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EXPLORING STORIES OF PARENTAL GRIEF IN CHILDREN
AGED 9-12 THROUGH BIBLIONARRATIVE

presented by

Christie S. Eppler

has been accepted towards fulfillment
of the requirements for

_____Ph.D._____ degree in ___Family & Child Ecology___

Marsha T. Carolan, Ph.d.
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Date __Summer, 2001___

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EXPLORING STORIES OF PARENTAL GRIEF IN CHILDREN AGED 9-12
THROUGH BIBLIONARRATIVE

By

Christie S. Eppler

A DISSERTATION

Submitted to
Michigan State University
in partial fulfillment of the requirements
for the degree of

DOCTOR OF PHILOSOPHY

Department of Family and Child Ecology

2001

Abstract

EXPLORING STORIES OF PARENTAL GRIEF IN CHILDREN AGED 9-12 THROUGH BIBLIONARRATIVE

By

Christie S. Eppler

The purpose of this qualitative study was to hear grief stories of children, aged nine to twelve, who have suffered the death of a parent within the past thirty-six months. Children in this age range are able to be self-reflexive and can acknowledge their feelings and cognitions (Crain, 2000). These children understand death as final and inevitable (Siegel & Gorey, 1994; Silverman, 2000; Wass, 1984; Worden, 1996). Additionally, children in this age range are developmentally and cognitively able to write short, autobiographical stories. A child's story is her or his account of events. Children's stories serve as their voice. Hearing these voices is important in order to understand a bereaved child's loss and adaptation. A child's personal account adds to a body of research that primarily focuses on what adults and researchers surmise about childhood mourning, rather than what the children themselves say. Bereaved children's stories will be useful to those who work with grieving children in order to guide the children through the grief process.

The grief stories were collected by interviewing the children and helping them write a story. Biblionarrative, an innovative Narrative Theory technique created by the researcher, is an autobiographical children's literature story about a child's parental bereavement. The researcher assisted children in telling their story about their parental loss by asking questions guided by a review of literature framed in an ecological context. After gathering the stories, the researcher analyzed the stories to find crosscurrent themes

in the children's voices. The verbal and written stories confirmed previous literature that states bereaved children experience sadness, anger, denial and anxiety. The study also revealed new concepts regarding a child's grief process, such as the relationship between the child's sadness and the quality of relationship the now-deceased parent had with the child. Additionally, the findings explore the modalities of telling an oral history versus writing an autobiography.

The findings reveal bereaved children's tendency to be resilient, an attribute related to having strong levels of family cohesion, internal strengths, and external supports. These findings suggest that clinicians may benefit from using a strength-based approached when working with bereaved children. Moreover, for therapists, incorporating Biblionarrative into a Narrative Therapy treatment plan may be useful in assisting bereaved children and their families.

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INTRODUCTION

An estimated 5% of children will experience a parental death before the age of 18 (Worden, 1996). Loss of a parent creates a period of stress and sadness for surviving children (Worden, 1996). There are multiple, ecological factors that influence the grief process and grief resolution. The surviving family, a potential support system for the grieving child, experiences altered family functioning as remaining family members attempt to reorder and adjust to life without the deceased parent. Children's voices are often not heard in the midst of a chaotic, grieving family (Neimeyer, 1999). Families who were connected before the death may become more bonded, thus not allowing the child to express his or her own unique and individual grief. Conversely, families where the remaining parent is depressed or neglectful may not give sad children a forum to verbalize their experience.

Due to the far-reaching consequences of parental bereavement, researchers and therapists have suggested that children effectively facilitate grief work by writing a letter to the deceased parent or keeping a journal of thoughts, feelings, and emotions surrounding the death of their parent (Neimeyer, 1999; O'Conner, 1984). Writing journals or stories helps us make sense of our lives (Cooper, 1991; Witherell, 1991). Authoring thoughts and feelings gives children a place of their own to grieve, regardless of the familial grieving style. Writing, either literally or metaphorically, aids the child in understanding the loss of a loved one by providing the child a non-threatening forum to express his or her experience.

Children often use stories to express their thoughts, feelings, and perceptions (Riley, 1993). A child's story is his or her account of events. The plot, characters, setting, and action are all linked in terms of causality. The purpose of stories is "to elucidate character, express an idea, or incite to an action" (Holman & Harmon, 1992, p. 457). Story as metaphor affords the child the ability to express content that they may be unable to communicate through traditional conversation, allowing them to "conjure up and illuminate less accessible aspects of experience" (Schnitzer, 1993, p. 443), such as the pain and sorrow of the grief process. Grief metaphors can aid the child in feeling safer about self-disclosure, reframe a problem, and explore difficulties a child is facing (Bowman, 1995). Children use scripts as "the primary means of anticipating, comprehending, and re-creating real-life experiences" (Docherty & Sandelowski, 1999, p. 177). Schnitzer (1993) states that how a child stories the past determines how the child views self in the present and shapes her or his future self-concept.

Children's grief stories serve as their voice. Hearing these voices is important in order to understand a bereaved child's loss and adaptation. By listening to mourning children's stories, we are able to understand, empathize, and validate their distressing situation.

Purpose and Significance of the Study

It is important for researchers to hear the stories of parentally bereaved children. Moreover, understanding the content of children's grief stories influences theory and practice regarding the needs of children who mourn. A child's personal account of her or his mourning adds to a body of research that focuses primarily on what adults and researchers surmise about childhood mourning, rather than what children themselves say.

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Additionally, bereaved children's stories are useful for those who work with bereaved children (i.e., therapists and teachers) in order to assist and guide them through grieving. This investigator believes that understanding a child's personal grief story benefits the social sciences, and is significantly valuable to the child. By helping the children narrate their grief stories, we are able to better understand individual and collective aspects of childhood mourning. Consequently, the primary purpose of this phenomenological, participatory-action, qualitative research was to provide an outlet for grieving children to author their stories while giving professionals an opportunity to hear these voices.

In most studies regarding children's experiences, parents or adults have been the informants (Gil & Bogard, 1982) and children's direct experiences have been marginalized (Holmes, 1998). The majority of the current literature regarding childhood mourning addresses what adults believe children encounter, as opposed to what the children report experiencing. Children are the best and most accurate informants regarding their experiences and can convey "graphic descriptions" of life-events once a sense of self is developed (Docherty & Sandelowski, 1999, p. 177). Considering a child's capacity to tell his or her story, it is important to allow children the opportunity to do so. This study is both unique and significant in its emphasis in listening to children's individual voices, allowing them to process their grief and convey their unique and shared experiences through their interview and written autobiography, or Biblionarrative.

Key Concepts of the Study

The participants in this study included twelve children, aged nine to twelve who suffered the death of one parent within the last thirty-six months. Children in this age range are able to be self-reflexive and can acknowledge their feelings and cognitions

(Crain, 2000). These children understand death as final and inevitable, but are often confused by the emotions surrounding death (Siegel & Gorey, 1994; Silverman, 2000; Wass, 1984; Worden, 1996). Nine to twelve year-olds were chosen as participants for this study to afford them an opportunity to voice their often-unheard confusion and emotions regarding their grief. Additionally, children in this age range are developmentally and cognitively able to write brief, autobiographical stories. Older and younger children were excluded because adolescents have a deeper understanding of their circumstances while younger children do not fully understand the meaning of death and they are often unable to verbalize or write about their feelings (Wass, 1984).

The researcher collected the grief stories by interviewing the children and helping them write a story. A Biblionarrative, an innovative Narrative Theory technique created by the researcher, is an autobiographical children's literature story about a child's parental bereavement. The oral and written stories were considered one triangulated data set, except for some within case comparisons that explored the similarities and differences between oral and written stories. The researcher assisted the child in telling a story about his or her parent's death by asking questions guided by a review of literature about parental bereavement and the theoretical frameworks of the study, specifically Human Ecology and Narrative theories. After gathering the stories, the researcher analyzed the stories to find crosscurrent themes in the children's voices. The verbal and written stories confirmed previous literature that states bereaved children experience sadness, anger, denial and anxiety. The study also revealed new concepts regarding a child's grief process, such as the relationship between the child's sadness and the quality

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of relationship the now-deceased parent had with the child. Additionally, the findings explore the modalities of telling an oral history versus writing an autobiography.

The findings reveal bereaved children's tendency to be resilient, an attribute related to having strong levels of family cohesion, internal strengths, and external supports. These findings suggest that clinicians may benefit from using a strength-based approached when working with bereaved children. Moreover, for therapists, incorporating Biblionarrative into a Narrative Therapy treatment plan may be useful in assisting bereaved children and their families.

Research Questions

After the children's life stories were gathered, they were qualitatively analyzed to understand the dynamics about how children story their grief. Exploratory research seeks to understand specific phenomena by defining and investigating theoretical constructs (Marshall & Rossman, 1995). The specific research questions were guided by theoretical frameworks and existing literature regarding childhood parental bereavement (described in Chapter Two). Defining research questions was a fluid and dynamic process throughout the interviews and analysis. Grounded Theory suggests that potential questions may be refined as the study progresses (Raful & Moon, 1994).

As the analysis concluded, the following questions were used to explore how children story their parental bereavement:

Research Question #1: What are the interactions between the parentally bereaved children and their main environments?

#1a: What are the settings of the stories; what role do the natural/physical and human built environments have?

#1b: What social/cultural influences are evident in the stories?

Research Question #2: How does the child story the events surrounding the death of the parent?

#2a: What are the beginnings to the stories?

#2b: What are some of the main themes of the stories?

#2c: What are the conclusions to the stories?

#2d: Who are significant characters in the story?

Research Question #3: Do the children prefer telling or writing their stories?

In an effort to address these questions, it is important that we understand what is known about a child's grief process and how qualitative methodology influences our study of bereaved children. Chapter Two defines the theoretical framework of this study and reviews relevant literature related to parentally bereaved children, including their environmental influences and developmental capacities. Theoretical and conceptual maps are explicated, bounding the specific areas under study. Chapter Three outlines the qualitative methodology used in this study, focusing on phenomenological and participatory-action research and explicating the logistics of this study. Chapter Four presents the results of the study. The findings are discussed in Chapter Five. Additionally, this last chapter critiques the research and suggests further areas of study regarding parental bereavement and utilizing Biblionarrative as a research methodology and in a clinical setting.

Chapter 2

THEORETICAL BACKGROUND

Two major theoretical perspectives, Human Ecology Theory (Bubolz & Sontag, 1993; Bronfenbrenner, 1979) and Postmodern Social Constructionism (Andersen 1993; Anderson, 1993,1997; Foucault, 1980; Gergen & Gergen, 1984; Maturana & Varela, 1992), influence this study of parentally bereaved children. The theoretical map (see Figure 1) shows the gestalt of these theories and their interactions. Examining grief and loss from an ecological perspective "reveals connections that might otherwise go unnoticed and helps us to look beyond the immediate and obvious to bridge where the most significant influences lie" (Garbarino, 1982, p. 18). The ecological approach draws upon interdisciplinary knowledge, transcending boundaries when addressing practical problems and quality of life issues, such as grief and loss. Human Ecology theorists aspire to see connections and relationships between and among ideas (Bubolz & Sontag, 1993).

Human Ecology Theory

Human Ecology Theory (HET) suggests humans continuously and reciprocally interact within multiple environments: the natural/physical environment, the human built environment, and the social constructed environment (Bubolz & Sontag, 1993). These three environments are shown as rectangles in the background of Figure 1. The three two-way arrows within these rectangles demonstrate that each environment affects the other(s). The three environments each play a role in a parentally bereaved child's grief process. The natural/physical environment includes natural and physical resources that children need to sustain life such as water and food, while the human constructed

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Natural/Physical

Human Built

Social/Cultural

Human Ecology Theory (HET):
Humans Interact within
Three Environments
(Bubloz & Sontag, 1993)

**Postmodern Social
Constructionism**
(Anderson, 1993; Foucault, 1980;
Gergen & Gergen, 1984;
Maturana & Varela, 1992)

Narrative: (Eron & Lund, 1996;
Freedman & Combs, 1996; Parry
& Doan, 1994; Schnitzer, 1993;
White & Epston, 1990;
Zimmerman & Dickerson, 1996)

mesosystems

Microsystem

Macrosystem

Exosystem

chronosystem

Within HET, human development is fluid process of
organism and environments on multiple, nested layers
(Brofenbrenner, 1979)

Figure 1. A Theoretical Map.

environment are fabricated resources such as shelter. These basic resources affect the health and development of grieving children. If a child does not receive adequate nutrition or have a safe place to live, he or she may not have the emotional energy to deal with the grief process. It is important that basic, physical needs are satisfied before emotional needs (Maslow, 1954).

The social/cultural environment is at the forefront of the three-layered rectangles, showing that this is the predominant environment in this study. The social/cultural environment includes societal norms, roles, values, and beliefs of bereaved children. These norms are diverse and socially constructed, differing from culture to culture. Within the social/cultural environment are two smaller, layered rectangles, which represent that background and foreground theories in this study. The background theory, Postmodern Social Constructionism, suggests that cultural norms are subjectively interpreted and vary from person to person.

Postmodern Social Constructionism

Postmodernism, a reaction against the modern mind-set of objectivism and empiricism, is steeped in the notion that reality is what the individual determines it to be (Nichols & Schwartz, 1998). This paradigm shift rejects claims of universal truths while emphasizing the cultural context of knowledge and individual subjectivity. Foucault (1980) argues that an individual's existence is influenced by the power of "truths," or accepted norms, that are part of society's collective unconscious. These "truths" hold power because they often go unchallenged in the larger society and thus covertly affect an individual's functioning. The postmodern epistemology shifts the power away from a societal "truth", instead embracing the diversity of humanity and suggesting that there are

multiple perspectives and ways to understand a single situation (Moules, 2000). Anderson (1993, 1997) asserts that knowledge, either what we know or what we think we know, is married to the social/physical/spiritual being of the knower. The meaning ascribed to events depends on the person's frame-of-reference. Monk, Winslade, Crocket, and Epston (1997) believe that subjective meanings are created in particular contexts, not an objective truth that can be applied to a specific situation. Our place in history, time and society shape our perception of our life.

