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Maisie L. Ketron
Parental Death: Grieving
Loss of Life While
Sustaining a Relationship

ABSTRACT

This study explored how an adult whose parent died during childhood understands their ongoing relationship with that parent and whether rituals or practices are integral to observing that ongoing relationship. Psychodynamic theory first examined the grieving process as a linear, time-limited experience. The field of grief and bereavement studies has become polarized around traditional psychodynamic theorists who have examined pathological bereavement and post-modern continuing bonds theorists whose focus is the nature of the ongoing relationship to the deceased. There is limited research exploring bereavement in childhood and particularly the process of mourning and relating to the deceased parent over time.

Interviews were conducted with twelve adults whose mother or father died when they were between the ages of zero and seventeen. Participants were asked questions about their experience at the time of death, how they conceptualized the connection to their deceased parent, and whether rituals or practices were a part of their bereavement process over time.

The results of this study indicated that ongoing recognition of the deceased parent was a meaningful aspect or a desired component of participant's lives. The child's

experience at the time of the death was found to be most heavily influenced by participants' age, developmental stage, and family dynamics. The findings demonstrated that the amount of energy participants invested into relating to the deceased parent shifted over time, most frequently in conjunction with nodal life events. The results of this study suggest that clinicians can help bereaved children, families, and individuals communicate about their experience of loss. For some bereaved, clinicians can facilitate the development of relationships with the deceased.

PARENTAL DEATH:
GRIEVING LOSS OF LIFE WHILE SUSTAINING A RELATIONSHIP

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

Maisie L. Ketron

Smith College School for Social Work
Northampton, Massachusetts 01063

2008

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This thesis is dedicated to my mother and to the twelve people whose experiences are the heart of these pages. To Mom, I am forever grateful to you for creating ritual and celebration in the cycles of daily life, for it is through these remembrances that I have felt your loving presence. To the participants who so generously offered your time and your story, thank you. I cannot possibly have done justice to your experiences, but I have done my best. This would not have been possible without you.

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CHAPTER I
INTRODUCTION

“Death ends a life, not a relationship.”

(Robert Anderson, playwright, 1974)

Death ends a physical existence in the world, but what is it that remains? The predominant focus in Western culture as well as in the clinical and theoretical realm has been the notion of working towards the resolution of grief. Neighbors bring frozen casseroles to the grieving family in the days and months after the death but mourners often feel that the subject of bereavement is deleted from public discourse just as an awareness of the absence is sinking in. The DSM-IV-TR (2000) indicates that if symptoms are present two months after the loss the diagnosis of Major Depressive Disorder may be given (pp. 740-741). In addition to the emotionally trying experience of loss, a child who loses a parent must navigate the world without a caregiver, nurturer, and provider. How does a child adjust to a world in which his or her parent is no longer living? What becomes of the fundamental relationship this parent provided? How can the experiences of children who have adapted to the loss of a parent shape and inform our understanding of bereavement and grief?

Psychodynamic theory first examined the grieving process as a linear, time-limited experience. Freud fathered the notion of ‘grief work’ in distinguishing between pathological and normal grieving. He espoused the notion that “when the work of

mourning is completed the ego becomes free and uninhibited again” (Freud, 1917, p. 245). Once “uninhibited,” the individual is free to find substitute attachments. This evolved into research and theories attempting to treat those suffering from profound loss and identifying indicators of the potential for pathological grieving.

Yet Freud himself later recognized that though “the acute state of mourning will subside . . . we shall remain inconsolable and will never find a substitute” (Freud, 1929, p. 386). More recently, continuing bonds theorists have presented an alternative approach to grief, claiming that continuing an attachment bond facilitates adjustment to life without the presence of the deceased person (Stroebe & Schut, 2005, p. 477). The field of grief and bereavement studies has become polarized around those who examine pathological bereavement and continuing bonds theorists whose focus is the nature of the ongoing relationship to the deceased. “Disengaging,” “ending,” “hypercathecting,” and “relinquishing the bond” are all traditional psychoanalytic descriptions of the final stage of healthy grieving. The thesis of “continuing bonds,” that “the resolution of grief involves continuing bonds that survivors maintain with the deceased” (Silverman & Klass, 1996, p. 22), has only recently begun to be researched and studied.

Studying a child’s bereavement in experiencing the death of a parent illuminates useful features of both the traditional and continuing bonds approaches to bereavement studies. Bowlby’s renowned attachment theory evolved from the study of a child’s grieving over an absent parent. While the nature of the attachment relationship has become a cornerstone of the clinical lens, contemporary theorists have begun to

increasingly integrate consideration of the child's larger environment, including the family and culture. Similarly, while traditional theorists provide a construct for trying to comprehend a process that is unpredictable and often times painful, yet elemental, continuing bonds theorists encourage a broader definition of healthy and normal bereavement.

Childhood bereavement and the process of mourning over time is an understudied field. There are many obstacles to researching bereavement over time, childhood bereavement, and the role of family and culture. Longitudinal studies of grieving children and families are particularly difficult given the change and turmoil that often follows loss. Childhood bereavement studies have historically focused on measuring pathological symptoms. The notion of creating models of grieving, establishing symptom pictures, and focusing on restoring the mourning individual to functionality are all inextricable from a Western cultural lens.

This qualitative study seeks to address this paucity in research by conducting an exploratory study of the nature of a child's relationship to a deceased parent over time. Participants were adults whose parent died during childhood, at least two years prior to the exploratory interview. Participants were provided with an opportunity to narrate and document their experiences while contributing to an under-examined field of study. The research question examined is: how do adults whose parents died during childhood understand their ongoing relationship with that parent and are rituals or practices integral to observing that ongoing relationship?

CHAPTER II

LITERATURE REVIEW

Mourning is one of the most profound human experiences that it is possible to have . . . The deep capacity to weep for the loss of a loved one and to continue to treasure the memory of that loss is one of our noblest human traits (Suicidologist Edwin S. Shneidman (1980) as quoted in Marrone, 1999, pp. 502-503).

The profound nature of loss is made even more complex by several features unique to parental death during childhood. This qualitative study will explore the nature of an adult's relationship to a parent who died during childhood, and whether practices and rituals are integral to observing that ongoing relationship. First, theoretical understandings of the unique experience of parental loss during childhood and the theories that seek to understand this process are explored. Next, the origins and evolution of psychodynamic theories of grief and bereavement are reviewed. This section explores efforts to define and structure healthy grieving as distinct from pathological grieving. Some recent theorists have diverged from the more traditional notion of a linear grieving process that involves the internalization of the deceased, asserting instead that an individual maintains a continuing bond with the deceased. An examination of other cultures, a historical perspective, and a review of how individual theorists themselves have modified their theories over time suggest potential for an integrated theory of bereavement. Lastly, the implications of bereavement theory are addressed in the complexities of early parent loss, particularly as manifest in family adaptation, ritual, and

the use of transitional objects. Existing literature and research on each of these topics will be addressed.

“Bereavement,” “mourning,” and “grief” are often used interchangeably. For the purposes of this study, the terms will be defined as follows. “Grief” will be used as defined by Reynolds, Miller, Jelalian, and Spirito (1995), the “affective response to loss” (p. 152). This may include emotional, physical, cognitive, and behavioral reactions. “Mourning” will be used as defined by Stroebe, Hansson, Stroebe, and Schut (2001) as “the social expressions or acts expressive of grief that are shaped by the practices of a given society or cultural group” (p. 9). Lastly, “bereavement” will be defined as the “objective situation of having lost someone significant” (Stroebe et al., 2001, p. 6). “Pathological grief is therefore identified as any intensification or inhibition of the processes of normal grieving, or any delay or prolongation of those processes” (Reynolds et al., 1995, p. 155). It was theorists’ interest in distinguishing pathological grief from a normal grief response out of which psychodynamic grief and bereavement studies were born. As bereavement studies have evolved and the childhood bereavement process has become an independent field of study, one of the central disputes is the extent to which children have a limited ability to mourn.

Parental Death: The Childhood Bereavement Process

One aspect of early parent loss that theorists, researchers, and clinicians seem to agree upon is that it significantly impacts the life of that child and their adulthood. In the United States, an estimated 5% of children experience the death of one or both parents by the age of 15 (Krupnick, 1984, p. 99). Literature, art, and some of the most creative minds in our world have been impacted by early parent loss. The subject matter and focus of many influential lives have been shaped by losing a parent in childhood.

Edgar Allan Poe's story "Loss of Breath" "most likely describes from a toddler perspective" (Terr, 1987, p. 547) the room in which his mother died:

I was laid out in a chamber sufficiently small, and very much encumbered with furniture—yet to me it appeared of a size to contain the universe. I have never before or since, in body or mind, suffered half so much agony as from that single idea. Strange! That the simple conception of abstract magnitude—of infinity—should have been accompanied with pain. Yet it was so [Bonaparte, 1933, p. 392]. (Terr, 1987, p. 549)

Poe describes death in his fiction and poetry as a toddler would: women who are not fully dead (Lady Madeline in "The Fall of the House of Usher"), and incorrect, unnatural, premature burials ("The Tell-Tale Heart," "The Pit and the Pendulum") (Terr, 1987, p. 549). Many have attributed Poe's legendary perspective on death to his intimate experience with his mother's death as a toddler.

"Harry Potter suffered what is the most horrible fear of all children—the loss of his parents" (Lake, 2003, p. 518). Harry's mother dies trying to protect him from evil.

As an agent in her death, Lake argues that Harry identifies with the evil Lord Voldemort who destroyed his mother. Lake understands Harry's decency, his "spontaneous respect and concern for others" as a stance of reparation "to repair the unconscious memory of past wrongs against infantile others, and the related debilitation of the self" (p. 519). Harry Potter, one of the most famous modern fictional characters, is importantly shaped by his mother's death.

John Bowlby became keenly interested in the life of Charles Darwin and in his final book "attributed Darwin's illness to suppressed grief following the death of his mother" (Fraley & Shaver, 1999, p. 735). Darwin suffered from physical illness that significantly restricted his lifestyle. The etiology of his symptoms was not understood though since his death many hypotheses have been made. Bowlby believed the suppression of grief can lead to psychological and physical illness. Bowlby focused much of his career on the consequences of loss, and particularly loss of a primary attachment figure.

John Bowlby pioneered a focus in psychoanalytic research on the nature of early attachment relationships and loss. His work acknowledged the biologically instinctive nature of attachment and led to research classifying attachment patterns that persist throughout an individual's life. Through the study of how young children responded to temporary loss of their primary attachment figure, three principal patterns of attachment were initially classified: secure attachment consistent with healthy development, anxious ambivalent attachment in which "the individual is uncertain whether his or her parent will

be available or responsive or helpful when called upon,” and third, anxious avoidant attachment in which “individuals have no confidence that when they seek care they will be responded to helpfully but, on the contrary, expect to be rebuffed” (Bowlby, 1988, p. 4). These attachment patterns are established in the first several years of life and persist throughout an individual’s life.

In his third volume of *Attachment and Loss*, “Loss: Sadness and Depression,” Bowlby (1980) importantly contributes to the field of grief studies, and in particular introduces a focus on childhood bereavement. He explores several important aspects of childhood bereavement and particularly loss of a parent including: the nature of the relationship prior to death, the age of the child, the nature of the death, and the circumstances surrounding when and how a child’s environment responds to the death and how family and caregivers communicate with the child about the death. Bowlby concludes that the way in which a four and five year old mourns is “very similar to adults” (p. 290), as is also true for older children and adolescents. “Contrary opinions have arisen, I believe, only because the experience of clinicians is so often confined to children whose loss and mourning have taken place in unfavourable circumstances” (p. 290). He does identify that there are both circumstantial and psychological differences between the bereaved child and the bereaved adult, but suggests it is inaccurate to interpret these differences as indicative of an inability of the child to mourn.

Historically, children have not been exposed to aspects of the grieving process in order to protect and shield them from the realities of death. Concerns about

developmental limitations, potential for harm in exposure, and the differences between a child's and an adult's manner of affectively and verbally communicating creates a disconnect between the adult and child mourning process.

Wolfenstein represents a theorist who argues that children are not able to mourn until they have successfully separated from their parents during adolescence.

“Observations of children in the age range from latency into adolescence, who have suffered the death of a parent, have shown that they are unable to mourn” (Wolfenstein, 1966, p. 120). She finds that in the case of an adaptive reaction to parental death, there is “an immediate transfer of freed libido to an available substitute parent” (p. 120). For Wolfenstein, adolescence is a trial mourning, a “gradual decathexis of the first love objects” (p. 121) and it is only after this initial mourning that the individual is able to perform the work of mourning. As critiqued by Bowlby, Wolfenstein does draw her adolescent and child research participants primarily from those in treatment at a child guidance clinic, a potentially limiting sample from which to draw a universal conclusion that children are unable to mourn. A clinical sample is more likely to manifest some type of psychopathology (Oltjenbruns, 2001, p. 180). “It is difficult to know the degree to which . . . children in treatment are representative of all bereaved children and the extent to which individual reactions may be idiosyncratic” (Krupnick, 1984, p. 103).

Studies and research findings on childhood grief have generally been limited in several respects. For example, it is not often that studies use a demographically matched control group of nonbereaved children, many different measures have been used to

measure symptomatology, and the population studied has often involved small sample groups or consulting adult informants rather than the children themselves (Worden, 1996, p. 1). The current hallmark study of childhood bereavement is the Harvard Childhood Bereavement Study which provides data from a longitudinal assessment of the impact of parental death on a non-clinical sample of children and their families. The study included a nonbereaved control group matched by age, gender, grade in school, family religion, and community. Data was collected at four months, one year, and two years after death, and both the child and the surviving parent were interviewed and evaluated (Oltjenbruns, 2001, p. 189). Many researchers drew subsets of data as this was recognized as the most methodologically thorough and sound study of childhood bereavement; several of the relevant findings are discussed here.

Similar factors as Bowlby identified in “Loss” were found in the study to influence the course and outcome of bereavement: aspects of the death, the lost parent, the family, the child, and the outside world (Worden, 1996, p. 74). Whereas reactions of research participants did yield some patterns, unique factors emerged in individual cases to balance or aggravate stressors. For example, sudden death led to worse adaptation to the loss at one year but often involved greater family cohesiveness and a sense of religious and spiritual support (Worden, 1996, pp. 75, 95). In the study “it is clear that the impact of mother loss was in many ways greater than the loss of a father” as mother loss was associated with more emotional and behavioral problems. This may also reflect that mothers more often play the role of limit setting.

