the need for more focused bereavement support for young people but with considerations for timing and the ambivalence of this population. By a deeper understanding of the participants' experiences, we can not only offer improved support but also avoid ill-timed, unnecessary or inappropriate interventions. It is part of clinical lore that adolescents are hard to

engage; with the understanding of some of the processes explaining their ambivalence, support can be offered with a different emphasis. This is not about attributing blame, anger, and guilt but about understanding the processes in order to provide more of a secure base and transitional objects i.e. a holding, handling and object-presenting approach based on the ideas of Winnicott. (1971). I also emphasise that in my view autonomy and responsibility of the individual should be encouraged, and not a victim mentality. As Masterson (2013) found, the adolescent desired that the death was acknowledged but yet not wanting to be perceived by their peers as different. With some participants rejecting the label of the bereaved child, some opportunities to do this were subsequently lost.

In terms of professional support in this study, professional help seemed to have been restricted to participants whose behaviours were unacceptable or confined to the early days of bereavement. In general terms, what seemed to have been lacking was help through the vortex of grief i.e. longer-term empathic, emotional support addressing issues that identified the underlying core processes. Participants generally felt unheard and needed to be listened to, but also to be helped to make sense of what had happened. This was support that examined below the anxieties, offering empathy not just what Penny referred to as “the pity or the sorry”.

Currier et al. (2007) highlight the importance of the timing of interventions; this study supports that premise, particularly with the ambivalence of the adolescents. I also suggest an active search for clues since adults are often shielded, and even fooled, from the full picture. My premise is that anyone involved with the needs of the bereaved need to face their own death anxieties and be proactive with support. Baruch, et al. (2007:7) advocate this as a necessity to avoid a child being buried under the “rubble of cumulative psychosocial risk”. This includes support for the surviving parent and family system.

As I reflected on how the traumatic loss impacted overall, I was struck by the importance for the participants of the subordinate theme of remembering and reconnecting. This study highlighted the need for better use of the transitional

phenomena, through a greater emphasis on both public and private rituals, involvement in rituals, actively creating rituals and memory making (Rolls, 2008). This involves far deeper processes than simply talking about the death or dead person but a much wider, broader perspective in order to “preserve and extend the lost dyad and also mourning what was never fully realised in the truncated relationship” (Susillo, 2005: 512). This process was important for the participants in this study, especially when messages around them signalled move on, let go or even the unspoken, perhaps unconscious theme of not knowing. I emphasise the need for a space where the young person “can merge their internal world experiences with the paradoxes inherent in the external reality” (Lanyado, 2005:306). Exploring ways of marking the loss, expressing grief and affirming life and relationships consistent with the family values, community, cultures and religions (Fredman, 1997) is a preferable approach, which can be a way to be proactive with support and the search for distress.

Personally, inspired by the research findings regarding holding the parent in mind and the importance of the biological bond, I felt as an organisation we should place some more emphasis on transitional objects, remembrance and life stories. Subsequently, I have written and produced a “*Forever Journal*” for young people to capture the life stories of their special person. The journal remains relatively simple with prompt stickers for the young person to fill in as they will and build a life book about their special person and about their own experiences without the dead person. The underlying aim is to provide another tool to ensure the death continues to be acknowledged and part of the young person’s life, but in a managed and contained fashion, allowing the bereaved to have conversations about conversations and affirming their relationship with the dead person.

In further attempts to help create these transitional opportunities, the other metaphor which inspired me was by the interviewee who talked about seeing her parent in a star and helped give rise to “Name a star.co.uk” and the development of the Grief Encounter website where you can name a star in memory of the special person who has died, providing another tool to mark the loss and acknowledge the absence of their physical presence.

Services could use the opportunities to educate and inform about the suffering of young people with consistent messages and open lines of communication. The findings from this study demonstrated a need for consistent clear messages to guide the participants' on their trajectory of grief; the products I have created or developed as a result of this research can be used as such guides e.g. the Grief Encounter Workbook (see below). Education and guidance is often just the one thing that has disappeared when it is most needed (from both the dead parent and the surviving one). Combining this premise with the explosion of popular media on platforms such as Facebook and Google, as adults, it assumes greater importance to ensure that today's young people have access to reliable, researched, helpful information that guides them on the right pathway for them. This may include guidance about death as well as life. Clearly, when carried out properly, this will help avoid the pitfalls and wrong turnings in grief's trajectory and help develop good grief patterns as a blueprint for managing adverse events. I note that the uncontrolled and sometimes unreliable or inaccurate nature of such information through such platforms presents challenges of its own.

In the quest to find other vehicles to provide more information for teenagers, I have translated the findings of the research project into the Teenage Guide to Life and Death (see Appendix 20), which once drafted from the initial research findings was verified within a focus group of the research participants and the school HBS. It will be published on the Grief Encounter website as a downloadable pdf and available as a hard copy as a resource for teenagers and schools alike. It has been sent to the one hundred current Grief Encounter teenage clients. Jessica Kingsley publishers are also considering it as the framework for an interactive book about teenagers and grief. The publication reflects the continuum of feelings, which ranged from a pervading malaise to an overwhelming sadness, feeling so sad they could die too. Their stories of despair, fear, hopelessness and deep sadness have been conveyed by using direct quotes from participants in order to offer an empathic understanding, with bright illustrations to indicate that there is hope. It ends with encouragement to seek support from trusted sources.

*The Grief Encounter Workbook* has also been republished in its 4<sup>th</sup> Edition, (see RAL 8 Appendix) with some subsequent adaptations as a result of the research. This included a revised model of grief, based on this research, metaphorically represented by an Upward Spiral of Grief (see Appendix 24) . The model includes “Phase 1” to represent the trauma work and “Phase 2” to represent the processing of grief, allowing for a transitional phase. The emphasis is emotionally focused, and allows for the time needed to revisit the emotional and cognitive processes, with the goal of adjustment rather than acceptance. Paradoxically, in the quest for clarity, the theory also allows for the confusions inherent in the grieving process. Revisions also included more direct quotes from the participants in the study, which highlight the grieving journey and shared experiences.

There was also an approach from Penguin publishers, with regard to a publication about young people’s grief, but now shelved due to the company being taken over.

Furthermore, reflecting research participant Vicky’s metaphor about life after death being like a puzzle, I have developed and produced a ‘Forever puzzle’ for young people. The product is a blank puzzle, with a frame, for bereaved young people to draw out their feelings and reflect upon how they are putting their lives back together following the death of their parent or sibling. Life would never be the same with missing pieces, damaged pieces, disorganised pieces but a different life worth living. The product will form part of Grief Encounter’s “Grief Relief Kits” and disseminated to bereaved young people. It can be also be used as a training resource.

### **6.4.3 Implications for therapists**

Counsellors and psychotherapists are in an excellent position to create a transitional space for the young person, being a safe figure and not a substitute, with special regard for containment, boundaries and endings. In this situation, the client can experience emotional regulation, attunement and mirroring, which would help them find a more true sense of self and coherent life story. The interview in itself supports this argument for all bar one participant, in that once

the young people felt in a safe situation, their stories revealed their deep hurts from the loss of a lasting relationship.

Counsellors and psychotherapists clearly need to be aware of the traumatic impact, with adolescents stuck in survival mode (Carroll, 2012) rather than healing the splits, being able to resolve some of their internal battles and forming new relationships. Participants did not want to live with this continual fear and anxiety. Ginot (2012) explains that healing the splits as a result of the trauma usually would need to happen before the familiar narratives are explored i.e. to facilitate the re-telling of their stories about the trauma story and *then* help them integrate that into a coherent life story, including a true picture of the dead parent and what they meant to the dead parent, not an idealised one or a damaged one. Finding a coherent story would also help with the intense ambivalent feelings towards the dead parent, having been loved and now being left. Jennifer illustrated this by regarding her dead father as both healer and protector *and* the cause of pain; with the telling of her story, she began to find relief and clarity and not reject her surviving mother as a bad object. Even where the individual has not experienced or internalised a good parental object, this could still be corrected by this story building approach.

This study alerts therapists to the challenges of working without triggering the fear/flight/freeze/fragment/flock responses that accompany trauma i.e. to work with the wall of defences such as splitting, omnipotence, fear of losing oneself, or dissociation. A grief-focused counsellor will meet defences with confidence, with an understanding of the comprehensive and traumatic pain that death brings and to have an understanding of both the conscious and unconscious processes.<sup>54</sup> This study highlighted the importance of fear surrounding the processing of some areas of grief, which resulted in a pattern of self protection (safety) rather than fully experiencing the pain of the loss and healthy development. As reflected in the research, this is helpful for survival but detrimental to psychological functioning. This study also highlighted the importance of listening to and hearing the vocabulary and language of grief,

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<sup>54</sup> The Johari window (Luft & Ingram, 1955) is a useful concept to help with this approach.



which in many places was revealing for both its age-appropriateness (i.e. use of adult language) and its potency (i.e. violent language).

Psychotherapists and professional organisations should facilitate safe situations for young people to find other bereaved young people. In this situation, negative emotions are accepted, they do not have to be brave, mask the pain or carry a false self. They are able to share suffering and talk about issues you would not elsewhere e.g. a teenager may express babyish feelings, irrational thoughts, magical thinking, shame, strange behaviours, blame, guilt, fear, madness, rage and find ways to express their intense pain rather than internalise difficult and dark feelings. It is beyond the scope of this study whether to include social media platforms, but given the ways in which social communication and technology are moving, there is an extraordinary potential for these platforms.

#### **6.4.4 Suggestions for further research**

The findings that have emerged from this study must be considered within the current context of the growth in bereavement services, but the lack of research based information that informs practice. With this growth, as bereavement professionals, we have an opportunity to deliver researched programmes of support based on the lived experiences of young people prematurely bereaved.

To make this research more valuable, further research to substantiate the findings from this study could be conducted on a larger scale, as with Brent et al.'s research (2012) perhaps through other bereavement organisations with the capacity to encompass a much larger sample and more diversity in race, sex, socioeconomic condition and environment. A focus on the cultural and religious aspects of bereavement would address one of the limitations of this study. It could also serve to validate or dispute the findings of this research.

There certainly is an opportunity to see if the principles apply to other major losses such as divorce and how other forms of 'loss' may converge or diverge from parental bereavement. Further possible research areas are the use of CORE-YP as an evaluation tool, interviewing young people who had not been bereaved to act as a control group for this study, comparing young people across

other loss groups. Such studies would be larger and more empirical and have the scope for more robust quantitative findings. Furthermore, the use of social media, particularly online memorial sites, which was barely mentioned in these studies, is an essential area for research with young people.

Future research may need to complement the quantitative and qualitative methodologies in order to capture both the prevalence and the experiential meaning.

Following the success of the use of creative tools (i.e. the feelings figure in this study, Appendix 10) or the film used in Chown's (2008) study, using expressive arts therapy for research purposes may elicit deeper understandings whilst engaging participants therapeutically (Thompson and Berger, 2011). Gillies et al. (2012) found that CBT was effective for short-term trauma and that more research was necessary; research into more emotionally based interventions with the use of the feelings figure could develop this. The use of the feelings figure could also be incorporated into trainings and workshops to help young people express their feelings without having to use words that might be impossible to express.

## **6.5 The research impact of this study**

M.A. students have produced three research studies (Fitzgerald, N., 2010; Blum, J. 2011; Abaza, N., 2014). Due to the successful partnership with the Anna Freud Centre, further research will be conducted. For example, an M.A. student is currently researching the difference between counselling bereaved children and non-bereaved children. A current PhD student at Anna Freud/UCL will be focusing her work on the differential experience of loss through bereavement and grief. A further by-product of this research is that I am better positioned to offer new research opportunities, guide and inspire such students.

### **6.5.1 Published research**

For the future, I aim to have the research published in peer reviewed journals that were useful to this research such as Bereavement Care, Counselling and Psychotherapy Research, Journal of Adolescent Research, Death Studies, OMEGA, the British Medical Journal and for these articles to be available on Google Scholar. I will submit an article to Therapy Today and CCYP (the BACP Journal for children and young people).

The results of the study will be published in the Childhood Bereavement Network's (CBN) monthly bulletin, which shares information and best practice. With regard to the CBN, this study has and will inform current CBN research on evaluation about what we need to know to prove our effectiveness as bereavement organisations.

### **6.5.2 Conferences**

Most recently, I was the keynote speaker at the Scottish National Bereavement Service (Grantham) in Aberdeen (21<sup>st</sup> May 2014), speaking on Grief and Young People. I hope to speak at Conferences, such as the BACP Research conference 2015/6 (confirmed), CBN Conference (date to be announced) and an ADEC international bereavement conference in 2016. I turned down an invitation at the main CRUSE conference in 2014, due to my focus on this research, but would hope to be invited again in forthcoming years.

Widening out of the bereavement field, I have applied for TEDxWarwick University, based on new insights on the grieving processes of young people. I have applied to run a Loss element on Teach First Programme and hopefully will be invited to the PSHE conference, following an article I supplied information for in PSHE Education (see Appendix 24: Hodder Education, 2011) in order to deliver a module about bereavement (as requested by attendees).

Introducing my colleagues in Professional Knowledge Seminars (PKS) to my ideas about grief and grieving in order to reframe current thinking about how grief works resulted in new insights and the adoption of these ideas into everyday thinking for some. It also resulted in an invitation to run training at a

colleague's place of work (Faculty of Education, University of Cambridge, February 2011). Feedback included two further invitations from other organisations to run similar trainings in the Cambridge area (delivered May 2012). My notions have also been included in the writings and website of one PKS colleague, Alan Priest (2013).

With regard to the wider society, I spoke about my research with young people on national television in *The Wright Stuff* (15<sup>th</sup> May 2014) together with bereaved father Ben Brookes Dutton.

### **6.5.3 The school**

The link worker involved with facilitating this research revolutionised the support her school offered. The school used for the study now offer a model of best practice, as a result of this research. Having initially been approached by the school for advice by the Deputy Head, with her convictions, bereavement as an issue was highlighted and bereaved pupils identified. The research project enabled a robust analysis of what support the young people needed and why. It also revealed their continuing inner struggles and feelings of fear and isolation; the school key workers took action. All the participants in this study were offered one to one counselling, which the majority took up. The COREYP results demonstrated an 87% improvement in emotional wellbeing. The school continues to have a watchful waiting policy (DSM-5), referring pupils as appropriate. The school has an active Bereavement policy and a commitment to supporting the emotional and psychological well-being of their bereaved students. Again, a distinction of this research study has been to involve stakeholders in order to have a useful long term impact on the school environment.

### **6.5.4 Service provision**

In order to bridge research into practice, the first most obvious step was to hone, develop, and refine the Grief Encounter Grief Programme, in the light of this research. In response to the young people's expression of the need for acknowledgement, information and to meet others in a safe environment we

redesigned our existing workshops to become closed groups over a longer period of time.

In January 2015, a weekly programme of Good Grief groups for those aged 13-16 will be launched, taking into account the findings from this research, a needs review and Grief Encounter staff consultations (See Appendix 22 for the proposed outline of the programme). An independent outcomes research review will be conducted by an M.A. student from the Anna Freud Centre, thereby continuing a commitment to bridge research and practice. Depending on the result of this programme, we will develop a Guide so the model can be replicated further afield.

The results of the refined Family Programme will be shared nationally with the other members of the Childhood Bereavement Network, with the aim of sharing best practice. In concrete terms, in the newsletters, at Heads of Service meetings, formally and informally with services such as Balloons in Devon. The research has enabled Grief Encounter to continue to be innovative and creative with more confidence and continue to be pioneering in service provision to children and young people.

#### **6.5.5 Training Programme**

The experience of being with other high level researchers at Metanoia gave me the confidence and impetus to set up and run a long envisaged accredited training course at Grief Encounter, focusing on bereaved children and young people (See Appendix 23). The course has now been accredited by Middlesex University.

The training programme aims to empower others to work with young people in the field of premature bereavement and improve the support they offer.

Informed by this research, the course offers a new approach to solving long-standing problems based on the paradigms that few can succeed alone, bereaved young people should not be overlooked and we as adults should find ways to bear children's pain. Clinically, the course is psychotherapeutically based and uses ideas based on this research informed by Winnicott and Bowlby. The course

explains grief's trajectory, based on the psychological models outlined in this research. This research has facilitated the understanding that the trajectory of grief is better viewed not as stages or tasks to be completed but as a upward spiralling journey which is laced with confusion and pitfalls. The aim is adjustment rather than acceptance, although acceptance is part of the longer-term picture. The research suggests the importance of the use of neuroscience in order to understand the use of fear based neural pathways based on survival. The training course is informed by these notions, emphasising better use of the transitional space following the death. The particular struggles faced by bereaved young people are outlined, highlighting the underlying core processes of identity challenges, fear and safety, isolation and reconnecting and existential challenges. As a result of this research, the programme emphasises the overarching themes of time and the resultant ambivalences, defences and splits at the extremes of the spectrum. Informed by this study, the course highlights the importance of an emotional and cognitive approach in order to help the bereaved heal their splits and process their grief. The next section addresses ideas about the delivery of quality support including the language of grief, encouraging creativity and use of transitional space. A unique part of the course is the opportunity to attend a Residential Camp with supervised practice, in order to experience the importance of coming together, meeting others and forming a transitional community.

The overall focus of the training course is not only about overcoming deficiencies but also about helping build potential and, again a distinctive outcome of this study.

With my colleague, we have written an accompanying manual. Again informed by this research, we are also redesigning our shorter CPD workshops on working with bereaved young people and their families to reflect the issues discussed in this research.

## 6.6 Conclusion

Bereavement is a universal experience but when young people are prematurely bereaved, there are heightened risks of long-term distress and dysfunction. Significant evidence from the literature review suggests that losing a parent in early adolescence can impinge upon and interrupt subsequent psychological development in a number of ways. Most of the research that exists suggests that these young people are clearly stressed, vulnerable and at risk of adverse outcomes. Li, J. et al.'s (2014) recent research that prematurely bereaved young people are likely to die young themselves adds further evidence of both physical and psychological damage.

This study explored the nature and tasks of parentally bereaved adolescents from a psychotherapeutic standpoint, identifying the core processes that influenced their cognitive, emotional and behavioural way of being. It did not reveal many headline-hitting stories of risk taking, self-harming or illegal activities but evidenced psychological and emotional problems associated with the death in every participant, regardless of the time elapsed since death. Early parental death was incomparable from the much more common 'normative' deaths such as those of grandparents, relatives or even pets and young people's coping was seriously compromised.

It is also important to note that Worden and Silverman's study (1996) did not find serious behavioural disturbances until the second year after the death. By chance, since most deaths had occurred over one year before the research, this study also transpired to be one of the grieving processes over a longer term. Following their initial reactions to the trauma, the trajectory of grief did prove to be a much longer path than expected, since participants discovered their 'normality' had been lost forever. The changes that resulted were often unexpected and unacknowledged both by themselves and by others, combined with the ambivalences that belong to the already turbulent and conflictual world of adolescence.

The five superordinate themes of *Losses*, *Disrupted Identities*, *Struggling to make sense of grief*, *Role of others*, and *Finding a new kind of normal*, were captured in all 11 participants, each of whom had experienced their own very unique loss. The study illustrates how parental death will disrupt, derail or shut down development and identified that the core issues faced are identity challenges, fear and safety, isolation and reconnecting and existential challenges. Commonalities were transparent in that they all communicated the overwhelming and negative impact of the primary and secondary losses, with the parental relationship being pivotal in the young people's lives. The study evidenced that the young people experienced deep pain and suffering following the death of a parent. The study revealed inner distress, with severely challenged identity issues as they strove to make sense of themselves and their lives in light of the death. It illustrated through the young people's voices the unrecognised and unprocessed psychological and emotional trauma, often being on guard for danger perceiving the world in a different way. The death involved changed worldviews, with the world now being unpredictable, confusing and full of loss. Given their meaning making was principally relationship based, their paradigms and value systems were reworked resulting in disorganised attachments and emotional disconnections. The study highlighted the paradoxes and complexities of grief and resultant confusion experienced by the participants. Participants also described the ambivalent nature of how family, peers and the school can support or exacerbate their coping and above all their efforts to forge a forward path. This study found a widespread lack of emotional and cognitive support, with grief having become a far too internalised process for young people, resulting in deep narcissist hurts.

One of the strengths of this study was also one of its major limitations. In my attempt to bring clarity to the psychological and emotional experiences of bereaved adolescents, the picture at times became more complex rather than clearer. My personal most memorable challenge in both the analysis and discussions was finding a coherent structure that reflected the individual's approach to grieving, a struggle reflected in the literature:



Bowlby and I recognised that there was a great deal of individual variation (Bowlby and Parkes, 1970 cited in Parkes, 2010:11).

This challenge could be seen as a parallel process to the challenges of the bereaved's fragmented and confusing world. Certainly, this study highlighted considerable ambivalence. Their ambivalent responses were fascinating at face value but complicated our understanding and also how best to support them. It seemed as if there existed a universal confusion with how to cope and what coping mechanisms to adopt, both by the young people and the adults.

There are no easy formulas for dealing with this aspect of human experience (Silverman, 2000:10).

However, although grief and grieving can be very individual, if we do not attempt to bring some generalisations, we can never bring order to the chaos of the grieving process. I suggest that premature bereavement in the young should be viewed much more as a *process* which becomes interrupted, derailed or blocked by the external event, over time and appropriate support directed accordingly. The bereaved need to know that their reactions are appropriate, unavoidable, confusing and complex- a range that has been reflected in this study. Adopting problem solving strategies when deviant behaviour occurs may not necessarily address the underlying core issues that emerge over time. This study suggests that the effects would continue for a lifetime as their life trajectories had changed irrevocably, with an on-going increased risk of problems and vulnerability. This could be mediated and have positive outcomes with timely support.

Time emerged as an overarching theme since all the emergent themes had a transient feel about them with changes in feelings over time, initial and delayed responses, and the losses of time that came with the bereavement, from the time with the dead parent to the time of being an adolescent or young person.

Initially, bereaved young people may appear to be coping very well but as we have seen in this study, even the language of grief was a challenging issue in itself. Time is a critical factor in many ways; there is never a good time to

experience the death of a parent. However, this study demonstrated time was not a useful measure for grief.

What this study does is provide evidence that hiding pain and waiting for deviant behaviour has resulted in some young people not knowing what to do with their pain, which in turn helps to strengthen the argument for offering early intervention and support with an emphasis on better use of the transitional space. This research, albeit a small study, showed that young people are being left to suffer unnecessarily with inconsistent support. There is clearly no way of completely removing the pain of death and loss; the bereaved would also not want us to do that. However, with tools incorporating empathy and education, it is undoubtedly possible to improve young people's adjustment to the loss and their future lives.

I suggest that what is needed is a change in focus from a problem solving approach based on deviant behaviours to one of building resilience and supporting the longer term damage. This will enhance the young person's coping skills and channel adversity into better functioning. For instance, we may wish to remove the pressures of returning too quickly to a so-called normality that no longer exists, thereby allowing the young person their own time to process. Furthermore, rather than focusing on stages, oscillations or tasks, a model of young person's grief should be more emotionally focused and fluid and allow for a *transitional phase* between the survival phase of trauma and the more cognitive human brain phase. The goal should be adjustment; acceptance will come as a by-product. This involves a more emotionally based model, which searches for the feelings behind the behaviours.

We need to understand that the objective experience of the loss is very different from the subjective understanding of the loss (Symington, 2012). Without understanding and empathic responses, some of these bereaved young people may well take the wrong road. I hope this study allows for a shift in the paradigms that helping young people to process the grief is not opening old wounds, causing distress nor obsessing with the past. It is much more about facing our own fears, terror and anxieties in order to help them come to terms

with their new identity as we did when they were babies and children, help to manage their existential issues, help them take safe risks and be creative again. Healthy functioning is not about extremes on the ends of a spectrum or splits, but about aiming for a middle ground, which will allow for more constructive lives and less destructive patterns.

What the study has also illuminated is how, with the decline of mourning rituals, changed mourning patterns, death denial, avoidant attitudes and a tip of the iceberg approach has resulted in a lack of support. As adults, we have to work *harder* to help this vulnerable group as their pain is often invisible, intangible, not able to be expressed through language or behaviour and possibly beyond their cognitive understanding. This involves challenging our value judgements that time is a healer, talking about death opens old wounds, it is no good going back over the past or talking about death will damage the children. My concerns remain that young people need help to make sense of what has happened but many opportunities to do this were thwarted by their surrounding systems, including themselves.

To answer the question of how can we provide high quality appropriate emotional and psychological support, this study does not suggest solely a treatment-based approach. The study revealed the efficacy of empathic, emotionally based, safe opportunities to focus on and acknowledge their loss and grief, particularly help to rebuild their identity by reworking the essential phases of infancy, what the parent meant to them and what was needed to fill the empty spaces. I hope I have helped removed some of the fear surrounding helping young people, especially with the provision of specialist products and clear guidelines through the trajectory of grief.

Responsibility lies with the young person themselves, with the mental health professionals, within the close family network, within a local community, at school and in our society as a whole, supporting Grace Christ's argument (2010) for a multisystem model. The study also supports Christ's (ibid) concerns that the multisystem model must also be *implemented*, offering a range of services, which reflects the different ways that people cope. This study reinforces Christ's

(ibid) argument that the support should continue over many years after the traumatic events, support which may be offered less frequently but used effectively.

This study has been an attempt to rediscover what we thought we understood by reflecting on the temporal elements of grieving, grief's myths and paradoxes, tempered with the young person's ambivalences; ambivalences that may mean they are harder to help and sometimes self-destructive. My hope is that this research helps us not to overlook children and young people in our models, theories and studies of grief and acknowledge the significance of parental death as a cause of pain and psychological problems.

I hope I have gone some way to creating a rhetoric that conveys the devastating and long-term impact of the death of a parent on a young person. However, I recognise that with a reliance on language and inadequate measures of grief and symptomology, I can only go some way towards this narrative. There still remains a lack of research in this area especially in the UK, resulting in a challenge to recognise bereaved young people as a vulnerable group and consequently in need of support. This study has been one small attempt to add to the movement of change.

## **Chapter Seven: Reflective statement**

### **7.1 Becoming a researcher**

As I work towards the last words of this study, Adams (2013:194) words resonate with me:

What needs to be instilled is the joy of research, the infinite possibilities of understanding and discovery, of making sense and satisfying a deep curiosity about the world in which we live. A way of giving back to our profession, a contribution which may benefit others.

Undertaking the Doctorate within the Metanoia Institute was one of the best decisions I have made. The learning structures of the first two years were nurturing, holding and containing providing the secure base and tools from which to explore the field of research as a novice researcher. Research modules provided my launch point into methodology choice and epistemological considerations, particularly by being introduced to the concepts of cyclical knowledge by Professor Derek Portwood (2010) and Professor Paul Barber (2010). The Professional Knowledge Seminars provided transition into the solitude of writing and prompted the use of reflexivity with information, guidance and allowed exchange of best practice. I struggled with the difficulty of being referred in a paper, something that had never happened to me in my academic life. I felt like a teenager, battling against the boundaries in an attempt to find my identity amongst researchers. Learning to trust and to seek and find academic researchers who would help me not only leap into the vortex but help on the journey was exceptionally hard for a bereaved person with a dependency fear. Having academic advisers who really cared provided the expertise, guidance and encouragement to help me complete the journey.

Exploring the whole new world of researching through the Internet, distance learning and electronic resources was very different from any research I had

been involved with some twenty years previously. Staying focused, on track and not running away despite the pitfalls, as the participants I was researching were endeavouring to do, was again an interesting parallel process.

The entire process of holding the participants in mind for what transpired to be a period of over three years, bearing witness to their stories, and linking this to my own stories and the literature was a much more challenging task than I had anticipated. Despite the emotional struggle of delving so deeply in to a painful subject, on many levels it was cathartic and productive; a way to make sense of what happened to me and turn bad in to good by helping others.

## **7.2 The writing**

As I wrote, I often noticed what could be described in psychoanalytic terms as transference and countertransference feelings. Sometimes, I was gripped in the story not wanting to leave. I wrote easily, with theory and text, meeting and matching. At other times, it was hard to engage with the text and to stay with the material. When analysing the findings, I felt as if I was sludging through the mud; my academic advisor reflected this when reading my 2<sup>nd</sup> draft findings.

Not only did I struggle to convey their deep sadness due to the language participants or I used, but also the obvious ambivalence and hidden parts of themselves. I wondered whether I had used the right research methods. How could I have expected them to convey this depth and trust me in such a short space of time?

I felt weighed down by some of their burdens as I attempted to imagine their life from their point of view. I became stuck in the mud, often losing interest and becoming bored. I considered the readers of my Final Project; would they become bored? I read Marie Adam's doctoral thesis (2013) in depth, with envy at her creative way of writing. I wondered if my time was being well spent; should I give up and retreat to the comfort and fun of my own family?

