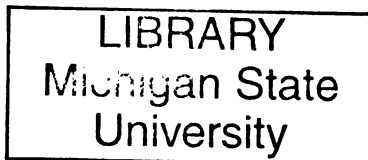




140
536
THS

THESIS
1
2008



This is to certify that the
thesis entitled

**GRIEF AS REPORTED BY *THE NEW YORK TIMES*, 1980-2006:
A CONTENT ANALYSIS**

presented by

Laurel E. Hilliker

has been accepted towards fulfillment
of the requirements for the

Master of
Arts

degree in

Sociology

A handwritten signature in cursive script, appearing to read "Lee".

Major Professor's Signature

7/24/07

Date

PLACE IN RETURN BOX to remove this checkout from your record.
TO AVOID FINES return on or before date due.
MAY BE RECALLED with earlier due date if requested.

DATE DUE	DATE DUE	DATE DUE

**GRIEF AS REPORTED BY *THE NEW YORK TIMES*, 1980-2006:
A CONTENT ANALYSIS**

By

Laurel E. Hilliker

A THESIS

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

MASTER OF ARTS

Department of Sociology

2007

ABSTRACT

GRIEF AS REPORTED BY *THE NEW YORK TIMES*, 1980-2006: A CONTENT ANALYSIS

By

Laurel E. Hilliker

In a society where life and health are prized, finding effective strategies for coping with loss can be challenging and stressful. Socialization to prepare survivors to grieve is either incidental or non-existent. One source people can rely on for clues on how to grieve are accounts of such experiences reported in the mass media. As an initial effort to understand how mass media provide such guidance, this research looks at how grief is reported at one newspaper of record for the U.S. - *The New York Times* - between the years 1980 and 2006. Using a dramaturgical approach, which encompasses social constructionism and the sick role, I show that grieving is often portrayed by media as a social problem, particularly a health or medical issue which can be treated and cured.

This thesis is dedicated to my family for their continuous love and support.

ACKNOWLEDGEMENTS

The author would like to thank Dr.'s Toby Ten Eyck, Bernard Finifter, Harry Perlstadt, Stan Kaplowitz, and Karen Ogle of Michigan State University, Dr. Margaret Zee Jones of Visiting Nurse Services of Michigan, John F. Tomczak of Victoria, BC, and Patricia A. Sdao, A.B.D., of Chandler, Arizona, for their helpful comments and contributions to this research.

TABLE OF CONTENTS

LIST OF TABLES.....	vi
INTRODUCTION.....	1
LITERATURE REVIEW.....	3
Grief Literature.....	3
Sociological Perspectives.....	6
Sick-Role Theory.....	8
Dramaturgy.....	10
METHOD.....	12
Content Analysis.....	12
Selection of articles.....	13
Data Categorized.....	14
ANALYSIS.....	16
The 1980 Media Stories.....	22
The 1990 Media Stories.....	23
The 2000 and Beyond Media Stories.....	25
CONCLUSION.....	29
APPENDIX.....	32
BIBLIOGRAPHY.....	35

LIST OF TABLES

Table 1. Contemporary Bereavement Models, Theories, Approaches, and Principles.....	4
Table 2. Data Headlines and Text from Reporters.....	16

INTRODUCTION

Our lives are rarely the same after someone we love dies. We often have difficulty believing and accepting the loss. Many of us experience an increase of stress in our daily lives and find it difficult (at least initially) to return to normal functioning after the death of someone close to us. Lynch (1995:89) suggests 'the meaning of life is connected, inextricably to the meaning of death; 'mourning is a romance in reverse, and if you love, you grieve, and there are no exceptions-only those who do it well, and those who don't'. Death and grief change our lives.

While Lynch (1995) presents an either/or approach to grieving, Jeffreys (2005) states that there is no one right way to grieve. This suggests a wide range of grieving behaviors and emotions. This range can be observed in the popular media. Although journalists are viewed as reporting what societal norms are at a particular time and are not usually viewed as being responsible for creating norms, media communication can influence norms and values in society and contribute to redefining who we are and how we grieve. Media messages can often mirror ideologies, values and beliefs and provide readers with images for interpreting the world (Gamson, et al, 1992) and in this case, can thereby influence how we think and feel about grieving a loss. The questions that journalists pose to bereaved persons often play on their emotions. While adding color to the story, this approach evokes either silence or a wailing voice. Advice and quotes from experts are offered for consideration in solving the 'problem' of grief.

This is a study of how mass media depict grief and bereavement, and explores the impact that media have in the construction of reality in such situations. Through this study, the experiences of bereaved persons (as displayed by the media) will be examined

by an analysis of articles appearing in *The New York Times* between 1980 and 2006. This research will view how the topic of grief is socially constructed by the media, and then address how Parsons' sick-role theory and Goffman's dramaturgical analysis apply to the bereaved role. Extending Wolfelt's (2006) research, one question raised in this study is 'do headlines, quotes, and text in news stories on grief contribute to the idea that bereavement is a condition that can be treated and cured, as in an illness? In addition, I will look at bereaved individuals left out or marginalized from the *mourner role* by the media portrayal of bereaved persons.

LITERATURE REVIEW

Grief Literature

People have suffered the experience of loss of family and friends since the beginning of time, but it is only in the last few decades that various models and approaches have been developed to guide and help grieving people. Knowing the stages, processes, phases, tasks, models, and principles used to explain the complexity of grief and bereavement care can assist practitioners in their support of those bereaved individuals and their families who request (or are referred to) professional help.

Many early researchers, including Freud (1917) have described grief as a ‘painful’ state, and numerous studies of grief have been conducted, many of these being challenged and extended by others. Table 1 below summarizes various approaches to the grief process developed since the late 1960’s. Several of the models suggest ‘grief work’, defined by Rich (2006) as ‘strategies used to adjust to the loss and restore balance in one’s life’. It is important to note that these tasks/stages/phases fluctuate and are not predictable; they can overlap and reappear at any time for the bereaved, as well as be totally absent. Included in Table 1 are selected models by Jeffreys (2005) and Wolfelt (2006) who focus on a *companioning* approach of being totally present to the bereaved person, as opposed to a treatment philosophy, which may define the bereaved by their problems. No one model is seen as better than the other. Instead, a combination of various models may be the best method for assisting a bereaved individual, coupled with the approach of Jeffreys’ and Wolfelt’s emphasis on a companioning framework for support of the bereaved.

Given that all of us face the prospects of death and dying, it may seem odd that we need others to tell us how to actually grieve. This, in a sense, is a reflection of Beck's (1999) risk society and Giddens's (1991) approach to modernity as many people look to larger institutions to tell them how to act and behave in situations that actually have a long history. This perspective highlights the fact that some individuals and organizations (e.g., media) have a vested interest in developing a definition of the situation and that the "average" individual will look to them for advice on such issues (e.g., Spector & Kituse 1973).

