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Coping with parental loss during young adult development: The search for meaning and reconstruction of identity

Louise Clarke

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Doctor of Psychology

City University, London
Psychology Department
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Supervised by Dr Heather Sequeira

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Dedication

To my father

Memories may fade but my memory of you will last forever

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I am also beholden to my parents who have always supported me. To my father, thank you for your unconditional love, to you I dedicate this thesis. To my mother who is a source of inspiration, your strength of character has given me the confidence to complete this thesis. Thank you for your encouragement and support, which has never faltered.

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Declaration

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SECTION A: PREFACE

1.0 Overview

This preface is the first of four parts that comprise this thesis. It incorporates a reflection on the personal and professional experiences that led me to the research presented here. Additionally, this preface introduces the thesis, clarifies the provenance of the research study and gives an overview of how the various components of the thesis are inter-related. Finally, I will summarise all of the parts of the thesis.

The central theme of this thesis is loss and bereavement. As researchers have noted (Holms & Rahe 1967), one of the most profound losses and most significant negative life events is the death of a loved one. With such a profound impact, this topic seized my attention. It is also a topic which is highly relevant to counselling psychology practice.

The seeds of my interest in parental loss during young adulthood can be traced to a time when a combination of my personal experience of parental loss coincided with my professional development as a counselling psychologist, requiring me to undertake research as part of my role. This served to cement my interest in parental loss during young adulthood as an area of potential study.

A number of years prior to writing this thesis, my father was diagnosed with frontal lobe degeneration. Each stage of the illness involves memory degeneration. As I write this thesis my father is with me, but unfortunately his illness has caused many changes. Such changes include: gradual personality change and speech impairment. I am very lucky to have my father during my young adult life, but this experience has given me insight into the challenges faced as a young adult experiencing and anticipating loss. My personal experience of loss involved gradually losing a role model who was the most important influence in my life. This personal experience fuelled my interest in discovering more about parental loss. I have also witnessed a few close friends who have experienced bereavement which gave me the insight into the development changes, the psychological and social effects which they experienced after the loss of their parents.

In addition, I have worked in the area of loss and bereavement in my clinical practice. However, the majority of clients seeking support were older adults, which generated curiosity as to the potential difficulties involved in seeking support in young adulthood.

After conducting a review of the literature on parental loss it became apparent that parental loss during young adulthood is a neglected field of investigation. I wanted to address some of the deficits and bridge some of the gaps that currently exist in the literature on parental loss. Part of my motivation in undertaking this research topic was to raise the profile of the psychological effects of loss within the field of counselling psychology.

This thesis focuses on three different areas of loss (Sections B, C, and D) that are all linked to the practice of counselling psychology with this client group. An overview of each section is now provided.

1.1 SECTION B: RESEARCH

Section B is the empirical research study which explores the subjective experience of parental loss during young adulthood. The aim of this research study was to explore the subjective experiences in order to understand what young adults mean by parental loss, how they cope with the loss and the coping strategies adopted by young adults. The purpose is to develop a grounded theory that will help explain parental loss during young adulthood from the young adult's perspective and so comprehend what influences the bereavement process and life after the loss.

The objectives are listed below:

- To generate detailed descriptions of the psychological and social processes involved in bereavement during young adult development (18-30 years of age).
- To generate a theoretical analysis of the shared meanings and behaviours of young adults who have experienced parental loss.
- To develop a substantive model that explains the process of parental loss.
- To identify changes in identity caused by parental loss.

- To identify what this research group have to do and what behaviours they employ in order to cope with life without their parent.
- To identify potential counselling and support needs for young adults who have experienced parental loss.

1.2 SECTION C: PROFESSIONAL PRACTICE

In this section I have presented a case study that focuses on my clinical practice in treating a client who experienced traumatic events with multiple losses and as a reaction is showing signs of posttraumatic stress disorder. I chose to present this particular case because I found it a valuable learning experience from both a personal and professional perspective. This case was my first experience of working with a refugee who experienced torture and multiple losses. This case led me to develop on a personal level by reflecting on and challenging my own concepts of the world and how it operates; it led me to explore my own cultural and racial identity whilst addressing my anxiety around war and torture and to gain insight into complicated grief and posttraumatic symptoms. It also led me to develop on a professional level by integrating cross-cultural sensitivity in therapy. Finally, this case contributed to my understanding of the experience of loss.

1.3 SECTION D: CRITICAL REVIEW OF THE LITEATURE

Lastly, section D of the thesis critically reviews the literature on the role of hope in clinical practice. My inspiration for carrying out this review emerged from my clinical practice. Working in the area of bereavement and posttraumatic stress disorder, I became increasingly aware of the complicated grief reactions and trauma reactions which contained an element of hopelessness.

For years, therapists and researchers have suggested that hope is an important catalyst in the process of change. I therefore thought it was worth examining the role of various interventions in the literature on inspiring hope within counselling practice, with a focus on bereavement counselling, as it is a topic which is highly relevant to counselling psychology practice.

The literature review considers the ways in which the role of hope has been applied to clinical practice. The aim of the review was to appraise the effectiveness of the current applications and to indicate directions for future development. A review of the psychological theories on hope was critiqued, in addition to the literature on hope-inspiring intervention. The role of hope in bereavement counselling highlighted the loss of hope amongst those experiencing loss and the need for hope inspiration. The review highlights the need for counselling psychology and other mental health professionals to gain a deeper understanding of the structure of hope, in order to progress further, which in turn can influence practice and enhance the care of patients.

1.4 Summary and conclusion

I found the process of conducting the research, reviewing the literature and reflecting on my client work immensely valuable in terms of my personal and professional development. The process has provided me with insight and understanding into this topic and client group in numerous ways.

One of the most important concerns arising from this thesis is the lack of understanding society has about loss and the bereavement process. This lack of understanding has a profound impact on those experiencing the loss. For this reason, I fully intend to raise the profile of this topic within the field of counselling psychology research and in my clinical practice as a counselling psychologist.

Overall, I found the process of conducting this thesis and working closely with the participants inspiring.

Coping with parental loss during young adult development: The search for meaning and reconstruction of identity

ABSTRACT

A parental loss can be devastating. To date, studies that have been conducted suggest that the death of a parent can be a significant life event with consequences for one's sense of self, for one's life perspective, and for various social relationships (Scharlach & Fredriksen, 1993; Umberson, 2003).

An investigation of existing research literature was undertaken to explore the experience of parental loss in young adulthood. The review compromises an overview of theoretical approaches to bereavement and the various factors which determine the grief experience, with a particular focus on coping skills. Additionally, the review explores the meaning in response to loss.

Literature to date has focused on the loss of a parent in childhood, adolescence, and in older adults. The literature also places great emphasis on the loss of a parent through divorce. Little information exists about the impact of parent death on young adulthood. The young adulthood years, roughly defined as early twenties to thirties, represent a period of development, profound change and importance. At present, there is a lack of information on how the death of a parent influences identity at this development stage.

The study aimed to generate a grounded theory model that would help to explain parental loss in young adulthood from the perspectives of those who have experienced a parental loss so as to comprehend what influences the bereavement process and life after the loss.

The sample consisted of ten young adults who experienced parental death between the ages of 18-30 years. The sample consisted of eight women and two men. The study used a constructivist grounded theory methodology, incorporating qualitative methods and grounded theory analysis techniques to inform the process of sampling, data collection and data analysis. Initially data collection consisted of purposeful sampling, and was then superseded by theoretical sampling in that the data collection was driven by the emerging theory. I used a focus sample in order to seek out participants who had experienced the topic of interest. Participants were chosen

because of their expert knowledge of the phenomenon being investigated, rather than on the basis of their representativeness.

Participants described their personal stories and their perception of parental loss in young adulthood. Through these rich descriptions a model of parental loss in young adulthood was developed. The model helps to explain parental loss in young adulthood from the perspectives of the young adults. The model helps us to understand what influences the bereavement process and life after the loss. The results highlight the major life changes that a parental loss can provoke. There was significant evidence that the loss of a parent evokes dramatic self-assessment and change. The participants described a variety of ways in which the loss of their parent impacted on their sense of self, emotions, family and relationships. The overarching task of the young adult is to make sense of the loss and come to live and manage life without their parent. The findings suggest that the participants moved backward and forwards along the acceptance pathway. The journey was not linear. There was significant evidence in the data which suggests that the process of experiencing a parental loss is a self reliant process influenced by society.

The results of the study were examined within the context of existing theoretical and empirical literature in this field of interest. Although there is a growing body of research which supports some of the findings generated in this study, none of the studies relate to the young adult experience, hence making this an original study. It makes a unique contribution to understanding the impact of the loss and the coping strategies and reconstruction of meaning involved in life after the loss. The methods adapted proved to be capable of meeting the aims of the study. The study provides a sound platform for future research to verify and expand the model of parental loss in young adulthood. It also has an application in counselling psychology delivery.

CHAPTER ONE

INTRODUCTION

1.1 Introduction

This chapter begins to build a justification for this study. The study presented here examines the world of young adults (aged 18 to 30 years of age) who have experienced parental loss. The research concentrates on the meaning of parental loss at this developmental age. The primary aim is to explore the subjective experiences in order to understand what they mean by parental loss, how they cope with the loss and the coping strategies adopted by young adults. The purpose is to develop a grounded theory model that will help explain parental loss in young adulthood from the young adult's perspective and so comprehend what influences the bereavement process and life after the loss and how psychological services can better facilitate this process.

This chapter discusses the statement of the problem and the significance of the study. Finally, this chapter ends with a description of the thesis structure.

1.2 Terminology used in the thesis

The use of terminology can be persistent; therefore, to avoid confusion, it seems appropriate to clarify the terms that will be used in this thesis before proceeding further.

The term '**young adult'** refers to the stage between adolescence and mature adulthood. It refers to a person in the early years of adulthood, roughly between the ages of 18 to 30.

Bereavement often refers to the state of loss, and **grief** to the reaction to loss.

I have abbreviated the term **Posttraumatic Stress Disorder** to **PTSD** throughout the advanced case study. I have also abbreviated the term **Cognitive Behaviour therapy** to **CBT** throughout the advanced case study and critical literature review.

1.3 Statement of the Problem

To date, literature on bereavement has focused on the loss of a parent in childhood (Bowlby, 1980, Raveis, Siegal & Karus, 1999, Silverman & Worden, 1992, Worden, 1996), adolescence (Balk, 1991, Goodman, 2002, Harris, 1990, Rask, Kaunonen & Paunonen-Illmonen, 2002, Thompson et al., 1998) and for older adults (Norris & Murrel, 1990, Schwarzer, 1992). The literature also places great emphasis on the loss of a parent through divorce (Cherlin, Chase-Lansdale & McRae, 1998, Wallerstein, 1991). Little information exists about impact of parent death in young adulthood.

Young adults are expected to be 'grown up' and 'independent of their parents'. However, due to this generalised expectation young adults are not the focus of care when they experience the loss of a parent, but rather children or older adults are the focus. The young adulthood years, roughly defined as 18-30 years, represent a period of development, profound change and importance. According to Erikson, 1968, and Rindfuss, 1991, 'it is a time of frequent change as various possibilities in love, work and world views are explored' (cited in Arnett, 2000, p. 469). Young adults make decisions about choosing a life partner, pursuing a professional career, and planning a family. Arnett (2000, p. 469) argues that 'this developmental period sees intrinsic psychological processes such as striving to attain authentic independence, engaging in intimate relationships without losing oneself, and formulating life aspirations'.

Cait (2008, p. 334) argues that the death of a parent can feel like the young adult's world has crumbled and their sense of self may become confused. Their way of making meaning of the world is seriously challenged. Part of putting the pieces back together involves introspection and self-evaluation. Cait (2008, p. 334) suggests that this reconstruction can influence identity.

1.4 Significance of the Study

Pursuing this interest seemed appropriate on several fronts. Importantly, it was an area that fired my imagination, a key consideration if I were to engage in undertaking it as the research topic for my Doctorate. Moreover, there is a lack of information on parental loss in young adult development and the ways in which bereaved persons search for meaning in the aftermath of losing loved ones. In addition, there is a lack of information on and how the death of a parent influences identity at this development stage. A study of young adults who have experienced a parental death during young adulthood would inform psychologists and other mental health treatment providers of the psychological impact of such a loss in young adulthood and thus thus inform treatment practices, interventions and identify potential support needs. This study is important in its attention to a neglected field of investigation. The potential psychological impact of a parental loss can be devastating. It can challenge the view of the world and the future of those that experience the loss. This devastation prompts the questions central to the research presented here. These questions are:

- What are the psychological and social impacts of parental loss on young adults?
- How do young adults cope with the loss and what coping strategies do they adopt?
- How does bereavement affect the meaning structures or 'assumptive worlds' of bereaved young adults in terms of values and priorities, for their life perspectives, identities, social and interpersonal relationships?

The research problem emerging from this study highlights that there is currently an insufficient conceptual or theoretical understanding of what young adults mean by parental loss. This doctoral study therefore aimed to develop a model of bereavement as an active process of meaning making in the wake of the loss.

1.5 The structure of the thesis

The thesis compromises of a number of chapters which provide an overview of the existing knowledge related to the field at the outset of the study, clearly describing the research methods used and the subsequent findings. The thesis concludes with a consideration of the strengths and weaknesses of the study, the place of the theory with respect to current knowledge, and the implications arising from the study for practice and future research. The thesis compromises several chapters:

Chapter 2: Presents an overview of the literature related to development across the lifespan, depicted by traditional and relational theoretical models. The major theoretical models of bereavement are then presented. In addition, research and theory on the risk and protective factors which influence the bereavement process are then discussed with particular focus on coping models. Furthermore, the suitability of the different research methodologies and designs to provide information on the influence of parental loss is reviewed and critiqued. Finally, the chapter concludes by summarising the key issues which support conducting a study to explore the meaning in response to loss.

Chapter 3: Considers the factors influencing the study methodology and justifies the decision to adopt a constructivist grounded theory approach.

Chapter 4: Provides a comprehensive account of the methods used in the study. Consideration is given to the ethical issues pertinent to the study as well as issues relating to the trustworthiness of the study.

Chapter 5: Describes and explains the analysis of the data.

Chapter 6: Presents the findings of the study.

Chapter 7: Provides a detailed discussion of the findings in relation to previous research. It then considers some of the limitations of the study, a critical reflection on the methodology and application of findings.

Chapter 8: Provides the storyline and concluding remarks.

The following chapter therefore aims to provide a background to the study by providing an overview of literature relevant to parental loss.

CHAPTER TWO
REVIEW OF LITERATURE

2.1 Introduction

The purpose of the present chapter is to review and synthesize the literature addressing parental loss in young adult development. This chapter examines pre-existing knowledge and literature that provides contextual information about the impact of parental loss on identity in young adulthood development. Another area of exploration is in regard to how people cope with loss and the various coping strategies adopted. In addition the literature on the process of finding meaning in response to loss will be reviewed.

Research and theory on young adult development will be presented first with a specific focus on the development tasks of young adulthood which contribute to identity development as depicted by traditional and relational theoretical models. Secondly, theories on bereavement will be presented. In addition, research and theory on the risk and protective factors which influence the bereavement process will be discussed with particular focus on coping models. Furthermore, the suitability of the different research methodologies and designs to provide information on the influence of parental loss is reviewed and critiqued. Finally, the chapter concludes by summarising key issues raised that support conducting a study to explore the meaning of bereavement in young adult development.

Particular emphasis is placed on the social constructivist perspective as it is the model on which this dissertation is grounded.

2.2 Searching the literature

The aim at this stage of the research was to conduct a selective but comprehensive review of the relevant literature. The rationale for the review was to provide a contextual and theoretical understanding of previous research and theoretical study that related to the field of parental loss. The goal was to identify any work that was relevant, identify gaps in knowledge in existing published literature and develop an understanding for the study that was conducted.

The review aimed to identify all relevant, up-to-date studies published in peer-reviewed journals. Papers were identified by searching several electronic databases such as:

- NISS EBSCO (includes databases such as PsychLIT)
- NLM Gateway (includes MEDLINE, and Medline Plus)
- CINAHL – Nursing and Allied Literature
- Ingenta database (www.ingenta.com)
- Cochrane library

Commercial directories searched:

- Google (www.google.com)

Also, papers were identified by searching libraries such as:

- The British Library
- City University Library
- Senate House Library

The search keywords included: ‘Parental loss’, ‘young adults experiencing parental loss’, ‘adjustment’, ‘coping with loss’, ‘social impact of parental loss’ ‘psychological impact of parental loss’, ‘emotional impact of parental loss’, ‘the meaning of loss’. The search was limited to English language articles. Randomised control trials, observational studies, systematic reviews and descriptive studies were included in the literature search. Additional articles were identified in relation to

concepts emerging from the analysis. The literature is incorporated into the thesis discussion (Chapter 6).

Due to the lack of research explicitly focusing on parental loss in young adulthood a broad approach was taken which included parental loss during childhood and adolescence. These two developmental periods are intended to serve as a benchmark for understanding issues of parental loss during young adulthood.

2.3 Developmental Literature

Recent reviews of theory and research regarding bereavement in children (Oltjenbruns, 2001) and adolescents (Balk & Corr, 2001; Christ, Siegel & Christ, 2002) highlight the critical importance of taking a developmental perspective in investigating and understanding the effects of bereavement.

There have been a number of important theoretical contributions to the understanding of development across the lifespan. Much theorising and research has been generated by Erikson's psycho-social development model (Erikson, 1968) including the work of Grotevant (1987), Berzonsky (1999), Marcia (1993) and Meeus (1996).

Great figures in the study of child development include Freud and Piaget. According to Freud, early experiences play a large role in personality development and continue to influence behaviour later in life. Freud depicted adulthood as a canvas in which the early unconscious conflicts of childhood were re-enacted, rather than as a period of further development (Levinson, 1978). Freud and Piaget assumed that development is largely completed at the end of adolescence. Given these assumptions, they had no basis for concerning themselves with the possibilities of adult development or with the nature of the life cycle as a whole (Levinson, 1978).

The work of Erkison (1968), Levinson (1978), and Keniston (1971) all contributed to the theoretical groundwork for young adulthood. According to developmental theorists (Erikson, 1963 and Havighurst, 1952), this developmental stage presents a number of developmental tasks that must be successfully completed in order to

move onto the next stage in the life cycle. As such, there is evidence in the literature which indicates that stress can accompany the transition during this developmental stage (Havighurst, 1952, cited in Bocknek, 1986). Havighurst and Erikson viewed development as social and psychological – a learning experience, in which the developmental tasks are 'bio-socio-psychological tasks', midway between an individual need and a societal demand (Bocknek, 1986). Erikson's concept crucially incorporates cultural and social aspects. Erikson believed that his psychosocial principle is genetically inevitable in shaping human development.

Developmental psychologists have tended to put emphasis on the role of identity during this developmental stage as it is a stage which offers the greatest opportunity to identify exploration in the areas of love, work, and worldviews (Arnett, 2000, p. 473). The groundbreaking theoretical work by Levinson (1978) and Erikson (1963, 1968), Keniston (1971), as well as the empirical advances of Marcia (1966, 1967, 1987), have paved the way for much of the research on identity development (Beronsky & Adams, 1999). Developmental psychologists have theorised that identity is developed over the course and stages in life. Most of the body of research on identity has been focused on adolescence (Adams, 1999. However, Erikson (1950, 1968) argued that industrialised societies allow a prolonged adolescence for extended identity explorations. This leads to the assumption that most identity exploration takes place in young adulthood rather than adolescence (cited in Arnett, 2000, p. 473).

According to Arnett (2000, p. 473) 'identity formation involves trying out various life possibilities and gradually moving toward making enduring decisions'. Erickson (1963) proposed in his theory on development, that individuals reach a clear sense of identity, known as 'identity achievement', where they have explored their identity and gained self-knowledge. Identity is the aggregate of past experiences, endowed abilities, and social-role opportunities, matched by the recognition of significant others in one's environment (Bocknek, 1980). Yet, Erickson also acknowledged that others experience difficulties forming an identity which can lead to 'identity confusion'. 'Erickson placed identity on one pole on a dimension pertaining to self-knowledge, which extended to identity confusion at the opposite pole (Schwartz. et al., 2000, p. 505).

Erikson's model of psycho-social development (1968) provides a framework for understanding the key tasks of development, including the development of identity. According to Erikson, individuals are confronted with developmental stages throughout the lifespan which require resolution. The model has eight distinct stages, each with two possible outcomes: Trust versus Mistrust, Autonomy versus Shame and Doubt, Initiative versus Guilt, Industry versus Inferiority, Identity versus Role Confusion, Intimacy versus Isolation, Generativity versus Stagnation, and Ego Integrity versus Despair. Each of these stages is governed by a central conflict that deals with the self in relation to the external world. According to the theory, successful completion of each stage results in a healthy personality and successful interactions with others. Failure to successfully complete a stage can result in a reduced ability to complete further stages and therefore, a more unhealthy personality and sense of self.

Erikson maintained that the transition to young adulthood begins once individuals forge an identity from the various roles and skills they have cultivated during childhood and adolescence. For Erikson the core issue and stage of young adulthood is the conflict between 'intimacy versus isolation'. It is at this stage that intimate relationships are formed. Erkison proposed that success leads to strong relationships, while failure results in loneliness and isolation.

Erikson (1968) further purports that individuals who avoid intimacy may experience a 'deep sense of isolation and consequent self-absorption' (p.264). Erickson believes that intimacy is the critical component of development in young adulthood because it provides the cornerstone for developing committed mutual relationships and thus the developmental 'armour' to succeed at such cultural practices as marriage, parenthood and professional affiliation. Once individuals 'master' the developmental task of intimacy, they are equipped to move to the crisis of Generativity vs. Stagnation.

Erikson maintained that ego ''identity is never 'established' as an 'achievement', as something static or unchangeable, but is a 'forever to-be-revised sense of reality of the Self within social reality'" (Erikson, 1968, 24, 211). Erikson (1968) further suggests that identity remains a life long concern and that a redefinition of one's

ego-identity emerges quite commonly when major role changes occur. Other issues that tend to renew identity concerns are: one's first job, marriage, parenthood, the death of one's parents, divorce, illness, unemployment and retirement. The ability to cope with these later identity issues that result from major changes in one's role in life may well depend on the degree of success with which one has mastered the adolescent identity crises.

A number of researchers have empirically examined Erikson's theory of young adult development (Ryff & Migdal, 1984; Patterson & Stewart, 1993). Ryff and Migdal (1984) examined the self-perceived importance of intimacy and generativity in a sample of young adult women (aged 18 to 30) and middle-aged women (aged 40 to 55) using personality scales to define intimacy (e.g. affiliation and interpersonal affect) and 'generativity' (i.e. dominance, breadth of interests and innovation). Ryff and Migdal (1984) found intimacy to be more highly valued in young adult and middle-aged women, therefore their results support Erikson's theory. Patterson and Stewart (1993) examined motives of generativity in a sample of young adult men and women at an average of 28 years of age. Their findings indicate that individuals begin to struggle with generative issues in young adulthood, thus supporting Erikson's developmental theory.

Recent developmental studies (Bagnoli, 2003; Nadeau, 1998, 2001) view identity development as socially constructed. Bagnoli (2003) suggests that young people construct and reconstruct their identities and uses a relational approach that 'relies on the assumption that we construct our identities in a dialogue with the other' (p. 203). Theorists studying women's development outline the centrality of interconnectedness and interpersonal relationships for identity development (Miller, 1976; Chodorow, 1978; Gilligan, 1982; Josselson, 1987; Lyons, 1990; Surrey, 1991; Mahoney, 1996).

2.4 Theoretical Underpinnings in Bereavement and Grief Research

Balk (1996) argues that the complexity of young adult grief requires the use of models to guide researchers and practitioners' in their interpretations of young adult bereavement and practitioners in their work with young adult grievers. The major theoretical models represented in the literature are discussed below.

A number of key theories of bereavement can be identified in the literature, each having an impact on the conceptualisation of bereavement and coping with bereavement. Although an integrated theory of bereavement has not yet been achieved, several theories have attempted to explain this phenomenon. Historically the five most influential theories are: psychodynamic theory, attachment theory, psychoanalytic cognitive theory, behaviourally orientated theory, and sociological theory.

Psychodynamic theory of bereavement

Aranda & Milne (2000) give a brief summary of the backdrop of the psychodynamic theory. They make clear that the main tenet of psychoanalytic theory is that intrapsychic processes dictate the course of grief. Internalisation of the dead is part of grief work and is the preliminary stage of letting go of the deceased. Differences in functioning are explained by characteristics of early bonding or cathartic experiences of the bereaved. The bereaved person identifies with the lost figure and the shared relationship influences the bereavement process.

The first systematic study on loss is credited to Sigmund Freud (1957). According to Freud (1991), normal grief is the person's reaction to the loss of a loved one which may be resolved after an unspecified period of time. Freud purported that a person's libido is attached (cathected) to the loved object: the beloved person and their loss requires all thoughts about the deceased person to be brought to consciousness in order for the libido to be detached from them (decathected). The mourner's struggle to maintain the original attachment means that completing this grief work, or catharsis, is long, difficult and painful, hence the term 'grief work'. Decathexis ensures that the love object does not offer gratification to the bereaved person any more, and that the libido is freed for investment in a new attachment object.

In Freud's work on 'Mourning and Melancholia', which originates from 1917, Freud described melancholia as a 'profoundly painful dejection, cessation of interest in the outside world, loss of the capacity to love, inhibition of all activity, and a lowering of the self-regarding feelings to a degree that finds utterance in self-reproaches and self-revilings, and culminates in a delusional expectation of punishment' (Penguin Freud Library, Vol. 11, p. 248). Freud further purports that 'in mourning it is the world that has become poor and empty; in melancholia it is the ego itself' (p. 254). Freud noted that melancholics experienced remorse, guilt and self-criticism as a way for the ego to express this ambivalence.

Freud theorised that the intense and unreasoning nature of melancholia indicated that what had been lost was not just the external person for whom one mourns but an internalisation of the object to which there had been an intense and probably ambivalent unconscious attachment of desire. Such an attachment implies a degree of narcissistic identification. In such cases the loss of the person in the real world then precipitates an internal loss which is experienced as a psychic wound, as a lesion on one's self-esteem (Clark, 2005).

Grief, as Freud saw it, 'freed the mourner from his or her attachments to the deceased, so that when the work of mourning was completed, mourners were free to move ahead and become involved in new relationships' (Neimeyer, Baldwin & Gillies, 2006, p. 716). Although Freud's theory is a well supported theory, it does not account for such issues as social, environmental factors, or developmental phases.

Attachment theory

The theoretical work by Bowlby (1959, 1962, 1973, 1969, 1980), Schaffer & Emerson (1964), Ambrose (1961) and Ainsworth (1991) has paved the way for much of the research on attachment.

Bowlby described attachment theory as 'a way of conceptualizing the propensity of human beings to make strong affectional bonds to particular others and of explaining the many forms of emotional distress and personality disturbance, including anxiety, anger, depression, and emotional detachment, to which unwilling

separation and loss give rise' (Bowlby, 1979, p. 127). Bowlby proposed that 'attachment begins during infancy, where the infant forms an attachment to one or more figures' (cited in Browne and Shlosberg, 2006, p. 134). Bowlby (1969) also contended that attachment behaviour continues to play a necessary role into adulthood (cited in Browne and Shlosberg, 2006). The literature on adult attachment has since expanded and shows empirical support that attachment remains a key feature in relationships throughout adult life and that the primary attachment figure is often a friend or partner (Hazan & Shaver, 1987), although Ainsworth (1991) argues that the attachment to parents has not disappeared (cited in Browne and Shlosber, 2006, p. 134). To conclude this statement, Browne and Shlosberg (2006, p. 135) shared a finding from Ainsworth (1991), which suggests that many adults continue a meaningful association with their parents and response to the death of a parent often demonstrates that the initial attachment bond has endured.

Bowlby (1960) researched grief and mourning and the relationship to attachment. He claimed that 'grief and mourning processes in children and adults appear whenever attachment behaviours are activated but the attachment figure continues to be unavailable' (cited in Bretherton, 1992, p. 764). With regards to the literature on loss, Bowlby (1980) uses information-processing theories to explain the increasing stability of internal working models as well as their defensive distortion. Bowlby proposed that 'defensive exclusion protects the individual from experiencing unbearable mental pain, confusion, or conflict, which is predicted to interfere with the accommodation of internal working models to external reality' (cited in Bretherton, 1992, p. 764).

Bowlby's model suggests that recovery from bereavement occurs in four phases: numbness, craving and searching for the deceased, disorganization and despair, and reorganization (Balk, 1998). A critical implication of attachment theory for bereavement research is that of 'styles' of attachment developed in childhood relationships. Secure, anxious/ambivalent, dismissing, and unresolved/disorganised attachment can affect one's response to subsequent losses (Shaver & Tancredy, 2001, cited in Gillies & Neimeyer, 2006). Thus, early childhood attachment patterns can affect responses to bereavement by configuring the meaning of the loss, in such

a way that it is more radically threatening for individuals with less secure attachment histories.

Attachment theory provides a framework for understanding emotional reactions involved in relationships, isolation, and loss in adults. Currently, attachment theories and research are expanding and branching out which will aid future psychological research on this subject.

Psychoanalytic-cognitive theories

A growing body of literature addressing theories of bereavement emerged in response to Freud's theory. Examples of psychoanalytic-cognitive theories include the work of Bowlby in his attachment theory (1960), Klass, Silverman and Nickman (1996) and Parkes (1972) whose work has been influential in the bereavement field.

Research on bereavement in adult life was stimulated by Parkes' (1972) studies. Parkes focused on cognitive functioning and goal-orientedness in adaption. According to Parkes, 'normal bereavement involves a period of grieving characterised by distress and impaired functioning, followed by recovery. Recovery involves replanning and attaining a new level of functioning' (Aranda & Milne, 2000, p. 34). Parkes' theory highlights the psychosocial aspect of bereavement. Parkes (1972) argues that stigma and deprivation play a significant part in the overall outcome of the grief process'. Lydall (2002, p. 12) defines stigma as 'the attitude of society to the bereaved person while deprivation refers to the absence of those psychological benefits which the deceased had provided to the bereaved person during their lifetime'. Lydall (2002, p. 12) suggests that 'recognition of these psychosocial factors can be important when providing therapeutic intervention to bereaved individuals as they may exacerbate the intensity of the grief process'.