Above all, it felt as if I was doing a massive jigsaw puzzle without the picture on the box lid; a large puzzle using pieces from 11 different puzzles. Pieces splintered everywhere, with stories of fragmented lives. It felt an impossible task to make a coherent story from the fragmented data; I searched for the outside and corner pieces to provide the framework. Filling in the middle pieces took much longer, with some pieces going in and out, turned upside down, left aside for later. Some pieces remained missing; some did not fit at all having been damaged forever. As Adams (2013) questions, was this a metaphor that reflects how the interviewees were formulating the stories of their own lives, finding the vocabulary and a narrative to give their experiences meaning?

The final process of writing meant a huge shift in life and work balance; at times, the Doctorate had to become the main focus with resultant sacrifices. In my work context, despite the appointment of a Clinical services manager and Chief Operating Officer during this time, we lost a significant amount of grant money due to my absence. My family life suffered too, as I spent time on the computer instead of with my husband and children. My friends' understandings were been stretched to the limit at times. My physical well-being declined with weight gain and back problems from giving up exercise and being sedentary. However, despite battles with a decline in my spelling ability, my thought processes have been exercised and ideas become clearer. Again, a parallel process has emerged in this time, with the Doctorate becoming both an enemy and a friend.

### **7.3 Moving on**

Part of my work has been to make matters different for today's bereaved children, which has helped me give some meaning to the tragic loss of my parents at such a young age. This study has been a vehicle for this purpose. Paradoxically, by staying in to study in a solitary fashion has opened the door to going out to play and create.

Word count 52,484





## REFERENCES

Adams, M. (2011). *Private Lives of Therapist: Challenges for Therapeutic Practice*. Doctorate in Psychotherapy by Professional Studies. Middlesex University and Metanoia Institute.

Adams-Langley, S. (2012). *The Place2Be in the inner city: how can a voluntary sector mental health service have an impact on children's mental health and the school environment?* Doctorate in Psychotherapy by Professional Studies. Middlesex University and Metanoia Institute.

Akerman, R., and Statham, J. (2014). *Bereavement in childhood: the impact on psychological and educational outcomes and the effectiveness of support services*. [pdf]. Report to the Department for Children, Schools and Families. Childhood Wellbeing Research Centre. Available at: <http://www.cwrc.ac.uk/resources/documents/Revised Child Bereavement Review>. [Last accessed October 2014].

Anewalt, A. (2012). Letting children share in grief. *The New York Times* [Online] September 19<sup>th</sup> 2012. <http://www.nytimes.com/2012/09/20/garden/letting-children-share-in-grief>. [Accessed on 20 September 2012].

Aristotle (c.335 and 323 BCE) *The Nichomachean Ethics*. In : Goleman, D. (1996). *Emotional Intelligence*. London: Bloomsbury.

American Psychiatric Association.(1994). Diagnostic and statistical manual of mental disorders: DSM-IV. 4th edition. Washington (D.C.): American Psychiatric Press.

American Psychiatric Association. (2013). *DSM 5*. Washington (D.C.): American Psychiatric Association.

BACP Ethical Framework. (2014). [online] Available from <http://www.bacp.co.uk/ethical framework>. [Last accessed 30th April 2014].

Balint, M. (1968). *The Basic Fault*. London: Tavistock.

Balk, D. E. and Corr, C. A. (2009). *Adolescent encounters with death, bereavement and coping*. New York: Springer Publishing Company.

Balk, D. E. (1991). Death and Adolescent Bereavement Current Research and Future Directions. *Journal of Adolescent Research*, 6(1), pp. 7-27.

Balk, D. E., and Corr, C. A. (2001). Bereavement during adolescence: A review of research. In: Stroebe, M.S., Hansson, R.O., Stroebe, W., and Shut, H. (Eds.) *Handbook of bereavement research: Consequences, Coping and Care*. (pp.199-218) Washington, DC: American Psychological Association.

Balk, D. E. (2011). Adolescent Development and Bereavement: An Introduction. *The Prevention Researcher*, 18, pp. 3-9.

Barber, P. (2006). *Becoming a Practitioner Researcher: a Gestalt approach to holistic Inquiry (Management, Policy and Education)*. : London: Middlesex University Press.

Barber, P. (2010). Research Modules. Metanoia Institute, unpublished.

Barrie, J. M. (2011). *Peter Pan*. London: Hodder and Stoughton.

Baruch, G., Fonagy, P. and Robins, D. (2007). *Reaching the Hard to Reach*. Chichester: John Wiley and Sons Ltd.

Black, D. and Urbanowicz, M.A. (1987). Family intervention with bereaved children. *Journal of Child Psychology and Psychiatry*, 28, pp. 467-476.

Black, D. (1998). Coping with loss: Bereavement in childhood. *BMJ*, 316(7135), pp.931-933.

Bleuler (1911/1950). In: Holder, A. (1975). Theoretical and clinical aspects of ambivalence. *The Psychoanalytic study of the child*, 30, pp.197-220.

Blos, P. (1967). The second individuation process of adolescence. *The psychoanalytic study of the child*, 22, pp.162.

Blum, J. (2012). Adolescent Grief. Unpublished dissertation.

Bonnano, G. A. (2009). *The other side of sadness: What the new science of bereavement tells us about life after a loss*. New York, NY: Basic Books.

Bonanno GA, et al. (2007). Is there more to complicated grief than depression and posttraumatic stress disorder? A test of incremental validity. *Journal of Abnormal Psychology*, 116 ,342-351.

Bond, T. (2004). Ethical guidelines for researching counselling and psychotherapy. *Counselling and Psychotherapy Research*, 4(2), 10-19.

Bowlby, J. (1977). The making and breaking of affectional bonds. II. Some principles of psychotherapy. The fiftieth Maudsley Lecture. *The British Journal of Psychiatry*, 130, 421-431.

Bowlby, J. (1969-1980). *Attachment and Loss*, Vol. 1; Vol.2, *Separation: Anxiety and Anger*; Vol 3. *Loss: Sadness and depression*. New York: Basic Books.

Bowlby, J. (1998). *A secure base: Clinical applications of attachment theory*. London: Routledge.

Brent, D. A., Melhem, N. M., Masten, A. S., Porta, G. and Payne, M. W. (2012). Longitudinal effects of parental bereavement on adolescent developmental

competence. *Journal of Clinical Child and Adolescent Psychology*, 41, 778-791.

Brewer, J. D., and Sparkes, A. C. (2011). Young people living with parental bereavement: Insights from an ethnographic study of a UK childhood bereavement service. *Social Science and Medicine*, 72(2), 283-290.

Brookes Dutton, B. (2014). *Its raining daddy, but its happy*. London: Hodder and Stoughton.

Brom, D. and Kleber, R. (2009). In: Brom, D., Pat-Horenczyk, R., and Ford, J. (Eds.) (2009). *Treating traumatized children: risk, resilience and recovery*. (pp. 133-149) New York: Routledge.

Brom, D., Pat-Horenczyk, R., and Ford, J. (Eds.) (2009). *Treating traumatized children: risk, resilience and recovery*. New York: Routledge.

Brown, A. C., Sandler, I. N., Tein, J. Y., Liu, X., and Haine, R. A. (2007). Implications of parental suicide and violent death for promotion of resilience of parentally-bereaved children. *Death Studies*, 31(4), 301-335.

Bryant, A. and Charmaz, K. (Eds.) (2007). *The SAGE Handbook of Grounded Theory*. London: Sage.

Buckle, and Fleming, (2011). Buckle, J. L., and Fleming, S. J. (2011). *Parenting after the Death of a Child: A Practitioner's Guide*. Routledge.

Carroll, M., and Shaw, E. (2012). *Ethical maturity in the helping professions: Making difficult life and work decisions*. London: Jessica Kingsley Publishers.

Carr, A. (1999). *The Handbook of Child and Adolescence: Clinical Psychology*. London: Routledge.

Carter, S. P., and Janzen, H. L. (1994). Peer counseling or peer support: There is a difference. *Canadian Journal of School Psychology*.

Cerel, J., Fristad, M. A., Weller, E. B., and Weller, R. A. (2000). Suicide-bereaved children and adolescents: II. Parental and family functioning. *Journal of the American Academy of Child and Adolescent Psychiatry*, 39(4),437-444.

Cerel, et al. (2006).

Charmaz, K. (2003) *Grounded theory: objectivist and constructivist methods*. In: Denzin NK, Lincoln YS (Eds.) *Strategies of Qualitative Inquiry*. (pp. 249-291) London: Sage.

Charmaz, K. (2006). *Constructing grounded theory*. London: SAGE Publications Ltd.

- Charmaz, K. (2009). *Shifting the grounds: constructivist grounded theory methods*. In: Morse, J.M., Stern, P.N., Corbin, J. et al. (Eds.) *Developing Grounded Theory*. (pp. 127–193) Walnut Creek, CA: Left Coast Press Inc.
- Chowns, G. (2008). No-You Don't Know How We Feel! : Collaborative Inquiry Using Video with Children Facing the Life-threatening Illness of a Parent. In: Reason, P. and Bradbury, H. (Eds.), *Handbook of action research: Participative inquiry and practice*. (pp. 562–572) London: SAGE Publications Ltd.
- Chowns, G. (2013). 'Until it ends, you never know'... Attending to the voice of adolescents who are facing the likely death of a parent. *Bereavement Care*, 32, 23-30.
- Christ, G. H., and Christ, A. E. (2006). Current approaches to helping children cope with a parent's terminal illness. *CA: A Cancer Journal for Clinicians*, 56(4), 197-212.
- Christ, G. (2010). In: Monroe, B. and Kraus, F. (Eds.), (pp. v-ix) *Brief interventions with bereaved children*. Oxford: OUP.
- Christ, G. H., Siegel, K., and Christ, A. E. (2002). Adolescent grief: It never really hit me... until it actually happened. *Jama*, 288(10), 1269-1278.
- Cohen, J., Goodman, R. F., Brown, E. J., and Mannarino, A. (2004). Treatment of childhood traumatic grief: Contributing to a newly emerging condition in the wake of community trauma. *Harvard Review of Psychiatry*, 12(4), 213-216.
- Cohen, J. A., Mannarino, A. P., and Staron, V. R. (2006). A pilot study of modified cognitive-behavioral therapy for childhood traumatic grief (CBT-CTG). *Journal of the American Academy of Child and Adolescent Psychiatry*, 45(12), 1465-1473.
- Cook, A.S. (2001). The Dynamics of Ethical Decision Making in Bereavement Research. In : Stroebe, M.S., Hansson, R.O., Stroebe, W., and Shut, H. (2007). (Eds.) *Handbook of bereavement research: Consequences, Coping and Care*. (pp. 119–142) Washington, DC: American Psychological Association.
- Corbin, J. and Strauss, A. (2008). *Basics of Qualitative Research*. (3rd Ed.). Los Angeles, CA: Sage
- Corr, C.A. and Balk, D.E. (Eds.) (1996) *Handbook of Adolescent Death and Bereavement* New York: Springer Publishing.
- Cournos, F. (2002). The trauma of profound loss: a personal and professional perspective. *Psychiatric Quarterly*, 73(2), 145-156.
- Cresswell, J. (2007). *Qualitative Inquiry and Research Design*. (2<sup>nd</sup> Ed.) London: Sage Publications.

Currier, J. M., Holland, J. M., & Neimeyer, R. A. (2007). The effectiveness of bereavement interventions with children: A meta-analytic review of controlled outcome research. *Journal of Clinical Child and Adolescent Psychology*, 36(2), 253-259.

Cutcliffe, J.R. and P.Ramcharan. (2002). Levelling the Playing Field? *Qualitative Health Research* 12(7) 1000-10. In: Liamputtong, P. (2007). *Researching the Vulnerable*. London: Sage.

Daly, K. (1992). *The fit between Qualitative Research and Characteristics of Families*. In: Qualitative Methods in Family Research. Gilgun, J.F., Daly, K. and Handel, G. (Eds.) Newbury Park, CA; Sage Publications. In: Liamputtong, P. (Ed.) *Researching the Vulnerable*. (pp. 3-11) London: Sage.

Daniels, D. and Jenkins, P. (2000) *Therapy with children: Children's rights, confidentiality and the law*. Sage Publications: London.

De Meza, L., De Silva, S. and Ashton, P. (2011). *PSHE Education for Key Stage 4*. London: Hodder Education.

Dean, S., Smith, J., Payne, S., and Weinman, J. (2005). Managing time: An interpretative phenomenological analysis of patients' and physiotherapists' perceptions of adherence to therapeutic exercise for low back pain. *Disability and Rehabilitation*, 27(1), 625-636.

Denzin, N. K., and Lincoln, Y. S. (1994). *Handbook of qualitative research*. London: Sage.

Department for Children, Schools and Families (2008). *Targeted Mental Health in Schools Project. Using the Evidence to Inform your Approach: A Practical Guide for Head Teachers and Commissioners*. Nottingham: DCSF Publications.

Doka, K. (Ed.) (2000). *Living with grief: children, adolescents and loss*. New York: Taylor and Francis.

Dopp, A. R. and Cain, A. C. (2012). The role of peer relationships in parental bereavement during childhood and adolescence. *Death Studies*, 36, 41-60.

Dougy Centre for Grieving Children: <http://www.dougy.org> [Last accessed 3<sup>rd</sup> October 2014].

Dowdney, L. (2000). Annotation: Childhood bereavement following parental death. *Journal of Child Psychology and Psychiatry*, 41(07), 819-830.

Dowdney, L., Wilson, R., Maughan, B., et al. (1999). Bereaved children: Psychological disturbance and service provision. *British Medical Journal*, 319, 354-357.

- Dyregov, A. (1990, 2008 2<sup>nd</sup> Ed). *Grief in children: A Handbook for Adults*. London: Jessica Kingsley Publishers.
- Dyregov, A. (2004). *Bereaved parents' experience of participation*. Centre for Crisis Psychology, Norway. (2), 391-400.
- Edelman, H. (1994). *Motherless Daughters: the legacy of loss*. New York: Delta.
- Ehlers, A. and Clark, D.M. (2000). A cognitive model of posttraumatic stress disorder. *Behaviour Research and Therapy*, 38, 319-345.
- Elizur, E., and Kaffman, M. (1982). Children's bereavement reactions following the death of the father. *Journal of American Academy of Child Psychiatry* 21 (5) 474-480.
- English, O. S., and Finch, S. M. (1964). *Introduction to psychiatry*. New York: Norton.
- Erikson, E. H. (1950). *Childhood and Society*. New York: Norton.
- Etherington, K. (2004). *Becoming a Reflexive Researcher: Using Our Selves in Research*. London and Philadelphia: Jessica Kingsley Publishers.
- Erikson, 1968; Zimmerman, Copeland, Shope and Dielman, (1997). In: Noppe, I. C., and Noppe, L. D. (2004). Adolescent experiences with death: Letting go of immortality. *Journal of Mental Health Counseling*, 26(2), 146-167.
- Evans, C. (2013). *Masterclass: Weaving Qualitative and Quantitative Research Together: Distilling evidence from experience*. Metanoia Institute, unpublished.
- Faulkner, J. (2011) Class of 2011 Yearbook: How happy are young people and why does it matter?. London: Relate Publication. Available from: <http://www.relate.org.uk/policy-campaigns/publications/class-2011-yearbook-how-happy-are-young-people-and-why-does-it-matter>[Last accessed October 2014]
- Fauth, B., Thompson, M., and Penny, A. (2009). Associations between childhood bereavement and children's background, experiences and outcomes. *Secondary analysis of the 2004 Mental Health of Children and Young People in Great Britain*. National Children's Bureau.
- Fitzgerald Yau, N. (2010). *Exploring the representational world of parentally bereaved children*. M.A. Unpublished dissertation, The Anna Freud Centre.
- Fleming, S.J. and Adolph, R. (1986) Helping bereaved adolescents: Needs and responses. In: *Adolescent Development and Bereavement: An Introduction*. *The Prevention Researcher*, 18, 3-9.
- Fleming, J., and Alttschul, S. (1963). Activation of mourning and growth by psychoanalysis. *International Journal of Psychoanalysis*, 44, 419-431.

Ford, J., Albert, D. and Hawke, J. (2009). In: Brom, D., Pat-Horenczyk, R., and Ford, J. (pp. 195-209) *Treating traumatized children: risk, resilience and recovery*. New York: Routledge.

Forrest, M., and Thomas, G.V. (1991). An exploratory study of drawings by bereaved children. *British Journal of Clinical Psychology*, 30, pp.373-374.

Frankl, V. (1959). *Man's search for meaning*. London: Ebury Press.

Fredman, G. (1997). *Death talk: Conversations with children and families*. Karnac Books.

Freud, Anna. 1936/1993. *The Ego and the Mechanisms of Defence*. London: Karnac Books.

Freud, A. (1960). Discussion of Dr. John Bowlby's paper. *Psychological Study of Child* 15, 53-62.

Freud, A. (1963). The Concept of Developmental Lines. *Psychoanalytic Study of the Child*, 18, 245-265.

Freud, A. (1981). The concept of developmental lines: their diagnostic significance. *Psychoanalytical Study of Child*, 36, 121-129.

Freud, S. (1917). *Mourning and Melancholia*. The Standard Edition of the complete psychological works of Sigmund Freud, under the general editorship of J Strachey, in collaboration with Anna Freud, assisted by Alix Strachey and Alan Tyson, London: Hogarth Press, 1953. Vol 14, pp.239-258 works. Vol 14, pp. 237-58.

Freud, Sigmund. 1924/1961a. The dissolution of the Oedipal complex. In: James Strachey (Ed.) *Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XIX*. London: The Hogart Press.

Freud, Sigmund. 1923/1991a. The Ego and the Id. In: Anna Freud (Ed.) *The Essentials of Psycho- Analysis: The Definitive Collection of Sigmund Freud's Writings*. London: Penguin Books.

Furman, E. (1974). *A Child's Parent Dies: Studies in Childhood Bereavement*. New Haven: Yale University Press.

Gay,P. (1989). *The Freud Reader*. London: Norton and Co. Ltd.

Gilbert, S. (4<sup>th</sup> ed. 2014). *Grief Encounter Workbook*. London: Grief Encounter Publications.

Gillies, D., Taylor, F., Gray, C., O'Brien, L., D'Abrew, N. (2012). Psychological therapies for the treatment of post-traumatic stress disorder in children and adolescents. *Cochrane Database of Systematic Reviews 2012, Issue 12*.



- GINOT, E. (2012). Self-narratives and dysregulated affective states: The neuropsychological links between self-narratives, attachment, affect, and cognition. *Psychoanalytic Psychology*, 29(1), 59.
- GLASER, B. G., and STRAUSS, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Chicago: Aldine.
- GLASER, B. G., and STRAUSS, A. L. (1968). *Time for dying*. Chicago: Aldine.
- GOLEMAN, D. (1996). *Emotional Intelligence*. London: Bloomsbury.
- GREEN, H. and others (2005). *Mental health of children and young people in Great Britain, 2004*. London: HMSO.
- HAMILTON, C. (2013). *Working with young people, legal responsibility and responsibility*. (6<sup>th</sup> ed). London: Children's Legal Centre.
- HARRIS, E. S. (1991). Adolescent bereavement following the death of a parent: An exploratory study. *Child Psychiatry and Human Development*, 21(4), 267-281.
- HARRIS, M. (2005). *The loss that is forever: The Lifelong Impact of the Early Death of a Mother or Father*. New York: Penguin Books.
- HARRISON, L. and HARRINGTON, R. (2001). Adolescents' bereavement experiences. *Journal of adolescence*, 24, 2, 159-169.
- HENWOOD, K., and PIDGEON, N. (1994). Beyond the qualitative paradigm: A framework for introducing diversity within qualitative psychology. *Journal of Community and Applied Social Psychology*, 4, 225-238.
- HEESE-BIBER, S.N. (2006). *Teaching Grounded Theory*. In: In: Bryant, A. and Charmaz, K. (Eds.) *The SAGE Handbook of Grounded Theory*. (pp. 311-338) London: Sage.
- HINDS, P.S., SCHUM, L., BAKER, J.N., and WOLFE, J. (2005). Key factors affecting dying children and their families. *Journal of Palliative Medicine*, 8,70-78.
- HODGES, J., HENDERSON, M., HILLMAN, S., KANIUK, J., and K STEELE, (2003). Attachment representations and adoption: Associations between maternal states of mind and emotion narratives in previously maltreated children. *Journal of Child Psychotherapy*, 29(2), 187-205.
- HOLMES, J. (1993). *John Bowlby and Attachment Theory*. London and New York: Routledge.
- HOLLAND, J. (1993). Childhood bereavement in Humberside primary schools. *Educational research* 35 (3).

Horn, P., and Lieberman, A. (2009). *Using dyadic therapies to treat traumatized young children*. In: Brom, D., Pat-Horenczyk, R., and Ford, J. (Eds.) *Treating traumatized children: risk, resilience and recovery*. (pp. 210-224) New York: Routledge.

Horn, A. (2009). *Normal emotional development*. In: Lanyado, M. and Horne, A. (Ed) (2009). *The Handbook of child and adolescent psychotherapy*. (2<sup>nd</sup> Ed.). Routledge: East Sussex and New York.

Hunter-Smallbone, M. (2009) In: Lanyado, M. and Horne, A. (Ed) (2009). *The Handbook of child and adolescent psychotherapy*. (2<sup>nd</sup> Ed.). Routledge: East Sussex and New York.

Husserl, E. (1931). *Ideas: General introduction to pure phenomenology*. (Translated by W.R. Boyce Gibson in 1969). London: George Allen and Unwin Ltd.

Jalland (2013). A culture of silent grief: the transformation of bereavement care in 20<sup>th</sup> Century England. *Bereavement Care*, 32 (1):16-22.

Jakobsen and Christensen (2011) In: Penny, A. and Stubbs, D. (2014) *Bereavement in childhood: what do we know in 2014?* National Children's Bureau.

Janoff-Bulman, R. (1992). *Shattered assumptions: Towards a new psychology of trauma*. New York: Free Press.

Jones, S. (2009). School Counselling Strategy DHSS-SLD, part of research provision for bereaved children in Wales. In: Penny, A. and Stubbs, D. (2014) *Bereavement in childhood: what do we know in 2014?* National Children's Bureau.

Jung, C. G. (1959) *The Archetypes and The Collective Unconscious* (Collected Works of C.G. Jung Vol.9 Part 1). New York: Bollinger Foundation Inc.

Kaplow, J. B., Saunders, J., Angold, A., Costello, E. (2010). Psychiatric Symptoms in Bereaved versus Nonbereaved Youth and Young Adults: A Longitudinal Epidemiological Study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 49 (11) 1145-1154.

Kastenbaum, R. (2000). *The Kingdom Where Nobody Dies*. In : Doka, K. (Ed.) (2000). *Living with grief: children, adolescents and loss*. New York: Taylor and Francis.

Keenan,A. (2014) Parental loss in early adolescence and its subsequent impact on adolescent development. *Journal of Child Psychotherapy* 40,1, 20-35.

Kelle ,U. (2007). The Development of Categories: Different Approaches in Grounded Theory. In: Bryant, A. and Charmaz, K. (Eds.), *The SAGE Handbook of Grounded Theory* (pp. 191-213). London: Sage.

- Klass, D., Silverman, P.R. and Nickman, S.L. (Eds.) (1996). *Continuing bonds: new understandings of grief*. Bristol: Taylor and Francis.
- Klein, Melanie. (1932/1989). *The Psychoanalysis of Children*. London: Virago Press.
- Konigsberg,R. (2011). *The Truth About Grief*. New York: Simon and Schuster Inc.
- Kohut,H. (2011). *The Search for the Self: Selected Writings of Heinz Kohut 1978-1981* (Ed. Paul Ornstein). London: Karnac Books.
- James, L., Oltjenbruns,K.A., and Whiting, P. (2008). Grieving adolescents: The paradox of using technology for support. In K.J. Doka and A.S.Tucci (Eds.), *Living with grief: Children and adolescents* (pp. 299-315). Washington, DC: Hospice Foundation of America.
- Kübler-Ross, E. (1965). *On death and dying*. New York: Macmillan.
- Laing, R. D.; Esterson,A. (1970) *Sanity, madness, and the family: Families of schizophrenics*. Oxford, England: Pelican.
- Lane,N., Rowland,A., Beinhart,H. (2014). No Rights or Wrongs, No Magic Solutions: Teachers' Responses to Bereaved Adolescent Students. *Death Studies*, 38,10,654-661.
- Lanyado, M. and Horne, A. (Ed.) (2009). *The Handbook of child and adolescent psychotherapy*. (2<sup>nd</sup> Ed.). Routledge: East Sussex and New York.
- Layne,C., Beck,C., Rimmasch,H., Southwick,J., Moreno,M. and Hobfill,S. (2008). In Brom, D., Pat-Horenczyk, R., and Ford, J. (Eds.) (2009). *Treating traumatized children: risk, resilience and recovery*. New York: Routledge.
- Laufer,M. (1966). Object loss and mourning during adolescence. *Psychoanalytic study of the Child*, 21,269-293.
- Leon,I.G. (1999). Bereavement and Repair of the self: Poetic Confrontations with Death. *Psychoanalytic Review*, 86, 383-401.
- Lewis, C. S. (1964). *A Grief Observed*. London: Faber and Faber.
- Liamputtong,P. (2007). *Researching the Vulnerable*. London: Sage.
- Li J, Vestergaard M, Cnattingius S, Gissler M, Bech BH, et al. (2014) Mortality after Parental Death in Childhood: A Nationwide Cohort Study from Three Nordic Countries. *PLoS Med* 11(7).
- Liotti,G. (2004). Trauma, Dissociation and Disorganized Attachment: Three Strands of a Single Braid. *Psychotherapy: Theory, research, practice, training*, 41, 472-486.

Lloyd-Williams, M. et al. (1998) Do bereaved children consult the primary health care team more frequently? *European Journal of Cancer Care* 7, 120-124.

London Borough of Barnet, 2011. *Barnet Children and Young People's Plan 2010/11-2012/13*. [pdf]. Available from <http://www.barnet.gov.uk/children-young-people-plan-2010-13-updated.pdf>. [Accessed 11 April 2011].

Luft, J., and Ingram, H. (1955). The Johari Window Model. *Western Training Laboratory Group*.

McClowry, S.G., Davies, E.B., May, K., Kulenkamp, E., and Martinson, I. (2007) The empty space phenomenon: The process of grief in the bereaved family. *Death Studies*, 11(5) (pp. 361-374)

McLeod, J. (1999). *Practitioner Research in Counselling*. London: Sage.

McLeod, J. (2001). *Qualitative research in counselling and psychotherapy*. London: Sage.

Machin, L. (2000). Researching in organisations providing bereavement care [online]. Available from <http://www.brforum.org.uk/research%20issues.htm>

Malan, D. (1995). *Individual Psychotherapy and the Science of Psychodynamics*. (2<sup>nd</sup> Ed.). Oxford: Butterworth Heinemann.

Marshall, B. and Davies, B. (2011). Bereavement in Children and Adults following the death of a Sibling. In: Neimeyer, R., Harris, D., Winokuer, H., Thornton, G. (Eds) *Grief and bereavement in contemporary society : Bridging Research and Practice*. (pp. 107-116) New York and London: Routledge.

Masterson, A. (2013). Retrospective Reports of the Lived School Experience of Adolescents After the Death of a Parent. *The Journal of School Nursing*, 29(5) 370-377.

May, K. (2010). *Reflexive Activism in the NHS*. (Unpublished Professional Knowledge Seminar, Metanoia Institute).

Meiser-Stedman, R., Smith, P., Bryant, R., Salmon, K., Yule, W., Dalgleish, T. and Melhem, N. M., Porta, G., Shamseddeen, W., Payne, M. W. and Brent, D. A. (2011). Grief in children and adolescents bereaved by sudden parental death, *Archives of General Psychiatry*, 68, 911.

Mental Health Foundation Report. (2014). Available at: <http://www.mentalhealth.org.uk/help-information/mental-health-statistics/anxiety-statistics/> [Accessed October 2014]

Meshot, C. and Leitner, L. (1993). Adolescent mourning and parental death *Omega: Journal of Death and Dying*, 26(4), pp. 287-299.