Table 1. Contemporary Bereavement Models, Theories, Approaches, and Principles

Kubler-Ross, 1969	5 stages: numbing, yearning, searching, disorganization and despair, reorganization
Bowlby, 1969	4 phase process to experience separation of humans; numbing, yearning and searching, disorganization and despair, reorganization
Rando, 1984, 1993	6 processes of mourning grouped into avoidance, confrontation and accommodation
Parkes & Weiss, 1993	3 tasks: intellectual recognition and explanation of loss; emotional acceptance; assumption of a new identity
Klass, 1988, 1996	Development of new inner image finding equilibrium with new world reality; reestablishment of social equilibrium where new identity is normalized
Doka, 1989	Disenfranchised Grief: Relationship not recognized (e.g., non-kin relationships, such as friend, neighbor, colleague, or extra-marital affairs, etc.) Loss is not recognized (e.g. perinatal death, pet loss, etc.), Griever not recognized (e.g., young children, elderly, mentally disabled persons, etc.) by society; <i>grieving rules</i>
Schneider, 1994	Transformative Grief i)discovering what is lost; ii)discovering what is left; and iii)discovering what is possible
Stroebe & Schut, 1995	Duel Process of expressing and controlling feelings: 2 distinct focuses: loss-oriented and restoration-oriented
Attig, 1996	Emphasizes reinvention of self in new environment of bereaved
Neimeyer, 1998	Restructure meaning of lives in order to reclaim them
Worden, 2002	4 tasks: accept the reality of the loss; work through pain of grief; adjust to new environment; emotionally relocate the deceased and move on
Jeffreys, 2005	7 principles: i)grief cannot be fixed or cured;ii) there is no one right way to grieve; iii)there is no universal timetable; iv)every loss is a multiple loss; v)change=loss=grief; vi)we grieve old loss while grieving new loss; vii)we grieve when a loss has occurred or is threatened;Exquisite witness concept
Wolfelt, 2006	Companioning Being totally present to bereaved without assessing, analyzing or fixing another's grief during the 'grief work' process

Scholarly inquiry into media reports on various phenomena and behaviors in society have often revealed important findings on how the topics to be reported are chosen and constructed. It is necessary to recognize and bring to light significant stages in the social construction of a topic. For example, part of covering a tragedy, disaster, or catastrophe is to raise the issue of grief and grieving. The media present the survivor's grief to the reader as a subject of interest, concern, or as a social problem through interviews with those affected and with experts in various professional fields (e.g., psychologists, bereavement counselors, etc.). This limited way of discussing the subject matter neglects social factors and other circumstances that may have led to the situation being reported such as the type of death or the relationship to the deceased, for example.

Also, in the literature on grief, 'those who don't grieve well' may sometimes be labeled. Media stories of grief and bereavement, as well as through the publication of self-help materials, suggest that the bereaved persons, as a class, share a private trouble that is really a social problem in need of attention and a remedy. Our society is uncomfortable with displays of public grief, and as a result, "grief has come to represent a failure to adjust" (Cable, In Doka & Davidson, 1998).

In reference to the second research question posed, I address Doka's (1989) concept of *disenfranchised* grief in this study, where the loss "is not or cannot be acknowledged openly, publicly mourned, or socially supported". This concept stresses that it may be that the *relationship* is not recognized (e.g., ex-spouses, the extra-marital relationship, same-sex partners, etc.), or that the *loss* is not recognized (e.g., perinatal death, loss of a pet, etc.), or possibly the *griever* is not recognized (e.g., mentally disabled, young children, aged, etc.), and therefore the grief of the bereaved is

‘disenfranchised’. This experience of grief, according to Doka, creates even more difficulty for the survivors because it removes or limits the social supports necessary to grieve (pp. 4-6). The omission by the media in this data of these additional mourner roles is addressed later in this study.

Along with the *disenfranchised grief* concept, Doka (1989) explains that norms in society (or *grieving rules*) ‘attempt to specify who, when, where, how, how long, and for whom people should grieve’ (p. 4) (e.g., through personnel policies and bereavement leave). These grieving rules then define (giving a script for who, when, how, etc. to grieve) and limit the grieving process of the bereaved person, and as a result, the grief of the survivors is ‘disenfranchised’.

The work presented in the models, theories, approaches, and principles listed in Table 1 provide a sufficient guideline for an empirical study of how the media portray grief in news stories. These stories were then used to observe categories that were suggested in the data and to develop a coding system for the content analysis. Before turning to the data, it is important to provide a theoretical framework that will be used for analysis and interpretations.

Sociological Perspectives

Given the nature of the topic under study, it is not difficult to understand why the general public accepts a public portrayal of a particular view of how one should grieve, ‘to buck up, be strong, carry on, and move on with one’s life’. Walter (2005) in his examination of complicated grief notes that “Grief—life madness, trauma, homicide, sexuality, and homosexuality—exists, but how we normalize and pathologize it is a social

construct”(p.77). In short, it is not something we want to think about, so we turn to others when faced with a loss. Reporters often obtain and quote limited comments from experts on coping mechanisms, as they report on a particular story. This adds to the confusion of how to do one’s ‘grief work’, since circumstances are unique to each situation, given the manner of death, age of the deceased, relationship of the bereaved to the deceased, etc. As Fiske, et al., (1987 [In Gamson, et al., 1992]) remind us: ‘a montage of voices, many of them contradictory, and its narrative structure is not powerful enough to dictate always which voice we should pay most attention to, or which voice should be used as a framework by which to understand the rest’(p.388). The topic of grief has values established by the news reporters as they give a public voice to the bereaved, a voice mediated by the construction of the story through the reporter, asking specific questions of the bereaved (about their grief and emotional state) and posed questions to the experts that are unknown to the reader.

Reporting on grief as a *state* or *place* can contribute to alienation of the bereaved from important social networks as they adapt to life without the deceased. Media representation often give a rather disjointed picture of the complex topics of grief and bereavement, resulting in an incomplete image of the role of the bereaved in society. This fragmentation may be due to an increase in specializations within the various expert fields for grief chosen by the reporters (e.g. psychiatry, sociology, grief specialists, medical doctors, etc.). However, the explosion of knowledge of our times is complimented by an incomplete comprehension and digestion of the ‘facts’ due to a lack of corresponding integrative work among the disciplines (Smelser, 2003).

Sick-Role Theory

If the media define grief as a state of mind that is abnormal and must be treated, then it may be useful to think of grief as a disease or sickness. Parsons (1951) theory of the sick-role can provide some guidance, as this approach has been used to describe how an ill person acts in ways that are structured by norms. Four expectations define the sick role, namely that 1) the ailment is not the fault of the ill person, 2) the ill person is excused from their normal responsibilities 3) the condition is undesirable and the person should try to get well, and 4) the ill person is expected to seek out technically competent help (typically through a medical professional).

Just as an ailment is usually thought of as not the fault of an ill person, the role in bereavement is even more firmly thought of as not the fault of a bereaved person. The sick role allows a person the right to be exempt from normal social activities and is determined by the nature and severity of one's illness. The person in the sick role is allowed to be released of the responsibility for their condition. Lastly, the sick person is obligated to get well and to seek help. The bereaved person, likewise, is exempt from normal social activities and this is often determined by the relationship to the deceased (e.g., the closer the relationship of the deceased to the bereaved person, the more exempt one is from role performance, such as in a job, etc.). The bereaved person is also looked upon as being in a condition or state where help is necessary. They are encouraged to work through their grief and therefore obligated to do their 'grief work' by seeking competent help through grief support groups, bereavement specialists and the like.