Behaviourally oriented theories

Behavioural approaches to bereavement tend to be more change-oriented and primarily concerned with how to promote change after bereavement. In contrast with the psychoanalytically-oriented models, Cleiren (1993) states that behaviourally-orientated theories tend to view grief as a natural phenomenon which can be reinforced or inhibited by external stimuli rather than by intrapsychic process. Therefore, behavioural approaches tend to focus on observable manifestations.

Some behavioural theorists suggest a biological basis to physiological and psychological symptoms of grief while others view the environment as the basis of grief symptoms (cited in Aranda & Milne, 2000, p. 35). According to Gauthier and Marshall (1977), 'the suddenness of the loss, the significance of the loss and the availability of a replacement for the deceased determine the severity of the bereavement reaction. In addition, social reinforcement for grieving or avoidance of grieving may contribute to complicated bereavement outcomes' (cited in Aranda & Milne, 2000, p. 35).

Sociological theory

Sociological perspectives on bereavement pay particular attention to the grief responses of family members and their wider social network. Some studies focus upon ways in which classic social variables, such as gender, class or ethnicity, affect bereavement (Field, Hockey, & Small, 1997, cited in Aranda & Milne, 2000). With every society come cultural norm and values. Martin & Doka (2000) propose that 'society has norms regulating the expression of emotion and these define who may grieve, what one may grieve and how to express such grief' (cited in Lydall, 2002, p. 26). Walter (1997 & 1999) researched how society influences the way people grieve. Walter (1997) investigated the English culture of grieving. In light of his findings, it is suggested that emotional and spiritual responses to personal dilemmas are regarded as private matters, so the public response expected of mourners is that of stoical reserve, albeit with covert indications of private pain (cited in Aranda & Milne, 2000, p. 36).

The sociological theory highlights the influence society has on the bereavement process. 'In particular they call attention to the dominance of expressive models of grief and to the importance attached to professional intervention' (Aranda & Milne, 2000, p. 36).

Neimeyer (1998) argues that grief theory should be unique to each bereaved individual, with each individual seen as an active agent in the shaping of their world. This view of grief suggests that grief is essentially a process of meaning reconstruction and narrative revision. According to Neimeyer (1998) 'meaning reconstruction in response to a loss is the central process in grieving' (p.110). He further argues that the 'act of retelling the story of grief is a social one and through it the bereaved can step out of isolation' (Neimeyer, 1998, p. 110). Through personal and communal rituals there is a possibility of self-transformation, as well as the conversion of the relationship between the bereaved person and the deceased and their social world to one where an ongoing connection with the deceased is possible to one where an ongoing connection to the deceased is possible. Grieving, then, is understood as a process of reconstructing the world of meaning and the re-learning of the self (Neimeyer, 1998, cited in Aranda & Milne, 2000).

In conclusion, there are a number of theories which have been developed to explain the process of bereavement. Taken together, they contribute to the current understanding of grief and bereavement and may provide guidance for clinicians.

2.5 Risk and protective factors – coping with the loss
Predictors of psychological adjustment after bereavement

Loss is a complex phenomenon, influenced by many factors. There have been various attempts to determine what personal or other factors influence grief (Rando, 1984; Sanders, 1988; Worden, 1988). Risk and protective factors have frequently been cited as influencing outcome following parental death (Dowdney, 2000). During the past decade, the concept of 'protective factors' has become firmly established in the field of psychological risk research (Masten & Garmezy, 1985; Rutter, 1979, 1985).

The research literature on young adults and bereavement provides theories which can aid our understanding of the changes and challenges young adults face during development. According to the literature, the loss of a parent can lead to developmental risk (Kiser, Ostoja, Pruitt, 1988 & Goodman, 2002). As previously mentioned, the stage of young adulthood (18-30 years old) presents the developmental task of forming intimate relationships which involves achieving emotional separation from parents (Balk, 1996). This task must be successfully completed in order to move on to the next stage of the life cycle. Most adolescents and young adults do not experience any major crises or events that completely change their lives. However, some adolescents do experience some form of trauma or crisis that can create chaos and instability in their lives.

Balk (1996) claims that coping with grief is not a normative life transition for an adolescent. Although Balk directs this comment towards adolescents, it can be argued that it applies also to young adults. Balk (1998) further argues that adolescents do not have the luxury of putting developmental tasks on hold while engaging in grief work. If experienced, the significant loss is coming at a time in a young adult's life where they are making life decisions, such as devising a career and developing intimate relationships.

Patterson et al. (1992) note that parents have a significant impact on the development of self-identity and self-esteem in children, adolescence and young adulthood. Worden (1996) found evidence that children who experience parental loss display lower levels of self-esteem and self-efficacy. This finding is also supported by Stroebe & Stroebe, 1987; Vachon, Sheldon, Lancee, Lyall, Rogers & Freeman, 1982; Windholz, Marmar & Horowitz, 1985.

Few events would seem to hold as much potential to disrupt a child's familiar patterns of living, challenge assumptive worlds, or place a child at risk of enduring psychological distress as the death of a parent (Siegel, Karus, & Raveis, 1996). It has been noted that the death of a loved one can be life changing for children and that the death of a parent may be the defining moment of a child's life for many years afterwards (Robinson, 1998). The literature points to predictions that the loss of a parent during this developmental stage might lead to depression, suicide,

anxiety, guilt, despair, anger, academic problems and loss of friendships (Dowdney, 2000, Goodman, 2002). Detailed analyses of the evidence in support of this conclusion are presented elsewhere in childhood research (Raveis, Siegal & Karus, 1999, Bowlby, 1980, Weller, Weller, Fristad & Bowes, 1991). However, further evidence is needed to support these claims in the young adult literature.

Scharlach and Fredriksen (1993) were interested in the long-term impact of parent death on adults. In-depth, structured interviews were conducted with eighty-three adults who had lost a parent between one and five years prior to the date of the study. This study suggests that the death of a parent can be a significant life event with consequences for one's sense of self, for one's life perspective, and for various social relationships. The respondents in Scharlach and Fredriksen's (1993) study reported that their experience of parental death impacted on their sense of maturity, personal priorities, career plans, feelings about their own mortality, and the importance and nature of various social relationships.

Research has drawn attention to the importance of variations in the ways people deal with threat and challenge. The experience of loss may be universal, but responses to loss are widely variable and there is no one clearly defined course or process of bereavement. As discovered in the study by Thompson et al. (1998), not all children who experience parental death suffer severe adversity. There may be a subset, however, which does end up with clinically significant problems. Dowdney (2000, p. 823) stated that 'the factors associated with bereavement influence the outcome rather than the bereavement itself'. These factors include characteristics such as age, gender, the nature and quality of relationship to the deceased, type of loss (e.g, anticipated, unanticipated, violent or traumatic), amongst many more other factors.

Adolf Meyer (1957) found evidence to support the importance of person-environment interactions at these key turning points in people's lives (Rutter, 1986). Factors outside as well as within the individual needed to be considered within the context of person-environment interactions. External factors are found within the individual's environment and include familial social resources. Internal factors

include: coping style, mental health history, self-regulation of emotions, developmental level, self-esteem, locus of control, and beliefs.

Thompson et al. (1998) speculate that a minority of youths may have developed a repertoire of coping skills to deal with traumatic events or may have a broader kin network that serves to buffer the negative impact of parental death. In other words, certain minority groups may have specific protective factors present in their lives that serve to decrease or wipe out any long-standing negative repercussions of parental death on the developing adolescent.

The literature examining the various factors which influence the bereavement process will now be undertaken.

Relationship of the deceased to the bereaved person

When considering the variables which impact the experience of bereavement, it is no surprise that one's relationship with the deceased greatly influences an individual's emotional response to the loss (Meshot & Leitner, 1993; Rubin, 1992). The quality of the emotional attachment to the deceased acts as an additional variable in one's response to death. The nature of the bond influences the intensity of one's grief and one's adjustment to a loss (Levy et al., 1994; Meshot & Leitner, 1993; Moss, Resch, & Moss, 1997; Rubin, cited in Muller & Thompson, 2003). Evidence (Bonanno, 1999; Moss, Rubinstein, & Moss, 1997, cited in Muller & Thompson, 2003) in the literature shows that bereaved individuals who had a more positive relationship with the deceased report more intense grief than do those with a less positive relationship.

Circumstances surrounding the loss

Regarding type of death, one's reaction to a death is greatly influenced by the manner in which the death occurs. Deaths can be categorized as natural anticipated (e.g., cancer), natural unanticipated (e.g., heart attack), accidental, homicidal, or suicidal (Range, Walston, & Pollard, 1992; Silverman, Range, & Overholser, 1994). Although there is some evidence that type of death is unrelated to resolution of grief (Campbell, Swank, & Vincent, 1991), there is much evidence that type of death

does influence the grief experience or reaction (Drenovsky, 1994; Ginzburg et al., 2002; Levy et al., 1994; Silverman et al. 1994, cited in Muller & Thomson, 2003).

Society plays a role in what is constructed as an 'acceptable' or 'unacceptable' death. Geneuro (2003) notes that the loss of loved ones through violent means (e.g., suicide or homicide) has been hypothesised to be potentially more traumatic than bereavement through other causes of death. Bailey, Kral and Durham (1999, p. 268) confirm that where the cause of death is suicide, the bereaved experience more feelings of rejection, responsibility and more total grief reactions. These researchers speculate that these reactions are linked to increased levels of shame and perceived stigmatisation associated with such a mode of death.

Lindeman (1944) investigated anticipatory grief and found that prior knowledge of the anticipated death results in mourning prior to the actual death, rather than after it. Worden (1988) suggests that awareness of the impending demise facilitates an acceptance of it, even though this acceptance alternates with denial.

Lydall (2002, p. 28) argues that 'while there is agreement that anticipatory grief does have an effect on the mourning process, there does not appear to be consensus as to whether the effects of anticipatory grief are beneficial or detrimental once the bereavement occurs'.

Umberson (2003) investigated anticipatory loss. Her sample who reported anticipatory loss reported grieving in the time before the loss. Umberson (2003) found that anticipatory loss helped individuals to prepare for the loss; however this anticipation came at a cost. Daughters in this study reported that as their mother became increasingly impaired, the daughters gradually lost the relationship with their mother.

Several studies (Glick, Weiss & Parkes, 1974; Parkes & Weiss, 1983) have investigated the differences in experiences following anticipatory loss and unanticipatory loss. These studies found evidence to support that unanticipated loss overwhelms the adaptive capacities of the individual, seriously compromising his or her functioning to the point that uncomplicated recovery cannot be expected. Since

the adaptive capacities are severely assaulted in unanticipated grief, mourners are often unable to grasp the full implications of their loss. Despite intellectual recognition of the death, there is difficulty as regards to psychological and emotional acceptance of the loss which may continue to seem inexplicable.

Personal factors

Age and gender of the bereaved person have been researched and hypothesized to be significant factors which influence the bereavement process. A model developed by Stephen Fleming and Rhena Adolph in the 1980s (Goodman, 2000) suggested that bereavement is handled differently depending on age. This is also supported by Woods (1999). Woods highlights the evidence which suggests that in comparison with younger adults, older adults tend to experience fewer severe grief reactions, showing lower levels of distress and mental health problems (e.g., Breckenridge et al., 1986; McKiernan, 1996, cited Woods, 1999).

Few studies have examined gender differences in grief reactions following the death of a parent. Studies to date have shown similar themes. Worden (1996) found evidence that girls, regardless of age, exhibited more anxiety and somatic symptoms than boys. This study also found that girls tended to idealise the deceased parent more and indicated an increased sensitivity to changes in the family following the parent's death. In comparison, boys were more likely to self-report their conduct as worse, suggesting that some of their grief was manifested in acting out behaviours. The treatment of grievers also differed by gender of the child. Boys were more frequently admonished to be strong, while girls were more able to share feelings with other friends and family members.

Lydall (2002, p. 21) argues that the social constructivist view of grief posits that society has a 'template' for how grief should look, and hence how it ought to be expressed. The accepted 'look of grief' as portrayed in the media is characterised more by qualities associated with femininity such as sighing, crying and slowness, rather than those associated with masculinity such as anger, irritability and impatience. Zinner (cited in Lydall, 2002) notes that women do not necessarily feel their loss more painfully than men, but there is evidence that they are far more prepared to express it (cited in Lydall, 2002, p. 22).

The effect on the family

Reseasrch by Shapiro (1994) and Umberson (2003) found evidence to show that the loss of a family member alters the dynamic of the family. Shapiro (1994) argues that 'grief over a death of a family member is twofold: it is both a crisis of attachment and a crisis of identity impacting on the family's interactions and social roles which may need to be renegotiated' (cited in Lydall, 2002, p. 32). While sharing one's grief experience would be important in order to allow family members to feel understood and to re-establish a coherent sense of the continuity of the family over time, Shapiro (1994) and Umberson (2003) found evidence to show that family members refrain from expressing their grief, fearing that this sharing might threaten the family's emotional stability.

Gilbert (1996, p. 271) believes that family members influence the experience of loss and argues that 'grief within a family consists of the interplay of individual family members grieving in the social and relational context of the family, with each member affecting and being affected by the others'. Gilbert (1996) found that family members had a strong desire to share a particular view of their common loss.

Loss brings with it a review of one's role within the family. In terms of functioning of the family, once the nature of the loss has been recognised, the family needs to reorganise itself to function without the now-deceased member. Gilbert (1996) found that rituals can serve to facilitate the passing-down of a role from the deceased to a surviving family member.

Cait (2008) examined female's experience of parental death and found evidence to support that many young women were expected to take on a care-giving role to support the surviving parent and replace the deceased.

Richter (1986, cited in DeMinco, 1995) found that after parental loss, adolescents described being strong for the mother or father or putting their feelings aside and doing things better to make life easier for the parents. Adolescents in this study sensed that hiding their feelings is the accepted form of behaviour. Richter argues that the adolescent can be seen to be coping from an outsider's perspective. Cook & Dworkin (1992), note that "viewing their grieving parents as vulnerable and in need

of protection . . . they [young adults] often sacrifice their own need to grieve in an effort to spare their parents because they think that talking about their own grief will just upset them more" (Cook & Dworkin, 1992, p. 127).

Research also focuses on life before parental death, focusing on the young adult taking responsibility for the dying parent and taking on the caregiver role. Evidence based research (Caregiving in the US 2004; Stone, Cafferata & Sangl, 1987, cited in Marks et al., 2007) found that women tend to assume a caregiving role for a parent more than men. Marks et al. (2007, p. 1615) argue that 'many young adults, who lose a parent to death, have participated in some challenging care-giving close to the time of death, and this factor, too, may contribute to the negative effects on mental and physical health that we might expect derive from the loss of a parent to death'.

Cultural and social aspects

Lydall (2006, p. 26) argues that 'society has norms regulating the expression of emotion and these define who may grieve, what one may grieve and how to express such grief'. Martin and Docka (2000, cited in Lydall, 2006, p. 26) argue that 'when the individual experiences grief which is beyond these socially accepted parameters, it is termed disenfranchised grief'.

Lazare (1989, cited in Worden, 1988) highlighted the importance of the social setting as this is the context of the grief process. Research to date has hypothesised that social conditions may serve to complicate the grief reaction. Lazare (1989) suggests that, when the cause of death is seen as socially unacceptable to the extent that it cannot be spoken of, it might result in a 'conspiracy of silence' that isolates the bereaved person who needs to talk about the event. Patterns of social relationships may change, resulting in a sense of abandonment for the bereaved, at a time when the need for social support is great. Boston and Tresize (1988) found evidence that others fear the bereaved person, and that once the socially recognised period of mourning has passed there is considerable pressure exerted on the bereaved person to pretend to be well again. Consequently the bereaved feel that their misery makes them socially unacceptable as their presence spoils the fun of others. The finding by Rando (1983) that the grief of bereaved parents who have

lost a child worsened during the third year, highlighted the gap between the social expectation and the experience of the bereaved, accounting to some degree for the sense of isolation.

Umberson (2003) carried out a quantitative study with qualitative interviews of persons who had experienced the loss of a parent. These interviews highlight the major life changes that a parental loss can provoke. Most of the people she interviewed spoke about how dramatic this change was and how those who had not experienced this yet just did not understand what they were going through. Respondents also remarked on how little place has been made for the expression of grief in contemporary American society (a theme also replicated in Klapper, Moss, Moss, & Rubinstein's 1994 study on parental death).

2.6 Coping with the loss

Hafen et al. (1996) theorised that what determines how any crisis can be coped with, is not simply the precipitating event and its nature, but also the coping style of the individual. Much of the recent research on coping has derived from the theoretical work of Lazarus (1991). Central to Lazarus's theory is an argument that, when faced with a stressful event, an appraisal takes place to reduce negative and maintain positive emotions. The appraisal assesses whether an event is relevant to a person's wellbeing and identifies coping options. A person's emotional response will, therefore, be influenced by these appraisals.

Moos and Schaefer (1986) researched coping strategies that people use to deal with stressful life events and found three different types of coping strategies. This conceptualization is wellsuited to understanding how individuals cope with the death of a loved parent. The first category is "appraisal-focused coping", which involves analyzing issues around the death event and processing cognitions around the loss. For example, following the initial shock that occurs shortly after the loss, surviving family members and friends search for some explanation or justification that may account for this death. With time and soul-searching, feelings of anger, guilt, and blame often become supplanted by their efforts to reframe the situation and attach some sort of meaning to the loss (Folkman, 1997).

The second domain of coping involves “problem-focused coping”. This form of coping involves seeking information and support, identifying alternatives, and taking action. Here, bereaved persons search for social support from friends, other family members, or professionals (Cohen, 1988). Sharing the loss with others, either formally or informally, helps individuals unburden themselves of emotional pain, gain acceptance of feelings, and return to a positive psychological state (Lagrand, 1986).

The third domain of coping discussed within this framework involves ‘‘emotion-focused coping’’, which aims to manage the feelings that a crisis sets off so as to maintain a balance in the emotional sphere. It requires affective regulation, emotional discharge and resigned acceptance.

According to the Dual Process Model (Stroebe & Schut, 1999 & 2001), a bereaved person faces tasks in two distinct domains. The first, ‘loss-oriented stressors’, refers to those activities that deal with separation from a lost attachment figure, and includes crying, missing, yearning, remembering, and all activities dealing with the loss itself – challenges often referred to as ‘grief work’. ‘Restoration-orientated coping’, on the other hand, refers to the activities by which one begins to build a new life and identity in which the lost person may be present in a spiritual and symbolic, but not physical way (cited in Gillies & Neimeyer, 2006). Strobe and Schut (1999) argue that while loss-oriented coping normally occurs with greater frequency immediately following the death and restoration-oriented coping dominates later on, these two mechanisms interact in a dynamic back-and-forth process throughout bereavement.

Aspects of coping

Type of coping	Aspect of coping
Problem-focused coping	• Active coping • Planning • Suppression of competing activities • Restraint coping • Seeking of instrumental social support
Emotion-focused coping	• Seeking of emotional social support • Positive reinterpretation • Acceptance • Denial • Turning to religion
'Less useful' coping	• Focus on and venting of emotions • Behavioural disengagement • Mental disengagement

Table 1: *(Carver, Scheier & Weinreaub, 1989)*

The majority of research on coping theory is quantitative and is aimed at identifying and measuring coping strategies. Using a quantitative approach to understand coping strategies can pose limitations because responses do not inform us of the reason for the responses, thus limiting our understanding. The adoption of coping strategies is considered to be a contextually driven process. However, the questionnaire-based survey only generates limited contextual information. It is therefore not possible to explain variations and inconsistencies between groups. Consequently, further studies, exploring subjective experience of coping with parental loss are therefore needed.

2.7 Finding meaning and post-loss adjustment

Victor Frankl's (1962) seminal work, *Man's Search for Meaning*, asserted that people are driven by a psychological need to find or create a sense of meaning and purpose in their lives, and that this drive can facilitate their capacity to face and transcend even the most horrific of experiences (cited in Gillies & Neimeyer, 2006).

The theories described earlier contribute insights into the grief experience. Neimeyer (2001, cited in Gillies & Neimeyer, 2006) propose that the effort to find, create, or reconstruct meaning is the core element linking these theories.

Bowlby (1980) argues that the loss of an intimate attachment relationship creates profound challenges. Neimeyer (2001) notes that grieving individuals struggle to find meaning which has been challenged by loss. Harvey, Strein and Scott (1995, cited in Gilbert, 2002) found that developing and telling one's story served as a tool for dealing with loss and trauma.

Neimeyer (2001) argues that a loss prompts people to review their lives in order to move forward in a hoped- for direction. Moreover, Neimeyer (2001) contends that the loss of those who have been the intimate witnesses to our past can undermine even our basic self-definition, because no one any longer occupies the special relational stance toward us needed to call forth and validate the unique fund of shared memories that sustains our sense of who we have been. Therefore, bereavement prompts us to 'relearn the self' and 'relearn the world' in the wake of loss (Attig, 1996).

The social-cognitive models of coping and adjustment (Jannoff-Bulman, 1992; Parkes, 1988; Taylor, 1983), propose that meaning-making plays a central role in the process of adjusting to loss and trauma because it serves to maintain two aspects of our sense of self that often are most threatened by loss and trauma: our sense of self-worth and our most fundamental beliefs or assumptions about how the world works.

Crossley (2000b) emphasised the role of language as the vehicle for making the lived experience meaningful and that 'individuals understand themselves through the medium of language, through talking and writing, and it is through these processes that individuals are constantly engaged in the process of creating themselves' (p.10).

Rosenbalt (1993, p. 103) suggests that parental loss will compel people to search for an alternative basis for defining situation and self. When a relationship that has defined oneself and one's world has been lost, people may turn to things – both as reminders of the definitions that were maintained in the relationship with the person now lost and in the search for a new meaning that takes the loss into account (cited in Strobe et al. 1993).

The findings of Cait's (2008) evidence based study suggest that constructing an ongoing relationship with the deceased parent through remembering and maintaining similar interests as the parent are fundamental aspects of young adult behaviour after the death of a parent. This is also evident in Brotherson's (2000) study on parental behaviour after child death. Findings from this study show that possessions including clothing, photographs, letters and mementoes relating to the deceased may take on particular significance. According to Rosenblatt (1993, p. 103) this is because the meaning inherent in them can assist in the definition of the relationship to the deceased.

Stroebe et al. (1994) offer a dual process model where it is suggested that although bereaved people attempt to make meaning of their loss, they also struggle with the process and therefore it is reported thst they use avoidance as a way of coping with the painful feelings. Research (Dowdney, 2000, Goodman, 2002) has found that, when people struggle with finding meaning it can lead to depression, suicide, anxiety, guilt, despair, anger, academic problems, attention difficulty and loss of friendships. Detailed analyses of the evidence in support of this conclusion are presented elsewhere among children samples (Raveis, Siegal & Karus, 1999, Bowlby, 1980, Weller, Weller, Fristad & Bowes, 1991). Although the research indicates that parental loss is linked to increased depression and distress, Moos (1986) and Umberson's (2003) study found that the bereaved were able to

reconstruct their worlds and reported positive outcomes. Positive outcome categories included statements such as becoming more aware of the importance of loved ones, aware of the fragility of life, appreciative, serious about life and having a greater understanding of life and death. These findings are also similar to those of McMillan et al. (1997); Park et al. (1996); and Tedeschi & Calhoun (1995). The benefits that people reported in these studies typically fell into three categories (growth in character, change in life perspective, and strengthened relationships or an increased sense of connectedness with others). The data suggests that making sense of loss only influences the process of emotional adjustment when such meaning is found within the first few months of loss. When people report making sense for the first time later in the process, the meanings that they report tend to suggest that the world is not as predictable, fair, or benign as they once thought, and these reports of meaning are not significantly associated with emotional adjustment.

Umberson (2003) suggests that the occurrence of the major life event evokes dramatic self-assessment and change. Stress researcher Jill Kiecolt argues that this reassessment occurs because it may help the individual to cope with the life transition and to reduce any resulting stress and emotional upset.

Genevro's (2004) study found that people experiencing loss were motivated to find something positive in their experience. The participants in this study reported that they accrued some benefit from the loss (typically in terms of reported growth in character, change in life perspective, or strengthening of relationships). Evidence found that with time this sample of participants showed significant improvements in emotional adjustment. Genevro (2004) argues that, sense making and benefit finding represent two distinct processes in the meaning-making process and suggests that they represent two distinguished psychological issues for the bereaved. Whereas making sense of loss involves the tasks of maintaining threatened worldviews (or assumptions of the world), finding benefit seems to involve the task of maintaining or rebuilding a threatened sense of self. In many cases, the loss has forced people to redefine key aspects of their sense of self. Genevro (2004) argues that, whether the benefit that people report involves a change in identity, a change in how one perceives one's abilities (for example, as able to cope with an event as significant as this), or a change in the importance or value one attributes to positive

relationships, the focus tends to be on the sense of self. In Genevro's (2004) study, people who were unable to find positive aspects to the event sometimes seemed to suggest that they were unwilling to give up the aspect of the self that had been lost. This study parallels with the findings of other studies of loss and trauma (e.g., McIntosh et al., 1993; McMillen et al., 1997).

Davis & Nolen-Hoeksema (2001) also studied the ways in which the bereaved person makes meaning of the loss of a loved one in a longitudinal study of 205 adults (74 per cent women, 81 per cent white, mean age slightly over 51 years) who were followed for 18 months after the death. Interviews with participants included questions about whether they had been able to make sense of the death and if they had found anything positive in their experience. The researchers found that participants seem to make sense of their loss by seeking to understand the event in terms of their existing worldviews. If the event is comprehensible in terms of existing worldviews, then making sense of the loss does not appear to be a significant challenge. If the event is perceived to be at odds with existing worldviews, the bereaved individual is faced with the task of revisiting either their interpretations of the loss or their worldviews. Differences in the ability to make sense of the loss were related to having religious or spiritual beliefs. Participants who were not able to make sense of the loss within the first six months after the death were also likely to be unable to make sense of it later. A majority of respondents (70 to 80 per cent) at each interview reported that they had perceived benefits in the loss experience. These individuals also showed improvements in emotional adjustment with time. The most commonly reported benefits were that the experience led to growth of character, the strengthening of relationships and changes in perspective. Making sense of the loss and finding benefit in it were not related, indicating that these are two distinct processes.

Gamino and colleagues (Gamino, Sewell & Easterling, 2000; Gamino, Hogan & Sewell, 2002) also examined survivors' efforts to make meaning of a loss, distress and personal growth in qualitative and quantitative analysis of data from 85 respondents, with an average age of almost 51 years of age. Qualitative analysis indicated that people use multiple forms of meaning in seeking to come to terms with the reality of a loved one's death. Categories of meaning that emerged from

participants' responses appeared to refer primarily to the pain and suffering associated with bereavement (e.g., feeling the absence, disbelieving the death) or to more positive and hopeful dimensions of loss (e.g., experiencing relief, continuing the connection). Quantitative analysis indicated that personal growth following bereavement is associated with factors such as having an opportunity to say goodbye to the loved one and seeing some good resulting from the death. Factors associated with higher levels of negative affect were: traumatic death and a perception that the death was in some way preventable.

There is little doubt that the search for meaning following loss represents a distinct part of many peoples' grief experiences. Clinical reports, and a growing body of research data suggest that meaning is an important issue for many, if not most, people coping with loss and trauma (e.g., Bulman & Worthman, 1977, cited in Davis & Nolen-Hoeksema, 2001).

2.8 Review and critique of the current methodology used in bereavement research

Research to date has used both quantitative and qualitative research designs to explore parental loss. However, most of the research on bereavement has been done using quantitative methods (Henschen & Heil, 1992; Horgan, Morse, & Tason, 1996).

Quantitative investigation of grief reactions involves the use of self report rating scales focusing specifically on personal reactions to bereavement. While early research was characterised by the use of nonvalidated measures, in recent years much effort has gone into examining the psychometric properties of the measures used and even into comparing different measures according to their psychometric properties (Neimeyer and Hogan, 2001). Quantitative and experimental research designs have been useful in measuring the psychological impact after parental loss over time. However, depression is generally the main outcome measure in most bereavement studies.

Quantitative research designs to explore parental loss pose a number of limitations. The first to be considered is measurement or instrumentation. There has been a

heavy reliance on questionnaires. Such structured methods prevent participants from constructing and reporting their own reality, as reality is already defined by a limited and predetermined set of responses. The responses may not truly or completely reflect their perceptions (Faux, Walsh, & Deatrick, 1988).

Qualitative research provides an alternative paradigm for bereavement research, one that has the potential to add depth to the assessment of the grieving process, through the use of a broad range of techniques for study design, data collection, analysis and interpretation. These techniques are also reviewed by Neimeyer and Hogan (2001). Qualitative approaches explore socially and personally constructed realities, with the goal being to discover unique and common perspectives of the persons being studied, rather than to generate incontestable 'facts' (Strobe et al., 2003).

Qualitative data describe content, contexts, motivations, and process in meaning reconstruction activities compared to the relative sparseness of quantitative methods, assessing these activities with a few self-report responses to questions such as 'Have you made sense or found meaning in this experience?' Although multiple choice questions are relevant, to a constructivist eye they take only a snapshot of the process of meaning reconstruction, whereas the qualitative data present a full-length cinematic feature of the experience. Numbers alone cannot convey the emotions underlying reactions to loss. Additionally, it can be argued that not everyone experiences depression, some may experience a 'deep sadness' and therefore quantitative measures are not sensitive enough to capture this data.

It is easy to see that qualitative research methods have the potential to broaden and deepen the study of bereavement. However, one of the main disadvantages of qualitative methods is that the descriptive orientation limits the extent to which they can provide casual explanations for grief phenomena, assess the efficacy of grief interventions, or identify correlations of complicated grief (Strobe et al., 2003). However, the quantitative studies reviewed in this chapter raise more questions than answers. These quantitative studies do not have the capacity to explain the difference of experience and subjectivity between participants. The nature and extent of variation does not just apply to the actual loss, but to a wide range of psychological and social impacts during the bereavement process. The complex

variation of psychological and social impacts of parental loss is difficult to encapsulate using standard quantitative measurement tools.

2.9 Conclusion

Due to the emerging literature on parental bereavement focusing on childhood and adolescents, these two developmental periods served as a benchmark for understanding issues of parental loss during young adulthood. Research on adolescent grief (Fleming & Adolph, 1986; Gordon, 1986; Rosen, 1991; Balk, 1995; Christ, 2000; Silverman, 2000) suggests that a death during this period may hold distinct significance for adolescent development. In particular, parental death may influence friendships and intimate relationships.