A subset of postmodernism is the philosophical stance of Social Constructionism that asserts that reality is constructed in the context of interpersonal interactions (Anderson 1993, 1997; Gergen, 1999; Maturana & Varela, 1992; White & Epston, 1990). Reality is known through perceptions and perceptions are both generated and expressed through language (Anderson, 1993, 1997; White & Epston, 1990). Language is the context in which we define our world and deconstruct beliefs, assumptions, and values that influence our functioning (Andersen, 1993; Anderson, 1993, 1997). Knowledge, or what is created by language, is multi-authored among a community of persons and relationships (Anderson, 1997). Language, both verbal and non-verbal, organizes relational events into narratives, which give, ascribe, and hold meaning (White & Epston, 1990). Additionally, language gives meaning and mediates the understanding of lived experiences. Through oral and written language, people construct scripts of their lives and this becomes the reality in which they live. We use metaphoric language and these metaphors influence how we feel about one another, our world, and ourselves (Anderson, 1993, 1997; Schnitzer 1993; White & Epston, 1990). The metaphors are often reflected in our life-story.

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<u>Narrative Theory</u>

In Figure 1, within the Postmodern Social Constructionism rectangle, a Narrative Theory rectangle is embedded. Narrative Theory serves as the foreground theory for this study. A person's narrative, or life-story, reveals what that person deems important, which affects his or her behavior (White & Epston, 1990; Zimmerman & Dickerson, 1996). These stories are not static. A problem-centered story may be transformed to an account of success and hope (Monk et al., 1997). Narrative theorists encourage bonding, or joining, with children by hearing their story, using their language, and collaborating with them (Eron & Lund, 1996; Freedman & Combs, 1996; Parry & Doan, 1994; White & Epston, 1990; Zimmerman & Dickerson, 1996).

The transformation occurs through collaborative narrative therapy techniques such as externalization of the problem, finding unique outcomes, and joining through metaphor. White and Epston (1990) suggest that externalization is an approach that encourages a person to objectify and personify problems. The problem becomes a separate entity that assists individuals to describe themselves and their relationships from a new, non-problem saturated perspective. For example, a child who experiences a lack of emotional closeness, evidenced by non-communication within the family, could externalize not talking as a "quiet monster" that eats all the words in the family. The family then could fight against this monster by learning and employing effective communication skills, in an effort to build cohesion. Moreover, subsequent to the externalization of the symptom, an individual is released from blame while he or she maintains responsibility in the fight against the monster (or symptom). Blaming messages such as "you don't listen" may be replaced with "the quiet monster ate my

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words and you didn't hear me." Other benefits of externalization include the enhanced possibility for action, the ability to take a lighter or humorous approach to a serious problem, and the opportunity for dialogue (White & Epston, 1990).

Initially, when creating a story, one must first join with the storyteller, map the influence of the problem, and co-create the narrative by talking or writing (White & Epston, 1990). Mapping the influence assesses the extent of the situation while contradicting a problem-saturation paradigm. In order to estimate the breadth of the situation, the clinician asks clients to describe "unique outcomes" to the situation. This shows that alternatives are possible and that the problem is not all encompassing. Finding "unique outcomes" is similar to the solution-focused technique of asking, "when [the problem] is just a little bit better, what is happening?" (Walter & Peller, 1992). The identification of unique outcomes and the discovery of new meanings around these outcomes assist individuals to identify their resistance to the effects of the problem. Hence, one undermines the problem by refusing to submit to its complete control, rendering the problem less effective in its sphere of influence (White & Epston, 1990).

Bereaved Children

An estimated 5% of children will experience a parental death before the age of 18 (Worden, 1996). Research suggests that bereaved children are a vulnerable population, at increased risk for social impairment and psychopathology (Baker, Sedney, & Gross, 1992; Berlinsky & Biller, 1982; Weller, Weller, Fristad, & Bowes, 1991). Stambrook and Parker's (1987) review indicates that multiple factors including religious training, life circumstances, cognitive development, and emotional development affect a child's understanding of death. Childhood grief and loss must be understood on multiple levels,

including systemic and contextual influences, developmental stages of the child, intrapsychic mourning, and family adaptation.

Bronfenbrenner's Ecology of Human Development Applied to Parentally Bereaved Children. Bronfenbrenner (1979) emphasizes that human development is a fluid process of organism-environment interactions. Individuals function within several interconnected layers of the environment. These environments fluctuate from face-to-face interactions (i.e., grief work in a family setting) to distant social contexts (social norms regarding mourning process). Environmental influences may be either positive or negative; contextual factors may facilitate or impede the mourning process and grief resolution. Accordingly, Bronfenbrenner's theory of human development illustrates different layers and interactions of human development that then can be applied to form a model for grief and loss issues in children and families.

Bronfenbrenner (1979) considers the individual's most immediate environment the *microsystem* because it involves interactions between individuals and the changing environments in which they live. These systems have a significant influence as individuals are continually participating in several microsystems simultaneously. A bereaving child's microsystems include surviving family members adapting to a loss of a parent, academic environments where emotional effects of grief may impair learning, and peer groups with whom the grieving child may become distant due to attachment and abandonment issues. According to Bronfenbrenner (1993), in order for development to occur, "interaction must take place in the immediate, face-to-face setting in which the person exists" (p. 10). In the process of child development, the function of microsystems is to increase social interaction with various types of persons and to increase the

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complexity of achieved tasks. Specifically, grief and loss work must increase emotional support in a variety of microsystems through caring relationships (at home, at school, and in therapy) while focusing on the task of grief resolution (through emotional expression, including openness of feelings regarding loss).

Grieving Child's Familial Microsystem. Although bereaved children live, interact, and develop in a variety of microsystems, the family is one of the most influential contexts for any child, and especially a child coping with grief and loss. Family members share similar pain, grieving the loss of the loved one. How other family members cope with the loss affects the child's grief. Oftentimes, the grieving style of a parent ripples to a child, or the basic structure of the family alters to cope with diverse mourning among and between individuals (Minuchin & Nichols, 1993).

Various emotions such as shock, guilt, and anger envelop grieving children and their families. According to Worden (1996), children may initially experience shock and disbelief when their parent dies. Frequently, children may feel guilty because they may believe they contributed to cause the death. Additionally, grieving children may feel angry with the deceased for deserting the family or for leaving them without the opportunity to resolve outstanding issues or feelings. Moreover, children who encounter parental death may develop a fear of abandonment. In the period of time following the loss of a parent, their world may be experienced as a very unsafe place because security and faith are shattered (Costa, 1992). Within the family dynamic, there are varying levels of abandonment--the spouse may feel deserted while the children feel abandoned both by the deceased parent and the surviving parent who is emotionally "away" due to mourning. Frequently, during the mourning process, a child may also experience other

family members as "emotionally unavailable." Furthermore, a child may fear that the remaining parent might be taken away. In an attempt of self-protection, they often build rigid, closed interpersonal boundaries. Additionally, the bereaved child is likely to displace feelings of anger or resentment onto the surviving parent. In this case, the child manifests suppressed resentment in his or her behavior toward the living parent.

Bereaved children are often unable to resolve these complex grief issues on their own. Due to family dynamics embedded within children's grief issues, the family must play an active role in assisting with grief resolution (Cohen, Dizenhuz, & Winget, 1977; Moody & Moody, 1991; Nadeau, 1998). Walsh and McGoldrick (1988) identify four tasks that the bereaved family must complete in order to effectively cope with grief issues. The family must acknowledge the reality of death, share the experience of grief through understanding and accepting of mourning behaviors, reorganize the family system to accommodate for the loss of the family member and reinvest in the remaining family members and other life-pursuits. The family must become cohesive in their efforts to assist other family members through individual and shared loss experiences.

Beyond the Family: Influences of Mesosystems, Exosystem, and Chronosystem on the Bereaved Child. Mesosystems describe the connection and interaction between and among microsystems. It is important to understand the mesosystemic level of development since grieving children do not isolate their expressions of grief to one area of their life. Children manifest their grief at home, at school, and with their peers. Awareness of the common crosscurrents of a child's bereavement is important to effective grief work. One must comprehend the "synergistic effects created by the interaction of developmentally instigative or inhibitory features and processes present in

each setting" (Brofenbrenner, 1993, p. 22). A bereaved child may lash out at well-intended peers who inadvertently upset the child (e.g., by teasing) because the child is not capable of isolating intense hurt and anger feelings. The child's microsystems collide, with emotional bounds indistinguishable between anger at friends and anger about the loss of a parent. Grief work is not isolated; rather it affects transactions and circumstances in all environments.

Social support networks provide micro- and meso- systemic assistance for bereaved children. Social support, grounded in attachment and social exchange theories, is a means for individuals and families to fulfill social and relational needs. By forming relationships with others, individuals nurture and protect themselves from adverse consequences of day-to-day and acute stressors (Garbarino, 1983; Vaux, 1988). Whittaker (1983) describes social support as *mediating structures* whereby individuals and families value and assist others through formal and informal helping. Social support is critical during mourning because it helps children and families adapt and cope with grief and loss issues during a time when there is less support from within-group family members. For example, there is decreased parental support when a widow or a widower is forced to become not only a supportive single parent with individual grief issues, but also the sole earner in the family. Stress may limit the access and utilization of existing social supports (such as the loss of social ties due to the lack of time a single-parent family has to devote to social networking), thus increasing the need for alternative support. Additional support may also be necessary if the deceased was the predominant familial support connector.

Just as the mesosystem connects two or more support systems for the grieving child, the *exosystem* involves connections between settings; however, the individual does not participate directly in one of them. For example, this significant, yet indirect, development may be seen where public funding of school therapists (an exosystem the child is not directly involved in) significantly affects the professional grief support the child receives during school hours (a microsystem in which the child does actively participate). Exosystemic factors may also influence the family grief-process dynamic. For example, a widow or widower who must suddenly become the sole breadwinner may not have the necessary time to emotionally support the grieving child if the parent's workplace (an exosystem) requires a majority of the parent's time and energy.

The *macrosystem*, an umbrella influence that affects all other systems, accounts for the social, cultural, economic, religious, and political issues in grief and loss work. Social norms influence how we mourn, just as our biology (physical traits of grief such as somatic concerns or changes in appetite) and our personality affect grief. Our "directive belief systems," or conceptualizations regarding our experience, are influenced by culture and affect thought and behavior (Bronfenbrenner & Morris, 1998, p. 1010). These conceptualizations are based on the social and ethnic milieu. Gender, ethnicity, and religiosity direct mourning rituals (McGoldrick, Pearce, & Giordano, 1982). Culture sets standards that prescribe the degree of expressiveness to which boys and girls can express loss (Worden, 1996). Ethnicity and religious traditions guide mourning practices. For example, Jewish families will "sit shiva" for a week following the death of a family member. During this time, members of the family will receive visitors who express sympathy to the family and bring survivors food as a care-taking gesture. Catholic

families hold a wake for the deceased immediately following the funeral, celebrating the departed's life and providing a support-mechanism for the remaining family. Context sets normative standards for "appropriate mourning." Culturally common characteristics bound what a child believes about death and how a child copes with loss (e.g. degree of expressiveness that permits a child to exhibit his or her feelings about grief).

Bronfenbrenner later expanded his work to include the concept of time. Embedded in the macrosystem is the *chronosystem* (Bronfenbrenner, 1989; Bronfenbrenner & Morris, 1998). The idea of the chronosystem purports that development within the individual and within the environment occurs over time. A child's place in history affects how they cope with loss. With the modernization of society, people have been distanced from the grim realities of dying. Unlike nineteenth century America, the family no longer has an active role in preparing the deceased loved one for burial. This distancing is metaphoric for how grief and loss issues are often hidden in modern society. Myers (1986) believes that the overall attitude within American culture is to diminish and deny the importance of individual emotions subsequent to parental loss. Modern society attempts to deconstruct death into a non-reality; a reality that bereaved children cannot deny.

The chronosystem not only relates to historical influences, but also addresses a person's development over time. Chronosystemic influences of bereaved children are apparent throughout their lifespan because the effects of childhood loss are both immediate and long lasting (Furman, 1974). Altered states of physical and mental health (including fear of abandonment and separation) are found in adult children of parental loss (Walsh & McGoldrick, 1988).

The way in which children grieve the loss of a parent influences their response to future losses (Rice, 1992) and affects how they behave in subsequent relationships. Growing up after the death of a parent may lead to instability in later marital life. Socialization plays a direct role in how one will relate to a future spouse. Lewis (1976) states "identity formation seems more difficult without family role models" (p. 53). Since many life roles are formed by example, the spouse who experienced the loss a parent as a child might have difficulty forming roles (or setting role expectations) that were not illustrated when they was young. Additionally, childhood bereavement may create a depressed outlook where there is a pessimistic view of self, significant relationships, and the future (Kaltreider, Becker, & Horowitz, 1984). Research documents "a significant association between father loss and depression" (Barnes & Prosen, 1985, p. 67). Furthermore, Heinicke concludes "the loss of a parent is of particular importance in the zero to five and ten to fourteen age intervals and is even more important when the loss is a father" (cited in Barnes & Prosen, 1985, p. 67). Lyon and Vanderberg (1989) associate unresolved childhood grief with introversion, depression, and either an increased risk for extreme emotional withdrawal or psychological dependency on their partner. Depression or dependency may impede emotional intimacy, increasing the risk for marital discord.

Bronfenbrenner recognizes the significance of time, environment, and context, maintaining the importance of seeing individuals as systems, bringing unique and complex characteristics to their spheres. Bronfenbrenner's holistic approach views the human organism "as a functional whole, an integrated system in its own right in which various psychological processes—cognitive, affective, emotional, motivational, and

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social—operate not in isolation, but in coordinated interaction with each other" (1993, p. 4). Face-to-face interactions differ not only in context, but also due to individual psychological processes.

Numerous researchers consider the intrapsychic processes of grief and loss (Cheifetz, Stavrakakis, & Lester, 1989; DeSpelder & Strickland, 1982; Fulton, 1965; Heinz, 1999; Worden, 1996). Research demonstrates an association between children who experience parental loss and lower levels of self-esteem and self-efficacy (Worden, 1996). Bereaved children are prone towards depressed states and increased levels of anxiety (Bowlby, 1980; Weller, Weller, Fristad, and Bowes, 1991). However, current empirical research has not considered how the family as a microsystem adjusts with grief and loss. This is a salient area for future research as during the grieving process the family adapts and children evolve into new familial roles (e.g., child of a single parent or parentification). These *ecological transitions* may be difficult since there is often little or no preparation for these roles.

Developmental Influences on Grief Resolution. A child's level of cognitive development partially determines his or her understanding of death (Worden, 1996). Siegel and Gorey (1994) believe that the concept of death may be too abstract for children under three years old. Older toddlers (three years) may be capable of understanding the "external fact of their loss and to experience the corresponding inner changes." From ages three to six, children have a limited understanding of death, but generally do not comprehend that death is final. As age and abstract thinking progresses, the seven or eight year old can come to terms with the finality of death and by ages ten or

eleven the causes of death can be understood and death is "perceived as final and inevitable" (Berlinsky & Biller, 1982).

