THE UNIVERSITY OF CALGARY

Children's Perceived Adjustment Following the Death of a Parent

By

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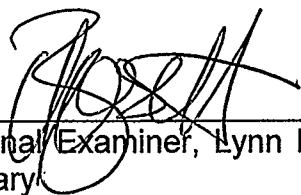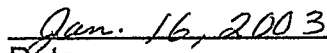
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The undersigned certify that they have read, and recommend to the Faculty of graduate Studies for acceptance, a thesis entitled "Children's Perceived Adjustment Following the Death of a Parent" submitted by Claire Louise Malcolm in partial fulfillment of the requirements for the degree of Master of Science.

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Abstract

The current study attempted to describe children's responses to the loss of a parent, while exploring whether the type of loss or time since loss mediated these responses. The sample consisted of 15 children between the ages of 6-11 years who had lost a parent and were bereaved between 1 and 36 months. Children recorded their bereavement experiences using a story technique. The stories were analysed to determine the impact of type of loss and time since loss on children's grief responses, and to describe emotional responses, children's sense of connection following the loss, involvement in loss rituals, and level of narrative thought used in the stories. Counsellors administrating the story technique kept a journal to permit an analysis of the appropriateness of the technique for working with bereaved children. Statistical tests indicated no differences between children's grief responses based on time since loss or type of loss. Descriptive analyses identified a variety of trends. Emotionally children appeared to experience a gradual improvement over time. Children were perceived to adapt positively to the loss as expressed in their ability to retain connections within their families and to the deceased, and in their accelerated ability to interpret meaning related to the loss. The story technique was assessed as useful and developmentally appropriate. The information presented is limited in how it represents the larger bereaved community. Further investigation into the usefulness of the story technique, the impact of this experience on children's story telling, and conducting a longitudinal study exploring emotional changes across time were suggested areas for future research.

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Dedication

This thesis is dedicated to my family. The one that raised me and taught me to believe in myself and in my gifts. The second that I have created with my loving and wonderful husband, Todd. The third that we look forward to, with a mommy, a daddy, a George, and a Johnny. Completing this allowed me to become the "me" I should be and the child, friend, wife, and mommy you deserve. Thank you for all your support and love.

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CHAPTER 1

Introduction

Although there is considerable agreement that children grieve after a

parent dies, there is less consensus on what influences the quality of their grief

response. Researchers and clinicians have questioned what the normal (i.e.,

typical of many children) childhood grief response is, what the long-term effects

of losing a parent are, why some children respond more strongly than others, and

what factors mediate the quality of a child's grief response.

To identify whether a child is experiencing a problematic reaction, we

require an understanding of what constitutes a normal grief response. Children's

responses to the death of a parent have been investigated over the past 30

years, yet there continues to be considerable uncertainty concerning what

defines a normal response (Tremblay & Israel, 1998). This lack of consistency is

commonly attributed to methodological disparity between studies (Kranzler,

Shaffer, Wasserman, & Davies, 1989; Mireault & Bond, 1992; Tremblay & Israel,

1998). Nevertheless, combining clinical and empirical information allows a broad

description of what is expected to constitute a child's normal response to the

death of a parent (Grollman, 1995; Johnson, 1999; Trozzi & Massimini, 1999;

Wolfelt, 1983). This description can be used as a gauge when determining

whether a child is experiencing great difficulty in his or her adjustment to the loss.

Children grieve physically, emotionally, spiritually, and mentally (Johnson,

1999). Children can complain of common physical ailments such as stomachaches, headaches, and heartaches. Dehydration can occur due to the excess water released due to crying and children may lose their appetites. Physically acting out or increases in aggression are common when a child is grieving. This anger can be directed at the surviving parent for not protecting the deceased parent, not paying attention to the child during and after the deceased parent's illness, or for not keeping the child informed on the parent's progress. Anger can also be directed at others who failed to make their loved one well (e.g., doctors), the individual who killed their loved one (e.g., drunk driver), and even toward the person who has died. Often children express anger at the deceased for leaving them, failing to take care of himself or herself, not saying goodbye, or for taking his or her life (e.g., suicide). The children may also direct anger at themselves for wishing the deceased was dead, for being selfish during the illness, or for saying something angry toward the dying person (Johnson, 1999; Grollman, 1995).

Mentally children may try to understand the death. They may seek out answers to why the death occurred. If concrete straightforward answers are not provided for these questions, children may place guilt and responsibility on themselves. Thoughts of what they did, or did not do, just prior to a death, may cause children to feel guilty or responsible for the death (Johnson, 1999). Children may develop new worries that did not previously exist in their lives. They may want to know "what will happen next?" "who will die next?," "how will their

friends act?" and "when will I die?." Inability to concentrate and confusion in school are other mental signs of grief. Self-destructive thoughts, especially following death caused by suicide, can be common.

Emotionally, children may experience depression, fear, loneliness, anxiety, and guilt. Regression is also a normal part of the grieving process. Children have been known to regress to a place or time where they felt safe or secure (Johnson, 1999). This part of grieving can occur in the physical expression of grief (e.g., bed wetting), the emotional expression of grief (e.g., feeling fearful and so needing a night light), the mental expression of grief (e.g., drop in grades), and in the spiritual expression of grief (e.g., blaming God). Although the above reactions appear intense in nature, they are common to the grief experiences of children and considered normal grief reactions (Grollman, 1995). ⟨

Some psychological theorists and clinicians hypothesize the death of a parent produces adverse reactions in childhood and later adulthood (Bifulco, Harris, & Brown, 1992; Gray, 1987; Kranzler et al., 1990; Silverman & Warden, 1992; Tweed, Schoenbach, George, & Blazer, 1989; Weller, Weller, Fristad, & Bowes, 1991). Others suggest experiencing a parental death does not guarantee an adverse reaction; rather there are circumstances and factors that mediate the quality of a child's loss experience (Grollman, 1995; Johnson, 1999; Tremblay & Israel, 1998; Trozzi & Massimini, 1999; Wolfelt, 1983). Therefore, although all children react to the loss of a parent, not all will experience psychological

dysfunction. The recognition of mediating factors has generated an exploration into which factors promote adaptive reactions to the loss and which produce adverse reactions.

Empirical research has explored whether there are variables that mediate the quality of a child's loss reaction. The current study will attempt to investigate how the type of death (Cerel, Fristad, Weller & Weller, 1999; Reed, 1998; Saldinger, Cain, Kalter, & Lohnes, 1999) and amount of time passed since the loss occurred (Tremblay & Israel, 1998) impact the quality of a child's response. The study will also indirectly investigate whether experiencing the death of a parent accelerates children's ability to tell and understand their loss experience (Prichard & Epting, 1992).

The Problem

The first step in describing the impact of parental loss is to document the normal or typical childhood grief reaction. While attempting to obtain a general understanding of the typical response, differences between bereaved children can be explored to identify potential mediating factors. The current lack of consistency in the literature on childhood responses and scarcity of knowledge on mediating factors indicates a need for further research in this area. This additional information may then be used to guide clinical interventions for bereaved children in supporting children and their families through their grief process. In particular, clinicians may be better prepared to identify areas of concern and assist the family to build resources to mediate adverse effects. To

this point, little research effort has been placed on identifying specific mediating variables. Knowledge of mediating factors may assist clinicians to identify children at risk for more adverse reactions to the loss.

<div align="center">Study Purpose</div>

The purpose of the study was to describe children's responses to the loss of a parent, while exploring whether the type of loss or time since loss mediated their responses. Whether there was a difference between how children who experienced an anticipated loss and children who experienced a sudden loss responded to the loss of a parent was explored. Whether the amount of time passed since the loss occurred influenced children's responses was also explored. The emotions experienced by the children, their ability to understand the loss, their participation in loss rituals, and their ability to retain connections with the deceased and surviving family members were chosen to describe how children responded to the loss.

A summary of the literature on childhood responses to the loss of a parent is presented in chapter two. Methodological issues and the research design used to collect data are described in chapter three. An analysis of the data is presented in chapter four, followed by a discussion and summary of these results in chapter five

CHAPTER 2

Literature Review

The literature review consists of the literature exploring children's responses to the loss of a parent, and information regarding two potential mediating factors. Common responses of children to the loss of a parent are presented to provide an understanding of the normal response. How bereaved children respond emotionally and developmentally to the loss is described first, followed by a summary of children's participation in loss rituals and the role relationships play in children's grief responses. Factors believed to influence these responses include the type of death experienced (i.e., anticipatory versus sudden loss), and the amount of time that has passed since the loss occurred. Literature relating to the influence of these two variables is presented second. The review concludes with an overview of tools used to measure grief responses in children and the rationale for the use of narrative methods to assess the children's responses to the loss.

Children's responses to a parental death

Initially it was believed children experiencing the loss of a parent did not grieve or were too young to understand the loss (Grollman, 1995). Recent clinical and research endeavours have clearly indicated that children experience physical, mental, and emotional reactions following a loss. However, the process involved in this experience remains less certain (Tremblay & Israel, 1998).

Physical Response

Clinical observations indicated children have presented with a variety of physical complaints following the death of a parent (Johnson, 1999; Wolfelt, 1983). Such complaints included stomachaches, headaches, fatigue, heartaches, losses in appetite, sleep disturbances and dehydration.

Research has produced mixed findings regarding children's physical responses to loss. Van Eerdewegh, Bieri, Parrilla, and Clayton (1982) interviewed the surviving parent of 105 bereaved children at one month and again at 13 months following the death of the other parent. The structured interview was designed to assess the children's adaptation to the death, school performance, behaviour problems, symptoms relevant to depression, anxiety, phobias, and hysterical manifestations[1]. According to the reports of the bereaved parents, 13% percent of their children experienced bedwetting, 10% experienced decreased appetites, and 12% reported sleep disturbances. These percentages were significantly higher than those reported by non-bereaved parents. The authors also reported a decline in the frequency of symptoms 13 months after the loss. This decline was interpreted as an indication that the grief response in children varied and is short lived.

From their community sample of 125 bereaved children, Silverman and Worden (1992) assessed children's' adjustment at four months, one year, and two years (Worden & Silverman, 1996) following the death of a parent. At the four-month assessment they found insomnia, headaches, and early health

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[1] Data relevant to the other variables measured in this study are discussed throughout the thesis.

problems to be commonly reported among bereaved children. Interviews with the

bereaved children indicated 30% reported difficulty falling asleep or waking early,

while 74% complained of headaches. Only 4% reported a serious illness

whereas 61% reported some form of illness. These physical complaints

decreased in frequency when the children were assessed at one and two years.

In an attempt to distinguish normal grief responses from symptoms of

childhood depression, Weller et al. (1991) interviewed and rated 38 bereaved

children and 38 depressed children who ranged in age from 5 to 12 years.

Interviews occurred between 7 and 13 weeks following the death of a parent and

were designed to assess the presence or absence of psychiatric diagnoses. One

quarter of the bereaved children reported experiencing appetite disturbance,

sleep disturbance, and psychomotor agitation or retardation. The specific type of

psychomotor agitation and retardation was not described. These symptoms can

be used to diagnose the presence of a depressive episode, but were qualitatively

different than similar symptoms expressed by depressed children. Bereaved

children reported these symptoms less frequently and reported fewer feelings of

guilt/worthlessness and fatigue. The authors implied that when expressed by

bereaved children these symptoms might merely reflect the normal grief

response.

Cerel et al. (1999) conducted a controlled longitudinal study of the effects

of loss on 26 suicidal and 332 non-suicidal bereaved children. Children aged 5 to

17 years were interviewed at 1, 6, 13, and 25 months after the death of a parent.

At 13 months, suicidal bereaved children accessed a health practitioner

significantly less than their non-suicidal bereaved peers. The authors speculated

non-suicidal bereaved children and their parents might become more vigilant

around maintaining health and access health care more frequently to prevent

illness from occurring.

In their study of 25 children between the ages of two and ten years, Elizur

and Kaffman (1982) reported physical effects related to the loss of a father.

These children experienced night fears, regressive enuresis or encopresis,

eating problems, and restlessness. Preschool children reported an increased

frequency of night fears, separation difficulties, and manifestations of over-

dependence and demandingness. Behavioural problems were observed to

increase in the months immediately following the death. These behavioural

problems remained present 18 months and 48 months after the loss. Rather than

a decrease in behaviours over time, rates of behavioural disturbance were

almost unchanged at 18 months and increased in the second year after the loss.

Mental Response

Clinical observations and empirical findings have indicated children also

experience a variety of mental responses to the death of a parent (Grollman,

1995; Harris, 1991; Johnson, 1999; Silverman & Worden, 1992; Wolfelt, 1983).

Lack of concentration, confusion in school, feelings of guilt and responsibility,

and elevated shy-anxious problems are mental responses reported clinically and

empirically.

Harris (1991) used semi-structured interviews and standardized measures to assess the responses of adolescents to the loss of a parent. Eleven teen-agers between 13 - 18 years were followed for one year following a parental loss. The study's findings indicated adolescents reported sadness and tears soon after the death. Deterioration in school performance and concentration, day dreams, intrusive memories, and sleep disturbances were reported for up to six months after the death. Information from the interviews provided some insight into the development of these reactions. Regrets about past behaviour, questions surrounding the cause of the death, insufficient information about the cause of death, and feelings of responsibility were common themes identified during interviews. The adolescents also expressed concern around not having had the opportunity to say goodbye prior to the death, and being unable to share or express their feelings to peers. Younger adolescents demonstrated insufficient resources to handle the overpowering effects of their grief. All these were believed to cause an increase in the adolescents' grief responses.

At four months after the loss, 22% of bereaved children from a community sample reported a decrease in school performance, while 18% reported an improvement, and the remainder reported no change (Silverman & Worden, 1992). Those reporting no change were identified as having a strong sense of control over their environment (i.e., as measured by locus-of-control instruments). These children also reported devoting a considerable amount of energy to staying connected with the deceased. This connection occurred

through dreams, talking about the deceased, thinking about the deceased,

keeping things that had belonged to the deceased, believing the deceased was

watching over them, and visiting the graves. This behaviour was interpreted as

an attempt to keep the parents alive or to make the loss real. Two years after this

initial data was collected, Worden and Silverman (1996) reported decreases in

self-esteem and self-efficacy in the same bereaved children. The occurrence of

these difficulties at this later time supported the author's belief that symptoms of

severe effect do not appear until several years after the death. Although there

was an increase in the severity of symptoms over time, the number of children

reporting any symptoms decreased, implying that only a small number of children

developed these more severe reactions. The authors emphasized the importance

of understanding how time since the loss influenced each child's individual

reaction to the loss of a parent. Of particular concern was understanding

differences between dysphoria, a common grief response in the first year post

loss, and depression, the more severe emotional reaction identified after this first

year.

Weller et al. (1991) hypothesized that bereaved children would reflect

symptoms of depression. They found that when compared to feelings reported by

a matched sample of depressed children, bereaved children reported all

depressive symptoms, except loss of interest, significantly less. Although

reporting these depressive symptoms less, 37% of the bereaved children met

clinical criteria for a major depressive episode. That there were qualitative

differences between symptoms reported by the bereaved and depressed children (e.g., frequency of report, type of feelings expressed) implied caution should be taken before diagnosing bereaved children as clinically depressed and that further study was suggested. Other differences between groups were identified in relation to suicide ideation and attempts and adult reports of depressive symptoms. Sixty-one percent of bereaved children reported thoughts of suicidal ideation, however no suicidal attempts were reported. These thoughts were often associated with a desire to be with the deceased parent rather than a desire to harm the self. This differed in the depressed sample where 42% had made at least one suicide attempt. Surviving fathers tended to report less symptoms of depression than mothers, thereby implying a difference in perception of children's adjustment dependent on the sex of the reporting parent. Secondary analysis of the data compared the responses of the bereaved children to those of the depressed sample and a sample of 19 non-bereaved peers (Fristad, Jedel, Weller, & Weller, 1993), investigating differences in peer involvement, peer enjoyment, self-esteem, and interest in school. The bereaved children were no different from their non-bereaved peers on all these measures, and functioned significantly better than inpatient depressed children. That the bereaved children reflected symptoms similar to both their depressed and non-bereaved peers implies a large overlap between normal and clinical behaviours. This supports the earlier caution that grief responses can be similar to symptoms of depression. That bereaved adolescents were different than those experiencing depression,

contrary to expectations, was explained relative to the sampling procedure. Eliminating bereaved children with developmental disabilities, prior psychiatric treatment, orphans (i.e., no parent remained), and families experiencing family stressors (i.e., unemployment, divorce) may have resulted in a sample of relatively stable families. The authors speculated this stability may have acted as a protective factor and ameliorated symptoms that may have supported the presence of clinical depression.

Emotional Response

Bereaved children have been observed to experience depression, dysphoric mood, fear, loneliness, anger, anxiety, and guilt (Felner, Ginter, Boike, & Cowen, 1981; Harris, 1991; Worden & Silverman, 1996; Kranzler et al., 1990; Van Eerdewegh et al., 1982; Wolfelt, 1983). From their study results, Van Eerdewegh et al. (1982) identified dysphoric moods (i.e., sadness, crying, or irritability), sleep disturbances, decreased appetite, withdrawn behaviour and tempers one month after the loss of a parent. Fourteen percent of these bereaved children were identified as having a dysphoric mood, compared to only four percent of the non-bereaved children. At 13 months, the reports of dysphoria had significantly decreased. The decline in emotional and physical difficulties was interpreted as an indication that children do grieve; however it is limited to the initial months after the loss. The authors concluded this supported theories that the reaction of children to the death of a parent is usually mild and short lived.

The presence of dysphoria immediately following the loss was supported by research conducted by Harris (1991). Harris' study (1991) identified a pattern in how bereaved adolescents responded emotionally to the death. Sadness and tears occurred within the first six months following the death and were similar to dysphoric states reported in Van Eerdewegh et. al's study (1982). Differing from Van Eerdewegh et al's study (1982), Harris (1991) found an increase in the intensity of emotions after one year had passed. During the second half of the first year (i.e., 7-11 months) adolescents reported increased emotional (i.e., depression), behavioural (i.e., alcohol use, delinquent behaviour), and mental difficulties (i.e., school failure). Although increases in these areas were reported a decrease in physical difficulties was also reported and all symptoms decreased with the passing of time. At the one year measurement, adolescents reported improvements in all areas, however more than one half of the teens reported moderate or high levels of distress at this time.

Silverman and Worden (1992; 1996) conducted a longitudinal assessment of children's responses to the death of a parent. Children were assessed at four months, one year, and two years following the death of a parent. At four months bereaved children reported and were observed by adults to have increased physical, mental, and behavioural difficulties. At one and two years after the loss of a parent, children were observed to rate themselves as highly behaviourally disturbed (Worden & Silverman, 1996). When compared to their non-bereaved peers, bereaved children were significantly more likely to indicate difficulties in

school, general behavioural conduct, and overall low self-esteem. Adult reports

of the same children indicated an increase in behavioural disturbance

immediately following the loss and two years after the loss. Differing from the

children's reports, adults perceived a decrease in behavioural difficulties one

year after the loss. Although children appeared to grieve across the two-year

span of time, the quality of the responses appeared to change. Where initial

responses were tangible adjustment problems, over time the difficulties became

related to long-term emotional difficulties.

Kranzler et al. (1990) used the Preschool Affect Interview to record the

emotional reactions of preschool children after the death of a parent. Bereaved

children reported being less happy and more fearful when compared to non-

bereaved children. Bereaved and non-bereaved children did not differ in their

expressions of sadness, anger, or neutral feelings, unless the bereaved were

asked to remember their deceased parents. When remembering the deceased,

bereaved children reported significantly higher degrees of sadness than their

peers. Increased sadness occurred when the children were asked to recall a

positive memory or when the children were females between the ages of three

and four years. Bereaved girls were observed to engage in internalising

behaviours, where bereaved boys engaged in both internalising and externalising

behaviours. For up to six months after the loss, bereaved children were

perceived to display significantly higher rates of behavioural disturbance than

their non-bereaved peers, as measured on the Child Behaviour Check List by

teachers or parents. Forty percent of bereaved children had total symptom scores above the cut-off for clinical patients. Although expressing feelings of guilt and worthlessness and showing depressed symptoms, bereaved children did so at levels less than their depressed peers and similar to their non-bereaved peers.

Cheifetz, Stavrakakis, and Lester (1989) used standardized tests and clinical diagnostic criteria to assess the affective state of 16 bereaved children between four and 17 years of age. These children were bereaved between two and three years. Nine of the children were assigned a clinical diagnosis of dysthymia. From the standardized tests, six of the children were identified as having depression. The younger children in the study were more likely to report feelings of irritability while older children reported more feelings of sadness. This sadness was measured as a mild depressive affect. The authors suggested these findings indicated affective disorders, in the adult sense, might not occur under age 11. These findings are considered speculative due to the small sample size, wide age spread among subjects, and duration of grief (i.e., over two years). The authors also noted the sample consisted of referrals to a psychiatric clinic and may over estimate the prevalence of depression in bereaved children.

Emotional responses of depression and anxiety were measured in children between the ages of 7 and 16 years, who were bereaved between 7 and 12 months (Siegel, Karus, & Raveis,1996). Each child completed a self-report to measure any occurrence of depression or anxiety. Scores obtained from these self-reports were compared to a community sample matched on racial/ethnic

composition and household income. Analysis indicated no differences between bereaved children's level of depression and those reported by the community sample. The authors speculated the type of losses included in the study (i.e., anticipatory) might have assisted parents in preparing their children for the post-death experience. The opportunity for the children to emotionally rehearse the loss was associated with a reduction of grief symptomology at 7 to 12 months following the death.

Cerel et al. (1999) interviewed bereaved children at 1, 6, 13, and 25 months following the death of a parent. Children bereaved due to suicide expressed emotional responses immediately following the loss, at six months, and again at one year. At two years after the death these children were also more likely to identify feelings of depression than their peers bereaved for other reasons than suicide. Non-suicidal bereaved children were similar in their expression immediately following the loss but differed at 6 and 13 months. These children were more likely to express feelings of acceptance at one or two years following the death.

Felner et al. (1981) explored differences between 68 children of divorce and 21 bereaved children in a primary mental health project[2]. All information was collected by teacher ratings of the children's classroom behaviour. These ratings identified that children of divorce displayed more acting-out behaviours and bereaved children displayed more shy-anxious behaviour. Both groups also

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[2]Ages of subjects were not specified other than stating it was a primary school program.

differed significantly when compared to a matched control group (i.e., matched on sex, school grade, socio-economic status, school location, repeat in grade status). Comparisons indicated controls displayed less acting-out behaviours compared to divorced children and less shy-anxious behaviour compared to bereaved children. Because the bereaved children and children of divorce were obtained from a clinical sample (i.e., referred to a behavioural program within the school system), the likelihood of identifying these responses was increased. To assess whether these differences would occur in a non-clinical setting, the researchers replicated the study in the community (Felner et al., 1981). Due to low numbers of bereaved children, identical comparisons could not be undertaken. However, the community sample of 14 bereaved children displayed increased socialization problems compared to non-bereaved controls. The difference between these loss groups was explained as a function of the quality of behaviour modelled by the parent. Where parents undergoing a divorce modelled conflict, bereaved parents modelled anxiety, confusion, and depression.

Developmental Response

Some researchers and clinicians believe a child's ability to comprehend a parent's death is determined by the child's age and level of cognitive development. The majority of these individuals subscribe to a developmental framework based on Piagetian developmental stages (Florian, 1985). Empirical studies and clinical reports support the relationship between developmental level

and a child's ability to understand the concept of death. If the children' s

understandings of the concept of death were limited by their age, their ability to

understand an actual experience with death would be expected to be similarly

limited. Understanding the common response for specific age groups would

ensure support provided matches the child's ability to comprehend the

information provided.

In his study of 111 children, Florian (1985) compared the understanding of

death concepts in children who experienced separation from their parents at

night and those who were not separated. The separation occurred every night as

the result of the collective sleeping arrangements in a kibbutz. With children

being separated on a consistent basis, it was hypothesized they would have a

clearer understanding of permanent separation. Having experience with being

separated from their parents, it was hypothesized these children would also have

a clearer, thereby more advanced, understanding of separation due to death. To

investigate this hypothesis, the author compared two groups of children between

the ages of four to six years. One group was obtained from a kibbutz favouring

collective sleeping arrangements, the other from a kibbutz favouring family

sleeping arrangements. All information was collected during structured

interviews. Florian (1985) found sleeping arrangements (i.e., separation caused

by collective sleeping) did not influence the children's death conceptualization.

Although unable to identify differences between the different groups, the author

did identify age specific differences. Older children were identified as having a

more mature conceptualisation of death, thereby supporting the theory that

understanding is affected by age and the assumed advanced cognitive level

related to increased age.