Nadeau (1998, 2001, cited in Cait, 2008) discusses how, through a symbolic interaction lens, meanings of events can be constructed through personal interactions. Identity and finding meaning are bound by helping people understand experiences. A collaborative process of making sense of death can be particularly important for young adults therefore.

Having conducted a review of the literature on parental loss it is clear that the literature to date has focused on the loss of a parent in childhood (Bowlby, 1980, Black, 1998, Raveis, Siegal & Karus, 1999, Silverman & Worden, 1992, Worden, 1996), adolescence (Balk, 1991, Goodman, 2002, Harris, 1990, Rask, Kaunonen & Paunonen-Illmonen, 2002, Thompson et al., 1998) and older adults (Norris & Murrel, 1990, Schwarzer, 1992). The literature also places great emphasis on the loss of a parent through divorce (Cherlin, Chase-Lansdale & McRae, 1998, Wallerstein, 1991). Little information exists about parent death in young adulthood.

The literature also focuses on how to assist bereaved persons and groups, includes guidelines for clinical caregivers (Rando, 1984), proposals for helping children (Wass & Corr, 1984), strategies for assisting adolescents (Corr & Balk, 1996), and proposals to guide work with specific populations such as persons with AIDS and their survivors (Nord, 1996) and the bereaved elderly (Caserta & Lund, 1992). Again, little information exists on how to assist bereaved young adults.

2.10 Justification for the study

Despite the attention to and interest in identity development (Erikson, 1963,Douvan and Adelson, 1966; Marcia, 1966, 1980; Offer, 1969; Hodgson & Fischer, 1981; Hopkins, 1982; Lytle *et al*., 1997; Marcia & Friedman, 1970; Orlofsky, 1977; Prager, 1982) it is evident that there are gaps in the literature, as such; there is a pressing need for further conceptual and empirical work in this area. The literature illustrates the many challenges that young adults face after the death of a parent and for some prior to the death. Greater awareness of the challenges and difficulties faced by these young adults is needed.

On the basis of the literature reviewed, further empirical work is warranted to establish more clearly the impact of parental loss on young adult lives. Consequently, there is a need to consider the support that this client group is missing. Given the lack of information and gaps in the literature, the literature therefore reaffirms the general aims of the study which is to explore the subjective experiences in order to understand what young adults mean by parental loss, how they cope with the loss and the coping strategies adopted by young adults. The purpose is to develop a grounded theory model that will help explain parental loss in young adulthood from the young adult's perspective and so comprehend what influences the bereavement process and life after the loss.

The objectives are listed below:

- To generate detailed descriptions of the psychological and social processes involved in bereavement during young adult development (18-30 years of age).
- To generate a theoretical analysis of the shared meanings and behaviours of young adults who have experienced parental loss.
- To develop a substantive model that explains the process of parental loss.
- To identify changes in identity caused by parental loss.
- To identify what this research group have to do and what behaviours they employ in order to cope with life without their parent.
- To identify potential counselling and support needs for young adults who have experienced parental loss.

CHAPTER 3

METHODOLOGY EMPLOYED IN THE RESEARCH

3.0 ESTABLISHING THE RESEARCH PARADIGM

3.1 Introduction

In this chapter the methodology selected for conducting this study is presented with justifications for the choices which shaped this study. Methodology encompasses the philosophical principles, the building blocks from which the method and techniques used to uncover the grounded theory are developed. Easterby-Smith et al. (1997, cited in Crossan, 2003) identify three reasons why the exploration of philosophy may be significant with particular reference to research methodology:

1) Firstly, it can help the researcher to refine and specify the research methods to be used in a study, that is, to clarify the overall research strategy to be used. This would include the type of evidence gathered and its origin, the way in which such evidence is interpreted, and how it helps to answer the research questions posed.
2) Secondly, knowledge of research philosophy will enable and assist the researcher to evaluate different methodologies and methods and avoid inappropriate use and unnecessary work by identifying the limitations of particular approaches at an early stage.
3) Thirdly, it may help the researcher to be creative and innovative in either selection or adaptation of methods that were previously outside the researcher's experience.

This chapter describes and explains the paradigm adopted for this research study. It establishes the context of the study from a philosophical and methodological perspective. It is essential that the ontological and epistemological stance of the study has the capacity to direct the design and conduct of the research in such a way that it achieves the core purpose of the study. The chapter therefore begins with a review of key aspects of the research purpose that dictated choices regarding the paradigm.

Guba (1990, p. 18) defines a paradigm as a '*basic set of beliefs that guide action'*. Research paradigms are concerned with the fundamental principles underpinning the research and reflect the worldview of the researcher (Guba and Lincoln, 1994).

Guba (1990, p. 18) identify three components of a research paradigm:

1) Ontology: Beliefs about the nature of reality.
2) Epistemology: Beliefs regarding the nature of knowledge and how knowledge is acquired.
3) Methodology: The best mechanism and approach to gain knowledge.

These three components are used to describe the research paradigm and philosophical structure that provide the foundation for this study. Each component will be discussed in this chapter in order to show how grounded theory directs the design and conduct of this in such a way that it achieves the core purpose of the study.

3.2 Research dimensions

There are two dimensions to this research that fundamentally influenced decisions regarding the appropriate paradigm.

1) Psychological and social influences

The first dimension relates to the requirement to incorporate a consideration of the psychological and social influences on experience and the meanings ascribed to parental loss. We do not know how the loss of a parent in young adulthood influences the identity development, experience of bereavement and life after the parental loss. Additionally, we do not know how social factors such as relationships with peers or family members impact upon the experience of bereavement and life after parental loss. Therefore, the chosen research paradigm incorporated consideration of the psychological and social influences.

2) Variation and similarities in experience

It was anticipated that each participant would carry with them their personal experience of parental loss. I wanted to explore the differences and variation in individual subjective experience. This is in addition to generating a theoretical understanding that captures the experience of all.

3.3 Research paradigms

Hughes (1994) makes clear that the philosophical level of research relates to its assumptions based on the most general features of the world, encompassing such aspects as the mind, matter, reality, reason, truth, nature of knowledge, and proofs for knowledge. Denzin and Lincoln (1994) argue that the researcher's experience, understanding of philosophy and personal beliefs may have some bearing on the method adapted. My personal beliefs had an impact on choosing a paradigm but my main goal was to choose a paradigm that would suit the study and meet the research objectives. As Shih (1998) advises, I took into consideration the nature of the phenomena of interest, the level and nature of the research questions, the chosen methods and my personal beliefs when choosing the most appropriate paradigm for this study. Proctor (1998) suggests that researchers should understand and explore the two extremes of research philosophy i.e. positivism and post-positivism, before choosing a research method. I will therefore discuss these paradigms, their underlying philosophy and describe the strengths and weaknesses of both approaches in order to show how the grounded theory paradigm directs the design and conduct of this study in such a way that it achieves the core purpose of the study.

Positivism

The traditional scientific approach has its underpinnings in positivist philosophy. Guba, (1990, p. 19) argues that the basic belief system of positivism is rooted in realist ontology, which is the belief that there exists a reality 'out there'. Positivism aims to discover the 'true' nature of reality and how it 'truly' works by 'predicting' and 'controlling' natural phenomena (Guba, 1990, p. 19). The positivist paradigm argues that real knowledge of a particular situation can only be gained from valid and reliable scientific knowledge that has been subjected to rigorous empirical testing. According to Guba (1990, p. 19), 'once committed to realist ontology, the positivist is constrained to practice an *objectivist* epistemology'. The basic reasoning of positivism assumes that an objective reality exists which is independent of human behaviour and is therefore not a creation of the human mind. Positivist research generates hypotheses from theoretical propositions, uses evidence to test hypotheses, measures observable phenomena and seeks to demonstrate a truth about reality.

Chrisrensen (1997) argues that the advantage of the positivist approach to psychology is that it enables us to make observations that are independent of opinion, bias, and prejudice. The positivist approach tends to be characterised by a number of other qualities. 'It enables us to establish the superiority of one belief over another. It also tends to use structured questionnaires or observations, often conducted with large numbers of participants' (Langdridge, 2004, p. 14).

Crossan (2003) argues that the general elements of positivist philosophy have a number of implications for social research based on this approach. These implications, adapted from Easterby-Smith (1997) and Hughes (1994) are:

- *Methodological:* All research should be quantitative, and that only research which is quantitative can be the basis for valid generalisations and laws.
- *Value-freedom*: The choice of what to study, and how to study it, should be determined by objective criteria rather than human beliefs and interests.
- *Causality*: The aim should be to identify causal explanations and fundamental laws that explain human behaviour.
- *Operationalisation*: Concepts need to be operationalised in a way that enables facts to be measured quantitatively.
- *Independence*: The role of the researcher is independent of the subject under examination.
- *Reductionism*: Problems are better understood if they are reduced to the simplest possible elements.

A major criticism of the positivist approach is that it focuses too narrowly on measurment, rather than the people in the study (Bowling, 2000). Crossley (2000) argues from a critical psychology perspective, that the attempt to study human beings as 'objects', in the traditional scientific manner, remains fundamentally misguided. This is because such an attempt fails to appreciate the unique 'order of meaning' lying at the heart of being human. Finally, Crossan (2003, p. 51) argues that 'positivist philosophy embraces a conception of truth in which verifiable statements concur with the ascertainable facts of reality'. Crossan (2003, p. 52) further argues that 'truth is therefore not dependent on belief alone, but on belief

that can be verified through the examination and observation of external reality'. He concludes by stating that 'the exploration and examination of human behaviours such as feelings are beyond the scope of positivism' (Crossan, 2003, p. 52). As a result of the limitations that are derived from a positivist view of science, philosophers and social scientists have offered an alternative path to discovery that places value on the study of human experience. This became known as 'Postmodernism'.

Postmodernism / Interpretive inquiry

Postmodernism provides an alternative to the traditions and foundations of positivism for conducting disciplined inquiry. Crossan (2003, p. 52) makes clear that 'the post-positivist researcher's reality is not a rigid thing; instead it is a creation of those individuals involved in the research'. This approach explores issues relating to experience that adopt an interpretive and naturalist paradigm. There is also recognition of the importance of social context and processes on experience and on perceptions of truth and reality.

Densin and Lincoln (2003) make clear that this approach seeks to understand subjective human meaning and interpretations of phenomenon. Research with a postmodern frame moves us into areas where subjectivity is both assumed and appreciated. This framework provides an opportunity to attend to how subjectivity (of researcher[s] and participant[s]) and intersubjectivity (between/among researcher[s] and between researcher[s] and participant[s]) can enhance the research process (Russell & Kelly, 2002).

The subjectivity found in research information originates with both the researcher(s) and the participant(s) each of whom brings individual experiences and pre-existing perspectives into the research event. These subjective views have been initiated and deepened through interaction with multiple nested systems of the environment (Russell & Kelly, 2002), and they serve to consistently evaluate and mediate one's unique expectations and understandings of the world. These lenses of subjectivity inform and mediate each element of the research project (Russell & Kelly, 2002). The basic belief system of postmodern, interpretive inquiry is rooted in idealist ontology, which is, the belief in multiple truths and realities. Postmodernism

acknowledges and values the existence of these different explanations of reality and actively seeks them out. This is in an effort to build greater, more comprehensive knowledge, and understanding of the processes of social existence. For the idealist, the purpose of research is not to prove a theory to be true or 'the ultimate truth', but rather to reveal different perspectives regarding a phenomenon. The fundamental aim of qualitative research is to search and clarify the meaning that surrounds or is attached to biological, social and psychological issues.

The limitations of postmodern/interpretive approaches generally relate to researcher bias. It is argued that qualitative research lacks reproducibility. Madill, Jordan and Shirley (2000) gave two researchers the same set of data to analyse using qualitative methods. The resulting categories were different. They found that the researcher's training and research interests influenced choice of codes and categories. Therefore qualitative research is criticised for lack of reproducibility and generalisability, consequently creating criticism over reliability and validity.

In summary, 'postmodern approaches assume that reality is multiple, subjective, and mentally constructed by individuals. The use of flexible and multiple methods is desirable as a way of studying a small sample in depth over time that can establish warranted assertibility as opposed to absolute truth. The researcher interacts with those being researched, and findings are the outcome of this interactive process with a focus on meaning and understanding the situation or phenomenon of interest' (Crossan, 2003, p. 54).

3.4 Summary

From the above discussion an interpretive, constructivist research approach would appear to lend itself to in-depth analysis of young adults' experience of parental loss. Strauss and Corbin (1990) claim that qualitative methods can be used to better understand any phenomenon about which little is yet known. Therefore, as relatively little is known about the phenomena of interest, a qualitative approach was deemed as being the most appropriate. Adopting a broader definition of scientific enquiry allows for much greater flexibility in methodology and a deeper understanding of the unique characteristics of a domain and the individuals who comprise it. Berger and Luckman (1966, cited in Darlaston- Jones, 2007) argue that

it allows for the examination of human agency and thought and the relationship between this and the context in which it occurs. Qualitative methodologies provide the means to seek a deeper understanding and to explore the experiences not available through quantification. Darlaston-Jones (2007, P. 25) argue that, by 'utilising these methodologies we are able to expand on the '*what*' questions of human existence asked by positivism to include the '*why'* and '*how'* questions asked by an interpretive, constructionist approach'. In addition, the postmodern places emphasis on the use of subjectivity and drawing on one's inner experience in order to better understand the subject of a study (Schneider, 1999), therefore by exploring subjectivity and intersubjectivity it was hoped to enhance the research process. Finally, in order to understand the experience of parental loss it was important to explore the social and psychological aspects; therefore, a qualitative methodology was required for this.

3.5 Selecting an epistemology

Epistemology is a branch of knowledge concerned with the theory of knowledge. It is concerned with the varieties and validity of our knowledge of aspects of the world (Langdridge, 2004, p. 250). There are many disagreements about epistemological foundations of a theory or approach within psychology which has led to a number of philosophical and politically informed positions within the social sciences. The study epistemology drives the theoretical framework of a research project. As Willig (2001) makes clear, methodology concerns the 'general approach to studying research topics which will be strongly influenced by their epistemological standpoint' (Langdridge, 2004, p. 258). Willig (2001) also makes clear that research methods provide ways of approaching, and hopefully answering, our research questions; therefore I needed to adopt an epistemological position. The qualitative methodology, which governs the choice of method for this piece of research, is underpinned by the epistemological theory of symbolic interactionism. A brief explanation and justification of how symbolic interactionism fits to the research purpose is provided here.

3.6 Symbolic Interactionism

The symbolic interactionist tradition evolved from the work of social psychologist George Herbert Mead (1863-1931) and Charles Cooley (1864- 1929) (Strauss & Corbin, 1990, Mead, 1934, Goulding, 1999). Mead acknowledged the contribution of social interaction and situation on the individual in developing a sense of self. Cooley argued that a person's self-identity grows out of their relationship with others; he claimed 'in other people our self is mirrored' (Goulding, 1999). Mead proposed that the most profound aspect of human conduct is symbolism, the greatest symbolism being language. Kindall (1999, p. 744) argued that 'social interactionism was developed as a perspective which was concerned with the generation, persistence, and transformation of meaning and claimed that meaning could only be established though interaction with others'. According to research literature (Lindesmith, Strauss & Denzin, 1988; Mead, 1934; Strauss, 1969; Weigert & Teitge, 1986; Charmaz, 1990), symbolic interactionism assumes that human action depends upon the meanings that people ascribe to their situations. These meanings held by the individual are products of social interaction and context-bound (Woodgate, 1998). Kindall (1999, p. 744) argues, 'with whom, with what, and how one interacts becomes a major determinant in how one perceives and defines reality'. The literature on symbolic interactionism highlights the importance of language as a means to understanding people's perspective. A symbolic interactionist's perspective argues that it is only through dialogue that one can become aware of the perceptions, feelings and attitudes of others and interpret their meaning and intent (Crotty, 1998).

Charmaz (1990), from a constructionist approach, argues that individual psychology is both shaped and constrained by social structure, thus a researcher needs to explore how society impinges upon the individual and how individuals reproduce dominant ideas within society.

Symbolic interactionism was one of the early theories that influenced the conduct of qualitative, interpretive research. According to Gerhardt (1990), early symbolic interactionist research has been accused of being too descriptive in terms of the level of interpretation and construction of meaning. The development of grounded theory went some way to address these criticisms. It did this by developing

qualitative research methods that incorporated symbolic interactionism but also provided systematic, inductive and rigorous guidelines to develop theoretical interpretations of research data (Charmaz, 2003; Glaser & Strauss, 1967). Therefore, adopting a grounded theory methodological approach in this study protected against the symbolic interactionist research being merely descriptive.

Symbolic interactionism provides an appropriate theoretical backdrop to this research endeavour. There are four main points of justification. First, symbolic interactionism' focuses on the meanings which the participants assigned to their experience of parental loss. Secondly, it acknowledges the influence of social context, peoples' interaction with their social and cultural world and how this influences meaning. Thirdly, symbolic interactionist theory recognises that an event such as parental loss can have a fundamental effect on individual's sense of meaning and change how a person views the world and their place in it. Finally, the last justification comes from the work of Charmaz (1999) who argues that people continually develop and change according to experience and the environment. This conceptualisation of the self as 'always in process and never a static final product' (Charmaz, 1999, p367) provided an epistemological framework within which to explore loss as a process. Strengthened by the grounded theory methodology, symbolic interactionism offered a sound epistemological base for the research.

METHODOLOGY

3.7 Rationale for adopting a grounded theory approach

The epistemological foundation of this study helped frame the research design and the methods adopted to conduct it. For this study, a qualitative, grounded theory methodology was deemed most appropriate.

The study used a constructionist grounded theory methodology as recommended by Charmaz (2003), incorporating qualitative methods and grounded theory analysis techniques. The justification for my selection will be discussed, incorporating the decisions involved in selecting grounded theory over other methodologies, followed by an overview of grounded theory. To conclude, I will briefly review the debate regarding grounded theory approaches and my own position as the researcher in relation to these discussions.

It was anticipated that a grounded theory approach would facilitate the identification of key categories and the relationship between these categories, leading to a model that would explain the process involved in experiencing the loss of a parent during young adulthood.

3.8 Grounded theory versus other qualitative methods

There are a number of different approaches to the analysis of qualitative research. Before adopting a grounded theory approach, other approaches were considered. I carried out a literature review, examining interpretive phenomenological analysis, grounded theory, discourse analysis and triangulation of research methods. Below is a brief summary of the various approaches considered for this study, followed by justification for adopting a grounded theory approach.

Interpretive Phenomenological Analysis

Interpretive Phenomenological Analysis, also known as IPA, is becoming increasing popular as a qualitative methodology in health psychology and counselling psychology. Eatough and Smith (2008) provide a clear definition of IPA, stating that 'the IPA approach is concerned with the detailed examination of individual lived experience and how individuals make sense of that experience' (Willig, 2008 P. 179). IPA has its theoretical origins in phenomenology (which focuses on individual experience) and hermeneutics (how people interpret experiences), and 'involves the joint reflections of both participant and the researcher' (Osborn & Smith, 1998; Smith et al., 1997, as cited in Brocki & Wearden, 2006, p. 88), through a process of interpretative activity.

Grounded theory

Grounded theory places emphasis on action, meaning and process. The aim of grounded theory is to produce theory to help explain basic social process. It has its theoretical underpinnings in symbolic interactionism and therefore the influence of the social world in constructing meaning is central to grounded theory. Grounded theory differs from other qualitative methodologies in that the unit of analysis is the incident not the person.

Discourse analysis

The texts most commonly referenced in the discussion of discourse analysis are Potter & Wetherell (1987), Burman & Parker (1992, 1993) and Hallway (1989). The commonalities in these authors' approaches centre on the significance of language in constructing meaning. Willig (2001, p. 87) argues that the main focus of discourse analysis is on the use of language and how it is employed both socially and psychologically in order to establish social positions and 'ways-of-being'. Langdridge (2004, p. 325) argues that discourse analysis is not concerned with understanding the experiences of participants, but is concerned instead with how people construct meaning through language use. Discourse analysis explores the use and social significance of language. I decided against discourse analysis in favour of grounded theory. My reasons for this was influenced by Willig's (2001, p. 101) argument, which questions the extent to which participants' subjective experience and their perception of reality and social position can be theorised using discourse alone. Secondly, Parker (1997, p. 479) acknowledges that 'discourse analysis risks neglecting individual experience by employing a quasi-behaviourist notion of blank subjectivity'.

The aim of this research was to understand young adults' experience and meaning of parental loss and to examine how social context influences meaning and life after the loss. Although IPA can contribute to an understanding an area of 'personal' interest it does not take into account the basic psychological and social problems and processes. I considered using two qualitative approaches; grounded theory and hermeneutic phenomenology. I took into account the practical considerations and the research to date on triangulation of research methods before making a decision. Below is a review of the possibility of using two qualitative research methodologies – Heideggerian hermeneutics and grounded theory.

Triangulation of Qualitative Methods: Heideggerian Hermeneutics and Grounded Theory

A literature review was conducted in an attempt to encompass articles relating to triangulation of qualitative methods. As I was interested in triangulation of grounded theory and hermeneutic phenomenology, I carried out a selective but comprehensive review of the relevant literature.

It is evident throughout the research literature (and in particular the qualitative literature) that there is a lively debate about the extent to which research methods should be triangulated. Wilson and Hutchinson (1991) have dominated the literature on triangulation of hermeneutical phenomenology and grounded theory. They have provided a comprehensive discussion on the advantages and disadvantages of triangulation. Wilson and Hutchinson (1991, p. 274) argue that the disadvantages include the length of time required for data collection and analysis. Research by Baker *et al.* (1992) supports this perspective and cautions researchers to 'avoid the method slurring that could occur when triangulating methods' (cited in Annells, 2006, p. 56). Baker *et al.* (1992) suggest that 'the purposes and assumptions of the two approaches are significantly different for them to be sensibly combined' (Johnson *et al.* 2001, p. 245).

Wilson and Hutchinson (1991) argue that using both methods has advantages. In their opinion, 'grounded theory can inform practical intervention and future research, whilst the rich and insightful detail of hermeneutics provides a depth of personal understanding' (p.275). In response to Wilson and Hutchinson's (1991) study, Annells (2006) supports the use of grounded theory and hermeneutic phenomenology, asserting that the two approaches are complementary and beneficial in terms of research in gaining a deeper understanding of both human experience and the social processes of the phenomenon. However, Annells (2006) highlights the difficulties and practical considerations inherent when using these approaches in one study. Annells (2006) agrees with Wilson and Hutchinson (1991) regarding the disadvantage of the length of time needed to utilise both methods. In addition, Wilson and Hutchinson (1991) and Annells (2006) emphasise that when using both approaches in a study 'it is vital to maintain the integrity of each approach not only through separate data collection but also through the use of different interview styles and data analysis' (Annells, 2006, p. 56). With this in mind, I was aware of time constraints in terms of the completion of this piece of research and the length of time required if I was to pursue separate data collection, different interview styles and data analysis. Having reviewed the literature and weighed up all the practical considerations of triangulation, I decided against using two qualitative approaches in favour of using constructivist grounded theory methodology as recommended by Charmaz (2003). This approach allows the

researcher to assume an active (rather than neutral) role and allows the researcher and the participant to work together. In addition, it allowed me to reflect on my personal experience and to be involved in the co-creation of the study. Consequently grounded theory was deemed a good fit with the research aims.

3.9 Selecting grounded theory

Grounded theory emerged as the most appropriate methodology for this study. The aim of grounded theory is to produce theory. Grounded theory methods consist of systematic procedures (Strauss & Corbin, 1990) and guidelines (Charmaz, 2003) for collecting and analysing qualitative data in order to construct theories grounded in the data itself. The process in grounded theory involves data collection, coding and constant comparison in order to produce the theory grounded in the data (Moghaddam, 2006). The goals of grounded theory are to explore what is the participant's primary concern regarding the incident or phenomenon, how the participant tries to resolve these concerns and what meaning this has for him or her. The objective of the researcher in developing a theory is to explore the psychological and social processes involved in the phenomenon. In this study, the process under examination is parental loss, with a focus on the impact that this has on interpersonal relationships and patterns of everyday life. Grounded theorists start with an area or a phenomenon that they wish to understand more about and allow the theory to emerge from the data. Theory development is one of two central features of grounded theory. The other central feature is the interactive nature of the process. The researcher continually moves between data collection and analysis whilst developing the theory. However, controversies regarding different approaches and the use of grounded theory have generated much debate. For this reason, the following section will discuss the methodological detail regarding grounded theory in greater depth and clarify the exact approach adopted for this study.

3.10 Overview of grounded theory

The development of grounded theory

Grounded theory was originally developed by Glaser and Strauss in 1967. They sought to develop a qualitative research methodology based on the theoretical foundations of symbolic interactionism (Fassinger, 2005, p. 156). Moving away

from the popularity of quantitative research, Glaser and Strauss (1967) intended to show how such research projects could produce outcomes of equal significance to those produced by quantitative methods. Glaser and Strauss offered a method with a solid core of data analysis and theory construction. Maintaining a positivist approach, Glaser and Strauss argue that 'reality is unitary, knowable, and waiting to be discovered'' (cited in Bryant & Charmaz, 2007, p. 34). Glaser and Strauss (1967, cited in Charmaz, 1990, p. 1163) demonstrated that their approach allows hypothesis to emerge first which then enables the analyst to generate theory.

Since its development in 1967 the methodology has evolved and Glaser and Strauss subsequently went on to debate the theory-generation aspects of grounded theory between them (Glaser, 1992; Strauss & Corbin, 1990, 1998). Since then, multiple approaches to, or versions, of the method have evolved (e.g., Strauss and Corbin, 1990, 1998; Charmaz, 1994, 1995, 2000). These versions primarily reflect different ideas about how data is analysed to the point that a theory results. However, despite the differences in approach, key methods are common to all the approaches, e.g. theoretical sampling, constant comparative data analysis, memo writing, theoretical sampling, identification of a core category and a resultant explanatory theory. Throughout the critical literature review, it has been argued that the Strauss and Corbin (1990, 1994, 1998) version of grounded theory uses a systematic set of procedures in order to develop an inductively derived grounded theory. This approach moved away from the traditional positivism. Although this approach is widely supported, researchers have argued that the approach is complex and technical. However, despite its complexity, this approach continues to be successful and widely used in the field of qualitative research.

Criticism and debates of grounded theory

Within the growing body of literature, there are still conflicting opinions and unresolved issues regarding the nature and process of grounded theory. In the following section, a thorough review of the debates will be presented.

In the qualitative literature there has been controversy regarding the 'correct' approach. Central to this debate is the argument over when to conduct the literature review. Researchers such as Stern (1980), Stern & Allen (1984), Lincoln & Guba

(1985), Stern (1994), Strauss & Corbin (1994), Hickey (1997), have argued that researchers should avoid conducting a literature review prior to commencing the data collection and analysis. These researchers argue that by avoiding a literature review at the beginning of the study it is more likely that the emergent theory will be grounded in the data (cited in Cutcliffe, 2000, p. 1480). Another perspective is given by Hulchinson (1993), who suggests that 'a literature review should precede data collection and analysis, in that it is the review of the literature that can identify the current gaps in knowledge'' (Cutcliffe, 2000, p. 1480). Charmaz, (1990, p. 1163) argues in favor of delaying the literature review in the research process, stating that 'by doing so, it can contribute to exploring various ways of analysing the data'. Cutcliffe (2000, p. 1480) argues that 'no potential researcher is an empty vessel, a person with no history or background'. It is common for many researchers to pursue a particular interest in an area in which they may already possess some background knowledge. Strauss and Corbin (1994) argue that by having some background knowledge or interest in the research area, it may 'help the researcher to reach conceptual density, enhance the richness of concept development and subsequently the process of theory development' (Cutcliffe, 2000, p. 1480). Consequently, the stage at which the researcher begins to read the existing literature depends on which version of grounded theory is being used (Cutcliffe, 2000).

Additional debates have arisen regarding the data analysis procedures in grounded theory. It has been argued that grounded theory draws too heavily on a restrictive set of procedures and techniques to analyse the data. Rennie (2000) and Robinson (2000) argue that real scientific results arise from imagination, creativity and common sense, rather than deduction and induction (cited in Salmon, 2003). In more recent years a more flexible approach has emerged. This is due in part to an acknowledgement that grounded theory, like any other method, is evolving and should resist being 'completely codified and structured' (Chamberlain, 1999, p194).

It is evident that grounded theory remains open to criticism and debates due to the various perspectives and the 'correct' approach. However, despite these criticisms the methodology has gained in popularity and by the late 1990's surveys indicated that among published papers reporting on qualitative research, two out of every

three claimed to be using grounded theory methods (Titscher *et al.* 2000, cited in Bryant & Charmaz, 2007, p. 47).

Constructivist grounded theory

While an increasing amount of grounded theory research is developing and accumulating, many researchers have moved beyond the traditional approaches and towards the constructivist approach advocated by Charmaz (1990, 2003).

The constructivist approach offers an open-ended, active and flexible process. Charmaz (1990) places emphasis on the importance of the relationship between the participants and the researcher throughout the research process. Rather than writing about participants, Charmaz encourages researchers to develop relationships with them in order to gain a deeper understanding of the phenomena under observation and therefore enhance the research process. Charmaz (1995) also argues that a pitfall of postmodernism is that researchers presume to know what experience means without exploring what it means to the people involved. Some postmodernists argue that the researcher-respondent relation is exploitive. Charmaz (1995) argues against this statement and suggests that postmodernists need to think about what researchers contribute to the qualitative field. For a respondent, to have someone listen to your story and hear about your life without imparting didactic judgments can be tremendously validating. The most significant aspect of constructivist epistemology is that it is concerned with the relationships between the people involved in the study.

Charmaz (1995) makes clear that grounded theorists should seek to write the construction of social processes through the mutual production of relationships. Charmaz (1995) advises grounded theorists to invite respondents to read, critique, or collaborate on drafts of chapters in order to make the research into a collective and collaborative study.

The constructivist approach seeks to capture multiple viewpoints and realities rather than one single truth. This approach therefore provided a methodological fit with two of the goals of the study:

1) To incorporate a consideration of the psychological and social influences on experience and the meanings assigned to parental loss.
2) To uncover variations and similarities in experiences.

An additional interest in this approach was the recognition that I, the researcher, would assume an active, not a neutral role. In keeping with an interpretive ontology, this research was conducted in the belief that 'the interaction between the researcher and the participant produces the data' (Charmaz, 1995b, p. 35).