- Midgley, N. (2009). Research in child and adolescent psychotherapy: an overview. In: Lanyado, M. and Horne, A. (Eds.), *The Handbook of child and adolescent psychotherapy*. (2<sup>nd</sup> ed.) (pp.73-97) East Sussex and New York: Routledge.
- Mikulincer, M., Shaver, P.R., and Pereg, D. (2003). Attachment theory and affect regulation: The dynamics, development and consequences of attachment related strategies. *Motivation and Emotion*, 27(2), 77-102.
- Monroe, B. and Kraus, F. (2005). Brief interventions with bereaved children. (2<sup>nd</sup> Ed.). Oxford: OUP.
- Moore, R. (2009). *A Pilgrimage to Knowing: Journeying through the Professional Knowledge Seminars*. Unpublished. Professional Knowledge Seminar, Metanoia Institute.
- Moran, P. (2010). *Gaps between research and practice*. Therapy Today, May 2010.
- Morrow, S.L. and Smith, M.L. (1995). Constructions of survival and coping by women who have survived childhood sexual abuse. In: Cresswell, J. (2007). *Qualitative Inquiry and Research Design*. (2<sup>nd</sup> Ed.) London: Sage Publications.
- Morse, J. (2007). *Sampling in Grounded Theory*. In: Bryant, A. and Charmaz, K. (Eds.) (2007). *The SAGE Handbook of Grounded Theory*. London: Sage.
- Morse, J.M. (2009). *Tussles, tensions and resolutions*. In: Morse, J.M., Stern, P.N., Corbin, J., et al. (Eds.) *Developing Grounded Theory*. Walnut Creek, CA: Left Coast Press Inc., 13-22.
- Music, G. (2011). *Nurturing Natures: Attachment and Children's Emotional, Sociocultural and Brain Development*. Hove: Psychology Press.
- National Institute for Clinical Excellence (NICE) (2005). Guidelines on managing depression in primary and secondary care. NICE Publications Health Guidance. CG28. <https://www.nice.org.uk/guidance/cg26> [Last accessed October 2014].
- National Institute for Clinical Excellence (2008). Promoting Children's Social and Emotional Wellbeing in Primary Education. NICE Publications Health Guidance 12. <http://www.nice.org.uk/Guidance/PH12> [Last Accessed Jan 2012].
- Neimeyer, R. A. and Hogan, N. (2001). Quantitative or Qualitative? Measurement issues in the study of grief. In: Stroebe, M.S., Hansson, R.O., Stroebe, W., and Shut, H. (Eds.) *Handbook of bereavement research: Consequences, Coping and Care*. (pp.89-118), Washington, DC: American Psychological Association.

Neimeyer, R., Harris, D., Winokuer, H., Thornton, G. (Eds.) (2011). *Grief and bereavement in contemporary society : Bridging Research and Practice*. New York and London: Routledge.

Newman, M. (1995). Helping children after a traumatic bereavement. *Bereavement Care*, 14,2, pp. 18-19.

Newman, M. (2002). Bereavement and trauma. *Bereavement Care*, 21,2, pp. 27-29.

Nixon, R. D. V. (2009). Development and validation of the Child Post-Traumatic Cognitions Inventory (CPTCI), *Journal of Child Psychology and Psychiatry*, 50, 432-440.

Noonan, E. (2003). *Counselling Young People*. Oxford: Routledge.

Noppe, L. D., and Noppe, I. C. (1996). Ambiguity in adolescent understandings of death. In: D. E. Balk, and C. A. Corr (Eds.), *Handbook of Adolescent Death and Bereavement*, (pp.25-41). New York: Springer.

Noppe, I. C., and Noppe, L. D. (2004). Adolescent experiences with death: letting go of immortality. *Journal of Mental Health Counseling*, 26(2), pp.146-165.

Oldham, M., and Kleiner, B. H. (1990). Understanding the use and nature of defence mechanisms in organisational life. *Journal of Managerial Psychology*, 5(5), 1-4.

Oltjenbruns, K.A. (2001). Developmental Context of Childhood: Grief and Regrief Phenomena. In: Stroebe, M.S., Hansson, R.O., Stroebe, W., and Shut, H. (Eds.) *Handbook of bereavement research: Consequences, Coping and Care*. (pp.169-198), Washington, DC: American Psychological Association.

Orona, in Strauss, A. and Corbin, J. (1997). (Eds) *Grounded theory in practice*. California: SAGE Publications.

Ott, O. (2012) *The New York Times*. [Online]  
<http://www.nytimes.com/2012/09/20/garden/letting-children-share-in-grief>. [Accessed on 20 September 2012]

Parkes, C.M. (1972). *Bereavement: studies of grief in adult life*. London: Routledge.

Parkes, C. M. (2000). Bereavement as a psychosocial transition. In: D. Dickenson, M. Johnson, and J.S. Katz (Eds.), *Death, dying and bereavement* (pp.325-331). London: Sage.

Parkes, C. M. (2006). *Love and Loss: the roots of grief and its complications*. London: Routledge.

Parkes, C. M. (2010). *Grief: Lessons from the past, visions for the future*.

*Psychologica Belgica* 50-1and2, 7-26.

Parkes, C. M. (2011). In: Neimeyer, R., Harris, D., Winokuer, H. and Thornton, G. (Eds.) *Grief and Bereavement in Contemporary Society: Bridging Research and Practice*. (pp.1-8), New York and London: Routledge.

Parsons, S. (2011). Long-term impact of childhood bereavement. *Preliminary analysis of the 1970 British Cohort Study (BCS70)*. London: Childhood Wellbeing Research Centre.

Penny, A. (2006). A guide to developing good practice in childhood bereavement services. London: NCB Publications.

Penny, A. (2005). *Summary of some of the key issues for bereaved children and young people*. London: CBN Publications

Penny, A. (2010). Survey of support for bereaved children and young people  
[http://www.childhoodbereavementnetwork.org.uk/policyPractice\\_research.htm](http://www.childhoodbereavementnetwork.org.uk/policyPractice_research.htm)

Penny, A. and Stubbs, D. (2014). *Bereavement in childhood: what do we know in 2014?* Available from:  
[http://www.childhoodbereavementnetwork.org.uk/policyPractice\\_research.htm](http://www.childhoodbereavementnetwork.org.uk/policyPractice_research.htm)  
[Last accessed September 2014].

Piaget, J. (1964), Part I: Cognitive development in children: Piaget development and learning. *Journal of Research and Science*. 2: 176–186.

Pincus, L. and Dare, C. (1978). *Secrets in the family*. London: Faber.

Portwood, D. (2010). *What is Knowledge?* Research Modules, Metanoia Institute, unpublished.

Potts, S. (2013). Least said, soonest mended?: Responses of primary school teachers to the perceived support needs of bereaved children. *Journal of Early Childhood Research*, 11(2), 95-107.

Priest, A. (2013). Could counselling help? [Online] Available from:  
<http://www.alanpriest.f2s.com/Grief%20and%20Loss.html> [Last accessed July 2013].

Prigerson, H. G. and Jacobs, S.C. (2001). Traumatic grief as a distinct disorder: A Rationale, consensus criteria and a preliminary empirical test. In: Stroebe, M.S., Hansson, R.O., Stroebe, W., and Shut, H. (2007). (Eds.). *Handbook of bereavement research: Consequences, Coping and Care*. (613-646), Washington, DC: American Psychological Association.

Department for Education PSHE Guidance. Available from:  
<https://www.gov.uk/government/publications/personal-social-health-and-economic-education-pshe> [Last accessed January 2012].

Reason, P. and Bradbury, H. (Eds.) (2008). *The Sage Handbook of Action Research*. London: Sage Publications.

Reed, E. (2008). Counseling Adolescents for the Death of a Parent: A Literature Review. *Journal of School Counseling*, 6,18.

Rezulska, S. (2011). *Review of psychological and emotional diagnostic tests for children and young people*. Unpublished report, the Anna Freud Centre, London.

Ribbens McCarthy, J., with Jessop, J. (2005). *Young people, bereavement and loss: disruptive transitions?* London: National Children's Bureau.

Robson, C. (1993). *Real world research*. Oxford UK and Cambridge USA: Blackwell Publishers. In: Spivack, A. Unpublished PhD Dissertation.

Rogers, C. (1961). *Client-centered therapy: its current practice, implications and theory*. Boston: Houghton Mifflin.

Rolls, L. and Payne, S. (2003). Childhood bereavement services: A survey of UK provision. *Palliative Medicine*, 17, pp. 423-32.

Rolls, L. and Payne, S. (2004). Childhood bereavement services: Issues in UK provision. *Mortality*, 9(4), pp. 300-328.

Rolls, L. (2007) *Mapping Evaluations of UK Childhood Bereavement Services*. Cheltenham: University of Gloucestershire.

Rolls, L. and Payne, S. (2007). Children and young people's experience of UK childhood bereavement services. *Mortality*, 12, pp. 281-303.

Rolls, L. (2007). *Containing Grief: Ambiguities and Dilemmas in the Emotional Work of UK Childhood Bereavement Services*. Unpublished doctoral thesis, Department of Natural Sciences, University of Gloucester.

Rolls, L. (2008). The ritual work of UK childhood bereavement services. In: S. Earle C. Komaromy and C. Bartholomew (Eds.). *Death and Dying: A Reader*, Sage Open University: London Milton Keynes, pp. 175-183.

Rolls, E. (2010). Theoretical perspectives: linking research and practice. In: Monroe, B. and Kraus, F. (2005). *Brief interventions with bereaved children*. (15-27), Oxford: OUP.

Ryan, J. (2014). Uncovering the hidden voice: can Grounded Theory capture the views of a minority group? *Qualitative Research*, 14, (5) pp. 549-566.

Rutter, M. (1975). *Helping Troubled Children*. London: Penguin Books.

Rutter, M. (1999). Resilience concepts and findings: Implications for family therapy. *Journal of Family Therapy*, 21, 119-144.



- Rustin.M. and Quagliata,E. (2000)(Eds.) *Assessment in Child Psychotherapy*. London: Karnac Books.
- Sandler,J. and Rosenblatt,B. (1962). The concept of the representational world. *Psychoanalytical Study of the Child*,17,128-145.
- Sandler, I. and Ayers, T. (2003). Family Bereavement Programme. *Journal of Consulting and Clinical Psychology*, Vol. 71, No. 3, pp. 587–600.
- Sandler, I. N., Tein, J. Y., Ayers, T. S., Wolchik, S., Kennedy, C. and Millsap, R. (2010). Long-term effects of the family bereavement program on multiple indicators of grief in parentally bereaved children and adolescents, *Journal of Consulting and Clinical Psychology*, 78, 131-143.
- Saldaña, J. (2009). *The coding manual for qualitative researchers*. London: SAGE.
- Schaal ,S., Jacob, N., Dusingizemungu, J., and Elbert, T. (2010). Rates and risks for prolonged grief disorder in a sample of orphaned and widowed genocide survivors. *BMC Psychiatry*,10-55.
- Shakespeare, W. (1992). *Macbeth*. Watts, C. and Carabine,K.(Eds.) London: Wordsworth Editions Ltd.
- Shear, K. (2011). Considering the DSM-5. In: ADEC International Conference on Grief and Bereavement in Contemporary Society. Miami, April 2011.
- Shear, K. (2009). Grief and Depression: Treatment Decisions for Bereaved Children and Adults *ajp.psychiatryonline.org American Journal of Psychiatry*, 166:7.
- Schore,A. (2001). The effects of early relational trauma on right brain development, affect regulation and infant mental health. *Infant Mental Health Journal*, 22, 201-269.
- Siddaway, A., Wood, A., Schulz, J. and Trickey, D. (2014). Evaluation of the CHUMS Child Bereavement Group: A Pilot Study Examining Statistical and Clinical Change. *Death Studies*.(just-accepted).
- Sin,C.H. (2005). Seeking Informed Consent: Reflections on Research Practice. *Sociology* 39(2):277-94. In: Smith, J., Flowers, P. and Larkin, M. (2009). *Interpretative phenomenological analysis; Theory, Method and Research*. London: Sage Publications Ltd.
- Silverman, P. R. (2000). *Never too young to know: death in children's lives*. London: Oxford University Press. University Press.
- Silverman, P.R. . Worden, W.J. (1993). Children's reactions to the death of a parent. In: M.S.Stroebe,W. Stroebe, R.O.Hansson (Eds.) *Handbook of bereavement: theory, research and intervention*. (pp.300-316.) New York: Cambridge University Press.

- Smith, J.A., Flowers,P. and Larkin,M. (2009). *Interpretative Phenomenological Analysis: Theory, Method and Research*. London: Sage Publications Ltd.
- Spinelli (2005). *The interpreted world: An introduction to phenomenological psychology*. London: Sage.
- Spivack, A. (2009). *Mirror, Mirror on the Wall: Exploring the Experiences of People Suffering with Eating Disorders*. Unpublished doctoral thesis, Department of Psychology, City University, London.
- Spong,S. (2011). *R16 Information sheet: How to design and conduct research interviews*. February, 2011, BACP Publications.
- Spuij, M., Reitz, E., Prinzie, P., Stikkelbroek, Y., De Roos, C. and Boelen, P. A. (2012). Distinctiveness of symptoms of prolonged grief, depression, and post-traumatic stress in bereaved children and adolescents, *European Child and Adolescent Psychiatry*, 21, 673-679.
- Sque,M. (2000). Researching the Bereaved: an Investigator's experience. *Nursing Ethics* 7(1):23-34. In: Liamputtong,P. (2007). *Researching the Vulnerable*. London: Sage.
- Stern, D. (2000). *The interpersonal world of the infant*. New York: Basic Books.
- Stokes,J. et al (2009). Life as an Adolescent When a Parent Has Died. In: Balk, D. and Corr, C. (Eds.) *Adolescent encounters with death, bereavement and coping*. (pp.177-179.) Springer Publishing Company: New York.
- Stokes, J., Wyer, S., and Crossley, D. (1997). The challenge of evaluating a child bereavement programme. *Palliative Medicine*, 11(3), 179-190.
- Strauss, A. L. and Corbin, J. (1990). *Basics of Qualitative Research. Grounded Theory Procedures and techniques*. Newbury Park, CA: SAGE.
- Strauss, A. L. and Corbin, J. (1997). (Eds). *Grounded theory in practice*. California: SAGE Publications.
- Stroebe, M. and Shut, H. (1999). The dual process model of coping with bereavement: Rationale and description. *Death Studies*, 23, pp. 197-224.
- Stroebe, M.S., Hansson, R.O., Stroebe, W., and Shut, H. (2007). (Eds.) Handbook of bereavement research: Consequences, Coping and Care. Washington, DC: American Psychological Association.
- Sussillo, M. V. (2005). Beyond the grave-adolescent parental loss: Letting go and holding on. *Psychoanalytic dialogues*, 15(4), pp.499-527.
- Sweeting,H. et al. (1998) Teenage family Life. *International Journal of Law,Policy and the Family* 12,1.

- Symington, N. (1993). *Narcissism: A New Theory*. London: Karnac Books.
- Symington, N. (2012). *The psychology of the person*. London:Karnac Books.
- Department for Children, Schools and Families. (2009). *Targeted mental health in schools project: using the evidence to inform your approach*. A Practical guide for head teachers and Commissioners. Nottingham: DCSF. Available from: <http://publications.everychildmatters.gov.uk/health/tmhsproject>. [Last accessed Feb 2009]
- Thompson,B. and Berger, J. (2011). Grief and Expressive Arts Therapy. In: Neimeyer, R., Harris,D.,Winokuer,H., Thornton,G. (Eds.) (2011). *Grief and bereavement in contemporary society : Bridging Research and Practice*. (pp. 303-314.) New York and London: Routledge.
- Tracey, A. (2011). Perpetual loss and pervasive grief: daughters speak about the death of their mother in childhood. *Bereavement Care* 30 (3), pp.17-24.
- Van Heeswyk (1997) In: Lanyado, M. and Horne, A. (Ed) (2009). *The Handbook of child and adolescent psychotherapy*. (2<sup>nd</sup> Ed.). Routledge: East Sussex and New York.
- Vaswani, N. (2008). *Persistent offender profile: focus on bereavement*. Glasgow: Criminal Justice Social Work Developmental Centre for Scotland.
- Waddell, M. (2006). Narcissism – an adolescent disorder? *Journal of Child Psychotherapy*. 32 (1) pp. 21-34.
- Walters, T. (1996). A new model of grief: bereavement and biography. *Mortality*, (1), pp. 7-25.
- Walters, T. (1999) *On Bereavement: The Culture of Grief*. Maidenhead, Berks: Open University Press.
- Ward, B. (2002). *Good Grief*. London: Jessica Kingsley.
- Wass, H. (2004). A perspective on the current state of death education. *Death Studies*, 28(4), 289-308.
- Welton,D. (Ed). (1999). *The Essential Husserl*. USA: Indiana University Press in Spivack, A. (2009). *Mirror, Mirror on the Wall: Exploring the Experiences of People Suffering with Eating Disorders*. Unpublished doctoral thesis, Department of Psychology, City University, London.
- White, K. and Yellin, J. (2011) (Eds.) *Shattered States: Disorganised Attachment and Its Repair*. London: Karnac Books.
- Wilcox, H. C., Kuramoto, S. J., Lichtenstein, P., Långström, N., Brent, D. A., and Runeson, B. (2010). Psychiatric morbidity, violent crime, and suicide among

- children and adolescents exposed to parental death. *Journal of American Academy of Child and Adolescent Psychiatry*, 49(5), 514-523.
- Willig, C. (2001). *Introducing qualitative research in psychology*. Berkshire, UK: OpenUniversity Press.
- Willig, C. (2008). *Introducing qualitative research in psychology*. Milton Keynes, UK: Open University Press.
- Willig, C. and Rogers, W. (Eds.) (2008). *The SAGE Handbook of Qualitative Research in Psychology*. London: Sage.
- Wilson, P. (2004). *Young Minds in our Schools*. London: Young Minds Publications.
- Winnicott, D. (1958). *Collected Papers: Through Paediatrics to Psycho-Analysis*. London: Tavistock Publications.
- Winnicott, D. (1965). *The Maturation Processes and the Facilitating Environment*. London: Hogarth Press.
- Winnicott, D. W. (1960). Ego Distortion in Terms of True and False Self. In: *The Maturation Processes and the Facilitating Environment*. London: Hogarth Press. (pp. 140-152).
- Winnicott, D.W. (1965) *The Family and Individual Development*. London and New York: Routledge.
- Winnicott, D.W. (1971) *Playing and Reality*. London: Tavistock Publications Ltd.
- Wolchik, S. A., Coxe, S., Tein, J. Y., Sandler, I. N., and Ayers, T. S. (2008). Six-year longitudinal predictors of posttraumatic growth in parentally bereaved adolescents and young adults. *Omega (Westport)*, 58(2), 107-128.
- Wolfert, A. (1983). *Helping Children Cope with Grief: For Caregivers, Parents, Teachers, Counsellors*. New York: Accelerated Development Inc.
- Wolfert, A. (2012) Letting children share in grief. Saint Louis *The New York Times* [Online] September 19<sup>th</sup> 2012. [Accessed on 20 September 2012] <http://www.nytimes.com/2012/09/20/garden/letting-children-share-in-grief>.
- Wolpert, M. and the TaMHS Research Group (2010) *Me and My School: Preliminary Findings from the first year of the National Evaluation of Targeted Mental Health in Schools - 2008-2009*. DCSF Research Report 232 <http://publications.education.gov.uk/eOrderingDownload/DCSF-RR232.pdf> [www.dcsf.gov.uk/primarycurriculumreview](http://www.dcsf.gov.uk/primarycurriculumreview).
- Worden, W. J. (1996). *Children and grief: when a parent dies*. New York: Guilford Press.

Worden, W. J. (2011). In *Grief and bereavement in contemporary society: Bridging Research and Practice*. New York and London: Routledge.

Yalom, I. (1980). *Existential Psychotherapy*. New York: Basic Books.

Yalom, I. (1989). *Love's executioner and other tales of psychotherapy*. London: Penguin.

Yule, W., and Smith, P. (2010). Working with traumatically bereaved children. In: Monroe, B. and Kraus, F. *Brief interventions with bereaved children*. (2<sup>nd</sup> Ed.) (pp. 195-212.) Oxford: OUP.

Zisook S., and Kendler K. (1991): Is bereavement-related depression different than non-bereavement-related depression? *Psychology Medicine* 2007: 37:779–794.



## **APPENDICES**





**APPENDIX 1: Figure 1. Developing the research question**

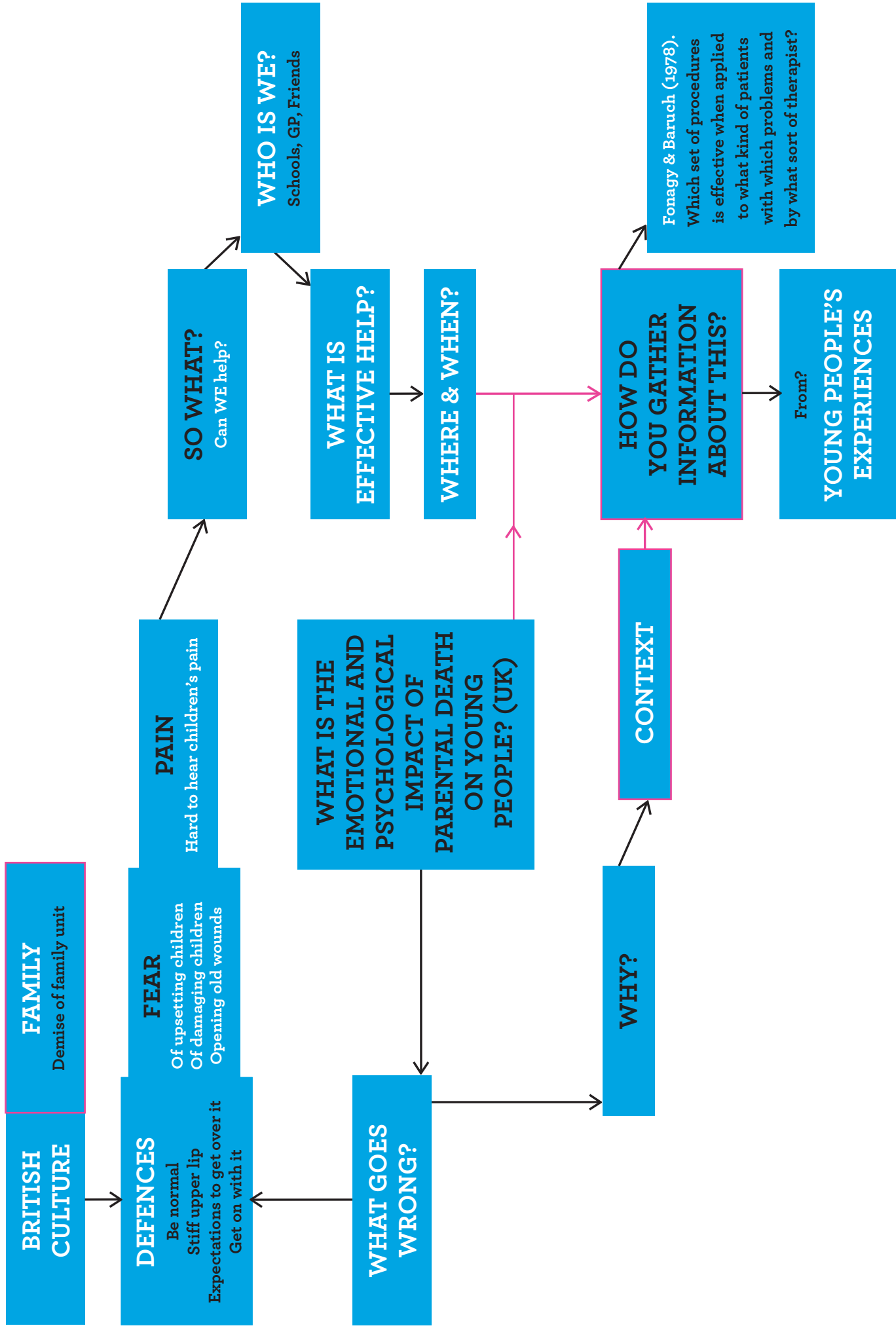


Figure 1. Developing the research question

**APPENDIX 2: Figure 2. Disrupted Identity**

# Disrupted Identity

## *My ecological environment system*

Following my parent's premature death, how have I changed internally?

How does that impact my environment?

And, how does the changed environment impact me?

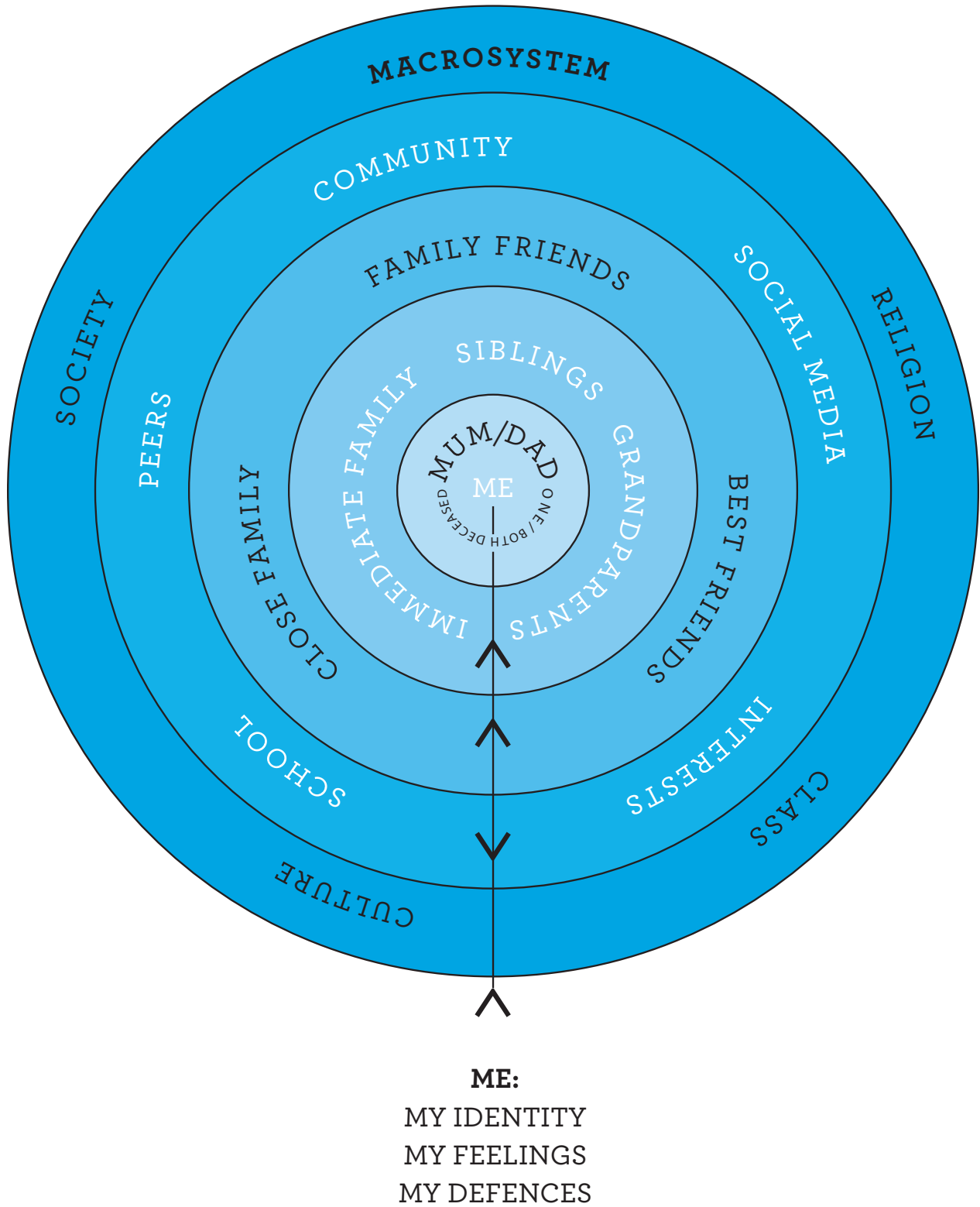


Figure 2. Disrupted identity

### **APPENDIX 3: Ethical Statement**

## Ethical statement

(including Ethics Release form and Risk assessment)

This was to fit with the ethics of the BACP: autonomy (freedom of choice) non-maleficence (avoidance of harm) beneficence (promoting good) justice (fairness) fidelity (establishing trust and honouring commitments) and veracity (truthfulness) Ethical practice was paramount and we followed BACP Guidelines **and** Good Practice Guidelines from the Childhood Bereavement Network (that I had also help to develop).

Ethics will be as a process approach: ongoing review via supervision, school staff and co-interviewers.

The researcher intends to work works within the framework of BACP Code of Ethics (although adult focused) and CBN Guidelines for Good Practice. The researcher will continue to use these guidelines, together with the Metanoia Ethical guidelines. UCL Ethical Committee has also considered the research.

Research Issues (Machin for Bereavement Research Forum 2010) has useful protocol guidelines. CCYP has been consulted and will continue to offer advice.

### Being trustworthy

Informed consent/permissions will be requested from clients, both young and old. Capacity to consent will be seriously considered with every participant.

### Beneficence

The well-being of the young person will be primary: GEP support would be continued throughout any contributions by request.

Inviting interviewees is by a combination of methods. A meeting with pizza and information before interviews for the students will be offered. (Reciprocity £30 offered in shopping vouchers)

All interviewers will be experienced, trained and supported in counselling skills and being with YP.

