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Grandparent Grief

by

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## ABSTRACT

This thesis explores the grief experience of grandparents after the death of a grandchild. A generic mainstream qualitative approach was utilized as there has been limited research on grandparent grief. The thesis presents the literature exploring grandparenthood facilitating an increased understanding of grandparent grief. A chapter reviewing literature on parent and grandparent grief follows, identifying the death of a child as a unique loss.

The findings which emerged from the interviews of eight grandparents are presented within a framework of six themes: initial grandparent grief experience; coping with a grandchild's death; the long term grieving process of grandparents; the grandparent-grandchild relationship: meaning and nature, bereavement influences on the parent-adult child relationship, and bereavement influences on the family system. The study concludes by setting the themes within the context of the available knowledge of grandparent grief. Implications for social work practice and areas for future research are also described.

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## DEDICATION

I dedicate this study to my boys Matthew David and Ryan James, and to my mother Gwen with love and appreciation.

## TABLE OF CONTENTS

Approval Page .....	ii
Abstract .....	iii
Acknowledgements .....	iv
Dedication .....	v
Table of Contents .....	vi
INTRODUCTION .....	1
Overview of Thesis .....	3
CHAPTER ONE: THE EXPERIENCE OF GRANDPARENTHOOD .....	4
Introduction .....	4
Changing Family Demographics: Impact on Grandparenthood .....	4
Research on the Grandparenthood Experience .....	8
Grandparenthood within the Extended Family System .....	11
Grandparenthood: Meaning and Nature .....	16
Grandparent Role Performance .....	19
Grandparent-Grandchild Relationship .....	22
Summary .....	26
CHAPTER TWO: PARENT AND GRANDPARENT GRIEF AFTER THE DEATH OF A CHILD .....	27
Introduction .....	27
Models of Grief .....	27
Social Influences on a Child's Death .....	31
Impact of a Child's Death on the Family System .....	34
Family Life Cycle Considerations .....	37
Parental Grief .....	40
Impact on the Marital Dyad .....	45
The Impact of a Child's Death on Surviving Siblings .....	48
Grandparent Grief .....	52
Summary .....	56
CHAPTER THREE: RESEARCH METHODOLOGY .....	58
Introduction .....	58
Rationale for Qualitative Research .....	58
Selection of Research Participants .....	60
Data Collection .....	62
The Research Interviews .....	62
Transcribing .....	64
The Qualitative Research Journal .....	65
Data Analysis .....	67

Trustworthiness .....	70
Credibility .....	71
Transferability .....	73
Dependability .....	74
Confirmability .....	75
Ethical Considerations .....	75
CHAPTER FOUR: RESULTS .....	78
Introduction .....	78
Participant Demographics .....	78
Framework of Results .....	81
Table One .....	81
Initial Grandparent Grief Experience .....	82
Coping with a Grandchild's Death .....	87
The Long Term Grieving Process of Grandparents .....	95
The Grandparent-Grandchild Relationship: Meaning and Nature .....	101
Bereavement Influences on the Parent-Adult Child Relationship .....	105
Bereavement Influences on the Family System .....	110
Summary .....	114
CHAPTER FIVE: DISCUSSION .....	115
Introduction .....	115
The Grandparent Grief Process .....	115
Unique Nature of the Loss .....	115
Coping Methods .....	118
Adult Child's Grief .....	119
Finding Meaning within the Loss .....	120
Family System .....	121
Grandparent-Grandchild Relationship .....	122
Summary of the Unique Findings .....	125
Implications for Social Work Practice and Education .....	126
Limitations and Strengths of the Study .....	129
Directions for Further Research .....	133
Conclusion .....	135
REFERENCES .....	136
APPENDIX I: Bereaved Grandparent Interview Guide .....	141
APPENDIX II: Certificate of Approval .....	143
APPENDIX III: Consent to Participate .....	144

## INTRODUCTION

My original motivation for conducting research addressing grandparent grief began as a personal search. As a bereaved parent who had experienced the death of a six-year-old son, I hoped to obtain information on grandparent grief for my mother. A friend who was aware of my love of reading gave me a book entitled "The Bereaved Parent". He had experienced the death of his son the previous year and was given this book by another parent whose child had died. He passed the book onto me in a similar manner, describing it as helpful during his grieving. I found the book a valuable resource in my initial grief process. The book's journey continued when I forwarded it to a newly bereaved parent.

During my initial grieving, I suspected that grandparent grief could have unique dynamics associated with it. I wanted to find a resource similar to "The Bereaved Parent" for my mother. My search for literature on grandparent grief in book form was futile. I followed with a search of academic journals and determined there was limited information available. This literature gap stimulated my interest in exploring the area further. The research thus began as a personal exploration and became integrated with professional and academic goals.

When conducting a qualitative study, the potential for research bias must be acknowledged. Ensuring that my personal and professional experience did not compromise the study was a crucial consideration during the research process. The qualitative research journal was utilized to explore personal and professional responses during all phases of the research. I am personally committed to grief work as a process and I continue this through the identification



and processing of responses and/or issues as they occur. Awareness of the need for personal work related to growth and development is also a reflection of my professional values.

My personal desire to increase my understanding of grandparent grief was strengthened by professional motivation. As a social work practitioner, increasing my knowledge base and improving my practice are always goals. While conducting this research I was employed in settings that enhanced the research process. Through practice experiences I have worked with individuals and families at various points in their grieving, including the initial notification and this has resulted in profound personal and professional learning.

I drew on my personal bereavement experience during the study, with an awareness that self reflection needed to occur throughout the entire process. Personal experience enhanced the identification of potential respondents, development of the semi-structured interview guide, and data collection. The grandparents who participated in the research were all aware of my grief experience and professional background which included previous research on infant loss, work in a hospital setting and on-scene crisis intervention. This knowledge seemed to facilitate a deep level of personal disclosure from the grandparents, resulting in the presentation of rich data that might not have otherwise existed.

## Overview of Thesis

The experience of grandparent grief is explored within this qualitative study. It begins with an exploration of the literature on the experience of grandparenthood and parent and grandparent grief after the death of a child. The third chapter describes the research methodology. It is followed by a presentation of the study's findings within its framework of six themes. The thesis concludes with a discussion of implications for social work practice, limitations and strengths of the study and areas for further research.

## CHAPTER ONE

### THE EXPERIENCE OF GRANDPARENTHOOD

#### Introduction

The exploration of the experience of being a grandparent described in this chapter includes a consideration of the varied individual, emotional and social aspects associated with the phenomenon. Examining the changing demographics over the last century as they relate to families will clarify the grandparent role within today's family. The following sections address grandparenthood within the context of the individual and family: exploring the circumstances involved in becoming a grandparent; the meaning this role holds; the responsibilities and associated privileges; and the nature of the grandparent-grandchild relationship. This exploration will facilitate understanding of the experience of losing a grandchild, the focus of this thesis.