This is not a new approach to bereavement. Frank and Foote (1999) proposed that the 'bereaved role' is analogous to Parsons sick-role theory (1951, In Chambon,

Irving, & Epstein, 1999:168). They note that the role of the bereaved is temporary and follows a 'time-limited linear progression'; that a bereaved person fits a class of their own giving them special benefits such as work release. This role includes intervention by professional opinion/advice for treatment. The latter often comes to the bereaved in the way of funeral directors, grief and bereavement counselors, clergy, social workers, psychologists, and through programs such as grief education workshops and seminars, which all contribute to a reality matrix wherein bereavement is experienced and constructed. Not all bereaved persons, however, have the resources for these types of social supports and their only advice may come from media reports or self-help books. Interpretation of the progress of the grief work in the latter scenario is then left up to the bereaved individual or his/her caregiver (e.g., family member, friend, etc.).

Most bereaved individuals have great difficulty (initially) in performing their usual social roles (e.g., employee, parent, etc.). It appears, consequently, that society attempts to maintain social control over those who are in the bereaved role, by numerous messages (through media and other sources, even one's own family) to move on and resolve their issues of loss and grief quickly. This is parallel with the sick role, as there are expectations (from employers, etc.) for people to make a full recovery from their ailments and resume normal functioning as soon as possible.

In turning to the concept of companionship, the work of Jeffreys (2005) and Wolfelt (2006) provide insights about how this takes shape. The companioning role is not necessarily associated only with professional training; rather it involves a person's (family, friend, or professional) willingness to extend compassion and respect for the needs, fears, and grief of the bereaved. The notion of a companion shifts – at least

partially – the expectations of how the bereaved will cope with loss. This social construction of grief means that others who are close to the person should partake in the process of ‘getting well.’

Dramaturgy

Another sociological perspective that fits well with this topic is Goffman’s (1959) *dramaturgical analysis* in the sense that grieving is a specific definition of the situation that has detailed scripts for those who have suffered a loss. Goffman proposes that we have a *front-stage* (public), where one performs an assigned role for an audience, and a *back-stage* (private), where one is not required to perform a specific role because they are out of public view. When one is grieving on the front stage, one is expected to show such feelings as remorse, sadness, despair, and so forth and behave in certain ways such as wearing black clothing, crying openly, greeting other mourners at a funeral home or the cemetery, holding a wake or open house after the funeral, etc. Backstage behavior may include anger about the loss itself, its’ negative impact on relationships, or discussions on the changing but continuing bonds in the relationship to the deceased.

Often, we expect some of the stronger emotions to be displayed in private or at least to be shown only to those who knew the deceased or know the bereaved. Media presentations of grief, however, may bring some back stage emotions to the front stage, providing audience members with insights into showings of strong emotions. When the media interview bereaved persons, there is often a solemn tone and frequent quotes of one’s sadness and emptiness since the death. Less expected and accepted perhaps to an

audience, is for the bereaved person to express anger, for example, and therefore the bereaved often feel a need to hide this emotion from the interviews.

A dramaturgical approach may also help in the development of the sociology of emotions which suggests we are socialized to feel certain emotions and then we learn when to (or when not to) express these emotions. Hochschild (1983) claims we acquire a set of *feeling rules* that help us to determine how, where, when and with whom we express our emotions. The media can amplify these emotions, which is part of the focus of this study. This approach, with an emphasis on emotions, is scripted as an appropriate interpretation of the grieving experience for audiences. The script is then adopted and continues on through various venues and social networks (such as the family, grief support groups, etc.) who contribute to the creation of the reality matrix in which bereavement is constructed and experienced. This results in the bereaved being assisted with messages of how they are to do their 'grief work'. I turn now to the data and methods of the study.

METHOD

Content Analysis

Content analysis, has been defined as ‘a formal system for doing something we all do informally rather frequently-draw conclusions from observations of content’ (Stempel, 2003: 209). Lasswell (1948) devised the core questions for content analysis: "Who says what, to whom, why, to what extent and with what effect?" To capture this concern, a Lexis-Nexis search was conducted for articles appearing in *The New York Times* that contained at least one of the following words: grief, bereavement, mourning, coping, and loss and also included a quote from either the bereaved person or from an expert (e.g. psychologist, bereavement counselor, etc.) giving their recommendations for coping with loss due to death.

The search for reports on grief between 1980 and 2006 uncovered several hundred articles, though this was narrowed down to 50 for this study by the criteria of inclusion of quotes from either a bereaved individual, or from experts in various professional fields. Quotations have the effect of removing the voice of the news reporter, and enable us to see clear individual differences of the grief process as well as the various perspectives of the professionals and their advice.

The New York Times was the newspaper selected for analyzing and examining the representation of grief, because of its reputation as a national newspaper in the U.S. (e.g., Gitlin 1980) and its accessibility through Lexis Nexis. Newspapers offer a ‘rhetoric of factuality through which news stories gather much of their force and authority’ (Walter, et al 1995). The dates of the articles (1980-2006) span a quarter of century to determine

changes in the way grief has been discussed by the bereaved person and the experts, as well as how it has been portrayed through the years by the mainstream media.

Selection of articles

The main focus in this analysis is on the quoted statements gathered from the bereaved and from experts. There are two main questions raised by this approach. First, has the reporting of grief changed over time (between 1980 and 2006), and, second, how do experts and the bereaved frame or discuss the grieving process? Using the perspectives of the social construction of sick roles and dramaturgy, I developed a coding scheme to investigate patterns (or lack thereof) within the selected articles.

Three separate samples were developed using combinations of keywords (grief, coping, bereavement, and mourning), each time changing the place within the article in which the words were located (e.g., title, text, etc.). This produced a total of 50 articles: 40 from December of 1980 through March of 2006, seven between February, 2005 and May, 2006 using a different arrangement of the keywords which included the phrase 'coping with loss', and three from August and September of 2006. The latter sample is critical as these were published during the anniversary of the September 11, 2001 terrorist attacks in New York. It should be noted that a number of articles were excluded, (e.g. book reviews, film reviews, etc.) because they did not meet the criteria of this study for containing quotes from experts or the bereaved person.

Data Categorized

The analysis was based on the assumption that the meaning of the grief of those who were quoted was intrinsic in their quotations. The primary consideration was to represent the 'expressions' of the bereaved persons and the 'advice' of experts as reported by the media. Data were examined for two categories: grief management and grief resolution.

Grief management is defined as *internal* work necessary for functioning by the bereaved individual. This is a process of moving through the various outlined stages/phases of the grief process as designed by bereavement specialists, such as working through emotions like fear, for example. Many of the bereaved talked about what they were doing to cope with their loss or manage their grief, such as joining a bereaved support group. Some expressed their inside work using metaphors, others used humor, and others had great difficulty describing how they were coping.