Wass (1984) applies specific aspects of Piaget's developmental theory to a child's mourning process. During the Preoperational Thought stage (two to seven years), a child recognizes the words death and dead, but does not understand the words' meanings. The subsequent stage, Concrete Operations (seven to twelve years), a shift occurs to more logical thinking. Death is seen as irreversible, but confusion occurs in regard to the emotions surrounding death (i.e. anger, despair, and depression). Within this stage, the concept of death becomes more precise, specific, and factual (Silverman, 2000). In the final stage, the Period of Formal Operations (twelve and up), there is a clearer, concrete comprehension of death.

Regardless of developmental level, there are four typical stages within the grief process. These stages are non-linear, may be concurrent, and individuals may move in and out of different stages several times. Individuals may not either experience or master every stage. Kubler-Ross (1983) developed a four-stage loss theory describing how the terminally ill process impending death. These stages have often been applied to survivors of a familial death. Kubler-Ross' grief stages include denying the reality of the loss, being angry with the deceased for dying, exhibiting a depressed mood over the irreplaceable loss, and accepting the loss. Acceptance of parental loss often involves internalization, the process where a person resolves internal conflict and moves on after the loss (Vaillant, 1985). Acceptance is evident when the child spends several days without dwelling on the person, is able to realize pleasure as well as sadness, and experiences normal, everyday frustrations (Roth, 1987).

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While there are similarities in the way adults and children grieve, adults eventually detach memories and hopes from the deceased, whereas children both accept and avoid the reality of death (Siegel & Gorey, 1994). Children, within their cognitive and emotional abilities, intermittently mourn, confront, and manage the emotional impact of loss. Children mourn to the capacity of their current development, and then may postpone further grief work until they reach a new developmental stage when developmentally appropriate mourning will resume. Additionally, adulthood losses may trigger unresolved childhood grief issues.

In mourning the deceased parent, children will acknowledge the loss, but will attempt to keep the parent "alive" in their minds "because of their intense need to possess a mother and father" (Siegel & Gorey, 1994, p. 67). Accordingly, Costa (1992) emphasizes the need for children to detach as well as identify with (or remain constructively loyal to) the deceased. The paradox of letting go while holding on at times gives way to reunion fantasies (subconscious attempts to simultaneously keep the deceased a part of the concrete world). Reunion fantasies, fear of abandonment, anger, depression, and physical ailments (Worden, 1996) coupled with a decreased available support system, can motivate a family to seek assistance during the grieving process.

Garbarino (1983) suggests "people are much more likely to perceive professional help as relevant and to seek it when severe personal impairment or stress is present" (p. 15). Oftentimes, bereaved children and families seek therapy as a support during mourning. An immediate task for the therapist working with bereaved families is to normalize the worry, stress, anger, and physical (somatic problems, tenseness, loss of appetite etc.) problems affecting the family. Children should be allowed to grieve in their

own way without being cast into a mold of "grief process." DeSpelder (1982) believes that it critical to acknowledge and accept a children's feelings surrounding parental death by affording them a place to talk, cry, and work out grief. It is important to promote effective communication skills so family members may reciprocally express, understand, and validate emotional needs. Burleson (1994) stresses the importance of receiving *significant comforting messages* that reflect and support emotional concerns. Siegel and Gorey (1994) believe "bereaved children need an environment in which they feel free to communicate their thoughts and fantasies about the parent's death" (p. 68). Open communication allows for developmentally appropriate discussions about death, eliminating harboring misconceptions. Helping children tell their own stories in order to process grief and loss issues may be an effective tool to establish these conversations. Sedney, Baker, and Gross (1994) believe that telling stories may assist individuals to ascribe meaning to their loss while providing emotional relief. This concurs with White and Epston's (1994) theory that one may story her or his life in order to find meaning in experience.

Conceptual Map Narrative

The purpose of this study was to listen to children's stories within a phenomenological, participatory-action research context. Children were guided in constructing a narrative account, or Biblionarrative, about their grief experience. After obtaining a parent's or guardian's consent, the researcher met privately with the child aged nine to twelve who had lost a parent within the past thirty-six months. First, the researcher established rapport by chatting with the child (e.g., asking about a favorite toy) and briefly describing the project. The researcher then asked the child for her or his

verbal consent to participate in the study. Subsequently, the researcher discussed the

child's personal grief history and encouraged the child to describe his or her experience

before and after the death of his or her parent. The researcher asked appreciative

questions (described in Chapter Three) in order to guide the conversation to include data

related to the research questions. At the same time, the researcher introduced prompts

such as lined paper and a black pen, allowing the child to create her or his story as text.

Hearing a child's story and assisting the child to create a Biblionarrative, or an

autobiographical account of parental bereavement, provided an avenue to better

understand a child's grief process. Figure 2 illustrates how the concepts of HET,

Postmodern Social Constructionism, and Biblionarrative influence the parentally

bereaved child. HET's three environments provide background support for the project.

All three environments may or may not be evident in the child's story. For example, the

child may include either the natural/physical or human built environment as the setting

for her or his story.

Nestled in and reciprocally interacting with the ecological environments (shown

by an embedded smaller rectangle connected with a bi-directional arrow), is Postmodern

Social Constructionism (PSC). The philosophical paradigm of PSC supports a subjective

interpretation of the grief experience, specific to the child's context and her or his

relationships.

The narrative framework is situated within PSC. Narratives are formed within

interpersonal relationships such as the dialogue between the child and researcher. These

conversations assist in organizing the experience of parental death. These scripts are an

Three Environments

Postmodern Social Constructionism: Subjective interpretation of grief where context (i.e., systems and environments) influences the ascribed meaning

Narrative: Organize perceptions of loss experience via language

Story: Account used to express thoughts, feelings & perceptions (Riley, 1993) regarding parental death

Biblionarrative

A Child's Own Account adds to Body of Knowledge Regarding Grief and Loss Issues

Characteristics of a Parentally Bereaved Child

Figure 2. A Conceptual Map.

important empowerment tool and may affect current and future psychological functioning (Schnitzer, 1993). The bi-directional arrows illustrate the reciprocal interaction between Narrative and PSC. The child's story, embedded within the larger narrative, is the account used by the child to express his or her thoughts and emotions regarding the loss of a parent.

The bereaved child, who is illustrated as a Bronfenbrenner-type circle in the conceptual map, creates the narrative. The child, with the assistance of the researcher, forms this story into a Biblionarrative, an autobiographical children's literature book regarding the death of his or her parent. The researcher collected these stories, which simultaneously allowed the child's story to be heard while adding to grounded theory regarding parental bereavement. Both the transcribed interviews and the written stories are considered as one triangulated data set. Chapter Three provides a detailed account of the collection and analysis of the children's stories.

Chapter 3

METHODOLOGY

Postmodern and Narrative theories promote a collaborative, non-judgmental

stance. While listening to and interacting with an individual's story, the postmodernist

challenges what society may believe about bereaved children (e.g., the potential bias to

view single-parented children as "dysfunctional") and what the children hold true about

themselves. Through language, including appreciative interview questions, the researcher

co-creates metaphor, meaning, and the direction of stories. A problem may not be

determined by preset societal standards and regulations; rather, evidence is known by

considering personal judgments and descriptions (Anderson, 1997). Because it is

unrealistic to distill rich discourse and language into quantifiable, testable hypotheses, a

qualitative approach is more effective in exploring children's stories of grief. Whereas

quantitative methodology seeks to determine the existence of a relationship between

constructs, qualitative research explores themes by providing a rich description of a

certain phenomena. To better understand how bereaved children story their grief

experience, it is important to use a method that allows the researcher to thoroughly

explore interacting concepts without reducing the process to a scientific inquiry of

empiricism. The context and subjectivity of bereaved children's stories construct the

meaning. Qualitative methodology focuses on meaning and human transaction from the

participants' point-of-view (Newfield, Sells, Smith, Newfield, & Newfield, 1996). This

approach fits the goals of this study, because the purpose includes expanding knowledge

and providing a deeper meaning of how bereaved children story their experience, while

hearing the participants' stories. By qualitatively assessing data directly from a child's story, the child is afforded a voice that may otherwise be unheard (Alldred, 1998).

Formerly, research with children centered on what happened to them, instead of what children had to say about their experiences. Because one of the goals of this study is to hear grieving children's own stories, it is important to maintain an awareness of the potential power differential between the researcher and the participant. Attuning to the child's needs and not judging what the child communicates helps equalize the power structure. Respecting the child by letting her or him tell a life story affords him or her the opportunity to make sense of his or her experience. Thus, for this study, the methodological framework is a qualitative, phenomenological, participatory-action approach.

<u>Participatory Action Research</u>

Reason (1994) describes a benchmark of Participatory Action Research (PAR) as a commitment to honoring the lived experience and knowledge of those involved. The double aim of PAR is "to produce knowledge and action directly useful to a group of people...and to empower people at a second and deeper level through the process of constructing and using their own language" (Reason, 1994, p. 328). PAR is conducted in an attempt to acquire useful knowledge about a social concern, leading to greater understanding and possibly generating new solutions (Brown & Tandon, 1983). When we listen to mourning children's voices, we gain information that will both normalize other grieving children's experiences and generate ideas for improved interventions and treatment strategies. Although this study's methodology does not include directly returning the data to the participants, the emphasis on a bereaved child's eco-systems

implies that a "structural transformation" and an "improvement of the lives of those involved" will ripple to those who interact and treat bereaved children (Hall, 1981, p. 7). However, unlike traditional PAR, the children will not be expected to either lead social change, nor will they be given full control over the research intervention (Brown & Tandon, 1983), due to their developmental ability limits. Nonetheless, the critical awareness that children gain through telling their stories is useful and may change the dynamic of familial and social constructions regarding bereaved children.

Phenomenological Approach

While honoring bereaved children's lived experiences regarding parental bereavement, it is important to gain a deeper understanding of the dynamics of children's mourning. Phenomenology asks, "what is the structure and essence of experience of this phenomenon for these people?" (Patton, 1990). Phenomenological research seeks to bring our understanding of parental bereavement to a higher consciousness, refining and deepening our knowledge regarding loss and bereavement from a child's perspective. Phenomenological inquiry studies points-of-interest from the "actor's own perspective" (Boss, Dahl, & Kaplin, 1996, p. 84). Bereaved children, or the participants in this study, are the experts on mourning and they inform us about the complexities of grief.

Boss, Dahl, and Kaplin (1996) describe several basic assumptions that comprise phenomenological research. One assumption is that although the truth may be out there, for researchers it remains relative, tentative, illusive, and incomplete due its evolving social construction. What we understand about childhood mourning may not remain constant for others in different times and places. Another assumption is that knowledge can be derived from art. We can learn about children and their grief from their oral and

written stories. Although a reader or researcher interprets another's story through his or her own cultural lens, using the child's own voice and words uncovers the child's perspective on grief and loss. Additionally, language, or a child's story, is "a source of information that is symbolically rich in meaning and information" (Boss, Dahl, & Kaplin, 1996, p. 86). Other assumptions that pertain to this project are that bias is inherent in all research methods and the researcher cannot be fully separated from her area of study.

Researcher as Instrument

In qualitative research, the researcher is the primary instrument (Boss, Dahl, & Kaplan, 1996). Since it is impossible to be a totally disinterested or objective researcher, it is important that assumptions and biases the investigator holds be stated clearly (Newfield, Sells, Smith, Newfield, & Newfield, 1996). My interest in working with bereaved children is twofold, both personal and professional. As a marriage and family therapist, I have worked with children in a variety of clinical settings, including as a child therapist at an elementary school. In the school setting, I worked with many children who presented with grief and loss issues, including parental bereavement. During this time, I became familiar with the profound sadness that children experience after the loss of a parent. Observing children who had difficulty expressing their feelings verbally, I wanted to encourage children to express their feelings in writing. Combining my skills learned from my undergraduate degree in English Literature and my love for children's stories, I formed the idea of Biblionarrative. Additionally, working as a child therapist, I gained skills in interviewing children, including joining, reflecting emotions as a less-directive probe, and respecting children's voices by hearing their words directly.

My interest in grief and loss issues predates my work as a clinician. When I was fifteen years old my father passed away. I typically am reserved about my personal experience, but I recognize that my parental bereavement shaped how I view the world and others. I see parental bereavement as an important transition, offering the bereaved child an opportunity to be resilient and to search for meaning regarding death and the sadness it leaves in its wake. For me, finding meaning in parental bereavement has been an unending search without concrete answers. I seek to understand how children perceive their own circumstances, without judging them on pre-determined, rigid standards. As a postmodern researcher and a researcher with a history of parental grief I face a difficult task: Exploring others' themes of parental bereavement without a biased interpretation. Leaving behind all preconceived notions while hearing the children's voices is impossible; however, grounding my work in theory and reporting what the children said reduces my personal bias in this study. For this project I see myself as a conduit, a person telling the aggregate of others' stories, letting the original voices be heard. Moreover, I rely on my experience and my innate and trained skills working with children to strengthen my role as a child-centered researcher.

Working with Children

Due to the potential of harming children who participate in research studies, it is important to establish guidelines in order to protect children. Docherty and Sandelowski (1999) state that there are few guidelines for interviewing children. Children format their experiences into scripts that differ from how adults organize their experiences. Children may need more explicit direction, since cues adults perceive are not as evident to children (Alldred, 1998). Docherty and Sandelowski (1999) suggest that researchers working

with children should neither judge the child nor negatively react (which may influence the story content), should assure the child of the confidentiality, and start the process with general, rapport-building questions. Ross (1996) suggests that professionals address children directly and let them answer with their own words in their own timing. It is also important not to push the child into answering questions (Glaser, 1996; Pugh, & Selleck, 1996) or ask leading questions (Hall, 1996). Holmes (1998) advises that the researcher be patient and allow herself to be "silly" and friendly in order to bond with the children (p. 17).

Within a Postmodern Social Constructionism framework and with Participatory Action Research and Phenomenological research, it is important to note power differentials and explore any influences from the culture-at-large that may influence interaction with the participants and data analysis. Schnitzer (1993) comments that the same story is never told twice because of overt and subtle changes in the setting and the listener. Telling a grief story to a young, white, female researcher may influence the content due to the roles the child may ascribe to my gender, age, and ethnicity. For example, a child may be more trusting of someone of the same gender or may be less likely to share personal feeling to an unknown adult-figure. Although a child's grief story will always be a fluid and changing account, it is important to note the power differential and establish trust through honesty and respect in order to uncover rich data. Additionally, it is important that the research participants are ethically protected, in order to avoid undue risk to an already vulnerable population. In accordance with university policy, appropriate documentation was submitted to the University Committee on

Research Involving Human Subjects (UCRIHS) and standards such as strict confidentiality were upheld throughout the data collection and analysis (see Appendix D).