#### Changing Family Demographics: Impact on Grandparenthood

The significant demographic changes that have occurred over the last century have impacted today's family in a myriad of ways. The differences in the grandparent role illustrate the magnitude of these changes. As Hagestad (1985) wrote, "over the last fifty years or so, demographic change has been the most powerful force in reshaping the social and personal realities of grandparenthood" (p. 34). These demographic changes include a reduction in mortality rates, increased life expectancy, and lowered birth rates (Barranti, 1985; Cunningham-Burley, 1986; Sprey & Matthews, 1982; Troll, 1985; Hagestad, 1985).

Improvements in medicine, antibiotics, inoculations and hospital births

have contributed to a lowered mortality rate (Owram, 1999, p. 8). This rate has resulted in larger numbers of infants and children reaching adulthood. In the early 1920's, one in ten children died, declining to one in thirty in the 1930's. "The combination of a declining birth rate and improved infant survival fundamentally changed the nature of the family" (Owram, 1999). A lowered mortality rate has resulted in the expectation that children will outlive their grandparents and parents, a factor that contributes to the difficulties involved in mourning the loss of a child.

The Vanier Institute of the Family (1999) stated that about 12.2% of Canada's population are 65 years and older, with the number of seniors doubling in the last 25 years. They compared these numbers to a hundred years ago when only five percent of the population were over 65. In the year 1900, the average life expectancy was 47 years. Barranti (1985) noted that in the United States in 1980, the life expectancy for women was 78.6 years and 70.2 years for men, with 11% of the population over the age of 65. As a result of the increased life expectancy more individuals than ever live long enough to become grandparents (Bengston, 1985). The Vanier Institute of the Family (1999) indicated that almost a third of Canadians 15 years of age and older have a grandparent who is living.

Increased life expectancy has also resulted in the potential for an individual to be a grandparent for a significant period of time (Barranti, 1985; Hagestad, 1985). Hagestad (1985) commented that, "The rapidity and scope of recent demographic changes have caught us off guard. We still tend to associate grandparenthood with old age only, we still have trouble thinking of forty year old

grandchildren" (p. 35). Troll (1985) also described active forty-year-olds becoming grandparents.

Sprey and Matthews (1982) indicated that a growing number of grandparents would live to see their grandchildren grow into adulthood. Grandparenthood can last up to four or more decades creating long-term multigenerational ties, with half of all grandparents becoming great grandparents (Hagestad, 1985). Some differing opinions exist regarding grandparenthood as an old age versus middle age event. Cunningham-Burley (1985) and Sprey and Matthews (1985) proposed that grandparenthood may not be starting earlier, rather grandparents are living longer. Troll (1985) pointed out several new demographic changes such as middle-aged grandparents who have parents that require care. This will add to the complexities of the grandparent role. As Kivnick (1982) suggested, grandparenting is no longer confined to the last years of an individual's life even though it is considered the last stage in the family life cycle.

The timing associated with becoming a grandparent is conditional on children's choices to become parents. Today, individuals are having fewer and more closely spaced children than in the past (Cunningham-Burley, 1986; Hagestad, 1985; Sprey & Matthews, 1982; Troll, 1985; The Vanier Institute of the Family, 1996). The Vanier Institute of the Family (1996) described young adults as marrying later and waiting longer to have children. The lowered birth rate and closer spacing of children can result in a smaller proportion of life being spent actively parenting (Hagestad, 1985), while at the same time increasing an individual's length of time as a grandparent. An additional consideration includes the decreased period

of time when individuals are simultaneously actively both parenting and grandparenting (Sprey & Matthews, 1982; Troll, 1980). Hagestad (1985) described how in the 1880's women in middle age were often raising young children when their oldest child made them grandmothers. Recent demographic changes have resulted in parenting and grandparenting becoming distinct phases of life experiences and family status.

Additional factors that have impacted both the grandparent role and the nature of the grandparent-grandchild relationship include employment and retirement trends. Troll (1980) noted that in the past, grandparenting was most often a grandmothering activity, sometimes changing when grandfathers retired. Over the last century, there have been an increasing number of grandmothers in the work force and grandfathers who retire earlier. Aldous (1985) suggested that retirement at age 65 had resulted in an increased amount of leisure time, allowing more time to spend with grandchildren. Changes in gender roles and expectations have also resulted in shifts in the grandparent-grandchild relationship as grandparenting is no longer primarily viewed as the grandmother's domain. Aldous (1985) also referred to the trend of older women being active in varied roles and noted that they "can find the loyalties associated with being wives, mother and children competing with the demands of grandparent roles" (p. 119).

Barranti (1985) described today's changing demographics as challenging the assumption that the role of grandparent is "by and large on the periphery of the family and daily life" (p. 343). Owsram (1999) noted that, in 1950, one in twenty marriages ended in divorce and by 1970 this was increased to one in five. Currently

eight percent of Canadians are separated or divorced (Vanier Institute on the Family, 1999). The increase in divorce rates have resulted in some grandparents providing increased emotional and financial support. An additional outcome of divorce includes the issue of children's remarriage and the introduction of step-grandparenting. Glossip (1999) indicated that continuing demographic changes will become more noticeable as our population ages.

#### Research on the Grandparenthood Experience

Those who have researched the grandparenthood experience comment about the limited number of studies (Aldous, 1985; Bengston, 1985; Cherlin & Furstenburg, 1985; Hagestad, 1985; Schlesinger, 1984; Troll, 1980). Hagestad (1985) noted that it is difficult to obtain good source material on grandparenthood because what is available focuses on grandmothers. Troll (1980) suggested that past studies were speculative and Schlesinger (1984) noted that within the scarcity of literature, studies were small scale, consisting of few respondents.

Bengston (1985) described grandparenthood as "a complex social role, understudied and misunderstood". Bengston (1985), Cunningham-Burley (1985), Hagestad (1985) and Troll (1985) all commented that grandparenthood has continued to be viewed as an old age event, with grandparents depending on their families for support. Troll (1985) referred to the image of a grandparent in a rocking chair, noting that this no longer applies to today's grandparent. Schlesinger (1984) commented that there has been little focus on the diversity of the role, and recommends an examination of age and gender differences, social class differences, rural and urban differences, as well as individual satisfactions and

dissatisfactions. Sprey and Matthews (1982) also discussed how the stereotypes of grandparents may restrict a study of the exploration of the role played within families.

The majority of researchers commented that past studies have neglected to focus on the family system (Barranti, 1985; Bengston, 1985; Kornhaber & Woodward, 1981; Schlesinger, 1984; Sprey & Matthews, 1982; Troll, 1985). Families are usually viewed within the perspective of two generations. Kornhaber and Woodward (1981) noted that families are often thought of as a nuclear unit, resulting in grandparents and their function within the family being ignored. Similarly, Hagestad (1985) stated: "We have looked at grandparent grandchildren relations in isolation, overlooking the fact that intergenerational ties are interlocked and interrelated" (p. 44). Sprey and Matthews (1982) suggested that the effects of the family system on role performance need to be addressed. "To understand the complex nature of contemporary grandparenthood, the borders within which the family scenario takes its course must be extended so as to incorporate the bonds between grandparents and their adult children, mates and offspring" (p. 92). Timberlake (1980) similarly commented that the relationships between grandparents and grandchildren have not been explored as a resource in building family support networks.