The second category of *grief resolution* can be viewed as *external* and seen as what the bereaved need to *do* outwardly. Examples of this external work could be starting up a foundation in honor of the deceased, or challenging safety policies that resulted in a tragic death, or simply deciding to help another in their painful grieving process who may have experienced a similar loss. The latter encourages self-transcendence, which involves the ability to extend one's self beyond personal concerns and be able to reach outside of one's pain, while holding onto one's own sense of self. This can be a healthy coping response to grief for some bereaved and often leads to a sense of connectedness with others (Joffrion & Douglas, 1994).

Many experts interviewed in the stories noted ways to both manage *and* resolve grief. Some suggest that the bereaved person do *internal* work (managing) by seeking assistance from a support group, while at the same time this could also involve *external* work if they help another bereaved person with their grief. Experts also recommended that the bereaved person talk to others, including commercial service providers (e.g., funeral directors, etc.) who are in a position to understand the pain of loss.

Table 2 contains examples of headlines, quotes, and text and how these were analyzed. Research on newspaper consumption has shown that many people only read headlines, and for those who do read the articles, headlines can provide a slant to the story which is often then difficult to counter (Parenti, 1986). After the 50 articles and their quotes were analyzed from all three searches, headlines, quotes, and text were examined to determine the extent to which *New York Times* journalists' media contribute to the idea that the bereaved can be treated, cured, or fixed.

Table 2. Data Headlines and Text from Reporters

	Headlines	Text within articles
Example	'When grief takes hold of the body' (S1:23)	'grief can be a long, tortuous process...friends and relatives may not have the <u>patience</u> to cope with the <u>prolonged</u> pain of the survivor' (S1:6)
<i>comments</i>	<i>Suggests grief takes over – analogous to illness</i>	<i>Reporter's words Provides script for what grief feels like</i>

Note: All articles are available in full text through the Lexis-Nexis database.

ANALYSIS

First, I will analyze the data overall. Next, I will examine specific articles from the 1980's, 1990's and 2000-2006 will be examined to observe changes over time. Mourner roles that were omitted will be discussed. Finally, headlines, quotes, and text on grief are examined to determine whether they contribute to the idea that the bereaved can be treated, cured and fixed, as in illness.

Of the 50 articles analyzed, 27 were written by women reporters, 19 by men, and four had no author listed. Bereaved women were quoted slightly more often (3%) than men. This observation points to the stereotype that women are more likely to deal openly with their bereavement, and also provides a stage for the news that fits social norms on this issue. Expert advice came from various disciplines (including research psychologists, professors of family social science, psychiatry, psychology, gerontology, directors of grief centers, and grief counselors) often sending conflicting messages, given the different perspectives depending on the discipline.

Most readers 'shop' for headlines to determine which stories are of interest to them, making headlines one of the most important aspects of news articles (Davis, 2002). The majority of the 50 headlines in my data set were viewed as positive (47) based on the criteria that these were realistic representations of grief, such as "When grief takes hold of the body". A few (3) headlines were seen as negative and/or ambiguous due to a judgmental stance or for providing a mixed message. For example, one headline from our 1980's data exclaims "Halberstam's Widow is Coping, But 'Pain' Will Come." Six headlines reflected the notion that grief is analogous to illness by suggesting treatment or

outside help. And an example from the 1980's data, "More Bereaved Seek Counseling" emphasizes that professional help is sought out.

Within the text, many of the stories quote the bereaved person (as well as the experts) who often refer to grief as being in need of fixing by some type of intervention, such as individual counseling or group support. One exception was from Dr. Phyllis Silverman, who stated explicitly that grief was not an illness; rather it's a normal lifetime experience. Dr. Silverman also noted that grief was 'a process that needs to be dealt with' (NYT, 4/9/84, S1:3). Quotes that resembled how the bereaved persons were *managing* their grief were more frequently reported than those stories that spoke of *resolution*. For example, "Grief is like a sea and you initially feel you're going to drown. You have to try to tread water, but in the water, you are thrown life preservers – family, friends, talking to other survivors – and you just need to hang on to those to get to the other side." (NYT, 10/19/03, S1:25).

Several stories and quotes could fit either category, such as this excerpt from a woman who lost her 25 year-old son in the World Trade Center bombing:

In many ways, it feels worse....initially, it was a shock and I had to try to hold everybody together...now it's a total weight over me. It's an effort to get up in the morning. I have to go to work to keep my mind off it, but you come home to the same reality. We moved because his dream was for us to have a new home...so it's his home...but it hasn't made us happy because he's not here ...He gave us what he wanted, but the cost is beyond anything imaginable. (NYT, 9/11/06, S3:3)

The bereaved person explains in this quote how she attempted to cope initially, how she has to 'go to work to keep her mind off it', and then how resolution was sought by moving into a new home, which did not work.

Grief resolution, defined earlier as the *external* needs can be recognized in some of the stories which focus on things such as setting up scholarships in the name of the

deceased. Ms. Smith, mother of a firefighter, and her only child, who perished in the World Trade Center bombing, hoped to help underprivileged children who may not otherwise be able to afford college, stating, “I have to do things that will make people not forget my son, Leon, and keep his memory alive....someone’s always sending money for the scholarship, so I’m blessed” (*NYT*, 9/11/06, S3:3).

Quotes often reflect more general philosophies of both the bereaved and experts. For example, a veterinarian, who lost a husband in 9/11, described her grief through her practice and life work: “I felt sometimes like a wounded animal,....When I licked my wounds enough and healed, I’d come out of my cage.” (*NYT*, 9/11/06, S3:3). A psychiatric social worker and director of a bereavement program, used the same metaphor of ‘wounds’ as she advocated and explained grief therapy by noting that ‘the purpose of therapy....is not to prevent the grieving wounds, but to keep out secondary infections-divorce, alcohol or substance abuse’ (*NYT*, 11/8/81, S1:2). These examples may imply that the bereaved person may suffer an ‘illness’.

In numerous articles throughout the data, the bereaved person found solace in ‘connecting’ with other griever through support or advocacy groups, for example:

There is a bonding when you know you’ve both been there” said Mr. Salvatore. People understood the “hundred little things” he was going through, “like being in the grocery store, and your hand reaches out for a box or a jar”-and then, he said, you remember. (*NYT*, 5/20/1990,S1:6 survivor whose daughter committed suicide)

A widow claims a bereavement support group put her back on the road to recovery.

When asked why she did not seek out a religious leader, she responded: “I don’t know if a rabbi or even a doctor is able to handle this situation. What would they say? One might give me a pat on the head and say ‘God will help’ or the other, ‘Take a pill and you

will feel better’” (*NYT*, 11/8/1981, S1:2). The latter is one example of how people generally view a medical response to grief, through prescription drugs to fix their emotional pain.

In this same article, a woman whose 16 year-old daughter died noted that a group therapy program she attended taught her ‘that she could cope, freely mention her child’s name, deal with the other children in the family and ‘educate’ people that it was all right for them to mention my daughter’s name.” In 2002, one year after the 9/11 World Trade Center disaster, a widow was quoted about her attendance at a weekly support group with other women widowed on 9/11: ‘It’s a club nobody wants to belong to” she said, “but I need them” (*NYT*, 9/8/2002, S1:20).