3.11 Summary

After an exploration of the different approaches in grounded theory, I decided to adopt a constructivist grounded theory methodology as recommended by Charmaz (2003), incorporating qualitative methods and grounded theory analysis techniques. Glaser and Strauss's inflexibility of techniques and use of more technical features of data analysis contributed to my decision. In addition, Hall and Callery (2001), argue that Glaser (1978, 1992) and particularly Strauss and Corbin (1990, 1998), have neglected the social construction of data. Blumer (1969, cited in Hall & Callery, 2001) argues that Glaser's (1978), and to a greater extent, Strauss and Corbin's (1990, 1998), criteria for rigour are problematic because they assume that a natural world is available for observation and analysis. The constructivist approach allows for the active involvement of investigators who can respond to statements made by participants with questions that may clarify or extend certain aspects of dialog. Kvale (1995, cited in Hall & Callery, 2001) argues that truth develops in a communicative process. Therefore, a constructivist approach places emphasis on researchers' and participants' co-creation of psychological and social processes. Furthermore, this approach encourages participants to validate and develop hypotheses, therefore gaining in-depth detailed descriptions of the psychological and social processes. For these reasons a constructionist grounded theory methodology as recommended by Charmaz (2003) seemed the most appropriate methodology for this study.

3.12 Compatibility of Qualitative Research with Counselling Psychology

In addition to the compatibility of a qualitative design with the aims of the research, the epistemological assumptions underlying qualitative research outlined in the previous section, have many parallels with the theory and practice of counselling psychology. These parallels will be briefly outlined in the following paragraph.

A further strength of utilising a qualitative approach in this research is that it is similar to the process of therapy. McLeod (1984) argues that a skilled qualitative researcher uses empathy and acceptance in the development of relationships with participants. During the interview it is necessary to adopt a patient, supportive and unhurried stance (Barnett, 2000). Charmaz (1995) places emphasis on constructing relationships with participants. She argues that as symbolic interactionists, researchers conduct much of our research from the empathetic, understanding standpoint. Blumer's (1969, cited in Charmaz, 1995, p. 58) dictum to 'respect your subjects', leads to compassionate relationships with participants, which is similar to the process of therapy.

Fassinger (2005, p. 165) argues that the greatest strength of the grounded theory approach for counselling psychology is that 'it integrates theory and practice in ways that few other approaches can boast, constituting a methodological exemplar of the scientist-practitioner'.

CHAPTER 4
METHODS

4.0 Indtroduction

The aim of this chapter is to outline the methods used for this study. By doing so, I have given a clear description of the participants, components and techniques employed in the study.

4.1 Aim

The aim of the study was to explore subjective experiences in order to understand what young adults mean by parental loss, how they cope with the loss and the coping strategies adopted by young adults. The purpose was to develop a grounded theory that will help explain parental loss in young adulthood from the young adult's perspective and so comprehend what influences the bereavement process and life after the loss.

4.2 Objectives

The objectives are listed below:

- To generate detailed descriptions of the psychological and social processes involved in bereavement during young adult development (18-30 years of age).
- To generate a theoretical analysis of the shared meanings and behaviours of young adults who have experienced parental loss.
- To develop a substantive model that explains the process of parental loss.
- To identify changes in identity caused by parental loss.
- To identify what this research group have to do and what behaviours they employ in order to cope with life without their parent.
- To identify potential counselling and support needs for young adults who have experienced parental loss.

4.3 Research questions

- What are the psychological and social impacts of parental loss on young adults?
- How do young adults cope with the loss and what coping strategies do they adopt?
- How does bereavement affect the meaning structures or 'assumptive worlds' of bereaved young adults in values and priorities, for their life perspectives, identities, social and interpersonal relationships?

In order to meet these aims and objectives, thoughts, feelings, perceptions and behaviours of those who have experienced parental loss were explored.

4.4 Methodology

As the intention was to explore a complex human phenomenon, that of parental bereavement and to gain an insight into the psychological and social impact of parental loss, grounded theory was selected as the method of choice. After a consideration of the relevant methodological literature a decision was made to adopt a constructivist grounded theory approach (Charmaz, 2000), as this would engage the young adults as active participants in the research process.

4.5 Design

The study employed qualitative methods including individual, semi-structured interviews, and grounded theory analysis techniques.

4.6 Ethical considerations

The topic of parental loss is a highly sensitive topic. In developing the interpersonal relationship that is critical to qualitative research, it allowed the participants and me to engage in a dialogic process which had the potential to evoke strong emotions or underlying unexplored feelings (Eide & Kann, 2008). It was my responsibility to safeguard the participants. The ethical conduct of the study was considered seriously. The ethical principle governing research is that respondents should not be harmed as a result of participating in the research, and that they should give their informed consent to participate (Bowling, 1997). Beauchamp and Childress (1994)

and Kitchener (1984) have identified five ethical principles that are relevant to counselling psychology (Shillito–Clarke, 2003). Shillito-Clarke (2003) suggests that these principles can be used to check the ethical viability of practice. These are non-maleficence, beneficence, autonomy, justice and fidelity. In relation to non-maleficence (doing no harm), the nature of my research project was such that it was difficult to envisage harm arising from exploration of the subject matter. There was no deception of any kind involved and participants were fully informed about the nature of the enterprise beforehand. Everybody who became involved in the study received written information relating to the study (see Appendix A).

In relation to beneficence, the aim for the research was to have a positive outcome for the participants and for myself. As the interviews unfolded it became apparent that there were indeed some personal benefits for some participants. Generally people felt that they had gained a deeper understanding of their loss by talking about it and reflecting on the questions. Also, most of the participants felt that it was important for them to talk about their loss and were pleased that they had been able to talk openly about the experience. It is hoped that there will be a benefit for health professionals and the general public through the raising of the profile of the psychological and social impact of bereavement in young adulthood, highlighting the importance of social support. I myself have benefited in that I had a personal interest in the research topic and a qualification that I hoped to gain. This experience has developed my research skills, expanded my reading and thinking and communication skills and the engagement with participants' views has stretched and developed my own perspectives. Overall, I feel that I have benefited personally and professionally. I hope that this research will also be of benefit to my colleagues, clients and supervisees in the future.

Participants' autonomy was respected at all times throughout the process. I ensured that participants were aware of the potential issues before they agreed to take part in the study. Consent forms (see Appendix B) to take part in the study were obtained following a personal conversation with the participants, in which anonymity and confidentiality were assured.

Permission for the audiotape-recording of the interviews was sought from all participants. All interviews were recorded and transcribed verbatim. Furthermore, I undertook to either erase the recordings, in accordance with the Data Protection Act (1984), or to return them to participants (after the examination of the thesis was completed). The tapes and files of participants' details were kept together in a locked filing cabinet in my house. Each interviewee was assured of complete confidentiality by not using their real names in the study. All identifying information such as names was replaced with pseudonyms for computer storage and for writing up. A password was used to protect the transcript computer file.

Participants were made aware of their right to withdraw at any time during the interview if they were not feeling comfortable with answering the questions and that they could take as much time as they wanted to answer the questions. The questions were worded carefully so as not to harm or upset the participants. Participants were regarded as equals and co-researchers and I was mindful of this in my interaction with them. Justice and fidelity encompassed being reliable in my dealings with participants and rigorous in my research methods, analysis and reporting.

Additionally, debriefing support information was given to all participants prior to the interviews and mentioned again following the interviews. This sheet gave a list of organisations offering counselling and support. Most of the organisations specialised in bereavement counselling and support. The reason for this was to provide participants with additional support if the study evoked new or underlying feelings. (See Appendix C for debriefing information.)

4.7 Sampling

As I adopted a grounded theory approach for data collection and analysis, I entered into the process of purposeful sampling, and then superseded this by theoretical sampling in that the data collection was driven by the emerging theory. I used a 'focus sample in order to seek out participants who had experienced the topic of interest' (Morse, 1998, cited in Cutcliffe, 2000, p. 1478). Glaser and Strauss (1967) highlight how the choice between sampling narrow or wider substantive groups is directed by the conceptual level of the theory that the researcher intends to induce.

They indicated that if the researcher intends to induce a substantive theory that is applicable to one substantive group, then the researcher needs to sample groups of the same substantive type (e.g., a narrow, focused sample). My aim was only to explore the individuals who have experienced a parental death; therefore I used a focus sample. Participants were chosen because of their expert knowledge of the phenomenon being investigated, rather than on the basis of their representiveness. This relevance is determined by what is necessary to generate and delimit the theoretical codes (Reed, Proctor, & Murray, 1996; Smith & Baily, 1997). Therefore, purposeful sampling was used for the first two interviews, following this, theoretical sampling was used to guide sample selection. Amongst the literature, researchers (Goulding, 1998; Schreiber, 2001; Smith & Bailey, 1997) have suggested that theoretical sampling enables the researcher to investigate the variations in the data and develop hypotheses. They further argue that this process of sampling continues as categories emerge. The researcher targets particular groups, firstly to test and refine emerging categories and later to expand and develop these categories (Goulding, 1998; Smith & Bailey, 1997).

4.8 Characteristics of sample

The sample consisted of ten young adults who experienced parental death between the ages of 18-30 years. A minimum of one year had to have elapsed since the occurrence of the death. I put this criterion in place for several reasons. Firstly, it was my duty to protect the participants and I believed that taking part in a research study might be too overwhelming for participants if they had recently experienced a loss. Secondly, the aim of the study was to investigate the process of parental loss and change over time.

The sample consisted of eight women and two men. Demographic information was collected from each participant (see table on following page.)

Participant	Gender	Pseudonym names	Country of origin	Age at interview	Age at loss	Years in between	Type of death	Siblings
1	Male	Josh	UK	26	18	8	Heart attack	Two sisters
2	Female	Emma	UK	27	26	1	Stroke	Two brothers
3	Female	Kate	UK	30	24	6	Cancer	Only child
4	Female	Hanna	New Zealand	26	18	8	Kidney failure	Only child
5	Male	Nick	UK	30	25	5	Heart attack	Six siblings
6	Female	Abbey	New Zealand	26	25	1	Suicide	Two brothers
7	Female	Emily	UK	26	24	2	Cancer	One brother
8	Female	Tia	Brazil	30	24	6	Cancer	Only child
9	Female	Sophie	Australia	30	25	5	Suicide	One sister
10	Female	Laura	Irish	27	24	3	Alcoholic	Five siblings

Table 2: Participant demographic data.

4.9 Recruitment

Following ethics approval from City University, flyers informing potential participants were posted at City University and an advert was placed on the internet site 'Gumtree', under the 'Community Chest' section. Following advertising, potential participants contacted me by e-mail to seek further information. They were given information sheets (see Appendix A) at this point which outlined the aims of the study. The necessity for tape recording of interviews was explained as well as confidentiality. All participants were assured that to maintain confidentiality tape recordings would be codified and they would not be identified in any way. I also informed participants that they would be asked for further inputs of time to engage in a discussion regarding the outcomes of the data analysis, the aim of which was for theory validation and to test and develop hypotheses as recommended by Charmaz (1990). Once the participants volunteered to take part in the study, a consent form (see Appendix B) and de-briefing information (see Appendix C) were sent to each candidate. Arrangements for a time and place to conduct the interview were then established.

4.10 Data Collection

Twelve interviews were conducted in total. Two of these interviews were used as pilot interviews which helped me to anticipate potential issues. Interviews lasted between 45 minutes and 60 minutes. Data was collected from all participants via a semi-structured interview format. My questions reflected social constructivist concerns. I went into each interview session with a set of general areas of questioning, which had been enhanced by analyses of the data collected at previous interviews. I always began and ended each interview by thanking the participant for their time and reassuring them that what they said was completely confidential. I would then start the tape recorder and note the date, time and participant number. Examples of questions on the interview schedule included:

- Can you tell me the story of your mother's/father's death?
- Can you tell me about your relationship with your parent that is still alive, has your relationship with him/her changed since the death of your other parent?
- Could you tell me about your social relationships – for example: Has the death of your parent affected your relationship with your peers or partner?

Most of the participants spoke in depth about their experience of parental loss. However, I still found it necessary to probe for clarification or for expanded answers on their answers. This probing was guided by analysis of data gathered from previous interviews. The focus of the interviews became more specific as the theory emerged.

During the interviews, I had ethical responsibilities to manage boundaries and maintain an awareness of the interviewee's feelings and to monitor my own feelings. This was particularly relevant given my position as the role of the interviewer, which was different to my role as a counselling psychologist. Time boundaries proved to be a challenge as most of the participants expressed their desire to speak for longer. However, I adhered to the time-frame that was scheduled; this was done with respect and sensitivity. The purpose of adhering to the interview format was to reduce the risk of participants disclosing more than they had planned. None of the

participants voiced or indicated at any time that they were uncomfortable or unhappy with the topics under discussion. Throughout each interview, attention was paid to establish trust and rapport with the participants through the use of selective questioning and being attentive and listening (Legard, Keegan & Ward, 2003; Field & Morse, 1985).

4.11 Enhancing the Rigour of the Study

One of the biggest challenges in qualitative research is how to assure the quality and trustworthiness of research. It is essential for the qualitative researcher to justify their choice of criteria which needs to be compatible with the topic of the research in question (its methodology, aims and assumptions). I incorporated three criteria to the study to create a rigorous form of grounded theory: those of reflexivity, relationality and trustworthiness. These will be briefly outlined.

Reflexivity

In keeping with a constructivist approach, my aim was to develop a mutual construction of meaning during the interviews and a meaningful reconstruction of the participants stories. I was aware from the methodology literature (Hammersley, 1987; Popay, Rogers, & Williams, 1998, cited in Hall & Callery, 2001) that the quality of the data would be influenced by the nature of the relationship between researcher and participant. Streubert and Carpender (1999) suggest that rigour is demonstrated by 'accurately representing participant's experiences'. In qualitative methodology, the researcher is encouraged to reflect on the values and objectives which they bring to their research and how these affect the research project. I was bringing my personal experience of parental loss; therefore I was aware that I was bringing pre-existing perspective into the research event. Moving away from being an objective, neutral researcher, I acknowledge active participation in the research. Throughout the data analysis I critically examined myself as a researcher in the research process and acknowledged the social construction of the interviews and participant observation. By incorporating reflexivity, it allowed me to address 'what what going on' in the research process and to be critically reflective and reflexive about my thoughts and influences throughout the study. Reflexivity was incorporated to prevent prior knowledge, beliefs and personal experience distorting my perceptions of the data. Strategies for reflexivity included keeping a research

journal and memo taking throughout the research process as recommended by Strauss and Corbin (1990) and Charmaz (2003). The goal of reflexivity is to 'turn the researcher's gaze back upon oneself for the purpose of separation and differentiation' (Hawes, 1998, p. 100. cited in Russell & Kelly). Strauss and Corbin advocate that the researcher use a journal in which to record his or her thinking about the research area and how it might influence the data analysis. Both traditional and evolved grounded theorists use memoing as a reflective tool to record the researcher's abstract thinking about the data. Fassinger (2005) suggests that memo writing captures the evolving ideas, assumptions, hunches, uncertainties, insights, feelings, and choices the researcher makes as a study is implemented and as a theory is developed, providing a means for making transparent the interpretive, constructive process of the researcher. Charmaz (2006) argues that the view you have as an observer shapes everything you see, therefore the observer's standpoint is a way of seeing. She further argues that the researcher must be self-reflective about where they come from to have any conception of their own values. Therefore, ongoing reflection and memo writing helped to keep account of and make clear the influences in the construction of theory.

Rationality

Effort was made to build trust and rapport with the participants through the use of active listening, empathy and by providing debriefing support information to all participants about the resources in their area that were available to address their concerns and offer support. Most of these organisations specialised in bereavement counselling and support. The reasons for this were to provide them with additional support if the study evoked new or underlying feelings. Acker, Barry and Esseveld (1983) emphasised the importance of trust in the researcher-participant relationship. They suggested that unless a relationship of trust is developed with participants, confidence is undermined about whether the research findings accurately represent what is significant to them in their everyday lives. The concept of rationality within the research process acknowledges the connectedness between the researcher and participant and excludes any recognition of subject as object as constructed within the positivist paradigm. The understanding that develops out of the communicative process of the interview is a result of two human parties in conversation about meaning. Tannen (1984, cited in Russell & Kelly, 2002) suggested that 'the

dialogue of research may be enhanced and deepened by conversation that emerges from the joint production and coordinated interaction of the interview process'.

Russell & Kelly (2002) argue that the dialogue of research must sustain an awareness of each participant's perspective. Buber (1970, cited in Russell & Kelly, 2002) suggested that 'it should foster the I-and-Thou relationship that allows and promotes the humanity of both the researcher and the participant'.

Trustworthiness

An expert in qualitative methods and two colleagues examined some of the interview transcripts and coding sheets to establish the trustworthiness of the data collection. Member checks were conducted by four of the participants. Each participant examined the results to check for consistency with his/her experience, this again is a process that establishes the trustworthiness of the data collection and enhances the likelihood that findings will be credible the trustworthiness of the data collection and enhances the likelihood that the findings will be credible.

By adding these criteria to this grounded theory study, rigour was increased through achieving more valid and reliable results.

4.12 Equipment

Interviews were recorded on a Sony, ICD digital recorder, model 320.

4.13 Conclusion

This chapter provides the reader with an understanding of the philosophical perspective on which this study was based and explains and describes the methods used to gather and analyse the data.

The foundational philosophical principles that underpin this study have been identified, explained and justified. Choosing the most appropriate method to apply to the research entailed a process of learning about, weighing up and selecting the methodology that would best suit my beliefs and my research aim of discovering the meanings attached to parental loss in young adulthood.

Symbolic interactionism with its focus on meaningful realities based on interactions between people emerged as the most suitable approach for this study. An inductive approach allowed me to generate theory from the research. Furthermore, utilising qualitative research methods and particularly the use of grounded theory enabled me to gather the data and extract from it the full meaning and complexity I was seeking. These methods also allowed for flexibility which was a further attraction to this study.

This study discovered, using symbolic interactionism and constructionist grounded theory, the multiple realities of parental loss as experienced by young adults.

The setting for the study was described to situate the reader within the context from which the data would generate. The sample, the number of individuals who met the criteria for this study, and who agreed to participate in the research, were clarified with demographic characteristics provided in table format. The methods employed in participant recruitment were then detailed and described. Data collection methods used, such as semi-structured interviews, was discussed with a brief example of some of the questions on the interview schedule. In addition, the criteria for evaluating this study to create a rigorous form of grounded theory, that is, reflexivity, relationality and trustworthiness were explained.

In the following chapter, the process of data analysis will be discussed, followed by the substance theory and its major elements, which will be outlined and explained in chapter 5. Chapter 6 will provide the reader with a discussion of the findings with recommendations being made for counselling psychology practice and further research.

CHAPTER 5
METHODOLOGY
DATA ANALYSIS

5.0 Overview

This chapter is concerned with describing and explaining the analysis of the data. A step-by-step guide to the analysis process is presented in this chapter. The aim of the analysis was to develop a model of the phenomenon studied that reflected and resonated with the experience of the participants. The analysis outlined was carried out for each interview. The process is described in 'stages' for purposes of illustration; however it was not a linear process. There was a constant interplay between data analysis, collection and the developing model. Consistent with grounded theory, I focused on studying action and processes. An example of the analysis process taken from Interview 1 can be found in Appendix F.

In keeping with the Charmaz's (2006) version of grounded theory, coding consisted of two main phases: 1) an initial phase involving naming each line of data followed by 2) a focused, selective phase that uses the most significant or frequent initial codes to sort, synthesize, integrate, and organise large amounts of data (Charmaz, 2006).

5.1 Stage 1 – Initial coding

Analysis began immediately after the first interviews (Strauss & Corbin, 1998). I listened to the interviews once without taking any notes. At this stage I was interested in getting an overall sense of the data, observing what tone was used and when. I also compared my perception of the tone of the interviews with notes taken during interviews regarding observed body language that accompanied comments and what impact my questions had on participants' responses.

The next process involved further listening and frequent replays of the interview tapes. Interviews were transcribed and then carefully read. The transcripts were then analysed into meaningful units. The identification of meaningful units followed Charmaz's (2006) recommendation of line-by-line coding, involving naming each line of my written data and in vivo coding (Charmaz, 2006) and setting aside

preconceptions and attempting to see 'even apparently ordinary comments in new ways' (Charmaz, 1995, p. 38). By using line by line coding, I gained a close look at what the participants said. This type of coding helped me to identify implicit concerns as well as explicit statements and to identify gaps in the data. At this point, I began memo writing where 'I raised the codes to concepts with the intention of treating the code as a conceptual category, rather than merely as a descriptive topic or code' (Charmaz, 1990, p. 1168). I soon built up a substantial body of codes and memos that fitted the phenomenon described in the data. This process involved constant comparison and continued questioning. Constant comparative analysis was used to examine the similarities and differences of codes and concepts.

5.2 Stage 2 – Focused coding

The next phase of data analysis was focused coding. Through focused coding I identified the most significant and frequent codes which emerged through initial coding. Focused coding allowed me to sift though large amounts of data. Focused coding required raising a term to a conceptual level and making a decision that the term reflected a significant process. It also meant explicitly deciding to follow up on it during subsequent data collection and finally it meant making connections between it and other conceptual categories (Charmaz, 1990).

Memo writing helped to refine conceptual categories by specifying properties, noting the conditions under which they arose, relating how they changed, describing the consequences and making links between categories.

5.3 Stage 3 - Theoretical coding

Finally theoretical coding was conducted to choose a core category, to relate categories to one another, and to integrate them into a model. The aim was to build a model that accounted for the young adult's experience of parental loss and only categories that specifically related to the overall model and which were a good fit with the core category were included. Two core categories emerged which had more codes and subcategories than any other categories. These were selected as the core categories for young adult experience of parental loss – Insecurity and Self Reliant. Once this was achieved, the eight remaining categories were selected and organised in terms of their relationship with the core categories: Time before loss,

emotional disequilibrium, change in the family system, sense of isolation, disengagement, self-control, empowerment, and acceptance**.**

5.4 Memo writing

Memos were kept throughout the analysis. They were used to conceptualise the data in narrative form, 'to create social reality' (Richardson, 1998, p. 349) by discursively organising and interpreting the social worlds of the respondents (Lempert, cited in Bryant & Charmaz, 2007). Memos were used to describe and expand categories and to capture my evolving ideas and choices as the theory developed. They also helped to represent relationships between concepts, to guide theoretical sampling and help organise vast amount of data. All memos and diagrams were dated, noted with the participant interview code, given a title and any other relevant information (see Appendix H).

In keeping with a social constructivist approach, I used the literature extensively as I was collecting, coding, and memo writing. Therefore my memos incorporated both literature and analysis.

5.5 Concluding remarks

The process of identifying meaning units, categories, memo writing and refining categories was a circular process that occurred concurrently with data collection. Within this circular process, the analysis informed the interviews. Towards the later interviews, the emerging theory was tested and enriched by theoretical sampling.

5.6 Credibility of current research

As discussed previously (Chapter 3), one of the biggest challenges in qualitative research is how to ensure the quality and trustworthiness of research. I was actively involved in the research process. Charmaz (2006) encourages the researcher to examine hidden assumptions in our own use of language as well as that of our participants. As a researcher, I have constructed the codes and defined what I believe to be happening, therefore moving away from being neutral and acknowledging my role and what I bring to the research process at appropriate points throughout. My psychology background contributed to category names. Throughout the process, I interacted with the participants. As the analysis evolved, I

tried to understand the participants' views and actions from their perspectives. Steps were taken both during and following the analysis process to demonstrate the credibility of the research. This was done in the following ways:

- *Self-reflection, participant-researcher intersubjectivity*

As mentioned previously in Chapter 3, notes were taken after each interview and a journal was kept for ongoing personal reflection. Hermeneutic reflection can be understood as a 'process of continually reflecting on our experience as researchers, alongside the phenomenon being studied, so as to move beyond the partiality and investments of our previous understandings' (Gadamer, 1975, p. 384). Furthermore, in order to understand something in another we need to link it to something familiar to ourselves. Therefore, I kept a journal for ongoing reflection which facilitated reflexivity and produced a co-construction of meaning of parental loss. This exercise of keeping a journal for ongoing reflection is referred to by Padgett (1998) as an 'audit trail'.

- *Respondents' validation: Member checks*

During data analysis, as concepts and categories were being developed and when gaps in the data emerged, participants were contacted to clarify their previous account and/or were asked specific questions relating to concepts. Also, at the end of the data analysis, I asked participants to validate the categories in order to check for consistency with their experiences, this again was used to establish the trustworthiness of the data collection and enhance the likelihood that the findings would be credible.

- *Trustworthiness*

An expert in qualitative methods and two colleagues examined some of the interview transcripts and coding sheets to establish the trustworthiness of the data collection. This again established the trustworthiness of the data collection and enhances the likelihood that the findings will be credible.

- *Transferability*

Following analysis, I spoke with two further bereaved young adults. The parental loss experience as described by these young adults seemed to fit well with the model. Furthermore, on seeing the model, they reflected that it accurately mirrored their overall experience. This suggests that the findings of the present study are relevant and applicable to other young adults going through the experience of parental loss beyond the present sample.

CHAPTER 6

FINDINGS OF THE STUDY

6.0 Introduction

The purpose of this chapter is to present the substantial component of the study results.

The process of gathering data and data analysis was challenging and invigorating. Throughout the process I was confronted with various emotions from each participant as well as experiencing strong emotion within myself. It was necessary throughout the research journey to monitor what was being said and observed in the participants' stories; in addition it was necessary to watch myself carefully to see what my responses were and why these responses were happening. Reflexivity at this point in the process is critical for alerting us to what allows us to see and to what inhibits our seeing (Michalowski, 1997, cited in Russell & Kelly, 2002). Throughout the data analysis, I have incorporated extracts from my reflexive diary in order to highlight the co-creation of meaning involved in the data analysis which created and shaped the research process.

The research results are presented in alignment with the components of the model of young adult experience of parental loss.

Two core categories emerged which had more codes and subcategories than any other category. The psychological impact of the loss resulted in the first core category being formed, 'Insecurity'. How the young adult coped, the strategies which they adopted to cope and the process of reconstruction of meaning resulted in the second core category, 'Self Reliant'. At this stage the other categories were organised in terms of their relationship with the core categories. A full description of the core categories, major categories and their subcategories, complete with comments from the interviews, are presented in this chapter. This enables the participants' voices to be heard and also demonstrates that the results of the analysis are grounded in the participants' perspectives. It facilitates a human connection with the results but also validates the research process and analysis. Quotations

from the interviews with participants are in italics. The quotes have great power and value. In conducting this study, I have found them invaluable in displaying the young adult experience of parental loss. Following a full description of the categories, the model of the young adult experience of parental loss will be presented.

6.1 Categories

6.2: First major category: Time before loss

6.3: **First core category**: **Insecurity**

6.4: First major category of Impact: Emotional Disequilibrium

- *Helplessness*
- *Fear*
- *Guilt*

6.5: Second major category of impact: Change in the family system

- *Change of role and responsibility*
- *Change in relationship in the family system*

6.6: Third major category of impact: Sense of isolation

- *Not feeling understood or supported*

6.7: **Second core category: Self-reliant**

6.8: First major category of coping: Disengagement

- *Distraction*

6.9: Second major category of coping: Self-control

- *Avoiding disclosure*

6.10: Third major category of coping: Empowerment

- *Finding meaning*
- *Finding benefit*
- *Constructing an ongoing relationship to the deceased*

6.11: Fourth major category of coping: Acceptance

- *Reappraisal*

6.2 FIRST MAJOR CATEGORY: TIME BEFORE LOSS

The time before the loss emerged to be an important factor in the participants' response to the loss. Participants described having never encountered a loss prior to losing their parent. They described feeling naive to the fragility of life before this time. They explained that they saw the world as a safe and predictable place before their loss. Those anticipating the death, who were care givers for their parent reported that their relationship with their parent changed due to the stressful demands of caring and responsibilities during this development stage. However, regardless of anticipating or not anticipating the loss, for all, the loss of their parent was a shock and shattered the equilibrium of life for the young adult. The following quotations illustrate the pre-loss versus post-loss reconstruction of life's meaning for the young adult experiencing the loss.

Interview Comments:

''You have to be an adult…….. in all fairness I was 22 not 12 but it takes away I suppose your innocence……. people go around with rose-tinted glasses…… thinking that everything works out but it doesn't and that's really hard…. That's a very hard thing at 22 it's a very bitter pill to swallow that it doesn't work out and good things don't happen to nice people and bad things are inevitable''
(Laura).

''*He had a heart attack overnight and died and yeah… that's when it all… well for me when it all blew up it began… it was shocking''* (Nick).

''I think they told us after they had operated that actually it had spread too far and they couldn't do anything about it and at the time they didn't know how long she would have to live……. although we were expecting it…… it still came as a shock…..'' (Kate).

As I was listening to the participants' words, I noticed an emphasis on the time before and after the loss, and I began to reflect on my experience of loss. Laura's comment ''*good things don't happen to nice people and bad things are inevitable''*, was a feeling that challenges me throughout my father's illness. I could relate to the feeling of being naive to life.

Nick's words '*when it all blew up it began… it was shocking''* highlights the significant impact the loss had on him. The word 'blew up' emphasises the shock and the eruption of life for the participant.

6.3 CORE CATEGORY: INSECURITY

During the pilot interviews, I explored the impact of parental loss. A strong emphasis on feelings of insecurity emerged from the data. It generated more codes and subcategories than any other category which resulted in the first core category and the first research question being formed.

Once I decided on the research question, I actively pursued the 'sense of insecurity' further, I actively engaged myself in the dialogic interaction in pursing this area, in the process of listening to the information and noticing my reactions to it.

Throughout the interviews the feeling of insecurity echoed throughout people's stories of parental loss in differing levels of intensity. Participants described initially perceiving that they had little control over events and circumstances, which led to the feeling of insecurity. They felt nothing was safe and predictable. At the early stages of bereavement they described having no words to help them understand what had happened. When a parent dies, they are gone forever; this shattered the equilibrium of life for the young adult. The same sense of safety and control experienced before the loss cannot be recaptured and as a result they felt less secure.

From the data of this study, insecurity applies to the young adult experience of parental loss, as illustrated in the following quotations:

Interviewee Comments:

''*I think there was definitely something there where I felt unsettled definitely just less secure''* (Kate).

''*I struggled with knowing what I wanted.…… because having someone there who is completely there for you like your parent they can say I think that's a bad idea or a good idea and even if you don't agree with them they're still coming from your best*

interests….. It was really difficult for me. I felt like I didn't have a strong sense of self like knowing who I was so that's a challenge'' (Hanna).