Some authors have suggested the need to focus on a life course (Cherlin & Furstenberg, 1985) or individual development perspective (Kivnick, 1982) in order to fully understand grandparenthood. Within this role, there are numerous opportunities for individual growth and development as well as enhanced feelings of



well being. Kivnick (1982) suggested that "grandparenthood has a lifelong connection to the central themes of personal and family development".

Researchers agree that the nature of the grandparent role is ambiguous (Barranti, 1985; Bengston, 1985; Hagestad, 1985; Kivnick, 1982). Sprey and Matthews (1982) described most of the research on grandparent roles as focusing on the nature and meaning of role performance. Hagestad (1985) identified that much work has "taken on an overly behavioral view, focusing on what grandparents should or should not do" (p. 44). This view is reflected in the small amount of information available for grandparents that describes what they should or should not do for their grieving child, often neglecting the grandparent's needs.

Researchers have identified a number of gaps in past studies. Kornhaber and Woodward's (1981) critique of the available research suggested a need to focus on personal meanings of grandparenthood. They recommended that work focus on the grandparent-grandchild relationship in a similar manner to work focusing on the parent-child dyad. Statistics regarding divorce and remarriage suggest that a focus on blended families and the role of step-grandparenting is another area that requires study. Step-parenting is described by Troll (1980) as a "modified form of extended family most characteristic of modern life" (p. 476). Hagestad (1985) similarly commented, "A growing number of individuals in our society will have the experience of spending a great deal of effort on making step-relationships work, only to find them dissolved" (p. 43). Changing family

demographics require exploration and further research on the grandparent role will help fill gaps in past studies.

### Grandparenthood within the Extended Family System

As indicated by numerous researchers, grandparenthood should not be examined without a focus on the extended family system. Korhaber (1985) explains that, "Families are, after all, a natural state for humans. They are recreated every time a child is born. They can never be biologically extinguished no matter how much they are ignored or disdained socially" (p. 171). The significance of this consideration is evident when exploring the onset of grandparenthood. Sprey and Matthews (1982) stated that, "the only voluntary aspect of becoming a grandparent is the decision to become a parent" (p. 102). Sprey and Matthews (1982) noted that the parents initially mediate the initial grandparent-grandchild bond. Troll (1980) found that, "Robertson (1977) similarly reports that the middle generation, by either facilitating or hindering such interactions, influences the closeness of ties between grandparents and grandchildren" (p. 479). Troll (1980, cited in Kivnick, 1982) focused on the feelings of helplessness and passivity with respect to the timing associated with becoming a grandparent. She also pointed out a lack of control in other areas including geographic proximity, parenting styles of the middle generation and divorce. Similarly, Kivnick (1982) states: "To a surprising extent people seem willing to tolerate disappointment and helplessness in grandparenthood although they are likely to be far more assertive in responding to other kinds of dissatisfaction" (p. 156).

Authors have conflicting ideas regarding the amount of control that grandparents have in the grandparent-grandchild relationship. Kornhaber and Woodward (1981) suggested the existence of a new phenomenon that they term "a new social contract". "This new arrangement of intergenerational interactions has been labeled a contract because it is an agreement, most often mutual and unstated, between grandparents and their adult children that the grandparents will no longer be involved in the rearing of grandchildren" (p. 160). They described some grandparents as choosing to give up their emotional attachments to their grandchildren. When examining literature suggesting the strength of the middle generation as a mediating link (Kivnick, 1982; Sprey & Matthews, 1982; Troll, 1985), it could be argued that the middle generation has more power and control to reduce involvement than some acknowledge.

Some authors suggest that grandparenthood is something that merely happens to individuals, however there are factors over which grandparents have some control. As Kivnick (1982) noted, "In view of the chronic depression that can result from perceived helplessness (Abramson, Seligman & Teasdale, 1978), it is important to note that despite these uncontrollables, the individual may exert a considerable amount of influence on the kinds of grandparenthood relationships he or she will have" (p. 155). Kivnick acknowledged family systems theorists' (Terkelson, 1980; Walsh, 1980; Walters & Walters, 1980) suggestion that grandparents have an influence on the family, describing grandparents as not as helpless as they feel or behave. This can be seen as the grandchild ages and mediation by the middle generation is no longer necessary to maintain the

established relationship. Grandparents may become "active arbitrators, negotiating carefully between parents and children concerning values and behaviours that may be more central in the long run to family continuity and individual enhancement than those that the parent's authority status allow to be expressed" (Bengston, 1985, p. 23). Kahana and Kahana (1970, cited in Kivnick, 1982) discussed grandparent responsibility:

Placing the locus of control in the hands of the grandparents and attributing much of the grandparents' satisfaction to the fact that, in the increasingly impotent life of aging individuals, grandparenthood is one relationship in which they can assert a measure of initiate and control and in which they need not remain predominantly passive respondents to imposed expectations (p. 3).

Although the mediation role of the middle generation can present challenges, it also has the potential to build supports. Bengston (1985) referred to the complex nature of these relationships and warned against stereotyping. Kornhaber and Woodward (1981) described how the first grandchild could facilitate attachment between grandparents and their children. Hagestad (1985) commented that attention should not be limited to the grandparent-grandchild relationship as there is the attachment between grandparents and adult children to consider as well.

Hill et al. (1970, cited in Barranti, 1985) referred to the middle generation as a lineage bridge. Hagestad (1985) also spoke to "the notion of intergenerational continuity that is in a continuous process of negotiation". Thus,

there are strong suggestions that the quality of bonds between grandparents and grandchildren reflects the work of a kin-keeper in the middle generation, a mother" (p. 41).

Cherlin and Furstenberg (1985) and Troll (1980) describe women as creating and maintaining the linkages in families. Similarly, Hagestad (1985) noted that, "It has been argued repeatedly that contact and exchanges between generations to a large extent are facilitated and carried out by women" (p. 41). Hagestad continued by citing Adams (1968) who described women as the kin keepers and family monitors, bringing families together for get-togethers and celebrations.

Barranti (1985), Cunningham-Burley (1986) and Timberlake (1980) referred to the supportive nature of intergenerational relationships. Cunningham-Burley (1986) described how grandparents today reflect the existence of the extended family, suggesting that they help out more than they did in the past, despite popular belief. Similarly Barranti (1985) noted that, "Grandparenthood and the special bonding that occurs within three generations are examples not only of attachment but also of supportive relationships that develop across generations" (p. 349).

When focusing on the family system, in-laws are an additional important consideration. The birth of a grandchild may be the first time negotiation with in-laws occurs and this adds a wide range of adjustments and adaptations to the complexity of the grandparenthood experience. As Sprey and Matthews (1982) commented: "It is the acquisition of the first in-law child that involves the parents

in a newly extended family system of which their own family nucleus will remain an integral part for the rest of their lives" (p. 96). Cunningham-Burley (1986) referred to the concept of "sharing" when there is another set of grandparents to be taken into consideration. She described how some families may feel that "sharing pleasures does not mean equal shares" as grandparents can feel they do not have the same opportunity to spend time with their grandchild in comparison to the "in-laws". This can be viewed as a restriction on the relationship and its activities.