Pre meetings with interviewers to discuss safety of interviewees held (see briefing sheets)

Every interview/meeting will aim to create a safe situation, having a beginning, middle and end. A contract will be set. For example, uninterrupted, clear time boundaries, confidentiality revisited, respect for each other, laugh with not at, no harm etc. It will aim to be sensitivite to needs and lives of interviewees e.g. family situations

The interviewers and mentors will have a checklist of signs to be aware about, email addresses and phone numbers. Should there be any signs of retraumatising, albeit we aim to ensure we do not go down routes that may be harmful to them, this will be discussed with the participant in the first instance. If it is thought there is risk, **extra help** will be discussed and offered as on bottom of consent forms. School staff will be identified, met and briefed.

## Debriefing sheet

A friend will be encouraged to wait for the interviewee. Interviews will be timetabled at appropriate times of the day e.g. before lunch so the interview can have some space afterwards. Parents will have been written to and informed by both staff and GEP.

### Respect:

In order to collect longer term data, interviewees will be invited to meet again 3 months later either in a focus group or 1/1 if they prefer. (All will have been offered 1/1 support from GEP in the interim period)

Feedback: the aim will be that the participants are the first to see report-opportunity to review with a further interview-in a group or 1/1 (their choice)

Both myself and my staff have supervision throughout the project, in addition to informal contact and weekly meetings. Empathy, respect, integrity and sincerity in the whole process will be paramount. Should any of the interviewers give cause for concern, this will be discussed at first with the lead researcher, then the supervisor. In extreme circumstances, the interviewer's role will be terminated, keeping the YP's well-being primary.

### Non-maleficence

The impact on people we interview will be monitored by the school staff, and interviewers, hoping for a positive impact. Dyregov (2004) reports 100% participants experienced participation as positive: being allowed to tell their story.

### Justice

Families would have the right to withdraw, names and identifiable details changed, etc. ( basing this on BACP guidelines, NSPCC and NCB ), up until the completed interview, which will not affect the standard of care offered.

In keeping with the Data Protection Act 1998, data will only kept for 1 yr and stored in lockable cabinet at Grief Encounter Project.

Questions will aim to be open and thought through: participants can choose not to answer.

Ethnic considerations and respect are built in to the project: at no time are any views of the interviewers imposed on participants.

Interviewers will be enhanced CRB checked. There will be professional indemnity insurance through the GEP

## DETAILS OF APPLICANT AND RESEARCH SUPERVISOR

**1.1. Applicant's name: Shelley Gilbert**

**1.2. Email address: shelley@griefencounter.org.uk**

**1.3. Telephone number: xxxxx**

**1.4. Research supervisor(s) name, qualifications and contact details: Saul Hillman** MSc Research Project Coordinator Anna Freud Centre, SSAP Training Coordinator  
Direct Line +xxxxxx

**1.5 Institution/contact details (if applicable): Anna Freud Centre (as above)**

**1.6 Do you have any external funding for this project? Yes**

**If yes, please provide brief details including the name of the funding body:**

Self/ Grief Encounter Project

**1.7. Project title:** Bereaved children and young people: towards a new model of therapeutic intervention in order to find more empathic responses to the death of a parent.

## ETHICAL CONSIDERATIONS

Note: The items below cover all of those in the A/B categories of Middlesex University

Much consideration has been given to the ethical decision making in carrying out this research. The research is being run in conjunction with an organisation, the Grief Encounter Project, who are a child-focused bereavement registered charity. The emotional well-being of their service users is paramount; therefore their good practice model will be used with the researchers. The chief researcher is the CEO of the charity. The research supervisors are independent in order to avoid conflict of interest and bias, yet work closely with respected child organisations: namely Anna Freud Centre, Child Bereavement network and the University of Gloucestershire. One has recently completed their research with UCL/Anna Freud and is therefore up to date with current thinking.

Recruiting participants: freedom to choose and withdraw. Due to GEP's relationship: Avoiding harm: Eliminating risk, confidentiality, Promoting good: benefits will outweigh risks to society and participants. Qualified researchers. Fairness. Trust and honouring commitments. Truthfulness

### **YES NO N/A**

1. Will you describe the research procedures in advance to participants so that they are informed about what to expect? Yes

Please attach a copy of any recruitment letters and information sheet to be used.

2. Is the project based on voluntary participation? Yes

3. Does your research involve offering inducement to participate (e.g. payment or other reward)? Yes-participants will receive a £30 gift voucher at the end of the interviews and pizza at the meetings.

4. Will you obtain written consent for participation? Yes, from parents (although



Gillick principle could apply we will gain parental consents)

5. If the research is observational, will you ask participants for their consent to being observed? N/A

6. Will you tell participants that they may withdraw from the research at any time and for any reason and inform them of how they may withdraw? Yes(see participant's letter)

7. Will you ensure that participants are not subtly induced, either to participate initially, or to remain in the project? Yes(see participant's letter)

8. Will you give participants the option of omitting questions from interviews or questionnaires that they do not want to answer? Yes. (see participant's letter)

9. Will you tell participants that their data will be treated with full confidentiality and that, if published, it will not be identifiable as theirs? Yes (see participant's letter)

10. Have you made provision for the safe-keeping of written data or video/audio recordings? Yes (see participants letter)

11. Will you debrief participants at the end of their participation? (see participant's letter)

12. Have you ensured that your research is culture/belief/ social system sensitive and that every precaution has been taken to ensure the dignity, respect and safety of the participants? (see participant's letter)

**If you have answered 'NO' to any of the questions listed in 1 to 12 above, then please**

**provide further details on a separate page and attach it to this application.**

13. Is there a realistic risk of any participant experiencing either physical or psychological distress or discomfort? If YES, what will you tell them to do if they should experience any problems (e.g. who they can contact for help). Yes (see participant's letter)

14. Is there an existing relationship between the researcher and any of the research participants? If YES, please describe the ethical implications and the safeguards in place to minimise risks. No

15. Will the project involve working with children under 16 years of age? If YES, please describe parental consent and safeguarding procedures. Yes, see parental consent letter.

16. Will your project involve deliberately misleading

participants in any way? If YES, please explain why this is necessary. No

17. Will you need to obtain ethical approval from any other organisation or source? If YES, please attach letter confirming their ethical approval. Have from UCL and school support letter.

18. Are there any other ethical considerations in relation to your project that you wish to bring to the attention of the Research Ethics Committee that are not covered by the above? Yes  
If YES, please describe on a separate sheet.

**If you have answered 'YES' to any of the questions listed under 13 to 18 above, then please provide further details on a separate page and attach it to this application.**

**CANDIDATE DECLARATION**

I have read the BACP and the BPS guidelines for ethical practices in research and have discussed

this project with my research supervisor in the context of these guidelines. I confirm that I have

also undertaken a risk assessment with my research supervisor:

Signed:.....

Print name.....Date.....

(Applicant)

**RESEARCH SUPERVISOR DECLARATION**

As supervisor or principal investigator for this research study I understand that it is my responsibility to ensure that researchers/candidates under my supervision undertake a risk assessment to ensure that health and safety of themselves, participants and others is not jeopardised during the course of this study.

I confirm that I have seen and signed a risk assessment for this research study and to the best of my knowledge appropriate action has been taken to minimise any identified risks or hazards.

I understand that, where applicable, it is my responsibility to ensure that the study is conducted in a manner that is consistent with the World Medical Association Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects (see <http://www.wma.net/e/policy/b3.htm> ).

I confirm that I have reviewed all of the information submitted as part of this research ethics application.

I agree to participate in committee's auditing procedures for research studies if requested.

Signed:.....

Print name..... Date.....

(Supervisor)

**STATEMENT OF ETHICAL APPROVAL**

This project has been considered by the Metanoia Research Ethics Committee and is now approved.

Signed:.....Print name..... Date.....

(On behalf of the Metanoia Research Ethics Committee)

Please note that the Metanoia Research Committee meets twice during each academic year. Submissions between these meetings are dealt with by chair's action in consultation with one other committee member. All applications are acknowledged in writing and considered at the biannual Metanoia Research Committee meeting

Name of person carrying out fieldwork : Shelley Gilbert  
Name of research supervisor.....Saul Hillman/Liz Rolls/Ruth  
Caleb.....

Telephone numbers and name of  
next of kin who may be contacted  
in the event of an accident

**FIELDWORK NEXT OF KIN**

**Name** .....Michael Gilbert.....

**Phone** ...xxxxx.....

Physical or psychological  
limitations to carrying out the  
proposed fieldwork...None.

Any health problems (full details)  
which may be relevant to proposed  
fieldwork activity in case of  
emergencies..None.....

Locality (Country and Region)...London.....

Travel arrangements...Car.....

## Ethics Release Form for the DPsyCh

All candidates planning to undertake research are required to complete this Ethics Release Form and to submit it along with their Programme Planning Documentation for consideration.

- It is essential that you have an understanding of the ethical considerations central to planning and conducting research in counselling and psychotherapy. Key Ethical Guidelines and **required** reading are in Appendix 2.
- Approval to carry out research does not exempt you from Ethics Committee approval from institutions within which you may be planning to conduct research eg Hospitals, NHS Trusts, Local Education Authorities, Prisons etc.

Please answer all of the following questions. Circle the appropriate answer.

1. Has the project proposal and ethical considerations in draft been completed and submitted to the academic adviser? YES NO
2. Will the research involve an intervention or change to an existing situation that may affect people YES NO  
If YES, have participants been given/will they be given information about the aims and possible risks involved, in easily understood language? Attach a copy YES NO
3. Will any person's position, treatment or care be in any way prejudiced if they choose not to participate in the project? YES NO
4. Can participants freely withdraw from the project at any stage without risk or harm of prejudice? YES NO
5. Will the project involve working with or studying minors (under 16)? YES NO  
If YES attach the steps you have taken including parental consent to ensure protection of the child YES NO
6. Are there any questions or procedures likely to be considered in any way offensive or inappropriate? YES NO
7. Have all necessary steps been taken to protect the privacy of the participants and the need for anonymity? YES NO
8. Is there any provision for the safe keeping of written Data and video/audio recordings of participants? YES NO
9. If applicable is there provision for debriefing participants after the research intervention or project? YES NO

- 10 Will you need to put your proposal through an ethics committee related to your professional work? YES NO
- 11 Have you ensured that your research is culture/belief/social system sensitive and that every precaution has been taken to ensure the dignity and respect of the participants? YES NO

If you have answered NO to any questions please consult with your Academic Adviser provide information regarding these issues.

If you have answered YES these must be evidenced in your Learning Agreement and Final Projects

Please read the following statements and if you have carried them out please sign below

- I have read the ethical guidelines for research required by the DPsycho Program Metanoia and Middlesex University
- I have applied these guidelines to my research activity
- I have supplied the Programme with any additional information required

Signature..... Print Name..... Date.....

The Programme Approval Panel is satisfied, based on the information supplied by the candidate in the Learning Agreement, supplementary documents and oral presentation that the candidate will carry out the research activity within the ethical guidelines for research counselling and psychotherapy contained in the BACP and BPS codes.

Chair's Signature..... Print Name..... Date.....

**RISK ASSESSMENT**

LOCALITY/ROUTE	2.POTENTIAL HAZARDS	3 PRECAUTIONS	4 RISK ASSESSMENT	5SAFETY EQUIPMENT
School	<p>School terrain</p> <p>Alone in room with student</p> <p>Participant mental health</p> <p>Dealing with the public</p>	<p>Schools visited and interview rooms chosen. School have procedures in place to keep pupils/staff physically safe.</p> <p>On school premises Window in door Child Protection officer at school identified Contract of no harm explained to interviewee. Clear offer of support after interview</p> <p>BS to screen participants</p> <p>Family permissions sourced Research explained by letter to parent Debriefing sheets,aftercare Care taken to be sensitive to possible issues Professional and public liability insurance</p> <p>Break time from computers. Wires taped to the floor. Floor dried in bad weather.</p>	<p>Low</p> <p>Low</p> <p>Low</p> <p>Low</p>	<p>Public liability insurance of £5m</p> <p>Help easy to summon</p> <p>Letters to parent</p> <p>Supervision, CRB and training</p>
Grief Encounter office	Computers,wires,slippery floor	As above	Low	As above
Library				

## **APPENDIX 4: Consultant Group**

The consultant group was co-opted by myself, the researcher, to help with the analysis in order to benefit from their Doctoral expertise, allow a deeper analysis of the participants' transcripts, offer different perspectives, create a forum for reflexivity, offer a further ethical procedural check and balance any bias that may emerge. It was also to help my personal motivation as my preferred way of working is leading a team.

My original intention of the project was to use a mixed methodology by using a group to conduct an Action research analysis as part of this study. (as Adams Langley modelled in his Doctoral research, 2012). However, due to my personal time and financial restrictions, so much rich data was collected from the participants themselves that this did not form part of the project.

I, Shelley Gilbert, retained the role as the main researcher; the consultants were aware that their roles were ones of support and advice. They were responsible and accountable to main researcher.

They were 'co-researchers' in the sense that they all had experience of research and working with bereaved children and young people and were involved with the sorting and analysis of the data, into themes and sub categories. It was important to me that they combined the analysis with psychotherapeutic skills, mirroring my approach to the research in order to elicit richer data. They would also proofread the analysis and support the reflexivity. They were paid as consultants, with consultant contract and accountable to the major researcher. The final dissertation remained my intellectual property, albeit the intention is to share information as widely as possible. Ethics were defined by the BACP Code and the GEP codes of practice (as outlined in main body of work).

Particular attention was paid to confidentiality and keeping documents secure.

Dr Saul Hillman: has been associated with the the Anna Freud Centre for 20 years and during much of that time has been coordinator of research projects on their postgraduate courses and those linked to University College London. He has taught research methodology and statistics on the Masters course and supervised students across a diverse range of topics. Saul has been involved in a number of different research projects including a longitudinal Attachment and Adoption research project, which was a collaboration between the Anna Freud Centre, Coram Family and the Institute of Child Health. Saul's research interests include attachment, maltreatment and adoption. Saul completed a PhD in the psychometric properties of a clinical attachment narrative tool called the Story Stem Assessment Profile (SSAP) for which he has set up and delivered trainings to mental health practitioners.

His previous experience includes both research and evaluation consultancy for a number of different charities and organisations. He also works clinically with adolescents and adults. He is trained in counselling, hypnotherapy and coaching and has his own private practice.

Dr Anna Spivack: completed a doctorate in Counselling Psychology and works as a psychotherapist with young people.



Jessica Blum: MA student from Anna Freud, researching young people's bereavement supervised by Saul Hillman and the main researcher: helped with ethical approval from UCL for MA research (hence facilitated this project's ethical framework) design of questionnaires and transcribing interviews. From pilot interviews, highlighted that psychotherapeutic skills would elicit deeper information from interviewees.

Litsa Davies: has been working with children and adolescent's for 20 years in varying roles: Behaviour Management, Inclusion Advisor and Social Skills Specialist. She qualified as a Counsellor in 2008, gaining a BA (Hons) first class in Person Centred Counselling. She currently has a private practice, offering counselling and supervision and is a lead practitioner for Grief Encounter where she carries out family assessments and offers counselling to bereaved children and young people.

#### Statement of roles:

We worked closely with Shelley during her research process. The main focus of our involvement was exploring emergent themes from the participants' interviews with Shelley. Firstly, we read and coded the interview transcripts, separately from Shelley, and then we would meet to discuss the themes. This was guided and led by Shelley: our role was to point out any overlaps or discrepancies, and Shelley would then work out how to rectify these. Shelley would also come up with the names for each theme, which we would then discuss and explore with her to see if anything else fitted better. After Shelley had written each chapter of the thesis, Saul Hillman and Anna Spivack read these accordingly, and discussed with Shelley whether any points needed clarifying.

This is a true and accurate account of the consultancy group.



**APPENDIX 5: Sample correspondence to Head of schools (given, not sent)  
and Head consent**

Dear xxxx

### What can go wrong?

This is some of what we have witnessed in our Borough over the last few years:

Death of a parents  
Death of children  
Parental murder  
A suicide in the school  
Death of a teacher

### DON'T WAIT UNTIL THERE IS A CRISIS!

#### What happens in the event of a death in your school?

I am CEO of a charity Grief Encounter Project, which I set up in 2003. We work with bereaved children, young people and their families. Our direct work is focused in the London borough of Barnet, Essex and in South West England.

### Pioneering

I am currently undertaking research as part of a Doctorate by Professional Studies and have identified that many schools in the London Borough of xxx do not have a Bereavement Policy, School Bereavement Pack nor enough resources following a death in the community. Often, staff have had little or no training in this area, nor support if something tragic happens. We can help.

### What has gone wrong in the past?

Schools have not had the opportunity to offer and collate their views. School staff tell us they want to help but are worried and anxious about upsetting the young people, opening up old wounds or saying the wrong thing.

### Why we should help now?

1 in 29 children under 16 in the UK will lose a parent every day.  
That's 25,000 p.a.

The government keep NO national statistics on bereaved children.

National Curriculum requirements, TAMHS and SEAL now recognise bereavements

Educational psychology departments are being cut

### What happens?

We are sometimes asked to help following the death of a parent, sibling or teacher. Many schools are now facing supporting young people whilst their parent is dying.

## How best to support these young people?

We are asking 3 school's support and permission to help us gather information about how many bereaved children there are in your school and young people's experiences of losing a parent IN YOUR SCHOOL in order to help others understand about the difficulties there are after a bereavement and that they don't go away overnight. We hope you will be one of those schools.

## Gains to school?

This is based on the premise that forewarned is forearmed.  
School will be offered WITHOUT CHARGE:

2 staff training sessions: a chance to tell your view and experience about this topic and staff support if appropriate

A school bereavement pack, including a draft school bereavement policy in the event of an incident.

A co-operative approach will ensure that the policy is embedded in the community and not left on the shelf

Early intervention: bereaved children are identified and offered support

A pioneering example of good practice that could be a flagship for others to follow.

## The unique aspects of this research are that:

It is a co-operative inquiry between GEP, staff and students so that the outcomes are tailor made for school use.

A final outcome will be the production of a new Teenage resource, distributed nationwide.

Ethics are passed by UCL, Metanoia and Middlesex Universities. Care of the participants has been really thought through and available once interest has been expressed.

## Cost to school?

The costs will be in the students and staff time.  
All other costs will be covered by GEP.

If you are able to help, please ring me by... or return the enclosed form

Best wishes

Shelley Gilbert

## CEO Grief Encounter Project

Dear Shelley Gilbert

I am happy to support your initiative and have received your covering paperwork. This is my letter of consent.

With best wishes

Head

**APPENDIX 6: Parents information sheet**

## **PARENT'S INFORMATION SHEET**

### **Reviewing Young People's Grief**

Dear

Your child has been invited to take part in a research study. Before she decides to participate, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. If you wish to discuss anything further, please ask your child or if you would like more information, please get in touch with Shelley Gilbert on 02084467452 or [contact@griefencounter.org.uk](mailto:contact@griefencounter.org.uk)

Our aim is to gather young people's experiences of losing a parent or sibling in order to help others understand about the difficulties there are following a bereavement.

We want to carry out a short one-to-one interview with your child to explore his or her feelings and thoughts about this. On completing this interview, he or she will receive a small gift voucher. If he or she is interested, there will be an opportunity for further discussions. We welcome any support you can give your child during this time.

It is up to them to decide whether or not to take part. If they do decide to take part, they will be given this information sheet to keep and be asked to sign a consent form. They are still free to withdraw at any time and without stating a reason.

His or her identity will be protected and names will not be attached to any data. This research will be published as part of 2 postgraduate dissertations and Grief Encounter Research.

No-one will be identified in this report. All data will be stored, analysed and reported in compliance with the UK Data Protection legislation

We hope we have been respectful and thoughtful enough to make this a positive experience, which leads to further support for your child and for the school. If at any point, you feel this not the case you can call/email/meet with the lead of the project Shelley Gilbert or the one of the supervisors Saul Hillman.

The study has been reviewed by the UCL Ethics Committee and by the Metanoia Research Ethics Committee.

Thank you for your interest in this research which I hope you will find useful. We hope that we will be able to give your child an opportunity to talk in a private, non-judgmental environment, and for others to gain a better understanding and of young people's ways of dealing with grief.

Best wishes

Shelley Gilbert  
CEO, Grief Encounter Project  
Researcher Anna Freud Centre.



If your child experiences any distress or discomfort after the interview and you need some support:

Do not hesitate to contact us at Grief Encounter : via the website/telephone 02084467452 (office hours) : [www.griefencounter.org.uk](http://www.griefencounter.org.uk) : post messages, set up a memorial site, read other's messages, light a virtual lantern in memory of person who has died, find support resources, referral to other services, send us an email, phone in office hours for support.

Approach the school Head of year in confidence

School counsellor:

Ring the Samaritans 08457909090,jo@samaritans.org or text 07725909090

(emergency 24 hour helpline for confidential telephone support )

Contact Childline :confidential telephone support)\_0800 1111 help and advice about a wide range of issues, talk to a counsellor online, send *ChildLine* an email or post on the message boards. [www.childline.org.uk/](http://www.childline.org.uk/)

Social Services (office hours, for Child Protection issues)



**APPENDIX 7: Parental consent form**

### Parental Consent Form

This study has been approved by the Metanoia Research Ethics Committee and UCL Research Ethics Committee (Project ID number): \_\_\_\_

1. Your child has been asked to take part in a research. The person organising the study will explain the project your child before they agree to take part.
2. Please ask the researcher any questions you have about this project, before you decide whether to let your child participate.
3. If you decide, now or at any time, that you do not wish your child to be involved in the project, just tell us and we will halt his/her involvement.
4. You and your child have been given an information sheet, which describes the research. This is for you to keep and refer to at any time. *Please read it carefully.*
5. By signing this form you agree that your child's participation will be tape-recorded and you allow the use of this material for the purpose of this study.
6. If you have any complaints about the research or researchers, please discuss them with the Researcher. If these problems are not resolved, please discuss them with the Research Co-ordinator, Saul Hillman, The Anna Freud Centre, 12 Maresfield Gardens, London NW3 5SD. Tel: 020 7794 2313.

### CONSENT

I \_\_\_\_\_ agree that the research project named above has been explained to me to my satisfaction, and I allow my son/daughter \_\_\_\_\_ to take part in the study. I have read the notes written above and the information sheet about the project, and understand what the research study involves. This is my name and signature and may be seen by a designated auditor.

**SIGNED**

**SIGNED (Researcher)**

**DATE**

**APPENDIX 8: Invitation letter to interviewees**

Dear

You have been invited to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully . Feel free to ask if there is anything that is not clear or if you would like more information.

If you decide to take part you are still free to withdraw at any time and without giving a reason.

A decision to withdraw at any time, or a decision not to take part, will not affect the standard of care you receive from Grief Encounter/school.

Our aim is to gather young people's experiences of losing a parent in order to help others understand about the difficulties there are after a bereavement and that they don't go away overnight.

Your name will not appear on the final project report. The report will be a summary of all the young bereaved people's views and the views of some adults too.

Hopefully, we will be able to give others a better understanding and find some ways of helping bereaved children through this difficult time.

We will have had an initial meeting. If you are left with any muddles or worries, we encourage you to call the GE number (84467452-office hours) if you so wish or email us. In emergencies, you can call Samaritans or Childline. The best person to turn to may well be your parent/guardian.

We also encourage you to become part of the Grief Encounter Programme and maybe come on a Fun Day or to our workshops.

This research will be published as part of a postgraduate dissertation, later this year.

No-one will be identified in any report/publication.

We will ask for Parental permission , so if you can get the attached letter signed and returned asap.

Thank you for your interest and look forward to creating something important!  
Best wishes

Shelley Gilbert

Researcher/CEO Grief Encounter Project

All data will be stored, analysed and reported in compliance with the UK Data Protection legislation

You will be given a copy of the consent form to keep

**APPENDIX 9: Figure 3. Timeline and age of participants when parent died**

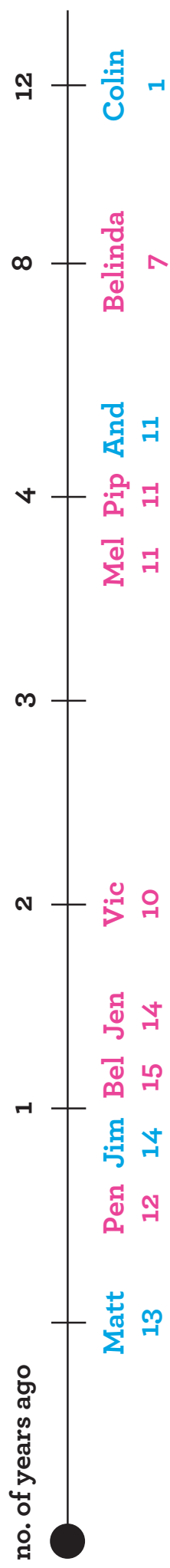


Figure 3. Timeline and age of participants when parent died



**APPENDIX 10: Figure 4. Feelings drawings**

## Drawing Feelings

Everyone has different feelings in different places.  
 We often feel them in our body.  
 Colour and name where your feelings may be.  
 Use the guide or use your own colours and feelings.

Shock *Navy*

Happy	Yellow
Sad	Blue
Angry	Red
Afraid	Black
Confused	Green
Worried	Pink
Frustrated	Purple
Ashamed	Orange
Other: Please state	
<i>Stress</i>	Brown
<i>Denial</i>	Grey



Based on the following information, please draw a human figure.

2

Everyone has different feelings in different places.  
 We often feel them in our body.  
 Colour and name where your feelings may be.  
 Use the guide or use your own colours and feelings.

Happy	Yellow
Sad	Blue
Angry	Red
Afraid	Black
Confused	Green
Worried	Pink
Frustrated	Purple
Ashamed	Orange
Other: Please state	
	Brown
	Grey



Everyone has different feelings in different places.  
 We often feel them in our body.  
 Colour and name where your feelings may be.  
 Use the guide or use your own colours and feelings.

Happy	Yellow
Sad	Blue
Angry	<del>Red</del> <i>Red Pink</i>
Afraid	Black
Confused	<del>Green</del> <i>Grey</i>
Worried	<del>Pink</del> <i>orange</i>
Frustrated	<del>Purple</del> <i>purple</i>
Ashamed	Orange
Other: Please state	
<i>dejected</i>	Brown
	Grey



Figure 4. Feelings drawings

**APPENDIX 11: CORE-YP form**



## **APPENDIX 12: Interview questions**

Type of death  
Male/Female  
Religion/Ethnicity

*Part 1: Fact gathering*

**Is it ok for me to begin recording? (Say candidate number)**

**Firstly, I need to collect a few facts and figures and then I will ask you about your own personal experiences. Then, I'd like to ask you what support best helps, if any. Please be as honest as you can-remember that no names/identifiable details will be used...and you don't have to answer if you don't want to.**

1. How old are you?
2. In order for me to stay respectful, do you mind telling me your family's religion and ethnicity?

*Part 2: Personal Experience of Grieving*

3. I was wondering who died?
4. Can you tell me how they died?
5. Where were you when they died?
6. How did you find out about the death?
7. Where were you when you found out about the death?
8. I was wondering how you felt about the death?
  - a. Encourage feeling figure use
  - b. Discuss the picture – what does this mean? (be specific)
9. What was your experience of saying goodbye?
  - a. Prompts: Thoughts, Feelings, Behaviors
  - b. Do you think that (not) saying goodbye made a difference to you?
10. Did you experience any expectations from those around you about how you should cope?
  - a. Prompt: Can you say more?

*Part 3: Help Received/Wanted*

1. How has life changed for you?

- a. Prompts: At home? School? Socially?
2. Can you tell me about your support after the death?
  - a. What helped?
  - b. What didn't help?
  - c. What do you think would have helped more then? Now?
3. Who do you feel helps and supports you now?
4. What advice would you offer to other bereaved teens?
  - a. What would you not say?
  - b. What would you offer to others when someone special has died?

*Part 4: Closing the interview*

(Interviewer shows picture of the Upward Spiral of Grief).

- a. What are your feelings when you look at the Spiral?
  - b. Does it make sense to you?
- Where on the Upward Spiral of Grief to you think you are now?
- c. Can you explain?

Is there anything else you would like to share about your overall experience of grief and bereavement?





**APPENDIX 13: Young person's consent form**

# Researching Young People's grief

## CONSENT FORM

Participant Identification Number:

Title of Project:

Name of Researcher:

Please initial box

1. I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions.



2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. If I choose to withdraw, I can decide what happens to any data I have provided.



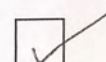
3. I understand that my interview will be taped and subsequently transcribed



4. I agree to take part in the above study.

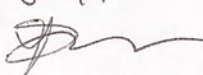


5. I agree that this form that bears my name and signature may be seen by a person who may want to ensure that this research is being properly carried out.



Name of participant

Date 2-6-11

Signature 

Name of person taking consent

Date

Signature

(if different from researcher)

Researcher

Date Signature

1 copy for participant; 1 copy for researcher.