''*I had this unspoken belief that mum would live till she was 90 and babysit her grandchildren and all that we just had that unspoken assumption and when she died that sort of thought shattered so''* (Sophie).

These quotations impacted on me during the interviews. I remember feeling a deep sadness upon hearing the participants' words. I was able to identify with these participants. I too felt unsettled for quite some time in my own experience of parental loss. I remember feeling that my sense of self was challenged as I had a close, reliant relationship with my father who guided me and always had 'in my eyes' the best advice. The same sense of insecurity that the participants' were describing, I too could relate. I felt a strange senstation within myself, a sense of closing in on myself, protecting myself. I was mirroring something in the participants. One way into understanding the participants experience was to try to understand what was happening within me. It was a feeling of vulnerability in my loss, an overall feeling of insecurity. By examining my own response I felt I could better understand the participants. This finding led to the formation of the core category 'Insecurity'. This sudden, frightening experience was seen to have changed the people experiencing it in various ways. This led to three major categories to signify the impact of parental loss: 'Emotional disequilibrium', 'Change in family system', and 'Sense of isolation'.

6.4 FIRST MAJOR CATEGORY OF IMPACT: EMOTIONAL DISEQUILIBRIUM

A prevalent theme in the data was how the loss impacted on the participants' emotional state. Strong emotions were expressed throughout the interviews. As recommended by Manning & Callum-Swan (1994, cited in Russell & Kelly, 2002), I sat with the information for quite some time, remaining open to understand not what it first said, but rather how it wants to talk with us. There were three emotions which were repeatedly expressed: Helplessness, fear and guilt.

- **Helplessness**

All participants reported feelings of helplessness initially after the loss. This was due to feeling that they had little or no control over what had happened. Participants also reported feeling helpless watching their family members suffer. This feeling of helplessness went with time.

Interviewee Comments:

''You just get into your head that people can be taken away from you very quickly without any warning and there is nothing you can do'' (Josh).

''I've never lost anyone close to me before…… so I remember saying to my sister-in-law at the time that I don't know how to deal with this …I was absolutely at a loss …..'' (Nick).

- **Fear:**

As a result of helplessness, fear was experienced. Participants worried about their surviving parent and siblings, whether the surviving parent could cope, afraid of losing the surviving parent and with a fear of losing friends. This emotion is understandable when one considers the nature of the experience, that is, the loss of a parent and previous world views being shattered. The participants described feeling fearful that people can be taken away without any warning. Fear echoed throughout the participants' stories of parental loss in differing levels of intensity. The suddenness of the event, and being the first time to experience a loss, also made an impact. The feeling of fear that was experienced by many of the participants is illustrated by the following quotations:

Interviewee Comments:

''I think the most relevant thing is my fear…. My biggest fear was losing her and it happened so for me it was a really big shock and when my uncle said it to me I said I am going to die with her cause there is no way I'm going to live without her so yeah… it was the biggest shock to begin with'' (Emily).

''I remember the girl I was going out with at the time ……..…I remember at the start of our relationship when dad was alive I was laid back and then when he died I got

paranoid that something might happen to her, I would worry a lot about people, you start to worry that something would happen to people and I would get really worried which made my girlfriend annoyed cause I was over- protective'' (Josh).

''I know that this will happen again cause I'm the youngest of seven so I've got mum and six siblings to go through and it's certainly a bit of a wake-up call…. It really shook me'' (Nick).

Fear was especially evident in the case of only children, who understandably feared losing the surviving parent and being alone. In addition, fear of being alone and not having siblings or either parent was expressed.

Interviewee Comments:
''I was caught up thinking that I could lose him and he's the only person I've got'' (Kate).

''I was living in my mum's house with no family left……so I was alone in the same house feeling really really lonely and afraid'' (Tia).

Upon hearing and reflecting on the interviews, I remember feeling surprised as their feelings of helplessness and fear mirrored my feelings. I too have felt helpless watching my family members suffer. I also have felt the worry of losing my other parent and family members. I sat with this feeling; by reflecting on my experience I could better understand the participants' experience. This was a moment when I moved between subjectivity and intersubjectivity'. Through intersubjectivity, self-understanding and other-understanding are intimately linked.

- **Guilt**

The feeling of guilt was experienced by those who expressed having conflicts with their parent before the death. Guilt was experienced by participants who felt that they could have done more for their parent when they were alive. In addition, guilt was experienced by the two participants who experienced parental loss by suicide. For the latter participants, their guilt has remained and is linked to feeling

responsible for the death. This was described by the participants in the following ways:

Interviewee Comments:

‘‘*The weekend before I argued with her about ridiculous things and for a long time that made me feel really guilty and just that feeling of why did I get cross and why did I say that and storm out but it was fine the morning after apart from waking up to this horrendous ear infection. I was moaning about that and phoned up for an appointment at the GP’s and when I was at the phone she had collapsed so that was really hard’’* (Emma).

‘‘The last conversation I had with her was…. I had made a decision to….tell her to sort everything out and I was quite harsh with her… very harsh with her and I said that she was to stop drinking and make some commitment to sorting herself out and I didn’t want to talk to her so having that as my last conversation with her is really regrettable em… what I didn’t realise was how close to the edge she was… how serious she was… but having that as my last conversation with her is not…..… it doesn’t sit very comfortably with me like I’m feeling guilty about things that I said and em… and I feel like I let her down’’ (Emily).

It became evident throughout Emily’s interview that this feeling of guilt was preventing Emily from moving forward in her grief. Her feeling of guilt impacted on me. I felt deeply saddened to hear that she felt responsible and throughout the interview to hear of the lack of support from professionals and the stigma associated with the cause of her death which led her to avoid disclosure and in turn question her own mental health. I also felt extremely motivated after this interview; I felt the importance of the research area and the need to raise awareness of parental loss.

6.5 SECOND MAJOR CATEGORY OF IMPACT: CHANGE IN THE FAMILY SYSTEM

A key theme that emerged was how the family system changed; this category led to two subcategories: 'role change and responsibility' and 'change in relationships in the family system'.

- **Change of role and responsibility**

Participants spoke about how they felt they were expected to take on the care giving roles supporting the surviving parent. They perceived taking responsibility for the tasks the deceased parent previously carried out. This change was taken on for several reasons. Firstly, participants spoke about how they observed their families' reactions to the death. They wanted to protect their family and gain some control over the situation, therefore adopting a new role. Secondly, participants stated that they felt the obligation and expectations from the family members to take responsibility for the tasks the deceased parent previously carried out.

Interviewee Comment: -

''I think once he died I was the only man in the house so I kind of thought that I had to be there for my sisters. They all fell apart when dad died and I felt like I couldn't 'cause I had to be the man of the house…. I never went off the rails 'cause I didn't want my mum having extra problems so I didn't go off the rails I wish I had in a way'' (Josh).

''I'm the one who cleans and hoovers the house and sorts out my dad's washing, I mean he does it on the whole but I was the one that had to teach him how to use the washing machine…. you do have to take on a different role'' (Emma).

Upon hearing these stories it reminded me of the role my older brother has taken within the family. My brother filled the responsibilities of a parent and as with the participants; there was a certain expectation from him when he did take on the role.

- **Change in relationships in the family system:**

The changes in the relationships in the family system were highlighted by those who had siblings and a surviving parent. Participants' accounts varied in their perceptions of their relationship to their families. Some participants felt the loss brought them closer to the family, in particular the surviving parent, as illustrated in the following quotations:

Interviewee Comments:

''I'm REALLY close to my mum ……I always had a good relationship with her but I'm very close to her now because I worry about her…..…I've given away two of my sisters at their weddings so I suppose I feel quite protective of them and I feel I know that two of them are married and one engaged but I do sort of feel the responsibility I still feel like the man of the house…. When I go home for Sunday dinner and all my brother-in-laws are there I still have my seat at the top of the table'' (Josh).

''I have an amazing relationship with my father but definitely stronger since the loss and quite reliant'' (Emma).

''It meant that I had to put a lot more effort into the family than I would have done before and also I developed a relationship with my mum which was formed from my dad's death but also brought us together…… The relationship within the family has definitely got better the whole dynamic…. My mum found it really hard when he…..It took her breath away it did…..so we were there really supporting mum that's what the idea of it was and eh…..'' (Nick).

Upon hearing how participants became closer to their siblings and surviving parent I felt it too mirrored my experience. I also have noticed that I have become closer to my family. Participants expressed their awareness of the fragility of life and how important their loved ones are to them and as a result a stronger relationship developed within the family. However, it is important to state that not all participants developed a closer relationship with their family members. There were also examples of people feeling angry towards the surviving parent due to perceiving that their parent 'abdicated responsibility'. There was a sense of

resentment and unfairness throughout their stories. The repetition of the word ‘‘expected to be an adult’’ echoed throughout the participants’ stories. There was a sense of unfairness throughout their stories. They felt that their innocence had been taken away from them and they perceived themselves as being responsible for the surviving parent. Although I have not experienced the same feeling of anger, I sat with their expressions and tried to imagine myself in their shoes. I could understand the sense of unfairness as at their age young adults are building their own lives and moving away from their family. The anger that was experienced is illustrated by the following quotations:

Interviewee Comments:

‘‘*And then when she died that was very painful and I know its difficult but you just kind of think well actually I’m the child here like I’m not really the person that should be supporting you the parent but at the same time you don’t really feel like you have a choice you nearly become the parent…..’’* (Emily).

‘‘*I think dad kind of abdicated responsibility…. dad was very angry and quite aggressive towards me and demanded that I looked after him because he was annoyed and lonely and he was hurt and angry and there was no one else around so obviously I was going to get it in the neck but that was very difficult……I think that dad was quite happy to ignore what was going on with…… I couldn’t leave dad I still can’t like I couldn’t but dad and I are as close as we’ve ever been now and we’ve got as good a relationship now’’* (Laura).

Two of the participants described hiding this anger due to fears of losing the surviving parent.

Interviewee Comments:

‘‘*My relationship with my brother became closer and also my father was very difficult when my mum died so we were quite united back then we really had to lean on each other cause he was really really difficult so we used to call each other after each of us had spoken to our father and talk about it so it was nice to have someone who was having the same difficulties with my dad and we could just sit there and*

moan about it which was really important to have someone understanding you'' (Emily).

''*And there was a lot of kind of me wanting his attention and becoming the person he wanted me to be …….it's taken me that long to process it all and kind of think about it and try to talk to him about it but I didn't find it easy to talk to him about it 'cause I was caught up thinking that I could lose him and he's the only person I've got''* (Kate).

6.6 THIRD MAJOR CATEGORY OF IMPACT: SENSE OF ISOLATION

There was significant evidence in the data that some peoples' friendships had changed dramatically since the loss. This came across as what was perhaps the most disappointing change participants spoke about, as they were both surprised and hurt by the lack of support they received from people who they thought would always "be there" for them. In the majority of cases, while some friends were sympathetic at first, with time they often became uncomfortable, and lacked the patience required to provide support. Others described their friends as feeling uncomfortable from the moment of the loss.

The young adult parental loss experience is characterised by an intense state of isolation from friends. This perception formed the third major category of impact: 'sense of isolation'.

- **Not feeling understood or supported**

Throughout the experience there was a strong sense that the participants felt that no one understood what they were going through. They described feeling that there was an unspoken desire by their friends that they would be feeling better after a couple of months. This perception resulted in distancing themselves from peers in order to ease this unspoken demand.

Interviewee Comments:

‘‘I think certain friends were very frightened to talk to me about it ’cause being of this age not many a lot of my peers haven’t experienced anyone dying so some of my oldest friends haven’t spoken to me about it’’ (Emma).

‘‘Friends can be understanding that you’re going through something but most of them would never have lost someone so they expect after a couple of months for you to be on the road to recovery or getting on with things’’ (Abbey).

“It’s really misunderstood and that people almost thought of it like having a head cold or the flu or something and that in a couple of months people should be back on track……..it’s a natural event that people have but for people that haven’t experienced it they don’t get it’’ (Abbey).

I was struck by the participants’ words. There was a sense of profound connection between the participants and me. Their experience of feeling isolated by friends mirrored my experience. During a couple of the interviews I shared with the participants that their experience mirrored mine. I was aware that this could have resulted in re-directing the focus of the interview from the participant on to me. However, it enhanced the co-creation of meaning and resulted in the participants’ expanding on their experience.

One of the participants described ‘‘feeling like being a member of a very exclusive club’’. Her rich description gives a sense of the alienation resulting from peoples’ lack of understanding.

Interviewee Comment:

‘‘Once you go through it you’re like a member of a very exclusive club that you don’t particularly want to be a member of……’’ (Laura).

Feelings of being misunderstood by friends also linked in with health professionals as illustrated in the following quotation:

Interviewee Comments:

‘‘It would just be nice for people to have research to look at and to try and relate and understand people a bit better especially professionals ’cause they’re in a position to help people so they need as much accurate information as they can so that they don’t just get out their prescription pad so that’s why I thought I should take part’’ (Abbey).

The young adult experience of parental loss is a lonely one on the whole. Not feeling understood, feeling unsupported, and losing a strong attachment contributed to a sense of loneliness as illustrated in the following quotation:

Interviewee Comment:

‘‘That’s the hardest thing ’cause you can feel utterly utterly isolated when you were that close to someone and they go it’s…ridiculous how isolating it is and I think that was my overriding…….that was the most difficult part of my grief…. It was the loneliness factor ’cause the one person you would confide in em isn’t there’’ (Laura).

The repetition of the word ‘utterly’ emphasises the complete isolation felt. However on the whole, it was more the lack of people understanding, than the lack of presence of people which exacerbated the loneliness for the bereaved individual.

6.7 SECOND CORE CATEGORY: SELF-RELIANT

I was particularly interested in how people coped with the loss. It was an area I wanted to place extra attention to. In doing so, a core category and four major categories were formed which contributed to understanding how young adults cope after a parental loss. A dominant theme placed ‘self reliant’ as the core category.

As described earlier, the death of a parent is experienced as a sudden and frightening event. Through participants’ stories it became evident that loss of control is a fundamental feature of the parental loss experience and that making

sense of the experience and regaining control is an essential component of adjusting to life after the loss for young adults. Participants spoke about how they felt that they had to cope alone and work through the process of bereavement alone, placing self-reliant as a dominant theme. This is illustrated in the rich description presented below:

Interviewee Comment:

‘‘*Yeah. I think I’ve had to rely on myself and that’s the way I think about things…. I think that it’s just me and I’ve to do it myself’’* (Emily).

Four major categories represent this process of becoming self-reliant. These categories are ‘Disengagement’, ‘Self-control’, ‘Empowering’ and ‘Acceptance’. Each category and their subcategories followed by comments will be presented to illustrate the participants’ perceived coping strategies during parental bereavement.

6.8 FIRST MAJOR CATEGORY OF COPING: DISENGAGEMENT

Participants gave rich descriptions throughout their stories of the various ways they attempted to cope along the adjustment pathway. A recurrent theme which emerged from the data was the attempt through which they tried to stabilise their emotions, orient away from the stressor or their emotions and protect themselves from their grief. This is illustrated in the following subcategory, ‘Distraction’:

- **Distraction**

  A prevalent theme in the data was how the participants actively distracted themselves in order to draw attention away from their uncomfortable emotions. However, these behavioural distractions led to positive changes including keeping physically active and travelling which, although it led to running away from the problem, also led to actively socialising. This is described in the following extracts.

  Interviewee Comments:

  ‘‘*A lot of it is a distraction strategy. I find that if I sit on my own I don’t get low but I just think my mum wouldn’t want me, or be terribly impressed so I go out and meet friends make sure I’ve got something to do’’* (Emma).

‘‘I finished work after a year and then went travelling. I wanted to go travelling and I think it did me good but I think it was about running away from things and from my career ’cause I didn’t know what to do… I suppose it was good ’cause it made me make the effort to socialise and to gain some confidence back again’’ (Kate).

I spent time reflecting on this category, moving between subjectivity and intersubjectivity. While reflecting on this category I felt an uncomfortable reaction within me, an anxious feeling I made a note of this reaction in my reflective diary and I explored it in personal therapy. Personal therapy helped me to become mindful and to observe this reaction, this helped me identify where I was feeling it in my body and to notice why I was experiencing it. I noticed my body tensing up. I felt a connection to the participants as I too was using distraction in my day to day life as a way of avoiding the uncomfortable feeling of reality of my loss. Once I tuned into these bodily responses I was then able to recognise my identification with the participants. These words had meaning for me and for the participants.

6.9 SECOND MAJOR CATEGORY OF COPING: SELF-CONTROL

A coping theme which repeatedly emerged from the data was how participants used self-control to keep emotions at the desired level. There was a sense that participants used self-control to cope with how they perceived others’ reactions. Participants’ responses varied with regards to their reasons for using self-control as a way of coping. This led to the subcategory avoiding disclosure, which will illustrate the perceived discipline in controlling and disguising their true feelings.

- **Avoiding disclosure**

Avoiding disclosure of feelings echoed throughout people’s stories of parental loss experience. Participants described withholding from their friends the extent to which the parental bereavement was being experienced. This in turn affected their social relationships and led to inadequate support being provided by friends who had not experienced a parental loss.

The disclosure of feelings affects how others view and treat the bereaved person. The participants described withholding from their friends because it prevented alienation, judgment and criticism. Their perception of criticism was linked to their

experience of not feeling understood and people's expectations for those experiencing the loss to make a fast recovery. Participants believed that peoples' ignorance of loss would lead to this perception of alienation, judgment and criticism. A recurrent theme throughout the participants' stories was the feeling that they would ''embarrass'' people if they disclosed their feelings of loss. This is illustrated by the following quotations:

Interviewee Comments:

''*I never really got sympathy but then again I never asked for it…. I never talked about it that much to my friends I don't think I had any heart-to-hearts…… I often thought that they felt awkward about it…….. Yeah I sort of felt they didn't know what was going on and I didn't want to embarrass them'' (*Josh).

''*I thought that I could deal with it myself…… Looking back maybe it wouldn't have been a bad idea being in a support group with others that were in the same situation and not associated with me''* (Josh).

''*I don't think….. my friends….. I don't think they were aware of how bad I was……. 'cause I think outside I appeared to be coping quite well and was looking very strong but…….. if people tell you you're doing well you can't turn around and say well actually I'm not so I did find it very hard to talk about it to a certain extent…….. I could talk about it and say, you know, the platitudes in the norm things but I couldn't actually say this is completely killing me and I don't particularly care if I don't wake up tomorrow''* (Laura).

Some participants, with the experience of time, regretted not disclosing their grief but felt it was too late to disclose their loss.

Interviewee Comment:

''*I accept that my situation is different than it was and almost the longer it goes on these people not asking me how I am then the less they feel able to so it's like I didn't ask when I should have done or I didn't talk to her about it then so I can't really now so yeah I guess friendships change a lot''* (Emma).

Disclosing takes a further twist. Some participants perceived that disclosing their feelings would have worried their family and the living parent and 'caused them to suffer. This disclosure and suffering become intertwined.

Interviewee Comments:

''*They all fell apart when dad died and I felt like I couldn't 'cause I had to be the man of the house……I was worried about my mum cause she was falling apart so I held myself together*'' (Josh).

''*Well I remember one of my sisters saying to me that she was worried because I didn't talk about it she thought I needed to get it out of my system but …….… for me not so much now but over the years you definitely do it behind closed doors when no one is around and I didn't want to worry my family*'' (Josh).

''*I told my mum I was getting counselling from work… I didn't really want to or feel comfortable telling her how I was feeling…. I didn't want to worry her… awareness of mum is relevant*'' (Nick).

In my analysis of this concept, I found myself reading and re-reading the transcripts with a growing sense of familiarity with the participants' experience with avoiding disclosure to friends and family. At an early stage of my experience of parental loss, I felt I should be handling my feelings and therefore avoided disclosing to my friends. Like the participants I also avoided disclosing as I did not want to worry my family. When I explored this personal feeling it gave me further insight and understanding the participants' reasons for avoiding. Most of the participants expressed pressure to control their emotions as well as avoiding due to society's stigma associated with parental loss. I too felt the pressure the participants described which helped me to understand their reasons for not disclosing. Although I felt I could relate to the participants I returned to the participants, in order to deepen the analysis and to seek their assessment for accuracy on the meanings analysed from the interviews. Participants agreed with the findings which increased validatedity of the concept.

As I reflected on the transcripts of the conversations between the participants and me, I felt honored as the participants disclosed their stories to me and shared their tears. I reflected this back to them which seemed to strengthen the relationship between us and in turn enhanced the research process. The participants highlighted the difference between disclosing to me and avoiding disclosing to friends. They felt it was easier to express their feelings to a stranger because it prevented alienation, judgment and criticism. This is in line with Charmaz (1995) argument that having someone listen to your story without the listener imparting should's and don'ts is tremendously validating. This allowed the participants to openly disclose their experience of their parental loss which in turn has enhanced the research process by discovering categories to help explain the meaning of parental loss in young adulthood

6.10 THIRD MAJOR CATEGORY OF COPING: EMPOWERMENT

In order to cope with the imbalance of emotions and address the feeling of insecurity, some of the young adults in this study engaged in a process of empowering strategies to regain balance and make sense of their experience. The participants who engaged in this process of empowering were participants who experienced the loss a few years ago. For those who experienced their loss more recently and the two participants that experienced loss by suicide, the process was not linear, they described moving backwards and forwards along the recovery path and slipped in and out of empowering strategies. This category gives a rich variation of experiences. This led to the formation of the third major category 'Empowerment'. Four subcategories describe this process of regaining balance and the sense of feeling 'empowered'.

- **Finding meaning**

Finding meaning refers to the attempt to make sense of the loss. From the participants' stories it became apparent that in order to move forward in the bereavement process they had to engage in a process of finding meaning and making sense of what happened. Without this they experienced confusion, which compounded the lack of confidence they experienced as a result of the loss.

There was significant evidence in the data that the young adults who experienced a parental loss engaged in a process of personal reassessment and reconstruction of identity. This reconstruction moved them away from their actual developmental stage. As mentioned previously, the young adults described feeling that they had to be 'a grown up' with 'responsibilities'. As a result, some participants explained that they encountered identity confusion working through this developmental stage, and isolation. This confusion was linked to being unable to make sense of their loss. It is worth noting that not all participants have made sense of their loss but, for those that have, they explained that making sense played a key role in working through this identity confusion. This identity confusion is illustrated in the rich description presented below:

Interviewee Comment:

''*I think being in your 20s are like the coolest years 'cause it's when you develop who you are and if you have like this trauma it makes it so difficult to know who you are…….. knowing who I am…. I struggled with that a lot…*" (Hanna).

Some people made sense of the loss and found meaning through the process of counselling, as illustrated in the following comment:

Interviewee Comment:

''*It's hard for people to understand what you're going through and it's also hard to let them know so it's a two-way dilemma but counselling gave me that support and helped me get my life back on track…. when the most important person in your life dies you can get swallowed up with negativity about life in general and you can get extremely low and angry but counselling helped me to cope with her death and work through all these feelings so in that respect I would definitely recommend counselling to others''* (Laura).

However, not all participants found meaning and made sense of the loss through counselling. The majority of people found that ''comparing with others'' was crucial in facilitating finding meaning. Participants compared themselves for several reasons. For some it helped to provide the explanations that were so important to understanding the bereavement process. It also helped them to validate

their own feelings. During member checks, Abbey emphasised the importance of getting validation that her feelings were 'normal'. She experienced a parental loss by suicide and questioned her own mental state. Although she found comparison helpful she explained that she was still struggling with making sense of her mother's loss.

Interviewee Comment:

''*The main point to take away really is that knowing that what we experienced is 'normal' because when no one is really talking about it you don't really know if what you are feeling is normal. Last thing you want is to feel like you are developing a mental illness on top of losing one of the most important people in your life''* (Abbey).

For others participants, comparing helped the young adults to put a positive outlook on their future as illustrated in the following comments:

Interviewee Comments:

''*The most helpful have been friends that have been though the same experience and just chatting it through with them''* (Emma).

''*My best friend's dad had died and my girlfriend at the time her father had passed away also so they had lost important people and they could certainly understand''* (Nick).

When I reflected on the participants' rich descriptions of finding meaning, I reflected on the possibility of them finding meaning in taking part in the actual research process. This led me to reflect on Banyard and Miller's (1998) observation, that it is empowering for people to tell their stories; and it is especially powerful to have their stories heard. I decided to pursue this reflection; towards the end of the interviews I asked participants their reasons for taking part in the research, in addition to asking for feedback on the interview. Participants explained that they found the interview enjoyable and insightful. For some participants, they learned something new about their loss through talking about it, for others, they were

hoping to learn something new from reading the thesis. Again, this fits with the importance of finding meaning for those who have experienced a loss.

I also reflected on my reasons for carrying out this research process and became aware that I may have been looking for meaning for my experience of parental loss. I was learning and discovering both personally and professionally through carrying out the research.

- **Finding benefit:**

The second thematic subcategory to support the feeling of 'empowering' involved the process of finding benefit in some way. Setting new targets and goals was a recurrent theme thoughtout the participants' stories.

Interviewee Comment:

''*I really wanted to prove myself to my family and I really wanted… like I had this drive inside me I wanted to do well for myself…… I wasn't that ambitious before he died but maybe that's just part of growing up but I do feel I matured very fast once he died* '' (Josh).

In my analysis of the data, I noticed an excited feeling in my stomach. Through critical self-reflective involvement with the data I began to reflect on my experience alongside the participants. I stayed with this feeling of excitement and began to realise this feeling was connected to my process of finding benefit. I set myself the goal of completing this research. When reading Josh's words I recognized my desire to strive and make my family proud. Also, the drive that Josh was feeling, I could feel in my body. By examining my response I could better understand the participants' experience.

- **Constructing an ongoing relationship to the deceased**

A dominant theme throughout the participants' stories was the effort to maintain the relationship with the deceased parent. Participants maintained the relationship to the deceased by talking about them in order to keep the memory of the parent alive,

visiting places with special meaning to the deceased and engaging in similar interests to the parent.

The two male participants expressed regret regarding the relationship they had with their parent prior to the death. They described their relationship as immature and wished they had an adult relationship with their parent. A meaning which the two male participants have made of their relationship with their parent is that it did not evolve.

Interviewee Comments:

‘‘*The relationship I had with him was probably a childish relationship it wasn't really em……. I never really had an adult relationship with him…….. he was an older father so he wasn't a young father and I'd just finished school……..so it didn't change because it was a shock but not having an adult relationship is one thing I regret I wish I could have talked to him as an adult*’’ (Josh).

''We had never been particularly close… he was an older father and he was pretty busy 'cause of having such a big family…. I had moved out of home at 19…. We weren't close but we had a good relationship….'' (Nick).

A connection to the deceased was perceived to be important for the young adult. They found themselves actively striving to integrate aspects of their parent into their identities, thereby keeping their parent's legacies alive in their own lives. Examples of the ways the participants constructed an ongoing relationship are illustrated in the following comments:

Interviewee Comments:

‘‘*I used to do a lot of walking with him and I still do that now…. I feel close to him when I do it and I know that he liked country and western and when I was younger I hated it but now I love it but it makes me feel a bit sad 'cause I never enjoyed it with him*’’ (Josh).

''*I guess it's important to me that my mum's not forgotten and particularly my friends that know her…….… the ones that do mention her… I appreciate that''* (Abbey).

Furthermore, participants who were care givers to their parent prior to the loss spoke of actively striving to integrate aspects of their parent into their identities, thereby keeping their parent's legacies alive in their own lives through their career.

Interviewee Comments:

''*Working on the stroke ward might be sort of therapeutic in terms of not having that chance to have cared for my mum I think as you get older you expect to take on that role of looking after your parents and care for them and now I can always do that in working with other people but still feel close to mum''* (Emma).

"Cause I cared for her when she was sick and then I went into that kind of profession……. One of the reasons I didn't go into nursing or medicine initially was because I thought that I was to weak for it that I would be too upset or too emotionally involved and that I couldn't handle it but once you've actually nursed a very very sick parent who you love more than anything and know that you can handle it and know that you can stomach it then you can look after anyone else'' (Laura).

I spent time reflecting on the participants stories and reflecting on my own experience of loss. Although I am experiencing a different loss I used empathy to deepen the research**.** I sat with their expressions and tried to imagine myself in their shoes. I then began to reflect on my loss and felt a connection to the process that the participants described. By writing this piece of research and dedicating it to my father I am maintaining the relationship with my father. Again I reflected on my reasons for carrying out this research process and became aware that I may have been looking for meaning for my experience of parental loss, in addition to keeping an ongoing relationship with my father. Through empathy, it has enabled both understanding of the participants' and self understanding which in turn has deepened the research process.

6.11 FOURTH MAJOR CATEGORY OF COPING: ACCEPTANCE

The last major category generated from the data looks at the process of acceptance. The young adults face a future without their parent and the reality of that is the need to become independent and accept the loss. The process of acceptance refers to coming to terms with the loss. It should be acknowledged that there were a few participants who have not reached acceptance and are struggling to make sense of their loss. For others acceptance was the key factor in facilitating the bereavement process. These participants explained how for them this acceptance came with time. However, there was a sense of resistance connected to the process of acceptance, as illustrated by the quotations on the following page:

Interviewee Comment

''You get moments where you wish dad was here to chat and you can't but I think my attitude is that you can't do anything about it and I've got my own life to life so I can't be miserable for the rest of my life you need to get on with it… it's bad enough that he's not there but there is no point wasting time thinking and getting upset about it'' (Josh).

''It's the amount of time that passes that you feel less close to them….which is very difficult because the further you move on with your life the further you move away from the way things were. It's really really tough… but what else are you going to do, you have to move on with your life'' (Laura).

''Even though I was in my early twenties em yeah it just made me realise that things in life just do happen you think I'm an adult now and I have to deal with it… you just have to deal with it'' (Sophie).

Upon hearing the participants describe their experience of acceptance, I noticed my body tensing up and a moment of sadness came over me. I made a note of this response in my reflective diary and spent time reflecting on why I experienced this reaction. I looked back over the transcripts and felt this reaction again when reading Laura's words *''the further you move away from the way things were, is really really tough''*. This occurred again when reading Josh's transcript, *''You get moments where you wish dad was here to chat and you can't but I think my attitude*

is that you can't do anything about it''. I felt a connection to the participants as their words also described my feeling, a feeling where you have a moment of sadness but realise that you have to carry on, it is the feeling of acceptance. Once I tuned into these bodily responses I was then able to recognise my identification with the participants and therefore gained a better understanding of their experience.