Both maternal and paternal affiliations have an impact on the grandparent-grandchild relationship. Troll (1982) described how gender plays a large part in parent-child interactions. Irving (1972, cited in Schlesinger, 1984) indicated that husband's parents have less contact with the family than the wife's parents, with the latter providing more childcare. Aldous (1985) suggested that parents and daughters are more emotionally involved than parents and sons, due to the socialization process that facilitates closer ties between parents and daughters. The implication for grandparents is illustrated through findings by Barranti (1985) and Kahana and Kahana (1970, cited in Kivnick, 1982) suggesting that the closest emotional grandparent-grandchild relationships are between maternal grandmothers and grandchildren. Hagestad (1985) and Kahana and Kahana (1970, cited in Kivnick, 1982) suggest that the most emotionally involved grandparent relationship is the one consisting of daughters of daughters. Hagestad (1985) noted that the most influential involvement for grandfathers is the son of a son, as grandmothers and grandfathers approach grandparenting differently. He stated that "the most vulnerable intergenerational bond is between paternal grandfathers and

grandsons" (p. 40). Hagestad also acknowledged the existence of "inter-family variability" where the "creation of family is a process of socialization, ongoing and reciprocal" (p. 38). This variability and myriad of influences on today's family reinforce the need to view grandparenthood of the context of the extended family system.

#### Grandparenthood: Meaning and Nature

The meaning of grandparenthood is illustrated in the anticipation and construction of role before the grandchild arrives (Cunningham-Burley, 1986). Grandparents begin a process of hoping, dreaming and making plans when they discover they are becoming grandparents. "Although the transition to grandparenthood is marked by the birth of the first grandchild, the transition process begins well in advance of that event" (Sprey & Matthews, 1982, p. 93). Kivnick (1982) described a mental rehearsal of grandparenting long before the child is born. Cunningham-Burley (1986) outlined how grandparents anticipate the event by planning what they should or should not do, what their role would entail, as well as guidelines for behaviour:

That these rules may be difficult to follow in practice is a reflection of their idealized nature, yet also relates to some contradictions in the grandparent role. Although the respondents seemed to be able to anticipate new relationships, much was still left to be experienced only once grandparenthood became a reality (p. 430).

The birth of a grandchild provides opportunities for individual growth and development as well as a positive impact on mental health. As Barranti (1985)

noted: "With that attachment comes the experience of being loved, accepted, a sense of security and warmth, a historical sense of self, and the gift of a role model for one's future aging" (p. 348). This increased sense of well-being can affect morale and the ability to cope with life stressors. The results of Timberlake's (1980) study of grandmothers indicated that grandparenting filled a need for creativity, accomplishment, competence, stimulation and fun. It also impacted social identity and expansion of the self. Kivnick (1982), Schlesinger (1984) and Troll (1980) cited Neugarten and Weinstein's 1964 study which concluded that grandparenting meets the needs of biological renewal, continuity, emotional self-fulfilment, and vicarious achievement. Cunningham-Burley (1986) referred to how respondents found that grandparenthood filled a gap they had not known existed until their grandchild filled it.

Kivnick (1982) described grandparenthood as having connection to the lives, morale and mental health of grandparents: "The life-history material also suggests that grandparenthood can facilitate an individual's psychosocial development throughout the life cycle as he or she moves through the roles of grandchild, parent (between children and grandparents) and grandparent" (p. 107). She continued by proposing a model of grandparenting where grandparenthood can compensate for lower levels of life satisfaction. It can also act as a source of strength when dealing with stressors such as poverty and loss:

...being grandparents allows/helps many grandparents to counteract some measure of the decrease in morale which frequently results from the various losses that are a part of growing



older. Except for the extremely fortunate, people in the later years frequently find themselves with less money, relatives and meaningful activities (p. 219).

Kivnick described how this connection to past life issues has the potential for reworking unresolved psychosocial conflicts as well as issues related to parenting, speaking to the importance of this role: "...in later life grandparenthood is a role through which grandparents seem to be able to rework earlier, inadequately resolved psycho-social conflicts, and in so doing, to enhance their current psychological well-being" (p. 123).

The grandparent role has various meanings that are significant personally and socially. Cunningham-Burley (1986) stated that, "Our society focuses much of its attention on the "nuclear family" of parents and children. But the birth of a child has a lot of meaning to family members other than parents" (p. 230). She described becoming a grandparent as important in a number of ways and that many consider it a milestone: "Grandparenthood is the meeting of the past, present and future, it takes you back, and makes you look forward. It seemed to provide the people studied with a sense of continuity within a lifetime" (p. 230).

Cherlin and Furstenberg (1985) commented on the numerous attempts by researchers to classify the styles and meanings of being a grandparent. Troll (1985) stated that "grandparenthood is not a worry free state" as "it has lots of meaning and drama" (p. 135), with many behaviours and meanings associated with it. She describes it as shaped by other events in the individual's life and that the onset may be too early or too late. A large amount of literature focuses on the positive aspects

associated with grandparenting, however, many feel ambivalence related to the role. This role may create challenges or unrealistic demands on the grandparent, resulting in "grandparenthood as a gift or a curse" (Kivnick, 1982).

Kivnick (1982) and Kornhaber and Woodward (1981) associated grandparenthood with the instinct to nurture. This aspect, described by respondents in Kornhaber and Woodward's (1981) study, included expressions of 'never feeling like this before', 'the wonder of seeing your child produce a child', and 'the importance of this new connection'. Kornhaber and Woodward suggest that on the onset of grandparenthood, "the impulse to nurture is reawakened and earlier experiences of motherhood and fatherhood are relived" (p. 54). Further: "Similarly, an infant who is seen and held by its grandparents imprints itself like a brand on the hearts and minds of those grandparents no less indelibly than on its parents" (p. 60).

#### Grandparent Role Performance

Researchers have identified many variables that affect the grandparent role as well as numerous influences on role performance. Some of the variables affecting this role include gender, age, marital status, employment status, available time and financial resources (Barranti, 1985; Troll, 1985). Barranti (1985) also identified the personal resources of health, well being and personality as having an impact. Sprey and Matthews (1982) note:

Individuals when deciding how to act a given role must operate within a finite set of structural boundaries. Such constrains, which are dependant on the circumstances of specific situations, guide

not only personal choices of style but also the manner in which participating grandparents perceive their identities with particular bonds (p. 98).