## **APPENDIX 14: UCL Ethical approval**

Interview also used for Jessica Blum's (part of consultant group) MA research for Anna Freud Centre, gaining UCL approval which formed part of the pilot research. (Passed, with distinction Sept 2012)

**Subject:** FW: Ethics Application: Reviewing young people's grief: an analysis of saying goodbye

I think we had the wrong email address down for you at UCL....see below..all approved

Saul

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**Saul Hillman**

MSc Research Project Coordinator  
SSAP Training Coordinator  
Direct Line +44 (0)20 7443 2259

---

Caring for young minds  
**Anna Freud Centre**  
Telephone +44 (0)20 7794 2313  
12 Maresfield Gardens, London, NW3 5SU  
[www.annafreud.org](http://www.annafreud.org)

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-----Original Message-----

**From:** Jessica Blum [<mailto:jessica.blum@gmail.com>]  
**Sent:** 27 January 2011 15:24  
**To:** Ethics  
**Cc:** [jessicablum@gmail.com](mailto:jessicablum@gmail.com); Saul Hillman  
**Subject:** Re: Ethics Application: Reviewing young people's grief: an analysis of saying goodbye

On Jan 27, 2011, at 9:35 AM, Ethics <[ethics@ucl.ac.uk](mailto:ethics@ucl.ac.uk)> wrote:  
Dear Jessica  
Cc: Saul Hillman

Further to the review of your application at the January meeting of the UCL Research Ethics Committee, I am pleased to confirm that your study has been approved for the duration of the project (i.e. until February 2012). No amendments were deemed necessary to the research protocol.

However, I have noted that the project id number you have assigned to this study, namely 0384/064, does not appear on our ethics database system. I am unable to send an approval letter without an assigned project id number and I would therefore be grateful if you could register the core project details online and provide me with your project id number as soon as possible.

See the procedure for doing this at:  
<http://ethics.grad.ucl.ac.uk/procedures.php>

I look forward to hearing from you in due course.

With best wishes, Helen

Administrator of the UCL Research Ethics Committee  
Graduate School  
UCL  
Gower Street  
London  
WC1E 6BT

Tel: 020 7679 7844  
Fax: 020 7679 7043  
Email: [ethics@ucl.ac.uk](mailto:ethics@ucl.ac.uk)



**APPENDIX 15: Debriefing form**

## **Debriefing form**

How are you feeling now? Is it OK to end interview now?

If you experience any distress or discomfort after the interview and you need some support:

To reiterate:

Names and identifiable details will be changed/not used in final report.

Data will be kept only for the purposes of this research and destroyed once the research is completed.

Do not hesitate to contact us at Grief Encounter : via the telephone 02084467452 (office hours) or website : [www.griefencounter.org.uk](http://www.griefencounter.org.uk) : post messages, set up a memorial site, read other's messages, light a virtual lantern in memory of person who has died, find support resources, referral to other services, send us an email, phone in office hours for support.

Approach your Head of year in confidence

School counsellor:

Ring the Samaritans 08457909090,jo@samaritans.org or text 07725909090 (emergency 24 hour helpline for confidential telephone support )

Contact Childline :confidential telephone support) 0800 1111 help and advice about a wide range of issues, talk to a counsellor online, send *ChildLine* an email or post on the message boards. [www.childline.org.uk/](http://www.childline.org.uk/)

Social Services (office hours, for Child Protection issues)

An independent psychotherapist from the BACP

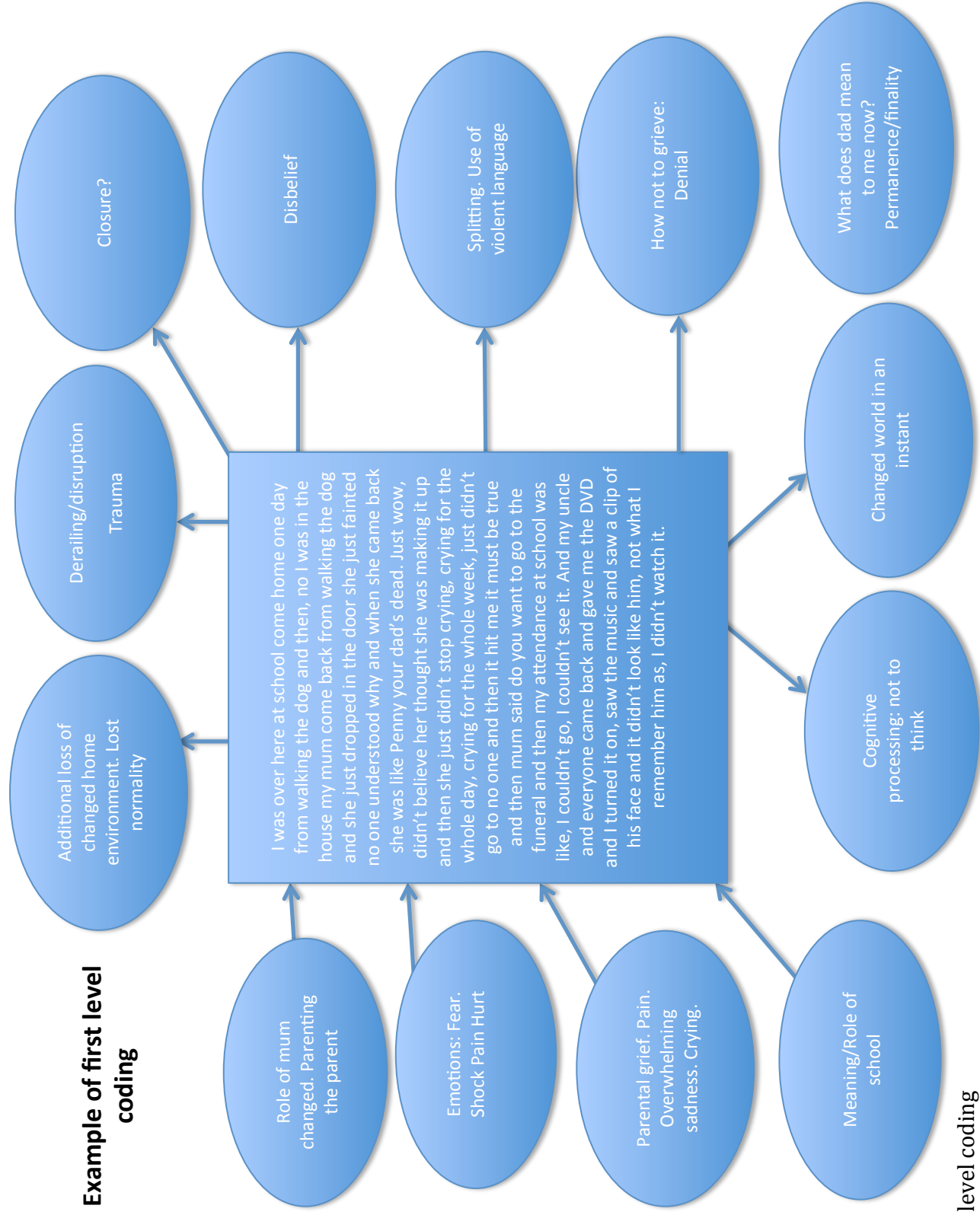
Or

CAMHS support via your GP/School.



**APPENDIX 16: First Level Coding Figure 5**

**Example of first level coding**



**Figure 5. First level coding**

**APPENDIX 17: Extract from advanced memo writing**

**Final interview: Belinda**  
**Second Level Coding**  
**Advanced memo writing**

<p>Line 111 I just felt like there was a lot going on in my head at the time, um, like all these feelings about stuff that I didn't really understand and I tried not to show a lot of them so they just sort of stayed in my head which didn't help, yeah, do you want me to talk me through the rest of them?</p>	<p>Struggles with grieving process- confusion, lack of cognitive skills to process, lost, difficulties in identifying how she's feeling, did not understand</p>
<p>Yeah if you'd like to, sure yeah.</p>	
<p>Um, I think I was angry and frustrated in my hands because I just felt like angry and I felt like physically punching or being like violent, um.</p>	<p>Strong, deep feelings,</p>
<p>Were you ever violent?</p>	
<p>Line123 No, um, but, um, occasionally I'd get really angry but I wouldn't be violent towards anybody it was just like hitting a pillow or something but mostly I just kept it inside, um, ashamed because my shoulders, I felt like there was a massive weight on my shoulders. Um and I just felt quite ashamed because it just made me feel really different from my friends, um because it wasn't the norm to have no parents, and yeah, so it was quite a big thing. Um, sad and happy, that was on my face because most of the time I was outwardly happy but</p>	<p>Struggles</p> <p>Disrupted identity</p> <p>Role of others</p>

<p>yeah, but then at night, I think that's I found nights really hard, um, and that's the only time really apart from at the funeral and, at the very beginning I'd be openly sad. I felt like I had to be happy all the time really. Um and that was in my heart as well. And then, in my heart was, I was afraid because I was just, that's what I mean about the confusion, I was afraid, I was afraid that everybody else was going to die because I'd lost my dad and mum and various people and um, I was also afraid that now I didn't have my dad because, obviously I'd formed such a bond with him anyway but also after my mum died, it was like my dad was always there for us. My dad was everything really, I was afraid, I didn't know what was going on, what do I do now, like I just didn't know. I was afraid of the future without him. Um, yeah.</p>	<p>Disrupted Identity: True/false self</p> <p>Splits</p> <p>Struggling: Fear</p> <p>Primary Loss</p> <p>Establishing loss, fear fear fear, What about the future?</p>
<p>Line 156 Yeah, um feel that I definitely gave myself my own expectations, I felt like I have to be happy all the time because that's just the sort of child I was. Um, I felt like, um and I also felt like everybody else had also lost the same person I had so they all, they all had their own problems, they</p>	<p>Pressures to grieve in a certain way, True/false self. Autonomy</p> <p>Autonomy</p> <p>Deep pain-private</p>

<p>were all dealing with it themselves so I felt like I had to, if I was ever sad I didn't want to go and talk to people because I was scared of upsetting them because</p>	<p>Role of others-caretaking</p>
<p>People in your family?</p>	
<p>Yeah people in my family. Like I wouldn't go and talk to my sisters, not really my step mum because I was scared of upsetting them because if they happened to be having a day when they weren't crying or something like that and I came and spoke to them and they started crying it would make me feel really bad so Line 181 Yeah, um obviously like, my dad was the main person in my life, and my mum, but my dad I could understand more but it was just, it was something that changed my life forever. Like, it's probably the biggest thing that has happened and probably will, um has changed the person I am now, I'll never be the same person as I was had he not died, um and it just impacts on your life forever so its definitely a big thing really. It's not something that goes away, um. Yeah. But um, I felt like, I felt like it was a big thing then at first because I'd just lost my dad, it was just a massive</p>	<p>Role of others</p> <p>Establishing loss-dad main person in her life, Life changed FOREVER, Identity dilemmas. Difficulties with gone forever and relocating Dad within herself</p> <p>Role of others-Protecting others</p> <p>Primary Loss</p> <p>Forever</p> <p>Loss</p> <p>Acknowledgement/ Need for reassurance that it is a big thing</p> <p>Disrupted identity</p> <p>Time</p> <p>Finding a new normal</p> <p>Use of language</p>

<p>thing. Um, but, at that age I knew what death was but I couldn't really comprehend that he was never coming back I don't think, like people told me, like I knew death meant that they were gone forever but I still think about him coming back, I still find myself day dreaming about it, like just imagining him coming back but now, it's impacted me differently in my life because I know he's not coming back so, yeah, I don't know that's kind of difficult. Um.</p>	<p>Acceptance v denial</p> <p>Reconnecting</p> <p>Struggles with making dad part of her life</p>
---	--





## **APPENDIX 18: Fleming and Adolph's (1986) model**

**Table 1.1**  
**Cognitive Responses to the Core Issues When Bereaved**

	<b>Early Adolescence</b>	<b>Middle Adolescence</b>	<b>Later Adolescence</b>
<b>Predictability of Events</b>	Shaken assumptions about the world	The world is dangerous	The world can be unsafe and unpredictable
<b>Mastery/Control</b>	Idealize the person who died	Unrealistic expectations vs. learned helplessness	Risk intimacy in the face of possibly losing someone else
<b>Belonging</b>	Look to peers for acceptance and understanding	Sense of belonging is fleeting at best	Others need to be able to rely on me. A spiritual quest emerges.
<b>Fairness/Justice</b>	Questions about why the death had to occur	Existence seems arbitrary	Existence may be absurd
<b>Self-Image</b>	I am different from others and I am more mature than my peers	I am vulnerable and I am more mature than my peers	I am trustworthy and I am more mature than my peers

**Table 1.2**  
**Behavioral Responses to the Core Issues When Bereaved**

	<b>Early Adolescence</b>	<b>Middle Adolescence</b>	<b>Later Adolescence</b>
<b>Predictability of Events</b>	Undue risks vs. excessive caution	Aggressive risk taking vs. losing spontaneity	Gain support against the unpredictable world
<b>Mastery/Control</b>	Become more like the person who died or minimize the importance of the death	Greater commitment to school vs. losing interest Nonconformity Ensure others don't die as well	Reach out to assist others vs. withdraw into self to avoid risks
<b>Belonging</b>	Seek peers or avoid them	Seek peers or isolate oneself	Fidelity and loyalty vs. over-dependent, clinging behavior
<b>Fairness/Justice</b>	Self protection vs. self destruction	Protest the indifference of the universe	Act on behalf of the larger community
<b>Self-Image</b>	Altruistic	On one's own vs. totally dependent	Committed to others vs. vacillation

**Table 1.3**  
**Affective Responses to the Core Issues When Bereaved**

	<b>Early Adolescence</b>	<b>Middle Adolescence</b>	<b>Later Adolescence</b>
<b>Predictability of Events</b>	I am afraid and angry	Unpredictability of life scares me	Fear others close to me will die
<b>Mastery/Control</b>	Bereavement seems overwhelming to me	I am angry and resentful	I have hope vs. I feel hopeless
<b>Belonging</b>	I am angry at being misunderstood and at fake friendliness	Others have no clue what I am experiencing I need to camouflage my grief	I am accepted vs. I am afraid of being vulnerable
<b>Fairness/Justice</b>	I am afraid, especially that someone else will die	I am angry at the indifference of the universe	I am angry at many things and accept that evil is in the world
<b>Self-Image</b>	I feel ineffective	I am afraid and angry	I am accepted and worthwhile vs. I am rejected and unlovable

## **APPENDIX 19: Grief's trajectory**

# Understanding Grief's Trajectory

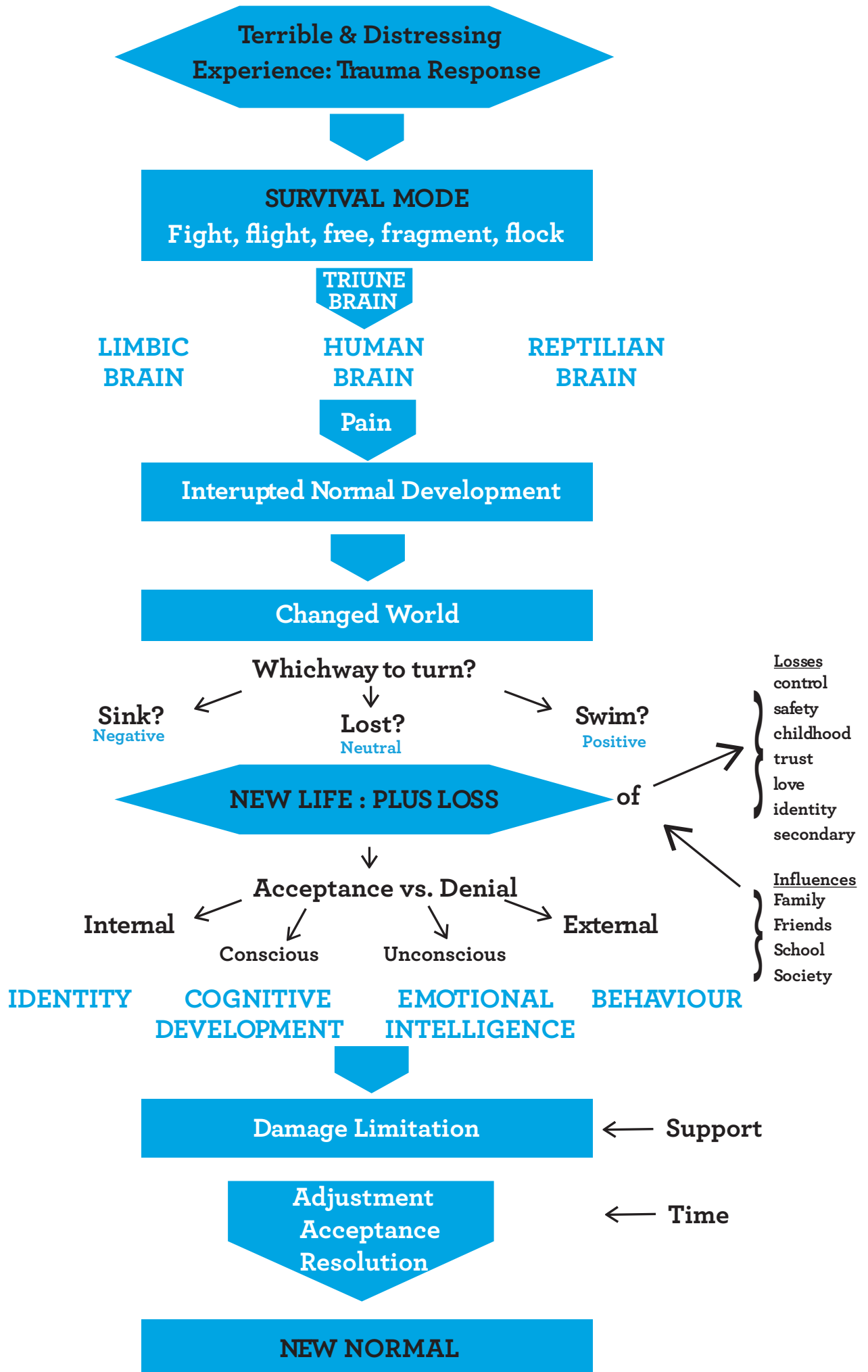


Figure 6. Grief's trajectory

## **APPENDIX 20: Teenage guide to Life and death**



# Teenager's guide to getting on with life after death.

Helping teenagers through the death of their Mum, Dad, Sister or Brother.



# For most teenagers it can feel like your life has turned up-side down

**NOTHING** is the same after the death of a parent, brother or sister, but young people are often expected to go back to school and behave as if nothing much has happened. After a few weeks, others around are getting on with their lives, but most bereaved young feel their lives have been turned upside down, blown apart, changed forever... but people have forgotten to ask how you are and you often don't know if you want the attention anyway. It takes time to take on board what's happened. This guide is to introduce you to some ideas, to Grief Encounter and to other things that may help.

[www.griefencounter.org.uk](http://www.griefencounter.org.uk)

We aim to help you feel less alone, acknowledge what you are going through and help you feel back in control. In short, get back and stay on the right road.

“I can't explain how much losing a parent effects you.”

Penny, 12 when Dad died from cancer.



# Just happened? Just happening?

At first, it may feel like a storm.  
You may feel overwhelmingly sad.  
Or, want to fall apart. Or, feel nothing at all.  
These emotions are normal and part of the trauma.  
**Welcome to Planet Grief.**

This is when you and your family may benefit from  
“First Aid”.

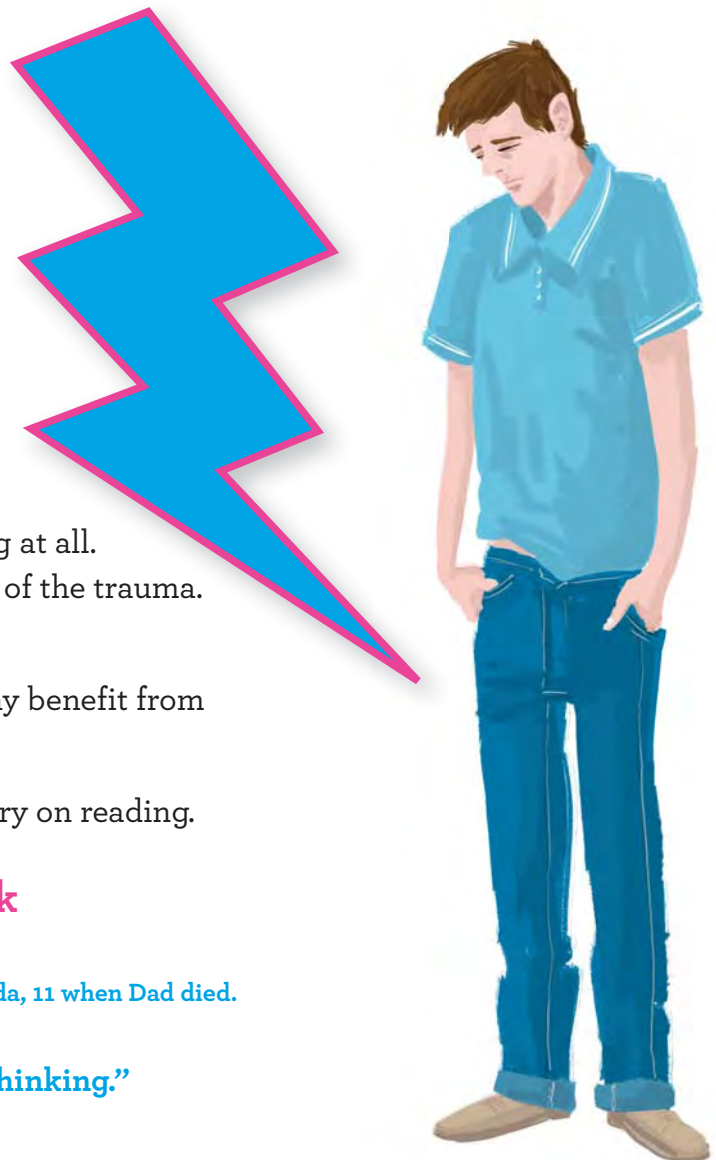
See Grief Encounter website and carry on reading.

[www.griefencounter.org.uk](http://www.griefencounter.org.uk)

“I just shut down at the time.” Melinda, 11 when Dad died.

“I didn’t have death in my book of thinking.”

Colin, 1 when his Dad died.



# Home

**How can  
my world feel  
safe again?**

**Home may be different too now. You may not want to go out or can't wait to leave.**

Nowhere may feel safe, except school where there are no parents (or siblings). You may be picked on, bullied, have lost friends or feel different after the death. Maybe school is no longer safe either.

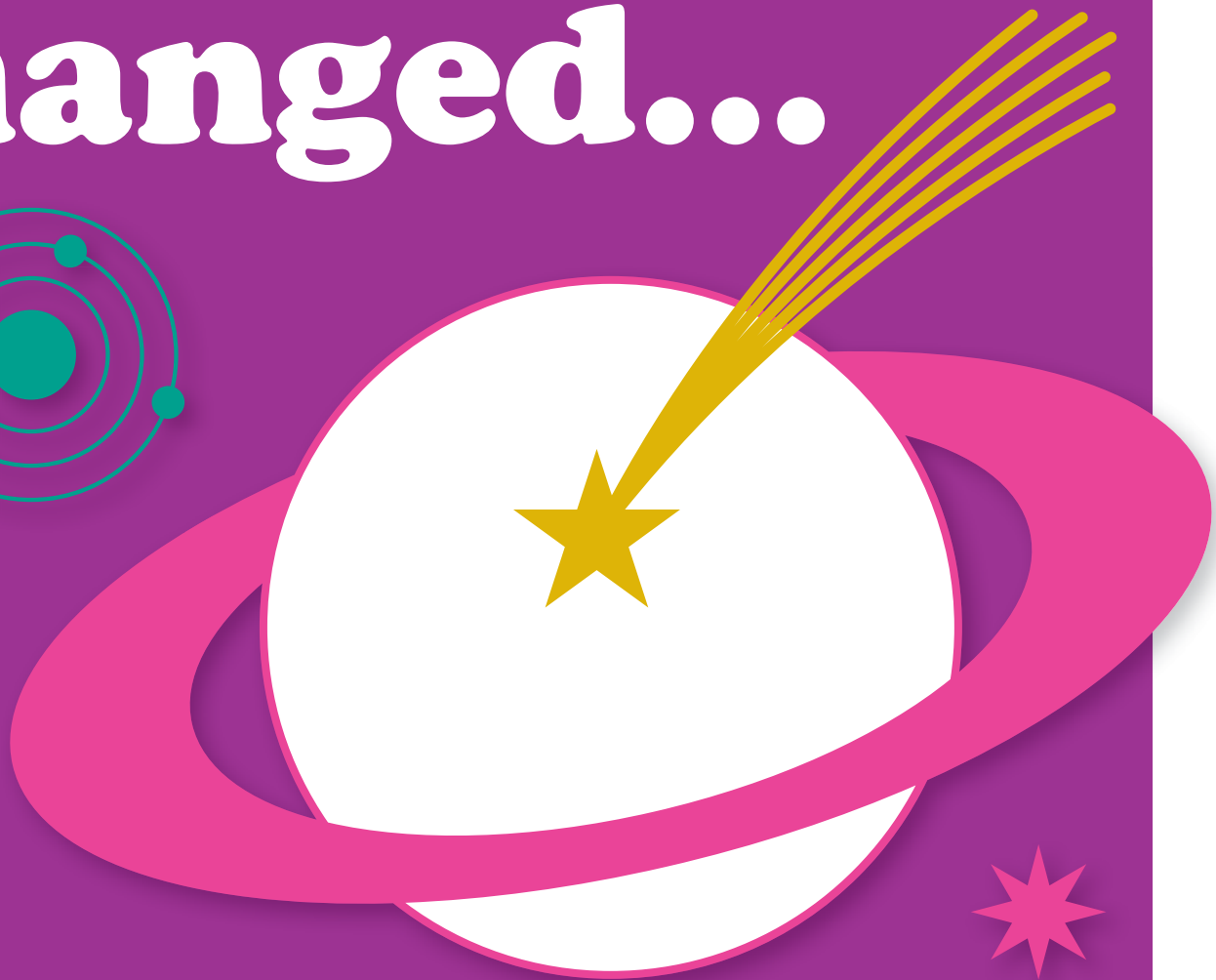
**"I felt trapped like there is no way out at all. All I could see was blackness and fear."**

Jennifer, 14 whose Dad died from a heart attack.

**It is important that home does feel safe... and the outside too.**

**You may need to think deeply about how your world can feel safe and normal again, especially without the dead person.**

# Everything's changed...



If your world has been blown apart, you may be left climbing out of the rubble. It may not be as dramatic as this, but it still can be a very frightening place to be. Especially, if you feel alone, ill-equipped and confused... like living on another planet for a while. You can't get back to where you were, so we have to find a new place to be, the new person we are becoming. Get help.

You may find it hard to

- get help
- ask for help
- admit you need help

Bereavement has this effect on most of us; trusting others becomes a BIG ISSUE.

We promise that connecting with the right people, usually your family, helps you feel less alone without so many tears.

**"Normal had changed forever."**

Andrew, 11 whose Dad had a stroke.

**"Everything's changed in my life... it's changed dramatically... everything. I mean everything. Everything in my whole life. My family, the way I think the way I think of people. So changed."**

Jimmy, 13 when his Mum died

# Going back to

# SCHOOL

“At school I just don’t focus, its not happening for me. Every time I try to stay focused there’s just distractions...”

Penny, 12 when her parent died of cancer.

**School can be a difficult place if people around don’t give you some leeway and lots of understanding.**

The death needs to be acknowledged by all those around you – teachers, friends and other trusted staff. You are different now and you need time to become that new person. And help to find the way again. It’s very easy to find escape routes: pretend nothings happened, drink, drugs, self harm, working hard, not working hard.