In the examples quoted above we observe how valuable the group therapy programs appear to be for the bereaved person. In the mid 1970’s, attending groups as a therapeutic technique was still controversial, as Hiltz (1975) notes (referring to widows) by her caveat:

...group discussion can be a very effective modality of treatment. However, it can also be useless or even detrimental if the woman is not able to relate well enough to the other members and to the leader to allow the interaction process to help her understand and work through her problems over a period of time...

Why are so many bereaved today attending support groups to share their intimate feelings and express emotions with complete strangers rather than seeking solace through close family, friends, or religious leaders with whom they are familiar? One article in our data notes that the reason for this desire for outside help is because Americans have smaller fragmented families with loose ties to community (including religious organizations) and greater geographic mobility, which contributes to the need for turning to support groups (*NYT*, 5/20/90; S1:6). But not all seek outside help, some prefer to grieve back stage and

privately, from our data: ‘...my husband died about four months ago, and so far I have avoided support groups, bereavement groups and pill therapy...I’ll mourn the way I brush my teeth: my own way. Some of us believe that when it’s our turn to walk the world, we can and will do so, on our own’ (NYT, 2/10/04, S1:27).

Walter (2005) notes ‘One of the added pains of bereavement is other people’. He quotes a columnist who writes about her own grief experience where people seem to be uncomfortable no matter what the bereaved person does. ‘The wretched thing about all this is that if you do grieve, people are nagging at you to cheer up; but if you don’t grieve, people are nagging at you to grieve. They are comfortable with some grief, but not too much. They are comfortable with good cheer – but again, not too much...’(Ironside In Walter, 2005, p.122). This goes along with the dramaturgical theory as it suggests that one must *manage* emotional displays of their grief at a time, as Turner and Stets (2006) claim, ‘when social structures and the cultural script associated with these structures generate discontinuity between what people feel and what they must express to others in their audience’ (p.26).

The bereaved persons are bombarded with messages from social networks and institutions that are providing for the construction and experiences of bereavement in contemporary society (e.g., funeral homes, hospice organizations, etc.) on what they are to do (grief work). Walter (1999) explains that the use of conversation (informal, official, and professional) is as important today as the use of ritual (p.124). Walter continues arguing that many bereaved people seek support outside the family and close friend circle because they are ‘policed too rigidly’ by them, and they don’t feel able to express their feelings and talk about the deceased.

In one of the articles, a Cornell professor of clinical psychiatry, Dr. Milton Viederman, notes that the rush to professional help for the bereaved person may be an avoidance of the basic reality of death. “There is a sense that everything should be fixed and everything can be fixed. My view is more that there is pain that has to be lived through” (*NYT*, 5/20/06: S1:6). Applying Parsons’ sick role theory, perhaps the bereaved person assumes that their ‘condition’, as the media imply, is undesirable and that they should seek technically competent help. Or, possibly close family members and their expectations are too hard to live up to, so the bereaved person seeks out grief support groups. One woman who lost her son in the World Trade Center bombing, sums up her impression of how she is expected to grieve: “You’re often asked to wear a mask, sometimes it’s the mask of bravery, sometimes it’s a mask of stoicism, sometimes it’s just a steely smile.” (*NYT*, 9/11/06, S3:3). Again, this fits with the idea of a script designed for a bereaved person, to ‘buck up, be strong and move on’.

Most bereavement support groups and programs offer a facilitator and a script to assist through various stages of grief. This approach integrates the group and they begin to express more of the back-stage (private) grief with others in the group (team) while in a semi-public setting. Goffman refers to this as how teams define themselves in his dramaturgical analysis of society. This method also aids the bereaved in constructing meaning to their situation with others who understand their pain. Many bereaved in our data indicate that others suffering loss help them to understand that they are not going ‘crazy’, and that their experiences are shared and acceptable. Now that we have a general overview of the data, we take a closer look at the articles for the specific time periods in this study, namely the 1980’s, 1990’s, and 2000-2006.

The 1980 Media Stories

Five articles from the 1980's show a strong support for bereavement counseling from the expert advice. Some stories stressed keeping bonds to the deceased by the use of rituals. These reports also discussed the importance for the bereaved person to seek out others to talk with, others who have experienced a similar loss. As a social worker explained, 'people can obtain special solace from other people in an identical situation' (NYT, 11/8/1981, S1:2). In addition to fitting with Wolfelt's (2006) work on a companionship approach, this is also a treatment of grief that fits with the sick role notion, help should be sought. The idea is that one cannot, and should not deal with bereavement alone. The same article mentioned that a group of mourners from New York may need to seek counseling because mom was not always around. Again, this is typical of treating grief as a sickness that needs to be treated (if not by mom then by a counselor or through group therapy).

Not everyone, however, was quick to send the bereaved to a medical professional. An article published in 1984 quoted sociologist Frank Riessman who discussed the advantages of participating in mutual support groups for the widowed that were a real option for those who felt stigmatized by seeking out a mental-health professional (NYT, 4/9/1984, S1:3). Another expert, psychiatrist Ronee I. Herrmann, questioned the relevance of traditional medical and psychiatric training in assisting the widowed person and noted, 'I don't think widows need doctors as much as they need support groups with other widows in them' (NYT, 4/9/1984, S1:3).

The 1980 media stories consisted of mourners in the role of widow, live in partner, parent, and grandparent. Three of the five stories discuss widows learning to

cope, while one article deals with more of the bereaved seeking counseling, and the other with experts talking about what helps AIDS families who are bereaved. In the latter, however, it should be noted that there were no same-sex partners interviewed about loss, only parents and grandparents. The five articles leaned more towards managing and coping of one's grief and less on reporting about resolution of grief.

The 1990 Media Stories

There were ten stories from the 1990's on the topic of grief, and similar to the 1980 reports they continued the theme of seeking out strangers (e.g., bereavement counselors, grief/education and support groups, etc.) for solace and support. Interest in bereavement support groups and counseling was growing according to an article published on May 20, 1990. In this article, the then president of the Association for Death Education and Counseling (ADEC) noted that there was a generational factor involved for seeking outside help. It was reported that the postwar generation was confronting the deaths of their parents, aunts, uncles, and others, claiming that this generation was accustomed to seeking outside help for their problems (*NYT*, 5/20/1990). This same article noted that bereavement specialists were saying that the family structures in society were unraveling and that, "friends may not have the patience to cope with the prolonged pain of the survivor" (*NYT*, 5/20/1990).

One of the bereaved parents of the Pan Am Flight 103 tragedy in Lockerbie Scotland claimed that he found it much easier to talk with the other families of this tragedy than he did with his own sister (*NYT*, 8/12/1990). One story however,

referencing the Northridge, CA earthquake of 1994 reported on the commodification of grief through books, chat rooms, and workshops, and questioned the need for any of it:

Most people, in fact, are quite resilient and don't need registered experts to deal with anguish. Are our priests and rabbis not up to the task? Are our families' instincts to comfort not keen enough? The deployment of counselors—a well-meaning effort, I wholly grant you—sends an odd message: that people are too fragile to soothe and strengthen themselves. (NYT, 4/23/1999, S1:14).