Hagestad (1985) referred to the various roles that grandparents can hold as symbols of connectedness, links to the past, listeners, and reservoirs of time, help and attention. Kornhaber (1985) described the roles of living historian, family archivist, mentor, and nurturer. Barranti (1985) commented that Kornhaber and Woodward's identified roles are "modes of attachment between grandchild and grandparent", referring to grandparents as role models, teachers, negotiators and family connectors. Schlesinger (1984) referred to grandparents as the family's focal point, ensuring that tradition remains alive while giving a sense of continuity to family life. He identified grandparents as providing social, cultural and religious roots as well as being available for childcare and support when needed. As Bengston (1985) wrote, "The growing body of empirical research points to the heterogeneity among grandparents, to the dangers in stereotyping and over generalizing and to the likelihood of increasing differentiation in grandparents' roles in the future" (p. 11).

Researchers have identified role behaviour as having different meanings to different people. Hagestad (1985) reflected that many studies describe the grandparent role as ambiguous, without a clear definition or outline of the rights or obligations of grandparenthood. "Part of the uncertainty may simply reflect the fact that current grandparents are demographic pioneers." (Shanas, 1980, cited in Hagestad, 1985, p. 36). In addition, grandparents may have numerous grandchild

relationships and as Cherlin and Furstenberg (1985) suggested "we need to think more about whether there is a life-course of grandparenting and about the ways in which grandparents may simultaneously maintain different kinds of relationships with different grandchildren" (p. 7). Grandparenthood varies both in the level of grandparent involvement and satisfaction with the role. Kivnick (1982) reported that one third of the grandmothers in her study were "disappointed by the lack of expected rewards in their role" (p. 3) and they referred to it as losing its voluntary nature and becoming a burden. Similarly:

The economic and emotional dependence of young parents on their parents will decrease with age and vary by class, educational status and gender. It is thus only under quite specific circumstances that grandparents really can live up to the culturally held stereotype of happy, carefree grandparents... (Sprey & Matthews, 1985, p. 95).

Aldous (1985) referred to the notion that "grandmothers appear to be emphasizing the voluntary nature of their roles and increasingly want the same distance from grandparenting as husbands enjoy" (p. 131). For many grandparents, a non-interfering style of grandparenting represents a symbolic role. As Hagestad (1985) commented, "One of their key functions is an elusive 'being there' a comforting presence not easily captured with the language and tools of social science" (p. 48).

Some grandparents actively support and supplement their adult children in parenting, providing resources when asked. In these circumstances, grandparents go beyond the symbolic role of merely being there. Schlesinger (1984) described that, "Grandparents did not want to be taken 'for granted', but

they wanted to be recognized and respected for the positive contributions they make towards the lives of their grandchildren" (p. 10). Cunningham-Burley (1986) described the help that grandparents provide as facilitating a good relationship with their grandchildren through the provision of the things that parents could not. Schlesinger (1984) referred to grandparents' desire to influence their grandchild's behaviour, feeling that their family situation would allow this. Timberlake (1980, cited in Schlesinger, 1984) described grandmothers who provide childcare as having a strong personal commitment to their grandchild. In summary, there are a variety of influences which impact grandparent role performance and the grandparent-grandchild relationship. In addition to individual relationships with family members, the family system has an impact on the grandparent role.

#### Grandparent-Grandchild Relationship

Numerous differences can be identified when comparing the nature of the grandparent-grandchild relationship to the parent-child relationship. The grandparent-grandchild relationship has been characterized as 'pleasure without responsibility' (Aldous, 1985; Cherlin & Furstenberg, 1985; Kivnick, 1982; Kornhaber & Woodward, 1981). Kornhaber and Woodward (1981) described the emotional attachment between grandparents and grandchildren as unique. "While parents are responsible for and expected to perform an array of functions, grandparents are usually free to pick the style they wish" (Troll, 1985, p. 478). Kivnick (1982) noted that some grandparents are more caring, empathic, and more aware of their grandchild than they were for their own children. The normal conflicts, demands and responsibilities associated with parenting often do not exist

(Kornhaber & Woodward, 1981). They further commented that, "Grandparents, no matter what they were like as parents, are exempt from the emotional intensity that characterizes parent-child relationships" (p. xii).

Kornhaber and Woodward (1981) noted that when grandparents and grandchildren are together, it is enough to make both happy and that the "attachment is, in itself, an emotional sanctuary from the pressures of the outside world" (p. xiv). They referred to the early years as crucial in the process of attachment. "The earlier in the life of the child that attachment is acknowledged and cemented, and the more time devoted to the growth of vital connections, the stronger are the basis upon which the grandparent-grandchild bond rests" (p. 178). They commented that once a grandparent sees their grandchild, the biological bond turns into a personal attachment where "the baby is no longer my child's child but my grandchild". Further, "These common experiences indicate that the connection between grandparents and grandchildren is natural and second in emotional power only to the primordial bond between parent and child" (p. 55). In order for this connection to continue, "shared time and intimate contact" is necessary for the relationship to develop into a "vital connection" (p. 55). Kornhaber and Woodward (1981) have also studied what occurs for grandparents when this attachment does not develop or there is a cut-off from the grandchild after the attachment. They described disconnected grandparents, who "felt wounded, emotionally, by their disconnection from their grandchild". They noted that they were mourning the loss of themselves as grandparents and as human beings, quoting a respondent:

I used to feel important with my grandchildren, teaching them things, playing with them, proud of them, going to school with them. You know, I was a grandmother in my community. It meant something there. The grandchildren were proud of me. They would show me off to their friends. I would cook for them. It was a way of life that I miss now (p. 87).

Bengston (1985), Cherlin and Furstenberg (1985), Hagestad (1985), Kivnick (1982), Kornhaber (1985), Sprey and Matthews (1982) and Troll (1980) refer to a number of variables and variations in the grandparent-grandchild relationship including the age and gender of the grandparent and grandchild, personality of both, health and lifestyle of the grandparent and geographic mobility and proximity to the grandchild. Troll (1980) indicated that "it is better to talk about diversity of patterns of relating than to try to derive any central tendency" (p. 475). Hagestad (1985) focused on gender differences, describing men and women as differing in their interactions with grandchildren. Bengston (1985) encouraged a focus on a "life-course perspective" where there is "variability in styles and patterns of behaviours with the passage of time" (p. 20).

Cherlin and Furstenberg (1985) described the concept of selective investment where "grandparents often turn their attention toward particular grandchildren in order to compensate for unsatisfactory relationships with other grandchildren" (p. 113). Within their study, 30% of the grandmothers admitted to having a favourite grandchild. The authors indicated that factors such as living closer to the grandchild, getting along better with the grandchild's parents, children

requiring more help with situations such as divorce or single parenting, and grandchildren as more appealing to the grandparent because timing of their birth (oldest, youngest) or personality traits were associated with having a favourite grandchild.

Often, we suspect, a close tie to one or two grandchildren, coupled with a more distant, ritualistic relationship with the rest may be sufficient to make grandparents satisfied with their role. Grandparents often cannot manage an active, involved role with all their grandchildren but in our society they need not do so in order to regard themselves and to be regarded by others as 'good' or 'normal' grandparents (Cherlin & Furstenberg, p. 113).