Developmental differences in how children express depression have been

identified. In pre-school children, Kranzler et al. (1990) found evidence of

depression combined with anxiety following the loss of a parent. The researchers

speculated that these emotional difficulties occurred due to the children

experiencing separation anxiety from the deceased parent. This differed from

results identified by Cheifetz et al. (1989), who suggested affective disorders, in

the adult sense, were not present in bereaved children under age 11 years.

These authors found that younger children were more likely to express irritability

and negativism than symptoms of depression. The presence of depressive

symptoms in bereaved children was observed to occur in children over age 11

years. Differences between age groups was explained by the lack of maturation

in young children; rather than accepting the loss and becoming resigned, these

children protest the loss and express this protest through more physical

behaviours.

Elizur and Kaufman (1982) also found some differences in the expression

of grief based on the age of the child. The majority of children reacted to the loss

of a father by crying, moodiness, and varied expressions of longing. Although all

had similar expressions of grief, some differences were identified between the

younger and older participants. In the first year following the death of a father, the

surviving parents perceived younger children as denying the loss and talking as if the deceased still existed. In contrast, older children were perceived as distancing themselves by withdrawing, being emotionally restrained, and ignoring the subject of death directly. Both responses were explained as age appropriate defence mechanisms that assisted the children in accepting their losses and perceiving the world as safe. During the fourth year following the death of a father, older children were observed to become increasingly restrained about the subject of their parents' deaths and engaged in exemplary behaviour. Authors speculated this behaviour indicated older children were more likely to assume adults roles in an attempt to identify with the deceased parent.

Further evidence of developmental difference in children's understanding of death was offered by Kane (1979). She interviewed 122 children, asking questions about pictures of animals in sleeping and dead positions. Kane (1979) rated the responses of children, ranging in age from 3 to 12 years, to assess their understanding of the concept of death. Ten qualities of the death concept were used to determine whether children possessed a complete or incomplete understanding of death. These qualities included 1) realization (i.e., an awareness of death), 2) separation (i.e., where the dead are located), 3) immobility (i.e., lack of movement), 4) irrevocability (i.e., permanence, irreversibility), 5) causality (i.e., cause of death), 6) dysfunctionality (i.e., cessation of bodily functions), 7) universality (i.e., understanding that all things are mortal), 8) insensitivity (i.e., inability to use the senses), 9) appearance (i.e.

how the dead look), and 10) personification (i.e., animating death). The study findings indicated that children aged three years had an absence or incomplete presence of all qualities. Children aged four years held all the qualities at least incompletely. Between five and six years, children began to show complete presence of all qualities and by age seven years all qualities were completely present with the exception of appearance, which appeared by age 12 years. These findings supported the hypothesis that children's concepts of death developed as a function of age. Kane (1979) was able to identify three stages of concept development. Children in stage one thought about death in terms of its physical effects and recognized its immediacy. They could understand that death was real, the person was immobile, and that it caused separation. Although understanding these components, children in stage one did not understand permanence. Often magical thinking was used to undo the death. At stage two children could provide detailed structural descriptions of death, often portraying it as a physical dysfunction. These children understood the permanence of death, but lacked universality, believing only elderly were subject to death. Stage three children were able to comprehend all qualities of the death concept. They presented an understanding of the permanence and universality of death. In stage one children organized their thinking in terms of structure. In stage two, children thought in terms of function and in stage three in terms of abstraction. Relative to age, children appeared to obtain a more complete understanding of the concepts related to death as age increased.

Cultural and Experiential Factors

Some researchers suggest children's ability to understand their loss is not entirely determined by age or level of cognitive development (Florian & Kravetz, 1985; Schonfeld & Kappelman, 1990; Schonfeld & Smilansky, 1985), but might be accelerated by exposure to loss or loss related rituals (Tallmer, Formanek, & Tallmer, 1974).

Schonfeld and Kappelman (1990) developed a 3-week school intervention program to increase children's understanding of death to determine if increased exposure to material about death concepts increased the children's understanding of these concepts. Children included in the study were between four to eight years in age. The program consisted of presentations about the concepts of death and affective reactions to death, class discussion, and drawing exercises. Study findings indicated exposure to the program significantly advanced the children's understanding of some death related concepts. Children in all age groups showed an advanced understanding about causality and that death is inevitable. These were the more conceptually advanced concepts being studied. The concrete concepts of irreversibility and finality were not advanced as most children are expected to obtain these concepts between four and six years of age. The authors speculated that concrete concepts were learnt through indirect exposure to loss, while advances in the more abstract concepts required developmental maturity or direct exposure (i.e., intervention programs or actual

loss). These findings supported the theory that exposure to death related topics can increase a child's understanding of death.

Advances in children's understanding of death have also been associated with specific religious and ethnic affiliations. Florian and Kravetz (1985) noted that Jewish and Christian children scored the highest on a standardized questionnaire measuring death concepts. The authors hypothesized the accelerated understanding was related to exposure to death related topics through involvement in theological beliefs and death rituals. Additionally, Israeli children appeared to understand the concepts of irreversibility and finality before American children (Elizur & Kaffman, 1986; Schonfeld & Smilansky, 1985). This acceleration was attributed to Israeli children being exposed directly to multiple losses due to conditions of war. Findings from both studies suggest the increased exposure to loss or death related topics accelerated the children's understanding of death.

Other research investigating children's ability to understand death indicated direct exposure accelerated children's understanding (Kane, 1979). Kane's (1979) findings indicated that experience with death hastened the understanding of death in children under six years of age. Within the sample of children, Kane (1979) did not exclude bereaved children. Differing from her non-bereaved subjects, the youngest of the bereaved children (i.e., 3-6 years of age) demonstrated an advanced understanding of the death concepts. This difference suggests children may follow a developmental sequence when acquiring an

understanding of death, but this understanding may be advanced when exposed

to direct experience earlier than six years of age. Kane (1979) explained this

difference relative to a ceiling effect, where the older children were expected to

have complete understanding of the death concepts regardless of experience.

These results support the position that children's understanding of death

can be accelerated. Therefore, bereaved children may have an accelerated

understanding of loss due to their experience. This advanced understanding may

assist children while adjusting to the losses incurred following the death of a

parent.

Impact of Relationships

The quality of the relationships within a family before and after a death is

another variable believed to influence the grief response. Relationships prior to a

loss are believed to influence the nature of the coping skills developed to adjust

to the loss (Rutter, 1987) and the quality of ongoing relationships within the

family following the loss (Rosenblatt, et al., 1991; Rosenblatt & Karis, 1994).

Reed and Greenwald (1991) found a positive correlation between severity of grief

response and perceived strength of attachment to the deceased. Attachment was

shown to increase mental preoccupation, guilt/shame, and shock significantly

among adult survivors. Relationships available proceeding the loss have also

been suggested to influence how survivors respond. The relationships remaining

after a loss are believed to influence the survivor's ability to adapt to the changes

created by the loss (Klass, Silverman, & Nickman, 1996; Walsh & McGoldrick,

1991; Neimeyer, 1999; Rosenblatt et al., 1991; Rosenblatt & Karis, 1994).

Therefore, understanding the quality of relationships prior to and following the

death may provide some measure of how an individual will be expected to adjust.

The relevance of relationships to grief has been explored within the adult

literature but has not been well addressed within the child literature.

Pre-loss Relationships

Kranzler et al. (1990) measured emotional involvement of parents before

and after the loss using questionnaires. Measures of involvement included

frequency of care taking tasks (e.g., meals, baths, activities together) and

emotional involvement (e.g., giving and receiving hugs). All data was collected

after the loss, therefore pre-loss measures were retrospective in nature and

susceptible to recall bias. Findings indicated the pre-loss relationship significantly

influenced the quality of the children's adjustment to the death of a parent.

Children who lost a parent who was highly emotionally involved and retained a

surviving parent who was less involved had poorer adjustments to the loss.

When the deceased parent was the less involved parent, or both parents were

equally involved, children were perceived to be better adjusted. Losing the most

involved parent appeared to suggest that reactions were expected to be stronger

when the child was perceived to have lost more. These authors suggested this

finding supported the hypothesized association between the quality of pre-loss

relationship and children's ability to adjust to the death of a parent.

The effects relationships had on parental loss were also explored by

Bifulco et al. (1992). These researchers used a retrospective interview to assess

whether quality of care before and after the death of a parent influenced the

likelihood of developing adult depression or anxiety. All subjects were women

who had experienced the loss of a mother before they were 17 years of age.

Results suggested when children younger than six years of age experienced

inadequate care prior to and following a loss, they perceived themselves as

helpless throughout life. This sense of helplessness was correlated with the

development of adult depression or anxiety. After the age of six years, quality of

care did not appear to influence a bereaved child's perception of self. Although

the results were potentially influenced by recall bias, the quality of the

relationship both before and after a maternal loss appeared to influence young

children's ability to adjust to this loss.

Shepherd and Barraclough (1976) interviewed parents and teachers of 36

children who had experienced the death of a parent due to suicide. These

children were categorized as experiencing or not experiencing family discord

prior to the death. According to the adult reports, when children experienced both

family discord prior to the loss (i.e., divorce, personality disturbances, and legal

problems) and a loss due to suicide, they had more difficulty functioning after the

death. Poorer functioning children were rated as showing more emotional

difficulties, aggression, and withdrawal. These grief responses were similar to

other child-specific studies indicating poorer adjustment for children bereaved due to suicide (Cerel et al., 1999).

Studies within the field of sibling bereavement have also found an association between quality of relationship and grief responses. Adolescents who perceived their families as less cohesive prior to the death or less supportive after death had more difficulty adjusting to the loss (Balk, 1983; Martinson & Campos, 1991). Thirty-one adolescents were asked to identify how close their family was and how much communication occurred after the death of a sibling. Interviews occurred at the time of death and two years later. A negative correlation was identified between the perceived level of cohesiveness and reported feelings of anger and guilt. When the family was perceived as more cohesive, feelings of anger at the time of the death and guilt two years after the death were low. When the family was perceived as non-cohesive, feelings of anger and guilt were high. Better outcomes following the death of a sibling were attributed to the open communication and perceived supportiveness provided from living in a cohesive family.

Post-loss Relationships with Surviving Family

To navigate the grief process successfully, Neimeyer (1999) proposed the family must learn new ways to interpret experiences, coordinate relationships, and organize their actions toward personally significant goals. Walsh and McGoldrick (1991) conceived of the resolution of grief as the re-organization of the family system, where surviving members reinvest in other relationships and

create new family roles. Lamberti and Detmer (1993) suggested the reactions of an individual survivor would affect others, thereby triggering change throughout the family system. Positive reactions between surviving members were anticipated to positively affect the family, while the converse was expected with negative reactions. Klass et al. (1996) proposed a slightly different perspective on adjusting to the loss of a family member. Rather than reorganizing the family system, these authors proposed that resolution occurs when the family can actively include the deceased as a continuing member. All four theorists stress the importance of the quality of the remaining relationships within a family on the surviving members' capacity to adjust to the loss.

Rosenblatt and Karis (1994) found families were more likely to experience a poorer adaptation following a death when family members were distant. Instead of working together, distant family members attempted to act as separate units, therefore decreasing their ability to adjust. In these families, individuals commonly blamed each other or themselves for the loss, increased family responsibility on one individual, showed low tolerance for differing expressions of grief, and were emotionally unavailable for other family members (Rosenblatt & Karis, 1994).

When the post-death child-parent relationship was perceived as non-supportive, surviving children were likely to have difficulty adjusting to the loss. Weber and Fournier (1985) evaluated the quality of relationships in 50 death-experienced families. Ninety-one children between the ages of 4 and 17 years

were interviewed, as were their parents. These interviews assessed whether the degree of family cohesiveness or participation in death-related activities influenced children's understanding of the loss. Results indicated open communication between parents and children, and participation in death related activities increased a child's understanding of death and provided emotional support for all family members. Clinicians have supported this finding, identifying decreased or non-existent communication as negatively impacting a child's understanding of, and ability to adjust to the loss (Grollman, 1995; Johnson, 1999; Schreder, 1995; Tremblay & Israel, 1998; Wolfelt, 1983).

Studies have also found an association between lack of adequate parental care following the death of a parent and poor adjustment later in life (Bifulco et al., 1987; Breier, Kelsoe, Kirwin, Beller, Wolkowitz, & Pickar, 1988; Kranzler et al., 1990; Saler & Skolnick, 1992). For example, Kranzler et al. (1990) measuring the surviving parent's ability to engage in care taking tasks following the loss of the other parent, found that depression in surviving parents was identified as the most powerful predictor of child disturbance. This finding was interpreted as providing evidence that the quality of relationships following the loss of a parent impacted the children's ability to adjust. The inability of depressed parents to meet the emotional needs of their bereaved children was perceived to intensify the child's reaction.

How the quality of care and emotional support offered by the surviving parent impacted child adjustment was the focus of Saler and Skolnick's 1992

retrospective study. Ninety adults who had experienced the death of a parent during childhood were asked to recall the impact of their experience and be assessed for current depressive symptoms. The researchers were exploring whether there were factors associated with a loss of a parent in childhood and the development of depression in adulthood. Their findings indicated that a combination of factors were associated with increased risk for depression later in life. Adults who recalled having had less opportunity as children to participate in post-death rituals indicated more difficulty adjusting to the loss. Conversely, those who participated in funeral related events, kept mementos of the deceased, had access to pictures of the deceased, and visited the grave were perceived as better adjusted to the loss in adulthood. When the surviving parent was perceived as having provided inadequate care, being emotionally cold, indifferent, neglectful, constraining their emotions, or having little control over their emotions, the participants described themselves as self-critical and had a higher susceptibility to depression in adulthood. Although gender did not significantly impact outcome measures of adjustment, participants who lost a mother were more likely to have a poorer sense of well-being and less self-confidence in adulthood.

Breier et al. (1988) also identified a correlation between adult psychopathology and loss of a parent due to death or permanent separation before 18 years of age. Adults who reported adult psychopathology also reported experiencing unsupportive relationships with the surviving parent, a feeling of

burden from the surviving parent's need for emotional support, and difficulty forming peer relationships. The researchers also found that other adults who were bereaved in childhood, but reported experiencing a positive and supportive relationship with an adult following the loss, did not experience adult depression. To explain this difference, Breier et al. (1988) hypothesized that the quality of the relationship with the surviving parent, and the surviving parent's ability to support the bereaved child, acted as protective factors in determining the child's well being later in life.

Findings suggesting an association between post-loss relationships and adjustment were identified within the sibling bereavement literature. Martinson and Campos (1991) interviewed 31 adolescents following the death of a sibling due to cancer. The adolescents were between the ages of 10 and 19 years at the time of the death. Interviews were also conducted seven to nine years after the death to assess the long-term effects of bereavement. Relative to relationships, the data indicated open communication, providing emotional support, and assisting adolescents to understand their loss all resulted in a positive understanding of their experience. When the adolescents did not perceive their families as a source of support they often attributed their personal inadequacies to their sibling's death.

These studies suggest the quality of post-death relationships available to a bereaved child impacts the ability to adjust to the loss. That the relationships can provide a child with physical and emotional support, an opportunity to

discuss the loss, and a stable environment appears to be essential to a positive

adaptation to the loss of a parent (Siegel et al., 1992; Tremblay & Israel, 1998).

Post-loss Relationships with the Deceased Parent

Retaining a positive post-death relationship with the deceased has also

been associated with a positive adjustment to the loss of a parent. Silverman,

Nickman, and Worden (1992) evaluated children's efforts to establish a post-

death relationship with the deceased. Seventy-four percent of bereaved children

they studied devoted energy to retaining a relationship with the deceased parent.

Five categories describing the ongoing connections were developed. Children

who identified an alternate place of residence (i.e., Heaven) were described to

connect with the decease by locating the deceased. When children shared

feelings of the deceased watching over them, visiting the deceased in dreams, or

the spirit communicating to them, they were described as experiencing the

deceased. If the children actively initiated the connection by visiting the grave or

talking to the decease they were described as reaching out to the deceased.

Children who shared efforts to reflect the deceased's personal characteristics

(i.e., "I'm just like dad") or actively remembered the deceased were described as

connecting to the deceased through waking memories. The final category was for

children who made mention to possessing an item or object that belonged to the

deceased. Possessing this object was perceived to connect the living realm to

the realm of the deceased. Children in this category were connected to the

deceased through a linking object. Constructing this ongoing relationship was

perceived to produce an inner representation that allowed the child to stay in relationship with the deceased. When the family was helpful or supportive the children were more likely to construct this connection. Sixty-six percent reported being able to talk about the death and express feelings with the person to whom they felt the closest in the family. Children who felt the closest to the deceased also felt able to communicate with the surviving parent if they needed to. When the mother was the deceased parent, affective life and stable daily routines tended to be more disrupted. How these differences affected the grief experience was not evaluated, however the authors emphasized the importance of acknowledging the relationship when understanding a child's grief response.

<u>Summary of Childhood Responses to Death of a Parent</u>

The clinical and empirical findings indicate children experience a wide variety of responses following the death of a parent. Although the research has not identified a normative set of grief responses, it does show that grief is a complex process, unique to each individual (Elizur & Kaffman, 1982; Mireault & Bond, 1992; Neimeyer, 1999) but constrained by common factors. A child's ability to understand the concept of death appears to be constrained by a developmental sequence. However, there appears to be mediating factors that influence the quality of a child's grief experience. Quality of child-parent relationships and prior experience with death and death related activities appear to be influential factors in a child's ability to express or adjust to the death of a parent. Therefore, obtaining additional information on how these influence

children in their ability to adjust to the loss, would be useful information when supporting their adjustment.

<div align="center">Variables Mediating Childhood grief</div>

Considering the potential complexity of any individual's response to loss, it becomes relevant to explore whether there are specific factors that influence the quality of this response (Kranzler et al., 1989; Mireault & Bond, 1992; Tremblay & Israel, 1998). The majority of studies reviewed limited their samples according to time since loss and according to the type of loss experienced (i.e., anticipatory, sudden, violent, traumatic). Both restrictions may suggest a belief that either or both variables influence children's grief responses. How these factors are believed to mediate childhood responses to grief is the focus of the following section of the literature review.

Knowing which variables are likely to lead to a negative grief response would help clinicians identify and address these risk factors, thereby facilitating a more desirable adaptation to the loss. Additionally, these variables could be addressed prior to the death, thereby assisting families to proactively facilitate a positive adaptation to an anticipated loss.

Type of Loss

The effect that the nature of death has on a person's grief is often a prominent focus within the bereavement literature. The nature of death is often separated into anticipated and sudden loss categories. A loss is anticipated when the family has forewarning that the death will occur (Levy, 1992). A loss is

considered sudden when the family has minimal or no forewarning of the death

(Lundin, 1984). Sudden losses can be further separated into accidental, suicidal,

and homicidal loss (Reed, 1998). Some researchers support the position that the

type of death creates specific grief issues for the bereaved (Hodgkinson, Joseph,

Yule, & Williams, 1995; Lundin, 1984; Stroebe, Stroebe, & Domittner, 1988),

whereas others suggest it has minimal impact on the grief response (McIntosh,

1993).

Within the clinical field, the ability to anticipate a loss is believed to

facilitate an acceptance of death prior to the actual separation. With forewarning,

the survivor has an opportunity to adjust to the loss prior to the occurrence of the

same loss (Levy 1991; Lundin, 1984). Some believe this pre-adjustment makes

the final outcome more understandable and predictable (Saldinger et al., 1999).

A more intense grief reaction is expected when the sudden loss is due to suicide

(Barrett & Scott, 1990; Pfeffer, 1981; Ness & Pfeffer, 1990), accident (Lundin,

1984) or when survivors perceived themselves as having no control over their

lives (Strobe et al., 1988). Findings within the peer-loss literature also suggest a

relationship between the degree of exposure to violence and post-traumatic

reactions. The greater the exposure to violence, the more severe the report of

post-traumatic reactions to the loss are expected to be (Dyregrox, Gjestad, Bie

Wikander, & Vigerust, 1999; Pynoos, Nader, Frederick, Gonda, Stuber, 1987).

Saldinger et al. (1999) compared the experience of 17 suddenly bereaved

children to the experience of 24 children who anticipated the loss of the parent.

Sudden loss was defined as having less than two weeks preparation for the loss, and deaths due to suicide were excluded from the sample. Interviews with teachers, parents, and child self-report measures were used to determine whether the children in these two groups differed in their mental health status. Children between the ages of 3 and 15 years were included and on average experienced the death 19 months prior to the study. Findings based on the child-self reports indicated that being forewarned of the death was associated with better mental health outcomes. This differed from the adult-reports where children were perceived as having poorer mental health when forewarned of the death. The authors agreed with parental reports and hypothesized the incongruence may have resulted from the children's use of defensive manoeuvres to protect themselves.

In contrast, when investigating child-specific reactions to the death of a parent, Weller et al., (1991) found no difference in level of depressive symptoms or in psychosocial functioning (Fristad et al., 1993) between children who experienced a sudden or anticipated death. The sample excluded sudden deaths due to suicide or homicide. Psychosocial functioning included parental, child, and teacher ratings of child behaviour, interest in school, peer involvement, peer enjoyment and self-esteem. Excluding deaths due to suicide or homicide may have eliminated causes of death that may have resulted in more complicated grief responses (Cerel et al., 1999). With these types of death removed from the sudden category the difference between anticipated and the remaining sudden

losses were small. This may have produced the lack of difference between groups, while clarifying those types of sudden losses that may act as a risk factor for poorer adjustment.

A longitudinal study comparing suicidal and non-suicidal bereaved children indicated similarities and differences in how the children responded to the death of a parent (Cerel et al.,1999). While common feelings were reported immediately after the death, suicidal bereaved children differed in their reports of anxiety immediately after the death, anger at six months, and shame at 1 year. These children were also less likely to report feelings of acceptance at 1 or 2 years following the death and more likely to report feelings of depression. That these groups responded similarly at first suggested the loss of a parent was initially more salient than the specific cause of death. The difference later on suggested that as time passed, non-suicidal bereaved children began to adjust while suicidal bereaved children had more difficulty adjusting. This difficult adjustment for suicidal bereaved children implied their process of grieving may have been more complicated. Perhaps having to make sense of their parents' decision to end their own lives and the societal stigma surrounding suicide complicated the grief process and increased their risk for longer term difficulties (Cerel et al., 1999).

Pfeffer (1981) presented a clinical framework for understanding the affects of childhood loss due to suicide. In her investigation of the effects loss due to suicide had on five children, she examined any association between children's

behavioural and emotional difficulties (i.e., hyperactivity, aggression, hypomania, narcissism, delusions, and thoughts of suicide and suicide attempts) and experience with family turmoil and dysfunction prior to the loss. Her analysis suggested a link between childhood loss due to suicide and the development of mental health difficulties and linked this effect to the children's inability to individuate from their parents before the loss. However, the small sample size and predisposition to mental health due to family discord limited the generalizabilty of her findings.

Literature reviewed indicated contrasting information on whether the type of loss affects bereaved children's grief experiences. Overall the studies found few differences when comparing suddenly bereaved children and those who anticipated the loss. When children experiencing a sudden loss due to homicide or suicide were excluded from the sample differences between groups was lessened or did not exist. When they were included in the sample, however, the type of loss appeared to have an effect on their grief response. These findings may suggest the type of sudden loss may also influence children's ability to adjust. Differences between child and adult reporting create uncertainty as to the validity of the reports. Additionally, conflicting findings and the limited number of studies investigating these issues indicate that further study is required.

Amount of Time Since Loss

The majority of studies exploring children's responses to parental loss define their samples according to the amount of time that has passed since the

loss occurred. Other studies attempt to assess responses over time, specifically examining the intensity of response and the passage of time. Both suggest a potential association between quality of response and the passing of time.

Based on the work reviewed thus far, it is clear that time since loss plays a role in how children experience and deal with the death of a parent. The research tends to support the position that children experience emotional, behavioural, physical, and mental difficulties within the first six months proceeding the death of a parent (Cerel et al., 1999; Elizur & Kaffman, 1982; Harris, 1991; Kranzler et al., 1990; Silverman & Worden, 1992; Van Eerdewegh et. al, 1982; Weller et al., 1991). When assessing grief responses between 7 and 11 months after the loss, the research presents more variability between responses. Suicidal bereaved children have ongoing emotional difficulties (Cerel et al., 1999) and adolescents reported mental difficulties (Harris, 1991). In contrast, children and adolescents bereaved due to reasons other than suicide reported a lack of any difficulties during these months (Cerel et al., 1999; Siegel et al., 1996).