Participants

The participants for this study were not drawn from a random sample; they consisted of a purposive sample that included members with first-hand experience and therefore offered rich information on the subject (Fetterman, 1989). Subjects were recruited from Ele's Place, a social support center for bereavement in Lansing, Michigan and from the United School District #233 in Olathe, Kansas. Advertisements (see Appendix C) that requested children to participate in this research project were given to parents at the support group and via school counselors. Intensity sampling (Newfield et al, 1996) was intended to be sufficient to obtain saturation of crosscurrent themes and meanings among the children's stories (Marshall & Rossman, 1995). When these themes became repetitive, or saturated, the sample was considered sufficient (Denzin & Lincoln, 1994; Fetterman, 1989; Newfield, Sells, Smith, Newfield, and Newfield, 1996).

For this study, bereaved children were defined as nine, ten, eleven, and twelve year-olds who lost one parent in the past thirty-six months. Children in this age range were included because of their intellectual ability for writing and for their developmental capacity to understand death as universal and final. There were twelve subjects, seven females and five males. Nine children's fathers died and three children's mothers died. Six females in the study lost their fathers and one female lost her mother. Two of the male participants' mothers died and three of the male participants' fathers died. There were eleven Caucasian participants and one African-American participant. There were four nine-year olds, six ten-year olds, and two twelve year olds. Time elapsed between

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the death of the parent and the interview session ranged from four months to thirty-two months, with the mean time being 14.25 months.

Participants' Demographics

Sex	Age	Sex of Deceased Parent	Number of Months Since the Death	Race of Child
Female	9	Father	16	White
Female	9	Father	10	White
Female	10	Father	32	White
Female	10	Father	6	White
Female	10	Father	10	White
Female	10	Father	4	White
Female	10	Mother	23	White
Male	9	Father	12	White
Male	9	Father	24	White
Male	10	Mother	6	White
Male	12	Father	8	African-American
Male	12	Mother	20	White

Table 3.1. Demographics of Participants

Sample Site

Data collection took place at Michigan State University's Family and Child Clinic, at the child's school, or in the child's home. The author collected the verbal and written grief stories in a private room equipped with a table and two chairs. Lined paper and a black ink pen were provided for the children to create their story. The sessions lasted about one hour and were audio-recorded and transcribed verbatim, except for three sessions where the equipment malfunctioned and copious notes were taken. All sessions

were conducted one-on-one with the child, but the parent or guardian did have the option of remaining with her or his child as non-participant observers.

Procedure

Figure 3.2 outlines this project's process of data collection. After gaining either the parent's or guardian's consent (see Appendix A), parentally bereaved children were given an opportunity to tell their grief story by writing a Biblionarrative, or a children's literature story regarding their parental bereavement. Zimmerman and Dickerson (1994) describe the components of a grief story. The account must include a basic explanation of circumstances of the death and any important events that occurred beforehand. It is important for the child to describe the relationship with the deceased and her or his role in events (e.g. when the child learned that his or her parent died). The role of the researcher in gathering this information is to ask what happened, to clarify sequence, relationships and feelings and to focus on adaptation and mastery instead of pathology (in order to contain strong grief issues during the interview). A postmodern approach encourages a focus on strengths in order to promote the development of empowering stories. However, negative details of the children's life story were not excluded as the researcher asked open-ended questions (e.g., What are some of your early memories with your family?). The story develops when the researcher asks direct questions, places the story in context, and provides a safe atmosphere where the story can be told (Sedney, Baker, & Gross, 1994; Zimmerman & Dickerson, 1994).

Before beginning the construction of the grief story, the researcher briefly described the project and joined with the child. During this introductory time, verbal assent was obtained, using developmentally appropriate language:

Parentally Bereaved Child:
Twelve 9-12 year-olds who have lost one parent in the last 36 months

Non-Random Selection: Children participate in a
qualitative study to tell their grief story

Researcher elicits "story" by asking about environmental influences,
characters involved, setting, protagonist(s), and outcome

Bibilonarrative: Child Authors an Autobiographical
Children's Literature Story about Parental Death

Collection
&
Analysis
of Stories

Children's Own Voices
Add to Existing Body of
Literature on Parentally
Bereaved Children

Figure 3.2. An Operational Map.

"I would like to learn about your life before and after your mother/father died. I would like to hear your own story. I would like to use the stories we create to help other children whose mom or dad have died. If you do not want to talk or write about something, you do not have to, and anytime you want to stop we will. Is that all right?"

After the children agreed to participate in the project, the researcher would then begin the interview.

Interview Questions. The purpose of the interview questions was to assist the child to tell his or her story. The interview focused on mastery, sequence, relationships, and feelings. This inquiry was derived in order to help answer the project's research questions. The following are the basic questions used, however specific questions were added or altered during the interviews in order to gain a rich understanding of the child's unique situation.

- Where do you live?
- With whom do you live?
- What do you do on a typical day?
- What are some of your early memories with your family?
- How would you describe yourself?
- When do you feel happy/sad/mad/scared?
- Do you go to a place of worship (i.e., church, mosque, or synagogue)?
- How would you describe your friends?
- What was your family like before your mother/father died?
- What was your favorite thing to do with [the deceased parent]?

- When did your parent die?

- How did you find out about the death? Who told you?

- How do you feel when you think about the parent who died?

- What is your favorite memory of [the deceased parent]?

- What do you like about your family now (surviving parent or siblings)?

- Who do you talk to when you are sad/happy/scared?

- What do you think will happen to you in the next year?

- What are you looking forward to?

After the bereaved child shared general story information, the researcher assisted the child to write his or her story as text. The information gathered with the above questions was used to help the child script a children's literature story about his or her parental bereavement (using the provided black ink pen and paper). A modified version of Harold, Palmiter, Lynch, & Freedman-Doan's (1995) storyboard served as an open-ended template to gather the information for the Biblionarrative (see Figure 3.3).

Except for minimal prompts, the researcher did not direct the written story's creation. The child would receive a template cue, then would write as little or as much as she or he wished. If the child appeared stuck (as evidenced by not writing for several minutes), the researcher prompted story development with additional questions such as "what happened next?" or "who else was involved?" The researcher also coached the child to express feelings about the surrounding events.

After the child concluded the story, the researcher asked questions about the differences in writing the story versus telling her or his story aloud. The researcher

Biblionarrative Storyboard

```
┌─────────────┐      ┌─────────────┐      ┌─────────────┐      ┌─────────────┐
│   Family    │      │  Finding    │      │   Current   │      │ Perceptions │
│    and      │ ───► │ out about   │ ───► │  Situation: │ ───► │     and     │
│ Individual  │      │  the death  │      │ Thoughts and│      │ Expectations│
│ before the  │      │             │      │  Feelings   │      │regarding the│
│   death     │      │  "When I    │      │             │      │   future    │
│             │      │ found out   │      │ "Now when I │      │             │
│  "Before    │      │    my       │      │ think/feel  │      │"In the future I│
│    my       │      │  mom/dad    │      │  about my   │      │  think..."  │
│  mom/dad    │      │  died..."   │      │  mom/dad..."│      │             │
│  died..."   │      │             │      │             │      │             │
└─────────────┘      └─────────────┘      └─────────────┘      └─────────────┘
```
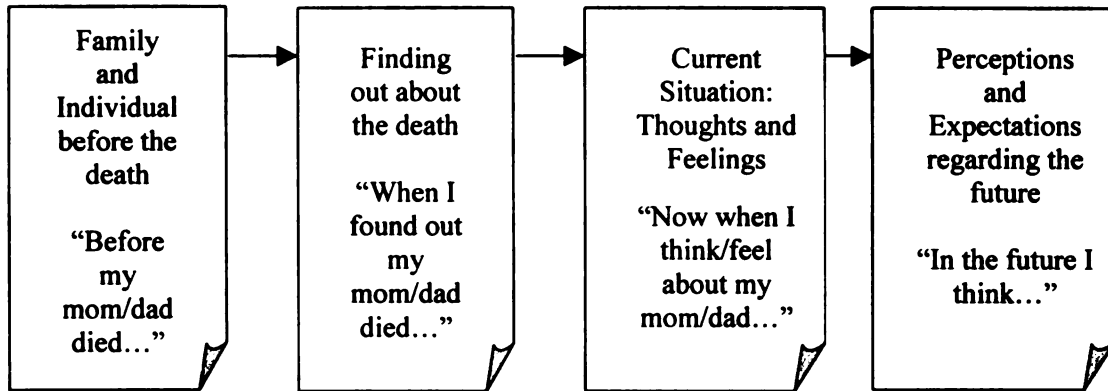
Figure 3.3. Template of Biblionarrative Storyboard

questioned which modality the child preferred and why the child liked either writing or talking. After the child responded to these questions, the researcher thanked the child for sharing his or her story and ended the session.

After the session, the interviews were transcribed verbatim. A copy of the written story (the child kept the original) was placed behind the transcription. The oral and written stories were considered one triangulated data set, except for some within case comparisons that explored the similarities and differences between the oral and written stories.

Data Analysis

Subsequent to conducting the interviews and collecting the Biblionarratives, the researcher looked for patterns and themes, based on the proposed research questions. Miles and Huberman (1994) suggest that the researcher becomes very familiar with the data, soaking in the information by reading and re-reading the transcripts, notes and Biblionarratives. Docherty and Sandelowski (1999) note the importance of returning several times to the data, especially when working with children. This is another version

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of soaking and validates the data (Fetterman, 1989). Constant comparative methods (Marshall & Rossman, 1995) were combined with domain analysis and componential analysis (Fetterman, 1989) to better understand the data's content. In order to explore themes and patterns, topics were coded by marking themes such as sadness, anger, or strength in the margins of the transcribed interviews. Inductive (ideas generated from reading the transcripts) and deductive (concepts gleaned from applying the review of literature) themes, patterns, and categories emerged. The salient themes are displayed in both figures and in narrative form in Chapter Four.

<u>Validity and Generalizablity</u>

The Postmodern and Phenomenological approach suggests that a rich description from the participants' points-of-view is a greater concern than traditional validity standards. However, addressing concerns of validity is important in accurate research. Grounding the research in the review of literature gives a foundation for a valid study. Additionally, validity of a qualitative study depends partially on the thoroughness and skill of the researcher (Miles & Huberman, 1994). To understand grief and loss issues from the participant's viewpoint, the researcher soaked (Fetterman, 1989; Miles & Huberman, 1994) herself in the data by personally transcribing the interviews, coding the data, and reading and rereading the transcripts (Docherty & Sandelowski, 1999). Validity was increased by directly quoting the participants in the findings, allowing the children's own voices to be heard.

The validity of the study increases when saturation of the data occurs. Themes and patterns in this study became repetitive after twelve children were interviewed and wrote Biblionarratives. Utilizing twelve children's reports on their parental bereavement

triangulated the data and amplified validity (Newfield, et al., 1996). Moreover, the use of multiple methods, or methodological triangulation, to study a single problem helps assure accurate data (Patton, 1990). Although multiple methods typically refers to combining qualitative and quantitative methodologies, in this study methodological triangulations refers to the dual data collection tools in this study, the interview and the written story. Creating a journal-type story permitted the participants a forum to write what they may not have shared verbally. On the other hand, the interviews afforded the informants who preferred not to write an opportunity for their voice to be heard. Used in tandem, the interview and written story triangulated the themes and patterns of parental bereavement.

The small, purposeful sample (n=12) is not generalizable to a larger population. The intent of this study was not to generalize findings to a specific group of parentally bereaved children, rather the data will be used to augment the theory base and create new ideas for treatment and intervention for those who work with mourning children (described in Chapter Five). The findings of the children's responses are detailed in Chapter Four.

Chapter 4

FINDINGS

<u>Background</u>

After establishing confederate relationships with a leader at Ele's Place and a

school counselor in the Olathe District School #233, the researcher attended several

parent meetings where the research project was introduced and parents were asked to talk

with their children to see if the children were interested in volunteering. Twelve children

volunteered and the sessions were scheduled at the parent's convenience at Michigan

State University's Family and Child Clinic, the child's school, or the family's home.

Before the sessions, the parents were given the consent form, which stated they were

allowed to act as non-participant observers. None of the parents attended the sessions.

One parent asked her daughter if she wanted the mother to stay, but before the child

answered the mother interjected that the daughter would "probably talk more" if the

parent were not around. None of the parents requested debriefing after the sessions or

asked me about the contents of the session. When her daughter was not present, one

parent asked if I believed that the loss of a parent caused irrevocable harm to a child's

development. I responded that I believe children bounce back and are typically stronger

after surviving the loss of a parent.

During the interviews and constructing the written story, the children appeared to

be somewhat nervous as evidenced by jittery non-verbal cues and non-direct eye contact.

Most of the children appeared shy and hesitant to discuss intimate details regarding the

death of a parent. As children often need more direction than adults, specific questions

were asked. After the child's answer, the researcher employed non-directive listening

skills; oftentimes prompting for more information by repeating a key word or phrase that the child used. Although the answers were often brief, they were usually full of insight, wit, and candor about feelings and thoughts surrounding the death of a parent.

Defining research questions was a fluid and dynamic process throughout the interviews and analysis. Grounded Theory suggests that potential questions may be altered during the course of research. As the study progressed, the questions became more focused and refined (Raful & Moon, 1994). A question regarding how the children story their experiences became more specific, moving from examining the "chronology" of the stories to examining the beginning, middle (or main themes), and end of the story. A question reflecting the children's three main environments was narrowed to focus on the natural and human built environments as the "setting" of the story and the social/cultural environment as undercurrent influences in the story. A question regarding the child's individual characteristics (demographic and developmental variables) was assumed into the data pertaining to the social/cultural environment, as the stories did not supply sufficient information for the original question to be analyzed. Finally, as a result of a spontaneous question during the first interview, a research question regarding the children's preferences for either telling or writing their story was added.

The following are the findings for the study's research questions (as listed in Chapter One):

Research Question #1: What are the interactions between the parentally bereaved children and their main environments? Findings. The natural/physical and human built environments were present in the children's grief accounts although they were not dominant forces within the stories. The social/cultural milieu played a supporting role in

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the grief stories, mainly in terms of the children's spiritual conceptualization of death and gender roles (described below).

Research Question #1a: What are the settings of the stories; what role do the natural/physical and human built environments have? Findings. Similar to the main environments, the settings for the stories were present but were not dominant influences in the children's grief accounts. The children described the natural environment as a setting for some of their early memories with their family. Many children recounted out-of-doors activities such as taking camping trips, playing tag, having water gun fights, and walking with the now-deceased parent. After their parental bereavement, two children reported being scared of natural events such as thunderstorms. Some of the children whose parents died of terminal illness reported that toxins in the natural environment affected their parents' health.