Like any relationship, the grandparent-grandchild relationship changes over time. Aging plays a significant role as activity and health status change over time. As Bengston (1985) commented, "The result is this dyad, composed of two highly complex and changing individuals moving through time, becomes highly differentiated over the years" (p. 20). Schlesinger (1984) referred to a range of behaviours, that constitute a continuum of 'involved' to 'not involved' grandparents. Troll (1985) cited Neugarten and Weinstein's 1964 study, in which they identified varied styles of grandparenting, including formal, fun-seeker, surrogate parent and distant figure. Sprey and Matthews (1982) similarly noted that:

Without ruling out the relevance of individual choice, it should be clear that factors, such as age, gender, geographic proximity, and the life circumstances of grandparents, the mediating parents, and the



grandchildren considered simultaneously, are essential components of the explanation of the meaning and role of grandparenting in general, as well as in the transition into that life stage (p. 98).

The varied aspects involved in the grandparent-grandchild relationship are influenced by the passage of time as well as individual growth and development. These factors have an impact on the meaning of the relationship to both individuals.

#### Summary

This presentation of the literature addressing the experience of grandparenthood illustrates the variety of influences that impact the role. These influences include individual, emotional and social aspects as well as role meaning and definition. Reduced mortality rates and increased life expectancy has resulted in more individuals becoming grandparents. As grandparenting is no longer restricted to the last years of an individual's life, understanding the possibilities and potential problems of the grandparent-grandchild relationship is crucial. Increased awareness of these factors will facilitate the understanding of grandchild loss.

## CHAPTER TWO

### PARENT AND GRANDPARENT GRIEF AFTER THE DEATH OF A CHILD

"The time we have with our children is forever, despite their leave"

(Kubler-Ross, 1983, p.169).

#### Introduction

When discussing the loss of a child through death, the terms grief, mourning and bereavement are often used interchangeably. This initial and simple indication of the varied, and often similar, concepts is an introduction to the complexities involved in any loss situation. In addition to the various models of grief which serve as a guide as to how grief resolution occurs (or does not occur), the death of a child is a distinct type of grief.

This chapter begins with an exploration of various models of the grief process, with the recognition that they are often inadequate in accounting for the uniqueness of parent and grandparent grief. The social factors that influence the meaning of a child in our society are explored. A focus on the family system and the usual adjustments after the death of a child and the parent bereavement experience, introduces a context within which to explore the grandparent grief experience. Finally, examining parent-child and grandparent-grandchild relationships, as well as the impact on the marital dyad and surviving siblings, illustrates how the loss of a child is distinctive.

#### Models of Grief

There are many models of stages, phases, processes and symptoms of grieving. Most provide an in-depth understanding of the dynamics of grief and grief

work as a process. Freud (1917) first introduced the concept of 'grief work', with the idea that grief is a process rather than a state, a critical aspect when examining grief and its resolution. This perspective allows the mourner to expect movement according to psychosocial time versus chronological time. Freud wrote that grief is a natural reaction to a loss that should not be tampered with, allowing it to take as long as it takes.

Freud's belief that external influences such as professional resources are unnecessary for an individual's grief work, reflected a time when social networks provided support both during and after the death of a community member. However, we now live in a society that often denies death and one in which its members increasingly distance themselves from the bereaved. This is one of the many factors that contribute to the need for bereaved individuals and families to seek professional intervention.

Elizabeth Kubler-Ross (1969) was one of the first to study those involved in the death and dying experience through exploring the reactions of the ill themselves, providing the needed increased insight into grief work. Kubler-Ross presented five stages: denial and isolation, anger, bargaining, depression and acceptance, as a process an individual must experience to resolve their grief. However, this model seems to suggest a passive progression that leaves little power to the individual. The linear approach tends to create the expectation of a sequential journey where one becomes 'abnormal' in their grieving if the orderliness is not adhered to. As Arnold and Gemma (1983) commented, "But grief cannot be

contained, knows no boundaries, defies classification and categorization, it is too large, complex and can't be reduced or ordered" (p. 5).

John Bowlby (1977, cited in Worden, 1982) also strongly influenced an understanding of grief through his work on attachment theory. He saw grief as a process of resolution of the equilibrium between the self and the social environment (Klass, 1988). Colin Murray Parkes (1972, cited in Worden, 1982) similarly explored grief, presenting the following phases: numbness, yearning, disorganization and despair, and reorganized behaviour. The focus of grief resolution from this perspective is the release of old roles and patterns of interactions and finding new ones. As Klass (1988) noted, "It involves intellectual recognition of the death, emotional acceptance of the loss, and a reorganization of the individual's model of the self and the individual's social interactions to match the changed reality" (p. 19).

Klass (1988) took grief resolution another step by suggesting that the deceased becomes transformed to an inner representation for the bereaved, bringing solace and a psychic equilibrium. He agreed that a new self is established within a changed world, however, death does not constitute the end of the relationship with the deceased, but rather, a change in the role the relationship plays for the survivor in his or her life. Klass seemed to agree with the psychoanalytic view of grief resolution that includes giving up the lost object and having it become part of the survivor's ego. This identification process is a crucial consideration with the death of a child, as parents and grandparents lose part of themselves.

William Worden (1982), who drew from Bowlby's perspective, suggested tasks that a bereaved individual must accomplish to resolve grief. Like Freud, he emphasized that grief work is a process, not a state, and critiqued Parkes' phases as implying a certain passivity. Rather, Worden (1982) suggested that his tasks fit with Freud's concept of grief work as the bereaved can be active in grief resolution.

Worden's four tasks include: accepting the reality of the loss; experiencing the pain of grief; adjusting to an environment in which the deceased is missing and withdrawing emotional energy and reinvesting it in another relationship. Worden also acknowledged that grieving has its own time frame and that the accomplishment of tasks during this process is a powerful anecdote for feeling helpless. This is a critical consideration for bereaved families as they often feel reduced control within their environment.

When Klass (1988) discussed Worden's work, he pointed out that it does not explain changes in the self, social network and life history of the individual. Klass proposed that the following two tasks need to be accomplished after the death of a child: the parent must learn to live again in a world made poorer by the death of a child (severing the tie with the child but also growing and changing the way one is in their social environment) and retaining the bond with the child by internalizing the inner representation of the child in a way that brings solace. In this way, grief resolution includes more than simply replacing the child with other investments. "What we need is a model of grief that can read attachment theory in a wider way, or that can expand the idea of the social self to be more inclusive of inner representations" (Klass, 1988, p. 35).

From this brief examination of a handful of models of grief, one can see the inherent difficulties in applying a single perspective to any loss situation. This is particularly true for bereaved parents and grandparents. The grief process for parents differs from other grief in a number of ways including the severity, the intensity, length of grief and the complex nature of the bereavement. As Rando (1986) indicated these models need to be reworked to account for a parent's normal grief response and to recognize parental bereavement as a special type of grief. This is also true for grandparents who are "connected to their grandchild in an intense and intimate way and consider their grandparenting role to be an integral part of their self-identity (Kruk, 1995, p. 748).