Is it that we are too fragile? Or, rather, that bonding with others who have a similar loss may bring harmony and congruence to those suffering and eventually a strengthening of altruism in society? Unaddressed grief, according to one journalist, 'can wreak havoc', such as reported in this story from a 1999 article about a 69 year-old man from Queens, whose wife had died the year before after a long illness. The bereaved, it was noted, had been having difficulty paying bills. He attempted to rob a bank of \$1500, and the media give this report:

The police account of the holdup was straight out of Woody Allen. They said Mr. Hall walked into the branch where he usually banks without a mask, said he had a gun and demanded the cash. The teller gave him a bag of money with exploding red dye, which splattered him. Stained red, Mr. Hall hailed a cab for his getaway. An officer on foot patrol stopped the car a few feet away from the bank. The sad part of the story is that Mr. Hall's neighbors said he had not been the same since his wife died. He had let his beard and hair grow, he seldom ventured out, and when he did he sometimes ended up just hanging out in a park across the street from his apartment. Neighbors described him as lonely and depressed. (NYT, 11/21/99, S1:15)

Obviously, the bereaved man in the above situation had been desperate and perhaps depressed. This was recognizable in his appearance and behavior. The media portrayal here is that if grief is not dealt with, the bereaved only get sicker (e.g., as in this case, snap and commit a crime). It gives no insight into this man's previous mental health state or other social factors (such as his other losses, employment status, social support, etc.), only that 'he had not been the same since his wife died'.

The 1990 articles included mourner roles of sibling, spouse, parent, child, and pet owner. The latter focused on how to memorialize a deceased hamster for 2, 3 and 4 year olds, the only news story out of all 50 articles which dealt with disenfranchised grief. Out of the ten stories, only one article had expert quotes, and two discussed bereavement counseling. And again, although one article focused specifically on AIDS, there were no interviews with same-sex partners about their loss, who also fill the mourner role in society. Also, these ten articles from the 1990's spoke of management and resolution of grief, through various suggestions on how the bereaved were coping to recommendations from some bereaved of how one must learn to 'move on'.

The 2000 and Beyond Media Stories

The remaining stories in our final sample (N=35) were published between 2000 and 2006. The noticeable difference with these reports compared to the earlier stories, were that they focused more on a fellowship of suffering and communal grief. Stories on tragedies such as the World Trade Center bombing on 9/11, school shootings, war, earthquakes, plane crashes, and the tsunami disaster in Indonesia were reported. Nations and communities were now challenged, vulnerable, and experience little 'normalcy'. The news stories discuss death and loss as a 'constant companion' for many. The tragic disasters and events of the years 2000 and beyond (especially that of 9/11) have made the topic of grief highly visible throughout the mass media.

Another concentration in many of the articles was on shared grieving, bonding, and connecting with others who have had a similar loss, encouraging the bereaved to seek out counseling and support groups. One bereaved woman, who lost her brother to

suicide, noted that ‘survivor groups function like life rafts’ (*NYT*, 10/19/2003, S1:25). A mother who lost her son in the Iraq war stated ‘My closest friends now are three other mothers I have met who lost their sons...I feel closer to them....than I do to the people I have known for years’ (*NYT*, 1/2/2005: S1:32).

Using Goffman’s dramaturgy, we can speculate that bereavement support groups are helpful because the audience has changed. Support groups for bereaved individuals are able to provide the expression of private grief in a public setting. The bereaved person perhaps needs to be more cautious in the display of private grief with family members who are more vested in the bereaved’s mental and physical health. With strangers, however, who suffer a similar loss, there may be a deeper sense of unconditional acceptance, given that they too feel immense pain and suffering. One widow, according to a reporter, who lost her husband in the 9/11 disaster, ‘senses others growing impatient with her sorrow, as though grief followed the course of a fever’ (*NYT*, 9/11/2002, S1:22). Again, in this quote by the journalist we see an analogy made comparing grief to illness by use of the word ‘fever’.

Also, possibly there are different motives from the bereavement support group participants than for that of one’s family. Support group facilitators and other mourners realize the need for the bereaved to work through grief. Family, on the other hand, may fear more for physical and mental well-being of the bereaved member of their family and thus may focus more on wanting the bereaved to ‘to buck up, be strong, carry on, and move on with one’s life’. For some bereaved, grief can take a different journey. “Bereavement groups?” one mother asked the reporter, “I really don’t have time. I get my counseling on I-95 on the way to D.C.”. She lost a family member in the World

Trade Center disaster and is now testifying at Congressional hearings and rallying against intelligence agencies (*NYT*, 9/9/2003, S1:24).

After 9/11, there was considerable focus on adaptation of the bereaved families printed on the anniversary date of the event. In 2006, there was an entire section devoted to the stories of the survivors, noting how they have coped and how their lives have changed. Echoing earlier reporting, within the 28 family members (covered five years post loss), there were several types of mourner roles left out, such as grandparents, ex-spouses, lovers, and close friends, etc. The 'mourner role' for this special edition focus was given to spouses, children, fiancés, colleagues, and parents of the deceased. Interviews focused on how the survivors have coped and lived with their loss. Certainly, with the tragic number of deaths from 9/11, there were many survivors grieving the loss of a lover, a good friend, or an ex-spouse, who may have benefited from being included in the news story. Coverage of grief should include various family forms and give recommendations to all who will be in the bereaved role in society. Divorced parents, for example, who experience the loss of the ex-spouse (yet may have children together), could have difficulty applying recommendations used for spousal grieving; their needs would be quite different. How do they assist the children born from this union in grieving someone they themselves may no longer love?

Some of the 2000-2006 media reports compared people in similar situations (the 9/11 families followed over five years) giving implicit preference to 'those who grieve well' because they may have resolved or managed grief work quickly. The current form of media representation can consequently continue to compound attitudes of fear, isolation, and alienation for those suffering death losses, and for the general public who

(when acting as caregivers) attempt to bring relief and comfort to the bereaved person in society. The isolation that results for the bereaved person can cause additional stress, a lack of social support, and a vulnerable population. Overall, the media reports on grief and bereavement for 2000-2006 were split between managing and resolving one's grief from loss, many articles fit both categories as they discussed aspects of the grieving process.

CONCLUSION

Media reporting of grief for this data set showed few changes in the selected news stories over the years from 1980 to 2006. Similar suggestions were made by expert quotes for coping, managing, and resolving one's grief over time. Consistent throughout the reports from the 1980's to 2006, was the recommendation for outside help, which was seen as an important component in doing one's grief work, whether through support groups or individual counseling. However, it was not clear in these recommendations just exactly what one should be doing as 'grief work' in support groups or individual counseling.

Alternative recommendations that may be of help would be to offer some idea of what to expect when one is grieving. Since a great deal of emphasis is placed on how we each have our own individual ways of grieving in the news stories, it is often hard to determine just how to help a bereaved person. Quotes from the bereaved persons showed the complexity of the grieving process and very unique ways in which one does their 'grief work' (through support from family, friends, bereavement groups, starting up a cause or foundation, etc.), however the reader is left to guess and put together on their own, a formula for doing the so-called 'grief work'. The quotes reflected dramaturgy with actors (media, bereaved, experts, etc.) a script (designed by the media or an expert), a stage (the interviews and the group sessions attended) and an audience (the general public or other bereaved).