The ecological construct of time (Kantor, & Lehr, 1990), part of the natural environment, is an important concept in bereaved children's grief stories. The length of time between the death of a parent and the interview ranged from four months to thirty-two months. In general, the closer the death to the time of the interview the more likely the child would focus the story on the details surrounding the death (such as the time spent at Hospice or who told the child that the parent had passed away). The greater the time between the parental death and the interview, the more likely the child would discuss his or her feelings surrounding the death and subsequent loss. The girl who lost her father four months before the interview and the girl who lost her father thirty-two months before the interview both reported that they did not like talking about the death. However, the father who passed away nearly three years ago was abusive to the

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participant and her family. The female who lost her mother about two years ago (the second greatest interval of time) was very emotional during the interview, and only briefly described the scenes that involved her mother. However, this could be attributed to a daughter's mother loss rather than the amount of the time elapsed. The boy who lost his mother twenty months before the interview was expressive when talking about his mother and reported being able to talk to his father and his step-mother (married five months before the interview) about his feelings. This boy is the only subject whose surviving parent had remarried or established a permanent romantic relationship. Other children in the study reported hoping that their mothers would find other mates in the near future.

Time, measured in the ages of the children, did not significantly affect the grief stories. The majority of the children were ten years old. However, the nine and twelve year-olds stories did not notably vary from children aged ten. As the subjects fall into one developmental bracket, not much variance was expected among the different ages. Children in this age range are able to be self-reflexive and can acknowledge their feelings and cognitions (Crain, 2000). When writing the Biblionarrative, there were few differences among children in their use of vocabulary and writing structure. Some of the younger writers wrote more extensively than the older participants, while some of the older participants wrote pages. A few of the children (of scattered ages) reported that they felt uncomfortable because they were not skilled writers (discussed below).

The human-built environment was also evident in the children's grief stories. Similar to the natural environment, many of the children's favorite memories were placed in the context of human built environments such as the arcade, movie theatre, and

restaurants. Additionally, human-made buildings such as the hospital or Hospice House were present in the children's grief accounts. One girl detailed the relaxing spa room at Hospice House, describing the waterfall, Jacuzzi and sunset mural. Other parts of the created environment, such as constructed modes of transportation (e.g., ambulances), were mentioned in some of the grief accounts.

Research Question #1b: What social/cultural influences are evident in the stories?

Findings. The children's spiritual concepts were an important influence in their grief stories. Six of the twelve the children reporting not going to a place of worship either prior to or since their parent died. The other children reported going to a church, but were unsure exactly what the religion believed about what happens when people die. When asked about the meaning of death, the participants, concurrent with their developmental level, responded that death was final and inevitable (Berlinsky & Biller, 1992). For one, death meant, "either to be killed or to disappear and never come back." Another described death as when "someone dies and they are not here anymore." For another death was "your time to go…to heaven or down there." Many of the children believed in an afterlife. A girl stated that after people die, "they get buried and their spirits leave [for heaven] and all that is left is a skeleton." Another stated when people die they "go to heaven, a happy place." Two of the informants said that their parents were better off in heaven, especially since they were no longer suffering. A boy described heaven as whatever a person wants it to be; you have "your own private space which you can change just by thoughts." One son continued a spiritual relationship with his deceased mother by praying to her. He stated, "Everyday I would pray to her before I

went to bed and it made me feel better." Additionally, many of the children hoped to see their parents again in heaven.

Death as a taboo subject in modern culture (Myers, 1986) was evident as many of the children reported not typically wanting to discuss the death. Moreover, gender roles may contribute to both sexes reluctance to talk to others (either within or outside of the family) about their experience (Worden, 1996). In my clinical experience, I noticed that silent girls internalize hurtful emotions. Likewise, some boys may not talk about their feelings because they may fear shame regarding not being in-control of strong emotions. Both boys and girls in this study were reserved about talking about their grief. One child stated, "I don't really like talking about my dad." This child wrote, "I miss my father a lot and I don't like to talk about him and I don't like my family to talk about him." Another girl scripted, "I felt like I needed to say something, but I never did because I thought it would be weird to just bring it up...I don't really like to talk about it." When the researcher asked if a mourning child talked to her friends about her grief, she answered "no." Many of the children reported not talking to others about their parental bereavement. When asked "to whom to you talk when you are sad?" one response was, "I don't talk to anybody." One girl reported that she scribbled her emotions on paper and another girl reported that she talked to her teddy bear.

The only female participant whose mother passed away was the most overtly emotional during the interview. This girl calmly answered the early questions about her home and school, but when asked to describe what she missed most about her mother (the first direct mention of the deceased parent in the interview), the girl burst into tears and sobbed so hard that she could not continue talking. The other mother-loss in the study

was a boy and he showed no more or less emotion during the interview than the other participants. He matter-of-factly described the details of his mother's suicide and how the police informed him of her death. None of the participants whose fathers passed away cried during the interview.

Research Question #2: How does the child story the events surrounding the death of the parent? Findings. The children's verbal and written grief stories varied from a brief description of the essential facts to detailed accounts. One child never answered in more than a five-word phrase while another gave answers that transcribed to over a page of single-spaced text. Children combined what factually happened (as they perceive and remember it) with how they emotionally experienced the events. Children recounted the months before the death of a terminally ill parent or described their surprise of finding out about a sudden death. The children whose parents were terminally ill (brain cancer, stomach cancer, breast cancer) tended to have longer accounts as they told about the times they spent at Hospice House and what it was like for the ambulance to arrive on multiple occasions to resuscitate their dying parent. Children whose parents died unexpectedly typically gave briefer explanations of the death. One boy said that his father "went to the bathroom and had a rope." Another boy said that a policeman came to his father's house and said that his mother had committed suicide. A girl whose father died of a sudden aneurysm said only that her father went to the hospital and when she arrived her grandfather told her that her father had died.

There were mixes of children who gave long interviews, but wrote short stories, children who gave brief interview answers, but wrote longer stories and children who gave both brief verbal and written descriptions. The girl who gave the longest answers to

the interview questions wrote the shortest story. The boy who kept his answers brief also wrote a brief story. Many of the subjects gave shorter descriptions to the verbal questions, yet would write pages. Key phrases or memories were repeated nearly verbatim in the child's verbal account and the written story. Some written accounts contained information not found in the interview. For example, one girl never spoke of money issues, yet she wrote of family financial concerns, describing that her family continues to receive medical bills from her mother's long-term illness. She wrote that her mother was the primary breadwinner and after her death the family does not have as much money.

Research Question #2a: What are the beginnings to the stories? Findings. As prompted by the researcher, the children told of their favorite memories. Most of the children told and wrote of what they liked to do with their deceased parent. These action-oriented events included fun activities such as watching movies, going to the arcade, and having a water-gun fight. One child stated, "we played games and we'd talk and I'd play." Additionally, as a prologue to the grief story, the children described their deceased parents' attributes. One child wrote that her father was "full of energy" and she "remember[s] his voice."

Most of the children described not only the good times with their deceased parent, but also how the family was happier before the death. For example, one child wrote "my family was always kind and happy before my dad died." However, not all stories' beginnings were happy. Two children described distant relationships with fathers who were estranged before their deaths. A boy wrote that he only saw his father occasionally, but when they did see each other they had fun go-carting, fishing, and snow-mobling. A

female recounted the times her abusive father broke promises to her and another instance when he tried to "stab [her] kittens."

Research Question #2b: What are some of the main themes of the stories?

Findings. Both boys and girls expressed their emotions in the stories. These emotions are detailed in a cross-case matrix (see Figure 4.1). Miles and Huberman (1994) describe the cross-case matrix as a way to cluster, order, sort and compare salient themes. These themes include the children's verbal and written descriptions about being sad, mad, scared, and happy, oftentimes feeling these emotions simultaneously. One child reported that he is "sometimes happy and sometimes sad" when he thinks of his deceased parent. A girl stated that she laughs and she cries when she thinks about her father because she misses him and she remembers the fun they had together.

The dominant emotional theme in the stories was sadness. Children stated that "I feel pretty sad" and "I cry a little bit." Additionally, one boy stated, "I was very sad…I was very hurt to hear my dad died because he was like a part of me…I cried because I missed him so much." A girl said, "when my dad died, I felt left behind…I feel sad when I think about things we did." This girl also wrote about feeling "left behind." Another girl stated that when she thinks of her father that she likes to "rest most of the time" and she likes "to sleep." Specifically, one child reported feeling sad when she was alone and another talked about being sad when she went to a daddy-daughter dance after her father died.

Children are sad when their parents die, even if the parent was abusive or estranged. These children miss their parent; however, their grief is tempered by the quality of relationship that the child had with the now-deceased parent before the parent's

Parentally Bereaved Children's Report of Salient Emotions

	Interview	Written Story
Mixed Emotions	"Sometimes happy and sometimes sad." "When you think about your mom, how do you feel?" --"Both happy and sad."	"I feel sad and happy at the same time and I...cry and laugh at the same time."
Feeling Angry/ Mad	"I wasn't real happy at first. Usually you get mad and you mumble stuff like, 'I hate you' and I would get upset and...say 'I don't like you' and stuff like that." "I feel mad, but I know I shouldn't because it is selfish."	"When my dad died I felt very sad and very mad."
Feeling Sad	"When I think about my dad—most of the time." "I feel pretty sad." "I just cry a little bit." "I cried." "I like to rest most of the time. I like to sleep." "When do you feel most sad?" --"When I'm alone." --"When we went to the daddy-daughter dance [after father died]."	"I was very sad...I was very hurt to hear my dad died because he was like a part of me...I cried because I missed him so much." "When my dad died, I felt left behind...I feel sad when I think about things we did."
Fear	"I think that me or a family member could catch [stomach cancer]." "When I have bad dreams." "When I go somewhere and [the surviving parent] isn't with me." "My [primary caregivers] went to the store and they didn't leave a note and I didn't know where they were."	"I saw monsters eating my mom in my sleep...I cried in my sleep and woke with a soggy pillow. My life then was way down." "After my dad died I was scared because I was very lonely and I could not have him there for me."
Denial		"When my mom told me he had died I didn't want to believe her, but then the truth slowly sunk in and I knew I would never see him again." "My dad came over and got me and told me that she died. I thought he was lying, but he wasn't."
Feeling Happy	"When my mom and I spend time alone." "When I'm not thinking about my daddy. I do crafts and arts and talking and stuff [instead]." "I usually do arts."	"When I think about my dad I feel happy because I love my dad."

Figure 4.1. Cross-Case Matrix of Emotions

death. One boy described that the only time he misses his father is on the weekend because he no longer gets to go fishing with him like he used to during the father's bi-monthly visitation. Some of the children expressed ambivalent feelings or feelings of relief that their parents had died. The boy who stated he missed fishing with his father also expressed that he really didn't miss his father that much because he was used to not seeing him. A girl stated that before her father died her family had "terrible lives." She stated that she was sad that her father died, but she was glad that he didn't hurt her mother anymore.

In addition to feeling sad, many children expressed anger about the death of a parent. On child wrote that when his father died he felt "very sad and very mad." A female stated, "I feel mad, but I know I shouldn't because it is selfish."

Many children expressed a general anxiety and a fear of being alone or abandoned after the death of a parent. A boy wrote that he "saw monsters eating [his deceased parent] in his sleep." Many children expressed fear that another family member would die. One girl stated that she is scared when she thinks that "me or a family member could catch [stomach cancer]." Several of the children reported being scared of being alone or being left alone. A boy recounted his fear when his primary caregivers went to the store and did not leave a note. He stated he was frightened because he was unsure of where they were and he did not know if they would return. Another child stated that she is scared when she goes somewhere and the surviving parent is not with her.

Co-morbid with fear, children worried about significant others in their lives. A boy was worried that his grandmother wouldn't get medicine and money since his father was no longer there to care for her. Another boy worried about the responsibility of

taking care of his paralyzed father. A girl worried about how her father could support the family on his low-income job.

The informants often reported denying the reality of their parents' death at the time they were told. One child wrote, "when my mom told me he had died I didn't want to believe her, but then the truth slowly sunk in and I knew I would never see him again." One boy recounted that when the policeman told him that his mother had died he did not believe him. Additionally, a boy reported that when his surviving father told him that his mother died, he thought his father was "lying."

In addition to times of sadness, anger, and fear, children also reported being happy. One child wrote, "when I think about my dad I feel happy because I love my dad." Two children stated that they are happy when they are not thinking about their deceased parents. They stated that they are doing something instead, usually "arts" or "talking and stuff." One child stated that she feels happy when she and her surviving parent "spend time alone." All the children described "normal activities" such as going to school, playing outside, watching television, and enjoying movies. For example, many of the participants described a typical day as including going to school, coming home, playing games and doing homework.

Research Question #2c: What are the conclusions to the stories? Findings. The participants in the study reported that they continue to be sad, yet they are coping and moving-on after the death of their parents (see Figure 4.2). The participants express that they have begun their search for meaning and rely on spiritual answers to conclude their stories. In the conclusion of her written story, a girl wrote, "I feel still a little bit sad and still mad (well make that a lot sad), but I can do my work at school." Another child

	Interview	Written Story
Moving on/ Coping	"I've gotten used to being without him." "I know she is in a good place and I'm happy that she isn't suffering...she had to suffer for a long time."	"I feel still a little bit sad and still mad (well make that a lot sad), but I can do my work at school..." "Now I'm not as sad because I know I'll see him again someday and we'll have even more good times." "I feel better and know she is in a good place. Now I feel like it is unfair and why did it have to happen to me. I know my mom would want me to get on with my life so I am." "After she died, I realized that she was in a better place, she was watching down on us and that some day I would see her again."
What kids think will happen next	"I'll get over his death a little more." "I think the ghost of my daddy may come to me, maybe" "I think someone else might die." "I might get taller." "I think I'll grow up and become a vet. My mom liked horses."	"I will be over it, but I will still remember him and he will be fine." "My family will change just a little bit...My mom will have a new boyfriend and [we will all] get older" "I don't know what will happen next. I would like to see my dad as a ghost." "I wonder if I'm going to a foster home." "I think we will still think about my dad." "I think my grandma might die...I think my sister and I are both very talented singers and might have a future singing." "I think my family might start to talk about him more and get along better." "I think another family member might die or something really bad might happen."

Figure 4.2. Cross-Case Matrix of the Future.

wrote, "I'm not as sad because I know I'll see him again someday and we'll have even more good times." A third child scripted, "I feel better and know she is in a good place. Now I feel like it is unfair and why did it have to happen to me. I know my mom would want me to get on with my life so I am." Similarly, a boy wrote, "After she died I realized that she was in a better place, she was watching down on us and that someday I would see her again." A girl stated that she knew her mother was "in a good place. And that she [wasn't] suffering…she had to suffer for a long time."