Children's symptoms may be adapted to the surviving parent's role. For example somaticization, a frequent expression of childhood bereavement, may be a child's way of obtaining reassurance from the surviving parent. Somaticization as an adaptive expression is suggested in that children experiencing father loss are shown to be ill more frequently than those experiencing mother loss, potentially because mothers tend to respond with physical affection (Worden, 1996, p. 76). Children of parents who remarried experienced lower levels of depression and anxiety and were less concerned about the surviving parent's safety. These factors contribute to an understanding of the overall finding in the study that the functioning level of the surviving parent is "the most powerful predictor of a child's adjustment to the death of a parent" (Worden, 1996, p.95).

The surviving parent's ability to support and attend to the child was shown to be paramount to the nature of the child's mourning process. Qualitative analysis of data from the Harvard Childhood Bereavement Study suggests that the surviving parent's particular attention to a child's memories and feelings about the deceased "provides children with comfort and an ability to carry on that children with less attentive or communicative parents seemed to lack" (Nickman, Silverman, & Normand, 1998, p. 133). A child may lack sufficient communication skills to talk about grief and death, but the study found that most children understood the concepts. "Parents in the Harvard study tended to under-appreciate the fact that absence of overt emotional expression in their children did not mean they were not successfully coping with their grief" (Larson & Nolen-Hoeksema, 1999, p. 112). In the heightened emotional atmosphere following the

death of a parent and spouse, the surviving parent can easily be consumed by their own grieving process and fail to recognize the distinctive manner in which a child exhibits grief. The age and developmental phase of a child significantly informs the nature of their grieving process: how they conceptualize the nature of death, the capacity for verbal communication, and the developmental features of the relationship are a few aspects.

Consideration of the way in which a child understands death given their cognitive development and age can significantly impact the mourning and bereavement process. The four components of a child's "death concept" most widely studied are: irreversibility, an understanding that death is final and irrevocable; universality, an understanding that all living things will die; nonfunctionality, an understanding that all life-defining functions end with death; and causality, an understanding of the objective causes of death (Reynolds, Miller, Jelalian, & Spirito, 1995, p. 143). Though children conceptualize death in unique ways, Reynolds et al. conclude that "researchers have consistently found that gender, religious beliefs, race, and parental divorce are not related to children's understanding of death" (p.144).

Research efforts to understand children's death concept emerged in the 1930s and proliferated in the 1970s. "Yet, despite the proliferation, Spruce and Brent reported surprisingly slow progress. Methodological inconsistencies have yielded 'a confusing array of results' (Stambrook & Parker, 1987)" (Larson & Nolen-Hoeksema, 1999, p. 114). Generally, children acquire some understanding about the concept of death by 3 years of age. Without a developmental grasp of irreversibility, they may perceive death

as similar to sleep, and may believe that “wishful thinking can bring the dead back to life” (Reynolds et al., 1995, p. 143). Prior to acquiring a conception of universality, children may believe themselves to be immune from death, or believe it can be avoided. Generally between the ages of 6 and 8 children understand death as a universal phenomenon that is irrevocable and includes cessation of all bodily functions. However, it is not until around 9 years of age that a child understands causality. “In some cases, a child may assume that the death of a sibling or parent resulted from either a child’s own bad behavior or a secret wish that the person was dead” (Grollman, 1990 as cited in Reynolds et al., 1995, p. 147). The developmental stage of a child has been understood to have a significant impact on the way in which a child interprets the loss of a parent. “‘Developmental transitions . . . may precipitate a resurgence of grief which provide opportunities for further accommodation of the loss in relation to the current life stage. . . Issues of bereavement are superimposed on those of development’ (Miller, 1995, p. 101)” (Oltjenbruns, 2001, p. 178).

Worden draws findings from the Harvard Childhood Bereavement Study and identifies four tasks of mourning, recognizing that “loss through death is experienced and expressed in different ways at different developmental phases” (1996, p. 12). According to Worden, the first task is accepting the reality of the loss, which requires that the child is capable of grasping the concept of irreversibility. The second task involves experiencing the emotional impact of the loss. This may be heavily influenced by the nature of the child’s attachment pattern as it informs their capacity for reality testing their

emotional experience. The third task requires adjusting to the environment in which the deceased is missing. This is a process that is re-experienced at transitional points of not only childhood but also adulthood. For example, as a child whose mother died has her own children, she will experience and mourn the meaning of this loss anew. Finally, Worden identifies that the child must “relocate the dead person within one’s life and find ways to memorialize the person” (Worden, 1996, p. 15).

Prior to the 1970s in the United States, grieving children were “sheltered both from full knowledge about the death and others’ reactions to the loss” (Oltjenbruns, 2001, p. 176). Contemporary theorists and clinicians recognize the detrimental possibilities resulting from such an approach. When Edgar Allan Poe’s mother died, though at nearly 3 years old he was possibly the only person present when she died, he was not included in any of the rituals immediately following her death. His recurring themes of women not fully dead, haunting eyes, and improper burials may serve as an example of what results when a child is excluded. Nickman, Silverman, and Normand refer to “constructing” the dead parent, building an inner representation, as closely related to maintaining a connection to the deceased (1998, p. 126).

While Bowlby asserted that children’s grief is much like the adult grieving process, and the Harvard Childhood Bereavement Study provided evidence of the child’s capacity to adapt to loss, whether children have the capacity to grieve as adults do remains a contentious subject as suggested by Worden’s tasks of grieving and the limitations of a child’s developmental understanding. The most debated aspects of

childhood bereavement seem to mirror that of the broader conceptualization of the grieving process. The conceptual framework for understanding the mourning process remains an extensively deliberated and often polarized field.

Development of Traditional Psychodynamic Theory of Grief and Bereavement

Studies in grief and bereavement attempt to provide organizing theories for experience that is beyond understanding. The current dialogue amongst theorists involves a paradigm shift wherein modernist theory focuses on disengaging with the deceased through grief work while continuing bonds theorists recognize a continuing relationship with the deceased as a necessary component of healthy grieving. Yet evidence supports the possibility that an integrated model can instead be conceived of: bereavement as a process of transformation involving elements of both disengaging and connecting with the deceased (Boerner & Heckhausen, 2003, p. 201).

Bereavement studies emerged in pursuit of an understanding of normal grieving through the contrasting lens of pathological grieving. “When a loved one dies, there is a severance, a spiritual wound which, like physical wound, is sometimes fatal, sometimes heals” (Tolstoy, *War and Peace*, Vol. 2 as quoted in Stroebe & Schut, 2005, p. 480). In “Mourning and Melancholia,” Freud examined normal expressions of grief as distinct from depression, or melancholia. In the case of mourning, he posited that “each single one of the memories and expectations in which the libido is bound to the [lost] object is

brought up and hypercathected, and detachment of the libido is accomplished in respect of it” (1917, p. 245). Freud’s “work of mourning” requires that the individual memories and expectations that demonstrate attachment to the lost object be repeatedly met with the reality that the object no longer exists. The ego severs its attachment to the lost object, the cathexis to the lost object is withdrawn, and the ego is “free and uninhibited again.” Reinvestment of this energy into a new relationship signals completion of grief work (Freud, 1917, p. 245). Freud recognized that though the symptomatology of mourning and melancholy can be indistinguishable, “melancholia contains something more than normal mourning,” the relationship to the object is “complicated by the conflict due to ambivalence” (Freud, 1917, p. 256). This ambivalence could be constitutional, an element of the relationship, or stem from the experiences surrounding the loss.

Freud is frequently identified as the original source of the notion of relinquishing the tie to the deceased through a grieving process. Yet further research reveals that it was the researchers who followed that attributed this more restrictive conceptualization to Freud. Subsequent psychoanalytic theorists carried Freud’s theory forward, perpetuating the notion that healthy resolution of grief involves confronting the reality of loss and severing emotional bonds with the deceased (Rothaupt & Becker, 2007, p. 7). While in “Mourning and Melancholia” he is focused on differentiating the symptomatology of melancholy, he experiences the death of his daughter Sophie in 1921 and writes to his friend Ludwig Binswanger whose son had recently died and explains on April 12, 1929:

Although we know that after such a loss the acute state of mourning will subside, we also know we shall remain inconsolable and will never find a substitute. No matter what may fill the gap, even if it be filled completely, it nevertheless remains something else. And actually this is how it should be. It is the only way of perpetuating that love which we do not want to relinquish (Freud, 1929, p. 386).

Though Freud introduced the concept that one must detach from a lost object, he undisputedly recognizes an internalization of the deceased loved one. To neglect Freud's expanded understanding of the mourning process as informed by his own grief is to restrict and proscribe notions of healthy and pathological grieving.

Subsequent to Freud, many theorists developed models of healthy mourning that presumed the ego has a limited amount of libidinal energy and must detach from the lost object over a period of time, framing a linear model proscribed by time. Such models serve in part to distinguish pathological mourning and identify indicators of the potential for pathological grieving. "Overall, the idea of grief work includes the need to confront the reality that the loved one had died, to go over the memories and possible trauma prior to and immediately after the death, and finally to work toward emotional detachment of the deceased" (Rothaupt & Becker, 2007, p. 8). Theorists have developed many models of grief work, identifying the process by which an individual moves towards healthy detachment from the deceased. Naming phases or stages of grieving, defining features of pathological grieving, and identifying symptoms or indicators of grieving have consumed much of the professional energy committed towards work in bereavement studies.

One of the most significant contributions made to establish models of grieving is Elisabeth Kubler-Ross' five stage model. In her book *On Death and Dying* she identifies five stages of dying based on over two years of work with dying patients: Denial and isolation, anger, bargaining, depression, and finally acceptance (1969). The stages of dying were later connected to the stages of grieving, the goal of the stages being acceptance that the person has died. In 2005, Elisabeth Kubler-Ross and David Kessler published *On Grief and Grieving: Finding the Meaning of Grief through the Five Stages of Loss* which delineates the purpose of the stages and attends to individuals who have experienced a personal loss, providing a framework for understanding how one's life may be affected by such circumstances.

Marrone (1999) presents a four-phase model of bereavement that “seeks to bring many of the different loss reactions together” and focuses on how existing cognitive schemas are required to assimilate new experience (pp. 498-99). The first phase involves cognitive restructuring, reorganizing and restructuring thoughts to assimilate to the loss. For example, “past-based assimilation strategies” focus on the deceased person’s behavior in life to understand the cause of death. “Future-based assimilation strategies” involve an effort to minimize “cognitive disruption” by understanding the death in terms of how the experience of loss has triggered their own developmental changes (Marrone, p. 499). Marrone’s second phase is emotional expression, “giving some form of expression to all of the emotional turmoil, cognitive confusion, and physical pain that may be experienced” (p. 498). The third phase is psychological reintegration, the

utilization of cognitive strategies and coping behaviors that allow for improved navigation of a living world void of the deceased. The fourth phase is psychospiritual transformation which involves a “profound, growth-oriented spiritual/existential transformation that fundamentally changes our central assumptions, beliefs, and attitudes about life, death, love, compassion, or God” (Marrone, p. 498). This growth-oriented model provides a broader structure around the experience of healthy mourning.

The development of models of grieving is motivated by several aims, not the least of which is assessment and an understanding of mourning complications. Such universal structures provide “the promise of incremental knowledge and reliable programs of counseling or treatment” (Stroebe, Gergen, Gergen & Stroebe, 1992, p. 1205). Freud asserted that mourning was complicated by ambivalence, attributable to either the constitution of the mourner or the experiences surrounding the loss. As discussed in the previous section, Bowlby went on to classify an ambivalent attachment relationship, recognizing that a child who develops an ambivalent attachment pattern is constitutionally likely to respond in a particular manner and is likely to be ambivalently attached to the lost loved one. Thus, the constitution of the mourner importantly informs the nature of the relationship between the deceased and the bereaved.

Efforts to characterize healthy mourning as distinct from pathological processes have been present in the field of grief studies since its inception. Bowlby outlined four phases of mourning in his third volume of *Attachment and Loss*, “Loss: Sadness and Depression.” The four phases are identified as:

1. Phase of numbing that usually lasts from a few hours to a week and may be interrupted by outbursts of extremely intense distress and/or anger.
2. Phase of yearning and searching for the lost figure lasting some months and sometimes for years.
3. Phase of disorganization and despair.
4. Phase of greater or less degree of reorganization.

(Bowlby, 1980, p. 85)

Prescribing such a sequence of normal grieving produces the categorization of deviations as possible indicators of pathological responses to loss. While Bowlby acknowledges that “these phases are not clear cut, and any one individual may oscillate for a time back and forth between any two of them” (Bowlby, 1980, p. 85), it is not difficult to see how such a construct evolves into a disease model. The focus is on the individual’s symptomatology as it is chronologically mapped. The culturally-bound features of these phases become invisible and a normative grieving process is defined.

Some contemporary theorists have viewed the modern tradition of stages, phases, or tasks of grieving as a platform for reconstructing the theoretical framework of the bereavement process. Stroebe, Gergen, Gergen, & Stroebe (1992) assert that Bowlby conceptualizes grief as a form of separation anxiety, “the motivation for which is to restore proximity to the lost object” (p. 1206). Freud is viewed as theorizing that through the process of hypercathexis, an individual is freed of ties to the deceased and gradually achieves detachment (Stroebe et al., 1992, p. 1206). This construction of psychoanalytic theory and Bowlby’s work have been identified as the “breaking bonds hypothesis”

according to which bonds with the deceased need to be broken and those who retain connection are considered maladjusted. This is the platform from which the continuing bonds theory has emerged (Stroebe et al., 1992).

Continuing Bonds Theory of Grief and Bereavement

In a postmodern climate, continuing bonds theorists and researchers have begun to shift from an exploration of defining and healing pathology to constructing a process of facilitating adaptive bereavement. “Continuing bonds is generally understood in the scientific community as denoting the presence of an ongoing inner relationship with the deceased person by the bereaved individual” (Stroebe & Schut, 2005, p. 477). Silverman and Klass (1996) assert that “the resolution of grief involves a continuing bond that the survivor maintains with the deceased” (p. 3). Rather than pathologizing continuing bonds to the dead, continuing bonds theorists argue that such bonds may contribute to an ongoing dialogue about the person who has died, promoting strength and resilience in the mourner.

Continuing bonds theory questions the “previous dominant perspective within the bereavement literature stemming from Freud that a continuing bond with the deceased should be considered as an indicator of pathology” (Field, 2006, p. 709). Continuing bonds theorists challenge three areas of traditional bereavement studies as having led the field astray: pathologizing continuing bonds, neglecting the broader cultural and

historical perspective, and focusing research on quantitative measurements of pathological indicators.