In order to advance the public understanding and knowledge of grief, we need to examine major contributors to the body of knowledge in society. Clearly, media reporters offer scripts and socially construct stories that appear to be reported as a social

problem, or as a health or medical issue. Obvious, through particular words (wounds, infections, etc.), phrases, or questions asked, there is a tendency for reporters through the quotes they choose to use, to suggest how grief and bereavement can be treated, cured, or fixed (as in illness) as well as an assessment of the location in the 'grief work' process of the bereaved individual.

Alternative recommendations within the news stories might focus more on what kind of help is most beneficial to the survivors. This could be done through particular questions posed of the bereaved person and the experts. However, oftentimes, Walter (1999) reminds us that most bereaved people are suffering and confused and 'may not know how they will get through the next day, and are ill-informed about the services on offer...like the drowning, they are more likely to cling to the first lifebelt thrown them' (p.208). Experts could give more concrete advice, such as recommending that family, friends, and co-workers schedule times when they can sit with the bereaved person, listening for clues on how they can help them.

Some groups, such as bereaved people who are grieving a disenfranchised loss (i.e., close friend, ex-spouse, stillbirth, death of a lover, etc.), were left out from media reports in our data, although they too suffer pain and anguish after their loss, need their feelings validated, and should have the chance to tell their story, if so desired. The general public would also benefit from ideas on how to help those who are not recognized in their bereaved role.

Because of the exploratory nature of this research, further research is warranted on how grief and bereavement are depicted in the media. A limitation of this study is that only one newspaper source was used. A comparison study using other major newspapers

would provide a geographical representation. One could also compare local news to national news portrayal of the topic of grief. Continued research might look at other forms of media, such as television and magazines, or the visual representation of the bereaved in newsprint photographs. Future studies could also include a cross-cultural examination of ways in which the bereaved are portrayed by the media to increase our understanding of the social construction of grief on a global level.

Ideally, the media focus on the topic of grief that might benefit all (the bereaved and the caretakers) could be realized by a reframing of questions for interviews posed to the bereaved, such as ‘How can someone help you and/or your family in your grief?’ And a media question for the experts, ‘How can we best assist the bereaved in their ‘grief work’? This approach from the media could aid numbers of people (as well as the general public) in their various representations of how to do ‘grief work’. In closing, Wolfelt’s (2006) advice is worth pondering: “Companioning the bereaved is not about assessing; analyzing, fixing or resolving another’s grief...it is about being totally present to the mourner, even being a temporary guardian of her soul”(p.23).

MEDIA SAMPLES ANALYZED

Sample 1

1. Halberstam's Widow is Coping, But 'Pain Will Come' by Bernard Weinraub, December 12, 1980
2. More Bereaved Seek Counseling by Phyllis Bernstein, November 8, 1981
3. The Family: Giving the Widowed an Arm to Lean On by Glenn Collins, April 9, 1984
4. Relationships; Helping Widows to Cope by Glenn Collins, April 7, 1986
5. What Comforts AIDS Families by Lou Ann Walker, June 21, 1987
6. Solace After Bereavement: Counseling Services Grow by Trish Hall, May 20, 1990
7. In Grief, Lockerbie Families Are Divided by States News Service, August 12, 1990
8. To a Drumbeat of Losses to AIDS, A Rethinking of Traditional Grief, by Elisabeth Rosenthal, December 6, 1992
9. Joan Rivers Offers Some Stand-Up Therapy by Kate Stone Lombardi, January 29, 1995
10. Terror In Oklahoma: The Psychological Toll; Coping with shock of blast: Lingering Fear and Anguish by Catherine S. Manegold, April 25, 1995
11. Terror In Oklahoma: The Mourning: Families of Missing Victims in Oklahoma Are Helped by One Who Knows, by David Gonzalez, May 4, 1995
12. With Show, Cosby Acts On His Vow To Move On by Mireya Navarro, February 2, 1997
13. The Big City; Pupils Mourn Fallen Rodent, And Move On by John Tierney, December 3, 1998
14. An Overabundance of Counseling? By Sally L. Satel, April 23, 1999
15. Coping; Widowed Young, Grieving Long by Felicia R. Lee, November 21, 1999
16. Public Lives; Senator-Elect Copes With Grief by Continuing a Legacy, by Lizette Alvarez, December 18, 2000
17. Personal Health; Grieving When the Lost Are Never Found by Jane E. Brody, September 25, 2001
18. A Nation Challenged: Community; A School Finds Strength in a Network of Grief by Jane Gross, December 18, 2001
19. A Nation Challenged: The Families; A Town's Public Memory, Its Residents' Private Grief, by Andrew Jacobs, March 9, 2002
20. Life Goes On. A Sense of Loss Does, Too, by Allan Richter, September 8, 2002
21. Cases:, by Robert Klitzman, September 10, 2002
22. A Year of Grief; Death as a Constant Companion, by Dan Barry, September 11, 2002
23. Vigilance and Memory: The Observances; A Single Grief Knits Together A Vast Country, September 12, 2002 When Grief Takes Hold Of the Body
24. Two Years Later: Following Up; Trying to Shed The Numbness in Middletown, by Andrew Jacobs, September 9, 2003
25. Some Stories Are So Jarring They Don't Go Away by Fran Schumer, October 19, 2003

26. Executive Life; Coping in Grief, Beyond 'Business as Usual' by Eve Tahmincioglu, February 1, 2004
27. Coping With Bereavement, by Arlene Rutstein, February 10, 2004
28. The Worst of News Brings Two Together, by Mary Reinholz, March 14, 2004
29. A Smaller Group, Bound by Grief, Recalls Flight 800, by Patrick Healy, July 17, 2004
30. In a City Unfamiliar, Seeking a Bond To a Dead Son, by Anemona Hartocollis, September 19, 2004
31. After a Tragedy, Strategies for Healing, by Merri Rosenberg, December 19, 2004
32. G. I. Families United in Grief, but Split by the War, by Monica Davey, January 2, 2005
33. After Food and Shelter, Help in Coping With Unbearable Loss, by Benedict Carey, January 4, 2005
34. Bread and Shelter, Yes. Psychiatrists, No., by Sally Satel, March 29, 2005
35. A Son's Grief, in Word and Watercolor, by Anemona Hartocollis, April 24, 2005
36. A Fellowship of Suffering, Ever Expanding, By Alan Feuer, September 4, 2005
37. After the Hurricanes, the Inner Storm for Children, by Jane E. Brody, September 27, 2005
38. Helping Students Cope With a Katrina-Tossed World, by Emma Daly, November 16, 2005
39. The Struggle to Gauge a War's Psychological Cost, by Benedict Carey, November 26, 2005
40. Grief and Rage, Distilled Into Generosity, by Carin Rubenstein, March 5, 2006