Children predict that they will eventually move on from intense mourning. A child predicted that she will "get over his death a little more." Another child wrote about being "over it" but will "still remember him and he will be fine." Additionally, one child stated that life is moving on and that he's "gotten used to being without him."

Many of the children were unsure as to what will happen next. One child wrote, "I don't know what will happen next. I would like to see my dad as a ghost." Another child questioned if he would have to go to a foster home. A few children worried that someone else may die. One wrote, "I think my grandma might die." Similarly, another scripted, "I think another family member might die or something really bad might happen." Additionally, a child stated, "I think someone else might die."

The children also noted future changes in their family. A girl wrote that her "family will change just a little bit…[her] mom will have a new boyfriend and [they will all] get older." A boy speculated that his mother will "find a new husband" and that would make his family "better." Another wrote, "I think my family might start to talk about him more and get along better." Additionally, a child concluded her Biblionarrative stating, "I think we will still think about my dad."

Many of the children predicted positive developmental changes. For the young participants, their natural optimism overcomes the sadness of death. One girl said that she will advance to fourth grade and will try to get good grades. A boy stated that he would be taller next year. Another boy stated that he will "grow up and become a vet" since his deceased mother liked horses. A girl wrote that she and her sister would grow up and become talented singers. Many children hoped for relatives to come visit or for vacations, such as going to Disneyland.

Research Question #2d: Who are significant characters in the story? Findings. The children reported many other characters being involved in their grief story (see Figure 4.3). The surviving parent, siblings, grandparents, extended family, teachers, friends, hurtful peers, and church and support groups all played an active role in the children's verbal stories. Oftentimes the children would speak of others, but would not include them in their writings. The written accounts focused on self, whereas the oral accounts were more likely to include significant others.

Most of the time the children reported that the surviving parent was someone they could talk to about grief issues. When the researcher asked, "Do you have someone you could talk to about your parent dying?" all save one of the participants who lost their fathers responded "my mom." One boy stated that he would tell his mother that he missed his father and that he wanted to see his father again. However, in one case, a boy reported that he really did not see his surviving, non-custodial mother frequently after the death of his father. A girl whose mother passed away stated that she talked to her father about her feelings, but she was unable to explain exactly what she talked about or how he

Bereaved Children's Account of Others Involved in their Life

	Interview	Written Story
Surviving Parent	"What is something you like about your mom?" –"Almost Everything!" "Do you have someone you could talk to about your dad dying? –"My mom" "Do you see your mom? –"I really don't see her much."	
Grand-parents	"I like my grandma because she is nice and she helps me…" You live all the time with your grandparents?" –"Yes."	
Extended Family	"My uncle takes care of us a lot." "I have a cousin who is like a brother to me." "The only time I'm happy is when my cousin…comes to play."	My aunt, uncle, brother and mother and I made a circle and my aunt told us about dad's death.
Teachers	"Whom do you talk to if you're sad?" –"If I'm at school I talk to my teacher."	
Friends	"I have my best friend." "Do you ever talk to your friends about your dad dying?" –"No."	"After a while everybody started to become their selves again" "I have friends to tell me I am all right and I don't have to worry now."
Hurtful Peers	"Two people tease me. They call me names…Crybaby, because I cried at my dad's funeral." "Sometimes I get teased."	"Some people pity me, some don't. I like the ones who don't."
Changed Relation-ships	"I had a lot of friends, but they left…back then I had a lot of friends— I lived with my daddy. Nowadays, I don't have any friends because he is gone." "It seemed like they were always going 'awahh' and they didn't have high spirits…They felt sorry for me half the time…I wanted to be treated like regular—like they did when daddy was alive, but it totally changed."	"My family is separated. My mom won't let me see my aunts, uncles, cousins, and grandma."

Figure 4.3. Cross-Case Matrix of Others Involved in Bereaved Child's Life

would verbally comfort her. A boy whose mother died said that he probably wouldn't talk to his surviving father about his experiences; he stated that he would not talk to anybody. Another boy whose mother died said that he would talk to his father or to his new stepmother. He stated that he would tell them "what [he] was feeling."

Many of the informants stated that their siblings were an active part of their lives. A girl whose mother died stated that she often talks to her sister and they eat dinner together nightly while their father works. She stated that they typically watch television during supper, but at other times they talk about the death of their mother. Another girl whose father died talked about how her brother can be a pest, but she takes care of him by playing with him when their mother is busy and by making sure that water doesn't get into his ear tubes during bath-time. Two sisters, both participants in the study, each spoke of how they talk to each other about the death of the father. A boy whose older sister is developmentally delayed never mentioned his sister in the interview or his writing. The other four boys were only children.

The informants reported that grandparents and extended family members are important characters in their grief story. Many of the participants stated that extended family members were present when they learned of their parent's death. A girl wrote, "My aunt, uncle, brother, and mother and I made a circle and my aunt told us about dad's death." Another girl stated that her grandfather told her that her father had died while at the hospital. Additionally, for many of the children, the extended family remains active in their lives after the parent's death. One participant stated that she likes her grandma because "she is nice and she helps [her]." One boy continues to reside with his paternal grandparents after the death of his father. A female father-loss participant stated that her

uncle helps take care of her family. A girl stated that her aunt let the recently bereaved family live with her. A boy and a girl both stated that they have cousins who are emotionally close and with whom they have fun.

In addition to familial support, the children also stated that teachers and friends were important. When asked, "whom do you talk to if you're sad?" one informant stated, "If I'm at school I talk to my teacher." One girl stated that she would talk to her teacher, but not her friends about being sad regarding the death of her father. Additionally, other girls stated that they would not talk to their friends. One female participant did state that she would talk to her friends about her father dying. She echoed this in her Biblionarrative account stating, "I have friends to tell me I am all right and I don't have to worry now."

Not all of the relationships in the grief accounts were positive. Many of the participants recounted hurtful interactions with peers. Some of the children reported being teased about their parental bereavement. One stated, "Sometimes I get teased." Another stated, "Two people tease me. They call me names...Crybaby, because I cried at my dad's funeral." A boy wrote that "some people pity me, some don't. I like the ones who don't."

Many significant relationships changed after the parent-death. A girl stated that "It seemed like [people at church] were always going 'awahh' and they didn't have high spirits...They felt sorry for me half the time...I wanted to be treated like regular—like they did when daddy was alive, but it totally changed." Many children experienced secondary losses of estranged friendships or distancing among relatives after the parent loss. A girl stated that she lost friends after her father died. One participant wrote that

his "family is separated" because his mother would not let him see his paternal aunts, uncles, cousins, and grandmother after his father passed away.

Research Question #3: Do the children prefer telling or writing their stories?

Findings. After asking the interview questions, I told the children that we were going to write a story about their lives. I handed each child a blue notebook, and let her or him choose an ink pen. Many of the children questioned if they should put their name on the first page or if they should write a title. I told them this was their story and they may chose if they wanted a title and author page. Using the Biblionarrative storyboard, I informed the children that the first part of the story was to be about what their life was like before their mother or father died. Several of the children started writing immediately. A few of the children held the pen to the paper and thought for minutes about what to write. If the child did not begin writing within approximately two minutes, I would suggest they could start a sentence by writing, "before my dad/mom died..." Three of the children asked me a question (e.g., "writing what it was like?") before starting. I responded, stating that they were free to share their favorite memory or they could describe a day when their parent was alive. Children typically started a new page when I explained the next segment of the storyboard. Some children titled each page in chapter form, while others started new paragraphs without starting new pages. While creating the Biblionarrative, most of the children would ask how to spell a word or words. I would remind them that I was unconcerned with grammar, and I would tell them how to spell the word. Many of the children scribbled out words or phrases and two of the children asked if I had Whiteout to cover the mistake.

Subsequent to writing the story, I asked the children about their reaction to writing the Biblionarrative. Participants reported enjoying both writing and talking about their grief and loss experiences (see Figure 4.4). Four of the twelve children preferred talking about their experiences. These participants stated the logistical differences between telling a story versus writing about what happened. One student commented that it was harder to write because he didn't know "how to write many words." Another stated, "Talking is easier!" Additionally, another stated that talking is easier because you can "just say it" and you "don't have to write everything down." One girl qualified her preference to talk, stating that she would only talk "with the people I really trust with my secrets."

Two of the informants were divided on if they preferred writing or talking. One reported preferring talking and writing equally. Another stated that "sometimes it is easier to talk about it and sometimes it is easier to write."

Six of the participants enjoyed writing their grief story. One stated, "I think it is much easier to write down than actually talk and say it." Similarly, another stated, "I like writing…because it would be really hard talking and stuff, but writing is better for me because I can explain it easier." Another added, "It felt really good to get a lot more information on paper." One girl reported that she would "rather write it down and have someone read it than to have to talk about it." Another said the benefit of writing a story is that "I don't have to tell people a lot of stuff…I can just write what I want." A girl reported that writing gets her anger out and it helps her "feel better and not cry all the time." Finally, a boy reported that he would remember his experiences because he wrote about them.

Children's Perceptions of Talking and Writing About Grief

Talking ←→ Writing

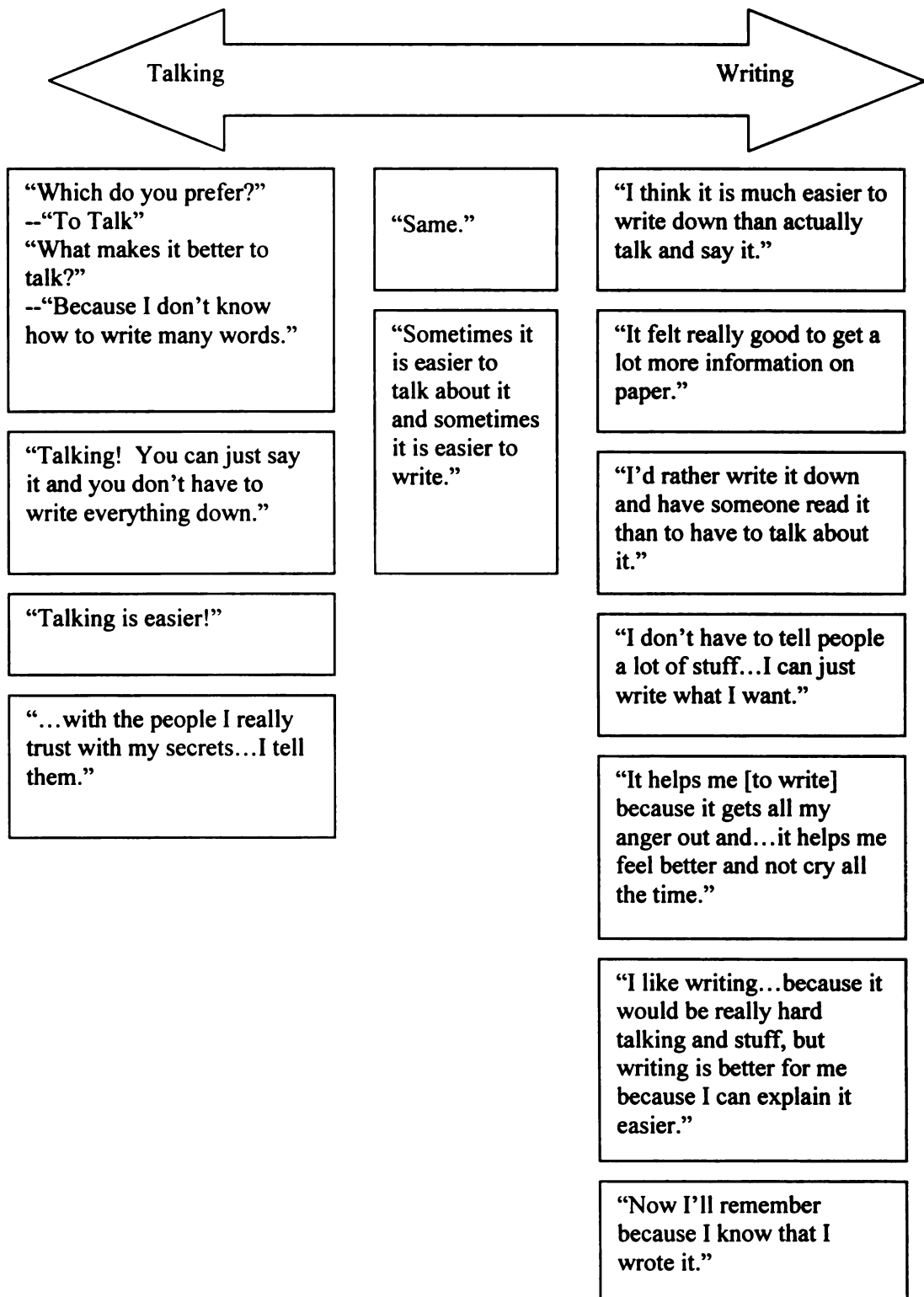| "Which do you prefer?" --"To Talk" "What makes it better to talk?" --"Because I don't know how to write many words."	"Same."	"I think it is much easier to write down than actually talk and say it."
"Talking! You can just say it and you don't have to write everything down."	"Sometimes it is easier to talk about it and sometimes it is easier to write."	"It felt really good to get a lot more information on paper."
"Talking is easier!"		"I'd rather write it down and have someone read it than to have to talk about it."
"...with the people I really trust with my secrets...I tell them."		"I don't have to tell people a lot of stuff...I can just write what I want."
		"It helps me [to write] because it gets all my anger out and...it helps me feel better and not cry all the time."
		"I like writing...because it would be really hard talking and stuff, but writing is better for me because I can explain it easier."
		"Now I'll remember because I know that I wrote it."

Figure 4.4. Cluster Display of Talking and Writing

In order to allow the children's own voices to be heard and to increase the validity of the findings, the researcher reported the data using the children's own words. After listening to children speak about parental death, it is important for the phenomenological researcher to create useful ideas from the data, explore the meaning that children give to their stories, and understand the context in which the story is told (Hess & Handel, 1967). Chapter Five discusses salient themes found in the data, suggests implications for clinicians, details the use of Biblionarrative as a clinical intervention, addresses strengths and limitations of the study, examines the validity and reliability, explores future areas for research.

Chapter 5

DISCUSSION

The findings in Chapter Four were based on direct quotes and low inference

reporting of the children's grief stories in order to describe the phenomena of parentally

bereaved children's experiences. In contrast, this chapter employs Grounded Theory

methodology to explore the relationships of concepts (Glaser, 1978) by conceptualizing

and interpreting the stories, comparing and integrating them with Chapter Two's review

of literature and theoretical base.