Research inconsistencies appeared when children's grief responses were measured at one year after the death of a parent. When children reported their reactions at one year, behavioural and emotional difficulties were described (Cerel et al.,1999; Harris, 1991; Silverman & Worden, 1992). When adult reports were used to describe the children's responses at one year, no grief reactions were observed (Van Eerdewegh et. al, 1982; Silverman & Worden, 1992). Beyond the differences in child and adult reporting, a qualitative change in

children's reactions was identified at one year. Although emotional and mental difficulties persist, a dramatic decrease in the physical reactions was noted (Harris, 1991; Silverman & Worden, 1992). Occurrences of emotional and mental difficulties continued to be identified at two years (Cheifetz et al., 1989; Worden & Silverman, 1996), three years (Cheifetz et al., 1989), and three and a half years (Elizur & Kaffman, 1982) following the loss of a parent. Taken together, these findings were interpreted to suggest that children are susceptible to experiencing long-term adjustment difficulties following the loss of a parent.

Based on these findings, it appears the amount of time elapsed since the death of a parent may influence the child's grief response. Immediately following the loss and two years after the loss children appear to experience grief reactions. The quality of these responses appears to change over time, with a change from reactive physical responses to more long-term mental and emotional difficulties (e.g., crying immediately following the loss to self-esteem issues two years following the loss). Between these times the type of responses observed appears to depend on who reports the reaction (i.e., parent or child) and the type of loss (i.e., suicide or non-suicide loss). There appears to be a potential reprieve of emotions between 7 and 11 months followed by a reoccurrence of difficulty one year following the loss.

Summary of Mediating Variables

A child's reaction to the death of a parent appears to be influenced by the type of loss experienced and the amount of time that has elapsed since the death

occurred. The degree of trauma associated with how the person died appears to increase children's difficulty in adjusting to their loss. This may relate to the stigma and shame associated with deaths due to homicide and suicide (Cerel et al., 1999). With the passage of time, children's responses appeared to change. A significant grief response was consistently identified in the six months following the loss. This response appeared to decrease between 7 and 11 months, to only return at one year. Measures taken at and beyond two years suggest the possibility of long-term emotional and mental effects. Depression, low self-esteem, and low self-efficacy were identified as occurring in these children. Clarifying how both these variables influence children's grief responses would assist professionals supporting bereaved children. Extending the length of follow-up proceeding the loss and death specific support groups have been recommended to improve support (Worden & Silverman, 1996).

<div align="center">Measuring Childhood Grief</div>

A variety of tools and instruments have been utilized to measure the responses of children to the death of a parent. This has resulted in a broad understanding of the responses children may have to this experience (Prichard & Epting, 1992). Prichard and Epting (1992) reviewed the use of instruments to understand children's understanding of death. Structured standardized and non-standardized interviews have commonly been used to assess how children's concept of death developed. In two studies the interview format was used to measure death concept formation and how family therapy impacted children's

grief reactions (Black & Urbanowicz, 1987), or the children's emotional reactions

at the one-year anniversary date (Emswiler & Emswiler, 2000). To assess

children's reactions to the loss, standardized checklists have been commonly

used. These involve parents or other adults reporting on observed behaviour in

children. When obtaining a direct measure from children, study methods tended

to become less standardized and involve more child-specific activities, reading

stories, and games.

Guided fantasy play has also been used to increase students'

understanding and empathy toward bereaved children. After leading children

through a guided fantasy, where either a friend or a classmate's sibling died, Balk

(1989) had them complete a questionnaire about feelings they expected to

experience. The children were then provided information on how teenagers

respond to a loss and asked to write a consoling letter to an imaginary bereaved

friend. Information from the second administration of the questionnaire suggested

increased empathy and awareness following the presentation of the personal

account.

Questionnaires have also been used to collect information on the

response of children who experienced the death of a sibling (Rosen, 1985).

Open-ended questions assessed the children's and family's responses to the

loss. Prichard and Epting (1992) highlighted the need to be creative when

collecting information directly from children. They noted that information clarifying

children's bereavement experiences are based heavily upon structured

interviews and checklist study formats and suggested that studies designed to investigate children's bereavement experiences would be richer if creative instruments were designed to measure their responses.

Methods used to collect information on children's reactions to loss have also been criticized for relying on adult reports (Martinson, Davies, & McClowry, 1987; Prichard & Epting, 1992; Tremblay & Israel, 1998; Weller et al., 1991). When obtaining information from adults and children, researchers have identified discrepancies in how the children and adults perceive the adaptation process (Sandler et. al, 1992; Weller et al., 1991). This discrepancy has questioned whether parents or teachers can accurately identify how children are responding to their loss (Orvaschel, Weissman, Padian, & Lowe, 1981; Pynoos et al., 1987). Although it is ideal to obtain information directly from child subjects, children may be intimidated by structured data collection methods. To compensate for this, developing data collection methods that engage children's interests may prove useful in improving data collection efforts.

The Use of Stories

To increase a child's level of comfort in therapy, clinicians have used media children are comfortable and familiar with (Friedberg, 1990; Gardner, 1972). Most children are familiar with stories from their experiences at home and at school. As such, stories and story writing have been used to educate children about death and to help children adapt to difficult life situations (Bertman, 1990; Heegaard, 1991). Clinicians have utilized storybooks and personal stories

therapeutically to help children adjust to numerous life challenges (Friedberg, 1994; Gardner, 1972; Heegaard, 1991). Using this familiar media is believed to increase the children's willingness to participate; thereby increasing the likelihood the children will share their understanding and perceptions. Stories allow therapist and child to communicate on a similar level, permit indirect conversation surrounding difficult topics, enhance the therapeutic relationship, and can be developmentally sensitive (Friedberg, 1994; Gardner, 1972). Gardner's (1972) Mutual Storytelling Technique involves the child telling a story to the therapist or an imaginary audience. The therapist then creates a new story involving the same characters and setting but resolving the conflict or problem using healthy strategies. To ease the telling of their personal stories, Gardner (1972) suggested children be offered open-ended prompts to assist them in beginning or continuing the story (e.g., "Once upon a time...", "This is my family...', "and then..."). Friedberg's (1994) use of stories was less structured and encouraged integrating cognitive therapy techniques into the story to assist the child in making meaning of their experience.

Beyond the structured format of constructing stories, other clinicians have encouraged story telling through other media. Expressive arts such as puppetry, drawing, sculpting, and dance have been used to help children express their life experiences (Warren, 1993; Adams-Westcott & Dobbins, 1997; Smith & Nylund, 1997). These media have also utilized the child's innate desire to play to create a non-threatening opportunity to explore events occurring in their lives (Friedberg,

1994; Landreth, 1990). Gardner (1972) suggested children feel safer telling their stories when they can situate themselves behind a stage. Being able to hide behind the stage is believed to reduce a child's anxiety because the child does not have to face the audience directly, thereby providing a sense of anonymity. This anonymity provides the child with an emotional safety, which has been observed, in clinical interactions, to help children tell their personal stories (Gardner, 1972). This emotional safety has also been associated with children being more open to share their personal information (Gardner, 1972). Clinical experience has shown that using puppets increased this sense of safety and has helped children reveal some of their inner most thoughts (Gardner, 1972).

The use of stories within the bereavement literature tends to be limited to teaching or advancing children's understanding of death. Klingman (1985) developed an instrument to enhance interaction between students and a bereaved classmate. Children read stories and played games that role played real-life loss situations. After completing the activity children were asked to reflect on their bereaved classmate's perception and feelings. This interactive approach improved the children's understanding of loss and their interaction with their bereaved classmates.

The Use of Narratives

Narrative researchers have theorized that stories serve more purpose than entertainment, or a developmentally appropriate clinical medium. They have postulated that stories are the framework we apply to understand and make

meaning of our life experiences (Bruner, 1990; Freedman & Coombs, 1996;

Pare, 1995; Robinson & Hawpe, 1986; Sarbin, 1986; White & Epston, 1990). The

use of a story to understand events allows people to perceive each experience

as having a beginning, middle, and an end (Pare, 1995). As such, each

experience is given order and can provide perspective relative to previous and

future experiences (Sarbin, 1986). How the individual responds during the

beginning, middle, and end of an event produces a plot (Gergen & Gergen,

1986). The resulting plot provides some indication of who the person is, and

together with previous stories (i.e., experiences), develops an overriding picture

of how the person perceives himself or herself (e.g., hero, victim) (Sanderson,

2001). This characterization influences how each experience is understood and

what meaning the individual takes from that experience. With every experience

lived and interpreted, an individual develops a set of stories relative to his/her

responses to life experiences. This set of stories is referred to as the life narrative

and is believed to provide the foundation of an individual's personal identity

(Sanderson, 2001).

Life Narratives

The life narrative enables individuals to bring together the different parts of

them in a consolidated perception, thereby creating a purposeful and convincing

whole (McAdams, 1993). This perception is referred to as our self narrative and

provides a foundation for interpreting life experiences and anticipating and

directing responses in future situations (McAdams, 1993; Sanderson, 2001;

White & Epston, 1990). The life narrative contains every remembered event in a person's life and the quality of the life narrative depends on the overall quality of the stories included (Freedman & Coombs, 1996; White & Epston, 1990). In summary, the self narrative provides an understanding of one's self and allows meaning making to occur (Bruner, 1990; Freedman & Coombs, 1996; Sarbin, 1986; White, 1990).

More specifically to children, Bruner (1987) suggested narratives are also used to socialize and pass knowledge onto children. As a child is developing their self narrative they rely on their family relationships to teach them the valued beliefs, conventions, and attitudes of their cultural group (Wertsch & Penuel, 1996). The narrative framework is believed to permit this to occur as it allows a filtering and interpretation of events into a framework that is easily understood by and shared with children (i.e., stories or play) (Bergman, 2001; Friedberg, 1994; McKeough, 1992). The beliefs a child uses to make meaning often stem from meaning obtained about the self during these family interactions (Noam, 1988; Sanderson, 2001).

McAdams (1993) highlighted the importance of family influences on the development of a child's self-narrative and subsequent individual identity. Beginning with early life, the attachment developed in infancy provides the base from which a child develops a sense of self. If securely attached to parents the child perceives the self as competent and safe, thereby producing future narratives with tones of hope and optimism. If insecurely attached to parents, the

child perceives the self as unsafe, thereby producing future narratives with tones

of pessimism and doubt (McAdams, 1994). Sanderson (2001) suggested these

tones become pervasive throughout life and shape how children perceive

themselves. It is these tones that influence the type of plot structure imposed on

the stories used to interpret experiences throughout life (Sanderson, 2001).

Distinctive Life Episodes

Although each life narrative is built upon the family foundation (Sanderson,

2001), distinctive life episodes can influence change in the overall tone of the life

narrative (Noam, 1988). This is due to the fluid nature of the life narrative where

interpretations of life experiences are added to our understanding of self. When

an event is experienced and its interpretation deviates from the overall tone of

the life narrative it challenges the personal identity (Freedman & Coombs, 1996;

Sanderson, 2001; White & Epston, 1990). The quantity and significance of

divergent stories influences the type of effect on the overall tone of the life

narrative. When a single divergent event occurs the experience may remain in

the individual's awareness but may not change the life narrative. If numerous

divergent events are identified and imbued with significance, the tone of the life

narrative may change to reflect these new understandings of self (White &

Epson, 1990). Additionally, if the experience is a significant life altering or

traumatic event (e.g., death of a parent or abuse) the interpretation of self within

this singular story framework may also influence the overall quality of the life

narrative (Sanderson, 2001). McAdams (1993) suggested these self-defining

memories significantly affect our understanding of ourselves for they change our expectations of responses in future events. Therefore, the importance of accurately understanding life-altering events is emphasized.

When the divergent episode is the death of a parent, how the child perceives his or her involvement in the loss may impact the quality of the life narrative. Using techniques to develop a coherent and accurate understanding of the event may ensure the life narrative continues to accurately reflect who the child is. Klass et al., (1996) support the use of narrative techniques to assist the healthy adjustment of children following the death of a parent. This is done by helping children gain an understanding of death and what meaning the presence or absence of the deceased continues to have in their lives. Creating an ongoing role for the deceased in the child's life narrative, the child can retain a relationship with the deceased thereby decreasing the sense of loss and helplessness.

Development of Narrative Understanding

Research has indicated the ability of a child to understand and interpret life events is dependent upon developmental maturity (McKeough & Sanderson, 1996; McKeough, Yates, & Marni, 1994). Bruner (1987) identified two components important to the development of narrative thought, the landscape of action and the landscape of consciousness. The landscape of action is comprised of how a character within the story acts. The landscape of consciousness is comprised of the character's thoughts, feelings, beliefs, and

knowledge about the actions in the story. Bruner (1987, 1989, 1990) suggested a child has to develop some understanding of these landscapes before he or she is able to produce a basic narrative. When children can describe life experiences by temporally and causally ordering events that take place in both the physical and conscious world, narrative thought is developed (Bruner, 1990). It is narrative thought that enables children to understand the concrete aspects of the experience and our own and others' intentional states.

McKeough (1992) evaluated children's ability to use and integrate these landscapes when creating narratives. At four years of age children produce stories that are temporally ordered, causally and referentially constrained, and discuss only the landscape of action. At six years of age children begin to integrate actions of characters with their intentions. This suggests these children are beginning to integrate the landscape of action and consciousness into their story telling (Bruner, 1986). These children begin to include the use of mental states that motivate the action in the story. At eight years of age children tell stories that are more elaborate in plot structure. In addition to the basic story, these children will add competing events or problems into the story with their associated mental states and intentions. At ten years of age children's stories become more complex, often consisting of more elaborate sub-plots and associated intentional states in addition to the main plot. Differing from the stories of eight year olds, these sub-plots are resolved as is the main story problem. Thus, from six to 10 years of age, children tend to use intentional thought

structures to create their narratives. At twelve years of age children take a meta-position to story characters' intentions and begin to interpret them. The mental states used in the stories result from the perceived psychological makeup of the character (i.e., the child thinks or feels a certain way because he or she is a certain type of person). This developmental trajectory highlights that children gradually develop more complex narrative thought. Subsequently, children's ability to understand life events becomes gradually more elaborate with age. Where a six year old may only tell of a life experience relative to the observed actions, a ten year old child can understand differing factors that influence the outcome of that experience, and a twelve year old perceives events as reflecting his or her self identity.

The death of a parent is a significant experience in a child's life. How that experience is understood, or storied, can be expected to influence the child's overall life narrative. Offering bereaved children the opportunity to explore their bereavement experiences in a narrative format may provide them with a tool to organize and understand this experience. Telling the bereavement experience as a story may impose order and structure on experience often characterized as confusing and chaotic. Additionally, the content within the narratives may be used to identify any unique beliefs children may have relative to the loss. Ensuring the child has the opportunity to explore his/her beliefs and create order in this event increases the likelihood it will be understood and storied in a healthy way.

Summary of Literature Review

In summary, children who experience the death of a parent appear to be affected in various ways. They respond to their loss using a variety of emotional, physical, spiritual, and mental expressions. Compiling these responses provides a tentative understanding of what may be expected, while the uniqueness of every response makes predicting any response difficult. Knowing what children understand about death relative to their age may narrow the scope of what is expected as a normal response. Understanding what additional factors influence the quality of a grief response may also reduce some of this unpredictability.

Research has explored how the type of death, experience with death, time elapsed since the loss occurred, and quality of relationships before and after the loss influenced a child's response to the death of a parent. Mixed information on whether the type of loss affects the bereaved child's grief experience questions whether children's responses to the loss are related to this variable (Cerel et al., 1999; Saldinger et al., 1999). The amount of time since the loss appears to influence the quality of the grief response. Children appear to initially react to the loss followed by a gradual adjustment to the permanence and life changes associated with the loss over time. Investigations into the effect relationships have on a child's response suggest time is a strong influential factor. Regardless of whether inadequate care occurred before or after the loss, time has been shown to significantly affect a child's ability to adjust to the loss (Bifulco et al., 1997; Breier et. al, 1988; Shepherd & Barraclough, 1976; Weber & Fournier,

1985). Conversely when the child felt strongly supported in his or her grief or maintained a connection to the deceased, ability to adjust was improved (Rosenblatt & Karris, 1994; Silverman, Nickman, & Worden, 1992). Moreover, having experienced a family death was observed to advance children's ability to tell their story. This acceleration was also observed in children attending death education programs and in children frequently exposed to death concepts through religious or cultural affiliations. Previous exposure with a death experience appears to be associated with an accelerated understanding that may assist children trying to understand their experiences.

Creating developmentally appropriate tools was also explored in the review. The uses of storybook and narratives have proven to be effective and developmentally sensitive methods to collect information from children (Bruner 1990; Friedberg, 1994; McKeough, 1992). In addition to these benefits, the use of narratives also produces therapeutic benefits. Assisting children to understand and order their bereavement experience with the use of narratives may permit a healthy storying of significant events.

<div align="center">The Current Study</div>

Due to the advantages associated with the use of a storybook intervention, one was designed to collect the narratives of bereaved children. The content obtained from these narratives will be used to identify differences between bereaved children and describe their bereavement experiences. The information gathered in the current study will supplement current information on

children's grief responses following the death of a parent. To obtain a clearer understanding of children's reaction to the death of a parent their emotional reactions were described. After describing these reactions, the children's stories were evaluated to determine whether the type of loss and time since loss significantly influenced the quality of response children expressed at the time of study. How the quality of relationships and experience with loss rituals influenced these responses was also explored. The data collected will be useful in applied settings where practitioners are attempting to support or facilitate the adaptive adjustment of children following the death of a parent. The use of the narrative as a tool for understanding children's conceptions and for helping them represent and resolve their grief response may prove useful to counsellors working with this population. Gaining further information in these areas will add to the current knowledge, thereby improving our ability to support the adjustment of bereaved children.

<div align="center">Study Objectives</div>

Obtaining more information regarding how a child responds to the death of a parent will add to the current knowledge base. This information will potentially assist counsellors and educators in understanding what is considered the normal or typical response and identify mediators that may indicate where a child is in risk of having difficulty adjusting to the loss. Therefore, the specific objectives of the study are to:

1.   Identify whether the grief responses of children who experience

the sudden loss of a parent differ from the responses of children

who anticipated the loss of a parent.

2.   Identify how the amount of time that has elapsed since the death of

a parent influences children's grief responses.

3.   Describe the emotional reactions of children to the death of a

parent.

4.   Describe how the child's perceived quality of relationships before

and after the death influences the child's perception of their grief

experience.

5.   Describe how experience with the death of a parent influences a

child's ability to understand the loss developmentally.

6.   Describe how a narrative framework can be used with bereaved

children.

CHAPTER 3

Research Design and Methodology

To better understand the grief responses of bereaved children,

participants were invited to complete a storybook and puppet play describing

their experience. The research design used to collect the children's bereavement

narratives and the analyses planned to evaluate them are described in this

chapter. The selection and demographics of the sample are presented first,

followed by a description of the data collection tools and procedure. The chapter

concludes with a description of the analyses selected to evaluate the narratives;

both quantitative and qualitative analyses were planned. The quantitative

analyses explored differences between groups of bereaved children and

described common reactions and perceptions of the children to the loss of a

parent. The qualitative analysis summarized and described counsellor's opinions

on the use of the story technique.

<u>Participant Selection and Demographics</u>

<u>Child Participants</u>

A convenience sample was obtained from children accessing counselling

at a child bereavement service in a large urban city in Western Canada.

Sampling occurred over approximately a one-year period, from February 2001 to

March 2002. All children between the ages of 4 and 11 years who attended the

facility and who experienced the loss of a parent were invited to participate.

There was no limit on the length of time since the death or restrictions on the type of death.

The participants in the study included 15 children, ranging in age from 6 to 11 years[3], with a mean age of 7.6 years. Fifty-three percent of the children were female. A total of ten families participated (i.e., five sets of siblings and five children where a sibling did not participate).

During the year in which data collection occurred, 60 children, between the ages of 4 and 11 years, received counselling related to the death of a parent. Of these 60 children, 15 agreed to participate in the study, resulting in a 25% participation rate. All others were provided the usual counselling services. Primary reasons for not participating include age and presenting concern. Younger children (i.e., four and five years of age) appeared intimidated by the procedure of writing a story. Other children declining participation did so due to lack of interest in puppets or writing stories. When a child presented with a specific concern that did not seem suited to the storybook intervention, counselling staff initially recommended other counselling (e.g., family counselling). After receiving these services, children and families were less likely to participate in the study due to other time demands (i.e., they had already contributed a significant amount of time to the counselling process).

Fifty-three percent of the children experienced an anticipatory loss. In all the situations where the loss was anticipated, the cause of death was cancer.

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[3]None of the 4 or 5-year-old clients consented to participation.

Sudden losses included motor vehicle accident, suicide, bicycle accident, and an unknown illness. The time since the loss ranged from 1 to 36 months, with a mean of 15.1 months. For six of the children the loss had occurred in the previous six months. Two of the children experienced the loss between 7 and 11 months prior to study commencement, three experienced the loss between one and two years, and four had experienced the loss over two years earlier. Seventy-three percent of the parents who died were males. Demographic information is summarized in Table 1.

<u>Counsellors</u>

All counsellors employed at the bereavement agency were invited to participate in the study. This resulted in three counsellors participating and being trained in the use of the story technique. All participation was voluntary and did not impact their employment at the agency. Counsellors were informed of their right to withdraw their participation from the study at any time. These counsellors collected all the stories included in data analysis. Two counsellors held a masters degree in Social Work. The third counsellor held a masters degree in Community Health Science and was studying towards a master's degree in Applied Psychology. All counsellors were females whose experience with counselling bereaved children ranged from two to ten years.

Table 1

Demographic Information of Study Participants

Participant	Age	Gender	Time Since loss	Type of Loss	Gender of Deceased Parent	Cause of Death
1	9	Female	21 m	Anticipatory	Male	Cancer
2	6	Female	21 m	Anticipatory	Male	Cancer
3	6	Female	27 m	Anticipatory	Female	Cancer
4	8	Male	2 m	Sudden	Male	MVA**
5	7	Female	4 m	Anticipatory	Male	Cancer
6	9	Male	4 m	Anticipatory	Male	Cancer
7	6	Female	3 m	Sudden	Male	Bicycle
8	7	Male	3 m	Sudden	Male	Bicycle
9	8	Male	38 m	Sudden	Male	Suicide
10	6	Female	36 m	Sudden	Female	Illness*
11	9	Male	36 m	Sudden	Female	Illness*
12	9	Female	9 m	Anticipatory	Male	Cancer
13	11	Female	9 m	Anticipatory	Male	Cancer
14	6	Male	12 m	Anticipatory	Male	Cancer
15	8	Male	1 m	Anticipatory	Female	Cancer

* Unknown sudden Illness
** Motor Vehicle Accident

Consent

Initial contact with potential subjects occurred during the counselling assessment session at the facility. This was done to ensure anonymity of families unwilling to participate in the study. During this session, a counsellor described the purpose of the research project, evaluated appropriateness of participation, invited participation, and obtained consent. The parent or guardian was given an information letter (See Appendix A) and consent form (See Appendix B), and informed of his or her right to withdraw at any time during the study. Written consent from the parent and verbal consent from the child was obtained prior to participation. Any refusal to participate in the study was respected and the usual counselling services were provided to the family. Verbal consent to participate was also obtained from all counsellors prior to training them in the story technique. The contents of their responses were kept in a confidential journal. This journal was given to the researcher at the completion of data collection. The Conjoint Faculties Research Ethics Committee for the University of Calgary approved the study.

Data Collection Tools

·Two tools were used to collect data. The first tool, used with the children, was the story technique and included three activities to document the children's bereavement experiences. The second tool, used with the counsellors, was a journal used to collect the opinions of counsellors regarding the appropriateness of using the story technique when counselling bereaved children.

Description of the Story technique

The story technique consisted of three components; 1) telling a story of loss using puppets, 2) completing a storybook where the children recorded their bereavement experience, and 3) performing the children's story in a puppet play. On average implementing the story technique occurred over four sessions.

Telling of a Loss Story

To develop rapport and help them become comfortable, participants were introduced to a puppet that was manipulated by the counsellor. Participants were told that the puppet was similar in age and loss experience to the child. After the child appeared comfortable and engaged, the counsellor offered to recount the puppet's loss story. If the child agreed to hear it, the counsellor proceeded using pre-made puppets and a puppet stage. Upon completion of the story, differences and similarities between the similar loss story and the child's experience were discussed.

Storybook

The storybook was used to help children record their bereavement experiences. The storybook, adapted from the clinical work of Gardner (1972) and Friedberg (1994), consisted of open-ended prompts and blank spaces for recording and illustrating the story (Gardner, 1972) (See Appendix C). The prompts directed children to introduce themselves and their families and to discuss feelings, wishes, and changes related to their grief experiences. Each page had two blank boxes, one for text and one for illustration.

Puppet Show

A puppet show was included as an alternate medium for telling the story. Participants were invited to make puppets that represented the characters in their stories, select who they would like as an audience, and perform a puppet show that recounted the story. The parent was asked to invite these individuals to the following session for the puppet show. During the next session, the child performed the show and the performance was recorded using video equipment[4].