**Just try and make that dead person proud.**

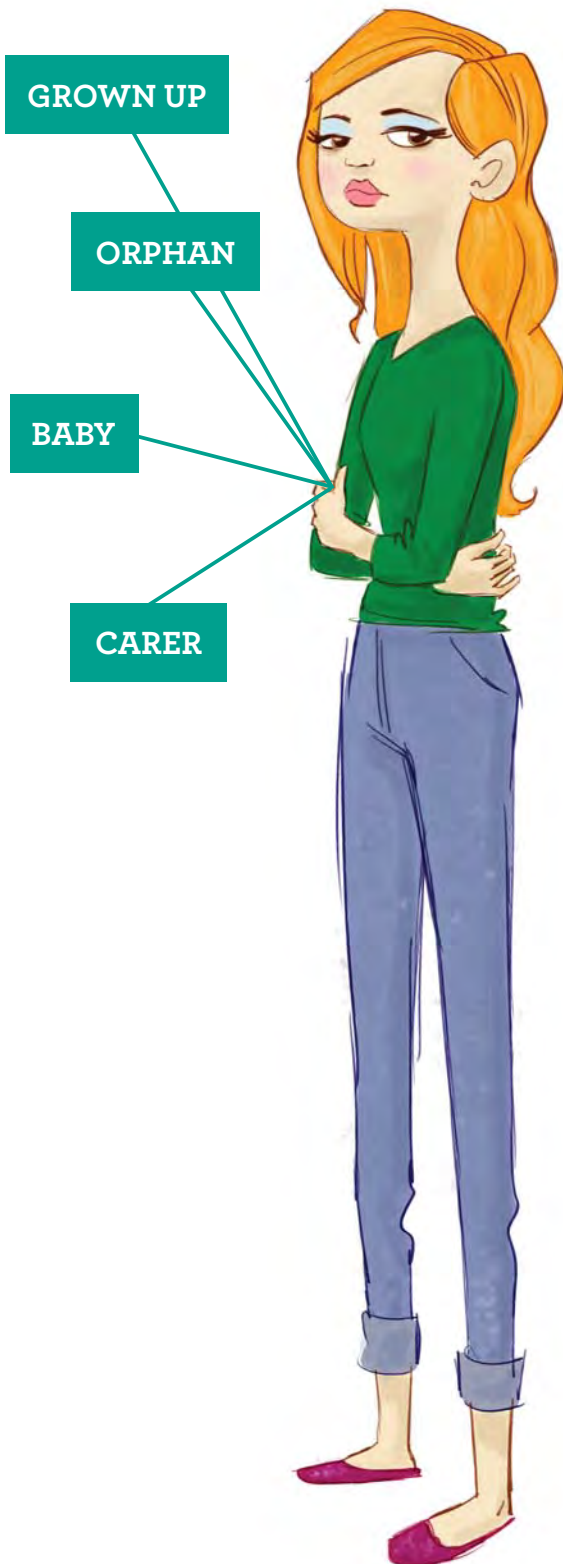
“I think you should treat people like someone’s just died because that’s what’s happened.”

Belle, 14 when Dad died from cancer.

The death needs to be acknowledged by all those around you – teachers, friends and other trusted staff.



# Feeling different



Wish we had a sign that explained everything without having to explain, especially on vulnerable days.

“I knew what it meant that he was dead and I knew it was such a bad thing in my mind but I didn’t show those emotions.”  
Belinda, 7 when Dad died.

# Having fun\*



**Are you FEELING as if the fun has gone out of your life?** Some people say they feel as if the fun has gone out of their lives. There's so much adult stuff to deal with and home is full of sadness and memories. It is easier to be out of home, yet the family is one thing you need the most at the moment... the family needs to learn how to be together... in different ways without the dead person... and without the tears and anger.

**\*A good laugh can help.** At GE, we have a bit of a dark sense of humour. Tell us your jokes...

**“I try and be happy and have fun, but I’m sad and miss Mum at times.”**

Matt, 15 when Mum died.

# Nights & the dark★

04:00AM

can't sleep :(

Many young people can't sleep when they go to bed at night. It is often the only time in our busy days that we slow down or stop. Facebook and texts are so tempting, especially in the lonely dark hours. If sleep is too difficult because of traumatic thoughts or nightmares, feeling good in the morning is a challenge. Many teens long for the good nights sleep they had before the person died; now all they see are skeletons, monsters and burglars.

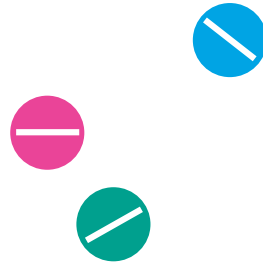
**“Night time was the only time I'd be openly sad.”** Belinda

**“Sometimes I wake up in the middle of the night and I just feel on the edge or something.”** Vicky

## SLEEPING TIPS:

- ★ Switch off all phones and computers
- ★ Relax before you go to bed and avoid stimulants
- ★ Try not to go to bed with your worries and burdens: share them.

# Drugs & alcohol



## What can an adult say to a teen that will impact?

Using escape stuff will not make the pain go away:

It will only mask the pain and make it worse in the long run. Physically, you need your strength to deal with the emotional side of grieving.



# Everyone does grief differently



**Grieving over someone special dying is not all about crying, although it usually helps.** Some think crying is a weakness or stupid. Laughing is also about grief's work and lots of other reactions too. It is different for everyone, but there's also lots of times where we have things in common and you don't have to be isolated or alone. (((hugs)))

**"I was confused like everything in my head felt confused... I didn't know where I was because I was so tired."**  
Vicky, 10 when her Dad died.

:( :- ) ;-/ :P >:( :O :((( :'( :D :-S :{ :]

# Fear (and worry)



“After losing my dad I didn’t know what was happening next so I was just worried and a lot of things were going on in my head like what is going to happen next.”

Melinda, 11 when her Dad died.

**Bereaved young people usually have loads of worries, especially about death, dying and the future.** Death’s an unwelcome visitor in your house and grief’s like darkness getting into every gap. Remember, you control the fear; it doesn’t control you.

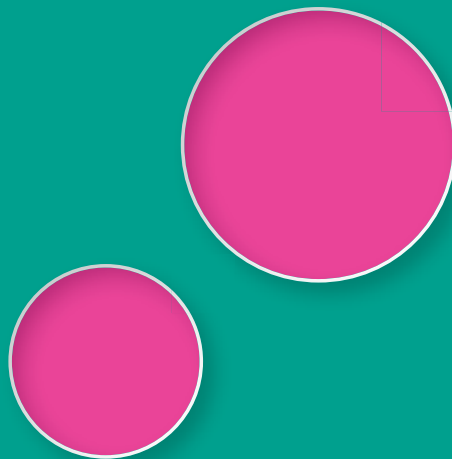
“You never know what’s going to happen...”

Jennifer, 14 when Dad died.

“I was afraid... I was afraid of the future without him.”

Belinda, lost both parents by 7 years old

# Who am I now?



Now you're no longer someone's son/daughter/brother/sister, who are you? An orphan? How do you find the new you? Especially having to deal with your grief and everyone else's too. Most young people hate their new life for a while.

**"I'm still myself but from a different point of view."**

Jimmy, lost Mum aged 13.

**"I'll never be the same person as I was had he not died. It impacts your life forever."**

Belinda, lost both parents by 7 years old.

# Relationships



Trusting the right people is difficult now. You may look to the wrong person for the love you have lost.



**Many teens now find close relationships more difficult to manage.** You may look to the wrong person for the love that you have lost or cling to the wrong person as you are scared to trust any one new. If your parent has died and if Dad was the one who told you that you looked pretty or Mum the one who helped you choose your clothes ,then who can you look to for trusted advice? Or, was Dad was the one giving ‘parental guidance’ on the way to play football? You may have laughed at him at the time but miss it now.

**“I don’t want no-one else to be there, I just want him.”**

**Penny, 12 when her parent died.**

# Lots of other losses too...



It's not only about the death of your parent/sibling, but also about losing loads of other things. Like losing family, money, friends who haven't been helpful, a happy home life...

Taking risks is harder as your experience of change is not great.

“It's lost me a lot of connection with my Dad's side of the family.”

Melinda whose Dad died when she was 11.

# Holidays



“We used to have family holidays and now we don’t”

Jennifer, 14 when her Dad died.

Teens often tell us that their best memories are of family holidays that will never be the same. There are huge empty spaces and just not fun any more. Some prefer not to be with their family, not only just because they are teenagers but because the reminders are too painful. You may feel guilty leaving Mum/Dad on their own now and

have to go on a holiday you don’t like.

**Events become non-events or worse sad days. Try and make these remembering days and still have fun.**

We won’t mention CHRISTMAS holidays...

# Growing up too quickly

“Life has so changed for me. I see it in a different way.”

Jennifer, 14 when Dad died.

Why?

Why me?

Often, young people are left with a head full of very difficult questions that even adults can't answer.

(or, you are not comfortable enough to ask)

“I don't want everyone's sympathy, pity, bring anyone down or the sorry but I do want to be understood.”

Penny, 12 when Dad died.


What's the point?

What is the meaning of life?

Life just doesn't seem much fun. Often, there's a lot of outside pressure without any real understanding of how hard things are inside and at home.

Why bother?

# confused. com



"I don't know. I was confused. I didn't really know what to do like. I was just like, I wasn't too sure about anything back then."

Andrew

**The gone forever and not coming back is pretty hard to cope with.** Lots of young people tell us they have regrets that they argued or didn't love their parent enough. "I wanted to do things over, but it was too late." Andrew, age 11, when his Dad died. Hey ho, its not too late...

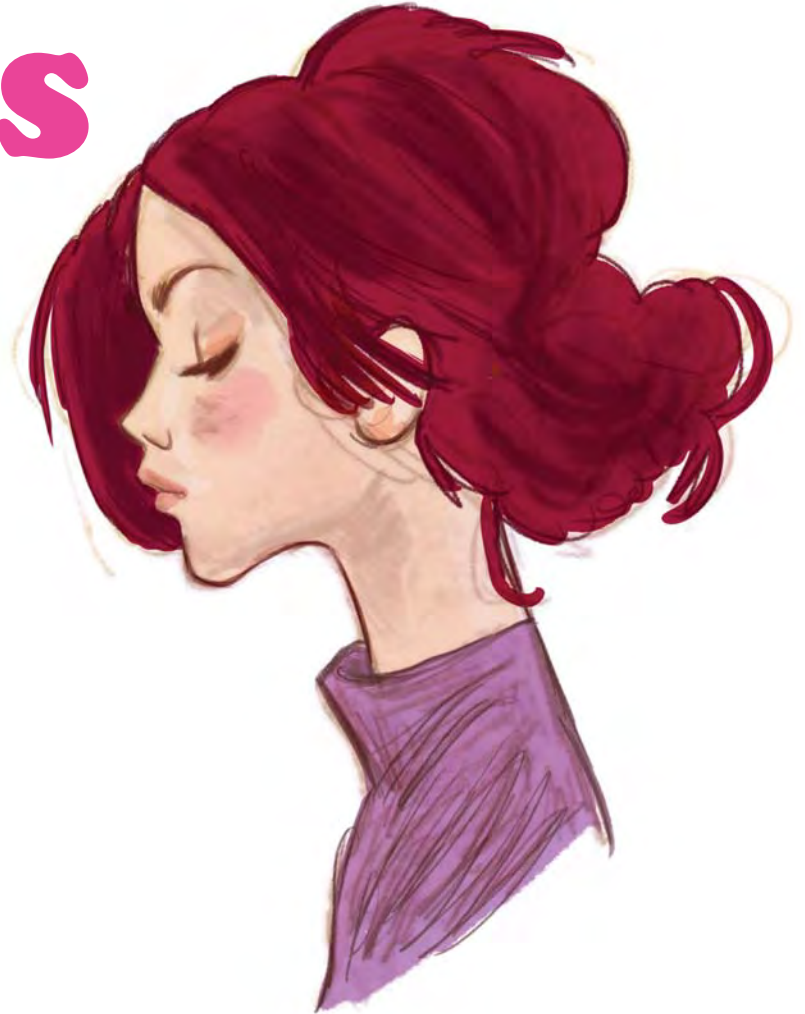
Vicky  
"I was confused like everything in my head felt confused... I didn't know where I was because I was so tired."

Pippa, 11 when Dad died.

"Just like the whys and ifs and all the questions you can ask. It's so confusing."



# Inside hurts



**“Just like the whys and ifs and all the questions you can ask. It’s so confusing.”**

Pippa, 11 when Dad died.

**“I felt sad in my heart because I... I’d lost my dad but I didn’t show it in my face.”**

Melinda, 11 when her Dad died.

**It can be hard to trust others when the world feels unsafe. It may feel easier to pretend, hide the hurts and keep it all inside.** Adults often don’t know how to help with the pain and often you don’t know either. You may be playing the “mutual pretence” game of ‘I’m alright’, so not to upset those around you.

**Meeting bereaved others may help.**

**“I just didn’t cry and I don’t know why. Like it seemed that... I just didn’t want to cry. My heart felt numb like I had no feelings, no emotions”**

14 year old.

# Damage limitation

**Piecing back together your life after the bad news can take a long time.** Longer than those around you can allow sometimes. Words to explain are hard to find and the fear and sadness just hidden away.



# Knowledge



**Sharing with the right people can be enormously helpful.**

Bereaved young people need to be able to tell others what it's like. This can help you understand what's going on in your head (you are not going mad).

**But how?** Get info from us or others who have been through it. And, help to explain to others why things are so different now and not all doom and gloom.


**“I feel like crying but I hold it in, because they’re going to make fun of me”**

Girl, aged 13.

**“I get jealous when I see a complete family that are all happy together.”**


Pippa

# Know where to turn?




**“You can’t  
avoid being sad  
sometimes.”**

Penny, 12 when her  
parent died of cancer.



**It’s hard to face the fear and pain of loss, especially when you can be out there having fun.** This can mean you end up lost, angry and lonely. Finding some space to grieve will help. Meeting bereaved others will ease the isolation and feelings of being different, not for pity or sympathy but shared understanding in your own way, in your own time. It should help you to put some of the puzzle pieces back together.

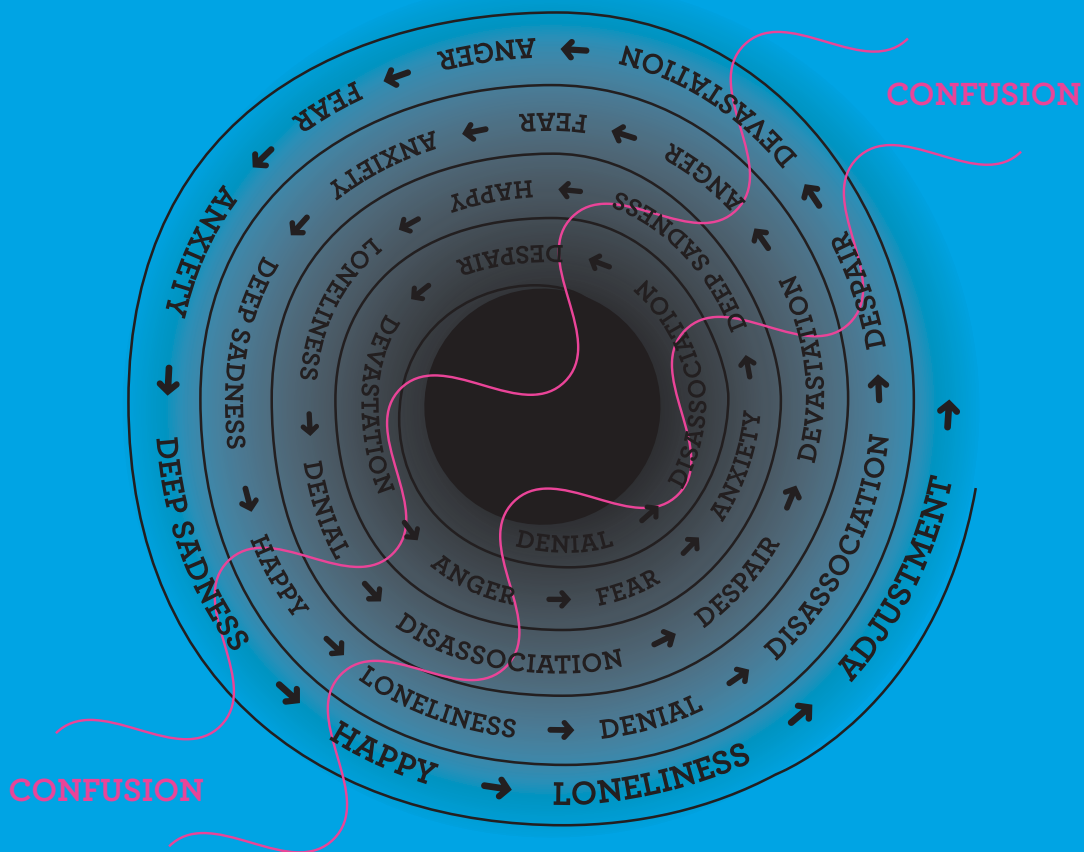


**“I remember being really angry with everyone because I didn’t understand it at the time... I wanted to punch something, but I knew this wasn’t right. I just didn’t know which way to turn.”**

Vicky, 10 when her Dad died.

# The spiral of grief

The traumatic emotional impact of the premature loss of someone special.  
The Upward Spiral of Grief



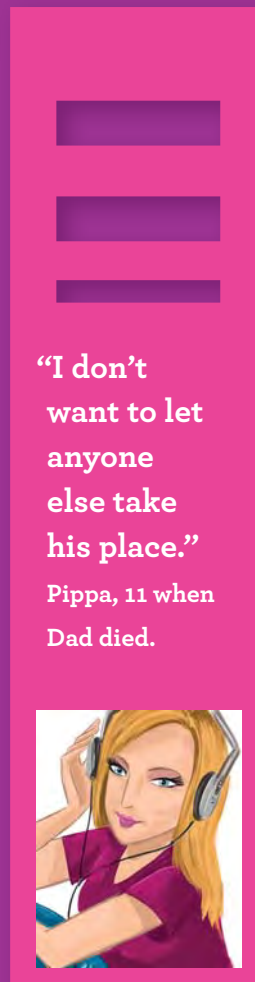
“Let it out at the right time. Do a sport. Try to do something that keeps you active and let it out there and speak to someone you trust to just listen and listen.”

Colin

Feelings come and go and come back and go and go and go and come back, like a spiral.

Feelings should get less intense and you can adjust in time, but you can always come back to them if you need to. Just don't get stuck. Anytime, any place and often when you least expect it. The trick is to manage your feelings; they don't control you.

# Forever



**Tell us about your ideas on the website.**

[griefencounter.org.uk](http://griefencounter.org.uk)

**The gone forever and not coming back is pretty hard to cope with.** Lots of young people tell us they have regrets that they argued or didn’t love their parent enough. **“Sometimes I think about going back to the past and stuff like that, when I do daydream and think about what I would do if I met my Mum again”** Jimmy

There are big empty spaces to fill. Somehow or other, you need a new space for the dead person. And, to keep remembering them as they were and what they mean to you now. Finding somewhere to “put” the memories so you can be comfortable thinking about them. For example, making a Mum/Dad/Sister/Brother journal, Facebook Timeline, a Tribute Site or Remembrance Days. Forever.

**At Grief Encounter, we help people to keep remembering not to forget. For instance, making journals, memory boxes, Facebook timelines, remembrance times and days... and our new “Name a Star” in memory:**  
[nameastar.org.uk](http://nameastar.org.uk)



LIVE  
LIFE

**Death: What good can there be?**

As bereaved people, the worst has happened so we know we can survive anything. This experience will have made us more understanding of other's pain and maybe more able to help others. Maybe, we know now we only have one life-its not a rehearsal – so we have to go out and LIVE life-make it meaningful and enjoy!

**“Death makes you realise what’s important in life.”**

Belinda

**“You can’t change the past but you can change the future.”**

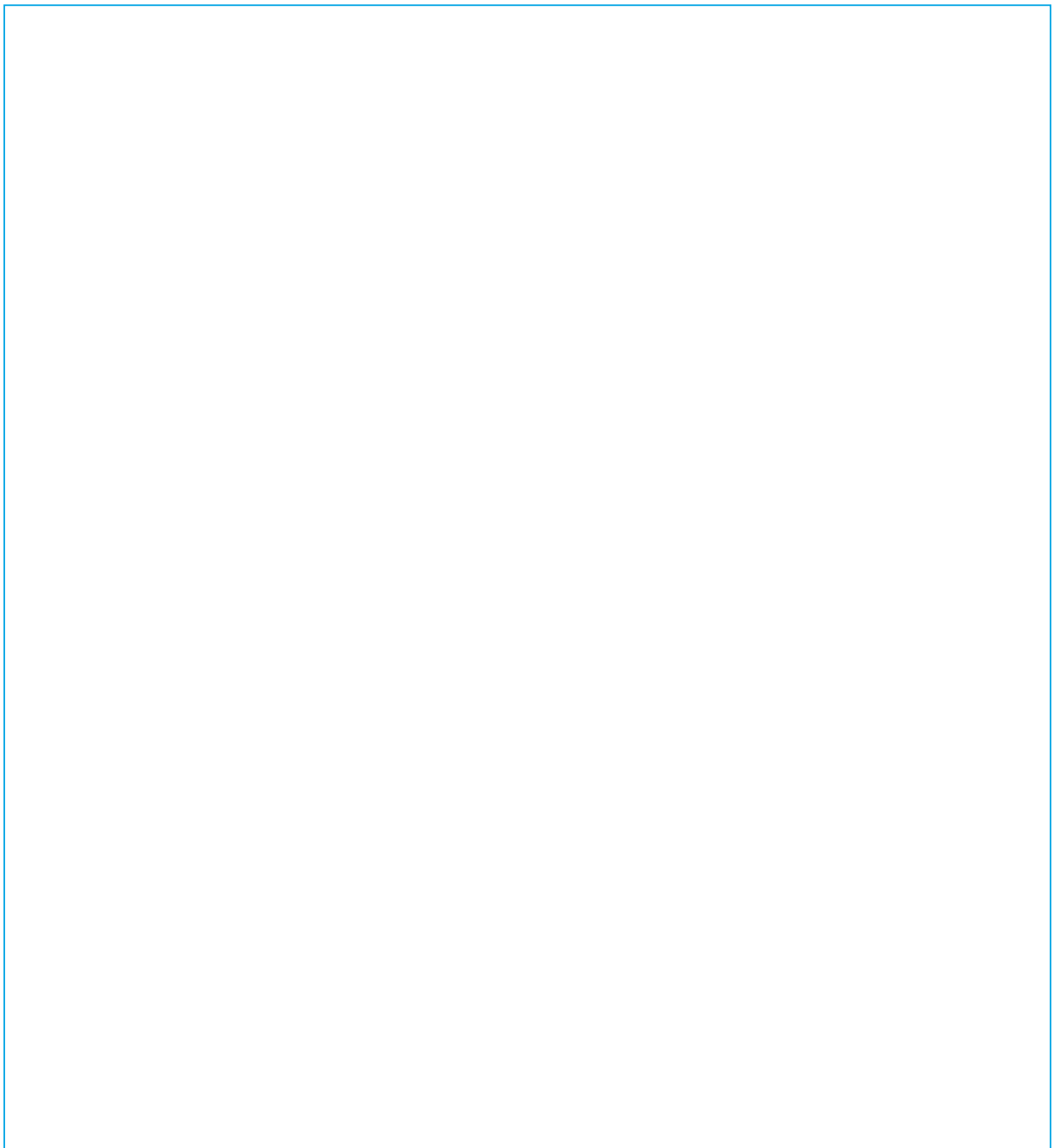
Melinda, Dad died when she was 11.





# Doodle pages

For your thoughts, feelings and scribbles.

A large, empty rectangular box with a thin blue border, intended for doodling or drawing.

# Helping teenagers through bereavement

## 020 8371 8455

Written by Shelley Gilbert, CEO of Grief Encounter, helping bereaved children.

This is based on her Doctorate research with some amazing young people – thanks are with them. All names have been changed.



#### **Grief Encounter Project**

The Lodge

Avenue House

17 East End Road

London N3 3QE

[www.griefencounter.org.uk](http://www.griefencounter.org.uk)

Registered charity no. 1101277

**APPENDIX 21: Extract from Good Grief Group Manual**

## **GEP Grief Group Manual**

### **For those working with bereaved children and young people**

#### Foreword

Our aims in producing this workbook are as follows:

- To provide those working with groups of bereaved children and families with a tool kit to better enable a therapeutic grief group journey
- To ensure a quality standard across all GEP grief groups in schools and other organisational settings
- To provide actual and theoretical guidance and support for all professionals working with bereaved children
- To honour the insights and guidance GEP has so far gained from the children and families we have supported through group work

#### Who is this book for?

This workbook is for individuals and organisations working with groups of bereaved children and their families. This group includes (amongst others) the following:

- teachers and other professionals within educational environments
- psychotherapists
- counsellors
- creative arts therapists
- health care professionals
- social workers
- family support professionals

#### What's Inside?

- A wide range of activities and discussions for use and guidance within grief groups
- Grief group processes designed to mirror the grieving process thus best supporting the group members
- Guidance towards further reading and theoretical research

#### Things to Remember

- All timings offered are approximate and should be altered according to the needs / energy of the group
- This book is not a plan for a full therapy course. The intention is that it is used according to a group's needs.

## **CONTENTS**

### **Planning**

Aims and Outcomes  
Before the group starts  
Group members  
Core Content  
Logistics: where, when and how many?  
Structure and Support  
Staff  
Evaluations

### **Groupwork**

#### **Phase 1 – Beginnings, Identity and Trust**

The Working Alliance / Contract  
Being Part of Something  
Good Group Good Grief / How Groups Can Help *You*  
Creating Connections  
Feeling different and the new you.  
Don't get it  
Linking thoughts behaviours and feelings

#### **Phase 2 – Being understood**

Sharing stories  
Bringing in stuff to share  
Memory making  
Ghoul Pool  
Defences  
Space  
Unburdening Ourselves

#### **Phase 3 – Managing Change**

Managing change  
Building a New Kind of Normal  
Beyond the Group  
Saying Goodbye

### **Appendices**

A1 – Story: *The Stone Soup*  
A2 – Session Plan: *The Firebird*



**APPENDIX 22: Good Grief training Leaflet**







good grief training

#### Assessments and modes of learning

- Participants will complete written assignments including: two essays, a case study analysis and a self evaluation and professional development plan.
- Each participant will be assigned a course supervisor.
- An online discussion board will be available.
- Extra reading will be required.
- The course has a strong experiential focus. Expect to take part in role-plays, creative exercises and group discussions alongside your theoretical learning.

#### Entry requirements

Proven relevant work experience with children and young people, for a minimum of one year, OR a minimum PGDC in counselling skills or equivalent OR relevant clinical practice in social work/health professions

#### Grief Encounter

Grief Encounter is one of the UK's leading child bereavement charities providing information, advice and support to bereaved children, young people and their families. It offers a range of direct services including: one-to-one counselling, workshops, e-counselling, a help line and Family Days. The charity also campaigns nationally for better support for bereaved children, works collaboratively with the media, develops campaigns and carries out research.

[www.griefencounter.org.uk](http://www.griefencounter.org.uk)  
020 8371 8455  
[training@griefencounter.org.uk](mailto:training@griefencounter.org.uk)

#### Location and fee

All evening sessions will take place in:

Stephen's House  
(formerly Avenue House)  
17 East End Road  
Finchley N3 3QE


£1200

#### Materials

All relevant materials will be supplied by Grief Encounter.

#### Contact us

Please see our website [www.griefencounter.org.uk](http://www.griefencounter.org.uk) for further information or contact the Training Programme Coordinator on [training@griefencounter.org.uk](mailto:training@griefencounter.org.uk) / 020 8371 8455.

 grief encounter

helping children through bereavement

good grief training  
with **grief encounter**  
helping bereaved children

## Working with bereaved children & young people



Accredited by Middlesex University

**Grief Encounter's innovative Good Grief Training programme provides in-depth, specialised knowledge on childhood bereavement. It enables professionals to understand the emotional and physical responses a child or young person might experience in grief, and helps them develop the confidence and skills to help those children navigate their way out of the abyss.**

#### Learning outcomes

1. Critical analysis and synthesis of ideas and theories on bereavement and grief in children and young people.
2. A clear understanding of how these theories affect current work and practices.
3. Understanding of ethical codes of practices in relation to work with groups, individuals and families.
4. Reflexive evaluation of own and peer work practices with the aim of self improvement.
5. Responsibility for the management of own learning and a contribution to that of their peers.
6. Clear communication of ideas concerning the psychological, emotional and behavioural impact of bereavement on children and young people in group work and in case studies.
7. Creative methods of working with young people and problem solving are practiced in a controlled setting and critically applied to written case studies.



**Accredited by Middlesex University**

#### Dates of sessions

- Current thinking, 8 Jan 2015
- Exploring trauma, 12 Feb 2015
- Grieving and the long term, 12 March 2015
- Working therapeutically with an individual, 16 April 2015
- Families in focus, 14 May 2015
- Working with endings, 11 June 2015
- Group dynamics, 17 Sep 2015
- The Grief Encounter Residential Camp, Oct 2015
- New beginnings, 29 Oct 2015

All evening sessions run from 4-8pm. Attendance at the Good Grief Residential Camp will be required for a minimum of 9am-2pm.

#### Who should attend?

- Counsellors
- Psychologists
- Psychiatrists
- Professionals working in schools
- Medical professionals
- Social workers
- Religious workers
- SENCos
- Police officers
- Anyone else with relevant work experience and a desire to further their knowledge in this field

#### Accreditation with Middlesex University

Grief Encounter is pleased to announce that the Good Grief Training programme has been accredited by Middlesex University. On completion, attendees will be awarded 30 university credits which can be put towards other University programmes such as Middlesex's graduate and postgraduate certificates in Child, adolescent and family mental health practice or their graduate certificate / undergraduate degrees in Work based learning / Professional practice.

#### Booking form

Please complete the booking form below by 08/09/2014, scan and email to [training@griefencounter.org.uk](mailto:training@griefencounter.org.uk) or post to Training, The Lodge, 17 East End Road, Finchley N3 3QE.

Alternatively you might wish to book online:

[www.griefencounter.org.uk/professionals/training](http://www.griefencounter.org.uk/professionals/training)

Please note acceptance onto this course is subject to a current DBS form and the completion of a successful interview.