The stories in this study echo much of the previous literature that describes

children's experiences with parental grief. In both the interviews and Biblionarratives,

children expressed a variety of emotions and feelings, suggesting the non-linear and

complex stages of grief. Telling a life-story is a way to access hidden emotions

(Schnitzer, 1993), and many children narrated accounts that they seldom express to

others. Many of the children stated that they rarely talk about their grief story and one of

the participants exclaimed that she only tells people that she trusts.

It is well documented that children are sad when their parent dies (Worden,

1996) and sadness was the dominant theme in all of the participants' stories. One girl

summarized her paradigm by stating that "just the fact that [her parent] died" colored her

world in sorrow. The children expressed their sadness with varied behaviors, reporting

both internal and external symptoms of sadness. Some children spoke of wanting to

sleep a lot, while others reported crying.

Concurrent with sadness, the children narrated their view that the world was

unsafe and they had a fear of abandonment (Costa, 1992; Walsh & McGoldrick, 1998).

The participants spoke and wrote about the fear of being alone or having another family member die. Several of the children reported that they are afraid of natural events, such as thunderstorms. These fears are typical of a normally developing child, but this fear may be augmented by the anxiety of seeing the world as unsafe. Other than in passing references, the children did not include the natural or human built environment as part of their grief stories. This may suggest that their basic needs are being met (Maslow, 1954), and thus are in physical place where they may deal with grief issues (e.g. fear of not having a sense of belonging).

It is not surprising that the children talked and wrote about anger, denial, and anxiety experienced after the death of a parent. However, a concept in the participants' grief stories that is not in the review of literature is that a bereaved child's sadness correlates to the quality of relationship the child had with the parent before the parent's death. Children who were abused by their now deceased parent balance the sadness they feel over the loss of the parent with relief that they or other family members are no longer being harmed. Two children in this study were estranged from their deceased parents before the death and both children's mourning differed from other participants in the study. These two children appeared more detached from the grief process, stating that they were used to not seeing their fathers. Moreover, the girl who had been mistreated by her estranged father stated that she was glad he could no longer hurt her family.

Due to the increasing divorce and separation rate and the rising number of children born to non-married couples, it is likely that many children will not live with their parent before or at the time of the parent's death. The bereaved child may have adapted to living with a single parent or may have previously mourned the loss of a

parent during the divorce process. Parental bereavement for children of divorce and/or abuse are important areas for future research, to assist researchers and clinicians in understanding the children's specific and unique issues surrounding grief and loss.

A concept that is found in the existing literature that did not appear in the children's grief narratives is that parentally bereaved children have lower levels of self-esteem and decreased self-efficacy (Worden, 1996). The children described themselves as nice, helpful, and fun. The children did not discuss their limitations or target areas for growth.

The participants' grief stories did not show significant differences in emotions regarding mother loss versus father loss. However, as there were only three mother-loss participants in this study, further research needs to explore how the deceased parent's gender affects the child's grief story. The emotional and immediate environmental effect may be the same for father and mother loss, but due to systemic influences such as loss of income following a father death, the long-term effects may be different. As social roles and expectations regarding men and women continue to change (e.g., women being financially responsible for families), further contemporary research needs to explore the longitudinal effects of father versus mother death.

Another concept found in the review of literature that was not evident in either the interviews or the grief narratives is that children are angry with the deceased parent for leaving them. Many of the children in the study expressed anger at the situation, but not at the deceased parent. Several of the participants stated that they were glad their parent was in a better place and they were happy that he or she was no longer suffering. Additionally, the children did not report displacing their anger onto the surviving parent.

Much of the current literature considers how each family member individually processes his or her grief. The fact that none of the parents asked to be present as non-participant observers may suggest that families isolate themselves in order to deal with grief and loss issues. However, there are alternate hypotheses regarding why the surviving parents and guardians did not attend the interview, including the adults wanting to give the child a special time to express his or her grief and/or the adults wanting to respect the research process by not interfering. Nonetheless, how families interconnect and adapt to loss is a salient area for future research.

Seeing Grief and Loss from an Ecological Perspective

The three main environments espoused by Human Ecology Theory broadens parental bereavement's sphere of influence, while Bronfenbrenner's (1979) ecology of human development promotes understanding grief and loss issues from a variety of environments. Analyzing the data within these perspectives underscores the importance of significant others who are involved in a bereaved child's life and highlights the role of culturally created and defined standards in childhood mourning.

The child's primary microsystem, the bereaved family, is the most significant environment for a child to process grief issues (Cohen, Dizenhuz, & Winget, 1977; Moody & Moody, 1991; Nadeau, 1998; Walsh & McGoldrick, 1988). This microsystem is the setting for both positive and hurtful memories before the death and is a place to share the loss experience after the family member dies. It is not surprising that the participants in the study reported talking with their surviving parent and siblings (if applicable) in order to cope with grief. Other important microsystems for the participants include peer groups, school, and extended family. The mesosystemic links for each of

the microsystems were the themes of loss and sadness. The children did not differentiate how different environments aided in their mourning, but iterated that each subsystem provided support and significant, comforting messages (Burleson, 1994).

Both HET and Bronfenbrenner's ecological theory of development advocate that bereaved children's macrosystems, or social/cultural environments, influence their mourning practices. The investigator expected gender to influence the amount of writing and talking, but girls and boys wrote and told both long and short stories. Girls were no more likely than boys to write or talk at length; most participants preferred shorter stories and kept answers brief. The short time for joining, the children's development level, and being involved in a new setting (a research project) may have affected how much participants were willing to share.

Spirituality was also an important construct in this study (McGoldrick, Pearce, & Giordano, 1982). Although often unsure of and confused about what their religion purports (if they attend an organized religious services), the children appeared to consider what death means and what happens to people when they die. Children who are parentally bereaved tend to think critically about the future and have the underlying concern that something bad may happen again. This worldview influences choices they make regarding work (one boy wanted to be a veterinarian because his deceased mother liked horses), relationships (balancing the need with love with the fear of being left again), and family (isolating self or remaining closed bonded with those who share your grief story).

Research suggests that children both accept and avoid the reality of death (Sigel & Gorey, 1994). Children in the study accepted the finality of death, while maintaining a

hope to see their parent again. Children narrated their hope of seeing their parent again either in heaven or as a ghost. Many children believe that their parent is in a better place.

Implications for Clinicians: A Strength-Based Approach

Frequently, the paradigm of bereaved children's development is steeped in negatives. Historically, the focus of research and intervention has been to "fix" the problems that mourning children face (e.g., depressive moods and behavioral outbursts). This ideology produces inadequate results since the problem-centered approaches seek only to resolve what professionals have labeled a problem (e.g., being depressed after the death of a parent). Using this approach, it is difficult to differentiate depression from grief and loss issues. The findings of this study explores alternatives to the problem-centered approach by examining how parentally bereaved children are successfully adapting, noting the children's strengths in the face of adversity. In order for clinicians to effectively work with grieving children, it is important to understand their strengths. Examining a strength-based model of youth development and emphasizing how the findings illustrate this holistic approach broadens our understanding of the ecology of mourning children.

Childhood is a time of change. Physical development, emerging social roles, and cognitive development are but a few of the transitions that children face. These changes are likely to become "risk factors" when they are compounded with parental loss or other disruptions of the family unit, poverty, parental psychopathology, and chronic discord (Werner, 1994). The resiliency literature explores how children and youth, despite seemingly insurmountable risks, survive.

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Social scientists have gone through several stages in their approach to understanding resiliency in youth development (Werner, 1994). Biological risk factors and stressful life events have been the major focus of resiliency research. Initially, researchers emphasized the association between a single risk variable (e.g., low birth weight) or stressful life event (e.g., parental loss), and negative developmental outcomes. Compounding variables led to the idea that a single cause theory may not be useful because most behaviors have multiple causes. Subsequently, interactional affects among multiple stressors were examined carefully. After establishing the link between stressors and high-risk behavior, researchers began to note how certain children overcame the risks to lead productive lives. In an early risk and resiliency study, a longitudinal study of Kauain children, found three types of protective factors that emerged from "high risk" children (Werner & Smith, 1992). The Kauain children who were able to overcome the odds had (a) "dispositional attributes" such as activity level, sociability, at least average intelligence, competency in communication skills (language and reading), and internal locus of control; (b) affectionate ties within the family that provided emotional support in times of stress, whether from a parent, sibling, spouse, or mate; and (c) external support systems, whether in school, at work, or church, that rewarded the individual's competencies and determination, and provided a belief system by which to live. Risk and resiliency research provides evidence that specific variables and processes are involved in safeguarding and promoting successful development. In spite of adverse contexts, this research identifies particular variables that are responsible for childhood resiliency. Masten and Garmezy (1985) distilled these variables into the categories of self-esteem, family cohesion, and availability of external support system.

Although the risk and resiliency literature has not been applied to parentally bereaved children, this model integrates well with many of the participants' perception of a positive future. These resiliency factors are seen in the participants' accounts as they talk of their own assets, the strengths of their surviving family, and the support received from others within their broader systems. The participants had hopes for the future such as becoming a singer or making better grades. Additionally, the bereaved children in this study report having the protective factors that lead to resiliency (see Figure 5). The three boxes of the distilled risk variables (Masten & Garmezy, 1985) are connected and lead to (shown by one-directional arrows) a parentally bereaved child's resiliency. Many of the children reported having a positive view of self, or high self-esteem, stating that they are nice, helpful, happy, normal, and fun. All of the participants reported being engaged with their surviving family. A girl reported that she watches her brother when her mother is busy. Another girl stated that she and her sister talk about their father's death. The sisters in the study reported liking similar activities and spending time together. Participants recounted talking to their surviving parent about their emotions surrounding grief and loss. In addition to family cohesion, the participants stated that they received external support from grandparents, extended family, teachers, and friends. These supportive persons would often offer the mourning children significant and comforting messages (Burleson, 1994) and would aid the family logistically (e.g. childcare, transportation, etc.).

Many bereaved children are resilient and this study's participants request that others see their strengths and normalcy. A holistic and strength-based view of bereaved children agrees with the children's own reports of being both happy and sad, as they

Bereaved Children's Resiliency

Masten & Garmezy (1985) Variables of Resiliency

Self-Esteem

"I'm nice"
"I help my mom"
"I'm happy"
"I'm normal"
"I'm a good helper"
"I like to have fun"

Family Cohesion

"I talk to my sister"
"I talk to my mom about my dad dying"
"What is something you like about your mom?"—"Almost everything!"

External Support

Involvement of
- Grandparents: "I like my grandma because she is nice and she helps me"
- Extended family: "My uncle takes care of us a lot"
- Teachers: "If I'm at school, I talk to my teacher"
- Friends: "I have my best friend"

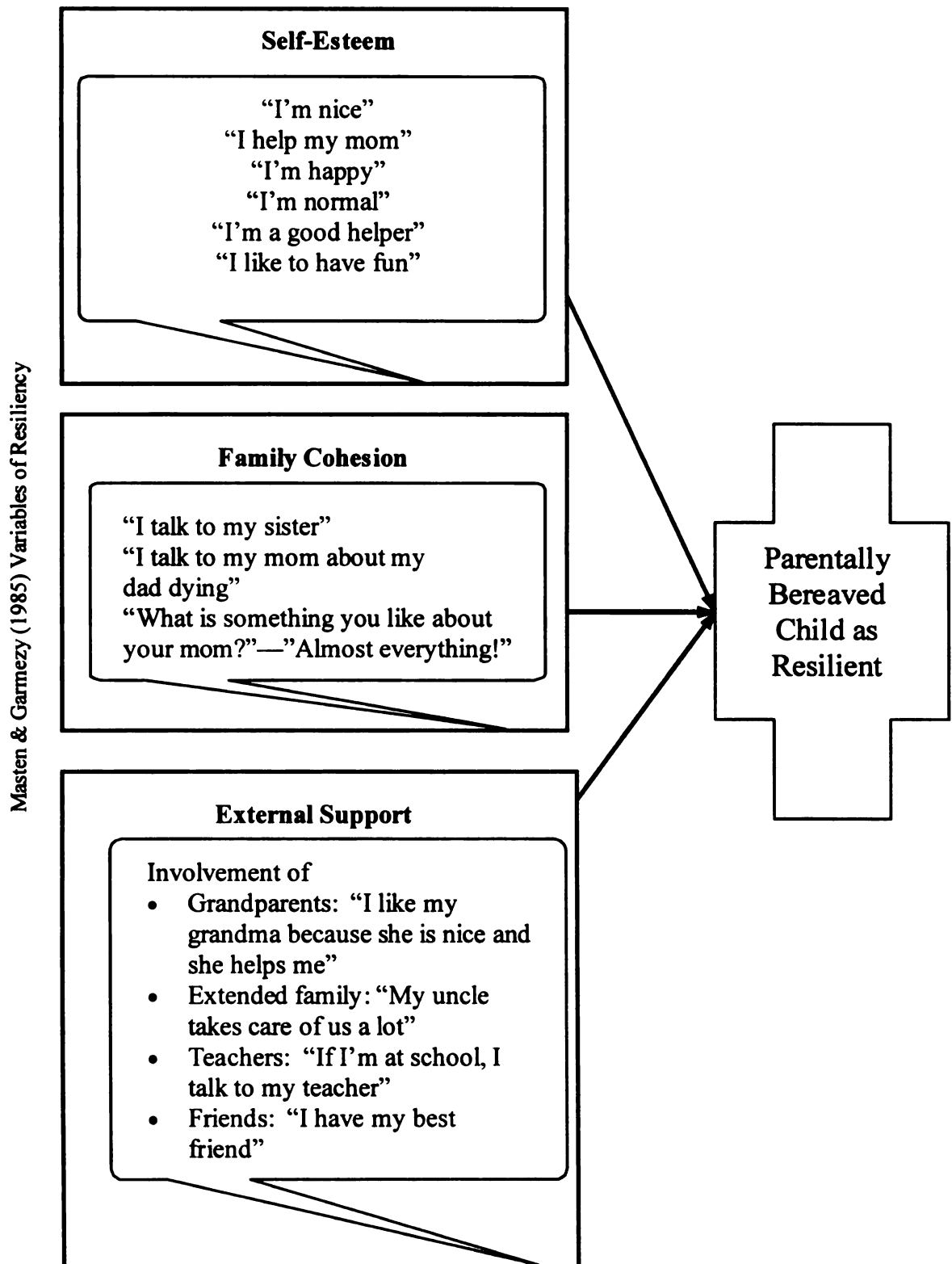Parentally Bereaved Child as Resilient

Figure 5. Cluster Display of Bereaved Children's Resiliency

expressed a fluid range of emotions. After an interview, I asked one boy if there was anything else that I should know about children whose parent had died. He replied, "We are normal." To wit, he was asking for others to see him as all right, although he is within an atypical and difficult situation. The strengths of bereaved children include their ability to mourn, cope, and develop in the midst of adversity. They report enjoying what other children enjoy (playing Gameboy and running around outside) and are able to recount happy times before their parent died. Listening to the voices of grieving children, it is important to see their complete picture—observing their positive moments, happy times, and resilience while attending to their needs such as sadness and fear.