Description of the Journal

Counsellors were given a journal to record their opinions on the usefulness of the story technique as a counselling approach. The journal consisted of open-ended questions designed to identify strengths and weaknesses of the technique (See Appendix D). Completing the journal allowed the counsellor to summarize the session while commenting on the technique.

Data Collection

After hearing the counsellor tell the similar loss story, the child was invited to tell his or her own bereavement story and record it in a storybook. The counsellor facilitated this process by verbalizing the prompt on the page and encouraging the children to share their experiences in relation to the prompt. As the child told his or her story the child or counsellor recorded it in the storybook (i.e., children who could not write were given assistance). The child was also invited to illustrate the story in the box provided. When one page was completed

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4 The video equipment was fixed on a tri-pod prior to the performance and did not require a third party to manage the video camera.*

the counsellor would move on to the next and repeat the procedure until the child

had completed the story. When a child chose to disregard the open-ended

prompts or storybook format, the telling of the story was permitted in any manner

desired. If a child wanted to discuss the information being put onto the page, the

counsellor was free to engage with the child. The counsellor was also

encouraged to discuss any issues she felt required further exploration. This

ensured that appropriate counselling was received.

Upon completion of the storybook, or when children were not interested in

completing the storybook, they were invited to tell their bereavement story as a

puppet show. After constructing the puppets, the child preformed the story to the

audience. Video taping the performance ensured all children received a recorded

version of their story. This was particularly true for children who chose not to

complete the storybook. The account, either written or visual, would then be

available to the children for future reference.

Concurrent to the collection of the children's stories, counsellors were

asked to record their opinions in the journals provided, or in the children's client

charts. When recorded in client charts counsellors verbally reported their

opinions to the researcher for data collection. This ensured confidentiality of

other non-project related information was maintained.

<u>Data Analysis Plan</u>

Both quantitative and qualitative analyses were planned to evaluate the

bereavement narratives. The quantitative analyses consisted of the use of

contingency analyses, descriptive statistics and summaries, and a T-unit

analysis. Contingency analyses explored possible differences between children

who experienced a sudden or anticipated loss, and children who were bereaved

for various time periods from less than six months to more than two years.

Descriptive statistics and summaries were used to document common emotional

responses, children's perception of their relationships and ability to adjust, and

experience with loss rituals. A T-Unit analysis (McKeough et al., 1996) was used

to assess whether the experience with loss impacted the level of narrative

thought children used to tell their stories. The qualitative analysis consisted of a

content analysis (Creswell, 1994) of the responses in the counsellors' journals.

Quantitative Analyses

Contingency Analysis

Contingency analyses were performed to determine whether participants

who experienced a sudden loss were significantly different from those who

anticipated the loss (Hodgkinson et al., 1995; Lundin, 1984; McIntosh, 1993;

Stroebe et al., 1988). The two groups were compared on the quality of their

emotional response at time of study, the quality of the plot used to describe their

experience, their experience with loss rituals, ability to maintain a connection with

the deceased, and quality of post-loss relationships with surviving family

members. (See following section for a discussion of dependent variables).

A second set of contingency analyses were performed to determine

whether children's story content was influenced by the amount of time that had

elapsed since their parent died. Following existing research (e.g., Cerel et al.,

1999; Cheifetz et al., 1989; Harris, 1991; Kranzler et al., 1990, Seigel et al.,1996)

subjects were divided into 4 groups a) children bereaved for 1-6 months, b)

children bereaved between 7-11 months, c) children bereaved between 12-23

months, and d) children bereaved for more than 24 months. The two groups were

compared on the quality of their emotional response at time of study, the quality

of the plot used to describe their experience, their experience with loss rituals,

ability to maintain a connection with the deceased, and quality of post-loss

relationships with surviving family members.

Fisher's Exact Test was chosen to explore any potential relationships

between type of loss and time since loss and children's bereavement

experiences. Due to the nominal nature of the data and the small numbers

available for analysis, these tests were determined to be the most appropriate

form of analysis. All statistical analyses were completed using SPSS Statistical

Software, with an alpha level of 0.05.

Descriptive Statistics and Summaries

All stories were read and viewed in their original format (i.e., storybook or

video) and transcribed. Each narrative was then examined to determine

children's reaction to and perception of their loss experience. Emotions

commonly expressed by bereaved children (Felner et al., 1981; Harris, 1991;

Worden & Silverman, 1996; Kranzler et al., 1990; Van Eerdewegh et al., 1982;

Wolfelt, 1983), their perceptions of pre and post-loss relationships (Reed &

Greenwald, 1991; Rosenblatt & Karis, 1994; & Weber & Fournier, 1985), their

ability to maintain a connection to the deceased (Silverman, Nickman & Worden,

1992), their involvement with loss rituals (Weber & Fournier, 1985), and their

perceived ability to adjust to the loss (i.e., quality of plot) (Gergen & Gergen,

1986), were summarized and described.

Emotional Responses

Children were asked to describe up to four emotional states in their

stories, that is, emotional reactions to life before the loss, at the time of illness, at

the time of death, and after the loss. Emotions were then categorized as positive

or negative to allow for contingency analyses. Any emotion with positive

overtones (i.e., happy, fun, normal, emerging from the dark) was considered

positive. Any emotion with negative overtones (i.e., mad, sad, scared, wound up,

lonely, down, not right inside) was considered negative (Van Eerdewegh et al.,

1982).

Quality of Relationships

The prompts in the storybook required children to describe activities that

occurred prior to and following the death. These activities were analysed to

determine with whom the activities occurred and the quality of the relationship as

perceived by the children. Activities described before and after the death were

analysed to determine with whom the child felt connected. If an activity only

mentioned the child and one parent (i.e., deceased or surviving parent) the

connection was specified as being with this parent. If the child's family was

included in the activities, the connection was specified as being with the family. If

the child mentioned only friends as involved in activities, the child was specified

as being connected to friends. If the child described stories where he or she was

engaged in solitary activities, the interaction was specified as no connection

existing (Rosenblatt & Karis, 1994). The quality of the activities was determined

by any mention of how the child appeared to perceive these activities. Positive

descriptors (i.e., happy, fun, good, laughing) or positive depictions in the

illustration (i.e., smiling faces) identified the activity as positive. Negative

descriptors (i.e., yelling, negative comments) or negative depictions in the

illustration (i.e., sad faces, tears) identified the activity as negative (Weber &

Fournier, 1985).

Maintaining a Connection to the Deceased

To measure whether children perceived themselves to having a continuing

relationship with the deceased, stories were analysed for any mention of

reconnecting activities. Following Silverman, Nickman, & Worden (1992), any

mention of engaging in one of the five types of connection activities identified

whether the children were connected or not with the deceased.

Involvement with Loss Rituals

A prompt within the storybook asked for activities following the loss. When

the puppet told the loss story similar to that of the child's, rituals of attending the

funeral and visiting the grave were described. Both may have suggested to the

children that loss rituals were of interest in a loss story. Children's stories were

analysed for any mention of participation in loss rituals (i.e., funeral, coffin, celebration, talking about the deceased) (Weber & Fournier, 1985). This information was summarized for descriptive purposes.

Plot Analysis

Gergen and Gergen (1986) suggested narrative accounts of lived experience allow us to order those experiences with a sense of coherence and movement in time. To obtain this order the narrator arranges the sequence of events to achieve a goal. Whether this goal is achieved or not determines the narrative form the story can be identified as having. When the progress towards the goal is successful the narrative form is considered progressive. When the progress towards the goal is impeded the narrative form is considered regressive. When there is no change in the story the narrative form is considered stable. From these narrative forms, Gergen and Gergen (1986) identified four common plots used in narratives, tragic, happy, happily ever after, and romantic. A tragic plot consists of a progressive beginning followed by a regressive ending (i.e., story content is positive but becomes negative). A happy plot consists of a regressive beginning followed by a progressive ending (i.e., story content is negative but becomes positive). A happily-ever-after plot consists of a progressive beginning followed by stability (i.e., story content is positive and remains positive throughout). A romantic plot consists of a series of progressive-regressive couplings (i.e., sub plots through the story involve positive beginnings with negative outcomes).

Children's stories were analysed for progressive, regressive, and stable narrative forms. The temporal order of these ratings was then summarized to identify a plot rating as determined by Gergen and Gergen's (1986) description (i.e., tragic, happy, happily-ever-after, and romantic). After the quality of plot was summarized, plots were divided into two categories (i.e., positive and negative) for contingency analysis. Romantic and tragedy plots were placed into the negative category, as the outcome in both was regressive. Happy and Happily-ever-after were placed into the positive category, as the outcome was either progressive or stable-progressive.

Developmental T-Unit Analysis

The developmental analysis of children's bereavement narratives was conducted to determine whether experience with death impacted the developmental level of narrative thought used by children to describe their experiences. Some research has shown exposure to death has increased children's understanding of death concepts (Derry, 1979; Elizur & Kaffman, 1986; Kane, 1979; Schonfeld & Smilansky, 1985), whereas other research suggests children proceed along a set developmental course in their understanding (Florian, 1985). By assessing the developmental level of the narratives of children who experienced loss and comparing them to developmental norms, some initial indication of the effect experience has on children's capacity to express their experiences might be gained.

To measure the developmental level of children's bereavement narratives,

the text of the narratives were divided into terminable units (T-units). These units

consist of the shortest grammatically complete sentence that a passage can be

divided into without creating sentence fragments. Each T-unit consists of a single

main clause, containing a subject, or coordinated subjects, and a finite verb or a

coordinated finite verb(s). After narratives were divided into T-units, the T-units

were categorized according to McKeough's (1992/1996) scoring criterion.

According to this scoring criterion, T-units could be analysed for complexity of

meaning and categorized into one of four levels, a) actions or descriptions, b)

intentions, c) interpretive-justification, or d) interpretive-other. The T-Unit scoring

criterion is presented in Table 2. Action T-units are the basic form of narrative

and expected to be present in all stories. The stories of children younger than 6

years of age are typically almost exclusively composed of action T-units. As all

children included in the study were at least six years in age the use of action

T-units was expected. Due to this, the presence of action T-units in the

bereavement stories did not warrant investigation. Between six to ten years of

age children's narrative thought begins to incorporate mental states that motivate

the character's actions. As development progresses a corresponding level of

complexity in the children's story plots occurs. Children able to coordinate these

two narrative structures are perceived as demonstrating intentional thought.

Interpretive thought is believed to represent more advanced narrative thought as

the narrator reflects on intentions. An age-related shift from intentional to

interpretive thought is expected to occur between the approximate ages of 10 and 12 years of age. Any shift prior to this age might suggest advanced narrative thought. Bereavement stories were scored as containing intentional or interpretive thought, based on the T-unit analysis (See Table 2).

Table 2

T-Unit Scoring Criteria

T-Unit analysis. T-Units were classified as action/description, intentional, or interpretive, following the major shifts in narrative organization. A description of each category follows:

1. State T-Units (i.e., action or descriptive)

Action T-Unit: describes physical movement (e.g., "We went to the zoo.").

Descriptive T-Unit: provide information concerning settings or physical states and events transcribed by a copula verb (e.g., "she was deaf.").

2. Intentional T-Units

Intentional T-Units refer to first-order mental states and can be expressed four ways:

a) Thoughts, needs, wishes, and plans that motivate action (e.g., "he decided to leave.").

b) A social judgement that is context specific (e.g., "you're doing alright for a girl."), or describes a general social trait (e.g., "a nice boy.").

c) Affectively-laden verbs that describe emotion (e.g., "I was really scared.").

d) Actions or descriptions that suggest underlying mental states (e.g.," Leave me alone!").

3. Interpretive T-Units

Interpretive T-Units refer to second-order mental states that underlie first order mental states. They can be expressed in eight ways:

a) Justification of mental state or social judgement with a second mental state or social judgement (e.g., "My dad was scared (first-order mental state) because he thought it would hurt to die (second-order mental state)." The initial clause "My dad was scared" would have been considered an intentional T-unit if it had stood alone. However, with the addition of the underlying motivation "because he thought it would hurt to die" the entire sentence is categorized as one interpretive T-unit.

b) Reflection on (or taking a Meta position to) the cause and effect of:

i) Actions (e.g., on my way home I was really upset. Maybe I was really stupid coming here. I tried to stop a problem and all I did was create another one."),

ii) Mental states (e.g., "Joey hadn't realized that if he had told them earlier, it would have been much easier to face the facts.").

iii) Social situations (e.g., "But remember there are always those few kids that are left out of everything, are loners, and don't really care what they do. In other words they are different than everyone else.").

c) Statements denoting self-understanding, self-knowledge, and self questioning, (e.g., "I was known to suck up to people. And now I know it's true. Whenever someone was mad at me I would always be the first to apologize. Even if it wasn't my fault.").

d) Enduring psychological/social state or trait (e.g., "teasing and nagging would always ring in his ears during the night.").

e) Psychological/social similes and metaphors (e.g., "So now it's like the whole world has closed up around me.").

f) Flashback and foreshadowing (e.g., "I thought about the first time I met her in grade one.").

g) Paradoxical or conflicting consequences (e.g., "And poor Laurie. An innocent girl who got what she did not deserve... Things like this sometimes happen. Too often though.").

h) Perspective taking (e.g., "I am sixteen and mature enough to handle the responsibility of a vacation alone. No. That would be no good, it sounded superior.").

Qualitative Analysis

Journal Content Analysis

Because the story technique was a new data collection tool, a qualitative review of counsellor's opinions regarding the technique was deemed appropriate. Journals were provided to each counsellor to record these observations. Where journals were not completed, unstructured interviews with counsellors occurred

to obtain this information[5]. To analyse counsellor's opinions a content analysis of

the journal contents or information collected in the interview was conducted. The

information was reviewed to identify common themes in the data using an

iterative process (Creswell, 1994). This analysis was performed to summarize

the opinions of the counsellors relative to the usefulness of the technique.

Summary of Methods

The current study focused on obtaining bereavement stories from children

ranging in age from 6 to 11 years who had experienced the death of a parent.

The participants were invited to tell their narrative using a storybook and puppet

show format. These stories were analysed to, 1) identify any differences between

participants based on the type of loss and time since loss; 2) describe bereaved

children's i) emotional response, ii) perceived quality of relationships, iii)

perceived quality of ability to adjust (i.e., plot), iv) ability to maintain a connection

to the deceased, v) experience with loss rituals; and 3) explore whether

experience with death impacted the complexity of narrative thought used by

children to describe their experiences. Opinions of counsellors on the story

technique were also summarized.

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[5] Counsellors completing a low number of interactions with subjects did not keep journals. Counsellors recorded impressions in clinical files that were available to refresh their opinions prior to interviews.

CHAPTER 4

Results

This chapter is divided into four sections. First, results from contingency

analyses determining differences between groups are presented. Second, the

results from the descriptive content analysis of the bereavement narratives are

described. Third, results from the T-unit analysis are presented describing the

effects experience had on the children's level of narrative complexity. Lastly, a

summary of the content analysis of the counsellor's opinions is provided.

Contingency Analyses

Due to the small sample size and ordinal nature of the data Fisher's exact

tests were chosen to conduct tests of difference. Because neither a negative or

positive association was anticipated a 2-tailed test was preferred. An alpha level

of 0.05 was set to measure significance.

Contingency analyses were performed to determine whether the children

who experienced a sudden loss were significantly different from children who

anticipated the loss. Children were divided into these two dichotomous groups.

Results obtained from the contingency analysis identified no significant

differences between these groups on any of the dependent measures. Children

experiencing a sudden loss or anticipating a loss did not differ significantly in

their quality of emotional responses given at time of study (F= 0.315), quality of

plot (F= 0.315), ability to maintain a connection to the deceased (F= .00),

involvement in loss rituals (F= 0.119), quality of relationships with remaining family members (F=1.00), or their use of interpretive thought (F= 0.287).

The second set of contingency analyses were performed to determine whether children's grief responses were influenced by the amount of time that had elapsed since their parent died. The initial analysis compared the responses of children according to four categories of time since loss. Groups consisted of children bereaved for a) 1-6 months, b) between 7-11 months, c) between 12-23 months, and d) for more than 24 months. No differences were identified for these groups on any of the dependent measures (i.e., quality of emotional response at time of study, quality of plot, maintaining a connection to the deceased, experience with loss rituals, quality of relationship to surviving family members, or use of interpretive thought.) With no differences between the four groups, data was collapsed into two dichotomous groups for further analysis. The two groups included, a) children bereaved for less than one year, and b) children bereaved for more than one year. Again no significant differences were identified between these groups. Children bereaved for less than one year and children bereaved for more than one year did not significantly differ in their quality of emotional responses given at time of study (F= 0.132), quality of plot (F= 0.132), ability to maintain a connection to the deceased (F= 0.467), involvement in loss rituals (F= 1.00), quality of relationships with remaining family members (F= 0.567), or their use of interpretive thought (F= 0.608).

With no significant differences identified between groups, all data will be presented on the whole group of bereaved children. If type of loss or time since loss appear to impact any of the information obtained from the stories, a description of the impact will be provided. If no description is provided, no impact was perceived to have occurred. With no quantitative differences between groups, descriptive methods were used to present the data obtained from the content analysis of the children's bereavement stories and the developmental T-Unit analysis. This information is presented next, followed by the content analysis of counsellor's opinions.

Content Analysis of Bereavement Stories

Stories were read and any information identifying emotions related to the experience, how the children perceived relationships, and involvement with loss rituals are summarized in this section. The quality of the plot used to describe this experience is also summarized in this section. A child's story describing her experience with an anticipated loss of a parent has been included in Appendix E. A child's story describing this experience with a sudden loss of a parent has been included in Appendix F.

Children's Emotional Responses

Children described their emotional states throughout their stories. Those experiencing an anticipatory loss described their feelings before their parents became ill, at time of illness, following the death of the parent, and at time of

study. Those experiencing a sudden loss described their feelings before the death, following the death, and at time of study.

When describing their feelings prior to illness or death all children gave some response. "Happy," "fun," "sorta happy," "sorta sad" and "good" were the feelings children chose to describe the time prior to illness or death. Nine of the children used "happy" to describe their emotions at this time, three described their emotions as "fun," one described her emotion as "good," and the remaining two children described their emotions as "sorta happy" and "sorta sad."

Children who experienced an anticipated loss were able to describe a feeling associate with the time their parent was ill. All of these children provided a response to describe their emotions at this time. Children chose the feelings "scared," "sad," "fun," "wound up," and "very happy" to describe their emotions associated with this time. Four children described their emotions as "sad," two described themselves as feeling "scared," and the remaining children provided single mentions of the remaining feelings.

All children were invited to describe the feeling they associated with the time immediately following the death of their parents. Eleven of the 15 children (i.e., 73%) gave an emotional descriptor for this time. "Sad," "missing dad," and "fun" were the emotions the children associated with the time immediately following the death. The majority of children (n=9, 60%) chose "sad" to describe their feelings of this time, one child described her feelings as "missing dad" while

the final child described her feeling as having "fun". This child was six years old and was making reference to the vacation taken after the funeral.

At the time of study, all children provided a description for the feeling they had. Nine children described themselves as feeling "happy," three described themselves as feeling "mad," three described themselves as feeling "sad," two described themselves as feeling "normal," and two described themselves as feeling "bad." There were single mentions of a variety of other feelings (See Table 3).

Table 3

Emotions Chosen to Describe Feelings at Time of Study

Positive Emotions	Negative Emotions
Fun	Sad
Normal	Mad
Happy	Lonely
Kinda Happy	Mostly Down
Less Wound up	Nervous
Emerging from the clouds	Less Fun
Good	Miss Parent
	Bad

Feelings were categorized into negative and positive emotions and summarized according to when they were reported in the children's stories (i.e., before illness or death, at time of illness, at time of death, at time of study). This was done to describe how these emotions changed throughout the children's stories. This is presented in Table 4.

Table 4

Quality of Emotion Expressed by the Children Throughout Bereavement Stories

	Segment of Story Where Emotion Expressed			
Type of Emotion Expressed	Before Illness or Death	During Illness	At Time of Death	At Time of Study
Negative	0	8	10	8
Positive	15	1	1	13

Children's emotions appeared to become less positive during the time when their parents were ill and immediately following the death of their parents. At the time of study the number of children expressing positive emotions increased. Children were also more likely to report more than one emotion to describe how they were feeling at the time of study. Seven of the 15 children (i.e., 46%) reported two or more feelings. When children reported more than one emotion, both negative and positive emotions were mentioned simultaneously or only positive emotions were identified.

Emotional Responses and Type of Loss

There appeared to be no difference in the number of emotions expressed according to the type of loss (i.e., sudden or anticipated loss). Four (i.e., 44%) of the children who experienced an anticipatory loss identified feeling negative emotions at time of study. Four (i.e., 66%) of the children who experienced a sudden loss identified feeling negative emotions at time of study. Only one child expressed feeling only negative emotions at the time of study; this child had anticipated the loss of his father. The type and number of emotions expressed by the children according to type of loss is presented in Table 5.

Table 5

Type and Number of Emotions Identified at Time of Study By Type of Loss.
Type of Loss

Emotions	Anticipatory Loss									Sudden Loss					
Negative Emotions															
Sad	X						X					X		X	
Mad	X	X												X	
Lonely		X													
Mostly Down						X									
Nervous														X	
Less Fun											X				
Miss Parent															
Bad											X				X
Positive Emotions															
Fun											X				
Normal				X										X	
Happy	X	X	X						X	X			X	X	
Kinda Happy								X				X			
Less Wound up				X											
Emerging from the clouds					X										
Good															X
Total Feelings	3	3	1	2	1	1	1	1	1	1	3	2	1	5	2

Emotional Responses and Time Since Loss

Although a quantitative difference was not found relative to the time since loss, the descriptive analysis showed a quantitative trend. When all the children's emotional responses were considered together (i.e., sudden and anticipatory losses collapsed into one group) and summarized according to the amount of time that had passed since the loss occurred, emotions appeared to change over

time. Children were more likely to report positive feelings as the amount of time since the loss increased. Three of the six children (i.e., 50%) whose loss was under six months identified feeling positive emotions at the time of study. All three of the children who were bereaved between 7 and 11 months reported positive emotions. When the loss occurred between 1-2 years before the study, two of the three children (i.e., 66%) identified experiencing positive emotions. All children whose loss occurred over two years before the study identified feeling positive emotions at the time of study[6]. These findings are presented in Table 6.

<u>Perceived Quality of Relationships</u>

The children's descriptions of relationships in the story were evaluated and assigned a qualitative ranking of perceived quality. The pre and post-loss relationships were categorized as positive or negative based on how the child described the activities that occurred before or after the death. The relationships were then examined to determine whether the loss impacted the children's perception of their relationships with their families. A description of these relationships is presented below. A summary of the children's perceived connection before and after the loss, and change in the quality of the relationship is presented in Table 7.

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[6] Although all reported 'happy' feelings, other opposing feelings were expressed.

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Table 6

Emotional Responses Reported at Time of Study According to Time Since Loss

Time Since Loss

Emotions	0-6 Months	7-11 Months	1-2 Years	Over 2 Years
Negative Emotions				
Sad	X X X X X		X	
Mad	X		X	
Lonely			X	
Mostly Down			X	
Nervous	X			
Less Fun				X
Miss Parent			X	
Bad				X
Positive Emotions				
Happy	X		X X	X X X X
Kinda Happy	X			
Normal	X	X		
Less Wound up		X		
Emerging from the clouds		X		
Total Feelings	1 1 1. 2 1 4	2 1	3 3 1	1 1 3 2

Pre-Loss Relationships

All children described activities they engaged in prior to the death. When describing with whom the activities occurred, children identified the deceased alone, another family member (i.e., surviving parent, siblings, or grandparents), the whole family, and a family friend. Eight of the children described activities where the whole family was included.

Table 7

Relationship Connections from Bereavement Narratives

Change in the Perceived Quality of Relationship	Person Described in Activity		
	Child	Pre-Loss	Post-Loss
Deteriorated	1	Father	Mother
	2	Family	Family
	3	Father	No connection
Remained Unchanged	4	Family	Family
	5	Family	Grandparents
	6	Adult not related	Adult not related
	7	Family	Family
	8	Father	Friends
	9	Mother	Father
	10	Father	Sibling
	11	Family	Family
	12	Father	Mother
	13	Family	Family
	14	Family	Mother
	15	Family	Family

All of these activities were described as positive and fun. These children recalled social activities (e.g., "They went for hikes and played games, they had fun together."), and recreational outings (e.g., "One day this family often went for bike rides and hikes and they sometimes went swimming together."). Six of the children described activities where only one parent was involved in the activity. All of the activities were described as positive and fun. These children recalled recreational activities (e.g., "We went to museums, fishing, to the skate park, my

dad's work, to play, to walk, to parties, to friend's houses."), social activities (e.g., "This is his chair that we used to read and cuddle each other with it."), and relationship building activities (e.g., "He used to put me on his shoulders in the store and give me under ducks."). Five of these stories described activities where the father was the parent involved and one described the mother as the parent involved. In all six instances, the bereaved parent was the parent included in the described activity. The remaining child described a negative interaction with his mother but a positive interaction with an adult who was a family friend.