In *Continuing bonds: New understandings of grief*, published in 1996, Dennis Klass, Phyllis Silverman, and Steven Nickman reexamined the notion that the objective of grieving is to make new attachments through the process of severing bonds with the deceased. Klass later reiterates the purpose of introducing this alternative theory in *Death Studies*, stating that while for much of the 20th century continuing bonds were regarded as indicative of pathological grieving, “we wanted to show that interacting with the dead could be normal rather than pathological” (Klass, 2006, pp. 844-845). In *The Treatment of Complicated Mourning*, Therese Rando identifies a continuing relationship with the deceased as one of the “symptoms misconstrued as constituting complicated mourning” (1993, p. 153). Theorists and clinicians have at times understood a continuing relationship with the deceased as a form of regression. “To experience continuing bonds with the dead has been seen as a denial of reality and evidence of unresolved grief” (Fisher, 2001, p. 557).

In addition to providing a normalized alternative bereavement theory that incorporates a continuing relationship with the deceased, continuing bonds theorists view the broader historical and cultural perspective as neglected. Recognizing the current prevailing approach as modernist, theorists suggest that in a different historical period attitudes and patterns around grief were significantly different. The romantic period is used as a contrasting lens, when “to grieve was to signal the significance of the

relationship, and the depth of one's own spirit" (Stroebe, Gergen, Gergen & Stroebe, 1992, p. 1208). Stroebe and Gergen point to 19th-century poetry as illustrative of the importance of sustaining the bond with the deceased. "In every moaning wind I hear thee say/Sweet words of consolation . . . I live, I talk with thee where'er I stray" (Sonnet, William Barnes, 1801-1886)" (Stroebe et al., 1992, p. 1208). The Victorian discourse of mourning as identified in etiquette books outlined expectations that "during the first year of mourning over a parent, spouse, or child, women clad in jet black were expected to behave as veritable social outcasts and refuse all invitations to leave the home" (Joseph & Tucker, 1999, p. 119). The romantic period marked a cultural prioritization of intimate relationships and the abandonment of the functional and useful for the sake of a loved one (Stroebe et al., 1992, p. 1208).

Continuing bonds theorists argue that bereavement theorists have neglected to acknowledge that the grieving process is embedded within a historical and cultural tradition. Attention to resolution, adaptiveness, and the bereaved individual's ability to function are informed by a modernist lens that involves "a faith in continuous progress. . . [and] emphasizes goal directedness, efficiency, and rationality" (Stroebe et al., p. 1206). Neglecting to acknowledge that many of the premises "modernist" bereavement scholars assume to be true are embedded in a particular historical and cultural context led to continuing bonds theorists' inspiration to develop new theory.

The very controversy surrounding our understanding of adaptive bereavement is restricted by a Western lens. "Grief, like any psychosocial phenomenon, is always

socially constructed” (Berzoff, 2003, p. 274). Western theory recognizes grief as linear and time-limited, and a continuing bond with a deceased person has been interpreted as an extended, and sometimes pathological, grieving process. A post-modern perspective deconstructs how values are embedded in our theories of mourning. “Most cultures outside of a Eurocentric perspective see the goal of mourning not as one of severing ties to the dead, but rather as maintaining a sense of spiritual involvement with the dead” (Berzoff, 2003, p. 293). Exploring non-Western practices around relationships with the deceased illuminates aspects of mourning that are culturally bound. Although many non-Western cultures have rituals that acknowledge the loss and recognize a sense of the deceased, “the need for such rituals is acknowledged less in contemporary Western thinking and worldviews” (Silverman, Nickman & Worden, 1992, p. 502).

Continuing bonds theorists examine other cultural practices as foundational to developing an understanding of the mourning process. Writings on mourning in Japan provide an alternative cultural lens that supports the continuing bonds theorists’ attentiveness to the potentially healthy and adaptive nature of fostering an ongoing relationship with the deceased.

If you would for a moment give up your Judeo-Christian beliefs and attitudes about one’s destiny after death and pretend to be a Japanese, you might be able to feel how you are in direct daily communication with your ancestors. The family altar would be your “hot line.” As such, you could immediately ring the bell, light incense, and talk over the current crisis with one whom you have loved and cherished. When you were happy, you could smile and share your good feelings with him. When you were sad your tears would be in his presence. With all those who share the grief he can be cherished, fed, berated, and idealized, and the

relationship would be continuous from the live object to the revered ancestor (Yamamoto, Okonogi, Iwasaki, & Yoshimura, 1969, p. 1663).

For continuing bonds theorists Stroebe, Gergen, Gergen, and Stroebe (1996) this example illustrates that perception of an outward expression of a relationship with the deceased is infused with culturally bound meaning. They argue that such practice in Western society would be classified as pathological, that the bereaved would be understood to be “fixated in the grief process and had failed to relinquish the tie to the deceased” (p. 35).

A third contribution of continuing bonds theory has involved an examination of the focus within bereavement research on quantitative measurements of pathological indicators. Though theorists draw differing conclusions as to the most appropriate research design, there does seem to be a consensus that “the construct of grief has never been adequately operationalized and validated” (Faschingbauer, Devaul, Zisook, 1977, p. 696). Continuing bonds theorists challenge the culturally embedded nature of empiricism and the pursuit of general laws based on external observable phenomena that can be objectively measured (Silverman & Klass, 1996, p. 21). “If grief is about construction and reconstruction of a world and of our relationships with significant others, what research methods are appropriate to investigate it?” (Silverman & Klass, 1996, p. 20).

In their article “Quantitative or qualitative? Measurement issues in the study of grief” in *The Handbook of Bereavement Research* (2001), Neimeyer and Hogan identify a need for qualitative research methods for understanding how people make meaning of

grief. “Most investigators of bereavement rely on generic measures of psychiatric symptomatology . . . one can question whether grief, defined as a normal response to profound loss, is most appropriately assessed by measures designed to quantify degree of psychopathology” (Neimeyer & Hogan, 2001, p. 91). A great deal of bereavement research being conducted measures grief with various instruments, many of which are recently developed and none of which have been compared with one another (Neimeyer & Hogan, 2001, p. 112). The Texas Revised Inventory of Grief (TRIG) is the most frequently used measurement, designed to measure the medical and psychiatric consequences of grief (Faschingbauer, Devaul, Zisook, 1977, p. 696). “Stress and depression have dominated bereavement research somewhat at the expense of a consideration of a wide range of emotional processes” (Shaver & Tancredy, 2001, p. 64).

Continuing bonds researchers have developed the Continuing Bonds Scale (“CBS”) to measure aspects of the ongoing attachment to the deceased (Field, Gal-Oz, & Bonanno, 2003, p. 110). The CBS has been used to support exploration of the range of expressions of mourning that may emerge, one important application of theory to research. Additionally, much of the research has focused on determining whether continuing bonds represents healthy coping and adaptation. Qualitative rather than quantitatively oriented research does not verify a hypothesis or prove a preconceived theory, rather it reports on “what people experience and the way people make meaning out of their experiences. Using [qualitative methods], it is possible to hear and legitimate

the web of relationships in which the bereaved are involved, including that with the deceased” (Silverman & Klass, 1996, p. 22).

Continuing bonds theory works towards repudiating bereavement theorists and clinicians of the notion that an ongoing relationship with the deceased is pathological. A critical examination of the historical and cultural context from which modernist theories emerged provides the foundation for the continuing bonds theory. Further examination of the research designed to support modernist theories has inspired continuing bonds theorists to further expand bereavement research into exploratory, qualitative methodology. However, in the process of critically examining modernist theory and developing post-modernist theory, modernist theorists have been used as a point of contrast. Alternatively, modernist theorists might provide evidence of the seeds of a less pathologizing, more nuanced understanding of the grieving process.

One critique of continuing bonds theory suggests that it oversimplifies modernist theorists’ conceptualizations of bereavement. Bowlby’s work on grief provides an illustrative example of the polarization rather than enhancing integration applied by continuing bonds theorists. Silverman and Klass identify Bowlby as presenting a “model that the purpose of grief is to sever the bond with the dead” (1996, pp. 9-10). Bowlby is characterized as identifying detachment as the final behavior in response to a child’s separation from their parent. “Bowlby’s work suggests that bonds with the deceased need to be broken for the bereaved to adjust and recover” (Stroebe et al., 1992, p. 1206). Yet this characterization fails to recognize that Bowlby’s writings on grief change over

the course of his career, and that he uses the word “reorganization” rather than “detachment” to describe the final stage of mourning. In *Loss*, Bowlby recognizes that the continuing presence of the deceased can be healthy. “During the months and years that follow he will probably be able to organize his life afresh, fortified perhaps by an abiding sense of the lost person’s continuing and benevolent presence” (Bowlby, 1980, p. 243). Continuing bonds theorists have been criticized as using Bowlby’s theory as a contrasting theory that “oversimplifies the concept of dependence” and distorts Bowlby’s theory “in an attempt to formulate a position that ‘competes’ with their own” (Fraley & Shaver, 1999, p. 750).

Bowlby shifted from the notion of “internal working models” of a deceased parent towards the theory that the final stage of “detachment” for securely attached children requires “reorganizing” their internal working models when grieving the loss of a parent (Shaver & Tancredy, 2001, pp. 81-82). Bowlby identified internal working models of self and other and of the patterns of interaction that have developed between them as the relational framework of an individual (Bowlby, 1988, p. 2). In normal grieving, through a sequence of phases, an individual finally reaches “reorganization” as the internal working model must necessarily be adjusted once proximity to the lost object is accepted (Bowlby, 1980). Similar to anxious resistant attachment and anxious avoidant attachment patterns, Bowlby defined “two main variants of pathological mourning: chronic mourning and its opposite, a prolonged absence of conscious grieving” (Baker, 2001, p. 61). The quality of an individual’s attachment pattern provided an important

predictor of how the individual would adjust to loss of the attachment object. Thus, the flexibility of Bowlby's internal working model is reliant upon the extent to which the individuals' attachment pattern is healthy and resilient.

Theorists acknowledge ambiguity in Bowlby's understanding of whether detachment from or continued attachment to the deceased is more adaptive. Stroebe & Schut assert that he ultimately acknowledges that change in the nature of the bond, rather than its severance, is the critical goal of grief (Neimeyer, Baldwin, & Gilies, 2006, p. 716). Bowlby can be understood as taking a preliminary step towards continuing bonds theory as he expands the attention on the individual of many traditional psychodynamic theorists to the relationship between the individual and other as that bond informs the grieving process.

Grief and Bereavement Following Parent Death:

A Family Coping, Transforming, and Adapting to Loss

Death is the fundamental issue with which we must wrestle in life. It is at the heart of human experience. It forces us to confront our ultimate priorities—reminding us more powerfully than anything else how much family relationships matter (McGoldrick, 1991, p. 50).

While modernist theorists focus on the individual's experience of grief, and continuing bonds theorists attend to the cultural and historical context, a family's grieving process can be understood as existing at the interface between the individual and

the collective. A child's grief is informed by and inextricably linked to family relationships. As understood by family systems theory, the family must adjust to the absence of the deceased family member, and their roles and functions in the family must be taken over by others (McGoldrick, 1991, p. 51). Developmentally, bereaved children struggle with questions such as: "What happened to the parenting function that the dead parent used to carry out? To what extent am I now different because I can no longer see myself mirrored in the eyes of the deceased?" (Nickman, Silverman, & Normand, 1998, p. 132). Family ritual and meaning making have been identified by theorists and clinicians as useful in both a child and a family's adaptation to loss.

The Harvard Childhood Bereavement Study identifies six categories of mediating factors in a child's adjustment to loss, two of which involve the surviving family unit: "the functioning of the surviving parent and his or her ability to parent the child" and "family influences such as size, solvency, structure, style of coping, support, and communication, as well as family stressors and changes and disruptions in the child's daily life" (Worden, 1996, pp. 16-17). In a Western, individualistic society, the family unit is the child's cultural context. Language has been identified as the primary manner in which the family develops cultural rules, boundaries, and structure. "Family members struggle to make sense of their loss by talking to each other. In so doing they attach meaning to their losses" (Nadeau, 2001, p. 95). One particular challenge in loss of a parent is that (assuming there is a surviving parent) that parent's ability to attend to this process is often compromised by their own grieving process.

Social constructivists and some family theorists recognize the grieving process as existing within both an interpersonal and family systems framework wherein one's relationship to the deceased is continually informed by relationships to the living. A constructivist perspective regards persons or systems as making something out of component parts, or psychologically constructing their own reality. While modernist psychodynamic theorists have been represented as conceptualizing healthy grieving as "breaking the bonds" with the deceased, constructivists have recognized relationships as transformed by death but ongoing. Particularly when a child experiences the death of a parent, the constructivist perspective suggests a "process of adaptation and change in the postdeath relationship and the construction and reconstruction of new connections" (Silverman, Nickman, & Worden, 1992, p. 496). Maintaining a connection to the deceased that is consistent with family dynamics and the child's cognitive development allow for continued living in the face of death of a parent.

In constructing a relationship to the deceased parent, a child's family is instrumental. Janice Nadeau conducted a qualitative study of family meaning-making in the process of family bereavement in 1998, exploring patterns of meaning in ten nonclinical, multigenerational families. Her findings included patterns of "meaning-making enhancers" such as a family's willingness to share meanings, frequency of family contact, family rituals, and the nature of the death (Nadeau, 2001, p. 101). Family meaning-making inhibitors included prohibited sharing among family members, family secrets, and fragile family ties. The meanings families attach to a death "can be defined

as their cognitive representations of reality” (Nadeau, 2001, p. 96). A child makes sense of their parent’s death by interacting with family members. The findings in Nadeau’s study complement those of the Childhood Bereavement Study, as both found families that were more able to communicate and collectively process the death better situated to experience a healthy adaptation to the loss.

Rosenblatt and Elde studied the role that reminiscence among family members can play in coming to terms with loss. Shared reminiscence involves recalling common experience about the parent who has died, or events not experienced by the listener but those they can appreciate, and integrating these with personal memories (Rosenblatt & Elde, 1990, p. 206). Among the families studied, Rosenblatt and Elde found that “open communication in the form of shared reminiscing may not only be a way of expressing feelings and being sympathetic to others. It may ...enable a family to work toward a common reality about the death, [and] provide mutual support” (1990, p. 209). This study involved interviewing adults whose parents died and explored the value of sibling shared reminiscence. One notable limitation of the applicability of this study to childhood loss is the child’s developmental capacity for use of language as it can hinder a child’s ability to participate in shared reminiscence.

Therese Rando examines treatment of complicated mourning, as defined as a compromise, distortion, or failure in the process of mourning, to which a child experiencing the death of a parent is often more vulnerable (Rando, 1993, p. 12). A child’s developmental capacity will likely involve a different affective and verbal

expression of grief than an adult. Misunderstanding about the internal experience of other family members can be alienating.