First name: \_\_\_\_\_  
Last name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Email: \_\_\_\_\_  
House number or name: \_\_\_\_\_  
Street name: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Job title: \_\_\_\_\_  
Organisation: \_\_\_\_\_  
Highest level of education and relevant qualifications: \_\_\_\_\_  
\_\_\_\_\_

#### Payment must be received, in full, before the course begins.

- Cheques should be made payable to 'Grief Encounter Project' and should be sent to The Lodge, 17 East End Road, London N3 3QE.
- Transfers should be made to NatWest Bank, Whelstone Branch, PO Box 8024, 1302 High Road, London N20 9JF.  
Account no 8250 9344 Sort code 60-23-36
- For card payments please complete:

Card type: \_\_\_\_\_  
Card holder's name: \_\_\_\_\_  
Card holder's address: \_\_\_\_\_  
\_\_\_\_\_

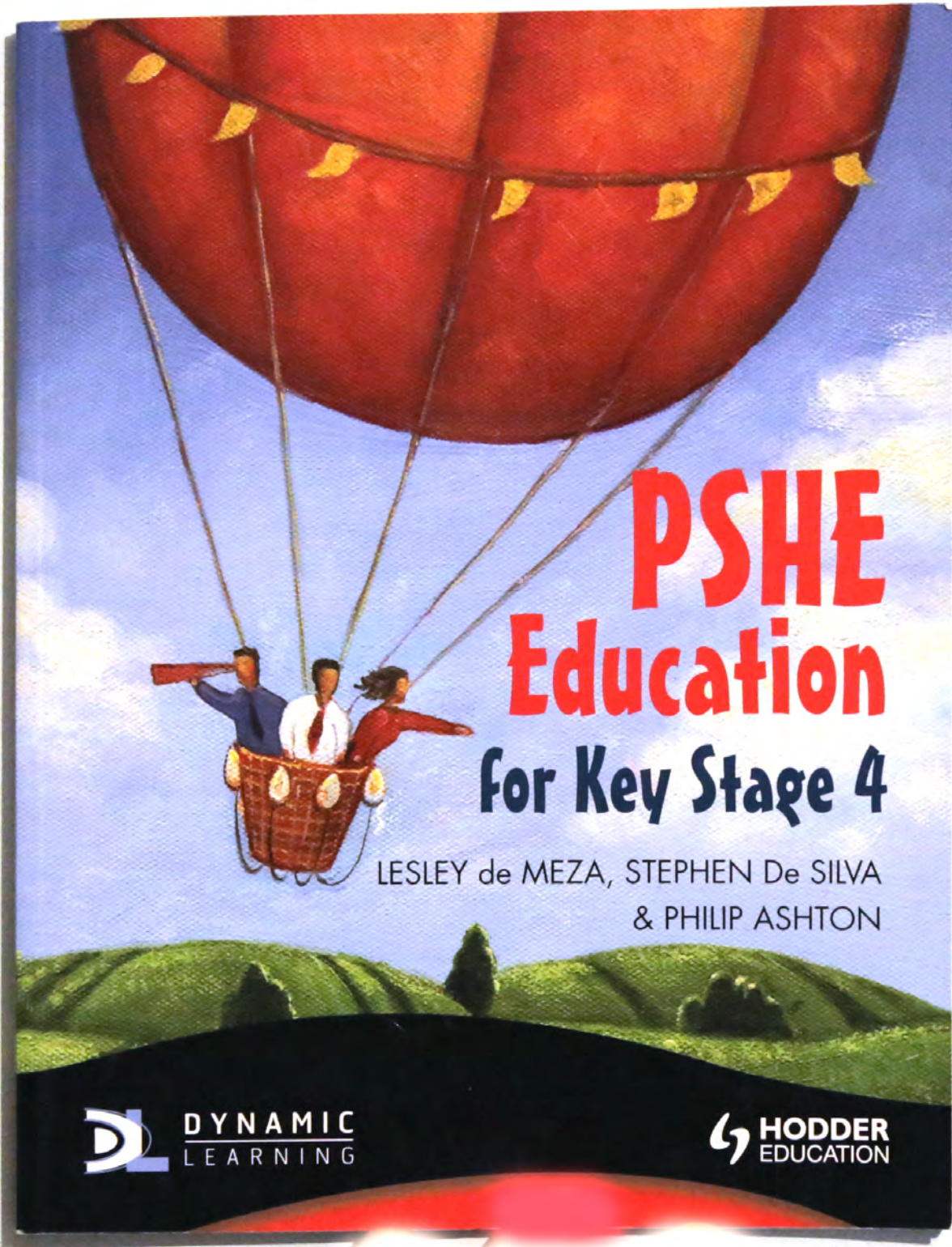
Card no: \_\_\_\_\_  
Expiry date: \_\_\_\_\_ CVV code: \_\_\_\_\_

I agree for Grief Encounter to use these details to take payment from my card:  please tick  
I agree to the cancellation policy:  please tick  
I agree to the terms and conditions:  please tick

Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

**APPENDIX 23: PSHE publication (2011)**






# PSHE Education for Key Stage 4

LESLEY de MEZA, STEPHEN De SILVA  
& PHILIP ASHTON

 **DYNAMIC**  
LEARNING

 **HODDER**  
EDUCATION

# Bereavement

## Source 1 Bereavement and ritual



Burying a dead pet



Military funeral of a soldier killed in Afghanistan, 2010



Headstone of a grave in a Jewish Cemetery – the stones are placed by visitors who remember the dead person

### In this topic you will learn about:

- numbers of people affected by bereavement
- a model to explain the feelings experienced in bereavement.

### You will explore:

- a lyrical response to bereavement
- ways to support a bereaved person.

### Early experiences

1. Most children's first experience of death is usually when a pet dies. They will often ask their parents to bury the dead pet in the garden and give it a 'funeral' service. What are the typical things a child might want to do at the pet's funeral?

### Marking a bereavement

2. The photos in Source 1 show different funeral rituals. Discuss why people feel the need to have such rituals around the death of someone or something they love.

### ACTIVITY

## Source 2

### The upward spiral of grief

People often share similar feelings following a bereavement: shock, despair, denial, anger, fear, guilt, anxiety, relief, sadness. It's important to know that these feelings are 'normal'.

'The Upward Spiral of Grief' is a way for people to understand and accept their feelings. Feelings may come back time and again and grieving is a long-term process.

For example, if six months after a loss someone still feels really tearful and sad one day, they may worry there's something wrong with them. However, they can stop and realise that they are now in a different place from the black hole they were in at the very beginning. Their feelings will be the same but with less intensity. They will have moved around the spiral and moved on, making some adjustments.



Different people express their grief in different ways. Eric Clapton, guitarist and singer-songwriter, expressed his grief at the loss of his child by writing *Tears in Heaven*.

### ACTIVITY

#### Expressing feelings

4. Look up the lyrics of 'Tears in Heaven', especially lines 5–8. How do you interpret what Eric Clapton was trying to say?

### ACTIVITY

#### Helping others to cope with bereavement

5. Some people find it difficult to know what to say when someone dies. They might be unintentionally thoughtless or unkind. Perhaps they just don't understand, are frightened or unaware. In groups, produce a small resource designed to help someone support a friend who is bereaved.

- a) Choose the format of the resource (leaflet, pamphlet, webpage, etc.).
- b) Research and decide what you would include to help the supportive friend. Use the websites listed below as a starting point:  
[www.griefcounter.org.uk](http://www.griefcounter.org.uk)  
[www.childhoodbereavementnetwork.org.uk/haad.htm](http://www.childhoodbereavementnetwork.org.uk/haad.htm)  
[www.helpguide.org/mental/helping\\_grieving.htm](http://www.helpguide.org/mental/helping_grieving.htm)
- c) Create your resource.

### ACTIVITY

#### Adjustment

3. 'Life will never be the same. It's different. And that's OK.' These are the words of someone who has experienced bereavement. Look at Source 2. How does it help to explain the feelings this person is going through?

### ACTIVITY

#### Here and now

6. Sometimes when a loved one has died people say 'I wish I'd told them how much they meant to me.' Choose someone alive now of whom you think a great deal. Create a one-line appreciation message to give them.

## **APPENDIX 24: Upward Spiral of Grief**





# Upward Spiral of Grief

In much of today's media, we meet the misguided and outdated idea of "stages of bereavement" and the idea that we have to pass through the stages to acceptance and let go of the loved one.

**"I just want to strangle the next person who says 'are you moving on?'"**

Building on the current landscape of bereavement theories, it is our idea in the book to replace the idea of "stages" with a picture of an *upward* spiral. The "Upward Spiral of Grief" allows bereaved people to accept and face their feelings, safe in the knowledge that the feelings will come back and go and come back.

**"Just when you feel you're 'over it' the darkness comes back and threatens to overwhelm you."**

Bereaved teenager, 12 when her mum died.

**"6 months on, I feel worse. I still feel tearful and sad and my energy to fight has gone. I think there's something wrong with me."**

Widowed mum, aged 35 when her husband died.

The spiral gives bereaved people permission to grieve in their own way, over time. It takes away the pressure of the "stages" and less frightening to revisit these feelings time and time again.

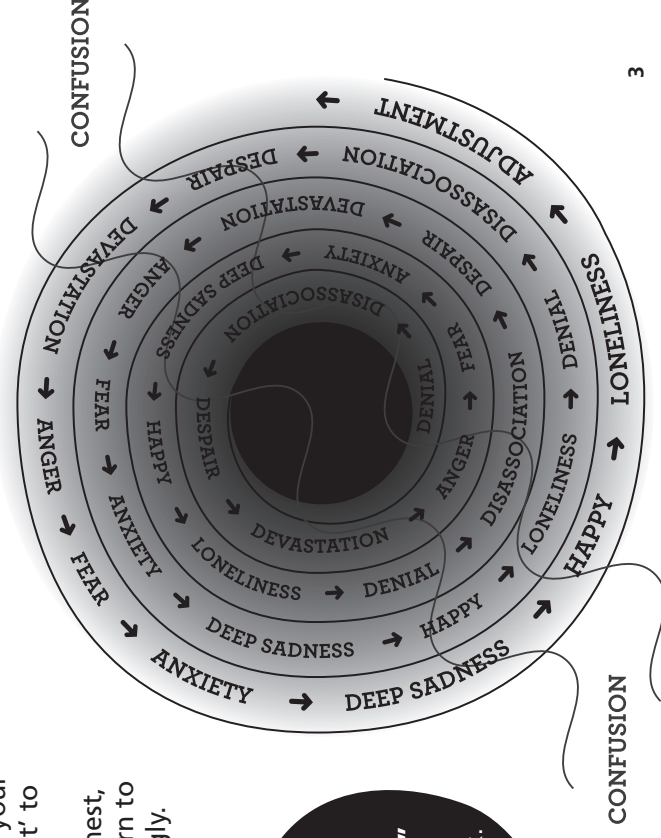
The spiral shows us that this is normal. You are not trapped in the black hole as in the beginning; there is a way out – you just have to find it. (Phase 1) You need transition time until you are ready to face the world a stronger person. (Phase 2) You will be in a different place to that black hole in the beginning, knowing that there will be black, white and grey days laced with confusion. By moving around the spiral, your feelings become less intense. You control your feelings as you work through your grief, moving towards the adjustment to your new life. We prefer the word 'adjustment' to acceptance. The word acceptance can be misleading. If we bereaved are really honest, we rarely accept the forever loss. We learn to live with it and change our life accordingly. But accept? Hardly.

**"I feel trapped as if there's no way out at all. All I could see was the blackness and fear."**

Jennifer, aged 14 when her dad died from a heart attack.

We do share similar feelings following a bereavement, such as shock, despair, pining, denial, anger, fear, guilt, anxiety, relief, sadness. It is comforting to know that these are "normal" but also to know that we all do grief differently. The upward spiral shows that there is hope: it just takes time, its not a neat and tidy journey and that grieving is an adjustment process.

**Life will never be the same. It's different. And that's OK.**



CONFUSION



## **TABLES**



Table 1. Project time plan

Pre planning-see table below	To March 2012	S. Gilbert, J. Blum	School based	Ethnicity, gender, age, type of death statistics reviewed to ensure equal opportunity. Confidentiality will be breached if the interviewer considers there is a risk of harm. Following pilot revisions. JB to transcribe. SG, LD, AS and SH all analyse each interview individually according to grounded theory research guidelines (Charmaz, Strauss, Corbin), led by SG. SG leads meetings (diarised through until April 2012) to discuss and merge individual analyses, with SG recording analysis on main sheet, keeping the focus on a significant event: the death of a parent when young. Analysis also recorded on coloured post-it notes for each interview. Interviews continue until agreed by every interviewer that no further themes are emerging. The interviewing will continue until the researcher has enough detail, has enough categories and comparisons and below surface data has been revealed. i.e. in order to gather enough data necessary for a theoretical frame. In the event of disagreement, SG has final decision as researcher.	March 2012
Analysis (sorting)	Jan 2012- mid 2014	Shelley Gilbert, Litsa Davies ,Dr A Spivack Dr Saul Hillman		SG begins Second Cycle coding as per grounded theory, immerses herself in analysis, rereading all interviews using input from analysis and records emerging themes. Interviewers meet to discuss and agree themes and directions to follow agreed. Final headings emerge, sorted by SG.	mid 2012- 2014

Table 1. Project time plan

Post coding and prewriting	Mid 2014	Researcher				Mid 2014
Supervision	Feb 2012/- Sept 2014	Researcher/Academic Adviser				
Post interview support for participants	In interview and at school	Interviewers, school learning mentor, school counsellor			Links to Grief Encounter and or other organisations offered In an introductory letter to interviewee and parent. Interviewees will be given a debriefing sheet, with contact details of further available help if required.	Ends Mid 2012
Wrap up groups	Early 2012	Participants, interviewers, school staff			Follow up/feedback interviews for discussion/dissemination of interim results offered to all 10 case studies by SG/LD and AS.	March 2012
Outcome of wrap up groups		Consultant group				April 2012
Integration	Oct2011- April2012	Researcher				April 2012
Critical analysis	April 2012- May 2014	Supervision AA, AC, critical enemy, critical friend			Search for analytical insights by SG and supervised by AA and AC	May 2012
Ethical review		SG: Researcher/consult with Karen Cromarty at CCYP/BACP				May 2012
Final writing (Medium project 50,000 words)	May 2012- Oct 2014	SG/Researcher			Circulated to Academic Advisor, Supervisor, Academic Consultant, GE clinical staff, interview team for comment.	April/Sept 2014
Application to Assessment Board for Oral Presentation		SG				July 2014
Final Delivery		SG			Final submission	Oct 2014

Table 1. Project time plan

Oral presentation of Final Project		SG/AA			
Reflection	On-going	SG			Recommendations for future research and impact on main researcher
Publication and dissemination		SG			

PLANNING AND SETTING UP PROJECT TIME PLAN

Action	Date	Who	Where	Comment	Completion
3 Senior schools chosen	Beg April 2011.	SG	North London	Randomly chosen , from local area for ease of interviewers access and future support. Aim: no previous contact to avoid bias	July 2011
Introductory letters to Head of school	April 2011	SG, by post and person			
Introductory letters to Borough Children Services, Children's Commissioner, Educational Psychology Dpmt	April 2011	SG, by post	LB Barnet	Major changes in local government meant that although letters acknowledged, no action due to work overload and change in Children's Commissioner. Initiative welcomed in a meeting.	April /June2011
Introductory meetings offered at 3 schools	April 2011	SG	LBB	2 schools take up offers; seemingly enough students from these schools	July 2011

Table 1. Project time plan

Students identified: 1 school offered bulk of suitable participants	April-July 2011	School staff			July 2011- March 2012
Consultant group set up, including MA research student	April 2011	Jessica Blum (MA student at Anna Freud to interview and transcribe first interview) Litsa Davies (psychotherapist working with adolescents at GE), Dr Anna Spivack (researcher and psychotherapist)		All interviewers experienced in research, trained and supported in psychotherapeutic counselling skills and being with YP. CRB checked, referenced and insured.	May 2011
Research supervisor appointed	April 2011	Dr Saul Hillman, supervisor, researcher and psychotherapist from Anna Freud Centre.	Anna Freud/GE	SH to hold clinical responsibility for interviewers through regular meetings/email.	Late 2012
Programme Planning	2010 –July 2011	SG/Metanoia /Middx supervision			Sept 2011
Meetings with consultant group	May 2011 to June, 2012	SG/research supervisor	North London	To discuss methodology and method, ethics, data analysis and coding.	Late 2012
School staff support offered	April 2011 and Sept 2011	SG			June 2012
Introductory group meeting before interviews for the students offered	May/June 2011	SG	School	Pizza and information before interviews	June 2011
Pre meetings with consultant group to discuss safety of interviewees/interviewers	May 2011	SG/supervisor			May 2011



Table 1. Project time plan

Meetings to discuss methodology and roles of consultants	May /June 2011	SG/supervisor		Roles and responsibilities agreed. SG chose methodology.	
Information and consent forms distributed	May-Nov 2011	SG/MA student/ School liaison person		Explained both verbally and written, copies given to participants, school and parent. Capacity to consent will be seriously considered with every participant.	Nov 2011
Pilot interview	Sept 2011	SG (recorded and then transcribed by JB)	School/Meeting place	Initial coding of one interview took place, line by line, without preconceived codes by consultant group individually and then as a group.	Sept 2011

Table 2. Second level coding: Piecing the individual puzzles in order to find emergent common themes

	<b>Initial impact</b>	<b>Subsequent impact</b>	<b>Emerging common threads?</b>	<b>Specific Needs to move forward?</b>	<b>Common needs</b>
<b>Andrew</b>	Shock, distanced Denial, flight	Didn't know himself, overlooked, forgotten, unacknowledged who holds him in mind? lack of social relationships, cannot accept support...dysfunction	Who am I now? What am I missing? True/false selves Omnipotence/impotency Public v private Emotional splits, intense reactions Confusions, not knowing Ambivalence	Find his own sense of self, grieve what he missed, find space for himself and for what his dad was	Recognised as vulnerable at times
<b>Colin</b>	Total shock, wham bam	Rage, control, disturbed, idealized mother, parented by brother, confusions...deviance, dysfunction	Unresolved grief Fear Lack of previous experience of death to rely upon	Role model, Build a sense of dad, to show vulnerability, trust, emotional intelligence	Identify and understand their own needs
<b>Penny</b>	World blown apart, fear	Rage, anger, withdrawal, no trust, disturbed, Private, False self, Confusions: Interrupted development...distress, dysfunction Interrupted development: Has to be independent, grown up Split, hidden hurts, projection, control, Private, False self...dysfunction	Shattered worlds; massive changes Searching for normal Stuck in survival modes at times Feeling different Different quality and fit of support from surviving parent, peers, school, community	Not sympathy or pity, empathy. Safety.	Acknowledgement: Building a narrative and rebuild identity. Empathic understanding, Psychological emotional support to heal splits, trauma work.
<b>Belle</b>	Shock, disbelief		Lack of opportunities for grief work: silence, avoidance, time	To be dependent, cry like a baby. Strong v weak?	

Table 2. Second level coding: Piecing the individual puzzles in order to find emergent common themes

<b>Jimmy</b>	World totally changed, shock	Splits, Private, False self, Lost, Confusions Interrupted development not ready to be without Mum...distress, longing	Parenting, deep understanding. How to be without Mum?	Containment, Safe spaces: relieve fear and anxieties, rebuild trust, pain held and acknowledged
<b>Pippa</b>	World blown apart	Lost sense of self, pining searching, lost, angry, confused: Interrupted development...distress	Way out of her sadness, confusions	Sense of dead parent; fill the empty spaces
<b>Melinda</b>	Devastation	Private, False self, Caring for others before herself, confused...distress	To grieve, her grief acknowledged	Information
<b>Vicky</b>	World blown apart	Parented parent, Private, False self, Bored, disturbed, confused...distress	Information, not protection. Rebuild a connection with Dad.	Make sense of confusions, making the unreal real.
<b>Jennifer</b>	World blown apart	So sad she could die, didn't know where to turn, Interrupted development...distress, dysfunction	Find a way out: Be with bereaved, someone to rely on, keep her in mind/feel special, Empathy, transition space-fill the empty space with Dad stories, heal the emotional splits,	New family: To still be parented: cared for understood kept in mind..finish the cognitive, emotional and behavioural work of adolescent separation
<b>Matt</b>	Shock, regret,	Buried emotions, Private, False self..distress	Heal the splits, be nurtured	
<b>Belinda</b>	World blown apart, shock, fear	Sublimated her needs, Private, False self..distress	Missing childhood: To play, to create, to explore?	

Table 3. Advanced Memos to categories: Intervening conditions, actions and strategies, and consequences

<b>Participant</b>	<b>Attributes of their context</b>	<b>Intervening conditions that influenced participant</b>	<b>Actions and strategies used by participant</b>	<b>Consequences of these actions and strategies</b>
<b>Andrew</b>	Youngest of 4 brothers - always put last. Divorced parents, living together at time of death. Major issues between parents left A ambivalent to father-strained and confusing relationship	May have been drug related death, but A. had lack of information. A. marginalized by family excluded from some mourning rituals.	Flight in to health. Learned patterns of being overlooked and forgotten about. Internalising all his major life issues has shut him off from the world	Created great anxieties, shame and trust issues.. Little chance to make sense of anything. Unable to trust adults/take help. Stuck. Traumatized. Hidden anger.
<b>Colin</b>	Mum and dad lived together. Close, idealized mother.	Not told. Lack of information. Older brother assumed parental role. Mother in deep, hidden grief	C having to keep fear/anxieties within himself ... exploded as anger later on. C very overprotective of mother. Lively imagination.	Inappropriately directed anger. Emotionally lost. Mistrust of groups/exposing vulnerability. Unresolved issues.
<b>Penny</b>	Parents together. Dad's family abroad. Traumatized by the sudden death of an adored dad.	Trauma. Not involved in funeral rites.	Isolated herself. Angry at everyone.	Penny feeling numb, angry, shame, scared and isolated. Trust is a major issue. Living with fear. Confused

Table 3. Advanced Memos to categories: Intervening conditions, actions and strategies, and consequences

<b>Belle</b>	<p>Divorced parents, living apart. Strong and stoic mother. Lived with dad to nurse him at the end.</p>	<p>Kept her past patterns of living life without dad at home. Frozen out by friends.</p>	<p>Having to present a strong and stoic front, she continued to use these patterns</p>	<p>Belle has had little chance to process what her dad meant to her, nor show any true feelings about her loss. Dad's death largely ignored, minimized</p>
<b>Jimmy</b>	<p>Parents were together-happily married. Only child. Mum's family abroad.</p>	<p>Private with friends. Lack of mum's 'culture', chances to connect with Mum's family limited.</p>		<p>J seems to be functioning well in his new life but still yearns for a space where he can be with Mum and with others who understand occasionally. Still confused, afraid, sad-cant come to terms with death.</p>
<b>Pippa</b>	<p>Mother and Dad lived apart for many years, with Dad abroad and another family but dad just returning to live with P and mum, younger brother</p>	<p>Shattered dream. Grieving Mum. Isolated at school. Jealous of other family who had time with dad.</p>	<p>P really pining and searching for a way to re-locate her father in her life without his physical presence. Magical thinking.</p>	<p>She seemed very alone and isolated, with outside conflicting pressure of how to grieve leaving her deeply sad and hurt. Frightened of future.</p>

Table 3. Advanced Memos to categories: Intervening conditions, actions and strategies, and consequences

<b>Melinda</b>	<p>Divorced parents, Dad had big alcohol issue. M had close relationship which wasn't supported by Mum/close family members</p>	<p>Lonely, lost-where to locate Dad? Dad's role in his own demise has left Melinda relieved at times that his pain has ended. Judgmental environment</p>	<p>She is still in obvious pain, trauma, living with fear.</p>
<b>Vicky</b>	<p>Parents happily married. Secure relationship for V.</p>	<p>Vicky has been left sad and missing dad. Her Mum, friends and family have been helpful but there still appeared to be something missing in her grief journey. Grieving mum.</p>	<p>Full of confusion, fear, anxiety, unexpressed anger,..total devastation unrecognized and hidden.</p>
<b>Jennifer</b>	<p>Mum and dad very loving, stable relationship; married for many years. Dad had long, bad medical history.</p>	<p>Had had good support around her, particularly one empathic friend.</p>	<p>Stressed, shocked, confused. Alone, feeling abandoned, with intense emotions. Fear of future.</p>
<b>Matt</b>	<p>Parents in UK for Dad's work purposes; most family abroad. One older brother at home in UK</p>	<p>Dad attempted to carry on as normal were working to some extent, but leaving huge areas of pain and sadness for Matt. Had social friends but no understanding of grief.</p>	<p>Matt's unprocessed grief was not far from the surface. No way of expressing feelings.</p>

Table 3. Advanced Memos to categories: Intervening conditions, actions and strategies, and consequences

		<p>Dad had new partner after Mum's death-B very attached. Dad's sudden death left B and 2 older siblings with stepmum.</p>	<p>Having to hide much of her difficult feelings about her parent's death, in order to protect the surviving adults, has left B with a need to address some of the hidden hurts.</p>
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Themes: Most relevant conditions and consequences to main emergent categories, as defined in analysis.

Context: As the participants were early adolescents, the parents were still the central relationship in their lives although their social network was becoming increasingly important to them all, especially being at senior school. Pervading loss.

Intervening conditions that influenced participant

(What prolongs, obstructs, intensifies, or delays adolescent grief process?)

Family

Availability of surviving parent? Most either were involved with rejecting surviving parent or parent full of own grief. A, C, P, P, J. Those that took a caring role felt needed, validated. M, V. B - normal life for her.

Valued/validation by immediate family - rather than brought closer, seemed estranged: A, P, P, J. M & J Mother's family abroad - limited access.

Unprepared/unaware of others who'd experienced death (only J, B talks of empathic friend)

Role of other: Dance of complicity

Culture

Conspiracy of silence: more in the passage of time, i.e. seeing death as an event, not as a passage to a different future.

Lack of opportunities/resources:

Table 3. Advanced Memos to categories: Intervening conditions, actions and strategies, and consequences

Actions and strategies used by participant

Unprepared, shocked, states of hyper vigilance. Fight, flight, freeze, fragment-reptilian-reactions still apparent after passage of time. A, C, P, J, P, M, V, J, M, B, B (limited) Used dissociation, denial to keep from overwhelming feelings (ignoring, minimizing, glossing over A, J, B, P, B, J, M. True/false self. Despite the passage of time. Hidden feelings, especially fear and anger. Deep sadness buried-broken hearts. Confusions reigned. They were also responsible for hidden emotions, thoughts-ambivalence. A, C, P, J, P, M, V, J, M, B, B

Identity: taking caring role validated feelings of self-worth

Lack of useful language-Reliance on behavior to express anxieties and distress A, C, P, V, J, M, B  
Problem focused rather than emotion focused

Lack of risk taking/risk taking: safety, creativity, play

Consequences of these actions and strategies: adjusting to changed life.

Regaining autonomy  
Reconnecting

Parts 'important others' could play better to facilitate processes:



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# Recognition and Accreditation of Learning 8

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Doctorate in Psychotherapy by Professional  
Studies Cohort 11      February 2011

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**Shelley Gilbert, ( B.A.Hons, PGDPM, PGDC,  
MBACP, UKCP Reg).**

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## RAL 8 PROPOSAL

Claim for 120 credits for setting up a registered charity in December 2003 called Grief Encounter ([www.griefencounter.org.uk](http://www.griefencounter.org.uk))

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- 1.6. Developing the Family Programme
- 1.7. Promoting Grief Encounter
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Section 1

Word count 5122

## 1.1. INTRODUCTION TO THE RESEARCHER

I am currently the Founder and Chief Executive Officer of the Grief Encounter Project (GEP), registered as a Charity in 2003. It is a major organisational system, based on psychotherapeutic principles, which I set up and built from the ground.

My lived experience was to have been bereaved of both parents by the time I was 9 years old. Death was part of life. Most people grow up thinking It's not going to happen to me. I grew up thinking, Everybody is going to die. I lived with fear and a broken heart, which had positive and negative effects.

I am academically and professionally qualified as a counsellor, with Senior Practitioner Accreditation from the British Association of Counsellors and Psychotherapists having now practised since 1993.

I have had the privilege of working psychotherapeutically as a counsellor and group facilitator with hundreds of bereaved children, young people and their families with a bereavement service, in private practice, with Place2 Be helping emotionally troubled children and Founder and Chief Executive of Grief Encounter since 2003, a charity supporting those suffering following the death of someone special.

I established GE following the overwhelming response to my book on the subject of childhood bereavement, an interactive book written to encourage conversations between adults and children about death. The publication still plays a major role in Grief Encounter's programme of support and many other child bereavement services.

No previous educational credit has been awarded for this work-based learning; it is for this I am applying for in this RAL 8.