- **Reappraisal**

Reappraisal refers to the cognitive strategy used to make sense of the loss. This subcategory links into finding meaning. Making comparisons with others who have experienced parental loss was echoed throughout the stories. People saw benefit and reappraised their sense of self, seeing themselves as ''optimistic'' and having a new perspective on life as a result of the loss.

Interviewee Comments:

''*It's kind of changed my perception of life having never lost anyone close to me before but it just kind of changes your perception of life''* (Nick).

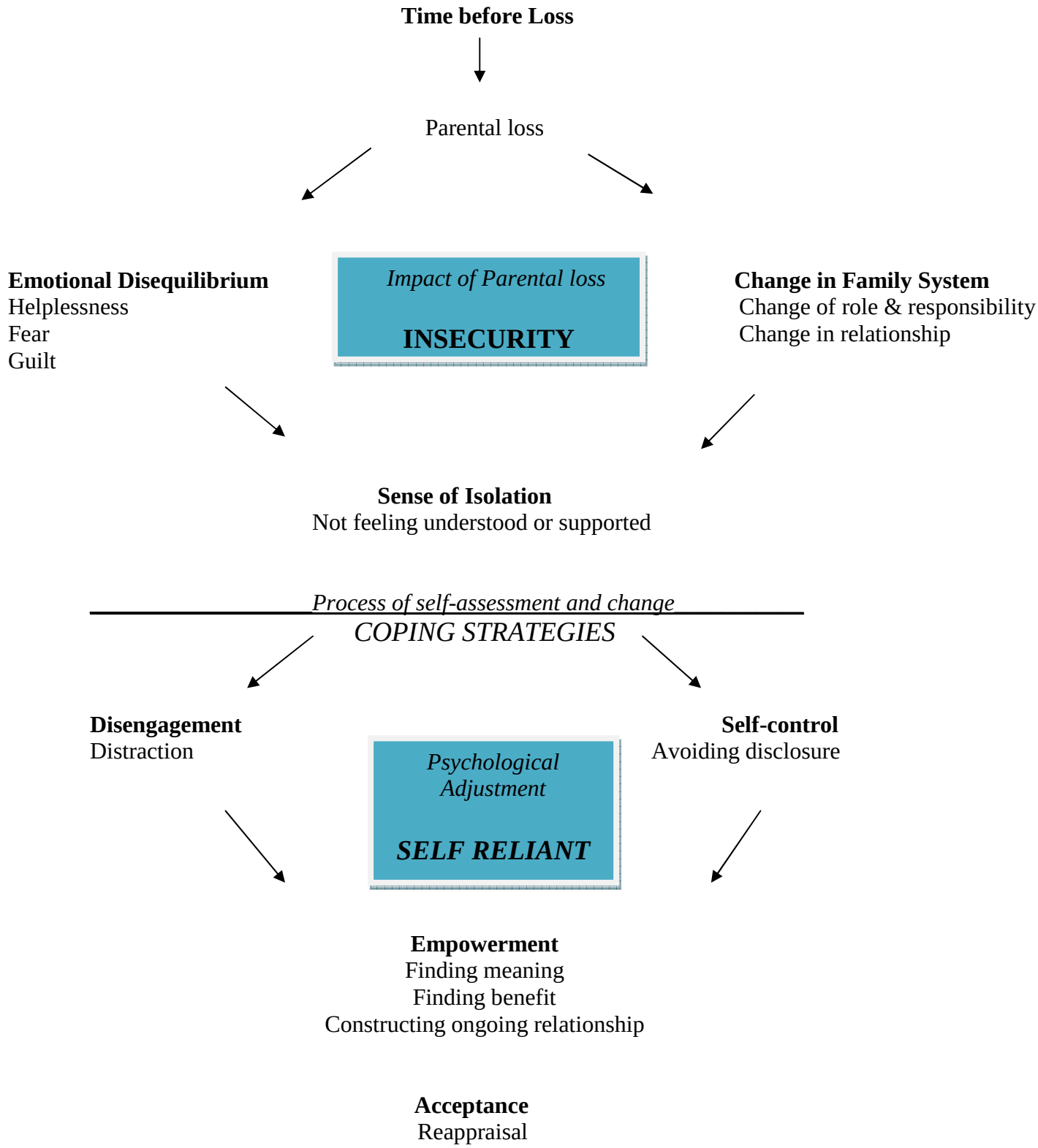
''*It put things into perspective more so when something seems really big and worrying its just like nah it doesn't matter I've been through worse so it puts things into perspective''* (Emily).

''*Yeah because you start to appreciate life and realise that people are only human and you are going to die it's sort of….. it brings things into perspective, like if going through a tough time with work or something it makes you think that it's not really a huge issue yeah it's probably brought things into perspective and I'd like to think that I'd appreciate people more''* (Abbey).

I spent time reflecting on this category. It was a category which surprised me when it emerged. Before carrying out the research project I expected that the results would highlight the sadness of the loss; although this did come out in the research, so too emerged a positive slant. Participants grew from the experience and felt optimistic about the future.

For all concepts, I returned to the participants, seeking their assessment for accuracy on the meanings analysed from the interviews. Participants agreed with the findings, which added validity.

Figure 1. The Young Adult Experience of Parental loss



6.12 CONCLUSION

This chapter described the emergent model of the young adult experience of parental loss. In doing so it has generated descriptions of the process involved in bereavement during young adult development, which led to the formation of a substantive model to explain the process of parental loss.

The results section has described the main factors that participants attribute to their process of bereavement. It has been identified that the death of a parent is a turning point in young adult development. The death of a parent introduces a period of self-reflection, making sense and the transformation of a new identity. In particular, the impact of the loss and the ways of coping were described as central to the process of bereavement. However, some participants moved backwards and forwards along the recovery pathway. Their journey was not linear. Through the collaborative work, the creation of meaning was established. The results generated similarities and variation of experiences of parental loss, in addition to generating a model that captures the experience of all.

The following chapter therefore aims to discuss in detail the findings of the study in relation to previous research.

CHAPTER 7

DISCUSSION

7.0 Introduction

The research aims have been met. A qualitative research paradigm was adopted throughout. Use of a qualitative research design provided a rich variety of subjective accounts of the meaning of bereavement as experienced by the bereaved young adult. The philosophy of symbolic interactionism guided the study which suggests that perceptions, categories and concepts are historically and culturally influenced (Burr, 1995) and that 'meanings can only be established through interaction with others' (Kindall, 1999, p. 744). Through exploring subjectivity and intersubjectivity it enhanced the research process.

A model of the young adult experience of parental loss has been developed from the results of the study. This chapter will provide a detailed discussion of these findings in relation to previous research. It will then consider some of the limitations of this study, the impact the research had on me as the researcher, a critical reflection on the methodology, application of findings, and suggestions for future recommendations.

Prior to embarking on this research a gap in the literature was identified. There did not appear to be a coherent account of the young adult experience of parental loss. This was addressed, and a substantive model that explains the process of parental loss has been developed.

7.1 Interpretation of the findings

A model emerged from the rich data as a result of an interaction process between me as the researcher, and the data which resulted in 'discovering' categories to help explain the meaning of parental loss in young adulthood. Participants gave a variety of experiences which generated eight major categories, 12 subcategories and two core categories. Some of the findings relate to previous research, however, the analysis also generated findings which have not been found before and contribute to gaining a deeper understanding of the young adult experience of parental loss which

has been a neglected research area to date. A discussion of the results in relation to previous research will now be presented.

Time before loss

The time before the loss emerged to be an important factor in the participants' responses to their loss. Variations in the stories became evident at this point. Some participants described their experience as caregiver to their ill parent. The participants that took on the caregiving role were female. This finding mirrors previous research (Caregiving in the US, 2004; Cait, 2008; Marks, 1996; Stone, Cafferata & Sabgk, 1987), who found that women tend to assume a caregiving role for a parent more than men.

For the participants who experienced taking on the role of the caregiver, they reported that their relationship with their parent changed due to the stressful demands of caring, responsibilities and burden during this development stage. This finding supports Umberson's (2003) study, investigating anticipatory loss. Daughters in this study reported that as their parent became increasingly impaired, the daughters gradually lost the relationship with their parent. It also supports Marks et al.'s (2007) study, who argued that children who experience parent loss have participated in some challenging caregiving close to the time of death, and this, too may contribute to the negative effects on adapting to life after the loss.

The literature review and the results section refer to the time before the loss as an important factor in adjusting to life after the loss. Participants talked about how their parent died which links into the literature on circumstances of the loss which impacts the grieving process (Levy et al, 1994; Range et al., 1992; Silverman et al., 1994); and the effects of expected and unexpected loss. While the themes that emerged from this study validate earlier studies (Umberson, 2003; Marks et al., 2007), further analysis revealed that regardless of anticipating or not anticipating the loss, for all, the loss of their parent was a shock and shattered the equilibrium of life for the young adult. This finding has not been found previously. There was no mention in the literature of participants who anticipated the loss feeling shocked. Some participants in this study described anticipating the loss but regardless of anticipating the loss they felt overwhelmed when it did occur which indicates that

their beliefs about the world were challenged but not shattered until the loss actually occurred.

Insecurity

The first core category focuses on the psychological impact of the loss on the young adult. For most young adults, death is a new experience. And like all new experiences, the unknown can be confusing and frightening. Loss of control was a dominant theme throughout the participants' stories. The lack of control and security was felt due to the new awakening to the fragility of life and how people in your life can be taken away from you without any warning. The same sense of safety and control experienced before the loss could not be recaptured and as a result they felt less secure. The majority of participants could not make sense of the loss initially. Although the participants in this research gave a variety of experiences, the feelings of loss of control, safety, chaos, instability and the struggle to make sense of the loss led to the first core category being formed: 'Insecurity'. The impact of the loss initially caused the participants to feel insecure. This finding ties in with Neimeryer's (2001) research who notes that grieving individuals struggle to affirm or reconstruct a personal world of meaning that has been challenged by loss. Neimeryer (2001) also contends that the loss of those who have been the intimate witnesses to our past can undermine even our basic self-definition, because no one any longer occupies the special relational stance towards us needed to call forth and validate the unique fund of shared memories that sustains our sense of who we have been.

Emotional Disequilibrium

A prevalent theme in the data was how the loss impacted on the participants' emotional state. Participants' overall descriptions of their feelings and of the general grieving process might be characterized as disequilibrium; the death of a parent led to an imbalance of emotions. It has been well documented in the literature on children that grief brings with it a range of emotions when a parent dies (Becvar, 2001; Bowlby, 1980; Steinberg, 1997; Weller et al., 1991; Worden, 1996). However, a limitation to this well-documented literature is that it focuses on one developmental stage. Therefore, a closer inspection of emotions experienced after parental loss warranted further investigation in the sample of young adults. In an

examination of data collected, feelings such as helplessness, fear and guilt were repeatedly expressed throughout people's stories of parental loss in differing levels of intensity. Feelings of helplessness and fear link into lack of control. This finding is consistent with the existing literature (Scharlack and Fredriksen 1993) that fear and helplessness are the most prominent responses to the death of a loved one. Feelings of guilt were experienced by those who expressed having conflicts with their parent before the death. Guilt was also experienced by the two participants who experienced parental loss by suicide. For the latter participants, their guilt has remained and is linked to feeling responsible for the death. Feelings of guilt mirror Bailey, Kral and Durham's (1999) findings. They confirm that where the cause of death is suicide, the bereaved experience more feelings of rejection, responsibility and more grief reactions which they link to the increased levels of shame and perceived stigmatisation associated with such a mode of death.

Change of role & responsibility

Participants spoke about how they felt they were expected to take on the care giving roles supporting the surviving parent. They perceived taking responsibility for the tasks the deceased parent previously carried out. Participants spoke about how they observed their families' reactions to the death, wanted to protect their family and gain some control over the situation, and therefore adopted a new role. Secondly, participants stated that they felt the obligation and expectation to take on a mature role from their family members. The findings tie into the Sociological perspective (Aranda & Milne, 2000; Walter 1997; Neimeyer, 1998) on bereavement which pays particular attention to the grief responses of family members and their wider social network. However, to date, the literature on bereavement contains little about this perceived sense of responsibility.

Analysis also revealed that there was a change in relationships in the family system. The majority of participants felt the loss brought them closer to the family, in particular to the surviving parent. For others in this study, they felt angry with the surviving parent due to perceiving that their parent 'abdicated responsibility'. This anger is conceivable as the surviving parent is grieving and is often emotionally unavailable. However, the majority of participants who felt angry described hiding this anger due to fears of losing the parent. This coincides with Richter's (1986)

study, whose participants also described being strong for the surviving parent and described putting their feelings aside in order to make life easier for the parents. Cook & Dworkin (1992) also note that 'viewing their grieving parents as vulnerable and in need of protection, they often sacrifice their own need to grieve in an effort to spare their parents because they think that talking about their own grief will just upset them more' (Cook & Dworkin, 1992, p. 127). Although this finding has been found previously in children and adolescent populations, this study has contributed to an understanding of the young adult population in which this finding has not been found before. This finding shows that young adults are at an early developmental phase which can be misperceived as an age when they should be able to cope with life's demands. This finding therefore highlights the need for support and for awareness of how social influence impacts the bereavement process in order to help people cope with such a devastating loss.

Sense of Isolation

There was significant evidence in the data which revealed that parental loss during young adulthood is characterised by an intense state of feeling 'alone'. Overall, the young adults felt lonely, unsupported and misunderstood. This sense of isolation has previously been described and theorised by psychoanalytic-cognitive theories (Bowlby's attachment theory, 1960; Klass, Silverman and Nickman, 1996; Parkes, 1972). Parkes' theory highlights the psychosocial aspect of bereavement. Parkes (1972) argues that stigma and deprivation play a significant part in the overall outcome of the grief process. In addition, Sociological theories acknowledge how society influences the bereavement process. Martin and Doka (2000) proposed that society has norms regulating the expression of emotion and these define who may grieve, what one may grieve and how to express such grief. Furthermore, the findings of isolation echo Boston and Tresize's (1988) study which suggests that the bereaved perceive others to fear them, and that once the socially recognised period of mourning has passed there is a considerable pressure exerted on the bereaved person to pretend to be well again. As a result the bereaved feel that their misery makes them socially unacceptable as their presence spoils the fun of others. Rondo's (1983) study which focused on bereaved parents, found that their grief worsened, highlighting the gap between the social expectation and the experience of the bereaved, accounting to some degree for the sense of isolation. Furthermore,

Umberson's (2003) study mirrors this finding of a sense of isolation in that her sample spoke about how dramatic the change was to their life and how those who had not experienced a parental loss just did not understand what they were going through. Although this finding has been found before in mature adult populations, this finding will now make a contribution to understanding the young adult population. Bearing in mind Erikson's (1968) theory of development, young adulthood is a time of developing intimate relationships. With this in mind it is worth noting that the sense of isolation that has been brought to light in the young adult population may have a negative effect on the task of development. Therefore this finding will contribute to addressing this problem for the young adult population.

Coping Strategies

The second research question explored how people coped with the loss. Literature to date on coping in response to loss has been well documented (Lazarus, 1991; Moos & Schefer, 1986; Stroebe & Schut, 1999, 2000). However, there still remains a gap in the young adult literature. Therefore, a closer inspection of coping in response to parental loss warranted further investigation in the sample of young adults.

Participants in this study gave rich descriptions throughout their stories on the various ways they attempted to cope along the adjustment pathway. Loss of control was a recurrent theme throughout the participants' stories and is therefore a fundamental feature of the parental loss experience. Participants described tactics they used in order to gain some element of control and adjust to life after the loss. This led to four major categories being formed: Disengagement, Self-Control, Empowerment and Acceptance.

Disengagement

A recurrent theme, which emerged from the data, was the attempt through which participants tried to stabilise their emotions, orient away from the stressor or their emotions and to protect themselves from grief. Participants described using distraction as a means of coping with their loss. Participants in this study reflected and verified aspects of cognitive theories such as Strobe et al.'s (1994) model of

coping. Strobe et al.'s (1994) dual process model of coping suggests that although bereaved people often attempt to make meaning of their experience, they also struggle to restore the lost order, using avoidance to cope with the painful feelings. The findings are also similar to Bowlby's (1980) theory, which proposed that defensive exclusion protects the individual from experiencing unbearable mental pain, confusion, or conflict, which is predicted to interfere with the accommodation of internal working models to external reality. This finding therefore highlights the need for support and awareness of how young adults cope emotionally during the bereavement process in order to help people cope with such a devastating loss.

Self-control

There was significant evidence in the data which revealed that participants made a great effort to control their emotions, keeping their emotions at a desired level. The skill for this category involved avoiding disclosure, which entailed keeping feelings to themselves and presenting themselves as emotionally stable to others. This finding coincides with the sociological theory which highlights the influence society has on the bereavement process. Telling is a significant social act. Lydall (2002) suggests that the social constructivist view of grief posits that society has a 'template' for how grief should look and hence how it ought to be expressed. The findings of this study however differ with respect to how males and females express their grief. In this study, both males and females avoided expressing their feelings. This is in contrast to previous research which contends that males are far less prepared to express their grief. Although the intensity of the participants varied and the males showed more reluctance to express their feelings to their friends and family, overall both males and females in this study adopted a form of 'silence' and portrayed to society that they were coping. The model formulated in this study therefore provides a framework to explain this in relation to how young adults cope with the loss.

Empowerment

In order to cope with the imbalance of emotions and address the feeling of insecurity, the young adults in this study engaged in a process of empowering strategies to regain balance and make sense of their experience. Variations of experience led to participants making sense of the loss. There was significant

evidence in the data that the young adults who experienced a parental loss engaged in a process of personal reassessment and reconstruction of identity. This reconstruction moved them away from their actual developmental stage. This finding makes a significant contribution to an understanding of the young adult population. Some participants in this study described feeling confused due to being unable to make sense of their loss. It is worth noting that not all participants have made sense of their loss but, for those that have, they explained that making sense played a key role in working through this identity confusion. They described that with time and making sense they were able to form a strong sense of self. Prior research (Scharlach and Fredriksen, 1993) has found that the death of a parent can have consequences for one's sense of self. Additionally, Umberson's (2003) study revealed that participants reappraised their loss which evoked dramatic self-assessment and change.

Some people made sense of the loss and found meaning through the process of counselling, others described comparing themselves with others which they found crucial in facilitating finding meaning. Finding meaning helped the participants to validate their own feelings; it gave answers to questions and provided them with a positive outlook in relation to their future. Searching for meaning supports the current literature. Neimeyer (2001) notes that grieving individuals can be viewed as struggling to affirm or reconstruct a personal world of meaning that has been challenged by loss. Neimeyer (2001) further, places emphasis on the apparently ubiquitous human tendency to organise experience in narrative form, to construct accounts that 'make sense' of the troubling transitions in our lives by fitting them into a meaningful plot structure.

The social-cognitive models of coping and adjusting (Jannoff-Bulmanm 1992; Parkes, 1988; Taylor, 1983), propose that meaning-making plays a central role in the process of adjusting to loss and trauma because it serves to maintain aspects of our self that often are most threatened by loss and trauma: our sense of self-worth and our most fundamental beliefs or assumptions about how the world works. Clinical reports, and a growing body of research data, suggest that meaning is an important issue for many, if not most people coping with loss and trauma (e.g., Bulman & Worthman, 1977; Davis & Nolen-Hoeksema, 2001). However, although

there is a growing body of research which supports finding meaning, these studies have not mentioned finding meaning through counselling or comparing to others who have experienced a similar loss. These two forms of finding meaning involve co-construction of meaning which links into the epistemology of this study. Also, the majority of studies on examining how the bereaved person makes meaning of the loss have been quantitative.

There was significant evidence in the data which revealed benefit finding. This finding is consistent with other studies of benefit finding such as McMillan et al., 1997; Park et al., 1996; Schaefer & Moos, 1992; Tedeschi & Calhoun, 1995. The types of benefits that people in this study reported were very similar to those reported not only in bereavement studies (e.g., Lehman et al., 1993) but also in studies of people coping with other adversities (e.g., Collins, Taylor, & Skokan, 1990; McMillen, Smith, & Fisher, 1997; Park, Cohen & Murch, 1996). The most common benefits reported in this study were that the experience led to a growth in character, awareness of the importance of loved ones, awareness of the fragility of life, and a gain in perspective. There is little doubt that the search for meaning following loss represents a distinct part of many people's grief experience.

There was also significant evidence in the data which revealed that participants constructed an ongoing relationship with the deceased. This finding is consistent with Cait's (2008) findings. The most common ways in which this was achieved were talking about the parent in order to keep the memory of the parent alive, visiting places with special meaning to the deceased and engaging in similar interests to the parent. These findings also mirror Rosenblatt's (1990) study, which argued that people construct an ongoing relationship with the deceased because the meaning inherent in them can assist in the definition of the relationship to the deceased. Furthermore, the findings tie into Stroebe & Schut's (1999, 2001) model of coping. Gillies and Neimeyer (2006) argue that restoration-orientated coping involves building a new life and identity in which the lost person may be present in a spiritual and symbolic, but not physical way. Again, it is worth noting that, although these findings mirror previous research findings, they are a unique contribution to the young adult population.

Acceptance

The process of acceptance refers to coming to terms with the loss. It should be acknowledged that there were a few participants who had not reached acceptance and were struggling to make sense of their loss. For others acceptance was the key factor in facilitating the bereavement process. Participants explained that this acceptance came with time. This finding supports the ideas underpinning coping theories. Much of the recent research on coping has derived from the theoretical work of Lazarus (1991). Central to Lazarus's theory is the way people appraise a stressful event. People in this study saw benefit and reappraised their sense of self, seeing themselves as 'optimistic' and having a new perspective on life as a result of the loss. This finding also ties into Kiecolt-Glaser (2001) who argued that reappraisal occurs because it may help the individual to cope with the life transition and to reduce any resulting stress and emotional upset.

Self-reliant

The overall experience of parental loss in young adulthood is a road of reassessment and maturity. The young adult copes alone and engages in a search for meaning. Through this search, they tackle the development tasks and life without their parent. The process of working through bereavement is influenced by society and the construction of meaning. A common theme throughout their stories was that the participants felt that they had to cope alone and work through the process of bereavement alone. They relied on themselves which involved gaining control and making sense of the loss which helped them move away from the feeling of insecurity and establish a strong sense of self. This dominant theme placed self-reliant as the second core category. This finding is a unique finding which has not been found in the bereavement literature.

Overall, participants moved backwards and forwards along the recovery pathway. The journey was not linear. The results generated similarities and variation of experiences of parental loss. In addition to generating a model that captures the experience of all.

In conclusion, although there is a growing body of research which supports some of the findings generated in this study, none of the studies relate to the young adult experience, hence making this an original study. It makes a contribution to understanding the young adult experience of parental loss, in addition to contributing to counselling psychology practice which entails a large amount of work in the area of bereavement.

7.2 Limitations of the study

While this study provides useful insights into the perceptions of young adult parental loss, it should be recognised that there are limitations in this study, which need to be considered. The first limitation is concerned with the imbalance of gender in the study. In this study only two out of the 10 participants were male, suggesting that females are more open to discussing their feelings on the psychosocial difficulties which they have experienced. It is conceivable that male and female perceptions may differ, which may result in different reports of psychosocial experience and the meaning of parental loss. Although the study had two males it would have been in the study's advantage to have a balance of male and female perceptions. This issue should be addressed in future studies. However, the lack of males in this study links into the core category of avoiding disclosure which would validate the findings.

While the following is not a limitation per se, it is important in understanding the context of the study. Some of the participants experienced the loss eight years prior to the study and as a result, their understanding of the death had likely been revised over the years. However, this long period of time had contributed to gaining a deeper understanding of the process of finding meaning.

7.3 Impact of research on researcher

Staying committed to reflexivity I reflected on my research and the impact it had on me. It was necessary to observe my responses and why these responses were happening throughout the research. I began the research process with an active interest, with the aim to learn something new and develop personally and professionally from the experience.

Undertaking this research topic has been an inspiring journey. I was moved in an emotional as well as intellectual way by the research findings while committing to reflexivity. In a way that mirrors Freire's (1993, cited in Russell & Kelly, 2002) observation of and lessons about education: I am educating and have been educated; I am learning about myself as well as others. In addition, in a way that mirrors Russell and Kelly's (2002) argument for the impact of research (p. 14), I was changed by many aspects of the research process both personally and professionally. Professionally, the process has strengthened my methodology skills, writing ability, critical thinking skills, problem solving skills and the skill of patience and persistence. It has provided me with insight and understanding into this topic and client group. In addition, conducting this research project has built on my skills both as a researcher and in my clinical practice. As Halling and Goldfarb (1991, p. 328), point out, 'being a researcher requires that one become fully and thoughtfully involved. It is as if one is engaged in a dance of moving forward and moving back: one steps closer and steps away, one has an effect and is affected, all as an embodied being'. My task as a researcher and in my clinical practice is not just to listen to another's story, but to be open to *being-with* the participant in a relationship. My capacity to understand the participants' has been enhanced through reflexive awareness. In addition, I have built upon empathy. Davidson (2003) argues there are no short cuts for the cultivation of such empathic, intuitive understanding – it requires practice, skill, talent and grace. Empathy, he says, is ''a highly disciplined and demanding posture involving an active and artful use of all of one's faculties of memory, imagination, sensitivity, and awareness in coming to understand another person's experience from his or her own perspective." (2003, p.121). Through an empathic research relationship, it has helped to shape and deepen the findings of the research.

The most enlightening process of the research was the transcribing of the interviews. When listening to the participants I was drawn into each story and enriched by emotions experienced. Transcribing the interviews involved listening and re-listening to participants stories, relaying a particular phrase as often as needed to capture the spoken word as well as exploring my own reactions to the words. This process gave me the opportunity to analyze the data as accurately as

possible as well as exploring my own responses to the data which contributed to deepening the findings of the research.

During this experience, I undertook personal therapy and wrote a reflexive diary. Personal therapy helped me to explore my reactions during the research process. I experienced feelings of sadness, anxiety, excitement and joy during this process. I inwardly underwent the process of 'working out' and 'confronting' my loss in addition to being confronted with the participants' strong emotions connected to their loss. This process of being confronted with strong emotions was difficult but it has given me insight and understanding, in addition to developing professionally and personally. By keeping an ongoing reflexive diary it helped to facilitate reflexivity therefore prevented distorting of my perceptions of the data and enhanced a co-construction of meaning of parental loss. Engaged in understanding my participations, I was also engaging in self-understanding. I began to reflect and find meaning in my loss, which helped me to gain insight into my participants and in turn enhanced and deepened the research process.

I became aware during the research process of how mutually engaging and intersubjective the process of fieldwork is. My life is influenced by the research both from the respondents' stories and through the methodology. It has provided me with insight and understanding of loss in young adulthood in addition to understanding, finding meaning and acceptance in my own personal experience of parental loss.

7.4 Critical reflection on methodology

As the intention was to explore experience and to gain an insight into changes occurring in social situations, grounded theory was selected as the method of choice. Charmaz's (2006) constructivist approach was adhered to. The chosen approach permitted an in-depth exploration of the meaning of parental loss from the perspective of the young adult who experienced the loss. This resulted in a set of categories that are firmly grounded in the data.

The methodology process was anxiety-provoking, time-consuming and complicated. It proved to be a challenging experience and a road of discovery. There were a

number of analysis procedures occurring at the one time, which felt overwhelming at times. My initial plan was to adopt Strauss and Corbin's (1998) grounded theory approach. However, as I began the first round of data collection, I began to feel uncomfortable. The techniques advocated by Strauss and Corbin (1990) seemed to promote an objective stance in which the researcher was seen largely as the 'expert' in determining what was important. I was therefore concerned that using Strauss and Corbin's (1990) approach to the development of grounded theory might not enable the expertise of the young adult who had experienced parental loss to be captured fully. Also, this approach was not straightforward and did not seem to fit appropriately to the study. Charmaz's (2006) approach to grounded theory allows for flexibility. Rather than using technical procedures as suggested by Strauss and Corbin, Charmaz (2006) emphasises flexible guidelines, not methodological rules, recipes and requirements.

At the beginning of the analysis I found myself falling into the trap of 'forcing' the data into categories (Glaser, 1990). Conducting memo writing and getting an expert in qualitative methods and two colleagues to examine some of the interview transcripts and coding sheets established trustworthiness of data collection and highlighted at an early stage the problem of 'forcing' the data. The analysis became less confusing with experience. I feel confident that these findings give a realistic account of the young adult experience of bereavement.

Theoretical sampling and constant comparative data analysis continue until the theory is said to be 'saturated'. However, as this research was conducted within a short time-frame 'saturation' could not be achieved but a substantial theory that explains the process of parental loss has been developed. The model which has been developed provides a firm platform from which further investigation can be conducted with a view to elaborating and validating it.

The ontology and epistemology underpinning this study provided the ability to capture individual subjective experience, and the similarities and variations within those experiences. The approach taken was sufficient to examine and generate new understandings of the meaning of parental loss as a psychological and social process. In addition, the model that was generated offered greater depth and insight

about the impact of parental loss in young adulthood and life after the loss, and contributes to the gap in the literature focusing on parental loss at this development stage.

7.5 Recommendations for future research

A number of areas for future research, to build on the current findings and limitations of this research study, have been identified. Although the sample consisted of various cultures from around the world, all the participants were white and from working class history and culture. A future recommendation would be to include black and ethnic minority populations and from areas of social deprivation. Research that explores the relevance of the model in a broader population would be informative. The resonance of the data from this study with those of other studies, suggests that the model and theory of parental loss may well apply to wider populations. However, this needs to be tested and cannot be assumed.

In addition, the conduct of incorporating a wider sample of male participants would be helpful in future research. The two males that did partake generated rich data however, therefore it is recommended to conduct further research to generate a broader idea of the male experience of parental loss.

7.6 Implications for clinical work

Several implications for counselling psychologists and mental health professionals may be drawn from the research. Levy et al. (1994, p. 85) suggested that knowing how bereaved individuals ‘experience their present circumstances and future prospects and make sense of them should make for a much more finely tuned approach in helping, as well as understanding’. Additionally, Gillies and Neimeyer (2006) suggest that the clinician’s role in working with a bereaved client is to facilitate a constructive process in which meanings can be found or developed that help the client reshape his or her shattered world, restore a sense of order, promote new insight and personal growth, guide meaningful actions in response to the loss, and bring some degree of relief from the common and undeniable pain of grief. In light of this, it is hoped that the present model provides some useful guidance in further studying and facilitating this process.