The use of ritual is consistently identified in research as facilitative in aiding a family's mourning process (Worden, 1996; Nadeau, 2001). While language is elemental in the family meaning-making process, "critical to representation in language is the family's use of ritual that could legitimate the construction of an inner representation of the deceased" (Silverman et al., 1992, p. 502). Rando identifies therapeutic bereavement rituals as involving many specific healing properties that can be helpful in promoting healthy mourning (1993, p. 314). Rando defines rituals as "a specific behavior or activity which gives symbolic expression to certain feelings and thoughts of the actor(s) individually or as a group. It may be a habitually repetitive behavior or a one-time occurrence" (Rando, 1993, pp. 313-314).

Mourners have always had therapeutic rituals, as exemplified in funerals and religiously proscribed behaviors following death of a loved one. Rando identifies specific healing properties of bereavement rituals as including: enabling the individual to do something besides fall victim to the emptiness and powerlessness; legitimizing emotional and physical ventilation; providing symbols and outlets to focus thoughts, feelings, and behaviors; experiencing emotional and physical release along with a sense of increased manageability of emotions; enhancing an "appropriate connection with the deceased"; and providing experiences that "allow the participation of other group members and affirm kinship and social solidarity" among other healing properties

(Rando, 1993, pp. 314-318). Wolin and Bennett identify three types of family rituals: traditions, celebrations, and patterned family interactions (cited in Rosenblatt & Elde, 1990, p. 207). Examples of such ritual include holiday meals, visits to a grave, or acknowledging objects and pictures of the deceased displayed around the house.

Transitional objects, such as items worn or given by the deceased, can become a central element of traditions, celebrations, and patterned family interactions. Object relations theorist D.W. Winnicott introduced the concept of transitional objects, an object that bridges the “transition between two different modes of organizing experience, two different patterns of positioning the self in relation to others” (Mitchell & Black, 1995, p. 128). Though conceptualized in reference to a particular developmental sequence, he understood this phenomenon to provide “a soothing function for the mourner, which ultimately, can be given up when internalized” (Berzoff, pp. 283-284). Similar to transitional objects, Volkan, as cited by Rando, defines “linking objects and phenomena” that “provide a means by which the mourner may externally sustain a relationship with the deceased” (Rando, 1993, p. 127). Linking objects may be a personal possession of the deceased, a gift from the deceased, a realistic representation of the deceased, or something present at death. Yet a linking object is distinct as it actually provides an object in which the relationship between the mourner and the deceased is symbolized and acted out “in the way the mourner deals with the linking object” (Rando, 1993, p. 127). Thus, conversations with a stuffed animal given by the deceased parent may involve tears one day and anger the next.

Findings from a 2006 study conducted by Neimeyer, Baldwin, and Gilles concluded that “those survivors who are able to make sense of the loss in personally meaningful terms experience fewer symptoms of complicated grief” (p. 735). The study looked at attachment theory and constructivist conceptualizations of bereavement, assessing for complicated grief symptomatology in relation to continuing bonds coping and meaning reconstruction following death of a loved one. Researchers found that the interviews “reinforce the relevance of both attachment theory and constructivist, meaning-oriented theories to conceptualizing chronic and anguishing debilitation in response to bereavement” (Neimeyer, Baldwin, & Gilles, 2006, p. 732).

Family communication, rituals, and linking objects have all been recognized as mitigating features of a child and family’s adjustment to loss of a parent. The unique experience of loss of a parent presents particular difficulties in creating a personally meaningful understanding of the loss. Particularly difficult features include a child’s stage of development, attachment and reliance upon the deceased parent, and the significant role of the living family. Researchers and theorists are just beginning to explore the range of family bereavement experiences and attempt to understand the process whereby a child and family integrates and adapts to living without the deceased.

Summary

The range of theoretical conceptualizations proffered by theorists and the diversity of research findings indicate that the specific symptoms, steps, or stages are less important than the grieving process itself. “In the midst of dealing with profound loss in our lives, the ability to reascribe meaning to a changed world . . . may be more significant than the specific content by which that need is filled” (Marrone, 1999, p. 516)

Traditional, or “modernist” psychodynamic theorists introduced a focus on the individual psyche, and worked towards developing an understanding of healthy and pathological experiences of the world. In the realm of grief and bereavement, this involved an exploration of how best to treat those suffering from profound loss. With seventy-nine years of grief and bereavement theory development between “Mourning and Melancholia” and *Continuing Bonds*, Klass, Silverman, and Nickman introduced *Continuing Bonds* as an evolution from the theory presented by Freud in “Mourning and Melancholia.” Continuing bonds theory works to expand the lens from the individual to the cultural and historical context in which an individual’s experience of grief is embedded. In contemporary Western culture, the family’s experience of bereavement serves to demonstrate how these theoretical lenses are not mutually exclusive, but rather focus on different features of the mourning process. In the face of loss of a parent, individual family members must adapt to life without the physical presence of that parent. Yet the manner in which the family system responds to the death, much like the

inextricable influence of cultural and historical context, significantly impacts this process of adaptation to loss.

On both an individual and communal level, a child's experience is markedly different from that of an adult. A child is understood to be in an ongoing process of development. Cognitive understanding of the surrounding world is rapidly evolving along with verbal communication and expression. This influences the process of understanding a parent's death and integrating the experience of loss into reality. The literature has developed a false polarization between "continuing bonds theorists" and "breaking bonds theorists," as illuminated when examined in light of a child's mourning and bereavement process in response to loss of a parent in childhood. Both those who conceptualize the process as requiring a continuing bond with the deceased parent and theorists who emphasize the importance of internalizing the lost object provide an important lens with which to make sense of early parent loss.

These are not mutually exclusive conceptualizations of the mourning process and theorists' efforts are oversimplified when theories are presented as such. Continuing bonds theorists importantly highlight the very western ideals implicit in much of traditional psychodynamic theory. They examine practices in other cultures and incorporate evidence of communal recognition of the deceased as a factor contributing to healthy adaptation to loss. Psychodynamic theorists seek to understand an individual's internal process of adjustment to the loss of an attachment figure, attempting to identify factors that contribute to a grieving process that are indicative of a derailment in the

adjustment and adaptation process. Taken together, these highlight the importance of moving towards an expanded recognition of a healthy grieving process, the importance of acknowledging a continued presence of the deceased in one's life, and the need for ongoing exploration of how those providing support can work towards facilitating a healthy grieving process.

CHAPTER III

METHODOLOGY

The research question for this study was: How do adults whose parents have died during childhood understand their ongoing parental relationship and what rituals or practices are integral to observing that ongoing relationship? The study aimed to expand understandings of how adults whose parents died in childhood conceptualize their enduring parental bond. An exploratory, flexible method design was chosen for this purpose. The interview process was selected to collect data for this study as the goal was to obtain participants' subjective experiences. In-person, semi-structured interviews allowed for both a verbal exchange and data collection in the form of less explicit communication such as body language. The format afforded the opportunity to seek elaboration on certain responses and opened data gathering beyond the initial scope of the study. In their article "Quantitative or qualitative? Measurement issues in the study of grief" in *The Handbook of Bereavement Research* (2001), Neimeyer and Hogan identify a need for qualitative research methods for understanding how people make meaning of grief. "Most investigators of bereavement rely on generic measures of psychiatric symptomatology . . . one can question whether grief, defined as a normal response to profound loss, is most appropriately assessed by measures designed to quantify degree of psychopathology" (Neimeyer & Hogan, 2001, p. 91).

Bereavement research that is currently being conducted measures grief with various instruments, many of which are recently developed and none of which has been compared with any another (Neimeyer & Hogan, 2001, p. 112). The Texas Revised Inventory of Grief (TRIG) is the most frequently used measurement, designed to measure the medical and psychiatric consequences of grief (Faschingbauer, Devaul, & Zisook, 1977, p. 696). Others have found that “stress and depression have dominated bereavement research somewhat at the expense of a consideration of a wide range of emotional processes” (Shaver & Tancredy, 2001, p. 64). My research seeks to contribute to redressing this gap in the research.

Continuing bonds research has worked to explore both negative and positive emotions as experienced in relationship to the deceased. Research has examined the prominence of continuing bonds expressions as related to bereavement adjustment. While current continuing bonds research is predominantly exploratory, Field, Gal-Oz, and Bonanno (2003) have developed the “Continuing Bonds Scale” in an effort to “address more conclusively whether various continuing bonds expressions are simply correlates of bereavement-related distress or whether they in fact play a causal role in adjustment to bereavement” (p. 116). Inspired by Klass, Silverman, & Nickman’s publication in 1996 on continuing bonds, Field et al. (2003) conducted a five year longitudinal study after loss of a spouse with some significant findings. However, the utility of the Continuing Bonds Scale was not validated prior to this study, and the sample was small and homogeneous. While quantitative measurements are historically prevalent

in bereavement studies, contemporary theorists and clinicians have called attention to the need for exploratory research.

Therefore, despite existing quantitative measures of traditional bereavement symptomology and measures of continuing bonds, this study used flexible methods to explore adults and their relationship to a deceased parent over time. Verbal narratives emerged during interviews conducted with individuals who responded to a posting on Craigslist.org and word-of-mouth advertising. The data collection instrument was a structured interview guide that was used in conjunction with questions that emerged within each unique interview in order to elaborate on the content of the research. The themes and ideas that emerged in describing their deceased parent, the family response, and their own adjustment and reaction over time were used for analysis and coding. This inductive method allowed the data and analysis to inform theory. As there is a paucity of research on adults and their relationships to a deceased parent over time, this study explored an understudied phenomenon.

Sample

Given the small sample size and the natural limitations of this research project, I used a nonprobability sample of convenience as participants were selected “primarily because they meet the study selection criteria and they are easily available” (Anastas, 1999, p. 286). The convenience sample of study participants consisted of twelve adults

over the age of eighteen recruited from Craigslist.org and word-of-mouth advertising throughout the Bay Area. Since Craigslist.org is used throughout the San Francisco Bay Area, it was hoped that a diverse sample of volunteers would be obtained. Word-of-mouth recruitment occurred primarily through interviewees referring others as well as through peers and professionals known to the researcher in the Bay Area. In order to participate, individuals had to meet the following selection criteria: 1) be at least 18 years of age; 2) have lost a parent between ages 0 and 18 but at least two years prior to participating in the study; and 3) be willing to be interviewed in-person for up to one hour. One specific exclusion criteria was that the participant was known to the researcher.

Participants ranged in age from twenty one through sixty eight and ranged in age at time of parental death from eighteen months to seventeen years. Three participants experienced the death of their mother, nine the death of their father. The death itself was sudden for six participants and at the medically predictable end of a long illness for six participants. Nine women and three men were interviewed. Ethnic and cultural identities of the sample include Native American, Chinese, Mexican, Caucasian, Irish, Jewish, Buddhist, and Moroccan. Participants were recruited from the surrounding Bay Area ranging from Santa Cruz to Vallejo. All potential participants who responded to advertising were interviewed with the exception of three who were not due to logistical conflicts.

Sample bias exists in several respects. Anastas discusses the unknown “volunteer factor,” the unanswered question of “who among those who read the advertisement and met the study criteria volunteered and who did not” (1999, p. 286). There is no mechanism for identifying potential participants who meet selection and exclusion criteria and opt not to participate. As participants were individuals interested in discussing their relationship to a deceased parent, the data will likely not reflect adults for whom the idea of discussing their deceased parent does not resonate or those for whom discussing their deceased parent is too emotionally demanding. Participants were those privileged enough to be able to volunteer an hour of their time. Advertising on Craigslist.org reaches a particular segment of the population: generally younger, tech-savvy individuals.

Data Collection

In-person interviews using open-ended questions yielded narrative data from a sample of twelve volunteers who met the selection criteria. Procedures to protect the rights and privacy of participants were presented to the Human Subjects Review Committee at the Smith College School for Social Work before data collection began. The Human Subjects Review Committee’s approval of the project (see Appendix A) assured that the study was in accordance with the NASW Code of Ethics and federal regulations. A consent form (see Appendix B) as well as a copy of the interview guide

(see Appendix C) was sent to the participant by email or US Mail prior to the in-person interview. The participant and researcher retained a signed copy of the informed consent.

Prior to conducting data-gathering interviews, one pilot interview was conducted in order to refine the questionnaire and prepare for the researcher role. The researcher was interviewed by a peer using the interview guide prior to conducting participant interviews so as to increase awareness of researcher bias. The interview guide questions were self-developed and formulated based on research and available information, as well as input from social work peers, two academic advisors, and one clinician. At the beginning of each interview, the researcher's interest in the subject matter was discussed and the researcher disclosed personal experience of parental death in childhood. Participants were offered an opportunity to ask questions about the study, the researcher, and any other concerns they might have. At the end of the interview participants were asked if they had any suggestions for questions that were not asked that they wish had been, and again asked if they had any further questions.

Participants were given the opportunity to decide where they would be most comfortable meeting for the interview. A quiet space affording privacy, particularly given the content of the interview, was advised during pre-interview email or telephone correspondence. Interviews were conducted in participants' homes and offices. The interviews took place between January 10 and March 28, 2008 and ranged in actual length from 55 minutes to 90 minutes. Interviews were recorded using a cassette recorder and handwritten notes were taken throughout the interview to capture gestures,

intonations, and the emotional experience. The interview sought elaboration of the meaning, in relation to their deceased parent, of the statement “death ends a life, not a relationship” (Robert Anderson, playwright, 1974). Questions were designed to elicit multiple perspectives on the relationship to a deceased parent and the social and cultural process supporting or otherwise responding to this relationship. For the complete interview guide, refer to Appendix C.

The primary risk of participating in this study was that some interview questions, or the interview experience itself, could have elicited difficult thoughts, feelings, or memories. Participants were provided with a list of psychotherapy resources in the San Francisco Bay Area that participants may refer to if they experienced psychological distress as a result of participation in this study (See Appendix D). Additional risks included the time commitment involved and the discomfort often involved when describing one’s intimate relationship to a stranger.

Benefits of participation included an opportunity for individuals to share their experiences, develop their narrative, and provide important information that may be used by professionals working with individuals and families who have lost a parent. Participants were identified as experts with valuable insight and information about grieving the loss of a parent.