Post-Loss Relationships

When describing the person with whom the post-loss activities occurred, children identified a variety of individuals. Children made reference to activities involving the surviving parent, whole family, grandparents, siblings, and friends. Twelve children identified an ongoing connection with at least one other family member. One child described activities involving his friends and a second described activities with an adult friend. The remaining child described an activity where she was alone (i.e., "This is me in my room reading a book because my dad is gone and I have nobody to play with."), suggesting no perceived connection. Of the twelve, who identified a connection within the family, seven described activities where the whole family was engaged, four with the surviving parent only, and one child identified a positive connection with a sibling. Family activities involved social activities (e.g., "What they did then is they went on outings to the zoo together."), supportive activities (e.g., "They talk about their

dad and stuff."), and recreational activities (e.g., "We go camping with Grandma and Grandpa."). Activities with the surviving parent included relationship activities (e.g., "Mommy carries me now." "Now it's just me and mom. We hug sometimes and we kinda play together."), and recreational activities (e.g., "I play baseball with my mom."). The child who described a connection with her sibling noted an absence of her mother in her life (i.e., "Now mommy has to work very very hard to be the mommy and the daddy."), and the importance of her sister (i.e., "Then also Tara would give me shoulder rides."). Ten of these experiences involved positive activities, one child was disappointed as he did not have as much fun anymore and a second wanted more affection from his mother.

Changes in Connection Following the Loss

The person with whom each child reported a connection before and after the loss was examined to determine how the loss affected the pre-loss connection. Seven children were perceived to maintain the same significant connection before and after the loss, eight were perceived to lose the significant connection they had before the loss. In the seven stories where the connection was maintained, six children described retaining a connection with their families. In only one situation the quality of the relationship became less positive (i.e., child connected to family but perceived family interaction as less positive following the loss). All other children described activities that were similar in support and enjoyment to those that occurred before the loss. The seventh child retained a positive connection to an unrelated family friend.

In the eight stories where the person in the activity described changed, seven children switched their connection from the deceased and one child switched from the family. Children switched their connection from the deceased to the surviving parent (n=3), grandparents (n=1), a sibling (n=1), friends (n=1), and to nobody (n=1). The one child who switched her connection from her family, as a whole, switched to the surviving parent alone (i.e., " Now I play baseball with my mom." In two situations where a child switched a connection to family members the quality of the relationship was perceived to deteriorate. One child switched his connection to surviving parent but was not happy with quality of interactions (i.e., "We hug sometimes and we kinda play together." The second child switched his connection to his grandparents and expressed less "fun" in his life (i.e., "I don't feel as well as I used to when my dad was alive and I don't have very much fun as I used to." All other children described activities that were similar in support and enjoyment to those that occurred before the loss (e. g., "We go to church and we go to the movies and I feel happy now," "What they did then is they went on outing to the zoo and went for walks in the pare and even met some new friends who they never would have met if their dad didn't die." The eighth child, who indicated a switch in connection, described herself as losing her connection to anybody. All her post lost activities involved solitary activities (i.e., "This is me sitting on my bed, me sitting down, watching t.v. by myself in my dad's chair.")

Connection with the Deceased

From analysing stories for any mention of the child engaging in activities to facilitate an ongoing connection with the deceased, (Normand, Silverman, Nickman, and Worden, 1992), it was determined that 14 of the 15 children had developed an ongoing connection to the deceased. Eleven children located the deceased in heaven or a "safe place." To illustrate how children located the deceased in these places, the following examples are offered: "After the daughters had left and only the mom was there the dad died and went to Heaven," "I know my dad is in a safe place without pain and tattoos and that's true," and " I wish my dad is in heaven and he had wings." Two children mentioned experiencing the presence of the deceased. One of these children referred to the deceased as a ghost and spoke of a visitation, "...and now I feel sometimes during the night that this is my dad (raises black figure puppet) in the kitchen." The second child referred to her mother's spirit as being all around and guiding her. Four children reached out to the deceased, three by engaging in conversation with or about the deceased, and one by visiting the grave (e.g., "And they talked about my dad and stuff." "After my mom died we took flowers to her grave. We take flowers because we still love her."). Two children engaged in waking memories of the deceased. One child actively tried to reflect her father's cultural and personal characteristics by attempting to carry on his traditions, "They still carry on their dad's traditions, they always remember him and how good of a dad he was." The second child spoke of actively trying to remember his

mother by looking at photographs; "We went to a funeral for mom and we have pictures in a photo album." Only one child made no reference to an ongoing connection to the deceased. The numbers reported exceeded the number of participants as five children engaged in more than one continuing activity. All children who mentioned more than one activity located the deceased in heaven and reached out to the deceased through conversation.

Involvement with Loss Rituals

Children's stories were examined for any mention of loss rituals. Children were divided into those having participated in rituals and those not participating in rituals. Eight of the 15 children (i.e., 53%) mentioned being involved in loss rituals. Funerals, celebrations, and visiting the grave were the rituals mentioned in the stories. Six of the children made reference to attending the funeral. For example, "The family went to the funeral home to see their dad. They all planned a funeral. One day they had their funeral. It was sad." Two children described a celebration or party following the death, "And when he passed away they had a big celebration with all their friends and family." One child made reference to placing flowers on the grave. Again these numbers exceeded the number of participants as one child participated in more than one ritual (i.e., went to the funeral and celebration afterwards).

Seven children made no reference to being involved in any loss ritual. Type of loss appeared to influence whether the children mentioned their involvement with loss. Six (i.e. 66%) of the children who experienced an

anticipatory loss did not mention any involvement with loss rituals, whereas only one child who experienced a sudden loss made no mention to loss rituals. All other children made reference to some form of involvement or memory of loss rituals.

Plot Analysis

Children's stories were analysed to determine the quality of the story plot. Each story was read and categorized according to whether the plot could be described as tragic, happily ever after, happy, or romantic (Gergen & Gergen, 1986). The plot analysis provided a measure of the children's perception of their adaptation to the loss.

Seven of the children told stories where the plot was described as a tragedy. Five of the children's stories had plots that were described as happily ever after. Three of the children's plots were happy. None of the children told a story that could be described as romantic. A description of each type of plot identified within the results is provided in Table 8. Four of the seven children (i.e., 57%) who told tragic stories experienced a sudden loss. Three of the five children (i.e., 60%) who told happily-ever-after stories experienced an anticipated loss. All three of the happy stories were from children who experienced an anticipatory loss.

Relative to the time since loss, tragic stories were told by two children bereaved less than six months (i.e., two and three months), three children bereaved between one and two years (i.e., 12, 21, and 21 months), and two

Table 8

Description of Plot Types Used in Children's Bereavement Stories

Description of a Happy Plot	
Pre-Loss or Illness	"The thing I like to do are to play baseball with my dad"
At Time of Illness	"The doctor gave him a needle and he said he was getting lukemia so my parents told me and my sister and I felt all wound up." "So we cried together and even my dad cried he stayed in the hospital sick."
At Time of Death	"He came, the death with 9 eyes and he killed my dad. And so my dad got to be in Heaven so then we felt sad so we talked about it some more and this is how I felt after, more normal."
At Time of Study	"Now I play baseball with my mom."

Description of a Happily-Ever-After Plot	
Pre-Loss or Illness	"This is my family before my mom died." [Picture of happy faces]
At Time of Illness	"This is the special bath it is a special type of soap in the bath me and my mom took a bath in it at the same time right after I took a shower, I felt happy."
At Time of Death	"But then the day my mom got very very sick and she died from cancer and we went to Disneyland." [Picture of Disneyland]
At Time of Study	"then one dad my daddy got married. I feel very very happy."

Description of a Tragic Plot	
Pre-Loss or Illness	"This is me and my dad sitting on the couch watching t.v.. This is his chair that we used to read and cuddle each other with it. We had lots of fun and we were happy."
At Time of Illness	This is my dad in bed sick because the big bad cancer guy poked him with his things with cancer on, the pokes are cancer. He is scared when his is in his bed." "Help!" [voice from puppet]

| At Time of Death | "This is my dad in bed dying of cancer. This is me in my room reading a book because my dad is gone and I have nobody to play with." |
| At Time of Study | "This is me sitting on my, me sitting down watching t.v. by myself in my dad's chair." "I still miss my dad and everything this is why I sit on his chair all the time." |

children bereaved for more than two years (i.e., 36 and 38 months). Happy

stories were told by one child bereaved for less than six months (i.e., one month),

and two children bereaved between seven and eleven months (i.e., 9 and 9

months). Happily-ever-after stories were told by three children bereaved less

than six months (i.e., 3, 4, and 4 months), and two children bereaved for more

than two years (i.e., 27 and 36 months).

T-Unit Analysis

A developmental analysis of the bereavement narratives was conducted to

determine whether the bereavement experience influenced the complexity of a

child's narrative thought used to tell the story (Elizur & Kaffman, 1986; Florian

and Kravetz, 1985; McKeough, 1992; Schonfeld & Kappelman, 1990; Schonfeld

& Smilansky, 1985). Results showed that all children used intentional thought

and 9 of the 15 children (i.e., 60%) used interpretive thought to tell their stories.

More specifically, four of the nine children (i.e., 44%) who experienced an

anticipated loss had stories that contained interpretive thought, and five of the six

children (i.e., 83%) who experienced a sudden loss had stories that contained

interpretive thought. Additionally, two of the six children (i.e., 33%) who

experienced the loss in six or less months prior to the study, and seven of the

nine children (i.e., 77%) who experienced the loss more than six months prior to

the study used interpretive thought in their stories. All but one of the children who

used interpretive thought in their narratives were under the age of ten years,

including three six year old children (See Table 9).

Table 9

Presence of Interpretive Thought According to Age and Time Since Loss

Time Since Loss in months	Age of Child	Presence of Interpretive Thought
2	8	No
4	7	No
4	9	No
3	6	Yes
3	7	Yes
1	9	No
9	11	Yes
9	9	Yes
12	6	No
21	9	Yes
21	6	Yes
27	6	No
36	6	Yes
36	9	Yes
38	8	Yes

Interpretive thought was identified as occurring throughout the stories. To

identify where the children used interpretive thought most frequently, the story

was divided into four segments; 1) pre-loss activities, 2) events at time of illness

(i.e., anticipatory experiences only), 3) events at time of death, 4) adjustment

following the loss (See Table 10).

Table 10

Story Segments Containing Interpretive Thought

Child	Age	Time Since Loss	Pre-loss Activities	At Time of Illness	At Time of Death	Adjustment Following Loss
1	6	3m	X		X	
2	6	21m		X		
3	6	+2y				X
4	7	3m				X
5	8	+2y				X
6	9	+2y				X
7	9	21m		X	X	
8	9	9m				X
9	11	9m		X		X

Seven children showed evidence of interpretive thought at more than one segment of the story. One child's story reflected interpretive thought when she described pre-loss activities. Statements used to describe events at the time of illness included the use of metaphors to represent feelings, and an attempt to make sense of a child's perception of her father being afraid of dying and her tendency to have bad dreams. While describing events at the time of death interpretive thought reflected one child's understanding of how her father's actions were not responsible for his death. A second child used a metaphor to represent her feelings following the death. Statements used to describe how children perceived themselves as adjusting to the loss depicted their efforts to understand conflicting feelings, where the deceased is now, benefits resulting from the loss, how to continue a relationship with the deceased, and describe

their understanding of the universality and finality of death, how the children

could influence the quality of their own lives, and how positive results can occur

due to the death of a loved one. All the T-Units depicting the use of interpretive

thought are presented in Table 11.

Table 11

T-Units depicting Interpretive Thought in Children's Bereavement Stories

Pre-Loss Activities
"I felt happy because he took me everywhere."

At Time of Illness
"He thought he was going to die and he was scared." I had very very bad dreams because I thought my dad was going to die in the hospital." (Age 6) "This is how I felt inside." [Child holds up a puppet of a tangle of different colours] (Age 9) "At that time the older daughter felt like this." [Child holds a puppet of the sun and hides it behind a puppet of a cloud] (Age 11)

At Time of Death
"He didn't have a helmet on but that wouldn't have helped because it was his neck." (Age 6) "And this is how I felt after" [child holds up a puppet of a tangle of different colours - less tangles than one shown earlier] "Less wound up, more normal." (Age 9)

Adjusting Following the Loss
I feel happy now not because my mommy died but because I still have a grandpa, grandma, my brother, my pets, and me." "We take flowers because we still love her." (Age 6) "Life feels different when someone you love dies, it doesn't feel right inside." (Age 7) "I am getting happier because I am feeling happier." "I am getting happier because I am feeling happier because I know my dad is in a safe place without pain and tattoos and that's true." "I still miss my dad and everything, it's why I sit on his chair all the time." (Age 9)

"I feel good and bad, good about my grandparents bad about mom dying and not seeing dad."

"If I had one wish I would wish for my mother to come alive again, and my dad wouldn't be so bad and he wouldn't be in jail. Everything would be different and better and I'd be happy again."

"If one good thing could happen in my life it would be that my pets, dad, grandpa, my sister, me, mom, and grandma could live together again and nothing bad would ever happen to the family, nothing bad ever will happen to my family and that our family were together again." (Age 9)

"Now I have a bad feeling about my dad and I don't feel as well as I use to when my dad was alive, and I don't have very much as I used to."

"But I whish I had more fun, as much fun as I had when my dad was alive."

"And now I feel sometimes during the night that this is my dad [child holds up a black figure puppet] in the kitchen." (Age 9)

"How the daughter feels now. [Child moves a sun puppet from behind the clouds] I feel like the sun is coming out from behind a big black cloud." (Age 11)

"I can get that good feeling I had when mom was alive by having a better life." (Age 9)

" And first of all when I had a wish, my wish I kept on telling my grandparents, I wished my dad would come alive, but they told me that wish would never come true so now I wish he would always, my dad, would always help me in math, provincial exams."

"I have learned it's not easy having no dad. It's not a much fun. You don't have as much fun as you used to but I still find it fun now in my life." (Age 9)

"This is a story of some changes in my life."

"What I've learned is that all people die and everyone will die some day." (Age 11)

Content Analysis of Counsellor's Journals

Counsellors were asked to share their beliefs and observations regarding the implementation of the story technique. The counsellors were asked to comment on the appropriateness of the intervention with each child and any changes they would recommend. After counsellors' opinions and observations were collected, a qualitative analysis was conducted to identify common themes. Responses were provided regarding 1) the use of the storybook, 2) making puppets, and 3) presenting the story to the family. Within each of these areas,

themes were identified regarding the communicative, administrative, and

developmental appropriateness of the technique. It is to be noted that the

following findings are based on individual counsellor's opinions and may not

reflect a general opinion regarding the use of this tool.

Use of the Storybook

Counsellors provided 60 responses relating to the use of the storybook.

Three themes were identified within these responses, 1) the use of the storybook

as a communication tool, 2) administrative feedback on the use of the storybook,

and 3) whether the storybook was appropriate for use with children (i.e.,

developmentally appropriate).

Communication Tool

Thirty-eight responses were provided indicating the usefulness of the story

technique as a tool to facilitate communication between the child and counsellor.

Within these 38 responses counsellors indicated therapeutic gains and identified

the different types of questions children had during its use.

Therapeutic Gains

Twenty-one of the 38 responses provided, regarding the communicative

use of the storybook, suggested therapeutic gains from its use. These comments

suggested the tool helped facilitate discussion between the therapist and

children. Where children were often quiet and reserved, counsellors observed

them to become talkative and very engaged. Where children had difficulty

integrating early family discord (i.e., prior to the loss), the structure of the book

was perceived to help the children organize these experiences. In these

instances the children were able to acknowledge and incorporate these

experiences into their stories of their families. Other children who began the

sessions unable to discuss anything but the actual loss details, began sharing

past memories and future hopes. Completing the storybook resulted in a release

of emotional and physical energy in some children. Some children who were

typically calm were observed to become nervous, energetic, and anxious during

the activity, and able to release it within the safe environment provided. The tool

was also beneficial in assisting counsellors identify issues warranting further

discussion. Current familial difficulties, feelings of loneliness, lack of progression,

fears, worries, and the child's understanding of death were issues identified

through discussion that occurred when completing the storybook.

Questions from Children

Children used the opportunity of sharing their story to ask the counsellor to

clarify questions and beliefs they held about the loss. Twelve responses reported

questions or beliefs the children shared during therapeutic sessions. The majority

of questions tended to be related to the feelings they were currently

experiencing. Fears of medical equipment, worries about the pain a parent

experienced during death and fear prior to death, anger at being different from

other children, anger at cancer, loneliness from not having a mother, and

ongoing sadness were the focus of questions children wanted to discuss. Other

questions were asked about things that had occurred when the parent died,

feelings experienced at various parts of the story, and future concerns. Where the parent died, was buried, and what happened at funerals were questions commonly asked about past events. Future concerns centred on losing the remaining parent (i.e., "What will happen if my dad dies now?").

Administration

Twenty responses provided opinions on how the technique was observed to work. Difficulties experienced while using the technique, benefits from using the technique, and suggestions of how to improve the technique were noted.

Observed Difficulties

Counsellors found it hard to use the technique with the youngest and eldest children. Younger children were observed to have problems focusing on the story, needed more direction to complete the story, and could not answer the final question of what did you learn from this experience? The eldest child (i.e., 11 years) was observed to be less interested in completing the book or puppet show. Although very compliant throughout, this child seemed to receive less therapeutic benefit from the counsellors' involvement. Other difficulties were noted with children who had attention difficulties, working with siblings together, and completing the illustrations. Children with attention difficulties found it hard to concentrate on the same project across sessions. They often requested to try other activities in the room (e.g., sand tray, colouring, etc). In one situation the child declined the invitation to complete the story or make puppets. Working with siblings together, or having the parent present, was also observed to be

problematic. Siblings were more likely to become distracted by each other and become competitive in their performance. When the parent was present, children often referred to the parent before providing feedback. In three instances the children had difficulty completing the pictures. One child had eyesight problems, another felt too much pressure to make them perfect (in this case the deceased parent was an artist), and the third did not enjoy drawing. In all three situations the child was invited to draw only where he or she felt comfortable.

Observed Benefits

Having a place to illustrate the children's stories was associated with observed benefits. The pictures children drew were perceived to provide additional information concerning their bereavement experience. When children were unable to provide elaborate thoughts or narration, counsellors found the pictures often provided the information needed. This was noted in the youngest participant's storybooks. Another benefit was the usefulness of the storybook for various children. When children were nervous about sharing their experience, telling it as a story was often less intimidating than direct conversation. Conversely, others were perceived to benefit from identifying closely with the positive attributes of the main character (i.e., himself or herself).

Suggestions for Improvement

Counsellors also provided feedback on ways to increase the applicability to all children, engage the children, and enrich the experience. Allowing children to tell their story with whatever method they desired (e.g., just the story, just the

video, sand tray, story with no prompts) was suggested to increase the

applicability of the tool. Counsellors hypothesized that if the child could just 'tell'

his or her story the tool would become more flexible and developmentally

appropriate. One counsellor suggested this would allow her more flexibility to

address counselling issues as well (i.e., not be restricted by the structured

format). Providing the child with a puppet, which he or she could converse

through, was one idea of how to engage the children. This opinion was based on

observations that children enjoyed talking through the counsellor's puppet or

brought teddy bears from home to converse with the puppet. Counsellors would

have also liked more freedom to encourage the children to expand upon their

narration of the story. Because they were asked to report the child's story

verbatim, for methodological validity, some counsellors felt they could not use the

tool to its full potential (i.e., prompt the children to explore some statements

further).

Developmental Appropriateness

The counsellors commented on the appropriateness of using the

storybook during a counselling session. Comments suggested the children

enjoyed the activity and engaged quickly. Presenting the puppet and sharing a

story similar to their own allowed engagement to occur quickly and in a fun

manner. The similarity of the puppet's story also had the benefits of normalizing

the children's experience. This was observed through the children's expression of

sympathy, empathy, and friendship to the puppet. Having the puppet's story told

to them also provided children the opportunity to compare their story. Identifying

similarities and differences appeared to be very enjoyable to the children. One

counsellor hypothesized that the sharing of the story enabled younger children to

accept and feel all right about their experiences. When children were very shy or

reserved, they found comfort in using the puppet to ask the counsellor questions

about the loss. With the conversation being facilitated through the puppet, these

children appeared to have acquired a distance that made asking the questions

safe. The final comment suggesting the tool was developmentally appropriate

was related to the narration. Because children were invited to tell their stories,

the counsellor felt the child directed the story and therapy process. The

counsellor hypothesized that this ensured the session content was relevant to the

child.

Making the Puppets

Counsellors provided 42 responses relating to the children constructing

puppets. Three themes were identified within these responses, 1) communication

that occurred while children were making the puppets, 2) administrative feedback

on the process of making the puppets, and 3) whether making puppets was an

appropriate counselling aid for children (i.e., developmentally appropriate).

Communication

Eleven responses related to the communication that occurred while the

children were making puppets. Within these responses counsellors provided

feedback on the quality of communication elicited and therapeutic benefits observed.

Quality of Communication

While children were constructing their puppets counsellors observed very little discussion related to their grief experience. Common comments were that the activity did not lead to further discussion of the loss, or grief related conversation was not produced. Counsellors hypothesized the activity was very engaging and the children became very focused on making their puppets. Discussion of the loss appeared to present a distraction rather than provide benefit to the child. In one situation, however, the child obtained clarity regarding funeral rituals, where his father was buried, and why he fought with his sibling now.

Therapeutic Gain

Although the above feedback indicate loss-related conversations did not occur, counsellors observed conversations regarding current familial problems and affective therapeutic gains. While making the puppets, children were observed to comment on family members and discuss current concerns or difficulties within the family. Reflecting on the smiles placed on the puppets faces, one child commented on his family getting happier. Another child discussed changes due to an upcoming wedding and a third explored feelings of guilt for continuing to enjoy a favourite activity (i.e., being happy after the loss). The most predominant comment relating to the therapeutic benefits of puppet

making was the release or identification of affective expression. Some children were observed to enjoy the energy release that occurred when making the puppets. These children became excited, nervous, agitated, angry, and giddy. In one situation the affect was expressed toward the surviving parent after the session was finished. This was observed as appropriate as the child had voiced anger toward the surviving parent for a lack of attention. One counsellor suggested the children appeared to use the puppet making to process their loss physically.

<u>Administration</u>

Counsellors provided 17 suggestions on how to improve the puppet making session. Having other puppets available for use was a common suggestion. Some children did not enjoy making the puppets or lacked the concentration to make the puppets. Very recently bereaved children seemed to not enjoy this task. Having other puppets available would have allowed these children to skip this task and still be able to perform their show. In one situation a child used prefabricated animal puppets available in the play therapy room to relay his story. A second suggestion was to avoid simultaneously making the puppets with siblings (i.e., both in the same room). Having a sibling present made most of the children competitive or distracted by the other's puppets. Counsellors also suggested having a plentiful supply of craft materials would also help increase the child's level of engagement. It also ensured children were able to present their puppets as desired. Positive comments on administrative

techniques referred to the use of pre-cut foam parts to make the puppets. Using these parts was observed to be appreciated by the children. They were able to make visibly appealing puppets in a short amount of time. Counsellors also appreciated having both the written (i.e., storybook) and craft (i.e., making puppets) mediums to explore the children's experiences. With both media available counsellors perceived the technique as being useful for a wider variety of children (i.e., child will most likely prefer one activity).

Developmental Appropriateness

Seven responses provided information to suggest the technique was developmentally appropriate. Overall the counsellors commented that the children enjoyed the craft and engaged well during this activity. Most of the children became very focused when making the puppets, which suggested it was a very appropriate activity for the age groups represented.

Presentation of the Puppet Plays

Counsellors provided 54 responses relating to the children presenting their puppet plays. Three themes were identified within these responses, 1) therapeutic gains that occurred during or after the puppet play 2) administrative feedback related to the performance, and 3) whether performing the play to the audience was an appropriate counselling aid for children (i.e., developmentally appropriate).

Therapeutic Gains

Counsellors noted therapeutic gains that resulted from the presentation of the children's stories to their families. These gains were observed on an individual and familial level.