One of my arguments in this study revealed that young adults experience a sense of isolation which includes loneliness and feelings of not being understood. Feelings of not being understood were related to some participants' experiences of counselling. It is important for clinicians to be aware of this in order to engage the person seeking therapy. Rogers (1958, p. 9) argues that ''the therapist's attitudes and feelings are more important than their theoretical orientation, procedures and techniques, and that furthermore, it is the way in which his attitudes and procedures are *perceived* which makes a difference to the client, and that it is this perception which is crucial".

Moreover, findings revealed that some of the participants did not seek counselling, due to not knowing what counselling is, how it can be of benefit, or how to find a therapist. Some participants reported that their GPs discouraged counselling and encouraged medication. Also, people reported not seeking counselling due to the stigma attached to it; this again links into people not understanding how to talk about the loss. My clinical experience also supports this. Therefore, it is important that information is available in order to support this client group and to promote societal understanding. This could be achieved through talks in schools to reduce the stigma at an early age. Also, increasing health professionals' awareness of counselling is important in order to refer to appropriate services; this could be achieved through presentation of findings at conferences and dissemination of findings in professional journals.

The model devised from this study is important to the field of counselling psychology and bereavement for a number of reasons:

1) This model could be used as a tool for educating professionals working in the field of bereavement about the psychosocial impact of parental loss in young adulthood and the coping strategies adopted to adjust to the loss.
2) It can be used in clinical work as a means to understanding and validating the client's feelings, thereby addressing the feeling of being understood.
3) The model could also be used for psycho-education in client sessions. It could be used to normalise the experience for the clients and facilitate their understanding.

Another suggestion towards implications for clinical practice is to run support groups. One of my arguments in this study highlights the importance of finding meaning through comparing with other people's experiences. Support groups could offer this process of comparing and searching for meaning as well as providing therapeutic support.

7.7 Conclusion

In conclusion, this study makes a unique contribution to understanding the impact of the loss, the coping strategies, and the reconstruction of meaning involved in life after the loss for the young adult. In addition, the methods adopted proved to be capable of meeting the aims of the study. Furthermore, my study provides a sound basis for future research to verify and expand the model of parental loss in young adulthood. It also has application to practice in Counselling Psychology.

CHAPTER 8

STORYLINE AND CONCLUSIONS

8.1 The storyline

The story concerns young adults' experiences after a parental loss and how young adults cope with the crisis and move forward in their life without their parent. What was the psychosocial impact of parental loss? How did they cope?

Everyone saw themselves as a different person after the loss of their parent. Life before the loss was described as 'very different'. The process of adjusting to life and accepting life without their parent involved overcoming a number of emotional (fear, vulnerability, insecurity, guilt, helplessness), physical (tired, fatigued), social (isolation, no-control, new responsibilities) and cognitive (confused, questioning, uncertain) experiences that were encountered along the way.

The initial experience of the loss was one of shock for all the participants. There was a universal experience of feeling out of control, a lack of confidence and an insecure sense of self. To move towards adjusting to life after the loss required the ability to mobilize a number of recovery mechanisms. Some people were impeded in doing so by social and cultural norms, for example, avoiding disclosure and withdrawing from certain friends whom they felt 'didn't understand'. The process of putting on a brave face, and disguising real feelings echoed throughout the participants' stories. In addition, the majority had difficulty getting the information, support and reassurance necessary to employ the coping mechanisms at different points along the adjustment pathway. As a result of this, other disruptions occurred, e.g. avoidance, frustration, overprotection, and avoiding disclosure occurred. Some moved backwards and forwards along the recovery pathway. The journey was not linear.

The mechanisms people employed to help with adjustment included: 1) Finding meaning – making sense of the loss; 2) Finding benefit and forming new goals; 3) Endurance, and motivation to keep going even when they found it difficult; 4) Appraisal: They reappraised the event, which evoked dramatic self-assessment and

change. This process was one the young adult confronted alone; it was a process involving self reliance. Overall, the young adults emerged from the experience with an enhanced sense of self reliance, capability and maturity.

The above mechanisms emerged from accounts by people who had achieved and not achieved adjustment and meaning. Those who were struggling were still trying to find meaning and make sense of the loss. Those young adults that saw themselves as adjusted and as accepting of the loss commented on feeling optimistic, stronger and having an enhanced sense of self.

8.2 Conclusion

In conclusion, the process of completing this piece of research has been a challenging and enlightening process. It has made me become aware of the challenges this client group presents, such as loneliness, and feeling the need to rely on themselves to get through such a difficult time in their life. Young adults are at an early developmental phase which is often misperceived as an age when they should be able to cope with life's demands. However, this study highlights the need for support and for awareness of how social influence impacts the bereavement process, in order to help people cope with such a devastating loss.

I fully intend on raising awareness of this research topic and the results with colleagues through publication, and with those young adults experiencing parental loss in my clinical practice.

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APPENDICES

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APPENDIX 1

City University London

Parental loss Study

INFORMATION SHEET

You are being invited to take part in a research study. I am currently looking for young adults who have:

- Experienced the loss of a parent, through death

I am seeking your permission to take part in the study. Before you decide whether to do so, it is important for you to understand why the research is being carried out and what it will involve. Please take time to read the following information and discuss it with others if you wish. Take time also to decide whether or not to participate in the study.

Purpose of study

This study is for a dissertation for a Doctorate in Counselling Psychology, which I am hoping to gain from City University in London. I have chosen this topic because of a personal interest in young adults who have experienced bereavement of a parent. This is an area I hope to work in after the completion of the Doctorate.
You are invited to take part in an informal interview to discuss your thoughts on your experience of losing a parent and how you coped with your loss. Young adults' perceptions are sometimes overlooked; therefore this piece of research gives young adults a voice.

Why have you been chosen?

I have chosen to research the impact the loss of a parent has on young adults. The reason I have decided to study this area is because it is overlooked. Therefore I have approached you as I am interested in your experience of loss. The reason you have been chosen is to further research on the loss of a parent between the ages of eighteen to thirty.

This research project will not be completed without full consent.

Do you have to take part?

It is up to you to decide whether or not to take part in this study. If you do decide to take part, you will be asked to sign a consent form. If you take part you are still free to withdraw at any time without giving a reason. A decision to withdraw at any stage will not affect you in any way. I would like to express my thanks to all the participants who take part, and to say that taking part in this study is completely voluntary.

What will happen if you take part?
You will take part in a one-to-one interview with me. You have the right to withdraw at any time during the interview if you feel uncomfortable with answering the questions. You are the experts of your own experience of loss; therefore, you will be encouraged to describe your experience in your own words in response to a series of questions.

Are there any disadvantages of taking part in the study?
The disadvantages of taking part in the study would involve giving up the time for the interview. I am happy to be flexible in arranging times to suit you. There is also the possibility that discussing the loss of your parent may evoke emotional feelings and cause you to feel upset. If this does occur you are free to withdraw from the study. Also, for additional support, I will give you information on support groups and counselling services should the interviews evoke strong emotions.

Are there any benefits of taking part?
A knowledge of how the loss of a parent affects the young adult can improve our understanding of how to provide adequate psychosocial support for people in this age group. This study aims to identify potential counselling and support needs for young adults who have experienced parental loss.

Confidentiality
The interviews will be recorded on tape. Only I will have access to the information for analysis. All recordings will be codified to maintain confidentiality. No names will be given on the research report and you will not be identified in any way in the report.

What will happen to the results of the study?
The results of the study will contribute to the dissertation and will be submitted to City University London for them to consider whether it merits a Doctorate. The information you give may be published in an academic journal so that professionals may learn from the findings. If you would like a copy of the report I will ensure that you have one.

Contact for further information
If you have any questions please feel free to contact me.
I can be contacted on e-mail at lc_cityuniversity@hotmail.co.uk

Finally, if you decide to take part, I should like to thank you in advance. I am most grateful to you for giving up your time.

Date:

Kind regards,

Louise Clarke
Candidate for the Professional Doctorate in Counselling Psychology
lc_cityuniversity@hotmail.co.uk

APPENDIX 2

Parental loss Study

CONSENT FORM

Name of Researcher: Louise Clarke

- I understand that my participation in this study is strictly voluntary and that I may discontinue my participation at any time. ☐

- I understand that the purpose of this study is to research young adults who have experienced parental death. ☐

- I understand that any information about me will be kept strictly confidential and that I will not be identified any way in the report. Further, I understand all hard copies and records of the interview will be erased, in accordance with the Data Protection Act (1984) ☐

- I confirm that I have read and fully understand the information sheet, dated ……. for the above study and have had the opportunity to ask questions and had my questions answered. ☐

- I agree to take part in the above study ☐

_____	_____	_____
Name of Participant	Date	Signature

_____	_____	_____
Name of Researcher	Date	Signature

APPENDIX 3

Debriefing External Agencies

Support groups

This study is researching personal experiences of parental loss. As it is a sensitive area it may evoke strong emotions. I have given a list of bereavement support groups and counselling services for young adults should the study evoke strong emotions, distress or if you need extra support. These support groups/counselling services are trained specifically in helping bereaved people and will be particularly good at listening to your story. Whatever you tell them will be kept in confidence. The service they give is free.

Cruse Bereavement Care	For people bereaved in any way, whatever age, nationality or belief.	Cruse House, 126 Sheen Road, Richmond TW9 1UR Tel: 020 8939 9530 Website: www.crusebereavementcare.org.uk
British Association of Counselling	Provides information about local counselling organizations and individual counsellors who are accredited.	1 Regent Place, Rugby CV1 2PJ Information Line: 01788 578328 Website: www.bacp.co.uk www.bacp.co.uk/seeking_therapist.
The Samaritans	Emotional support 24 hours a day for people experiencing feelings of distress and despair.	www.samaritans.org.uk
Childhood Bereavement Network	For children and Young Adults.	www.ncp.org.uk/cbn
Survivors of Bereavement by Suicide (SOBS) Support Group.	Organisation provides information, publications, and a number of support groups around the UK for people bereaved by suicide.	Website: www. uk-sobs.org.uk Helpline: 0870 2413 337.
Bereavement services in your area in London		http://www.bereavement.org.uk

APPENDIX 4

Interview questions

Data was collected from the participants through a semi-structured interview format. My questions reflected social constructivist concerns. I went into each interview with a set of general areas of questioning, which had been enhanced by analysis of the data collected at previous interviews. Examples of questions included the following:

- How long has it been since your parent passed away?
- Could you tell me the story of your mother's/father's death?
- In what way did your relationship change in the last years of his/her life?
- Can you tell me about your relationship with your parent that is still alive, has your relationship with him/her changed since the death of your other parent?
- If you have siblings, can you tell me about your relationships with them - for example: Has the death of your parent affected your relationship with your siblings?
- Could you tell me about your social relationships – for example: Has the death of your parent affected your relationship with your peers or partner?
- Do your peers and/or partner understand your grief?
- Looking back on your parent's death, what if anything, was left unsaid between you and the parent?
- When your parent died, did you seek help from a therapist or support group?
  If so, has this support been helpful and if so how?
  If not, would you consider seeking therapeutic support?
- Has your career been affected by the death of your parent?
- Can you tell me what things you miss about your parent and how this change has impacted on your life?
- What past enjoyments did you share with your parent when he/she was alive and do you now enjoy this past time?
- What expectations do you have for the future?
- Finally, is there anything else you would like to add?

Thank you for agreeing to be interviewed for this study.

From a social constructivist view, I took these questions a step further. As the interviews progressed, the emerging theory was tested and enriched by theoretical sampling. When rapport was established, I brought in reflective questions and feeling questions. For example:

- How did your parent's death affect you?
- How did you cope?
- How would you compare the person you were before your parent's death with the person you are now?
- Do you feel you had to mature quickly after your parent died?
- How did you feel having to take on that responsibility?
- Did you talk to anyone about how you were feeling?

As the data emerged there was significant evidence on experiencing positive growth as a result of the loss; I therefore pursued this area further. I built questions about growth into the later interviews. Doing so helped me to frame a more complete picture of it.

- Do you feel anything positive has come from the loss?

Similarly, the feeling of not being understood echoed throughout the participants' stories. I therefore investigated this area further, exploring their perception of health professionals' interaction and understanding in addition to that of their peers, i.e. asking:

- Do you feel health professionals were supportive? Did they give you information or did they refer you to a counsellor?

During the analysis, as concepts and categories were being developed and when gaps in the data emerged, participants were contacted to clarify their previous account and were asked specific questions relating to the developing concepts.

APPENDIX 5

Example of Transcript

Initial coding

Analysis process – Initial coding
Interview 1

Male

I = Interviewer and P = Participant.
Note to self: What is happening? What do I hear, see, sense, observations and interactions?
What is occurring, how did it occur and did anyone influence their actions?

Codes & Code No	Data	Memo
1.1	I: How long has it been since your parent passed away?	
1.2 **duration of loss**	P: Eight years ago	
1.3	I: Was it your mother or father that died?	
1.4	P: My father	
1.5	I: Can you tell me the story of your father's death?	
1.6 **chose to have a heart attack.** 1.7 **no illness** 1.8 **no warning. shock.**	P: He took a heart attack. I went off for the day and when I came back he had died….. (*looks down and sighs)* There was no illness it was a complete shock……..	He 'took' a heart attack: Implies unfairness. Did he feel angry?
1.9 1.10	I: So did your relationship change in the last few years of his life?	
1.11 **unexpected** 1.12 **immature relationship** 1.13 **childish relationship** 1.14 **regret, didn't have an adult relationship with father** 1.15 **older father** 1.16 **shock** 1.17 **regret, would have liked to have an adult relationship with father.**	P: Well because it wasn't expected it's like any relationship you have when you're a late teenager and the relationship I had with him was probably a childish relationship it wasn't really em……. I never really had an adult relationship with him…….. he was an older father so he wasn't a young father and I'd just finished school……so it didn't change because it was a shock but not having a adult relationship is one thing I regret I wish I could have talked to him as an adult.	Describes father as being an older father. There is a sense that having a heart attack was expected as he was an older father but at the same time it was a complete shock.

1.18 1.18	I: Can you tell me about your relationship with your parent that is still alive, your mother?	
1.19 **emphasis on strong relationship with other parent.** 1.20 **gender imbalance, taking on the role of man of the house** 1.21-1.23 **distance in extended family relationship** 1.24 **gender imbalance** 1.25 **new responsibilities** 1.26 **observing family reaction to loss** 1.27 **men don't express emotions** 1.28 **siblings living away from home** 1.29 **concerned for mother, watched her falling apart** 1.30 **feeling responsible for family, separation anxiety** 1.31-1.32 **plans changed** 1.32 **ambitious** 1.33 **opportunity of family business** 1.34 **wanting to prove himself** 1.35 **driven to succeed** 1.36 **didn't need family business** 1.37 **not ambitious before loss** 1.38 **matured after parent died**	P: I'm REALLY close to my mum I think once he died I was the only man in the house 'cause I have two other sisters…… my father had two brothers one had been ill for a long time and the other brother I didn't get along with and mum has one brother who she doesn't get on with so I kind of felt like I was the man of the house so I kind of thought that I had to be there for my sisters. They all fell apart when dad died and I felt like I couldn't 'cause I had to be the man of the house. So my sisters were all living away from home at that stage but I…… didn't go away to university cause I was worried about my mum 'cause she was falling apart so I decided to stay at home with my mum……. I just went to university locally rather than going away…. Originally I had planned on moving away but that idea went once dad died also when he died I really wanted to prove myself and decided on a different career path I became really ambitious….My dad had a shop which I could have taken over but I really wanted to prove myself to my family and I really wanted… like I had this drive inside me I wanted to do well for myself 'cause I wanted to show people that my dad died and he had a family business but I didn't need that…. I wasn't that ambitious before he died but maybe that's just part of growing up but I do feel I matured very fast once he died	'I felt like I couldn't fall apart 'cause I had to be the man of the house'. Was this an internal pressure/society pressure or family expectation? Code 1.29: What does falling apart mean? 'I wanted to show people that my dad died and he had a family business but I didn't need that' Does this link to not wanting sympathy?
1.39 1.40 1.41	I: So there was a lot of responsibility once your father died, you had to take care of your family and mature quite fast. Do you think that was a bad thing or a good thing?	
1.42 **resentment, missed out on young adult fun.** 1.43 **'never went off the rails' not wanting to worry mother** 1.44-1.46 **did not want to cause further upset**	P: Well I kind of felt like I was missing out on a lot of fun. I never went off the rails 'cause I didn't want my mum having extra problems so I didn't go off the rails I wish I had in a way. I remember the first weekend I went out after he died I went to a party and I drove 'cause I just didn't want to drink 'cause I thought that mum was under so much pressure so I thought I didn't want to be an extra problem or worry and better be	

in the family	sensible when he died I definitely did grow up a lot	
1.47	I: So overall your relationship with your mother is much stronger now?	
1.48 **close to surviving parent** 1.49 **worries about losing mother**	P: Yeah well I always had a good relationship with her but I'm very close to her now because I worry about her	
1.50 1.51 1.52	I: So what about your siblings your three sisters, how is your relationship with them? and did the death of your father affect your relationship with them?	
1.53 **taken on father's role – new role** 1.54 **protective of family** 1.55 -1.56 **feels responsible for family, overprotective of family** 1.57 – 1.58 **people have assigned this role to him, they influence his actions**	P: I've given away two of them at their weddings so I suppose I feel quite protective of them and I feel I know that two of them are married and one engaged but I do sort of feel the responsibility I still feel like the man of the house…. When I go home for Sunday dinner and all my brother in laws are there I still have my seat at the top of the table	He is saying he is protective of his family. Is this related to fear of losing them or protecting them from being upset?
1.59 1.60	I: Is your relationship with your sisters different now compared to before your father died?	
1.61 **closer to siblings since loss** 1.62 **uncertain if parent's death has made him closer to family**	P: Yeah….. I'd say I'm closer to them now in a way I was…… I don't know if I'd be any closer to them if he hadn't died I don't know I'm not sure	
1.63 1.64 1.65	I: Can you tell me about your social relationships for example has the death of your parent affected your relationship with your peers/partner?	
1.66 **relationship at the time of loss** 1.67 **previous to loss felt relaxed** 1.68-70 **after loss began to worry about people close to him** 1.71 -72 **feeling of anxiety surrounding another loss**	P: …… I remember the girl I was going out with at the time I remember at the start of our relationship when dad was alive I was laid back and then when he died I got paranoid that something might happen to her I would worry a lot about people you start to worry that something would happen to people and I would get really worried which made my girlfriend annoyed cause I was over-protective	He uses the word 'protective' again here. Is this linked to fear of loss?

1.73	I: Are you still like that?	
1.74 ….**level of anxiety has decreased**	P: No…… I would worry about stuff but not like that	
1.75	I: How long did you feel like that?	
1.76 **experience of time, duration of separation anxiety.** 1.77 **'people can be taken away from you'**	P: About a year I think. You just get into your head that people can be taken away from you very quickly without any warning	Sense of unfairness. Sense of helplessness/fear. Previous world view shattered.
1.78 1.79	I: Did your peers at the time and even now understand what you were going through, your grief?	
1.80 **lack of compassion, empathy.** 1.81 **didn't ask for sympathy** 1.82-1.83 **not communicating feelings**	P: I would never really got sympathy but then again I never asked for it…. I never talked about it that much to my friends I don't think I had any heart to hearts	'Sympathy'. Not wanting and getting sympathy. There is a sense of being judged/ devalued.
1.84 1.85	I: Why is that, did you feel that they didn't want to listen or did you not want to talk about it?	
1.86 **social reactions to death – people feeling awkward** 1.87 – 1.88 **communication difficulties around the concept of death** 1.89 **keeping problems within the family**	P: I often thought that they felt awkward about it……. Yeah I sort of felt they didn't know what was going on and I didn't want to embarrass them. I didn't feel like I needed to talk to someone I talked to my family about it	
1.90	I: Do you think you were in denial?	
1.91-92 **not communicating feelings of loss. Concerns within the family about coping with the loss.** 1.93-1.94 **dealt with loss internally. Not wanting people to see him grieve** 1.95-1.96 **moments when you want to talk to parent** 1.97 **out of his control** **Re shifting focus back**	P: Well I remember one of my sisters saying to me that she was worried because I didn't talk about it she thought I needed to get it out of my system but …… for me not so much now but over the years you definitely do it in closed doors when no one is around and it's…. You get moments where you wish dad was here to chat and you can't but I think my attitude is that you can't do anything about it and I've got my own life to live so I can't be miserable for the rest of my life you need to get on with it… it's bad enough that he's not there but there is no point wasting time thinking and getting upset about it.	Sense of being judged.

to his life 1.98 **not wanting loss to affect him. Internal pressure to cope with loss** 1.99 **'bad enough that he's not there'** 1.100 **not letting himself get upset over loss** **Moving on from loss**		
1.101 1.102	I: So looking back was there anything left unsaid between you and your father?	
1.103-1.104 **did not take notice of advice during teenage years** 1.105 **wanting to be guided, missing his advice** 1.106-1.108 **regret of not having a mature relationship with parent** 1.109 -1.110 **young adults appreciate parent's advice**	P: …….. I wish……. He used to give me advice when I was a teenager but at that age you just brush it off and take no notice but I wish that I had him around to give me advice and have discussions about things. You're always going to wish that you got to know them better and spent more time with them but when you're a teenager you're not interested in getting to know them but I think when you get into your mid twenties you start to appreciate your parents' advice and support	Relationship did not evolve.
1.111 1.112	I: When your parent died did you seek help from a therapist or a support group	
1.113	P: No	
1.114	I: Would you ever consider it?	
1.115 **informed of support groups/counselling.** 1.116-1.117 **dealing with loss internally. Stigma around psychology** 1.118 **hindsight support group would have been helpful** 1.119 **talk about loss amongst people that wouldn't know him**	P: …….. I remember people saying to me at the time but I used to think that going to a psychologist was for people who had lost it and I thought that I could deal with it myself…… Looking back maybe it wouldn't have been a bad idea being in a support group with others that were in the same situation and not associated with me but I never did and knew nothing about it	Code 1.119: He talks about loss amongst people that don't know him. There is a sense of being judged.

1.120	I: Has your career been affected by the death of your father?	
1.121-1.122 **wanting to prove himself to people** 1.123 – 1.124 **goals achieved, feeling of being proud of his achievements**	P: Like I was saying to you early on I was going to go into the family business and then I kinda felt like I had to do something else to prove myself and I'm so glad now that I made that decision cause I would hate to be at home when all my friends moved away and now I feel like I have achieved something that I've really worked hard for which I don't think I'd feel if I'd stayed at home and run the business	Link to feelings of sympathy.
1.125	I: Is there anything else that you miss about him?	
1.126-1.127 **reminder of loss in all situations** 1.128-1.129 **missing his parental guidance** 1.130 **no guidance as a result of the death**	P: I miss him when I hear my friends saying what they are doing with their dad and when it's his birthday and of course everyday life situations….. I miss guidance on life having someone to say do this do that… My relatives or my mum never gave me any guidance after he died so I miss someone giving me advice	
1.131 1.132	I: For enjoyment, the things that you used to do for enjoyment with your father can you still do those things?	
1.133 -1.134 **engaging in past, shared enjoyments makes him feel close to parent** 1.135 -1.136 **regret of not sharing the same interests as parent when he was alive**	P: I used to do a lot of walking with him and I still do that now…. I feel close to him when I do it and I know that he liked country and western and when I was younger I hated it but now I love it but it makes me feel a bit sad 'cause I never enjoyed it with him	
1.137	I: What challenges do you face without him being around?	
1.138 - 1.139 **feeling the loss during every milestone in young adulthood** 1.140 **thinking about parent every day**	P: Just sort of……. You get married one day you got children you're making big decisions in your life whether it be social or work decisions big milestones it's eh…… it's going to be a challenge…. I think about him every day	
1.141	I: Is there anything else you would like to add?	
1.142	P: No I think we've covered everything	

APPENDIX 6

EXAMPLE OF A MEMO

28/3/08

Interview 1

Avoiding Disclosure

Reflects control.

He is avoiding expressing his feelings. He takes silence as the only strategy. Why? - He does not want sympathy or to be judged. Disclosing feelings affects how others view and treat him. Electing silence prevents alienation/judgement/criticism. This process holds profound implications for self and identity. The category fosters a certain behaviour, it emerges under certain conditions, and has consequences. There is a sense of social value. There seems to be an empowered identity by avoiding true feelings.

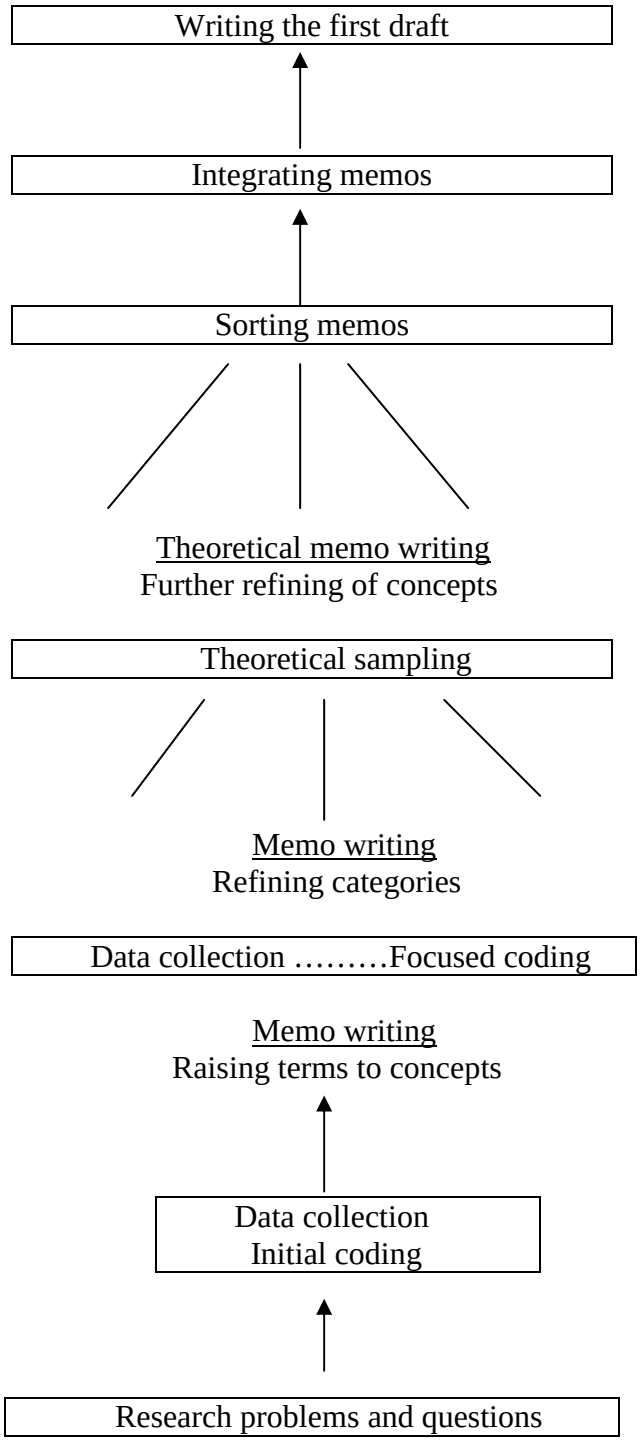
When does it happen? Where is it happening and with whom? He is avoiding telling his peers - why? By avoiding disclosing his feelings he is hiding his vulnerability, why? Avoiding disclosure becomes a strategy for handling emotions/feelings, for exerting some control over the situation, for handling society's pressure on self. Avoiding disclosure limits the reality of the loss for self and for others. Avoiding limits stigma and portrays a preferred self-image.

Disclosing takes a further twist. He is avoiding telling his family his feelings. Disclosing feelings can 'worry' loved ones and cause them to suffer.

Avoiding disclosure links to regulating emotions and having control and a sense of empowerment. The social constructivist view of grief posits that society has a 'template' for how grief should look and hence how it ought to be expressed. This view links into what is happening in the data. The participant is avoiding disclosing his true feelings due to his perception of society's unspoken rules on how grief ought to be expressed.

APPENDIX 7

THE RESEARCH PROCESS



1

[1] **Taken from Charmaz, K. (1990). Discovering chronic illness using grounded theory. *Social Science and Medicine,* 30, 1161-1172.**

SECTION C **ADVANCED CASE STUDY**

FROM POST-TRAUMATIC STRESS DISORDER TO MULTIPLE LOSSES: A REFLECTIVE EXPLORATION OF THE CHALLENGES ENCOUNTERED IN THE WORK OF A SUDANESE REFUGEE.

The Professional Practice Component of this thesis has been removed for confidentiality purposes.

It can be consulted by Psychology researchers on application at the Library of City, University of London.

SECTION D: CRITICAL LITERATURE REVIEW

PERSPECTIVES ON THE ROLE OF HOPE IN CLINICAL PRACTICE

1.0 Introduction & Aims

My inspiration for carrying out this review emerged from my clinical practice. Working in the area of bereavement and posttraumatic stress disorder, I became increasingly aware of the complicated grief reactions and trauma reactions which contained an element of hopelessness. There is a wealth of literature, both anecdotal and empirical, indicating that one of the most profound losses is the loss of a loved one (Holmes & Rahe, 1967; Strobe, van Son & Strobe, 2000; Worden, 1988). The range of experiences, emotions, and responses this loss brings about in an individual are diverse and highly individualised. However, one key theme repeated in the literature is the loss of hope (Harvey, Orbuch, Weber, & Merbach, 1992). The individuals in this client group appear to have an implicit need for hope inspiration (Cutcliffe, 2004).

In the practice of counselling psychology, a necessary step in understanding the process of change is to identify interventions that produce change, how the therapist knows when to use these interventions and how these interventions are carried out. Over the years, therapists and researchers have suggested that hope is an important catalyst in the process of change. I therefore thought it was worth examining the role of various interventions in the literature on inspiring hope within counselling practice, with a focus on bereavement counselling as it is a topic which is highly relevant to counselling psychology practice.

The literature review considers the ways in which the role of hope has been applied to clinical practice. The aim of the review was to appraise the effectiveness of the current applications and to indicate directions for future development. As well as reviewing the literature on the role of hope in counselling, I have also drawn on the literature from nursing, social science, psychology and the therapeutic professional in an effort to attain a more effective critique and balanced perspective.