All interview data was coded and kept confidential. All interviews were personally transcribed by the researcher. Some illustrative quotes were used for the thesis but will be reported without connection to identifying information. Academic

advisors were the only people with access to the data. Data was coded prior to academic advisors gaining access. Consent forms, audio tapes, and interview notes will be kept locked in a file drawer during the thesis process and for three years thereafter, in accordance with federal regulations. Should the materials be needed beyond the three year period, the data will continue to be kept in a secure location and will be destroyed when no longer needed. For purposes of dissemination, findings will be presented without identifying information about individual participants, but rather as collective findings of the study. Participation in this study was voluntary. Participants were reminded during the interview that they could decline to answer any interview question(s), and that they could have withdrawn from the study at any time up until March 31, 2008.

Data Analysis

Narrative data was collected and content analysis was applied. Thematic codes were developed as “it is most often the theme or idea that is the unit of analysis, whether that idea is expressed in a phrase or a paragraph” (Anastas, 1999, p. 420). This was done by reviewing all transcripts, highlighting themes and key words that emerged, and marking copies of the transcripts using color-coded indicators. Coding categories emerge from the data in response to the orienting question “What do I see going on here?” (Neimeyer & Hogan, 2001, p. 106).

The results of this study cannot be generalized due to the small sample size, the geographically specific participant population, and the research design implemented. The findings represent the themes and ideas found among the narratives of twelve adults regarding their experiences of parental death in childhood and the ongoing connection to a deceased parent. It is hoped that the data gathered through this study and presented in this thesis will contribute to an expanding body of research on the experience of ongoing bereavement.

CHAPTER IV

FINDINGS

Introduction

This chapter presents the major findings from interviews conducted with twelve adults from the greater San Francisco Bay Area who lost a parent to death in childhood. The research questions were designed to explore the nature of an adult's relationship to a parent who died during childhood, and whether practices or rituals are integral to observing that ongoing relationship. The data from these interviews are presented in the following sequence: demographic data of participants, nature of relationship to deceased parent, and use of practices or rituals to maintain a connection to the deceased parent.

In order to enhance the reliability and validity of this study, the limits to generalization of the sample used and the researcher's lens that guided data analysis will be made explicit. Those studied do not include those unable or unwilling to commit one hour to an in-person interview. While five of the participants were born outside of the United States, participants included only current residents of the greater Bay Area. Participants were willing volunteers, thus excluding those for whom the emotionally evocative subject matter was prohibitive. This study does not address the experience of loss in childhood through causes other than death such as divorce, legally imposed separation, or abandonment.

The nature of the researcher's influence on the information gathered is continuous and variable, particularly as the form of data gathering was in-person interviews. The personal reactions of the researcher influence not only the data gathering process but also data analysis. The researcher told each participant during the interview that her mother died in childhood in an effort to facilitate a richer narrative and shared interview experience.

Participant Demographics

This study was comprised of twelve adults: nine women and three men. Participants lived in the greater Bay Area, ranging as far south as Santa Cruz and as far north as Vallejo. Three participants experienced the death of their mother and nine participants experienced the death of their father. Participants' age at parental death was between one and 17 years old. The age range of participants was between twenty one and sixty eight. Participants reported their ethnic and cultural identities as "Israeli Jew and Moroccan," Hispanic, "half Chinese and half Mexican," Jewish, "half Native American half Irish," and Caucasian. Additionally, participants noted as important aspects of their identity being queer, adopted, and from a small rural town. Participants identified their spiritual identity as: Buddhist, Catholic, Jewish, Shamanist, Israeli, and four reported no particular religious affiliation; one participant noted "I do feel like I have a spiritual sense to me but I don't know what to call it."

The circumstances surrounding death included eight participants whose parent experienced a prolonged illness including cancer and heart disease. Seven of the parental deaths discussed were identified as “sudden” or unexpected, three of those deaths were preceded by prolonged illness but the circumstances surrounding the death itself were described as unexpected. Reported reasons for unexpected death were: heart attack, cancer, asthma attack, suicide, and drug overdose. All participants were children of heterosexual marriages and had a surviving mother or father at the time of death. Four of the twelve participants had experienced the death of both parents at the time of the interview; these participants were directed to report for the first loss. Two participants did not have any siblings, three participants had one sibling, three participants had two or three siblings, and four participants had four or five siblings. The table below summarizes the demographics of participants in the study.

Table 1: Participant Demographics		
N = 12		N =
Age at time of parent death	1-2	2
	3-6	5
	7-12	2
	13-17	3
Gender	Female	9
	Male	3
Years since death	17-27	2
	28-38	5
	39-49	2
	50+	3
	Parent who died	Mother
	Father	9
Cultural/ethnic identity	Mexican, Hispanic, Latino	1
	Caucasian	4
	Jewish	2
	Mixed (includes Mexican-American, Mexican-Chinese, Israeli-Moroccan, Native American-Irish)	5
	Spiritual identity	Buddhist
	Catholic	3
	Jewish	1
	Other	6
	Cause of death	Prolonged illness
	Accident, suicide, unexpected medical complication	5
	Chronic illness w/ circumstances of death unexpected/sudden	2

Nature of Relationship

The nature of participants' relationship to their deceased parent was described in three distinct contexts: at the time of the death, the immediate period following the death and as they developed into adulthood, and in the present. The unique nature of losing a parent as a child fostered this distinction between the relationship at the time of the loss, the process of integrating the loss over time, and the present day relationship to the deceased parent. The findings from each of these three phases are addressed below.

Relationship at time of death

There were several themes that emerged as participants described their experience as a child of their parent's death. The participant's developmental stage at the time of the death, the preexisting attachment relationship, the response of the family and of the surviving parent, the practical circumstances surrounding the death, and the emotional experience of the family were all factors that contributed to the nature of participants' relationship to the deceased parent at the time of the death. All participants had a clear narrative of the circumstances surrounding their parent's death, regardless of their age or whether they were present and informed at that time. Those who reported not having memories of the parent (attributed to age) provided detailed accounts of the medical circumstances surrounding the death. All participants spoke with clarity about the facts and details of the death such as where family members were at the time of the death and negotiations pertaining to the funeral or burial services. The facts recounted varied from

participant to participant but each recalled at least one detail regardless of whether they were present or even were old enough to form memories.

Age at time of death

Age at time of death was related to participants' developmental understanding of death and in many instances this understanding was significantly influenced by how they found out about the death and what they were told by family. Two participants were under the age of three and had no memories of their deceased parent. Both of these participants had developed a narrative of the circumstances surrounding their parent's death and the nature of that parent's relationship to them primarily through stories told by the surviving parent and through photographs. "I have two pictures that really really strike me and one of them is when he has his arm a certain way and it looks stiff actually because it was fused, right, and so I'm laying on this arm, but what isn't stiff at all are his eyes, they're looking at me. Now that's incredible, that tenderness...real tenderness."

Five participants were between the ages of three and six at the time of their parent's death and each of these participants reported some confusion surrounding the death. Three of these participants reported not being allowed to go to the funeral because the adults wanted to protect the children. Yet one of these participants described memories of attending his parent's funeral despite his surviving parent's recollection that he was not actually there. Three of these participants were told their parent went to heaven, but in two of these instances there was no religious or cultural context for understanding what this meant. "There was no way to situate where she might be, or

what had happened to her or what happens when you die.” For the other participant in this age bracket who had no conceptual understanding of heaven prior to being informed of her parent’s death, the parent became a “haunting presence” and a “dangerous angel.” For one of the participants who was under three years old at the time of parental death, the parent became a scary presence in dreams when she reached this age bracket between three and six.

All participants between the ages of three and six at the time of parental death reported some confusion related to the whereabouts of their deceased parent and the messages delivered by adults. One participant found out about her parent’s death years later when she overheard another child at school. In the interim she believed her parent went on a long trip. One participant recalls “It was kind of confusing for me cause they all told me not to worry, not to be upset that he was dead but to be upset that I couldn’t be with him anymore. So I was upset that I couldn’t be with him anymore but totally alright with the fact that he was dead which was kind of bizarre.” Confusion was present both in instances when the family tried to talk with the child about the death and when the family tried to shield the child from the pain by not talking about the parent’s death.

Five participants were between the ages of ten and seventeen when their parent died. Developmentally their comprehension of the circumstances varied, but all described the event as introducing a new level of responsibility, independence, or awareness of reality. One became a more primary financial provider for the family, another cooked for the family every night, and another left for boarding school in a

different country six months later. Those participants at age twelve and older at the time of death (n = 4) all identified a conflict with their parent when they were alive that required a shift in how they related to their parent as a sick and/or deceased parent. Conflicts included “exchanging words,” running away, a “difficult relationship,” and behaving in an “obnoxious” manner. These participants described the shift as involving going into “reality mode” after death and as going from “the normal . . . testing the limits thing and being a bit obnoxious to . . . a softening . . . in me of like wow she was doing the best she could” occurring in the relation to the dying parent. These participants who were above the age of 12 also identified an attunement to the surviving parent, “it was so much about supporting my mom,” and an awareness of a shift in family roles. Two participants described being aware at the time that adults in the family were denying the terminal nature of the circumstances. All three of the participants between the ages of fifteen and seventeen recalled stepping into a caretaking role in the family.

Family response

Participants were asked several questions that elicited descriptions of the family’s response to the loss. These questions explored who was in their immediate family when the death occurred, whether they felt the deceased parent was still a part of family life after the death, whether remembrances of the deceased take place alone or with others, and whether following the loss the deceased parent was still a part of family life.

Responses to these questions illuminated how participants and their families related to the

deceased in the immediate transition from life with a physically present parent to one who became forever bodily absent.

All participants (n = 12) discussed their experience of the surviving parent's response to the death of their spouse. Most of the participants' parents (n = 11) were married at the time of the death, one couple was divorced but "trying to reconcile." Five participants reported that their surviving parent experienced extended symptoms of depression including withdrawal and inability to function that sometimes necessitated care by other relatives for periods of time. "After she died and for years after [I remember him] withdrawing, not really having contact with people outside the family, spending most of his time watching TV after work or on weekends." Although participants brought an adult lens to understanding spousal loss at the time of the interview, they spoke about their surviving parent's emotional experience with a keen sensitivity, regardless of their age at the time of the death. One participant who was four has "memories of her crying in the closet with his clothes in her hands." Two participants reported, "My [mother/father] never was the same."

The implications of the loss for the surviving parent and the family fell into two groupings: loss of the primary nurturer and loss of the primary provider. Six of the nine participants who lost their father reported financial hardship as having a significant impact on the family. This was experienced as elder siblings started working and became providers. The surviving mother was pressed to make changes for family survival. Four of the participants experienced a move within a year following their parent's death. Yet

it was not consistently along traditional gender lines that the nurturing role was provided by the mother; two participants described the death of their father as the loss of the family's nurturing force, the "glue" of the family. The parent's role in the family, as highlighted by their death, was reported as more important than whether it was a mother or father. Loss of the primary nurturer resulted in a sense of lost family cohesion. Six participants described losing the nurturing force in their family, often compounded by remarriage, geographic moves, and shifting caretakers.

Most of the participants (n = 9) spoke about the surviving parent's subsequent relationships. Five participants' parents had not remarried at the time of the interview, one of these parents was in a serious relationship, but the other parents in this group never actively pursued finding a new partner. Of the four participants whose parents remarried, only one remarried when the participant was still living at home, a year and a half after the death. "He decided he had to get married . . . and it was a disaster." Two of the other participants had fathers who remarried over ten years after the death and referred to them as their "mother's husband," not identifying them as a parental figure. One participant whose mother remarried shortly after she left the house for college describes feeling "so happy she remarried," called him her stepfather.

Five of the participants reported that their family did not talk about the deceased after the death. In four of these families, the participant identified the surviving parent as the reason driving the absence of verbal recognition of the deceased. "I don't think our dad was like all that comfortable talking about it so, he kind of set the tone for what we

talked about.” All of these four participants reflected that it would have been helpful had the family talked about the deceased parent. One participant attributed not talking about the deceased parent to her own discomfort with death despite her surviving parent’s efforts. Of all participants, five expressed the sentiment that the adults in the family could have done a better job in the way they guided the family process following the death, either by talking about the parent more, idealizing them less, or recognizing the children’s grief as well as their own. This was true in families where the parent died suddenly and when there was a prolonged illness.

The circumstances of death and the family narrative that developed around the death were very different among participants. Five of the participants described medical complications such as misdiagnosis and improper care from medical professionals. All participants talked about the family’s reaction as either bringing the family members closer together or pulling them farther apart. Five participants identified the experience as contributing to closer ties amongst surviving family members. “I think that the family came together tighter . . . I mean we had our fights but overall I think we were together more. The relationship was closer.” The seven participants who identified the death as fracturing referred to the fallout as resulting in a “real broken home,” a household with “a lot of emptiness,” and a traumatic experience. All participants described the family’s response as having a noticeable effect on the health of the family unit.

All participants (n = 12) referenced siblings and their conceptualization of the effect of the death either on their siblings or in the absence of siblings. Two participants

were their parents' only child and both identified the loss as resulting in an increased intensity in their relationship to the surviving parent. All of the ten participants with siblings discussed differences in the way the children in the family responded to and/or understood the loss. Retrospectively, participants described recognizing that it was like "we were in different movies" and that "memories are so different." Eight of these ten participants with siblings described how the experience was likely more difficult for one of their siblings than it was for themselves. The siblings higher in the birth order ($n = 3$) attributed the greater difficulty experienced by younger siblings to them having fewer memories. Those participants who were younger siblings ($n = 5$) attributed the greater difficulty experienced by other siblings to several factors including: being more disrupted by the loss of this attachment relationship, character differences, and elder siblings taking on an ultimately burdensome caretaking role in the family. Sibling relationships were also identified as a factor that contributed to the way in which participants related to their deceased parent over time.

Relational process over time

Participants were asked whether there are ways in which they maintain a connection with their deceased parent and whether others participate in these remembrances. Questions illuminated two approaches towards recognizing and relating to the attachment to the deceased parent. One was a more static relationship that involved preserving memories and recognizing the legacy. The second involved actively working towards maintaining and developing a relationship. For some participants the

relationship over time was described as unchanging from childhood to adulthood, but for others the vicissitudes of the relationship with respect to the time of loss and the present day were indicative of development and change.

Another theme that emerged was the influence of nodal events and transitioning into new phases of life. Nine participants referenced an alteration in their relationship to the loss or the parent as triggered by changes in their own life. This included going to college, having children, parenting, and subsequent losses through death. For some participants, such events triggered what they identified as a grieving process. Though not included in the original interview guide, several participants raised the notion of a grieving process. Subsequently, participants were asked whether they identified having gone through a grieving process.