## **1.2. BACKGROUND: WRITING A BOOK**

1.2. Writing a book: I knew it would be personally therapeutic for me to write a book; I had gathered so much information in my head from my lived experience as a bereaved child, the experiences of my clients, my professional knowledge gained from working with experts in the field, personal therapy and my psychotherapeutic academic learning that I wanted to sort and share.

## **1.3.TAKING RISKS**

### **1.3.1. Writing a book**

I saw a gap in the market for an interactive children's book aiming to encourage conversations between adults and children about death. (Grief Encounter Workbook, Gilbert 2005. See appendix 2.1) Above all, I wanted to give CandYP a resource to help them on their journey-something to hold as in Winnicott's transitional object (1965).

### **1.3.2. Book launch**

I was totally unprepared for the public reaction to the book, published by the National Children's Bureau (NCB). The launch was helped by the charity's Patron Kevin Wells (Holly Wells' Dad, Soham murders). It achieved wide coverage in national and local media, including a special report on the BBC and Sky News. This was how I began to go public and continue to do so.

I was ill equipped to deal with the influx of phone calls, emails and personal approaches. The book became a bestseller with now over 6000 books in circulation and continued upward sales. In the book world, even Waterstones acknowledge this as an unbelievable achievement.

However, the strong (yet simple) messages in the book were risky messages to make, especially in the psychotherapeutic world I moved in at times.

It was certainly a new learning curve and a new phase of life.

### 1.3.3 Messages in the book

Upward Spiral of Grief (Appendix 2.2): The notion of the *Stages of Grief* has been widely adopted, mainly following the seminal works of Kubler-Ross (1975), Bettelheim (1976) and Murray Parkes (1972, 2006). However, the concept has often been misunderstood and instead of the theory being an aid, it seemed to have become a burden to the wide range of clients I was meeting. Widows thought something was wrong with them for feeling worse after 6 months. John (11 yrs old), whose Dad died when he was 1, suddenly realised that everyone else had known his dad but not him and sank in to a dark place.

The 3 main messages in the book

- people needed permission to grieve
- that grieving was not over in a day, week or month but years
- grieving was better perceived as an *Upward Spiral of Grief* (replacing acceptance with adjustment) than as Stages of Grief that you had to pass through and get over it.

(See attached model in appendix 1.3.3. Gilbert, S. (2005))

### 1.3.4 Outcomes

This building on orthodox bereavement theory has been welcomed and adopted by many in the field, finding this a better fit without abandoning the sensible previous explanation of common feelings following a death.

Sharing this added dimension with the bereaved seems to result in relief when clients realise they are not going mad, that they are not pathological by feeling sad two years later. It is stuckness that is a

worrying factor, not *revisiting* deep feelings and wanting to continue bonds (Silverman, et al. 1992).

Having experienced this interest in the Upward Spiral of Grief theory, the possibilities of setting up a service for bereaved children and young people began to emerge. I learned that I had something to say and that people wanted to listen. With this theory, it seemed to help the bereaved with their grieving journey and those who had not been bereaved to better understand grief's long process especially with young people who appeared fine.

#### 1.4 LINKING THE BOOK TO THE ORGANISATION

The death of my son's father was the most heartbreaking experience I think I will ever have in my lifetime. Ever since then, I had a dream that someone would have the contacts/experience/funding and knowledge to put into place a facility for young people to be able to tap into to get the support they need to help them through this most unbearable time Bereaved mother's email to Gilbert, following the launch of the Grief Encounter Workbook.

Following the book launch, I was approached by some who were interested in the philosophies I had put forward. Combined with rising enquiries from bereaved families, a grant from the Local Network Fund and a number of professionally qualified counsellors/psychotherapists, I began to lay the foundations of a service.

1 in 25 children of school age in the UK have experienced the death of a parent or sibling, yet help for them remains a postcode lottery (CBN 2011).

We as adults were continuing to send CandYP back to school to get on with it, often avoiding the death word. Kastenbaum (2000) eloquently

explains children's experiences, calling them The Kingdom Where Nobody Dies (Kastenbaum, in Doka, 2000).

We have an attitude in our (Western) society that pain and suffering can be avoided at all costs and that if they occur, something must be wrong with us..identified as deviant, something to be feared and avoided...using drugs and tranquilisers to hide, shorten, mask this pain. Silverman (2000).

I was meeting young people where consequences ranged from being very successful at school, well behaved and yet unable to attach to others to those escaping with drink or drugs: destructive patterns emerging which were likely to be theirs for a lifetime.

Persistent young offenders are at least four times more likely to have been bereaved of a parent than their peers Vaswani, N. (2008).

Our natural response as adults is to protect the children, yet children often had an increased sense of isolation, a sense that the loss had been minimised, diminished trust, misconceptions of what had happened (Attig 1995, Stillion and Wass 1979; Wass, 1991 in Stroebe and Stroebe, 2007). Wolfelt (1983) claimed the children were forgotten mourners

And, that Children can miss out on support (Penny, 2010).

One often needs an external stimulus: friend, supervisor, a book, the news to change your perspectives. Cavanagh (2010).

I knew how close to the edge you could be as a bereaved child; I did not go over the edge but could predict the future for some.

Once it is recognised that our reactions are appropriate and unavoidable, then it is possible to develop strategies for coping Silverman (2000).

## 1.5 DEVELOPING A NEW SERVICE



### 1.5.1 Researching the need

I researched the need for a local service, using semi-structured interviews with bereaved CandYP, parents and local organisations. I networked tirelessly, fundraising with the help of a committee, campaigning as if I was a local councillor on route to an election. I found a wholehearted support for a community based child-focused bereavement support service.

The more I worked, the more I realised there was a complete lack of help *nationally* for children and young people of school age (CandYP). I became involved at inception in 1990 with the Childhood Bereavement Network, set up by an inspirational widow Sarah Willis, who encouraged the growth and professionalism of services nationally. I now sit on the Consultancy Panel, helping others to grow and ensuring my organisation grows in the right direction.

### 1.5.2 Consultations

Through the CBN and my other connections, I knew little was happening at the time in other parts of the country: Slideaway, Winston's Wish, Child Bereavement Charity and SeeSaw were the main stand alone services. (Rolls, 2007). Thought showering began on setting up a service, including consultations with CandYP, local organisations and ourselves. I enlisted the help of our local Voluntary Service Council for governance advice and Charity Commission registration.

We researched what other organisations were doing. For example, some of the pilot work was based on the excellent good practice at the Dougy Centre in the US and Grace Christ's work with the 9/11 Firefighters. We connected with others such as SlideAway, Jigsaw4U, CHUMS and the Laura Centre who ran grief groups. The Place2Be was extremely influential and continues to be today.

### 1.5.3 Safe practice

Policies and procedures included keeping both staff, trustees and children safe. This was to include a management structure, a Constitution, Child Protection Policies, Health and Safety Policies, Confidentiality Policies, Insurance, Risk Assessments, Enhanced CRB checks, Staffing policies including Induction, Grievance and Complaints procedures and Handbooks. (see Appendix Extracts 2.5) Fair practice involved equal opportunities policies and anti-discriminatory practice. Advice was sought and taken from CBN, NSPCC, Children's Legal Centre, an Employment Consultant and our local VSC. These policies are kept up to date by reviewing and monitoring at least annually. We use PQASSO as a structure to evaluate.

### 1.5.4 Ethical practice

This was all to fit with the ethics of the BACP: autonomy (freedom of choice) non-maleficence (avoidance of harm) beneficence (promoting good) justice (fairness) fidelity (establishing trust and honouring commitments) and veracity (truthfulness) Ethical practice was paramount and we followed BACP Guidelines and Good Practice Guidelines from the Childhood Bereavement Network (that I had also help to develop).

For example, we aim to visit each family in order to discuss each family member's needs at the time, not our needs. They are offered a choice of interventions from our family programme such as attending our grief workshops, Family Days, 1/1 counselling, referral, just the phone number or nothing. Different members may have different needs, at different times.

The evidence for this can be found in our Clinical/Staff Handbooks (See extracts in Appendix 2.5) and trainings, co-written by myself and staff members. (See: Extract from training written and delivered by Gilbert,S. at Cambridge Forum for children's emotional well-being, Feb 2011. Appendix 2.6)

### 1.5.5 Value system

A service based on a value system to include  
*Caring, commitment, innovation, listening, being respectful and trustworthy*

#### 1.5.6 Fair practice

(Based on the UN Conventions of the Rights of the Child ,1989)

My aim was that the service was free, accessible and open access (some services were Hospice based and therefore excluded Road traffic Accidents, Suicide, Sudden deaths). This decision was taken so that hopefully service users were not excluded by reason of class, income, gender, race or ethnicity. Bereavement is a great leveller: outer processes may be different, but inner processes are similar (Silverman, 2000).

For most of the policies, we aim to encourage a culture of openness through formal review and informal discussion: there may be areas where we are unaware there are issues. Once highlighted, we aim to address. For example, in the interests of open access, we realised that due to transport problems across the Borough some families could not access our groups. To move towards addressing this, we approached some schools and set up groups and 1/1 support in the school.

I learned how important it was to *transcribe* what we were doing, ensuring as far as possible that these procedures were safe, ethical and fair and review these policies. We have begun to use PQASSO to improve on this.

#### 1.5.7 Delivery content

My work with bereaved children and young people is based on the professional knowledge I had gained from years of reading widely, academic study in psychotherapy, personal therapy and the application and synthesis of this knowledge; as CEO and innovator, I hope these themes run throughout the clinical work of the charity.

The service was therapeutically based, because this seemed to be what was lacking in service provision and through my experience an approach that worked. For example, by witnessing a child's story (as in PTSD work) bearing children's pain helps with traumatic memories and then they can begin to mourn (See Appendix: Grief Encounter Workbook 2005).

A service run by high quality, professionally trained caring staff who would go deep if needed, not just plaster over the cracks. Relationships with the clients would be based upon an integrative approach dependent on the counsellor's orientation but aiming to be influenced by the concepts such as the following:

- The relationship (Khan) -where families feel valued and special- 2<sup>nd</sup> chance/gleam in mother's eye (Kohut), Stern's attunement, Bowlby's attachment theories)
- The safe situation: Permission to grieve, tell their story and share their burdens. (Bion, Winnicott)
- Roger's Core conditions of UPR, Empathy, Congruence.
- Regaining control through the story. (Bettleheim)
- Reading between the lines (Johari window, Freud's use of the unconscious).
- Reflexive practice. (Casement's internal supervisor)

As wounded healers, we can listen with a different quality of compassion (May, K. (2010). Professional Knowledge seminar, Metanoia.

## 1.6 DEVELOPING THE FAMILY PROGRAMME

### 1.6.1 On listening to and learning from the client...

Families didn't know where to turn: their world was no longer safe. They felt lost, alone and out of control. The client is best informed about himself; I am informed about why people may behave in a certain way and hopefully provide the environment for exploration.

I learnt to *really* listen to clients, not only using active listening skills but also to *hear*. Children told us that they felt lonely, angry, sad, anxious, scared and different, that no-one seemed to understand. Meeting others would help. Hence, our small team of counsellors set up our innovative Group work.

My groupwork theory/practice developed during my learning at the University of Herts and my work at Place2Be, where I not only saw troubled children in a 1/1 counselling situation but also ran termly closed groups. I based my thinking mainly on Yalom's groupwork (2005) but also used ideas about groupwork representing the family and fight/flight work (Bion, Foulkes 1984). Children learned to listen and respect each other, whilst enjoying the safe space to explore feelings.

Some CandYP wanted private space; my response was to offer open ended, 1/1 counselling in a safe space using materials from the GE Workbook to facilitate and educate about grieving. I aimed to work through the metaphor with children in order to enable them to convey their messages and trained staff so we can hear and help process. (Bettleheim, 1976). At GEP, we use all kinds of apys- art therapy, play therapy, drama therapy, using paints, colours, puppets, clay. (Ref Appendix 2.7 CCYP article, Sept 2010) And, to help children make sense of their confusions by the outward expressions of feelings. They link behaviour, thoughts and feelings (Goleman, 1996) identify their needs (not wants) and build a more true self (Winnicott, 1965). They make the unreal real and engage in memory making and continuing bonds (Silverman, in Klass et al., 1996).

We swiftly realised that we needed to include the parent/carer that was left behind, including help with positive parenting, information, support, understanding changes in their role, normalising and find a new kind of normal. (Research has shown that involving the parent resulted in better outcomes. Source unknown at present). We set up parent groups running at the same time as the young people.

At a later date, families told us they wanted to meet up between groups in a more relaxed way, so we encouraged them to connect outside and also run 3 Fun days a year where we have a ceremony at the end e.g. letting off helium balloons/lanterns with messages to the dead person. Recently, we held a Remembrance Day-where CandYP named a star, found it in the sky and let off lanterns at night.

Not to offer a prescription, but an *opportunity and choice* for bereaved children and young people to have a safe emotional space at the right time for them. It was not to be a short, sharp fix. The evidence for this can be found in the formation of the pioneering Family Programme that has emerged from the above, continually evaluating our work with feedback from our service users and stakeholders at all levels (See Appendix 2.4)

I set up a website where professionals and funders could get information, but also where CandYP could connect, play, learn and leave memories. ([www.griefencounter.org.uk](http://www.griefencounter.org.uk))

High quality service delivery depended on high quality staff, whether paid or volunteers. We provide 7 trainings p.a. with internal and external speakers and monthly supervision free to all staff. The use of supervision, both internal and external, cannot be overemphasised (see Appendix: Handbook 2.17).

For example, in managing continuing and on-going learning, I realised we were gathering important data and were developing an internal expertise. I turned this in to a training opportunity both for in-house training and outreach work.

I have learnt from the clients and stakeholders that we have a formula that is working and that there is more work to be done. For example, to structure this model further, in order to run it out in other areas.

### 1.6.2 Evaluation

The hard work was outside the therapeutic space: supervision, thinking space, reflecting on each family. We constantly strived to improve our abilities to see the signals and listen to feedback e.g. teens complain about not being listened to outside of groups, people having short memories.

This is mirrored by a *collaborative inquiry* approach to management: decisions are made by developing and reviewing ideas in order to improve practice. Not just consultations as in Government consultations but constant processes where ideas are sought, discussed and implemented if appropriate. It felt important from conception that most stakeholders were involved: participants, facilitators and the people leading the clinical decision making team.

(Evidenced by Evaluation forms, Hopes and Fears, Ending evaluations, Focus groups, informal feedback, Thinking Space...and our responses to feedback received. Evaluation review: appendix 2.3)

We found that an evaluation of the work we were doing would be helpful for the following reasons: coherence, clarity, focus and feedback. (See Appendix) We use our own feedback forms and COREYP (the development of which I was asked to advised upon by E.Twigg at Leeds University).

This would not compromise our original aim of being client focused: outcomes to be used as a guide not a prescription. Currently, we can maintain our independent approach (Appendix 2.3)

Concurrently, at CBN, we are running a focus group on the best way to evaluate outcomes and our services. We considered other national approaches, such as the recent CRAC Review, CORE, Goodman's SDQs and service provision reviews but are designing a national child bereavement measure.

My forthcoming project should add to the way we evaluate our service provision currently; by reviewing the experiences of young people who have not used our service we may see how we can improve our service provision.

## 1.7 PROMOTING THE SERVICE

1.7.1 Publicity materials now include materials such as leaflets (see Appendix 2.8). Bad Time Rhymes poetry book and supporting materials in the Grief relief Kits: memory boxes with specialist resources which can be sent out to bereaved children and young people if they cannot access direct services or for professionals to use with bereaved children.

1.7.2 Promotional events: I have lectured, trained, consulted for, been a keynote speaker and run workshops following invitations from many professional organisations including schools, BACP, CRUSE, other bereavement organisations, psychiatrists, hospitals. (Appendix 2.6)

1.7.3 Education and awareness raising: published articles, including article in CCYP magazine (in appendix 2.9), through work in schools, a National poetry competition we have run twice, information resources such as the GE Workbook and Grief Relief Kit, a DVD, driving people to the website which includes downloadable resources.

1.7.4 Media use has included appearances on the BBC, Sky News usually following the death of someone famous, notably Jade and



Michael Jackson most recently. We have had many articles in the national and local press and women's magazines (see appendix 2.9 and 2.10).

1.7.5 Awards I have been the recipient of some awards over the last few years: AOL Innovation in the Community, Bank of America Local Hero Award, Norwood Helping Hand Award for outstanding community contribution, Minerva Business Award for outstanding work in the field of bereavement counselling and runner up for SHE Magazine Inspiring Leaders award.

Some outcomes have been financial gain for the charity, greater credibility and more recognition nationally evidenced by invitations to speak at conferences, dinners, to the media, book sales and run trainings.

1.7.6 Partnership working: I worked with the Childhood Bereavement Network since inception and other children's bereavement services (e.g. Slideaway, Child Bereavement Charity, See Saw, Jigsaw, Isobel Hospice, Winston's Wish and other individuals) to encourage and support growth in service availability. In addition, I sit on the local Children and Young People's network panel to keep the profile of the charity in people's minds and not to reinvent the wheel.

## 1.8 SUSTAINABLE PRACTICE

### 1.8.1 Framework implemented

Our **Vision** is that every bereaved child in the UK, and their family, receives access to quality support to help alleviate the pain caused by the death of someone close.

Our **Mission** is to be one of the leading providers of support services for bereaved children and their families throughout the UK.

Grief Encounter currently operates its direct services to those in need in the London Borough of Barnet, Essex, Bournemouth and environs. Through the 'Family Programme', children, and those who care for them, are offered long term tailored support that can be adapted to each child and family circumstance. We also work nationally, campaigning for better support for bereaved children, provide a range of highly respected resources and specialist bereavement training to child support professionals. Through an award winning programme of direct and in-direct support services, publications and products, we now assist around 19,000 people per year across the UK and beyond.

#### 1.8.2 GEP 2011 (See Appendix )

#### 1.8.3 Leadership tasks

My learning has been that a healthy organisation must be clear about its purposes, missions and values. We must have clear business plans and future strategies. These policies must be regularly reviewed. It is clear that part of this is to prove that our interventions work.

To this end, I undertook a Barclays/NCVO Leadership Course in 2009.

#### 1.8.4 Organisational structure

- **Advice, Advocacy and Support** – to deliver high quality, integrated services to bereaved children, young people and their families
- **Influence** – to contribute its knowledge and expertise to assist the development of local, national and international strategies and promote the value of bereavement support.
- **Healthy Organisation** – to operate a well managed, well governed and financially sustainable organisation that is able to retain a highly skilled and motivated staff team

1.8.5 This whole project had to be sustainable. To this end, last year I commissioned an independent review by an outside consultant, funded by the government Modernisation Fund (see extracts from Strategic Plan and SWOT analysis in Appendix). The consultant found that: Grief Encounter's main strengths are the quality, award winning services it provides to its beneficiaries and the highly respected leadership and qualified staff team. It also has an extremely strong brand and core message coupled with an excellent website and range of products. The whole focus is on children and their needs; which make it stand out in the bereavement sector. Modernisation Fund report, Strategic Plan 2011 (Appendix).

#### 1.8.6 Improving the research

Questions began to emerge within the organisation: is this now working, is there still a need and how can we improve? Professionally, though historically resistant as a profession, there is a societal pressure to prove outcomes.

How was my organisation going to prove what we were achieving both to improve our service and minimise risk? This information is vital to ensure sustainable funding.

Through careful, rigorous inquiry, a researcher seeks new forms of knowing D. Portwood, (2010). Professional Knowledge Seminar, Metanoia.

Knowledge is co-constructed: to wonder with.. K. May, (2010) Professional Knowledge Seminar, Metanoia.

From Portwood's (2010) model of: Pre-Understanding, Reflection, Social Interaction, Demonstration and Post Understanding, this research is now at the point of social interaction ready to demonstrate what has been working well with bereaved children, what is not working

so well and develop new products to share store and re-contextualise for the future.

If we use counselling skills in the research process, such as active listening skills, being non-judgemental, making a safe situation, use of unconscious processes, empathy in order to *really hear* the young people's unmet needs following the trauma and their effective coping strategies, information about death and bereavement can be gathered and circulated.

### Counselling skills

The skills I have as a counsellor can mirror those needed by a researcher and provide much deeper, richer, more valuable understandings: this echoes my experience in the wider field where I witness expectations that there is a quick fix for bereavement problems. Hence, the focus on the microcosm of a school community where I as a researcher can spend quality time understanding and working with the context in addition to the actual work with the participants.

### Selecting research methods

Action- based research (as in Reason and Bradbury, ed 2008) in a school community within an ethical framework should create a new school system for bereavement work, based on working in a participative fashion. By *embedding it within the system*, it may not languish on a shelf. Working in the field also allows a unique insight in to the possible usefulness of the project as I am aware of the gaps between practice and research. (Moran, in BACP Therapy Today, May 2010) Connections and understanding of the school community will allow me to marry the two.

The methodology will be based on Action research using collaborative inquiry, as this is how I run the management of the clinical side of the organisation. I will also attempt to gather some quantitative statistics

by enquiring about the actual numbers of bereaved young people in the school (statistics not now kept) and relate them to the total school population. Bereaved young people will be invited to come forward to undergo semi-structured interviews. I may be able to find a control group who have not had any therapeutic help to compare to those who have had therapeutic help. For objectivity, schools chosen are not ones we have previously worked in. The study will be limited as it is only a small microcosm and a moment in time yet given that it is a randomly selected school in a fairly representative area may well reveal some interesting themes, especially in the area of teenage opinion. Much thought has been given to elicit quality answers, for example by using therapeutically trained and qualified interviewers.

## 1.9 MAKING MISTAKES

I do not regret running before walking, as the service may never have happened but there have been lessons learned on the way:

### Personal lessons

- I need to ask for help more as well as providing it.
- To have more confidence in my abilities.
- I can market myself as a bereavement expert.
- I need to learn more business skills
- To maintain a work/life balance.
- I can be more forward looking.

### Organisational challenges

- Not collating the statistics thoroughly, recording the feedback methodically.
- Witnessing lots of changes but not capturing them.
- Evaluation should play a greater part.
- Not to look for glory, but to have more faith about what we do and shout louder.
- Even a charity must have strategic and business plans: I was naïve with the NCB for example.

- Counselling is not always the panacea: important to keep an openness and wider perspective
- The service must be clearly defined

## 1.10 CONCLUSION

How can I best use my own personal experience of being orphaned so young, my experience in the counselling world and the experiences of my team of mental health professionals? How can we best help those bereaved young to cope with traumatic memories, with the grieving process, with remembering and with rebuilding? If we can better *understand* the short term and long-term effects of bereavement and coping strategies in the UK, we can provide more appropriate interventions.

I have lived, slept and breathed stories of life, death and bereavement for most of my life. I have now not only walked the walk, but talked the talk by setting up a service that helps other bereaved children, young people and their families achieving both local and national recognition. I have not changed the world, but I have changed some thinking around the orthodox theory and helped hundreds of families through their dark days. I feel that I have changed something bad into good. There are a few people in the field with the personal, academic, professional experience and expertise I have gathered.

I find myself more in a business/managerial position now; especially now I have ended my private practice. My skills/preferred position is one of a counsellor, yet I am aware that it is my passion and drive that currently lead the Charity from strength to strength. I model my leadership patterns on Nelson Mandela who led from behind and on my talented husband, but use my counselling skills in managing people. I intend to continue to use these skills within the context of research.

Researching the *validity* of this work is the next step forward. My experience at Metanoia really helped me see the need, especially to research the validity of the Upward Spiral of Grief Theory.

Research into this area is exceptionally challenging, mainly due to so many variables e.g. time. However, we can listen to the bereaved themselves and hear their most effective coping strategies. If possible, adult survivors such as myself, help us understand what interventions, if any, were and were not helpful.

My hope is to produce a study that will help people understand the widespread short and long term impact of the death of someone young and the importance of an intervention that provides the opportunity of being with other bereaved.

Hopefully, this will be in a more coherent, considered and meaningful way than previous work. I may gain more recognition, but on writing this it may be that I have to do that for myself first. The organisation will benefit by another evaluation of our work so far and a plan for the future. Other related organisations can benefit from this knowledge. Most importantly, it will be another vehicle to raise the profile of today's bereaved children.

## **2.0 Section 2 (on disc)**

- 2.1. Grief Encounter Workbook
- 2.2. Upward spiral of grief; P3 GE Workbook
- 2.3. GE Strategic Plan 2011: Family Programme
- 2.4. Grief Encounter Clinical and Staff Handbook
- 2.5. Powerpoint of training delivered to Cambridge Forum for children's emotional wellbeing Feb 2011
- 2.6. CCYP article
- 2.7. GEP Leaflet proof March 2011
- 2.8. Newspaper articles

### 3.0 Section 3 References

See Grief Encounter Workbook (Gilbert 2005) for more fiction/non-fictional references. The adult section includes fuller references about the writers quoted.

Bettleheim, B. (1976). The uses of enchantment. New York: Random House.

Black, D. and Urbanowicz, M.A. (1987). 'Family intervention with bereaved children.' Journal of Child Psychology and Psychiatry ,28, pp. 467-476.

Bowlby, J. (1980). Attachment and loss: Vol3. Loss: sadness and depression. New York: Basic Books.

Brom,D., Pat-Horenczyk,R., and Ford, J. (Ed) (2009). Treating traumatized children: Risk, Resilience and recovery. New York: Routledge.

Casement, P. (1985) .On learning from the patient. London: Routledge.

Cavanagh, J. (2010). Lecture Middlesex University.

Doka,K. 2000 (ed) Living with Grief:children,adolescents and loss. New York: Taylor and Francis.

Dyregov (1990). Grief in children. London:Jessica Kingsley.

Foulkes S.H. and E.J. Anthony (1984). Group psychotherapy. London: Karnac.

Frankl,V. (1959). Man's search for meaning. London: Ebury Press.

Freud, S. (1917). 'Mourning and Melancholia' The Standard Edition of the complete psychological works of Sigmund Freud, under the general editorship of J Strachey, in collaboration with Anna Freud ,assisted by Alix Strachey and Alan Tyson, London: Hogarth Press, 1953-Vol 14,pp.239-258 works. Vol 14, pp. 237-58.

Goleman, D. (1996). Emotional Intelligence. London: Bloomsbury.

Grey, A. (1994). An introduction to the therapeutic frame. London: Routledge.



Kahn, M. (1991). Between therapist and client. London: St Martins Press Inc

Klass,D., Silverman, P.R. and Nickman, S. (eds) (1996) Continuing Bonds: New understandings of Grief, London: Taylor and Francis.

Johari window (Lectures at University of Herts)

Kahn,E. (1985). 'Kohut and Rogers -a timely comparison.' American Psychologist. Volume 40, Issue 8, August 1985, Pages 893-904

Kohut,H.(1986). 'Rogers, Kohut and Erikson' Person Centered Review Vol1 No2 May 1986.

Kubler Ross, E. (1965). On Death and Dying. New York:Macmillan.

Lanyado, M., and Horne, A. (eds) (2009) The handbook of Child and Adolescent Psychotherapy, London and New York: Routledge.

Leader, D. (2008). The New Black. London:Hamish Hamilton.

May,K. (2010). Metanoia Professional Knowledge seminar.

Moran,P. (2010). 'Gaps between research and practice.' Therapy Today May 2010

Murray-Parkes,C.(1972). Bereavement: studies of grief in adult life,

Murray-Parkes,C. Love and Loss. (2006).

Pennells, M., Smith, S., (1995). The Forgotten Mourners. London:Jessica Kingsley.

Penny,A. (2006). A guide to developing good practice in childhood bereavement services. London: NCB Publications

Penny, A. (2010). Childhood Bereavement Network Publications.

Portwood,D. (2010). Metanoia lectures.

Reason,P. and Bradbury,H. (ed) (2008). The Sage handbook of action research. London: Sage Publications

Rogers, C. (1951). Client-Centered Therapy: Its Current Practice, Implications, and Theory. Boston: Houghton Mifflin.

Rolls, L. (2008). PhD Evaluation in Bereavement Services.  
Dougy Centre for Grieving Children: Participation manual.

Silverman P. (2000). Never too young to know. New York: Oxford University Press.

Stern, D. (1985). The interpersonal world of the infant. New York: Basic Books.

Stroebe,M., Hansson,R., Stroebe,W., and Shut, H. (2007) (Ed) Handbook of Brereavement Research Washington: American Psychological Association.

Vaswani, N. (2008). in Childhood Bereavement Network : Bereavement in the Secure Setting. London: NCB

Winnicott, D. (1965). The Maturation Processes and the Facilitating Environment. London: Karnac.

Wolfert ,A. (1983). Helping Children Cope with Grief: For Caregivers, Parents, Teachers, Counsellors. New York: Accelerated Development Inc.

Worden, W. (1996). Children and Grief. New York: Guilford Press.

Yalom, I. (1989). Love's executioner and other tales of psychotherapy. London: Penguin.

Yalom,I. (2005). The Theory and Practice of Group Psychotherapy. New York: Basic Books

Yalom, I. (1980). Existential Psychotherapy. New York: Basic Books.