It is important for researchers and clinicians to acknowledge parentally bereaved children's strengths as it informs the strategies and interventions used in treatment plans and it promotes recovery and resilience. Developmental assets (Benson, 1997) are important in protecting children from risky behaviors and clinicians need to encourage bereaved children to be aware of and bolster strengths such as a positive identity and having a sense of purpose in the face of adversity. It is a child's strengths that will help them transcend grief. The clinician may use strength-based questioning such as "what is something that made you feel a little less sad this past week?" By asking about the child's own resources, a clinician may find that the child has his or her own unique way to cope with grief. Being curious and respectful about a child's own coping mechanisms often brings to light solutions for grief and loss issues. Additionally, it is important to see the child as having internal resources instead of labeling the bereaved child as a one-dimensional, sad character.

Biblionarrative as a Clinical Intervention in Narrative Therapy

One method of focusing on the whole child is to hear her or his story. Schwartz (1995) believes it is necessary for children to identify, acknowledge and express their inner selves in order to develop emotional problem solving skills and to promote healthy development. Biblionarrative is an innovative approach that affords children an opportunity to author their life experience. Additionally, Biblionarrative augments traditional interviewing methods for qualitative data collection. The premise of Biblionarrative, or hearing life stories, is applicable both for researchers and for clinicians who work with children and their families, such as Marriage and Family Therapists and other mental health providers. Life narratives reveals what a child deems important (White & Epston, 1990; Zimmerman & Dickerson, 1996) and clinicians who work with children can re-story adverse life events into stories of hope (Monk, et al., 1997). A recent trend in Marriage and Family Therapy literature is to include children when planning interventions (Freeman, Epston, & Lobovitis, 1997, Gil, 1994; Smith & Nylund, 1997; Wachtel, 1994). The clinical use of Biblionarrative may help the narrative therapist join with, assess, and treat children and their family who are in mourning.

The process of writing a Biblionarrative in a clinical setting is similar to writing a Biblionarrative for the purpose of research data collection. In a clinical setting creating the Biblionarrative may be stretched out over several sessions or over the duration of treatment. Initially, it is essential to join with the child and family, collecting information on their life story, especially the details surrounding the death of the parent (Eron & Lund, 1996; Freedman & Combs, 1996; Parry & Doan, 1994; White & Epston, 1990; Zimmerman & Dickerson, 1996). Having the child or family write an introduction to

their story, the therapist can see what words the clients use to describe their situation. The therapist can then use the same words to join with the clients or can reframe negative words in order to cast a new light on the situation.

Asking clients to write about what it was like before the death, the therapist may assess boundaries, unwritten rules, communication styles, and other family dynamics by observing who takes the lead writing or offers the most suggestions. For example, if an older sister directs what information is included in the story, the therapist may hypothesize that she is dominant in the family and then may further assess if this power is healthy or maladaptive. It is important to observe how each member interacts with others while contributing to the family story in order to gain an understanding of the family's rules, values, power, and communication style.

Concurrently, the narrative therapist will use information gleaned from co-authoring the Biblionarrative to assess the altered family functioning by mapping the influence (White & Epston, 1990) of grief within the family dynamic. The therapist assesses what information the clients include in their story and what they leave out. For example, the clinician may learn that the family regards anger as an unacceptable emotion to express. Additionally, the therapist must understand how this particular family is grieving without classifying them into a pre-determined "grieving process." Understanding both the generic and idiosyncratic grieving processes will help the therapist co-create a useful tool (Biblionarrative) for the family to adapt to the bereavement and the changes it creates in the family.

The narrative therapist may then assist clients to externalize the problematic behavior (e.g., grief or the behavioral problem that stems from unresolved mourning).

Externalization encourages the family to objectify and personify problems (White & Epston, 1990). The family, creating new pages for the story, can describe and illustrate what the externalized problem looks like, feels like, smells like, and when and where this character appears. This rich description allows the family to create a metaphor for the problem, allowing the family to talk freely about grief. For instance, the therapist and family may co-create a story where a rainstorm (the externalized sadness) moved into the house after father died. The family could write about when the rain covers the family at dinnertime or how it ruined a day at the park. Externalizing the problem allows the family to take a lighter or more humorous approach to grief, which may establish hope and goodwill in problem solving (White & Epston, 1990). Moreover, any one family member is released from blame as all must fight against the rainstorm. After the externalization, the therapist may choose to write the family a letter thanking them for introducing her to the new character and inviting the family to work against the antagonist by continuing to co-author an autobiographical children's book, or Biblionarrative.

In subsequent sessions, the therapist will continue to co-author the Biblionarrative with the family by asking them what they think will happen next. What does each member expect or hope for? What will the family be doing when the grief is not so intense? What is the conclusion of the story? During this time, the therapist will help the family co-author unique outcomes, or endings to the story where grief is transcended and the family interacting functionally. The identification of unique outcomes helps the family to identify their strengths and resources, thus undermining the problem and rendering grief less influence in the family's functioning (White & Epston, 1990).

Biblionarratives do not necessarily have to be children's literature stories. Therapists may chose to have clients write journal-type accounts or more creative literary works such as fables or fairy tales. For families with younger children, a therapist may create a displaced communication (Kalter, 1990) such as a Biblionarrative in which a family of whales loses a parent. In this Biblionarrative, the therapist would represent the emotions surrounding the family by having the whales describe their feelings of sadness, anxiety, and fear (Worden, 1996). The therapist would then comment on how distressed the whales must feel and would co-create alternative methods of coping with the grief issues.

Additionally, therapists may use information from previous sessions to write a Biblionarrative about the clients and then present this story to the family (placing the family in the role of the story's editor). The therapist could include didactic, psychoeducational material in order to increase positive outcomes in family functioning. For example, when working with a family who is emotionally distant during mourning, a therapist may present a story where a family builds communication skills by spending one afternoon together playing "emotion basketball."

There are many benefits to including a Biblionarrative in treatment. Writing a story is a less-direct way to assess and address problems. Reserved family members may displace their feelings or emotions onto fictional characters or they may feel more comfortable emoting if they are not talking directly with others. Additionally, creating a Biblionarrative is a non-threatening method to give each person a voice by making each family member an official co-author to the story. Silent family members share equal authoring responsibility with dominant talkers in the family. If one family member is

underfunctioning, he or she may be asked to write a special section about his or her perceptions of the family. Furthermore, having one story told from many points of view can enlighten the therapist and family members in regards to each other's perception of the problem. Moreover, this affords the family an opportunity to collaborate, creating multiple solutions in order to resolve intense grief issues. Another benefit to writing a clinical Biblionarrative is that the family can brainstorm multiple endings, or various solutions, to the difficulties the family is experiencing. Biblionarratives may be created either in-session or as homework. Regardless of setting, the family is spending time together and building emotional connectedness while working together to author the story.

Although Biblionarrative is a useful tool in both clinical and research settings, there are certain limitations to be considered. Some clients or participants may be unable to write due to physical or developmental difficulties. Others may feel uncomfortable writing due to poor literacy skills. It is important to adapt the use of Biblionarrative based on participants' cognitive, developmental, and physical need and abilities.

Limitations of the Study

Chapter Three addressed the main limitation of this study, that a small sample size (n=12) limits the generalizablity of the findings. Furthermore, the findings of this study may not be representative of the population of grieving children, only of children similar to the participants in the study. For example, geographical differences potentially influence the conceptualization of death based on pre-exposure to natural lifecycles. Rural children may experience parental loss differently from those who live in urban or suburban settings, such as those included in the sample. Additionally, rural children may

have limited access to support services. Moreover, as the sample for this project included one African-American and three children who experienced the loss of a mother, it would be well advised to expand the sample to include other ethnic minorities and more children whose mothers had passed away. Also, older subjects could be added to examine mourning adolescents' grief stories through Biblionarrative.

Another limitation of the study is that it did not address the efficacy of Biblionarrative as a tool for bereaved children to tell their grief story. Questions related to outcomes need to be addressed through experimental design. Empirical studies could determine if children have better outcomes after telling their grief story via interview and writing. Further investigation could explore if children who have the opportunity to tell their story have healthier outcomes.

This study did not address how the family paradigm affects the children's grief processes. The surviving parent's story influences how children story their grief. The purpose of this study was to explore how children narrate their grief, giving voice to an under-heard population; however, systemic influences, especially filial mourning style, shape a child's grief story. A holistic view of parental bereavement would include the stories of each surviving member of the family, and the family story. An important future area of research would be to include bereaved families in co-authoring a familial Biblionarrative where family dynamics and adaptation style could be assessed and related to the child's grief process.

Conclusion

The limitations of the study did not overshadow the strength of this project, providing a forum for children to express their grief. Hearing children's grief stories is

important for children to process their loss and it is important in order that researchers and clinicians may better understand childhood mourning. Using Biblionarrative in treatment aids in building family assets, such as cohesion, communication skills, and adaptability. Similarly, using Biblionarrative as a research tool builds strengths by affording individuals and family a non-verbal opportunity to share their story.

The major contribution of this project was to facilitate a new Narrative Theory tool, Biblionarrative, which holds promise for researchers and clinicians to gain clearer information about how children mourn by hearing children's voices directly. When the participants were given the opportunity to express their thoughts and emotions, they were open and honest about how losing a parent has altered their lives. The children's candor added to the existing body of literature, specifically showing that bereaved children are strong and resilient while coping with strong emotions such as sadness, anger, and anxiety. Future studies, including examining the efficacy of Biblionarrative used in clinical treatment, will add to our understanding of how children cope after the loss of a parent.

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Appendix A: Informed Consent

The purpose of this qualitative study is to hear the life stories of children ages 9-12 years old who have suffered the death of a parent within the past thirty-six months. A child's story is his or her account of events. Children's stories serve as their voice. Hearing these voices is important in order to understand a bereaved child's loss and adaptation. A child's personal account adds to a body of research that primarily focuses on what adults and researchers surmise about childhood mourning, rather than what the children themselves say. Bereaved children's stories will be useful to those who work with grieving children in order to guide the children through the grief process. Stories will be collected by having the children write a Biblionarrative, or an autobiographical children's literature story about their parental bereavement. The researcher will assist the child in writing about his or her parental loss by asking questions guided by a review of literature about parental bereavement. After gathering the stories, the researcher will analyze the stories to find crosscurrent themes in the children's voices. This process is expected to take about an hour and a half. Children typically enjoy these types of experiences, but they will not be pressured to share.

> The child's participation is voluntary and without force and can be withdrawn at any time. The child can also refuse to answer any question or share information. This will be clearly communicated to the child.
> You may stay with the child as a non-participant observer if either you or the child wishes.
> Questions for the child are open-ended and are designed to allow the child to decide what to share without pressure.
> All information obtained will be kept confidential and any written reports relating to these stories will not use name or other identifying data. Your privacy will be protected to the maximum extent allowable by law.
> Questions for the researcher can be asked at any time during the process. Additional questions about the study can be addressed to Christie Eppler (517) 432-2271x2 or Dr. Marsha Carolan (517) 432-3327, and questions about your rights as a research participant can be asked of David Wright, at (517) 355-2180.
> All sessions will be audio taped, and all tapes will be erased after the dissertation is complete. Only the researcher will retain the transcripts of the interviews.
> Within a week after the interview, children will receive a copy of their written story. Parents have the right to discuss contents of the session with the researcher.

I, _____, give permission as parent or legal guardian of
_____ (child's name) to participate in this research study of Ms. Christie S. Eppler.

Signature of Parent or Legal Guardian

_____

Signature of Participant _____

Appendix B: Child Information Sheet

Child's Name:

Child's Birthday:

Child's Ethnicity:

Child's Gender:

Number of Siblings:

Name of Deceased Parent:

Date of Parent's Death:

Christie Eppler, a doctoral student at MSU, is seeking kids ages 9-12 who have lost a parent in the past two years to write a short story about their experience. If your child would care to participate in this study, or if you would like more information, please call Christie at 432-2271 x2 and leave your phone number and the best time to be reached. Thank You!!!

MICHIGAN STATE
U N I V E R S I T Y

February 28, 2001

TO: Marsha CAROLAN
        101 J Morrill Hall
        Dept. of Family & Child Ecology

RE: **IRB # 00-787   CATEGORY: FULL REVIEW**

TITLE: EXPLORING CHILDREN'S STORIES OF PARENTAL LOSS THROUGH
        BIBLIONARRATIVE

ANNUAL APPROVAL DATE: January 8, 2001
REVISION REQUESTED: February 8, 2001
REVISION APPROVAL DATE: **February 27, 2001**

The University Committee on Research Involving Human Subjects' (UCRIHS) review of this project is complete and I am pleased to advise that the rights and welfare of the human subjects appear to be adequately protected and methods to obtain informed consent are appropriate. Therefore, the **UCRIHS APPROVED THIS PROJECT'S REVISION.**

This letter approves the addition of two sample sites.

RENEWALS: UCRIHS approval is valid for one calendar year, beginning with the approval date shown above. Projects continuing beyond one year must be renewed with the green renewal form. A maximum of four such expedited renewal are possible. Investigators wishing to continue a project beyond that time need to submit it again for a complete review.

REVISIONS: UCRIHS must review any changes in procedures involving human subjects, prior to initiation of the change. If this is done at the time of renewal, please use the green renewal form. To revise an approved protocol at any other time during the year, send your written request to the UCRIHS Chair, requesting revised approval and referencing the project's IRB# and title. Include in your request a description of the change and any revised instruments, consent forms or advertisements that are applicable.

PROBLEMS/CHANGES: Should either of the following arise during the course of the work, notify UCRIHS promptly: 1) problems (unexpected side effects, complaints, etc.) involving human subjects or 2) changes in the research environment or new information indicating greater risk to the human subjects than existed when the protocol was previously reviewed and approved.

If we can be of further assistance, please contact us at 517 355-2180 or via email: UCRIHS@pilot.msu.edu.

Sincerely,

Ashir Kumar, MD
Interim Chair, UCRIHS

AK: rj

cc: Christie Eppler
    1626 Lake Dr. #202
    Haslett, MI 48840

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