Individual Gains

Children were observed to obtain a variety of therapeutic gains from their involvement in the presentation. Some children were able to share concerns and observations of their current feelings or family situation with their families. Children were observed to acknowledge feelings they were previously unwilling to discuss with their surviving parent. One child shared her memories of her mother to her father who did not think she remembered anything of her mother. Another child shared his desire for a closer relationship with his surviving parent. Some children took the opportunity to praise their family members for their support and comfort through this experience. Other children took the opportunity to discuss difficulties they experienced at the time of loss. Some children had not been able to talk about the loss when it occurred. Telling their story was their opportunity to talk about the loss and be supported by their families. Clarification about details of the burial, memorial service, and familial beliefs was provided by dialogue that followed the play. After his presentation one child reviewed his video numerous times and memorized his words. This was observed to be the child's way to process the recent death of his mother (i.e., one month since her

death). Only the eldest child was observed to show no significant change in her understanding or knowledge of her experience.

Family Support

Interaction between the children and their families was observed to produce therapeutic benefits for all family members. Responses provided by the family members to the children's performance were all described as supportive and positive. The opportunity to comment on stories was perceived as an opportunity for family to validate each other's feelings, acknowledge gains made since the loss, and communicate feelings of pride and unconditional love. Offering family the opportunity to comment on the play facilitated communication about the grief experience. For some children it was the first communication to their family about how the loss impacted them. Parents were observed to gain insight into how strongly the loss affected their children and how well they had adjusted to the loss. Other parents were surprised by how much their children remembered of the deceased, due to the age of the child at time of loss. Sharing their memories helped the parents acknowledge their children's loss and opened communication between parent and child. Having extended family at the play was also observed to solidify relationships with these family members. The extended family often offered assistance to the family to address any issues that were presented in the play.

Administration

Feedback was provided on how the children could be helped in the actual presentation of their story and how they could be better prepared for the activity. There were 14 responses related to this topic.

Facilitating the Presentation

Counsellors appreciated having the family present to validate or clarify the child's story. This allowed any confusion the child had to be addressed while the child was simultaneously receiving support. Permitting counsellors and family members to ask questions throughout the play was suggested to enhance the performance. Allowing the children to choose how they would like to tell the story was recommended. Counsellor's believed this would be more respectful of the child's telling of his or her bereavement experience. Technical improvements included the use of a microphone for quiet spoken children.

Preparing the Children

To address the children's nervousness prior to the presentation, counsellors suggested including a rehearsal. With one child, rehearsal resulted in the story changing until it reflected the one he chose to share with his family. Another child rehearsed but remained nervous on the day of the performance. When the children were very nervous the stories were observed to be less detailed or complete (i.e., they did not reflect the narration in the storybook). Another suggestion was to offer nervous children the opportunity to video tape the show and play it for the audience at a later time. This would reduce nervousness while ensuring the benefits of family feedback were not lost.

Younger children were observed to have difficulty reading from their stories and

to be less willing to tell the story from memory. Counsellors had to assist younger

children behind the screen, often whispering the narration to the children.

Developmental Appropriateness

Eleven responses provided feedback on whether the presentation of the

puppet play was appropriate for use with children. The use of the curtain and

stage was observed to be the most appealing quality of the presentation.

Children were perceived to be very relaxed when behind the stage and able to

share details of their story not previously disclosed. Counsellors suggested the

distance provided by the stage provided the children with a shield behind which

they could tell their story. One child shared his concerns regarding current

familial difficulties from behind the stage, but could not repeat the concern when

faced with his parent. Another child hid behind the stage when his family was

asking questions and acknowledging his progress. The other indication that the

performance was developmentally appropriate was the numerous comments that

the children enjoyed this activity. When giving their performances the stories

tended to change slightly from the storybook, with most children elaborating

further on their stories. Having the play was perceived to result in a more

complete telling than if the storybook was the only tool used.

Summary of Content Analysis

Three general themes emerged from the content analysis; 1) ways the

technique enhanced communication and its therapeutic benefits, 2) the

appropriateness of the technique for use with children, and 3) suggestions to improve the use of the technique. The tool was perceived as a useful tool to help bereaved children develop rapport and engage with the counsellor, facilitate the telling of their bereavement story, assist children in consolidating different aspects of their experience, and creating opportunity for therapeutic interactions. Limitations identified provided suggestions for improvement. Using the tool with individual children, having a wider variety of play media, and increasing flexibility in the collection of the story were recommended improvements. Overall the technique was perceived to facilitate communicative and therapeutic gains and be appropriate for use with children.

Summary of Results

Results from contingency analyses indicated the type of loss and time since loss did not impact the children's emotional response, perceived ability to adjust to the loss, involvement in rituals, ability to remain connected to the deceased or surviving family members, or the level of narrative thought used to describe their experience. With no difference identified between groups a descriptive content analysis was performed. Results from this analysis indicated a potential trend in emotional expression over time. To describe their experiences children used positive and negative plot types. Time since loss did not appear to influence the type of plot used, while suddenly bereaved children were less likely to use a happy plot to describe their experience. When the children were suddenly bereaved they were more likely to comment on their

involvement with loss rituals. Children did not appear to perceive themselves as losing a sense of connection following the death of their parent. All but one child developed a connection to the deceased. Having a connection did not appear to influence the quality of emotion or type of plot used to describe their ability to adjust. When assessed for level of narrative thought, the stories of bereaved children reflected the use of advanced narrative thought. The finding may indicate children gain an advanced understanding of loss after experiencing the loss of a parent. Opinions of counsellors reflected positive therapeutic outcomes from using the story technique and provided suggestions for future improvement.

CHAPTER 5

Discussion

In the current thesis, information was collected to describe differences between children, who experienced a sudden or anticipated death of a parent, and children who were recently bereaved and those who were bereaved for more than a year. Because no significant between group differences were identified, a descriptive analysis of children's responses to the death of a parent was conducted. The descriptive analysis identified trends in how the quality of relationships, experience with loss rituals, and time since loss influenced children's emotional responses and perceived ability to adjust. How having experienced the loss of a parent impacted the children's developmental understanding of the loss was also explored. Due to the lack of significant differences between groups and the small number of participants, results are not considered generalizable to the larger bereaved community. As such, the results should be considered preliminary until validated further by a more representative study. Although not representative of the larger bereaved community the results may represent the specific group of bereaved individuals. The participants represent a unique group of bereaved children where parents are actively seeking support for them. That these children reside in supportive families where children's needs are perceived as important is implied. The sample may also represent families who are more likely to volunteer and are open to counselling as a source of support.

The lack of difference between children experiencing a sudden or

anticipated loss and those recently and less recently bereaved is discussed first.

Trends, identified through descriptive analyses, which suggest a possible

difference between these groups, are also presented. Children's emotional

responses to the loss are discussed second. A discussion of whether the quality

of relationships influenced the children's adjustment to the loss constitutes the

third segment of the chapter. Fourth to be discussed is whether experience with

the loss influenced the level of narrative thought reflected in the children's

bereavement stories. Next the suggestions of counsellors regarding the use of

the technique are summarized. Following the discussion of the results, limitations

and strengths of the study, practical implications, and directions for future

research are presented.

Influence of Type of Loss on Children's Adjustment

Studies presented in the literature have identified mixed conclusions as to

whether the type of loss influences a child's adjustment to loss. When compared,

children experiencing anticipatory or sudden losses have, in some studies, been

found to differ in their ability to adjust (Levy, 1991, Lundin, 1984, Saldinger et al.,

1999). Children experiencing losses due to suicide and homicide have also been

found to differ from children experiencing less traumatic sudden losses (Barrett &

Scott, 1990; Lundin, 1984). Those with more severe traumatic experiences were

found to have poorer adjustments to the loss. Conversely, other studies have

indicated no difference between the responses of children who experienced a

sudden or anticipated loss (Fristad et al., 1993; Weller et al., 1991). Results from the current group of participants suggest little difference between the responses of children who have experienced an anticipated or sudden loss.

None of the measures used to identify whether these two groups differed were found to be statistically significant. The quality and number of emotional responses expressed by all children were not significantly different. Neither group perceived their adjustment as less healthy, and neither group was more involved in loss rituals or developing an ongoing connection to the deceased.

Differing from the findings of Dyregrov, Gjestad, Bie Wikander, and Vigerust (1999) and Pynoos et al. (1987), no signs of Post Traumatic Loss were reported in the stories. The lack of mention of intrusive thoughts or attempts to avoid thoughts or reminders of the event suggested children did not meet the diagnostic criteria for Post Traumatic Loss. This was true for all children including those who experienced sudden accidental deaths (i.e., bike accident, motor vehicle accident, or suicide) or deaths where elements of the experience were frightening (i.e., unknown cause, fear of dying, pain). Sampling procedures differed between the current study and those used by Dyregrov et al. (1999) and Pynoos et al., (1987). The current study targeted losing a parent while the others targeted the effects of losing a peer. Trauma may increase when witnessing the loss of a peer due to the over identification with a person of similar age. However, the lack of difference may have also resulted from the use of the story technique. The use of a structured story frame may have allowed children to

order the events in a coherent fashion thereby reducing the sense of chaos and

unpredictability associated with the event (Bruner, 1990). Increasing this sense of

control may have reduced the sense of overwhelming fear sometimes associated

with more traumatic losses (Dyregrov et al., 1999; Pynoos et al., 1987). This

levelling supports the assumptions of using a narrative framework to create a

coherent and plausible account of how and why something happened (Robinson

& Hawpe, 1986).

Relative to perceived adjustment (i.e., quality of plot), children who

experienced an anticipatory loss did not perceive themselves as better adjusted

than their suddenly bereaved peers. The emotions they expressed at time of

study and the type of plots in their stories suggested no difference between

groups. These children were also no more likely to retain the predominant pre-

loss connection or develop an ongoing connection to the deceased. Additionally,

both groups used interpretive thought within their stories suggesting similar ability

to recount or make sense of their experiences. This differed from studies

suggesting anticipating a loss facilitates better acceptance, understanding, and

adjustment to the loss (Levy, 1991, Lundin, 1984, Saldinger et al., 1999). The

current study included only one death due to suicide and none due to homicide.

Since these more traumatic losses are not well represented, and are those

clearly identified as producing a different response (Cerel et al., 1999), the lack of

difference is most likely due to under-representation of these types of losses.

Suddenly bereaved children were identified as being less likely to use happy plots to describe their experience. Because the loss occurred suddenly children may have felt victimized and unable to effect a change on the outcome. The tendency of suddenly bereaved children to avoid the use of happy plots may suggest these children may perceive the tragedy as insurmountable and, as such, cannot see their way to a happy ending. This type of narrative has been referred to as a cataclysmic narrative, where the future is lost or washed away by the event (Sarbin, 1986). Although suddenly bereaved children did not use happy plots, some did use happily-ever-after plots. The use of happily-ever-after plots suggests some children told loss stories where the content is positive throughout, including at the time of death. That these children continue to be optimistic when experiencing this loss speaks to the uniqueness of children's grief responses. That both plots were used to describe this experience supports the belief that there is not only one way for children to grieve a parent (Tremblay & Israel, 1998).

Overall the findings of the current study appear to support those found by Fristad et al. (1993) and Weller et al. (1991). Children experiencing a sudden or anticipated death of a parent do not appear to differ in their response to this event.

Influence of Time Since Loss on Children's Adjustment

Current research supports the position that the first six months following the death of a parent have an emotional, behavioural, physical, and mental

impact on bereaved children (Cerel et al.,1999; Elizur & Kaffman, 1982; Harris,

1991; Kranzler et al., 1990; Silverman & Worden, 1992; Van Eerdewegh et. al,

1982; Weller et al., 1991). After this immediate response, children's adjustment

between 7 and 11 months tends to be less intense and less apparent (Cerel et

al., 1999; Siegel et al., 1996). A reoccurrence of grief reactions has been

observed to occur at one, two, and more years following the loss (Cerel et al.,

1999; Cheifetz et al., 1989; Harris, 1991; Silverman & Worden, 1992; Worden &

Silverman, 1996).

Statistical analyses used in the current study indicated that the amount of

time since a loss occurred did not influence the children's emotional response or

perceived ability to adjust. Increased time did not produce a significant increase

in the children's reports of positive emotions, thereby suggesting children's

reactions to the loss of a parent do not change over time. As this finding

contrasts the current empirical and clinical information, this lack of significance

difference is believed to be due to the small sample size used in the current

study. This is further supported by the descriptive analysis that suggests a trend

of improvement over time. An evident switch from reactive physical responses to

more long-term mental and emotional difficulties (e.g., changing from crying

immediately following the loss, to raising self-esteem issues two years following

the loss) was apparent in the children's responses.

Children bereaved for less than six months reported feelings of sadness,

anger, happiness, and nervousness. The variety of these emotions and the

frequent use of sadness as a descriptor reflected the intensity of emotions experienced when recently bereaved. When the children were bereaved between seven and eleven months, all expressions of emotions were positive. This finding supported similar findings where a marked decrease in negative emotions was observed at this time (Siegel et al., 1996). These findings may suggest that at this time children experience a reprieve from their grief. This may result from children perceiving their lives as improving following the emotional intensity common during the initial six months. Although children expressed positive emotions between 7 and 11 months, a reoccurrence of negative emotions was observed between one and two years after the loss. Feelings of sadness, anger, loneliness, missing the parent, and feeling down were reported at this time. Silverman and Worden (1992), and Van Eerdewegh et al. (1982) identified similar emotions expressed by their bereaved participants. This return of negative emotions is believed to reflect the sense of permanence that settles in following the anniversary of the parent's death (Schreder, 1995) and with the passage of time (Siegel et al., 1996).

Although negative emotions appeared to return after the first year anniversary, they appeared to be qualitatively different from those expressed by children bereaved for less time. The use of feelings such as lonely and less fun appear to reflect an understanding of the loss of a quality of life rather than an expression of sadness. The decrease in variability in the type of emotion expressed and the decreased use of sadness suggest these children are

beginning to understand long-term effects the loss has created in their lives. Comparing emotions expressed between one and six months and those after one year, a switch from a reactive emotional response to an awareness of the long-term effects of the loss appears to occur. These findings are explained by the need to reorganize the life narrative as the permanence of the loss is acknowledged (Walsh & McGoldrick, 1991). This grief theory suggests that as time passes the life narrative changes to accommodate the impact of past relationships while gaining an understanding of the death and how the deceased plays a role in one's present life (Klass et al., 1996).

This switch in comprehension is supported further by the simultaneous reporting of an increase in feelings of happiness by children bereaved for longer periods of time. Where happiness was previously reported by 13% of the children bereaved for less than one year, 66% of the children reported this emotion when bereaved for more than one year. Although aware of the permanence of the loss these children also can identify things in their lives that make them happy. The reoccurrence of negative feelings with a simultaneous increase in happiness suggests that the loss of a parent produces ongoing feelings of sadness and loss but these children are also capable of happy lives after the loss (Klass et al., 1996).

When compared across time, children appear to experience a sudden intense mourning period for the first six months, followed by a reprieve in these intense emotions, and a new understanding of their permanent losses and ·

possibility for positive lives. These findings would suggest time provides an

opportunity to experience the loss first then gradually come to make meaning of it

by incorporating it into their life narrative (Klass et al., 1996).

<u>Emotional Adjustment to Loss</u>

Emotions included throughout the stories supported the range of emotions

identified in previous research (Kranzler et al., 1990; Siegel et al., 1996;

Silverman & Worden, 1992; Van Eerdewegh et al., 1982; Weller et al., 1991).

Emotions expressed at the time of death were both negative and positive, with

feelings of sadness being the most common emotion expressed. Little variability

in these responses suggests feeling sadness at time of death and the ability to

recollect these feelings is quite common among children. Although most of the

children expressed sadness at this time, 3 reported feelings of happiness. Two

were 7 years in age and the third was 9 years old. That younger children express

positive feelings following the death of a parent supported similar conclusions

from Kranzler et al.'s (1990) study.

In contrast with emotions expressed at the time of loss, emotions reported

at the time of the study reflected a wider variety of feelings. The predominant

expression of being happy and other positive feelings suggested an overall

positive adjustment to the loss. Feelings of loneliness, anger, and "not feeling

right inside" indicated the ongoing impact such a loss has on children. Reports of

sadness and madness supported similar findings identified by Weller et al. (1991)

and Van Eerdewegh (1982). Feelings of happiness and feeling normal supported

findings identified by Kranzler et al. (1990). Although not reported as an emotion

in any of the stories or play, children did mention having feelings of guilt and

worries while constructing the storybooks (Kranzler et al., 1990, Harris, 1991;

Weller et al., 1991). Feelings of fear were not reported as a feeling following the

death but were reported by children at time of illness. In summary, findings from

the current study supported the position that, although each child's emotional

response to grief is unique, some similarities between children are in evidence.

The descriptive analyses suggested that time appeared to influence the pattern

of childhood grief. Initially the children reported a variety of emotions with the

majority reflecting emotions of sadness. This is believed to reflect an active state

of intense mourning. After this state of mourning passed, the children appeared

to experience a reprieve in these emotions. With the passing of the first year

anniversary children described emotions depicting their understanding of the

permanence of the loss. These tended to be emotions reflecting less sadness

and more acceptance of permanent change. The return of happiness was

reflected in the emotions of children bereaved for more than two years, thereby

suggesting a positive adjustment over time.

Quality of Relationships and Adjustment to Loss

Connection to Others

How losing a parent impacts a child's sense of connectedness to others

was explored in this study. Results from the current study both support and

contrast the current literature. McAdams (1993) discussed the importance of

attachment in the child's development of a self-narrative and subsequent individual identity. Positive attachments were associated with security while lack of attachment was associated with pessimism. Thus it was anticipated that losing a person with whom the child was positively attached might impact a child's ability to adjust (Kranzler et al., 1990; Reed & Greenwald, 1991).

Most children presented their relationship with the deceased as positive and supportive. In spite of losing this positive connection, most participants described other positive connections with other people following the loss. These other connections were often described as just as positive and rewarding as the connection they lost. However, although able to recall a positive connection with another person, half of the children used a tragic plot to describe their experience. That the children could identify other positive connections may suggest the children were positively attached to more than one person before the loss, and their story reflected the other person to whom they were attached.

That bereaved children could identify other ongoing attachments after losing a parent suggests the experience has not resulted in them feeling as if connected to nobody. If no connection was perceived to still exist the children would have a greater sense of loss than those who can still perceive other connections. The use of tragic plots by some of the children suggests the impact of losing this one connection may be very significant to these children. These children may be focusing on their loss of a positive connection rather than the other ongoing connections they retained through the loss. This supports the

position that children who experience the loss of their significant connection may

experience adjustment difficulties as they begin perceiving the world more

pessimistically (McAdams, 1993).

<u>Quality of Pre-loss Relationships</u>

Research has identified an association between the quality of the pre-loss

relationship and a bereaved child's ability to adjust to a parental loss. Specifically

research has shown that when the pre-loss relationship was perceived as

undesirable or non-supportive, children's ability to adjust to a loss was observed

to be impaired (Shepherd & Barraclough, 1976; Balk, Martinson, & Campos,

1991).

In the current study, three of the children described their pre-loss

relationships as undesirable. One child described fighting and hitting as the pre-

loss activity, and two other children discussed living between houses and having

a father in jail (i.e., parent did not have guardianship of children). When their

perception of adjustment was assessed, one child's story reflected a tragic plot

and the other two used happy and happily-ever-after plots. The use of a tragic or

happily-ever-after plot suggests the children perceived their life as positive before

the illness or death. Only the use of the happy plot would suggest a sense of

improvement in the child's perception of his or her situation. This would suggest

only one child truly perceived the pre-loss relationship as negative. Three

additional children spoke of family histories with alcohol abuse, physical abuse,

and criminal behaviour during the sessions, yet none of these children described

their pre-loss activity as negative. If children do not perceive the relationship as negative they may be capable of perceiving positive qualities where few exist. Moreover, based on these findings, there does not appear to be an association between the quality of the pre-loss relationship and a child's perceived ability to adjust.

The discrepancy in these findings and those suggested in the literature may be explained by the unique qualities of the group of participants included in the sample. Although their life events may appear less than positive these children were also surrounded by the supportive family members which were now accessing support for them. This support may have balanced out their perception of their environment or helped the children to perceive positive qualities before the intervention began.

<u>Quality of Post-loss Relationship</u>

Experiencing a non-supportive post-loss relationship has also been associated with poor adjustment to loss (Kranzler et al, 1990; Rosenblatt & Karis, 1994; Saler & Skolnick 1992; Weber & Fournier, 1985). In agreement with these findings the current study found the quality of the post-loss relationship appeared to influence the children's adjustment. Six of the children described the post-loss relationship as poor or described solitary or less-than-positive activities. All of the plots of these children's stories were categorized as tragic. Conversely, the remaining nine children described supportive post-loss relationships. Only one of these nine children constructed a tragic plot. All others used either the happy or

happily-ever-after plot. These findings suggest that children who experience a positive post-loss relationship also have a positive adjustment to parental loss. That these children receive support and validation of their feelings may influence their ability to understand and positively adjust to the loss and vice versa.

Overall, both the pre-loss and post-loss relationships appear to influence a child's ability to adjust. When the child perceived the relationship with a parent or significant other as supportive, either post-loss or pre-loss, the quality of plot was observed as positive (i.e., happy or happily-ever after).

Maintaining a Connection to the Deceased

The ability to retain a connection to the deceased has been associated with a positive adjustment to the death of a parent (Silverman, Nickman, & Worden, 1992). Establishing a post-death relationship with the deceased is believed to help reduce the child's sense of loss as he or she continues a relationship through other activities. The majority of participants in the present study established some connection with the deceased. As the children varied in their perceived ability to adjust to the loss but not in their ability to maintain a connection, maintaining a connection did not seem to influence the type of emotion expressed (i.e., negative or positive) or the children's perceived adjustment to the loss (i.e., quality of plot). When assessing whether attendance at formal rituals (i.e., funerals, memorials, visiting the grave) impacted children's adjustment, children experiencing sudden loss were more likely to identify having participated. Although these children identified being involved, they did not

express more positive emotions or use positive plots to describe their

bereavement experiences. It is necessary to note that involvement in rituals was

only indirectly measured from the bereavement stories, based on the child's

reporting of the activity. Considering some of the children may have been

involved but chose to not mention this in their story, the potential for error in this

result is great. Additionally the need for some of the children to recall this

information from two years earlier may have resulted in error. Thus, the above

findings may not accurately provide a true measure of ritual involvement.

Level of Narrative Thought Present in Children's Stories

Results from the current study suggest that experience with loss impacted

the level of narrative thought used by the children to describe their experiences.

The appearance of interpretive thought in children as young as six years of age

implies the loss of a parent may have resulted in children using advanced

narrative thought to story this event. The ability to interpret the events related to

their losses, and statements implying self awareness, suggested that their

understanding was more advanced than that expected given their ages

(McKeough, 1992). This finding supported other research where bereaved

children were advanced beyond the developmental trajectory to which they were

being compared (Kane, 1979). These findings suggest that experience with the

death of a parent advances the level of narrative thought used to story the event,

thereby creating a more detailed and complete narrative. If the narrative assists

the child in understanding a life event, it is speculated that these children may

have an accelerated understanding of loss due to their experiences. This understanding may be reflected in the complexity of the narratives used to recount their experiences.

At what point in the story the children used interpretive thought also provides some indication of which loss events challenged children to acquire this advanced understanding. The most frequent use of interpretive thought was observed to occur when children tried to explain how they have adjusted to the loss. The frequent use of interpretive thought to explain adjustment is speculated to relate to the counselling intervention and increased parental attention following the death.

The prompts used to explore the children's adjustment may have required more interpretation than the others used throughout the book. Children were asked what they would wish for and what they have learnt from the experience. This may have created a situation where they were asked to think beyond the basic recounting of their story, and explain the increased amount of interpretive thought at this point in the story. This type of questioning has been shown to accelerate the level of narrative thought used by younger children (McKeough & Sanderson, 1996). In conjunction with receiving the therapy, some of the children were also benefiting from increased parental attention. At the time of illness and the time of death the surviving parent is often consumed by activities that are not child-focused (e.g., physical care of spouse, funeral arrangements). Having to exert their energy to the care of the ill parent or to post-death arrangements, the

surviving parents tend to have less time to give to their children. After the commitments associated with an illness or death in the family are met, the parent has more time and energy to focus on the children. During this time it is believed the surviving parents scaffold the children's understanding (Bickhard, 1992; Bruner, 1986) by creating an environment for meaning making (Freedman & Coombs, 1996; Wertsch & Penuel, 1996), thereby accelerating their developmental understanding. This would explain why some children demonstrated interpretive thought in parts of the story other than the segment inquiring about their adjustment.

<u>Qualitative Summary of Story Technique</u>

Counsellors commented on the use of the storybook puppet technique. From their comments, three general themes emerged; 1) ways the technique enhanced communication and its therapeutic benefits, 2) the appropriateness of the technique for use with children, and 3) suggestions to improve the use of the technique.