#### Social Influences on a Child's Death

In today's society, children experience low morbidity and mortality rates. Modern technology has resulted in a situation that is in stark contrast to the days when vaccinations and antibiotics were unavailable. Importantly, Ponzetti and Johnson (1991) note, "Yet this reduction (death during childhood) may serve to increase the impact of a child's death because it is simply not expected" (p. 157). In the past, children died as frequently as adults and the entire family became involved in the death surround and rituals. Families were larger, death was expected and few were protected from the dying and subsequent rituals. As Kubler-Ross (1969) wrote, "Death in early infancy and early childhood was frequent and there were few families who didn't lose a member at an early age" (p. 1).

Today, the death of a child is especially tragic due to its uncommon occurrence, unexpected nature and untimeliness. In the past, death was recognized as a natural part of the life cycle and there was less denial. Individuals grieve now in a society that often denies death and this denial is particularly so with a child's death. Johnson (1987) suggested that we treat life and death as if they are opposite "incompatible stages of existence" or "opposing ends of the continuum that we call the life cycle, a start versus a finish" (p. 67).

The appropriate social role of individuals who provide emotional support today includes distracting the griever in order to 'make' them feel better. This directive leaves little time for the bereaved individual to mourn. Further, the supportive behaviour of others usually lasts only for a few weeks. These responses impact the bereaved's ability to explore the meaning of the death. As Klass (1988) notes, "While the parents strive to comprehend the reality of the loss, they find themselves within a social system that refuses to assimilate the truth that the child has died and that the parent has been wounded to the very core of the self" (p. 20). Discussing death is often considered morbid and this is particularly true with a child's death. We need to recognize the inherent growth possibilities in a healthy resolution of grief and support the bereaved in this process. Instead, as a result of societal pressure, bereaved parents and their family may cease asking for support, in an attempt to protect others from the pain of their grief. Arnold and Gemma (1983) describe the process, "The horror of a child's death has become so frightening to us that we seek to protect ourselves; the fear of contamination in a sense" (p. 26).

Bereaved parents experience a major secondary loss as other parents seek to protect themselves from the reality they fear the most; that their child can die too. The unrealized emotional supports that were previously available after a child's death and the continued altered relationships represent an additional loss. Sarnoff Schiff (1977) referred to some parents as feeling stigmatized in a world that no one else could possibly understand.

In addition to the larger societal response, bereaved parents must deal with immediate family members who have also been affected by cultural attitudes. As Herz (1980) suggests, our society, in keeping with its massive denial of death, has created death specialists. Grieving was historically facilitated, not impeded, through social customs that involved the family in the final arrangements and rituals. Family members remained involved with dying family members and participated in the subsequent preparations for burial. This process not only allowed mourning, but encouraged healthy grief resolution. In addition, today's culture may lack meaningful rituals for individuals, families and the community. This situation not only contributes to the social taboo about discussing death and dying, it also contributes to social myths about bereavement. These myths include, "rituals are unimportant to help us deal with life and death", "there is something sick about you if you think that part of you has died with your child", "you will have no relationship with the deceased child after the death" and "your family will be the same after the death" (Rando, 1986, p. 39).



## Impact of a Child's Death on the Family System

Herz (1980) wrote that, "There is probably no subject to which families react with more emotion than death, and its effects to a family's functioning can be both widespread and prolonged" (p. 223). The death of a child affects the entire family system, disrupting and creating dis-equilibrium for all members. "It is particularly traumatic because the death of a child violates one's expectations of the natural order, that is the young are not supposed to die before the old" (Ponzetti, 1992, p. 63). Arnold and Gemma (1983) have described the family as never being whole again because a significant member is missing.

Each family grieves in a unique way, which includes grieving for the lost member, for their relationship with him or her, for the self before the death, for surviving family members and for the family system. It is during this multi-faceted grieving process that individual differences in family members can create difficulties for the system. Rando (1986) commented that, "This leaves bereaved parents and all other family members in a position of being forced to cope with multiple grief experiences occurring simultaneously, a situation that, in other contexts, would be seen as bereavement overload" (p. 12).

Papadatou and Papadatos (1991) indicated that the grieving family members are often unable to support each other as each is locked into individual worlds of pain and preoccupation. Ponzetti and Johnson (1991) stated that "it would be incorrect to assume that all members within the system respond in the same manner" (p. 64). Each family member has their own methods for coping and adapting to the death. This can cause further tension in a family that is struggling to

regain a homeostatic balance. As Rando (1986) suggested, "A delicate balance must be struck between meeting the individual's needs in the mourning process and meeting those of others or of the system as a whole" (p. 37).

One of the family's main tasks as it struggles to regain homeostasis is the re-allocation of roles and functions of the missing family member. These role shifts, or re-assignments, may constitute a major secondary loss or gain, as well as overburdening vulnerable members. Such major changes in the family structure can result in confused identity and expectations. There are numerous changes with profound impacts after the death, as family members attempt to function in the changing structure. The boundaries, sub-systems, alignments and the power distribution are seriously challenged, as well as the family's capacity for changing their patterns of functioning. Family members may develop symptoms of depression, for example, exacerbating existing issues or creating new ones for the family.

When a family is grieving and attempting to achieve a new equilibrium, most benefit from open communication and expression of feelings. Paradoxically, just when they most need an open exchange among members, individual differences in grieving and/or attempts to protect others can result in secondary problems including a lack of communication. In addition, present and past relationship issues may emerge with past unresolved issues affecting the present loss and inhibiting the family in dealing with the stress of death in an open manner. For some families, the death becomes a taboo subject as they conspire to keep feelings hidden in a family denial process. In response, Rando (1986) recommends that, "In working

with the bereaved parents it will be important to maintain a family systems perspective and to recognize how family members and their grief can impact on one another" (p. 379). This is crucial for adequate grief resolution, avoiding the multiplier effect where one member can inhibit or exacerbate another's grief response.

Family rules governing the expression of grief can be detected by asking how families have dealt with death in the past. This is a critical consideration if the family rules inhibit expression of feelings, as the family can begin a long course of difficulties which are typically viewed as unrelated to the death (Herz, 1980). Rando (1986) proposed that the effects of losses can be transmitted to following generations if they are not resolved. Incomplete mourning then becomes a pervasive family defence against further loss and disappointments. Bowlby has also suggested that incomplete mourning with one's family of origin affects the ability to experience emotional loss and separation in the current family. Sarnoff Schiff (1977) has suggested that, in addition to the trauma of losing a child, there can be a secondary family crisis such as separation, divorce, alienation or alcoholism. "Bereavement is thus an experience of suffering, and the renewal of family life depends on the acceptance of separation and the regenerative use of its pain" (Rando, 1986).

Bowen (1976, cited in Worden, 1982) has described the death of a family member as creating emotional shock waves in the system, with underground aftershocks to the emotional and functional system. The degree of this disruption depends on how the family members react to each other's emotions and how they

deal with the death. Some automatically react by closing the system, allowing rigid boundaries to protect members; however, this process only serves to isolate the family from necessary social supports and ultimately from each other. Bowen indicated that the levels of differentiation in the family members combined with the level of stress impacts the family's ability to remain open and avoid symptom formation.