A majority of participants (n = 8) reported actively engaging in some form of information gathering or research about their deceased parent. This involved seeking out family members and people who knew that parent, sometimes in a formal manner such as a recorded interview but most often through informal conversations eliciting information about their parent. Two of the remaining four participants identified feeling as though their relationship to that parent was fully formed prior to the death, and the only new information is their own developmental experience providing a new lens. For two participants, exploring their parent by discussing them with other people risked disrupting their personal memories. "I have very good memories of him. I want to keep them all. I don't want to change . . . I don't need to know. Because he's not here to do anything

about it . . . I want to keep my good memories as they are. They are like that and I'm saving them. That's the only thing I have." Both of these participants reported that their conceptualization of that parent is as though it was frozen at the time their parent died. The majority of participants (n = 10) reported a change in the way they related to the deceased parent over time. "Now I have more information and I grew up and am more mature so I see things in a different way than when I was a child."

Participants reported changes in relation to the deceased parent as connected to nodal events in their own life, i.e. transition from one life stage to another and significant life events such as birth of children. Seven participants reported a change occurring in adolescence or early adulthood as they established an adult identity. For three of these participants this involved engaging in a formal therapeutic process at that time. Other participants described the change as making the experience of losing a parent "my own," moving from relying on the deceased parent as a support and guide and instead looking to friends and partners, or actively pursuing a connection with the deceased parent's culture. These shifts manifested in no longer talking to the deceased parent through prayer, an abrupt ceasing of repetitive dreams of the parent, and looking to the deceased parent for support for the first time as an independent adult. Three participants recognized the process of exploring specific aspects of their identity, sexuality, and culture as particularly influenced by the death of their parent. In the case of culture, participants identified the deceased parent as an important tie to their cultural identity. These participants described actively researching the culture and participating in cultural rituals

as a way of staying connected to their deceased parent. In the case of sexuality, for one participant the loss of a parent became a source of blame for his homosexuality and involved reconceptualizing his deceased parent's role after talking with a relative about his parent's character.

Five participants identified becoming a parent and parenting as creating a shift in their relationship to the deceased parent and/or the loss itself. Giving birth, the process of raising children, and the experience of one's child separating and individuating were reported as significant. Each of these participants described different changes they experienced. For one participant, it was a reminder of the loss. "The most powerful [reminder of the relationship] is really after having kids and wanting a mom again." For another, parenting provided an appreciation of his own father's parenting. Another participant described the difficulty that came up when her child reached the age she was when she lost her parent and the awareness of not having a model of how to parent at that age. Another participant described her parenting style as heavily influenced by her fear that somehow her children would be without her, resulting in a cautiousness and overprotective, fearful nature.

A significant nodal event that was identified by seven participants was subsequent losses. At the time of the interview, five of the participants had experienced the death of both parents. While they were asked to respond to the interview questions in light of the first parental loss, for several participants the "overlay" and "disruption" of the subsequent parental loss was impossible to isolate. "I think of [my father's] death a little

differently after my mother's . . . what does one do when both parents have died?" Two participants articulated a difficulty in separating their reaction to the first loss from the second loss. One participant identified the second parent dying as bringing the siblings closer together. For two participants, the surviving parent's grief was compounded by loss of their own parent not long after loss of their spouse. Three participants recognized subsequent losses of siblings and spouses as inseparable from grief and mourning for their deceased parent.

Though it was not a part of the interview guide initially, several of the initial participants spoke of their grieving process. Thus, subsequent participants were asked whether or not they saw themselves as having gone through a grieving process. For two participants, there was no context for understanding the concept or the meaning of "grieving process." One participant was not asked and did not bring it up directly. One participant placed herself as currently in the first stage of grieving, which she identified as involving extreme emotion such as pain and sadness. Two participants reported never having grieved. Five participants reported going through a grieving process in late adolescence/early adulthood. One participant recognized grieving for her sibling as opening the door to grieve her father over twenty years after his death.

Seven participants spoke about their mourning and grieving process as not having happened on the timeline expected by others. Participants reported not grieving "enough" when their parent died, responding in what others identified as an unemotional or detached manner, and the difficulty of it not happening on the "expected timeline." "I

was told early on . . . I wasn't dealing with it and that really really ticked me off because I thought how dare you, of course I am, just because I'm not crying initially doesn't mean I'm not dealing with it." Six participants recounted their relationships with therapists as instrumental in relating to the loss of their deceased parent.

"Death ends a life not a relationship"

The final period addressed was participants' current relationship to their deceased parent, primarily explored through participants' responses to the quote by playwright Robert Anderson, "death ends a life not a relationship."

All participants (n = 12) reported that their deceased parent has a presence in their life. Five participants articulated some difficulty with the quote and the concept of a "relationship," responding to the question saying they were "stuck with that one," were still trying to decide whether they agree, or believe the relationship was in fact finished. Two participants responded by saying that death does end a relationship but that it doesn't end a spiritual connection or memories and influence. All participants described relating to the loss and absence of their parent. Participants described relating to the loss as missing the parent, wondering what would be different if they were alive, and identifying the experience of loss as having shaped who they are today.

Seven participants specifically described how the loss impacted their development. One participant described the pain and sorrow of early loss as making him more responsive to the suffering of others. Two participants described feeling alienated and like "I don't really fit into the world." Two participants who lost a father reported an

awareness of the absence of men in their life subsequent to their father's death. One participant reflected that she was more rebellious as a young adult possibly due to not having a parental safety net. Another participant identified being stronger as a result of no longer having that parent there to "save you."

While the nature of the relationships described was unique to each participant, responses generated two themes: relating to the deceased parent's absence and relating to the deceased parent's presence. "I mainly see until more recently, the more negative part of that, the missing part, whereas now I can look and see what it is clearly implied is the positive part too." Four participants attributed the relationship as being different now than it was at the time of death primarily because of their own shifting lens. "Seeing things through a bigger picture" and understanding a historical context for their parents' experiences was the primary fodder for change in the way these participants related to their deceased parent.

Seven participants described characteristics or qualities in themselves or their offspring as providing a connection to their deceased parent. One participant's child walks exactly like her father, another recognizes her mother's values that she has carried on, and another finds that when people respond to her writing she feels "that's my father." Seven participants reported experiences after the death of their parent when their parent was present. Two of these participants experienced the parent as a haunting figure in dreams and in waking life that were both isolated occurrences and recurring throughout several years. Two participants described experiences that involved an acute

though fleeting sense of their deceased parent's presence in the faces of strangers. Three participants identified the deceased parent as appearing in dreams as a protective, caring presence. "It's like he's family and he's letting me know that. Even though he was gone. In my dream that's what I feel, that's the communication: I may be absent but I'm here." Six participants described generally feeling their deceased parent's presence, having the feeling that "they're there," "he's around," or that "there's some sense that I have that he's always, always around."

Use of Practices or Rituals

One question in the interview guide explored the use of rituals or practices that keep the memory of the deceased parent alive, and in the event that the participant identified rituals or practices inquired whether they found them to be helpful. No definition of "ritual" or "practice" was provided. It was intended that participants identify for themselves what they have done to keep the memory of the deceased alive. Participants identified objects and activities that served to maintain a sense of connection to the deceased parent.

Objects

Four participants identified having objects that belonged to their deceased parent including jewelry, a piggy bank, and letters and writings. Objects belonging to the deceased parent were placed in a narrative context by the participants, representing a time

and period of significance often before the participant was alive or old enough to create memories. Participants described the care with which they preserved these objects, such as photocopying letters, wearing the jewelry ever since the day the parent died, and placing the piggy bank in a central location in a bedroom. Participants reported that these objects “make memories surface,” help me “feel very connected to her from [death] on,” and provide a record of their deceased parent’s life. Three participants described objects as carrying elements of the emotional valence of the parental relationship itself. One of these participants named her teddy bear after her father and spoke to it when she was upset. Another identified the healthy early attachment relationship through specific photographs capturing the way in which her deceased parent related to her as an infant. The third described her relationship to a box of her father’s belongings in a manner that paralleled her description of how she related to her deceased father as a child.

Six participants brought out objects during the course of the interview that they identified as related to their connection with their deceased parent including pictures, jewelry, artwork, a teddy bear, and an ancestor house. Two participants shared pictures of their parent. Two participants looked around the interview room briefly for a picture and realized that though they had a photograph, it was not on display. Nine participants mentioned photographs, and a majority ($n = 7$) expressed a sense that they provided a connection to the deceased.

Activities

Seven participants talked about going to the cemetery or grave as a practice generally recognized to acknowledge the deceased. Though three of these participants identified going with family as an activity they were able to share in a helpful way, only one participant identified going to the grave as feeling like “visiting” his father. Four participants articulated that they find going to the cemetery or grave or participating in cultural rituals to be “not helpful,” with one participant stating, “it doesn’t feel meaningful to me to go to look at her gravestone.”

Seven participants described participating in cultural or religious rituals including saying the Kaddish prayer annually at temple (see Appendix E for an English translation of the Kaddish prayer), creating an altar for El Día de los Muertos (see Appendix F for a description of the Mexican holiday), and bringing out an ancestor house on the solstice and equinox as a part of the Lakota tradition. These rituals primarily involved engaging with other people, but most of these participants described feeling most connected to their deceased parent when they were alone and engaged in non-ritualized activities. Those who participated in these ritualized practices identified them as serving primarily to connect with others. One participant described creating the altar as important for her son. “We do it because it’s a tradition and I want my son to have more mix of cultures.” The Kaddish prayer was identified by one participant as a way to honor her parent. One participant recognized the remembrance box tradition as providing a way of opening up.

Cultural and ethnic identity was described as interrelated to four participants' ritual and practice recognizing the relationship to their deceased parent. All of these four participants have lived their adult lives in a country different than the country in which their deceased parent grew up. Participants identified visiting their parent's home country, learning about the culture, and observing holidays of that culture as ways they maintain a connection to both the parent and culture/ethnicity. Two participants reported their spiritual identity and cultural identity as indistinguishable. Seven participants described participating in rituals or practices that recognized their relationship to a deceased parent as a part of their spiritual or religious association. Three participants identified the structure of religious practice and ritual to be helpful in their experience of adapting to the loss of their parent. The other four participants found the religious practice to provide a way of honoring the parent or connecting with other family members but did not identify the ritual or practice as contributing to their own relationship to the deceased.

Eight participants identified personal activities as providing a meaningful sense of connection to their deceased parent. Cooking was described by three participants as a way they feel the connection. "I really like it when I'm looking at a cookbook and all of a sudden I see her handwriting like there'll be a little note, or there's even one cookbook where she crossed out a recipe." Another participant describes making the cookie recipe his father used to make and giving them to friends at Christmas as a way to feel connected. Three participants mentioned music as a particularly meaningful way they

remember their deceased parent. When describing a specific song, one participant described that “it really goes right to your heart, no matter how many times I hear it . . . I think of my father.” Traveling to their deceased parent’s home country was described by two participants as a way they recognize reconnecting with their deceased parent’s family and their deceased parent.

Five participants described personal rituals that they developed as a way of connecting with their parent. Though not all were conscious of the ritual at the time or deliberate about developing it, all five of these participants identify these activities as a ritual and recognize that it has been helpful. One participant described a ritual she developed to prepare her for her mother’s death, involving repeating to herself “I’m ready, I’m ready, I’m ready” when she thought it was the day she would receive news of her mother’s death after a long illness. Another participant described sitting on the roof of her house as a child and identifying her father as the first star, watching over her. Another participant reported putting together a video for family members as providing “huge big closure for me.” One participant described his father’s unexpected death as inspiring his request that relatives give him a piece of their hair now so that a part of them can be cremated with him when he dies. One participant regularly dedicated flowers to a person who has died. All of these five participants identified their personal ritual as relating to the loss of their parent in a positive and helpful manner.

Ten of the twelve participants reported having reviewed the interview guide prior to the interview and many had printed out copies and made notations. Two of the

participants identified the question about rituals as eliciting regrets that they did not have a ritual or practice in their life to recognize or connect to their deceased parent. Both of these participants talked about what they might do in the future. Six participants identified ways in which the family and adults could have responded differently including providing “some sense that she’s ongoing,” recognizing that it’s happening to the child and not just the parent, and acknowledging that the children need to be provided with support and the room to grieve in their own manner. Eight participants identified the interview itself as having been helpful in feeling connected to the deceased parent, keeping their memory alive, and generating insight into the relationship to their deceased parent.

Conclusion

Participants universally expressed the significant impact that the death of their parent has had on their lives. “When you have two [parents] and you lose one, it’s like you lose one of your arms.” The diversity of circumstances under which the death occurred, the differences in how the family and support system responded, and the varying cultural, spiritual, and ethnic identities all influenced participants’ manner of relating to their deceased parent. Permeating all manners of relating to the deceased parent was participants’ acknowledgement that ongoing recognition of the parent was a meaningful aspect or a desired component of their current life. Ritual involving other

people was reported as particularly helpful in feeling connected to others, but individual reminders were found to be most meaningful. Participants' response that they found the interview to be helpful and the reported importance for many of talking to family members and those who knew their parent about their deceased parent indicated the significance of externally recognizing the parent. "When people go beyond the 'oh you lost your father I'm sorry' but . . . find something out about my dad . . . it just makes my heart glow."

CHAPTER V

DISCUSSION

This qualitative study explores the nature of an adult's relationship to a parent who died during childhood and whether practices or rituals are integral to observing that ongoing relationship. This chapter discusses the key findings of this study as they relate to the literature. First the demographics of the study are considered followed by an examination of the findings as they emerged around three periods: the relationship at the time of death, the process of incorporating the loss, and the current nature of the child's relationship to a deceased parent. A study of the literature reveals that traditional bereavement studies have worked to distinguish healthy and pathological responses to grief, focusing on the individual psyche. Post-modern theorists have expanded this lens to consider the cultural and historical context in which the individual is situated; in the case of a child's grief this requires a consideration of the family. This study aims to fill a gap in the literature as there is limited research exploring bereavement in childhood and particularly the process of mourning and relating to the deceased parent over time. The individual's experience as well as the family environment and culture surrounding that individual are considered. The chapter closes with implications for bereavement theory and clinical social work practice.

Participant Demographics

The twelve participants represented a range of cultural, ethnic, and spiritual backgrounds. There was a range of experiences regarding circumstances of the death, family composition, and age at time of death. General limitations of the study are discussed in a preceding section but three demographic features of the sample are distinctive and are examined below.

First, the sample lacked adults who had lived less than 17 years since their parent's death, so while participants themselves ranged in age from 21 to 68 and ranged in age at time of parental death from 18 months to 17 years, the sample was biased towards those who had many years between experiencing the death and participating in the interview. This may be attributable in part to the nature of the study in that rituals and practices are often established over time and those who most readily volunteered were those with established ritualized behaviors. Those who experienced the death of a parent in childhood more recently may feel less clarity and thus some reluctance towards discussing their connection to a deceased parent with a stranger.