Communication gains from the storybook alone included developing quick rapport with children, and helping quiet children share their story. Both the storybook and the presentation were acknowledged to facilitate discussions about negative and positive effects related to the death of a parent. Writing and presenting the story created opportunities to identify and address any misunderstanding the children had about events related to the loss. Creating an environment where children felt safe to share their stories, some for the first time,

was perceived as the most significant gain related to using the technique. These findings appear to support Friedberg's (1990) and Gardner's (1972) opinion that storybooks are a familiar medium to children and increase a child's level of comfort in the therapy room. Similarly supported was Landreth's (1991) theory that using play in therapy facilitates a non-threatening environment for children to explore the events occurring in their lives.

Other comments identified therapeutic gains associated with the use of the technique. Placing activities associated with their loss into a sequential order appeared to help children consolidate their experiences into a sequential whole. Children were able to assimilate both positive and negative events or experiences into their stories (i.e., including acknowledging earlier family dysfunction and noticing positive improvements), thereby providing a realistic understanding of the loss of the parent. That this consolidation of activities occurred supports the position held by narrative theorists that story frameworks add structure and increase understanding of our life events (Bruner, 1986; Pare, 1995; Sarbin, 1986). The technique also facilitated opportunities to normalize experiences and support the children with processing the death of the parent and surrounding events (Schreder, 1995).

The technique was developed with the intention of it being developmentally appropriate for use with children (Friedberg, 1990; Gardner, 1972). The majority of comments indicated that completing the storybook, making the puppets, and presenting their stories were enjoyable activities for

most of the participants. The ease with which the children were observed to

share their personal stories, engage with the counsellors, and enjoy the activities

suggests the story technique was a developmentally appropriate tool.

Administratively, the technique was viewed by the counsellors as

developmentally appropriate but lacked the flexibility to be appropriate for use

with all children. Feedback from the counsellors opposed the simultaneous use

of the technique with siblings (i.e., having the siblings in session together),

suggested increasing the variety of media used to collect the child's story, and

having shorter versions for children with attention difficulties. To reduce

nervousness at time of presentation pre-taping the story and adding rehearsals

were recommended. Also limiting the tool to use with children no older than 10

years and no younger than six years was suggested.

Overall the technique was perceived to facilitate communicative and

therapeutic gains and be appropriate for use with children. That the tool was

developmentally appropriate was confirmed by the children's engagement and

enjoyment of the activities.

Limitations of the Study & Directions for Future Research

The most significant limitation of the current study relates to the

generalizabilty of data to the larger bereaved community. The sample size was

small and obtained from a clinical population. The low number of participants

may imply the results reflect only their experiences and may not represent the

average experience of bereaved children. Because all participants were

contacted through a counselling bereavement service, it is possible their experience does not reflect that of all bereaved children. The parent seeking this support may also not reflect the average bereaved parent. Their willingness to seek support for their children regardless of perceived difficulty may suggest that these parents may be more involved than most in their children's adjustment process. Therefore, the data collected regarding the supportive nature of the pre and post relationship may reflect the experience of overly supportive families rather than the average bereaved child. Obtaining a larger more representative sample of the larger bereavement community or the specific population obtained in the current study would allow more certainty in interpreting the results. Having a larger sample would allow further statistical analysis of possible differences between children experiencing different types of losses (e.g., anticipatory and sudden loss) and those bereaved for differing amounts of time

The current study did not use standardized measures to validate the responses of participants. Standardized tests were not used to assess the accuracy of the emotions recorded, involvement with loss rituals, or quality of pre-loss and post-loss relationships. Without these measures the results reflect the perception of the children. In situations where children experienced the loss some time before the time of study, recall bias may have influenced what content children included in their stories. Although possibly limiting the validity of study methods, obtaining the child's perception was also thought to have positive implications. (See Practical Implications) Measures of intellectual ability or

personal history may have also clarified study results. These measures may have provided insight into whether intellectual ability advanced narrative thought, or whether personal history influenced relationship measures.

The use of the story technique to collect the children's stories may have also impacted the quality of stories obtained. The lack of difference between groups may result from the levelling and shaping of children's stories created by the use of this technique. As speculated earlier, the technique was expected to help children create a cohesive understanding of their loss experience. Findings appear to support this as happening, thereby reducing the likelihood between group differences would be identified.

Another limitation relates to the reduced ability to distinguish a clear association between increased narrative thought and understanding of loss. Although a positive association was speculated to exist the lack of a non-bereaved comparison group prevented further analysis of this association. If the level of narrative thought evidenced in bereaved children's loss stories exceeded that used in non-bereaved children's loss stories, an association between experience and accelerated understanding could be argued. However, without this comparison it remains unclear whether all children would demonstrate advanced use of narrative thought when asked to tell a story about loss. Thus, without this comparison the association between experience and advanced understanding can only be speculated.

A second line of research relating to the use of interpretive thought is whether this acceleration was unique to this experience or has more generalized benefits. Investigating the presence or absence of interpretive thought in the other stories of bereaved children may indicate whether this skill was limited to only the bereavement experience. If existing in other non-loss stories it may suggest these children have obtained the ability to use advanced narrative thought when telling stories. If existing only in their bereavement stories it may support the theories of meaning making and scaffolding occurring in specific situations. Finally, assessing whether level of support was associated with the appearance of interpretive thought may clarify speculations of scaffolding.

Another limitation relates to use of cross-sectional information to imply trends across time. Information relating to the amount of time since loss was not obtained from one sample across time, rather children at different times of bereavement was compared to determine differences in their adjustment. Due to this method of data collection, the trends across time may more accurately reflect the specific group rather than the common bereavement experience at that time. Although this bias may exist, support from the larger literature suggests the tendency across time toward an increase in positive emotions, although longitudinal measures were not used to obtain this information. Nevertheless, caution is recommended when interpreting these trends across time and a larger longitudinal study to explore this finding is warranted. Conducting a longitudinal study to observe children's emotions over time may further clarify whether a trend

in increasing positive emotions occurs over time. Such a study would allow a further investigation of whether an emotional reprieve occurs between 7 and 11 months after the death. Using intensity of emotion rather than occurrence of emotion may also clarify children's pattern of adjustment. A decline of intensity over time may be a more valid indication of adjustment than the presence of either positive or negative emotions.

The final limitation relates to the difference in information collected using the story technique and the counsellors' journals. Both forms of data collection may have been too structured and limited the information that could be included in the results. Information obtained during the therapeutic discussions with the children may have been reported in the children's clinical files but omitted from the journals due to the imposed structure. Due to this difference the true therapeutic benefits associated with the use of the story technique may be under-reported. Additionally due to confidentiality issues related to accessing clinical files, this information was unobtainable to include in the current study. Future research may benefit from using a less structured method of collecting opinions (e.g., journal, clinical files), thereby obtaining a more accurate reflection of the counsellors' opinions.

The final suggestion for future research is a study to assess the validity and reliability of the story technique as a counselling tool. Assessing the usefulness of this tool for work with a variety of counselling issues may also identify benefits with other counselling populations.

Practical Implications

Developing a tool that produced therapeutic gains in a developmentally appropriate manner has numerous practical implications. This tool was observed to work well with shy and anxious children. When unwilling to discuss their experience directly with the counsellor, these children became animated and engaged in the presence of the puppet. Having activities that were enjoyable for children to undertake developed therapeutic rapport while increasing the child's investment in the counselling process. Offering the children multiple mediums to share their experience also increased the likelihood the children engaged and potentially obtained therapeutic benefit from the sessions. That is, facilitating discussions with the counsellor and family helped the children to process their experience. These benefits are believed to increase the support given to the children, which has been associated with the positive adaptation to the loss of a parent (Balk, 1983; Bifulco et al., 1992; Martinson & Campos, 1991). Although further study needs to occur to ensure the validity and reliability of the usefulness of this technique, further use in future counselling sessions appears warranted.

A second implication of using the story technique relates to the type of information made available with its use. Incorporating a storybook into the study design resulted in a technique that provided both quality data and therapeutic benefits. Children were able to relate their stories in a coherent and enjoyable manner, and also obtained the benefits associated with storying a life event (Gergen & Gergen, 1986; Robinson & Hawpe, 1986; Sarbin, 1986; White, 1990).

Identifying a tool that provided benefits to both the researcher and participant enhances the purpose and usefulness of the research.

A third practical implication of using the story technique was that it appeared to facilitate conversations in which children's personal perspectives were shared. If a child misunderstands information provided or develops inaccurate beliefs relative to the loss, adjustment may be difficult (Johnson, 1999; Grollman, 1995). Obtaining the children's personal perceptions provides insight into how these children understood their losses, including misunderstandings that needed clarification. Having a tool that identifies these misunderstandings in a non-threatening, developmentally appropriate way allows counsellors access to this information while maintaining positive rapport with the child.

A final practical implication relates to the identification of the potential emotional reprieve between 7 to 11 months after the loss. Knowing this reprieve may occur, counsellors meeting with children during this time should schedule a follow-up session to ensure positive gains continue after this time passes. Meeting with a child during this time may overestimate the child's ability to adjust and underestimate the child's need for later support. A follow-up session at one year is warranted to ensure the child understands the reoccurrence of difficult emotions and adequate support occurs after the reprieve.

Conclusion

The current study was designed to describe children's responses after a parent dies, and to clarify the influence that the type of loss, and time since loss

have on this response. Findings from the study supported the position that childhood emotional reactions to grief are various and imply that the quality of relationships and experience with loss do impact how children respond. Descriptive analyses identified a variety of emotions expressed by bereaved children and a potential trend of gradual improvement with increased time. Experiencing the loss of a parent did not appear to create a devastating sense of loss in the children, however, the supportive nature of the families included may have mediated this sense of loss. The presence of interpretive thought in stories produced by all age groups suggested an association between the use of advanced narrative thought and experiencing the death of a parent. The ability of these children to produce stories containing advanced narrative thought has been speculated to possibly reflect an advanced understanding of this experience. The story technique used to assist children recalling this event appeared to have both methodological and therapeutic benefits. Both benefits suggest this technique is a promising tool to explore children's experiences with difficult life adjustments.

The information presented is limited in how representative it is of the larger bereaved community. Most findings are based upon the perception of children and may be susceptible to error. The lack of control group limited the conclusions that could be made on the observed accelerated narrative thought demonstrated in the stories. Further investigation into the usefulness of the story technique, the impact of this experience on children's story telling, and

conducting a longitudinal study exploring emotional changes across time were

suggested areas for future research.

In conclusion, children's responses to the death of a parent appear to vary

between children while following a pattern of gradual improvement with time.

Children presented as able to re-establish positive connections with surviving

family members and the deceased after the death. Having been exposed to the

death of a parent, children demonstrated an ability to use advanced narrative

thought when recounting their experiences. The technique used to collect the

data was perceived as a useful tool, providing both therapeutic and

methodological benefits.

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Appendix A

Dear Parent or Guardian(s):
I am conducting a research project to describe the experiences of children who have experienced the loss of a parent. This project will be conducted under the supervision of Dr. Anne McKeough (Division of Applied Psychology) and guidance of Sarah Walker (Director of Child & Youth Services, Hospice Calgary). Although there is a lot of research conducted on the experiences of bereaved adults, considerably less effort has gone into understanding the experiences of bereaved children. With the information collected in this study, we will contribute to the current awareness of how children experience loss, and provide information on counselling techniques with bereaved children. It is my hope that adding to this knowledge will assist Counsellors and health professionals become more sensitive to issues facing bereaved children.

All information collected will occur during regular counselling sessions at Hospice Calgary. Only Counsellors employed by Hospice Calgary will meet with your child. Data collection will occur during the first 2 to 4 sessions (depending on time constraints) of the counselling sessions. In the first session your child will be introduced to a puppet that will be presented as having experienced a loss similar to your child's. After hearing this story, your child will be invited to tell his or her story of his or her personal loss. This story will be written in a storybook, with the any needed assistance provided by the counsellor, and illustrated by your child. When the story is completed, your child will be invited to make puppets that represent the characters in his or her story, and to put on a puppet show about his or her loss. This puppet show will be video taped, and given to your child to keep. This puppet show will be given to an audience, and we would like family members to make up the audience. You may decide who to include in this audience. The audience will be asked to comment on what they found particularly moving during the story and why. The child will be asked to comment on the opinions presented by the audience after the show. When this counselling technique has been completed (i.e., after the show) the child will be asked some questions to determine how he or she felt about making the storybook, puppets, and puppet show. This will be done with a few simple questions on what he or she liked or disliked.

During the study the Counsellors will explain to your child the study and his or her involvement. The counsellor will seek your child's ongoing cooperation throughout the project. Please be assured that if the approach is not deemed to be benefiting your child, Counsellors will stop using it and use an alternative approach she judges as appropriate. Additionally, in the situation where the counsellor feels participation in the study is not in the best interest of your child, she will inform you and, upon your request, cease his or her participation. If for any other reason you would like to end participation, your request will be respected promptly. Children declining participation (at any time) will continue to receive counselling from Hospice Calgary. In other words, participating or not

participating in this study will not affect, in any way, access to the services offered by Hospice Calgary.

To analyze the information provided by your child, a copy of his or her storybook and puppet show video will be made. These copies will be transferred to the University of Calgary and stored in a locked filing cabinet. Only the principle investigator will have access to these copies and the locked filing cabinet. The copies will be destroyed 3 years after data analysis is completed. While collecting the information, your child's information will be kept in his or her confidential client file at Hospice Calgary. If your child does not want to keep his or her storybook or video tape, it will be stored in the client file. After a time specified by Hospice Calgary policies, these too will be destroyed.

Participation in the study is completely voluntary and will involve no risks grater than those ordinarily experienced during such counselling. All information collected will be kept strictly confidential. Before any information is shared (e.g., presentations, papers) all identifying information will be changed. This will prevent your child being linked to any information.

Should any concerns arise during the study, please feel free to contact Claire Malcolm (principal researcher) at 284-2598, Anne McKeough (advisor) at 220-5723, or Sarah Walker (Hospice Calgary) at 263-4525.

This research has been approved by the Conjoint Ethics Board at the University of Calgary. If you have any questions concerning your rights, or those of your child, as a possible participant in this research, please contact Mrs. Patricia Evans, Research Services Office Room, 602 Earth Sciences, Telephone: 220-3782.

Thanking you in advance for your time and consideration.
Sincerely,

Claire L. Malcolm
MSc. Student
Division of Applied Psychology

Appendix B

<u>Consent for Research Participation</u>

This consent form, a copy of which has been given to you, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.
Research Project Title: The Narratives of Bereaved Children
Investigator: Claire Malcolm
I, the undersigned, herby give my consent for my child_____to participate in research conducted by Claire Malcolm and Hospice Calgary.

I understand that my child_____will be introduced to a counselling technique using puppets and storybooks, and participation will involve no greater risks than ordinarily experienced during such counselling.

I understand that participation in this study may be terminated at any time by my request, the request of my child, or the counsellor employed by Hospice Calgary. Participation in this project and/or withdrawal from this project will not adversely affect me or my child in any way (including receiving ongoing counselling from Hospice Calgary).
I understand that all information will be collected only by counsellors employed by Hospice Calgary, that my child will only be identified by a pseudonym, and all information will be held in the strictest of confidence. I understand that when the research findings are presented (e.g., presentations, papers, etc.) my child's identify will be protected by using a false name (i.e., a pseudonym). I have been given a copy of this consent form for my records and read the accompanying letter describing this study in more detail. All information collected will be kept in the strictest confidence. Only the counsellor at Hospice Calgary and the principle investigator will have access to any information. Information stored at Hospice Calgary (i.e., original story-book, puppets, and video tape) will be stored in the child's confidential client. Information stored at the University of Calgary (i.e., copies of the story-book, demographic information, and video tape) will be stored in a locked filing cabinet. The copies will be destroyed 3 years after data analysis is completed. After a time specified by Hospice policies, the original copies (if not taken by your child) will also be destroyed.
In addition to this consent the counsellor will, as appropriate, explain to your child the research and his or her involvement. The counsellor will also seek your child's ongoing cooperation throughout the project.
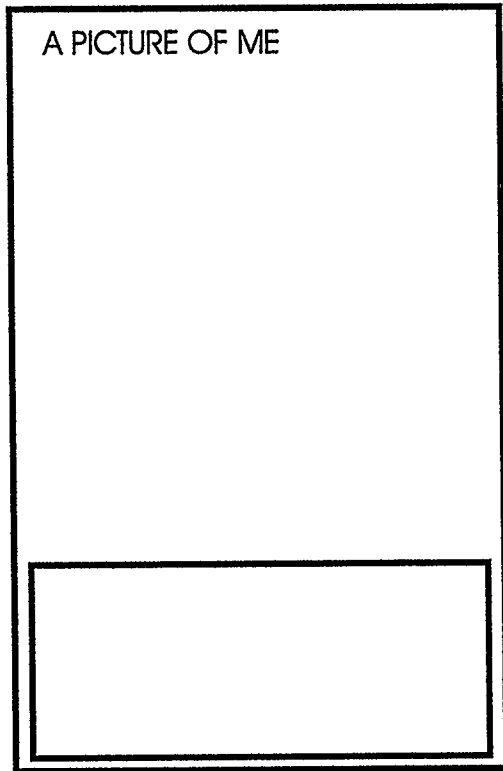
Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree for your child to participate. In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw your child from the study at any time. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification on new information throughout your participation. If you have further questions concerning matters related to this research, please contact:

Claire Malcolm (principal researcher) at 284-2598, Anne McKeough (advisor) at 220-5723, or Sarah Walker (Hospice Calgary) at 263-4525. If you have any questions or issues concerning this project that are not related to the specifics of the research, you may also contact the Research Services Office at 220-3782 and ask for Mrs. Patricia Evans.
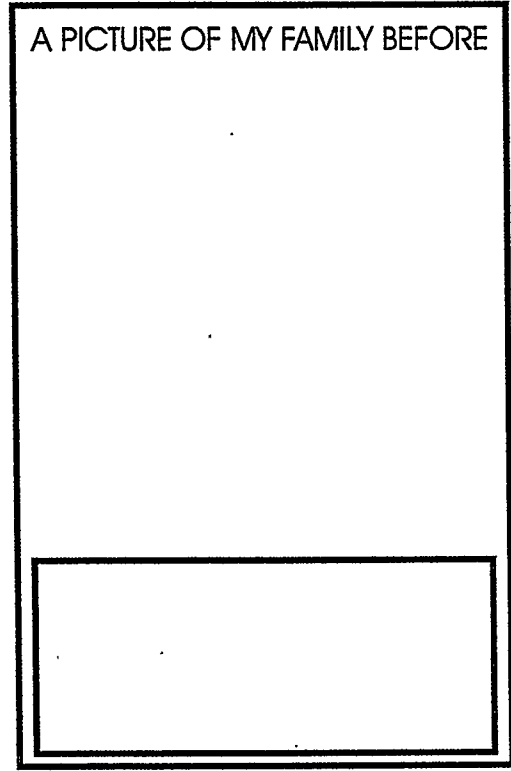
Name of Parent/Guardian   Signature   Date

Name of Participant   Signature   Date

Name of Hospice Calgary Employee   Signature   Date

Name of Witness   Signature   Date

Appendix C
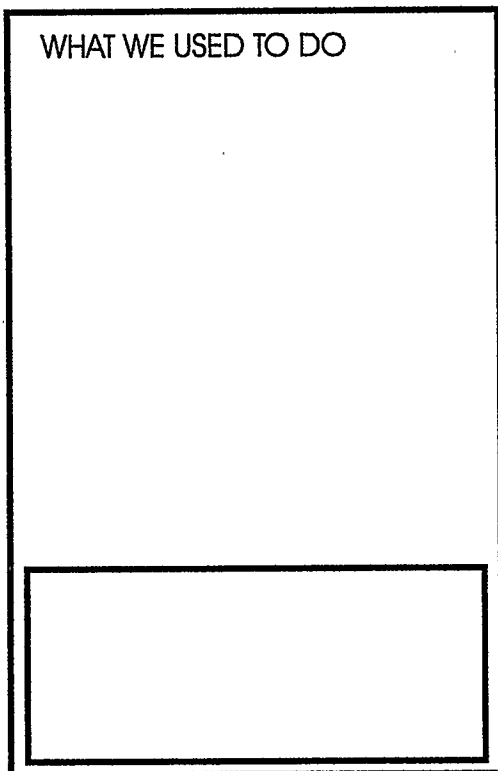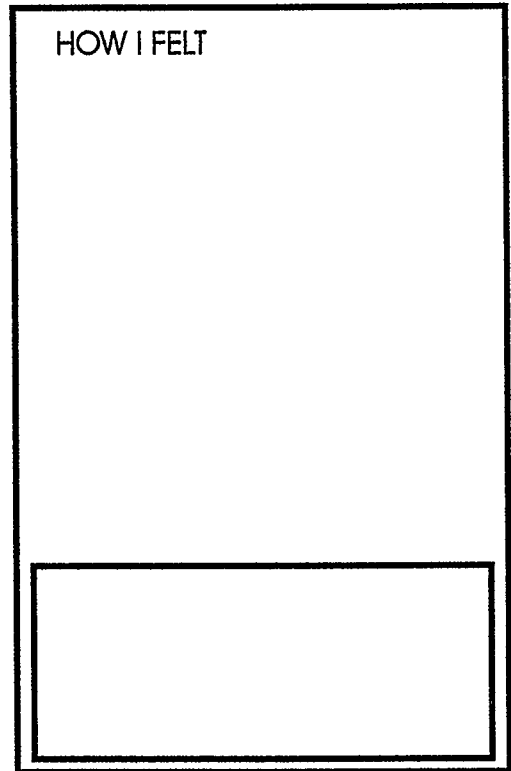
A PICTURE OF ME	A PICTURE OF MY FAMILY BEFORE
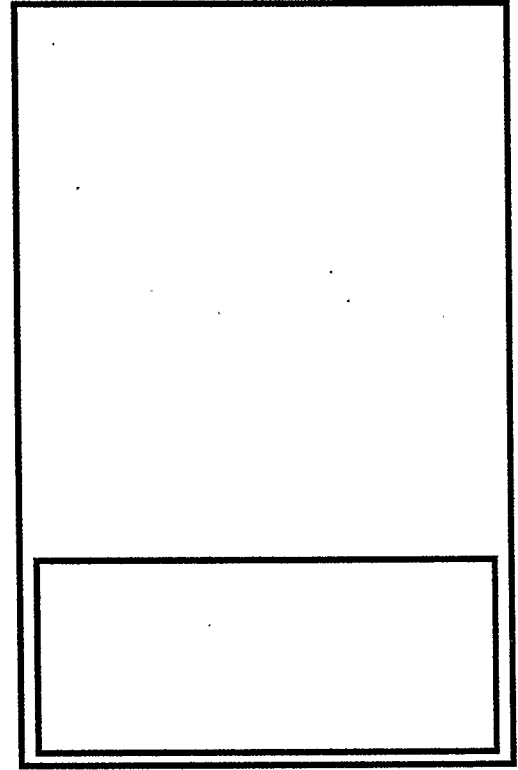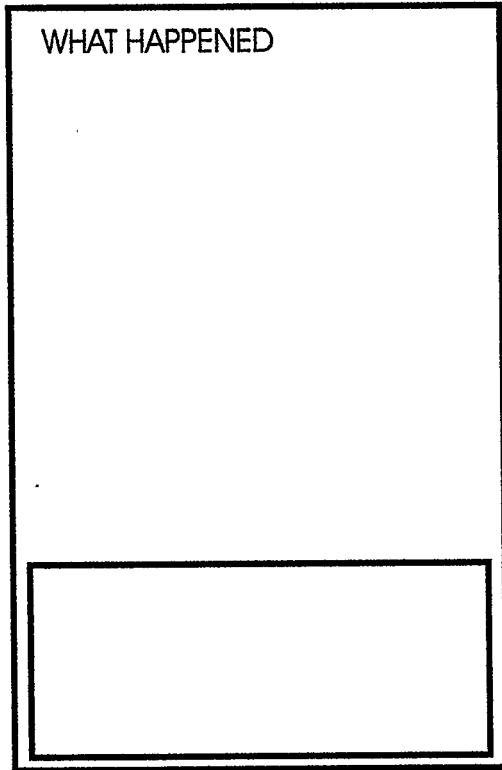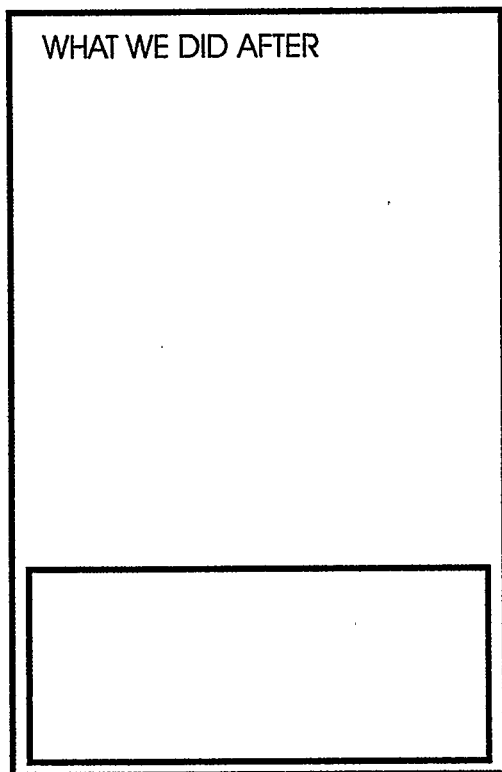
WHAT WE USED TO DO	HOW I FELT
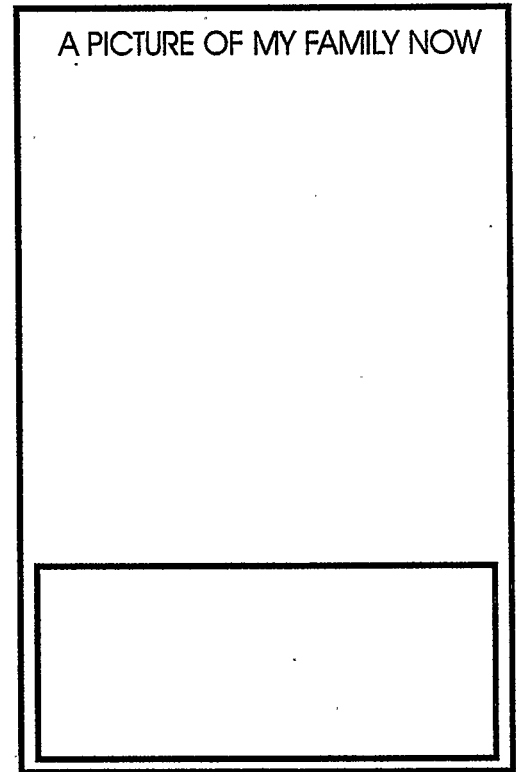
WHAT HAPPENED

WHAT WE DID AFTER

A PICTURE OF MY FAMILY NOW

WHAT WE DO NOW

HOW I FEEL NOW

MY WISH

WHAT I GET IF MY WISH COMES TRUE

HOW I CAN GET THAT NOW

THE NEW ME OR WHAT I HAVE LEARNED

Appendix D

LOG

Child Name _____ # of Sessions _____ Type of Loss _____

When Loss Occurred _____ Date of Session _____ Initials _____

1. Briefly describe the child (age, sex, temperament)

2. What worked well during the session / Content of session

3. What would you change

4. How appropriate was this approach for this child?

9 years old
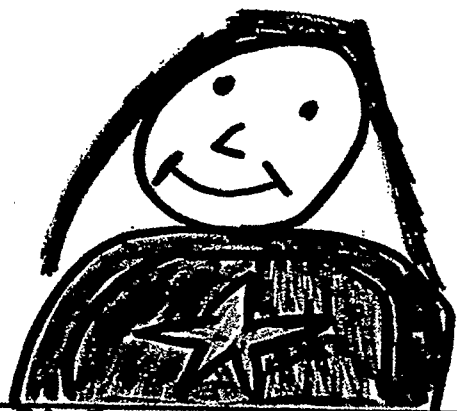
A PICTURE OF ME

Hi my name is

A PICTURE OF MY FAMILY BEFORE
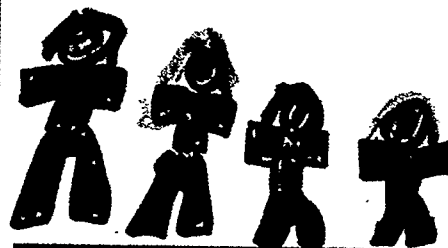
This is my family before my dad died.