Sample 2

1. Losing a Friend, And Working Through It, by Cheryl Dahle, February 6, 2005
2. A Season of Children Lost, and Pain Compounded, by Andy Newman, August 5, 2005
3. In War Debate, Parents of Fallen Are United Only in Grief, by Abby Goodnough, August 28, 2005
4. Hundreds Express Grief and Faith as 6 Miners Are Buried, by Gary Gately, January 9, 2006
5. Decades Later, Haunted by the Loss of a Little Brother, by Virginia Heffernan, January 19, 2006
6. As Roadside Memorials Multiply, a Second Look, by Ian Urbina, February 6, 2006
7. After Loss of a Parent to War, a Shared Grieving, by Lizette Alvarez, May 29, 2006

Sample 3

1. Grandmothers From Africa Rally for AIDS Orphans, by Lawrence K. Altman, August 13, 2006
2. The Hole in the City's Heart, by Deborah Sontag, September 11, 2006
3. Getting Past the Pain of 9/11, In Steps Both Big and Small, by Buckley, Collins, DePalma, Finn, Hoffman, Kelley, Kleinfeld, and Newman, September 11, 2006

BIBLIOGRAPHY

- Attig, T., 1996. How we grieve: Relearning the world. New York: University Press.
- Beck, Ulrich. 1999. World Risk Society. Malden, MA: Polity Press.
- Bowlby, J., 1969. Attachment and loss. Vol. 1 *Attachment*. New York. Basic Books.
- Cable, D.G. 1998. Grief in the American Culture, In Doka & Davidson, Eds., *Living With Grief: Who We Are, How We Grieve*, Hospice Foundation of America, Washington, D.C.
- Chambon, A.S., Irving, A., & Epstein, L., Eds. 1999. Foucault and Therapy: The Disciplining of Grief, Chapter 7 in *Reading Foucault for Social Work*, pp. 157-187.
- Davis, J. 2002-2003. News: Beyond the Myth of Objectivity. Retrieved January 13, 2007 from: http://www.medialit.org/reading_room/article48.html, Center for Media Literacy.
- Doka, K., 1989. Disenfranchised Grief: Recognizing Hidden Sorrow. Lexington Books.
- Fiske, J., 1987. In Gamson, W.A., 1989. News as framing: Comments on Graber. *American Behavioral Scientist*, 33, 157-166.
- Frank, A., & Foote, C., 1999. In Chambon, A.S., Irving, A., & Epstein, L., Eds. 1999. Foucault and Therapy: The Disciplining of Grief, Chapter 7 in *Reading Foucault for Social Work*, pp. 157-187.
- Freud, S., 1917. The Complete Psychological Works. London: Hogarth Press.
- Gamson, W. A., Croteau, D., Hoynes, W., & Sasson, T., 1992. Media Images and the Social Construction of Reality, *Annual Review Sociology*, Vol. 18: 373-93.
- Giddens, A., 1991. Modernity and Self-Identity. Stanford, CA: University of Stanford Press.
- Gitlin, T., 1980. The Whole World is Watching. Berkeley, CA: University of California Press.
- Goffman, E., 1959. The Presentation of Self in Everyday Life. Garden City, NY: Doubleday.
- Hiltz, S.R., 1975. Helping Widows: Group Discussions as a Therapeutic Technique. *The Family Coordinator*, Vol. 24, No. 3, p. 331-336.

- Hochschild, A.R. 1983. The Managed Heart: Commercialization of Human Feeling. Berkeley: University of California Press.
- Ironside, V., 2005 In Walter, T., 2005. What is Complicated Grief? A Social Constructionist Perspective. *Omega*. The Journal of Death and Dying. Vol. 52: No. 1: 71-79
- Jeffreys, J. Shep, 2005. Helping Grieving People: When tears are not enough: A Handbook for Care Providers, Brunner-Routledge, New York, NY
- Joffrion L.P., & Douglas, D., 1994. Grief resolution: facilitating self-transcendence in the bereaved. Journal of Psychosocial Nursing and Mental Health Services, March; 32(3) 13-9.
- Klass, D., 1988. Parental grief: Solace and resolution. New York. Springer
- _____, D. 1996. The deceased child in the psychic and social worlds of bereaved parents during the resolution of grief. In D. Klass, P. R. Silverman, & S.L. Nickman (Eds), *Continuing bonds: New understanding of grief* (199-215). Washington, D.C.: Taylor & Francis.
- Kubler-Ross, E. 1969. On Death and Dying: what the dying have to teach doctors, nurses, clergy and their own families. New York: Macmillan publishing.
- Lasswell, H. 1948. The Structure and Function of Communication in Society, in L Bryson (ed.), *The Communication of Ideas*. New York: Harper.
- Lynch, T., 1995. Embalming Father In Williams, V., & Hobson, G., 1996 "The Dead", Olympus Cameras, The Arts Council of England.
- Neimeyer, R.A., 1998. Lessons of loss: A guide to coping. New York: McGraw-Hill.
- Parenti, M., 1993. Inventing Realities. New York: St. Martin's Press.
- Parkes, C.M., & Weiss, R., 1993. Recovery from bereavement. Northvale: NJ: Jason Aronson.
- Parsons, T., 1951. The Social System. Free Press.
- Rando, T., 1984. Grief, dying and death: Clinical interventions for caregivers. Champaign, IL, Research Press.
- Rando, T., 1993. The Treatment of Complicated Mourning. Champaign, IL: Research Press.

- Rich, P., 2006. The Grief Continuum: Three Stages of Grief Loss. Retrieved December 30, 2006, from:
<http://www.selfhelpmagazine.com/articles/loss/griefcontinuum.html>
- Schneider, J., 1994. Finding My Way. Healing and Transformation Through Loss and Grief. Seasons Press, Colfax, Wisconsin.
- Smelser, N.J., 2003. Sociology: Spanning Two Centuries, *The American Sociologist*. Vol. 34.3, p. 5-19.
- Spector, M. & Kituse, J.I., 1977. Constructing Social Problems. Menlo Park, CA: Cummings.
- Stempel, G. H., 2003. Content Analysis. In G. H. Stempel III & B. H. Westley (Eds.), *Research Methods in Mass Communication* (2nd ed., pp. 124-136). Englewood Hills, NJ: Prentice Hall.
- Stroebe, M., & Schut, H., 1995. The Dual Process Model of Coping with loss. Paper presented at International workgroup on death, dying and bereavement, Oxford, UK.
- Turner, J.H., & Stets, J.E., 2006. Sociological Theories of Human Emotions. *Annual Review of Sociology*, 32:25-52.
- Walter, T., Littlewood, J., & Pickering, M., 1995. Death in the News: The Public Invigilation of Private Emotion. *Sociology*, Vol. 29: 579-596.
- _____, T. 1999. Facing Death: On Bereavement, The Culture of Grief. Open University Press, Buckingham, MK
- _____, T. 2005. What is Complicated Grief? A Social Constructionist Perspective. *Omega. The Journal of Death and Dying*. Vol. 52: No. 1: 71-79
- Wolfelt, A., 2006. Companioning the Bereaved: A Soulful Guide for Counselors & Caregivers, Companion Press, Ft. Collins, CO
- Worden, W., 2002. Grief counseling and grief therapy. A handbook for the mental health practitioner. (3rd edition) New York: Springer.

MICHIGAN STATE UNIVERSITY LIBRARIES



3 1293 02956 2562