All of the participants ($n = 12$) had both a mother and a father in their lives at the time of the death and all but one participant's parents were married. This is consistent with other studies of childhood bereavement. Currently the most thorough study, the Harvard Childhood Bereavement Study, required that parents lived together at the time of the death as one of the criteria for inclusion. While loss of a single parent caretaker

introduces a host of different stressors on the life of the child, it is noteworthy that the literature about childhood bereavement does not address loss of a single parent under the umbrella of parent loss. One participant for this study was being raised by a single parent but noted that there were efforts towards reconciliation between the couple immediately prior to the death. Following the death, the surviving parent was in the same town and became the primary caregiver. Those who lost a parent and did not have a surviving parent to assume the caretaking role may not identify with the subject of this study as strongly as a child who lost one of two caretaking parents in childhood. Individuals who fall into the category of losing a single parent may have found the language of the recruitment materials to be discouraging as potential participants were asked if they lost a mother *or* father in childhood, but not both. While it was not intended that individuals with this experience be excluded, this may have been an involuntary consequence of the recruitment materials as well as a consequence of the study itself.

A third demographic feature of the study sample that is unique is that four participants were not native speakers of English. Two of these participants expressed concern at the beginning of the interview that there might be difficulty understanding one another, and requested that the researcher seek clarification if necessary. Though all participants were fluent in English and communication during the interview was clarified when necessary, it is probable that words and terms were used by participants in a manner that carried different meaning or implication than was understood by the researcher. This is always a limitation of narrative data but differences in native

language enhance the possibility that language was understood to have different meaning both during the interview and the data analysis process. Given that the narrative data gathered is analyzed through the lens of the researcher, this was inevitably influenced by the fact that one third of the participants were not native speakers of English and the researcher is a native speaker of English and does not speak any other languages fluently. While all interviews were conducted in-person in order to allow for increased communication using body language and facial expressions, meaning was likely unintentionally misconstrued by the researcher, particularly in those four instances when the native language of the researcher and participant differed.

Time of Death

The child's experience at the time of death was found in this study to be heavily influenced by participants' age and developmental stage at the time of death as well as the circumstances of their family. Participants' reports of their understanding of what had happened to their parent supported the Harvard Bereavement Study's finding that though a child may lack sufficient communication skills to talk about grief and death, most children understood the concepts. "Parents in the Harvard study tended to underappreciate the fact that absence of overt emotional expression in their children did not mean they were not successfully coping with their grief" (Larson & Nolen-Hoeksema, 1999, p. 112). Participants whose parent died between the ages of three and six (n = 5)

identified feeling confused. This confusion was attributed to the adults in their lives sending mixed messages and not communicating in a manner that was understood clearly at their age. Two of these children were told their deceased parent was in heaven without any prior exposure to the concept of heaven. A theme in participants' reports of their experience at the time immediately following the death is the adults trying to shield them from the pain by not talking about the parent or not allowing them to attend the funeral. All participants articulated some distinction between their surviving parent's response following the loss and their own.

The child's experience at the time of death culminates in the academic and clinical question whether a child is able to mourn. Bowlby (1980) asserted that there are circumstantial and psychological differences between the bereaved child and the bereaved adult, but that it is inaccurate to interpret these differences as indicative of an inability of the child to mourn. Wolfenstein (1966) asserts that children are in fact unable to mourn until they have successfully separated from their parents during adolescence. Participants in this study expressed a range of emotional responses to the loss. Of the nine participants that spoke about the mourning process, two participants reported never grieving the loss of their parent, five reported a grieving process in late adolescence/early adulthood, and two reported the experience of mourning the loss of their parent in their early thirties. This data would seem to provide some support for Wolfenstein's assertion that the child is unable to mourn.

Yet many participants (n = 7) talked about adults misunderstanding their response to the death as “not grieving.” The findings indicate that age and cognitive development were a significant factor in how children responded to the death. Participants in “early” childhood, under the age of three at the time of the death (n = 2) had no memory of the experience, participants in “middle” childhood years, between the ages of three and six (n = 5) all described some confusion surrounding the death, and participants in “late” childhood and adolescence, between the ages of ten and seventeen, were faced with heightened responsibility, independence, or newfound awareness of reality. These findings support the child development research identifying middle childhood as involving magical thinking, learning that dead people are nonfunctional, and understanding death is irreversible (Oltjenbruns, 2001, p. 172). Three participants described their parent as having a ghost-like presence during this age period, suggesting that they had not yet grasped the irreversibility of death and that dead people are nonfunctional. One participant’s belief that her parent had gone on a long trip and another’s conviction that he attended the funeral despite his mother adamantly insisting that he was not present may have been attributable to magical thinking. Whether these experiences are attributable to their developmental understanding of what was happening or miscommunication with family members is not within the scope of this research. Yet an important and ultimately unknown piece of participants’ experiences as children is how their environment responded at the time of the death.

It is not possible to distinguish between the extent to which participants' understanding of death and their reaction is attributable to developmental stage and cognitive development and the degree to which this is influenced by family surroundings and the surviving parent. However, there are aspects of the role of the surviving parent and family that emerged. The study's findings did support Reynolds, Miller, Jelalian, and Spirito's finding that though children conceptualize death in unique ways, "researchers have consistently found that gender, religious beliefs, race, and parental divorce are not related to children's understanding of death" (1995, p. 144). Themes of how participants conceptualized their deceased parent's death emerged in relation to age and there was no correlation to gender, race, or religious belief. To the contrary, religious belief was found in some instances to further confuse the child. One participant was surrounded by a Christian community and was told her father was in heaven. She didn't understand why those around her were upset because she was told not to worry, that she would see him again in heaven. Conceptualization and understanding of what was happening at the time of the parent's death was not correlated with any demographic other than age at the time of the loss.

Although the data gathered cannot clarify the balance of influence between a child's developmental experience and that of the surrounding environment, the study did support Rando's finding that it is the misunderstanding about the internal experience of other family members that is alienating, particularly as a child's developmental capacity will likely involve a different affective and verbal expression of grief than an adult. One

participant described having bad dreams that his surviving parent would pass away. This was in conjunction with awareness that now his surviving parent was faced with significant financial burdens. The dreams stopped when he entered adolescence. According to Rando, this may be the child's projection of the surviving parent's fragility. Another participant described feeling guilty and responsible for her surviving parent's loneliness as well as angry that the children didn't receive more help until many years later realizing retrospectively that he was depressed. All participants (n = 12) described some aspect of the understanding between themselves and their surviving parent as incomplete, or acknowledged that there was a difference of experience that was not successfully communicated.

Findings from the Harvard Childhood Bereavement Study indicated that the functioning level of the surviving parent was "the most powerful predictor of a child's adjustment to the death of a parent" (Worden, 1996, p. 95). Findings from this study are inconclusive as to whether the functioning level of the surviving parent was the most powerful predictor given the small sample size, the time since the death occurred, and the study's design. However, all participants discussed their experience of the surviving parent's response to the death of their spouse in the absence of an interview question that specifically broached this topic. Themes emerged around the implications of the loss of the family's primary nurturer and loss of the primary provider, further underscoring the important role the surviving parent played immediately following the death.

Whether the surviving parent's level of functioning is the most important predictor of a child's adjustment after the death is not clear from the findings of this study. Participants described dramatically different experiences of adjustment among their siblings despite being cared for by the same surviving parent. Eight of the ten participants with siblings described how the experience was more difficult for one of their siblings than it was for them. The Harvard Bereavement Study also found that children of parents who remarried experienced lower levels of depression and anxiety and were less concerned about the surviving parent's safety (Worden, 1996, p. 83). This study was inconclusive on the effect of remarriage as only one participant lived with a step parent in childhood following the death. Despite the surviving parent's reported attempt to find a substitute parent, the experience of the influence that step parent had was described as negative. Ultimately, evidence from this study supports both the important role the surviving parent plays in a child's adjustment to loss and the relevance of other factors, such as age at time of death.

The family's collective response to the loss and the family narrative that developed around the death was discussed by all participants. The findings support Nadeau's study that identified patterns of meaning-making inhibitors and enhancers, contributing to the family and the individual's adaptation to the loss (Nadeau, 2001, pp. 96, 101). Participants in this study described the family's reaction as either bringing family members closer together or pulling them further apart. The five participants who described the experience of loss as "contributing to closer ties" all identified there being

frequent family contact involving communication, even if that involved fighting or differences of feeling. Of the seven participants who described the experience of loss as a fragmenting experience for the family, five reported that their family did not talk about the deceased after the death. While this study did not examine the influence of the surviving parent specifically, findings did support the importance of the family in shaping the child's adaptation to loss. As stated by one family systems theorist, death of a significant family member subjects the family to great stress and "the greatest potential for change, positive or negative. Death in the family is the nodal event with most power for evoking the extreme potentialities for taking I-positions or We-positions" (Titelman, 1987, p. 343).

Family rituals were identified as helpful when they carried significance to the family. Visits to the cemetery, a culturally common form of family ritual to recognize the deceased, was mentioned by seven participants as a family ritual. However, it was the three participants that identified going with family as the meaningful aspect of the activity that found it to be helpful. The most frequently mentioned aspect of the experience that participants identified that could have been better was improved communication among the family. This supports the conclusion that Nadeau (2001) makes that "rituals are rich in meaning...they allow families to hang on to old meanings that serve them well, let go of meanings that no longer serve, and create new meanings" (pp. 345-346).

Process of Incorporating the Loss

The process of relating to the loss over time is at the crux of the debate ignited by continuing bonds theorists who contend that traditional psychodynamic theorists have focused on developing linear, time-limited models of grieving whereas non-western cultures have an understanding that the mourning process is necessarily ongoing. Freud's original assertion that reinvestment of the energy once tied to the relationship to the deceased into a new relationship signals the completion of grief work was not supported by the findings. None of the participants spoke of another person filling the parental role that was lost. However, the findings did show that the amount of energy they invested into relating to the deceased parent, and to the loss of the deceased parent, shifted over time.

The most concrete illustration of the shifting relationship to the deceased parent was seen in linking objects and transitional objects. Linking objects provide an object in which the relationship between mourner and deceased is symbolized and acted out (Rando, 1993, p. 127) whereas Winnicott's transitional objects bridge the transition between two different modes of organizing experience and help soothe the mourner (Mitchell & Black, 1995, p. 128). One participant regularly spoke to a teddy bear her father had given her, naming the teddy bear after her deceased father and acknowledging that for a time she "personified" her teddy bear and felt as though she was talking both to her teddy bear and to her deceased father. Another identified her father as the first star in

the night sky and regularly talked to the star, and thus with her deceased father. Both of these participants found it comforting and helpful to talk with their deceased parent through objects in their physical world. When one of these participants began high school she found “other people to involve myself with where I could potentially talk with them about my problems and not, you know, a teddy bear.” The other participant stopped talking with her father when she got married. These two participants’ experiences provide an example of an object and ritual that was helpful after their parent’s death but became no longer useful as their life circumstances changed.

The study demonstrated that these changes in relating to the deceased parent most frequently occurred in conjunction with nodal events in the individual’s life. Worden’s (1996) third task in grieving involves adjusting to the environment in which the deceased is missing (p. 15). He recognizes that this is re-experienced at transitional points of childhood and adulthood. This was supported by the findings as participants described giving birth, marriage, beginning college, and subsequent losses, for example, as bringing a resurgence of grief or as creating an opportunity for further accommodation of the loss. Though Worden’s third task in grieving was reflected in the findings, the notion of “tasks,” “stages,” or “models” was not conclusively found to be a helpful approach to understanding the grieving process.

The use of models to provide a structure for understanding the normative grieving process has been challenged by continuing bonds theorists as restrictive and culturally relative. This study’s findings support a third stance that integrates the two theories:

some participants found grief models to be useful while others identified aspects of such models to be unhelpful. Only two participants identified models of the grieving process that were helpful to them. One found that her model “normalizes the grieving” by illustrating a non-linear process. The second located herself at a stage of grieving which seemed to provide the hope of future development. One participant stated unequivocally that she has found models to be unhelpful. Three participants identified having suffered because others had expectations about the timeline of their grieving process.

Relationship to a Deceased Parent

The quote that anchored the exploration of the nature of participants’ relationship with a deceased parent at the time of the interview, “death ends a life not a relationship,” elicited responses supporting both continuing bonds theorists and traditional psychodynamic theorists. The relationship continued for several participants in a manner that included interacting with their deceased parent (talking with a teddy bear with the same name as the deceased parent, identifying a star in the sky as a father). Several participants felt the relationship ended with death but that the memories lived on. Each participant ultimately had a different construction of how they related to their deceased parent over time.

One common theme was that other people imposing their conception of how the grieving process ought to unfold was unhelpful. This substantiates the efforts of

continuing bonds theorists to depathologize forms of mourning that do not fit the dominant model, particularly regarding the time and linearity espoused by dominant models. Continuing bonds theorists suggested that non-western cultural rituals provide a sense of spiritual involvement with the dead. Though seven participants reported participating in non-western cultural rituals recognizing the deceased, all of these participants identified feeling more connected to their deceased parent through their personal and not culturally ritualized activities. The study did not support or contradict the notion that non-western cultures sustain a continued spiritual connection as compared with western cultures, as the focus of this study was the individual's experience.

The study did demonstrate a correlation between the nature of the participant's relationship to the parent prior to their death and the manner in which the participant described maintaining a connection with that parent. Participants who were older at the time of death and were closely connected to that parent (n = 3) describe experiencing the connection primarily through the ritualized activities of daily life that they enjoyed with that parent: cooking, road trips, hearing specific songs, "the memories are rich and constant." Participants who described a more distanced relationship (n = 5), whether that was attributed to age at the time of death (not being old enough to have memories) or to a "difficult and complicated" relationship, reported maintaining a connection with the deceased parent primarily through objects and formal cultural rituals. Two participants identified being the deceased parent's "favorite." Both of these participants described not being interested in altering the memories of their deceased parent in any way and resisted

others who wanted to discuss the parent as they existed in the world in other contexts.

Participants' manner of experiencing the connection with their deceased parent mirrored the relationship that existed prior to the parent's death.