WHAT WE USED TO DO
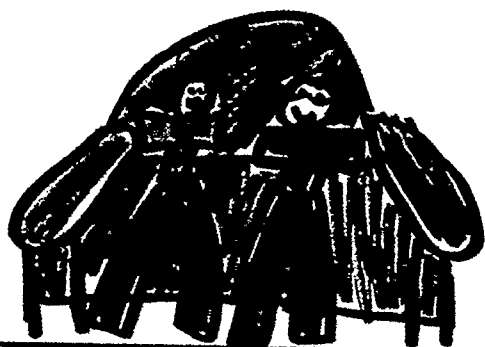
This is his chair that
we used to read and
cuddle each other with
it.

HOW I FELT
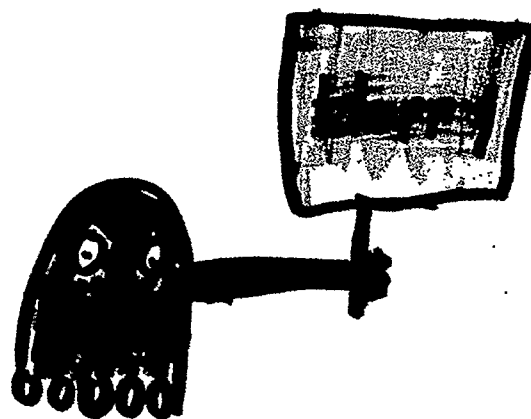
We had lots of fun and
we were happy.

WHAT HAPPENED
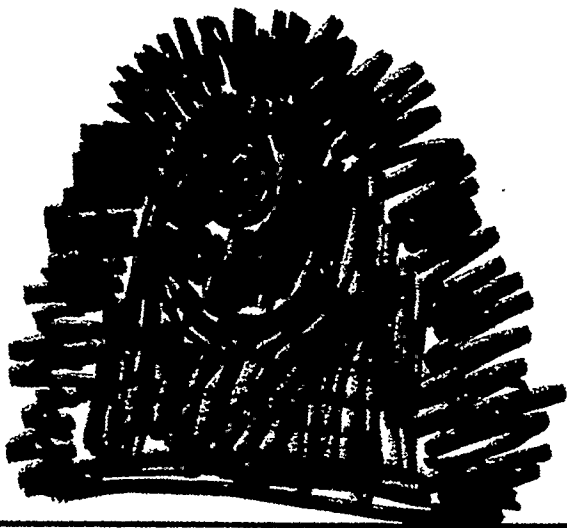
This is the cancer guy who touches a guy he has cancer.
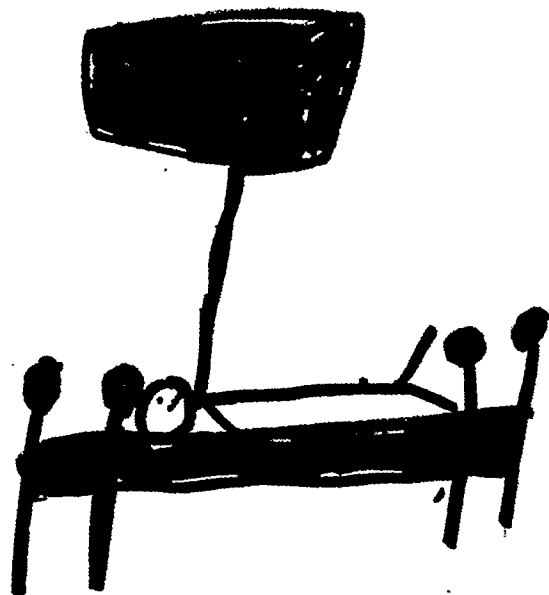
This is dad in bed dying of cancer. He is scared when he is in his bed.

WHAT WE DID AFTER
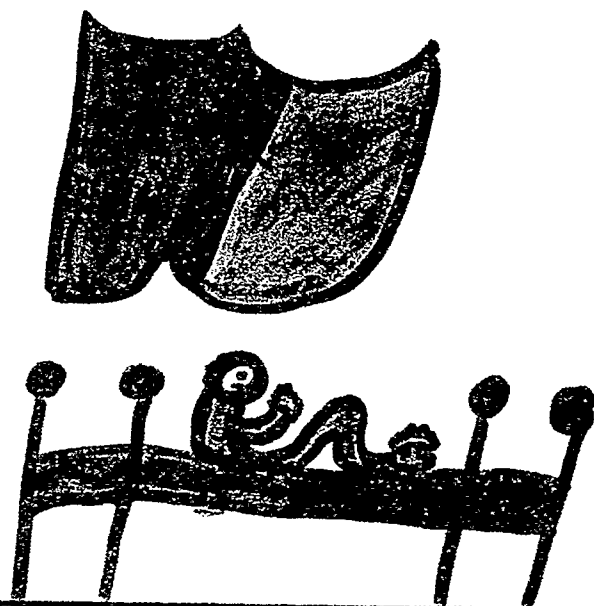
I JUST SAT IN MY ROOM ALL THE TIME BECAUSE THERE WAS NOBODY TO PLAY WITH

A PICTURE OF MY FAMILY NOW
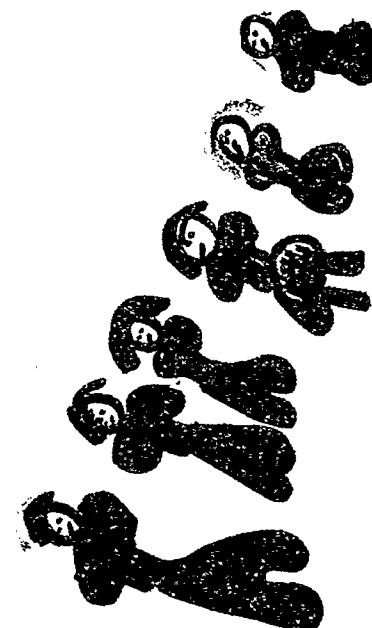
██████████ , Ryan, Shay, Mom Me and ████████ ARE MY FAMILY NOW.

WHAT WE DO NOW
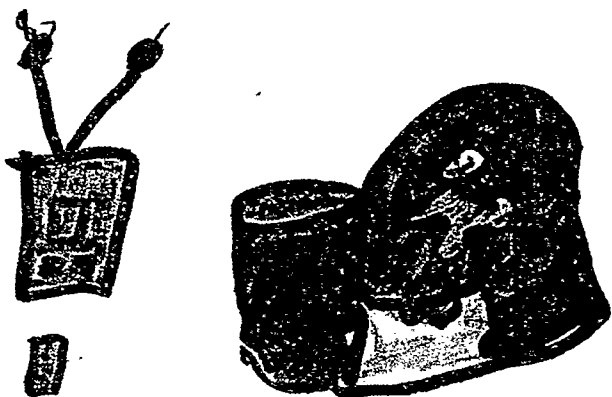
WE WATCH HIS FAVOURITE TV SHOWS, COPS.

HOW I FEEL NOW
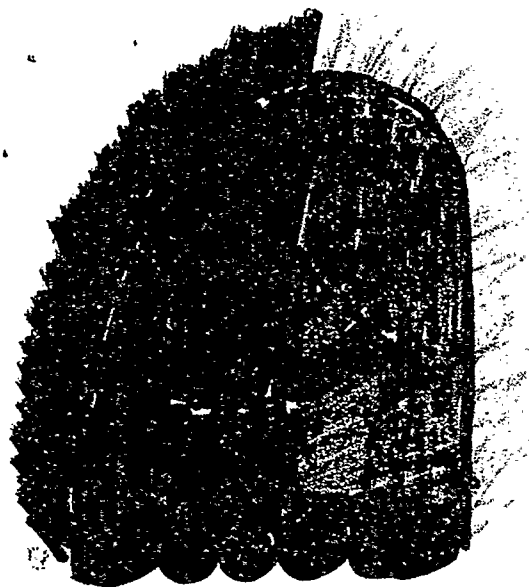
WE ARE A LITTLE BIT HAPPIER BUT WE STILL MISS YOU. I AM HALF HAPPY AND HALF SAD AND MAD

MY WISH
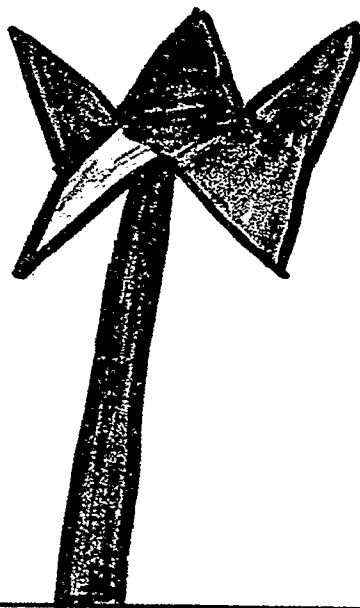
I WISH THAT MY DAD WOULD BE BACK.

WHAT I GET IF MY WISH COMES TRUE

THEN NOBODY ELSE WOULD BE SICK AND LEAVE ME.

HOW I CAN GET THAT NOW
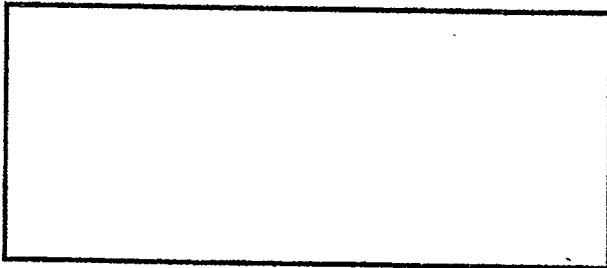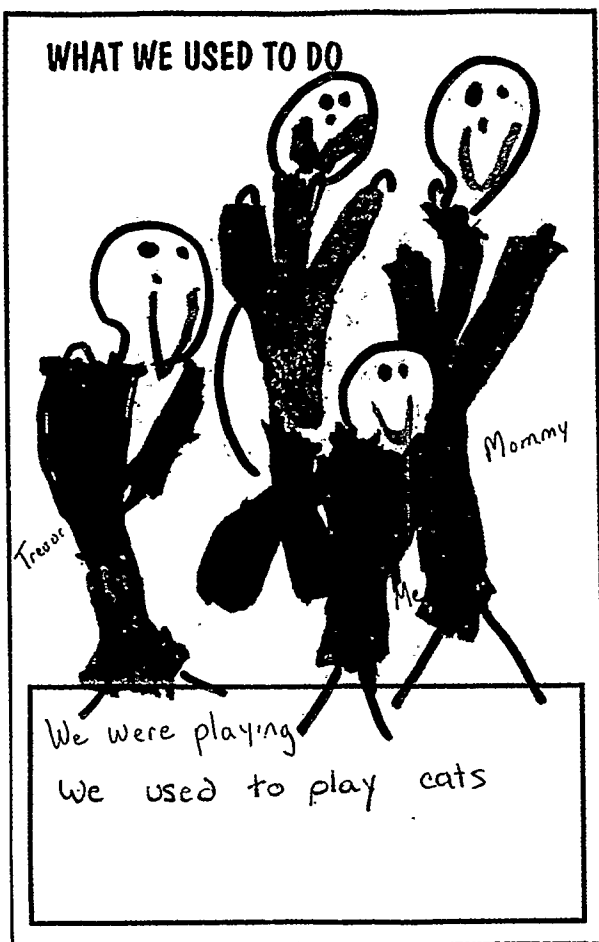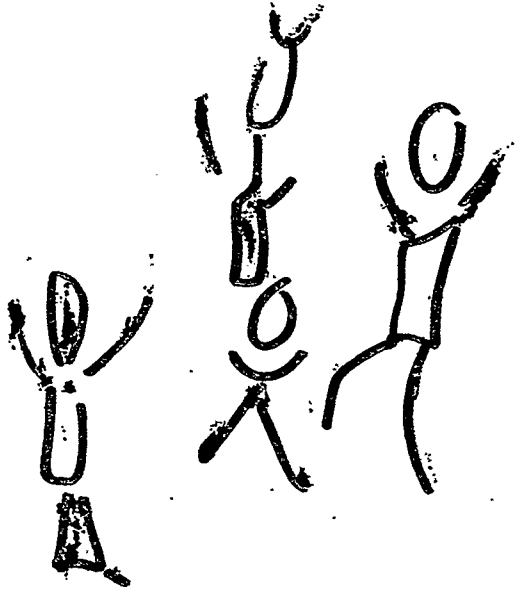
THE NEW ME OR WHAT I HAVE LEARNT
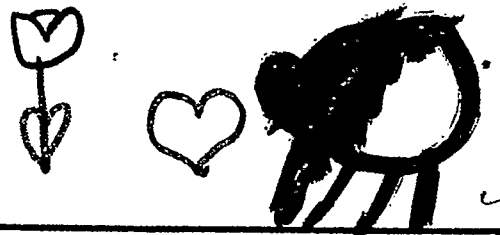
I AM GETTING HAPPIER
BECAUSE I AM FEELING
HAPPIER.

A PICTURE OF ME

My name is ▮▮▮▮ and I am six years old. This is a story about my family

A PICTURE OF MY FAMILY BEFORE

▮▮   Me

My Mommy was also in our family

My dad

WHAT WE USED TO DO

Trevor

Mommy

Me

We were playing
We used to play cats

HOW I FELT

I felt happy when
my Mommy was alive
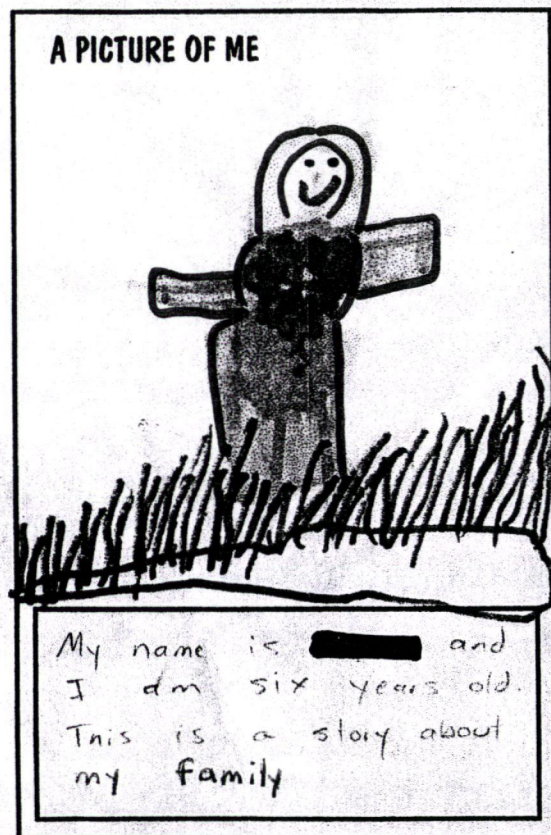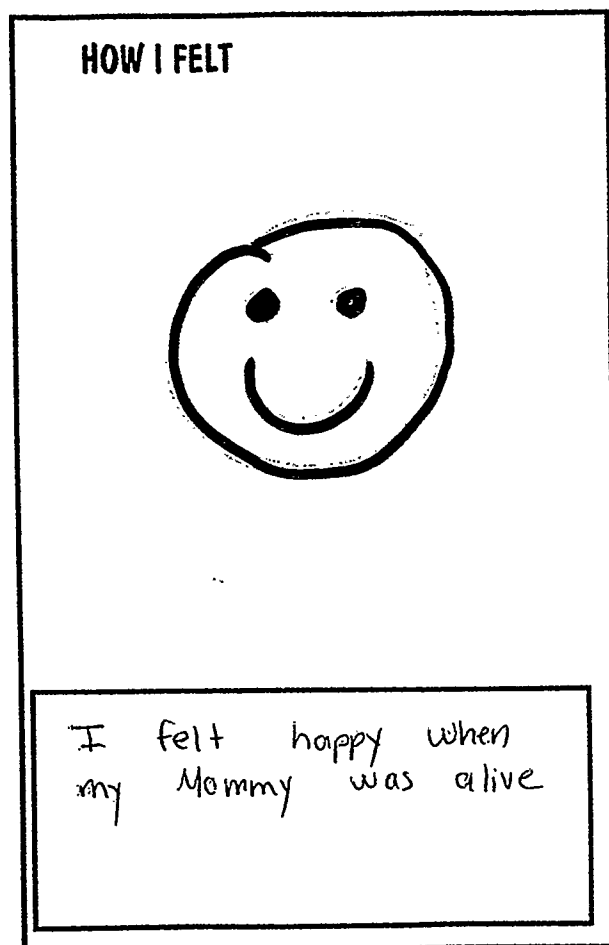
WHAT HAPPENED

My Mommy got very sick and died.
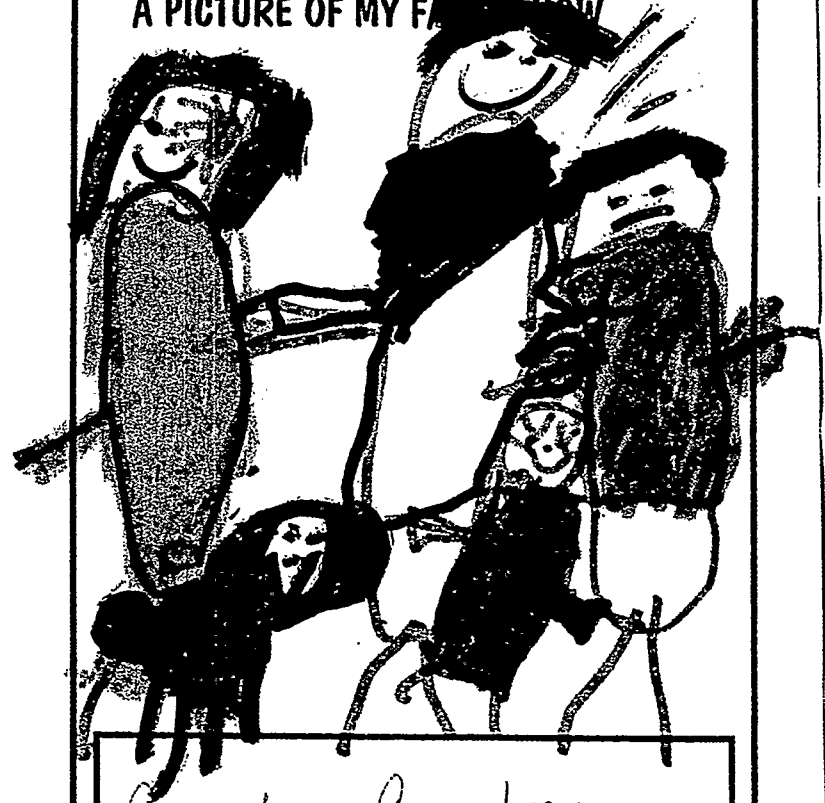

I felt very SAD.

WHAT WE DID AFTER

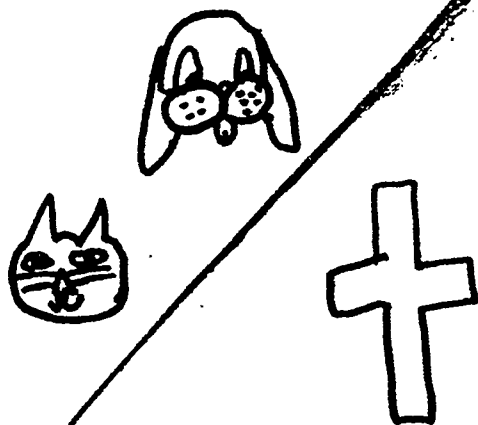Grandma told us that Mommy died. I asked Grandma if we could go to Mommy's grave which is where you take flowers when someone dies because you still love them.

A PICTURE OF MY F_____

Grandpa Grandma ████, ████, Snoopy, ████, ██, my Dad.

WHAT WE DO NOW

Sometimes we go to
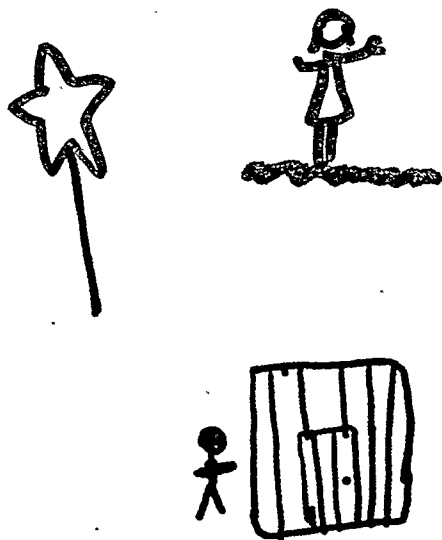the movie theatre We
go to church every
Sunday

HOW I FEEL NOW

I am still happy, not
because my Mom died, but
because I still have a
Grandma and Grampa and
a Daddy. I don't see
my Daddy very much now
but I will when I'm
older.

MY WISH

I would wish that my Mom was alive and my Dad was out of jail. I would get to see Daddy's two kittens

WHAT I GET IF MY WISH COMES TRUE

I would get a happy time

HOW I CAN GET THAT NOW

THE NEW ME OR WHAT I HAVE LEARNT

When Poco dies we are going to get some more Kittens. I feel happy now when I play with My brother.

I learned that people go to heaven..