To provide a basis for this critical review, I begin by reviewing the theories on hope. This section is followed by a review of the literature on the strategies to inspire hope. The review critiques the literature on hope in psychology, followed by the literature from nursing and therapeutic professions. I conclude by making suggestions for improving research in this area. Although I review the role of hope

which has been applied to various illnesses, a focus on the role of hope inspiration in bereavement counselling is presented.

The concept of hope is not new; references to hope can be traced back to ancient times. Despite this long-term interest, it is only within the past two decades that hope has become a focal point of disciplined inquiry (Nekoliachuk, 2005). Cutcliffe argues that ‘‘despite this increased interest there remain gaps in the substantive knowledge base’’ (p. 598). A considerable amount of literature exists that focuses on hope in regard to clients with cancer (Stoner & Keampfer 1985, Herth 1989, Owen 1989), some work has examined hope and the critically ill (Miller 1989, Perakyla 1991, Cutcliffe 1996) and the terminally ill (Dufault & Martocchio 1985, Hall 1990, Herth 1990, Cutcliffe 1995). The body of research focusing on hope has continued to expand (Kylma et al. 2001, Elliot & Oliver 2002, Lin et al. 2003).

Among the literature, it has been argued that hope is necessary for healthy living (DuFault and Martocchio, 1985), and as a result, the role of hope and hope inspiration has received increased attention in counselling practice and bereavement counselling. The concept is gaining recognition for its influence and importance in an individual’s life, and in particular domains of life; nowhere more so than the domain of health and well-being (Cutcliffe, 2004). Specifically, it has been suggested that hope plays an integral role in client healing (Monk, Winslade, Crocket, & Epston, 1997; Yalom, 1998), as well as practitioner experience and intervention (Jevne, 2005; Snyder, 1995, cited in Larsen et al., 2007). Given the growing recognition of the importance of hope, and the purpose of counselling theory, the aim of this review is to critically explore how the role of hope has been viewed in the academic research and literature which has been published to date.

1.2 Search strategy

The literature search was conducted in an attempt to encompass articles relating to hope and counselling theory and practice. To allow for both the provision of research findings and a discussion on conceptual ideas, the review included empirical studies (quantitative and qualitative) as well as theoretical/clinical review articles. Criteria for inclusion in the review were: (1) published between 1980 to 2008 – with the focus on more recent articles; (2) peer-reviewed publications; (3) in

English; (4) the role of hope and counselling. Search terms included '*hope'*, '*the role of hope in counselling'*. The CINAHL, MEDLINE and PsychINFO databases were searched as well as searching with the Google search engine. Most of the articles identifying hope-facilitating strategies were found in nursing literature and in the context of illness, hopelessness, and other significant life challenges. The British Library supplied most of the articles and Professor Cutcliffe kindly furnished me with related articles which he published on hope.

1.3 What is hope? Overview of psychological theory and research: Hope theories

Throughout the literature on hope, it is argued that there is a clear need to understand what is meant by hope before one can produce validated theories of hope inspiration with a sound theoretical underpinning (Cutcliffe, 1997, 2004; O' Conner, 1996; Larsen et al. 2007). However, the lack of definitional and theoretical clarity on the topic of hope continues to present challenges for researchers interested in the topic. In a recent article, McGeer (2004) states that among the few theorists who discuss hope ''there is found no clear or agreed-upon use of the concept'' (p. 101). This confusion can be attributed partly to the disagreement about the nature of hope. In this section, I will give a few examples of the various definitions of hope contained within the literature to illustrate the confusion.

Miller (1983) drew together the relevant literature on hope in order to define what hope is, and how it can be inspired in those with chronic illness. Cutcliffe (2004) critically examined Miller's (1983) study and argued that the literature that Miller accessed was theoretical rather than empirical. Thus, Cutcliffe (2004) argued that, as it had not been subjected to the process of peer review and external critique, the conceptual validity lacked credibility. Furthermore, he contended that Miller (1983) does not provide any description of any systematic approach in the literature review, stating that it is possible that certain texts may not have been included in the review. However, Cutcliffe (2004) concluded that, given the paucity of literature on hope at the time, it is possible that the 40 references used represented a comprehensive and thorough literature review.

Miller's (1983) review identified the conceptual attributes of hope and described hope as:

1) Valued
2) Private
3) Powerful
4) An intrinsic component of life
5) Providing dynamism for the spirit
6) An expectation
7) An inner readiness
8) Central to human existence

Dafault and Martocchio (1985) collected data over a two-year period from 35 elderly cancer patients, then collected similar data over a further two years from 47 terminally ill patients of various ages. This study is somewhat limited as it fails to describe the methods of data collection, the process of data analysis and theory induction, and makes no reference to any attempt to check the representativeness of the data. However, despite these limitations, it provides some thought-provoking propositions regarding the spheres and dimensions of hope (Cutcliffe 2004).

Dafault and Martocchio (1985) identified six dimensions of hope. They drew these six dimensions together and defined hope as: 'A multidimensional dynamic life force characterised by a confident yet uncertain expectation of achieving a future goal which to the hoping person, is realistically possible and personally significant'' (p. 380). Cutcliffe (1997) supports the Dafault and Martocchio (1985) argument, embracing hope as a future orientation where the individual hopes that the future is better than the present.

Frank's (1973) definition appears to focus on the cognitive and behavioural aspects of hope. He defined hope as ''a perceived possibility of achieving a goal. It is aroused by cues in the immediate situation associated with progress toward a goal in the past and is strengthened by evidence of progress toward a goal, regardless of how this process is produced'' (p. 136-137).

In contrast, Spencer, Davidson, and White (1997) intertwine the cognitive (imagining possibilities and establishing goals, gauging limitations and testing realities), emotional (understanding limits and experiencing the negative emotions they evoke, such as grief and despair, as well as rejoicing in the discovery of possibilities for the future), and spiritual (finding meaning in suffering, viewing life as purposeful) aspects of hope.

Stephenson (1991) undertook a concept analysis in order to define hope. He reviewed 52 theoretical and empirical papers that focused on hope. Stephenson (1991) defined hope as: ‘‘a process of anticipation that involves the interaction of thinking, acting, feeling and relating, and is directed towards a future fulfilment that is personally meaningful’’. (p. 1459).

However, not all researchers conceptualise hope as focused exclusively on the future. Most notably models developed with the seriously and terminally ill often include a strong focus on the present and finding hope in the moment (e.g. Benzein, Norberg & Saveman, 2001).

In yet another example, Snyder, Irving, and Anderson (1991) define hope in cognitive terms. ‘‘Hope is a positive motivational state that is based on an interactively derived sense of successful (a) agency (goal-directed energy), and (b) pathways (planning to meet goals)’’ (p. 287). As such, hopeful thinking includes three components: goals, pathways thinking, and agency thinking.

It is evident that a concise and agreed-upon definition of hope is lacking. However, there is more agreement on what hope is not than what it is. This has led to researchers examining what hope is not in order to move towards clarity. The literature states that hope is not optimism, expectation, or wishful or positive thinking (Groopman, 2004; Jevne & Miller). ‘‘Wishing can be defined as desiring or longing for something’’ (Farren, Herth, & Popovich, 1995, p. 11). Optimism speaks to the probability of an outcome and says things will turn out. Stechynsky (1999) argues that hope leaves room for doubt and negative feelings. Magaletta and Oliver (1999) compared the constructs of hope, self-efficacy (Bandura, 1977), and optimism (Scheier & Carver, 1985). Correlational analysis suggested some overlap

in the constructs, but when included in a regression to predict general well-being, hope provided unique predictive power. They suggest that hope, self-efficacy, and optimism are all related by the central core of expectancies and cognitive sets, but that hope incorporates essential features of both self-efficacy and optimism. Hope and optimism however diverge in that hope focuses on expectancies of outcome obtained through others and forces outside the self. In addition, self-efficacy only captures the ‘‘will’’ component of the hope construct (the belief in one’s ability to accomplish a task), but not the ‘‘way’’ component of the hope construct (one’s ability to generate successful plans to meet goals).

Finally, Farren et al. (1995) distinguish hope from optimism in emotional terms. Whereas optimism takes a more positive stance and is more likely to be closed to painful feelings, ‘‘hope’’ is expressed in more open terms – the situation may be difficult and painful, but the person remains open to the pain and to its eventual possibilities.

Comparisons of the above definitions of hope appear to indicate that although the concept of hope has been discussed in health care literature since the 1960s, it is still difficult to find one definition that encompasses all that hope is and specifically, how it relates to health, disease and healthcare. Cutcliffe (2004) argues that the reviewed literature on hope reads as a collection of separate entities and possibly lacks a sense of logical sequence, whereby each subsequent study does not make it explicit that the study is an attempt to build upon or add to the previous subsequent knowledge base. He further argues that this may be the case because the studies appear to have been undertaken within different cultures, different substantive areas and different client groups, rather than further subsequent exploration of the identified dynamics and components of hope. Cutcliffe (2004) concludes that the many authors have captured or identified various elements of the phenomenon we call hope (Cutcliffe, 2004, p. 33). Although a clear, concise and agreed-upon definition of hope is lacking, research pursing clarification of the different facets of hope should continue to be made.

1.4 Hope in counselling

Although the conceptualisation of hope may differ somewhat, support for the importance of hope in counselling is consistent throughout the literature. Hope has been linked to hopelessness throughout the mental health care literature. Findings appear to indicate hope and hopelessness should be viewed as a continuum with absolute hopelessness at one end, and absolute hopefulness at the other end (Miller 1989, Weisharr and Beck 1992, Cutcliffe, 1997). For example, a complicated grief reaction, or a terminal illness may well contain an element of hopelessness. Frank (1973, cited in Larsen et al. 2007) cogently argued that, ‘‘hopelessness can retard recovery or even hasten death, while mobilization of hope plays an important part in many forms of healing’’ (p. 136). Larsen et al. (2007) highlighted the consistency throughout studies on hope to date to confirm that hope is an important variable contributing to therapeutic effectiveness across theoretical orientations (Asay & Lambert, 1999; Hubble & Miller, 2004; Lamber, 1992). Some researchers have gone so far as to suggest that hope is one of four universal factors responsible for client change (Hubble & Miller, 2004). Lopez et al. (2004) claim that ‘‘whatever the system of psychotherapy, beneficial change may be attributable, in part, to hope’’ (p. 389). With that said, a thorough review of the strategies to inspire hope is presented.

Psychology: Hope theory

Literature in the field of psychology has been dominated by a cognitive-based theory of hope: Snyder’s Hope Theory (Snyder et al., 2000).

This model focuses on goal attainment as a means of eliciting hope. Snyder and colleagues defined hope as the perceived capability to (1) derive pathways to desired goals and (2) motivate oneself via agented thinking and sustain movement along those pathways. Given the strong emphasis on thought, this theory is cognitive in nature. It contrasts sharply with older, emotion-based models of hope (Farran, Herth & Popovich, 1995; Stotland, 1969).

In this model of hope, stress, negative emotions, and difficulties in coping are considered a result of being unable to envision a pathway or make movement toward a desired goal (Klinger, 1975; Synder, 1996, 1998). This view is in fact supported by both correlational and causal research showing that people experience negative emotional responses when blocked from achieving their goals (Brunstein, 1993; Omodei & Wearing, 1990, Snyder et al., 1996, cited in Synder et al. 1999). To date, studies suggest that 56% to 71% of the variance related to total client change can be accounted for by change occurring in the early stages of treatment (Fennell & Teasdale, 1987, Howard et al., 1993). Snyder et al. (1999) argue that such dramatic improvement occurring so early in the treatment process can hardly be the result of specific treatment effects. Ilardi and Craighead (1994) expand on this perspective, suggesting that clients have usually not even learned the supposedly ‘‘active’’ mechanism for change by the time improvement occurs in the early stages of treatment. These authors come to the same conclusion, suggesting that the rapid response of clients must be a product of the common factors – especially hope (Snyder, 1999).

Snyder et al. (2000) see goals, agency, and pathways as related and that any increase in one will lead to increase in the others. For example, someone who is depressed and develops goals and steps to carry out these goals will increase their sense that they can overcome their depression which will lead to carrying out the pathways behaviour. The increase in pathways behaviour will in turn increase their sense that they can accomplish their goal, which will in turn increase their ability to develop further pathways. This theory can be debated however, in that people who are extremely depressed often find it difficult to form goals.

Several theoretical approaches link into Hope Theory perspective. Such approaches include cognitive behaviour therapy and solution focused therapy. A brief review of these approaches will now be outlined.

Cognitive Behaviour Therapy: CBT

Taylor et al. (2000, p. 115) argue in favour of cognitive behaviour therapy as a means to instil hope in clients, stating, 'because of its strong emphasis on goal-setting, and regular feedback, the use of CBT seems especially likely to fortify hope'. He further describes how CBT sets out clearly defined goals which are broken down into manageable subgroups, sometimes referred to as creating a hierarchy of goals (Taylor et al., 2000).

In addition, the CBT intervention of challenging negative thoughts and identifying cognitive distortions increases both pathway and agency thinking. Finally, Taylor et al. (2000) suggest that CBT also enhances hope by incorporating homework assignments into therapy. Homework assignments provide pathways to attain goals. Agency is increased by the process of recalling past successes as well as creating a collaborative working relationship and supportive environment (Taylor et al., 2000).

Solution focused therapy

Solution focused therapy is goal orientated and future orientated. Interventions like ''The Miracle Question'' invite clients to imagine a future without their problems and to then choose steps to getting there. Creating a detailed picture of what it will be like when life is better creates a feeling of hope, and this makes the solution seem possible. This implies that the clients have control over their future. The emphasis is on the future, not on the past. Solution focused therapy is a process that helps people change by constructing solutions rather than dwelling on problems.

Hope Theory

Lopez et al. (2000) developed a therapeutic model based on Snyder's Hope theory. Lopez and colleagues claim that ''Hope therapy is designed to help clients in conceptualising clearer goals, producing numerous pathways to attainment, summoning the mental energy to maintain the goal pursuit and reframing insurmountable obstacles as challenges to be overcome'' (Lopez et al., 2000, p. 123). This therapy model is an integration of solution focused, narrative, and cognitive behavioural interventions and is comprised of two stages: Instilling hope through hope finding and hope bonding, and increasing hope through hope enhancing and hope reminding.

Lopez et al. (2000) describe ‘‘hope finding’’ as a process of helping the clients find the hope that they already possess. He further suggests that therapists are encouraged to use the client’s narrative to understand how their hope has developed, diminished, or been stagnant throughout their life. In addition, in hope therapy, past stories that are filled with emotional pain and negativity are not denied, but therapists dispute the sense of powerlessness over adversity and pain that often accompanies these painful pasts.

Lopez et al. (2000) describe ‘hope bonding’ as the ‘‘formation of a sound hopeful therapeutic alliance and grounds the clients in that helpful context’’ (Lopez et al., 2000, p. 136). Therapists explicitly acknowledge hope and point out that making and attending the initial session is an act of hope and during that session they attempt to bring a client’s expectations in line with what therapy can actually do.

This review of hope strategies in the field of psychology reveals an emphasis on cognitive strategies. While the psychology literature provides evidence of inspiring hope from the interventions mentioned above, there are still gaps in the literature. The hope literature in the nursing field has invested more time and effort into testing the effectiveness of hope interventions, and will now be reviewed.

Nursing theories on hope

In contrast to the cognitive nature of hope in psychology, nurses appear to contain a more comprehensive view of hope. The most recent conceptualisation of hope is Farren et al.’s (1995) theory of hope. This model includes four key processes: Experiential, spiritual, rational and relational. From each of these processes spring several interventions.

Farren and colleagues (1995) maintain that the experiential process of hope examines the dialectical relationship between hope and hopelessness, and asserts that hope is expanded when people are confronted with powerlessness and yet learn to hope in spite of these circumstances. It is the idea that hope is ‘‘tested and born in suffering and loss’’ (p. 108) and is strengthened when it is challenged.

From this theoretical standpoint of hope as an experimental process, several interventions surface. Farren et al. (1995) argue that hopelessness is an essential part of hope and the expression of fears, sadness questions, despair, and the like are encouraged. Farren et al. (1995) admonish nurses to encourage expression of how hope may be uncertain and to assist people in acknowledging that hopelessness is a part of life. By doing so: ‘‘a piece of information is incorporated into a broader picture in a way that neutralises or limits its negative impact…. The individual may need to be helped to see that the present situation can serve to enlarge the boundaries of the possible, thereby freeing the individual to seek alternatives’’ (p. 108).

Spencer et al. (1997) agree with the importance of honouring the process and that recognising and acknowledging grief and despair ‘‘is often much more important than converting clients to our goals prematurely’’ (p. 196).

Farren et al. (1995) further expand on this model and describe the spiritual process incorporated in the model. They suggest that the spiritual process of hope links faith and hope and a ‘‘belief in oneself and others, a conviction about something that has not yet been proven, or a sense of certainty about that which is uncertain’’ (Farren et al. 1995, pp. 7–8). Interventions suggested by Farran et al. (1995) include nurses acknowledging and respecting the client’s belief system.

Farran et al. (1995) describe the rational process component of hope as having similar elements to Snyder’s model of hope in that it focuses on goal setting and feedback. The most important aspect of rational hope is control. Hopelessness occurs when people perceive that they have little control over their lives. Farren et al. suggest several ways to assist clients to attain a sense of control. These include: respecting the client as a competent decision maker; giving permission to hope for what is not yet known or understood, and finding ways to give as much control over a situation as possible to the client (e.g. offer choices).

In addition, the rational process component of hope places emphasis on the aspect of time in maintaining hope. This is a sense of one's past, present, and future, and how life's lessons contribute to hopeful thinking. Farren et al. (1995) suggest several techniques for working with time. These include: identifying the client's areas of success and usefulness; emphasising past accomplishments, encouraging identification of joyful life experience in both the past and the present, and teaching the client to appreciate the fullness of each day.

Approaching hope implicitly

In the nursing research there has been controversy over working with hope implicitly and explicitly in order to inspire hope. Studies supporting approaching hope implicitly will first be reviewed.

Cutcliffe (2004) rejects the idea of working with hope explicitly. He argues that while it is important to be intentional about hope in therapy, it is nevertheless inadvisable to speak of hope explicitly. Larsen and colleagues (2007) agree with Cutcliffe (2004) and state that, ''this perspective offers the important recognition that it is both disrespectful and counter-therapeutic to force a client onto a counsellor's agenda'' (p. 404). Hanna (2002) supports this perspective, suggesting that hope is an essential healing element in the therapeutic process, yet he warns against therapists moving explicitly toward hope during therapy (Larsen et al. 2007).

In a grounded theory study of hope in bereavement counselling, Cutcliffe (2004) investigated different approaches in counselling in order to assess whether the various approaches affected the basic social process of hope inspiration. Data in his study was collected from counsellors who used psychodynamic (psychoanalytical), humanistic (person-centered), gestalt, and eclectic approach to counselling. Cutcliffe (2004) found that the philosophical underpinnings and resultant ways of working of each of these approaches share some similarities, but also show clear differences (e.g. the temporal focus of the therapy, the use of interventions or focusing on the core conditions within the therapy, the degree of challenge or confrontation within the therapy). Cutcliffe's (2004) results found that hope was an element essential to client healing but its influence was tied most closely to the therapeutic benefits of a strong counsellor-client relationship. Participants in his

study believed that hope should remain implicit and should not be raised directly by the therapist in the session. Cutcliffe (2004) concludes by placing emphasis on the connection between the clients and the counsellors, noting that hope inspiration needs to remain subtle and implicit rather than overt. The theory of grief therapy needs to reflect this finding and, more importantly, to acknowledge that, whilst some inspiration of hope does appear to occur as a result of specific interventions (e.g. identifying and addressing conflicts of separation), the essence of hope inspiration appears to reside in the caring, interpersonal relationship. Cutcliffe (2004) further claims that ‘‘forging the connection, the relationship, in bereavement counselling could be regarded as the beginning of new hope for the client’’ (p. 74). Findings from earlier studies support Cutcliffe’s (2004) findings. Arguments have been constructed that suggest that the ways individuals are treated ultimately has an influence on how these individuals feel about themselves (Rogers 1952, Rogers, 1957, Peplau 1988).

Cutcliffe’s (1996) research further supports the link between hope and caring, and the actions of the nurse, his/her non-verbal communication influencing patients’ levels of hope. Cutcliffe (1996) explored critically ill individuals’ perceptions of hope by interviewing patients in a coronary care unit. Data was obtained from four patients aged from 42 to 56 years old, each of whom had been in-patients for at least seven days. Using a method described as thematic moments, whereby each individual’s story was characterised by a particular theme and elements of these themes were evident in other interviewee’s accounts, a theory comprising four core themes was induced. Cutcliffe (2004) argues that the number of interviewees may have limited the possibility that each of the themes would have been saturated and therefore the induced theory may be incomplete. However, he further argues, that despite this possible limitation, critically ill patients reported that a higher level of hope was synonymous with the nurse demonstrating caring practice. Patients in this study stated that feeling somebody (the nurse) cared about them was uplifting and healing in itself. It also transpired that when nurses attempted to be understanding, the patient felt more hopeful. Additionally, findings suggest that when the nurse established an emotional involvement, arising out of concern for the patient’s well being, and when the nurse formed an interpersonal relationship with the patient, the outcome resulted in increased hope in the patient (Cutcliffe, 2004).

A similar study carried out by Vaillot (1970) used a simple, single care study to describe and explore the dynamics of hoping and hope inspiration when caring for an 82-year-old client who had suffered a cerebrovascular accident. Her aim was to explore health carers' role in hope inspiration. In response to Vaillot's (1970) study, Cutcliffe (2004) took a stronger line and rejected the idea that Vaillot's (1970) findings are valid, suggesting that the study lacks the appropriate empirical evidence to support the study. It should be noted that one person in a study would not be enough to facilitate evidence based care, therefore supporting Cutcliffe's (2004) argument. The main shortcoming of this text is the author's reliance on personal opinion rather than empirical data, so there is no way of judging the validity or reliability of the conclusions of this study, which seriously undermines the value of the work.

Findings from subsequent research (Koehn & Cutcliffe, 2007) emphasise that ''a therapeutic relationship characterised by trust and understanding is a prerequisite to successful hope inspiration'' (p. 138). Additional research by Langley & Klopper (2005) also linked the establishment of trust to the emergence of hope. Furthermore, it has been documented in bereavement literature that people experiencing grief do not feel understood by those that have not experienced a similar loss (Umberson 2003, Parkes 1972). Larsen et al. (2007) agree with Cutcliffe's (2004) findings but take a strong line and argue that 'therapists-participants may not have explored the possibility that clients can be interested in a conversation about hope if it is offered. This raises the important question of whether it is possible to address hope explicitly in therapy in ways that address the client's need for hope without imposing the counsellor's own agenda'' (p. 404).

Approaching hope explicitly

Although the literature provides ample evidence to support that hope should remain implicit, this concept has been challenged. Proponents of addressing hope explicitly in counselling suggest that hope can be a clearly stated and effective focus of therapeutic conversation. The advantages of many of these approaches are empirically documented, (e.g. Herth, 2001, Ripley & Worthington, 2002; Wright & Duggleby, 2006). Herth (1990) interviewed 30 terminally ill adults about what hope meant to them. Additionally, Herth (2001) developed and evaluated the Herth

Intervention Plan (HIP) an eight-session group programme based on a multi-dimensional framework of hope that was designed to enhance hope. Implemented with 38 adults shortly following their first recurrence of cancer, evaluation results suggested the HIP program positively affected participants' rebuilding and maintenance of hope. Other recent research also suggests the effectiveness of intentional and explicit hope-focused practice. Turner and Stokes (2006) investigated hope promotion. Incorporating qualitative methods and a hermeneutic phenomenological methodology, the results showed that promoting hope was vital. Turner and Stokes (2006) conclude that we can now ''lay to rest speculation that hope ought to be regarded as a dangerous activity and hence avoided'' (p. 7 cited in Lasen et al., 2007).

Rustoen & Hanestad (1998) described a group intervention as a means to increase hope in patients. They argued that their reason for choosing a group as a method of increasing hope is based on the beneficial effect of 'symbolic interactionism', whereby the meaning is derived, or arises from, the social interaction that one has with one's fellows. This intervention used cognitive and behavioural techniques. Instruction in cognitive techniques involved talking about the characteristics of hope, written material instructions, problem-solving strategies and identifying negative thoughts. Behavioural techniques involved relaxation training, activity scheduling, setting goals and information seeking. It was hypothesised that these techniques would impact positively on patients' feelings of hope and are initiated by the interactional process in the group. It can be argued that a group intervention would promote hope as the intervention can normalise a client's feelings of fear and uncertainty. Others have supported normalising as a means of instilling hope (Cooper et al., 1993; Stone, 1998). However, it can also have a negative effect as it can feel overwhelming. The authors of this study, however, do highlight the positives and negatives of such an intervention and suggest that a trained and skilled group leader could prevent and deal with negative effects and problematic group processes.

Specific to counselling psychology practice, Edey and Jevne (2003) describe the exploration of counselling from a 'hope-focused' perspective, i.e., sessions in which counsellors and clients agree to make hope a visible, explicit, and intentional focus of therapeutic work. According to Edey and Jevne, several approaches to working explicitly with hope are possible. They place emphasis on the use of language. For example, a counsellor may query a client asking, ''what would you do if you were a hopeful person?'', 'who taught you about hope?'', or ''how hopeful are you on a scale of one to ten? Why are you not a zero? Why are you not a ten?''. Employing specific questioning strategies such as scaling questions, hope-focused language often builds on variations drawn from positive psychology and constructivist approaches. Questions such as these invite an explicit focus on hope (Larsen et al. 2007).

1.5 Hope in Bereavement Counselling

Cutcliffe (2004, 2006) has dominated the literature on hope in bereavement counselling. As mentioned earlier in this review, Cutcliffe (2004) investigated if bereavement counsellors inspired hope in their clients and how they did so. The study used a modified grounded theory method and collected data, by means of interviews, from a sample of 12 participants, comprising bereavement counsellors and ex-clients who had received bereavement counselling. The theory that emerged from the data included a core variable which I previously mentioned in this review: The implicit projection of hope. In addition, three sub-core variables emerged: Forging the connection and the relationship; facilitating a cathartic release; and experiencing a good (healthy) ending.

Cutcliffe (2006) suggests that facilitating a cathartic release can be achieved by 1) the releasing of painful emotions; 2) supplying the opportunity for reflection; 3) providing support; 4) freeing the client to talk about the deceased; 5) employing therapeutic touch; 6) purposefully utilising silence; 7) avoiding colluding with the client's denial and/or hopelessness; and 8) realise the potential for growth in bereavement. For the purpose of this review I will discuss a couple of Cutcliffe's (2004) findings.

Cutcliffe (2006) argues that by facilitating the release of painful emotions, the client is able to consider their future in a more hopeful way. He further argues that, for the counsellors to facilitate the release of painful emotions, this removes the ‘‘emotional lodestone’’ that holds the clients in the fixed position of hopelessness. He also claims that it ‘‘enables clients to begin to visualise a future that is pain free, that is less burdened with a sense of overwhelming loss, a future that is more hopeful’’ (p. 605).

Supplying the opportunity to reflect is concerned with the clients reflecting on their loss and involves the counsellor reflecting back certain feelings and words that they hear. Cutcliffe (2006) suggests that, as a result of the reflection, the clients raise some negative constructs or disabling beliefs; this provides the opportunity for the counsellor to gently and subtly challenge false assumptions and constructs.

The main discussion from Cutcliffe’s (2004) study related to the process of time. The theory outlined in Cutcliffe’s (2004) study indicated that clients need time to form a connection and relationship with the counsellor. Clients needed to learn to trust again and discharge their painful feelings. Cutcliffe (2004) highlights that this type of hope-inspiring intervention is competing with short-term therapies such as brief solution focused therapy. However, Cutcliffe (2004, 2006) argues that time limited therapy is unlikely to be appropriate for people in need of hope as a result of their bereavement.

1.6 Conclusion

As mentioned previously in this review, in the practice of counselling psychology, a necessary step in understanding the process of change is to identify interventions that produce change. For many years, therapists and researchers have suggested that hope is an important catalyst in the process of change and is a powerful force in both healing and adjustment. As such, integration of hope-enhancing strategies into the everyday practice of health professionals is strongly endorsed. Therefore, understanding the role of hope and hope inspiring interventions in counselling psychology practice is essential.

The critical literature review of the relevant literature has examined the ways in which hope interventions have been applied to counselling practice. It has shown that psychology theory and practice are laden with hope inspiring interventions.

While a growing body of literature is accumulating, it needs to be acknowledged that the area of hope and hope inspiration remains under-researched and is consequently not well understood. Although support for the importance of hope in counselling is consistent throughout the literature, there appear to be divergent opinions and modules in the literature regarding hope interventions. A lack of definition and theoretical clarity on the topic of hope continues to present challenges for researchers interested in the topic. Future research is needed to gain clarification of the different facets of hope in order for greater consensus to be achieved.

Interdisciplinary research (nursing, medicine, psychology, philosophy and social behavioural science), using both quantitative and qualitative methodologies, have enhanced our understanding of hope across the health-illness continuum over the past two decades. There remain, however, many questions to be answered and much is yet to be done to enhance our understanding of this complex construct (Herth and Cutcliffe, 2002).

Herth & Cutcliffe (2002) argue that a science of hope is necessary to ensure a credible practice of hope so as to maximise our ability to use hope ethically and constructively. They further argue that much work needs to be carried out and suggest that future development in the area of hope should focus on cross-cultural, interdisciplinary, and international collaboration.

Researchers have started to look at the ‘lived experience’ of hope and have challenged us to look at the unique experience of hope. Research is needed to test and compare these models in both ill and healthy populations across various ages, cultures, and educational backgrounds, as well as longitudinally across time as it is related to developmental stages, phase and treatment of illness, physical and mental health, before and after stressful events, and during times of crisis and loss (Herth and Cutcliffe, 2002).

No studies to date have compared cultural perspectives of hope among cultures, nor among people living in extreme poverty or in developing countries. As a result, Herth and Cutcliffe (2002) propose that future research needs to focus on how hope differs within and across those cultures and how these cultural differences have an impact on the experience of hope.

In conclusion, the area of hope in counselling is expanding. However, there remain many gaps in the knowledge base and many unanswered questions. Something that is clearly needed is a deeper understanding of the structure of hope in order to progress further. A greater understanding should in turn influence practice and enhance the care of patients.

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