As discussed earlier, the experiences surrounding the loss (such as the family's response) also influence the nature of the child's relationship to a deceased parent. An interesting question that is raised by the literature is the extent to which the constitution of the mourner informs the nature of the relationship between the deceased and the bereaved. Freud asserted that mourning was complicated by ambivalence and left it open as to whether it is attributable to the constitution of the mourner or the experiences surrounding the loss. Bowlby's attachment theory offers a compromise: the constitution of the young child and attachment figure together solidify an attachment style that likely becomes interwoven with the fabric of that child's constitution. The scope of this study did not seek to explore this particular aspect of the relationship of the bereaved child to the deceased parent, and whether or how that relationship over time is influenced by the constitution of the mourner or the experiences surrounding the death. However, the findings do suggest that the specific circumstances of the death such as whether it was unexpected and sudden or came at the end of a long illness were less related to how the child related to the parent over time than was the manner in which the family responded. Though difficult to study, it could be useful to the field to explore how much of a child's experience of the loss is informed by their developmental stage and the extent to which adults can help to adaptively shape their internal narrative.

Strengths and Limitations of the Study

This study seeks to address the need for qualitative research to better understand how people make meaning of grief. Thus, data was not gathered in order to measure symptomology, attachment style, or adaptive functioning. While this was a deliberate effort to move away from measuring stress and depression in order to explore a wide range of emotional processes, other questions about the ongoing process of bereavement were not assessed. For example, this study was not able to develop our understanding of the distinctions between character and environment as they mitigate disruptive grieving experiences. The interview guide questions were self-developed and formulated based on research and available information, as well as input from social work peers, two academic advisors, and one clinician. The very design of the study is informed by the researcher's personal experiences of death of a parent in childhood.

The sample is biased in favor of those who see value in talking about their grief. Participants were not offered any other incentives for contributing to the study and volunteering their time outside of talking about their experiences. Recruitment was limited by the researcher's resources and the structure of the research project. Thus, recruitment occurred exclusively in the San Francisco Bay Area. The sample size was small and the study lacked a control group, limiting generalizability of findings.

In-person interviews and the exploratory design of the interview guide did allow for extensive data collection. While the design of the data collection instrument elicited rich narratives of participants' experiences, one difficulty was the variation in narratives and the inability to cover the material that emerges over the course of interviews with prior participants.

Implications

“Grief remains one of the few things that has the power to silence us. It is a whisper in the world and a clamor within” (Anna Quindlen, 1994).

The most striking feature of these interviews was participants' eagerness to talk about the experience of losing a parent and to talk about that parent. One participant reflected during the interview she was able to “stop and be right there” with her deceased father. Eight participants identified the interview itself as having been helpful in feeling connected to the deceased parent, keeping their memory alive, and generating insight into the relationship to their deceased parent. The nature of how participants related to their deceased parent varied along a continuum, on one end a desire to preserve memories and at the other a relationship that was extremely present and changed over time. Some participants moved and shifted along this continuum throughout their lives, others remained relatively static. Most participants found ritual and practice to be an important component of connecting to their parent.

As clinicians, an attunement to grief and bereavement is recognized as an integral element of clinical work, particularly in the period immediately following a loss. This study highlights the importance of attending to those for whom years may have passed since the death. This may involve recognizing or defining a ritual, or it may be an opportunity to simply talk about that parent. A client may be experiencing something that is eliciting a need to reconfigure how they relate to their deceased parent. As expressed by the participants in this study, an avenue for talking about this relationship does not arise often and can be difficult for the individual to initiate as the dominant cultural discourse views grieving as linear.

In working with families experiencing the loss of a parent, several participants (n = 6) specifically spoke about what could have been done differently that would have been more helpful. The primary theme amongst these responses was a wish for more effective communication, whether that would have involved providing “some sense that she’s ongoing,” holding on to more of the deceased parent’s objects, or talking about the loss in a way that recognizes the child is going through their own grieving process. None of the participants found communication with their surviving parent to be helpful at the time of death. It is not clear from this study whether this is attributable to the natural developmental stages of childhood or is a manifestation of parent and child lacking a shared narrative. However, family and individual clinicians working with families and individuals grieving the loss of a parent can attend to facilitating the family’s creation of a shared narrative of their experiences of grieving and mourning.

Lastly, as importantly emphasized by continuing bonds theorists, this study supports the movement away from pathologizing manifestations of grief and bereavement that do not fit contemporary models and phases. Participants described adults around them at the time of the death as responding by being “indignant that I wasn’t ... more upset than I was,” saying it “appeared like I wasn’t dealing with it,” and by not talking about the death or the parent. Clinicians can help families find a way to communicate with one another with an attunement to the ways in which a child may experience and express grief that differ from an adult. “They didn’t know how to say that she had died and she’s not going to come back.” Clinicians must also recognize that “grief is unspoken, publicly ignored except for those moments at the funeral that are over too quickly, or the conversations among the cognoscenti, those of us who recognize in one another a kindred chasm deep in the center of who we are” (Quindlen, 1994).

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Appendix A

December 27, 2007

Maisie Ketron
369 Bocana Street
San Francisco, CA 94110

Dear Maisie,

You have done a fine job with your revisions and everything that we mentioned has now been attended to. All is now in order. We are glad to give final approval to your study.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain signed consent documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is

Good luck with your project.

Best regards,

Ann Hartman, D.S.W.
Chair, Human Subjects Review Committee

Appendix B

Dear Potential Participant,

I am a graduate student at Smith College School for Social Work and am conducting a study on the relationship to a deceased parent over time. Your participation is important and valuable to the further development of research on bereavement studies and the ongoing relationship following parental death. This study is being conducted for my Masters in Social Work thesis.

You are being asked to participate because of the unique perspective you have to offer as an individual who has experienced the life altering loss of a parent during childhood. To participate you must be at least 18 years old, have lost your parent through death between the ages of 0 and 18, and at least two years prior to receiving this request. The risk of participating in this study may be that some interview questions could elicit difficult thoughts, feelings, or memories. Enclosed in this mailing is a list of psychotherapy resources in the San Francisco Bay Area that you may refer to if you experience psychological distress as a result of participation in this study.

If you choose to participate in this study, I will interview you about your experience of the role your deceased parent plays in your ongoing life and any rituals or practices you observe that serve to maintain that relationship. The interview will be conducted in person, will be tape-recorded, and will last approximately 50 minutes. I may also telephone you after the interview for the purposes of further clarification and/or elaboration if necessary. Unfortunately, I am not able to offer financial remuneration for

your participation. However, participation will allow you to share your experiences and provide important information that may be used by professionals working with individuals and families who have lost a parent. Your information will be coded and confidential. I will numerically code the audio tapes and interview notes instead of using your real name. Some illustrative quotes will be used for the thesis but will be reported without connection to identifying information. Academic advisors will be the only people with access to the data. I will lock consent forms, audio tapes, and interview notes in a file drawer during the thesis process and for three years thereafter, in accordance with federal regulations. Should I need the materials beyond the three year period, the data will continue to be kept in a secure location and will be destroyed when no longer needed.

Your participation in this study is voluntary. You may decline to answer any interview question(s), and you may withdraw from the study at any time without penalty by indicating in writing that you are no longer interested in participating. You have until March 31, 2008 to withdraw from the study; after this date, I will begin writing the Results and Discussion sections of my thesis.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Signature of Participant

Date

Please return this consent form to me by December 15, 2007 to indicate your intention of participating in the study (I suggest that you keep a copy of this consent form for your records). If I do not hear from you by then, I will follow up with a telephone call. If you have any further questions about this study, participation, rights of participants, or this consent form, please feel free to ask me at the contact information below.

Thank you so much for your time, I greatly look forward to having you as a participant in my study.

Sincerely,

Maisie Ketron

Appendix C

The Interview Guide

Thank you for your time and consideration in participating in this study. You have the right to respond to only the questions you feel comfortable responding. All information provided will be kept strictly confidential and will only be disclosed in a specific relationship of trust as necessary for purposes of this project. This data will be used for my MSW thesis at Smith College School for Social Work and will inform clinical practice as it supports others who suffer the loss of a parent.

1. What is your profession? (student, at home, work)
2. What is your ethnic and/or cultural identity? What is your spiritual identity, if any?
3. Which of your parents died or have both died? (if both, respond for the 1st loss)
4. How many years has it been since your parent died? How old were you when the death occurred? What was the cause of death?
5. Who was in your immediate family when your parent died and how old were they when the death occurred (siblings, parents, children, spouse, grandparents, etc.)?
6. The playwright Robert Anderson wrote “Death ends a life not a relationship.” Please comment on whether or not you have found this to be true and provide examples.
7. Are there specific ways in which you maintain connection with your deceased parent? Please describe. Do your remembrances take place alone or with others?
8. Following this loss, did you feel that the parent who had died was still a part of your family life? If so, in what ways? Are there events during which your departed parent feels more a part of your family?
9. Do you participate in any social, cultural, or personal rituals or practices that keep the memory of your deceased parent ‘alive’? If so, what are these rituals and practices? How helpful is this practice?
10. How do others feel about whether or not your deceased parent should still play a role in your life? Please explain.
11. Is there anything I have not asked that you wish I had?

Appendix D

Bay Area Resources for Additional Therapeutic Support

<p>Mental Health Access San Francisco Department of Public Health (415) 255-3737 www.dph.sf.ca.us/PHP/MHP.htm Psychiatric Emergency Services: (415) 206-8125 Mobile Crisis Team: (415) 355-8300 Comprehensive Child Crisis: (415) 970-3800 Westside Community Crisis: (415) 353-5050 S.F. Suicide Prevention: (415) 781-0500 Provider Systems: (415) 255-3773 Drug Information Services: (415) 252-3055</p>	<p>For low income or uninsured clients. They will do an intake and make an appropriate referral. Services are available to residents of San Francisco who receive Medi-Cal benefits, San Francisco Health Plan members, and to other San Francisco residents with limited resources. Services are approved and provided based on individual clinical need.</p>
<p>The Berkeley Free Clinic www.berkeleyfreeclinic.org/download.html</p>	<p>Impressive list of referrals available for download including Alternative Health Referrals, Counseling Referrals, Crisis Hotlines, and Drug and Alcohol Program Referrals</p>
<p>New Leaf www.newleafservices.org Intake Office: (415) 626-7000 ext. 220</p>	<p>New Leaf exists to help lesbian, gay, bisexual, transgender, queer and questioning individuals and families of all ages lead healthy and connected lives. They provide professional mental health, substance abuse, and social support services to strengthen its diverse community.</p> <p>Their psychiatrist and licensed psychiatric technician provide client assessment and monitoring for psychotropic medications. These services are accessible to clients through their other programs. Their psychiatry team works closely with all their clinicians to assure the best care for their clients.</p> <p>The Intake office provides information about their services. Fees are set using a sliding scale based on income. New Leaf accepts private and group insurance, and some of their programs can accept Medi-Cal.</p>
<p>Westside Community Mental Health 170 Otis St., San Francisco (415) 557-5917</p> <p>888 Turk St., San Francisco (415) 353-5022 Westside Crisis & Outpatient (415) 353-5050</p>	<p>The Crisis & Outpatient center provides a 30 day prescription and a referral to a clinic for follow-up.</p> <p>Part of SF Department of Public Health</p>

Community Psychiatry Association Company 3061 Fillmore Street, SF (415) 292-3440	A contact for psychiatrists who take insurance.
RAMS SF Richmond District www.ramsinc.org (415) 668-5955	RAMS, Inc. is a private, non-profit mental health agency that is committed to advocating for and providing community based, culturally-competent, and consumer-guided comprehensive services with an emphasis on serving Asian & Pacific Islander Americans. Founded in San Francisco's Richmond District in 1974, the agency offers comprehensive services that aim to meet the behavioral health, social
Bay Area Psychotherapy Services and Oak Creek Counseling Center 2901 Shattuck Ave, Berkeley 1-888-649-9320	Quality, affordable psychotherapy for adults, couples, children or families for depression, grief, trauma, physical or sexual abuse, divorce or step-family issues. Fees: sliding scale (\$20-75)
California School of Professional Psychology 1730 Franklin St., #212, Oakland 628-9065 Hours: Mon-Thurs 9:30am-8:30pm, Friday 9:30am-4:30pm	Individual, couple, family, child, group therapy. Must make appointment to be seen. Fees vary according to income; \$20-90.
The San Francisco and Berkeley Psychotherapy Clinic 9 Funston Ave: The Presidio 2728 Durant Ave. (The Wright Institute) 415-677-7946 ext.7 or 510-644-4287 ext.7	Consultation costs \$50 in SF and \$25 in Berkeley, sliding scale thereafter.
Northern California Psychological Society (Referral Service)	334-2418

Appendix E

The Mourner's Kaddish

Beginning at the funeral and continuing for eleven months, the mourner recites the kaddish. The kaddish is not a prayer for or about the dead. It is a doxology: a prayer of praise to God. The mourner recites this prayer as an expression of faith in God, even in the midst of tragedy and grief (Dosick, 1995. ¶20).

Reader: Let God's name be made great and holy in the world that was created as God willed. May God complete the holy realm in your own lifetime, in your days, and in the days of all the house of Israel, quickly and soon. And say: Amen.

Congregation: May God's great name be blessed, forever and as long as worlds endure.

Reader: May it be blessed, and praised, and glorified, and held in honor, viewed with awe, embellished, and revered; and may the blessed name of holiness be hailed, though it be higher than all the blessings, songs, praises, and consolations that we utter in this world. And say: Amen.

May Heaven grant a universal peace, and life for us, and for all Israel. And say: Amen.

May the one who creates harmony above, make peace for us and for all Israel, and for all who dwell on earth. And say: Amen.

(Source: *Kol Haneshamah: Shabbat Vehagim* (3rd ed.). p. 450).

Appendix F

El Día de los Muertos

Day of the Dead in Mexico represents a mixture of Christian devotion and Pre-Hispanic traditions and beliefs. As a result of this mixture, the celebration comes to life as a unique Mexican tradition including an altar and offerings dedicated to the deceased.

The altar includes four main elements of nature — earth, wind, water, and fire.

Earth is represented by crop: The Mexicans believe the souls are fed by the aroma of food.

Wind is represented by a moving object: Tissue paper is commonly used to represent wind.

Water is placed in a container for the soul to quench its thirst after the long journey to the altar.

Fire is represented by a wax candle: Each lit candle represents a soul, and an extra one is placed for the forgotten soul.

One of the most celebrated traditions in Mexico is Day of the Dead. On this occasion, unique dishes are prepared, and the relatives cook for the enjoyment of the deceased. These culinary offerings are the centerpieces of the altar, which is decorated with cempasuchitl flowers. The fragrance of the flowers blend with the aroma of burnt copal.

Mexico City

Bakery windows are decorated with skeletons and verses dedicated to the deceased. People select the bread they want to offer their ancestors, a food that is later enjoyed by the family. The people of Mexico City remember those who have crossed the river that separates life from death. This two-fold experience enlightens the beginning and the end of a cycle.

(Source: Andrade, M.J. <http://www.dayofthedead.com>)