#### Family Life Cycle Considerations

When determining the impact of a death on a family, Herz (1980) suggests that the degree of disruption is affected most significantly by the following: the timing of the death in the family life cycle, nature of the death, openness of the family system and the family position of the deceased member. The death of a child represents a variation of the stages of the family life cycle, as the timing is radically off. As Carter and McGoldrick (1980) suggest, dealing with loss and the resulting reflection on issues of the self's mortality usually does not occur until the final stage of the family life cycle; the family in later life. Further:

Neugaten points out that life cycle events are much more likely to be traumatic if they occur off-time than in the expected course of life. The stresses of life are those caused by events which upset the sequence and rhythm of the life cycle (Carter & McGoldrick, 1980, p. 5).

The unique factors experienced by bereaved parents and grandparents depend on the age of the child at the time of death. With death due to miscarriages and still-births, it is dreams, hopes and expectations that are grieved. Our culture

tends to provide little support for such losses. The death of an infant also receives less recognition, due to the short time the child has lived.

A younger child who has firm connections to the family system leaves a significant void. In many cases, family life revolves around a child's activities and needs, as parents fulfil their role of socializing young children. There is less ambivalence in this parent-child relationship than with families that are in the life cycle phase that includes adolescents as this is often a stressful time due to the shifting of the parent-child relationship (Carter & McGoldrick, 1980). During adolescence, communication can be reduced or closed down, increasing the occurrence of family conflicts. Parents may be at high risk for survivor guilt due to issues such as past unresolved conflicts and lack of knowledge regarding the teen's daily activities.

No matter what age a child dies or the amount of detachment, the individual is always a child to that parent. Rando (1986) commented that when an adult child dies, our culture often does not give bereaved parents the support they need, as the focus is usually on the partner of the deceased child. The parent's feelings of powerlessness are exacerbated by their inability to make decisions relating to the death and subsequent rituals. A final consideration for these parents which is not often acknowledged, is the fact they have lost a potential caretaker and supporter for their later years (Rando, 1986). As Papadatou and Papadatos (1991) wrote: "It should be noted that this population of bereaved mourners can be expected to increase dramatically as compared to others since, with today's longer life span,

greater numbers of parents will be alive to witness the deaths of their adult children” (p. 237).

Similar to the issue of the age of a child, the cause of death can create unique reactions. Today, two major causes of children's death affect parents; sudden unexpected deaths and those after a lengthy illness. The main difference between these is the anticipatory grief work that may occur during the child's illness. The illness also influences the culture of the family environment as the members live in a home of sorrow in anticipation of death.

Several authors (Klass, 1988; Rando, 1986; Sarnoff Schiff, 1977) have documented that unexpected, accidental deaths have the most devastating impact on bereaved parents. This situation is ripe for agonizing effects from unfinished business and the inability to say goodbye. Klass (1988) has suggested that a part of the bereaved parents' grief work includes an assessment of the preventability of the death and a search for meaning. Guilt is a pervasive and powerful emotion for parents in accidental death, as they must come to terms with their regrets, 'if onlys' and 'what ifs'. Sarnoff Schiff (1977) described that when a child dies by accident, parents are likely to feel guilty about their poor decision making, whereas they tend to recognize their lack of control when their child dies from an illness. However, Papadatou and Papadatos (1991) suggested there may still be guilt related to disease since it was the biological make-up of the parents that produced the child.

A parent's ability to cope is severely impaired in sudden death as the longer adjustment results in a sense of unreality. Grief work may also be impeded by the parents' increased need to understand and find a cause or blame. In cases of

accidental death, intervention can be crucial in preventing chronic apprehension that something could happen to themselves or their loved ones at any time (Rando, 1986). This fear can become a family secret that individuals are unable to talk about, having a negative influence on the resolution of grief. Rando (1986) indicated that severe parental bereavement can result from a lack of security and feelings of being overwhelmed.

The death of a child is a variation of the life cycle that has serious implications for family development. Barker (1992) described how many clinical problems that families present are related to difficulties in making the transition from one developmental phase to the next. From this perspective, the death of a child is particularly traumatic as there is no place in the typical family life cycle phases to adjust to a child's death. In conclusion, Carter and McGoldrick (1980) stated that, "We have come to see these processes are so complex that they can most usefully be viewed as additional stages in the family life cycle for those families in which they occur" (p. 15).

#### Parental Grief

"Because the death of a child often is the teacher of unconditional love, and unconditional love has no claims, no expectations, needs not even a physical presence" (Kubler-Ross, 1967, p. 9).

Parental grief is unique and should not be compared to any other loss due to the central bond that exists in the parent-child relationship. Parents have lost a part of themselves which has been violently torn away as well as irrevocably shattering their wishes, hopes and dreams of the future. Regardless of the cause of death,

parents identify feeling guilt, failure, anger and powerless. They may feel like a different person; one who will never be the same again. Reflections such as these give credence to the perspective that bereaved parents do not simply resolve their grief through new attachments. As Klass (1988) suggested, the parent must build a new life with a diminished self in a poorer world.

The death of a child is not natural; it is unjust, unfair (Ponzetti & Johnson, 1991) and it severs the orderliness of the parent's world. Parents may feel crazy in a seemingly uncontrollable situation as a result of the complex, varied and ever-changing responses that they experience. In addition, as a result of role socialization, parents may feel that they have failed to protect their child; and have failed in their responsibility, not only to the child but also their family and society. Unfinished business includes the 'if onlys', 'why did I's', and 'I should haves'. Even in situations where anticipatory grief occurred, parents will question what they did wrong in their pregnancy or child-rearing practices. These explorations are a component of the parents' search for meaning within this experience. Ponzetti and Johnson (1991) stated that, "the need to make sense of or find meaning in the death is an integral part of the grief process" (p. 159). Ponzetti (1992) noted that in an attempt to make sense of the death "most parents eventually develop a need to talk about their tragic experience and what they remember about their child" (p. 65).

Rando (1986) noted that the uniqueness of parental bereavement can be seen with respect to Worden's tasks. When accepting the reality of the loss (Task 1) parents are faced with numerous difficulties due to the unnatural nature of the situation. The period of denial or numbness is exacerbated by the assault on the



parent's sense of self, their competence and self esteem. If there are surviving children, the parents must function in the very role in which they are trying to reconcile a loss.

Experiencing the pain of grief (Task 2) is difficult, as the pain lasts much longer than with other losses and, although it lessens with time, it can reappear unexpectedly and as intensely as felt in the beginning of the grief process. The grief of parents has also been described as one in which the bereaved experience 'shadow grief' (Rando, 1986); a process where grieving continues during developmental milestones and situations, such as birthdays, graduations and weddings, that did not occur. In addition, parents experience the pain of secondary losses, such as the loss of the competent self, the self as parent, loss of a partner and loss of perceived social supports.

Adjusting to an environment in which the deceased is missing (Task 3) is an extremely challenging process for bereaved parents. As a result of the parent-child bond, a parent is and will always remain a parent. This is most clearly illustrated in the continued agony that is created as a bereaved parent struggles to answer the question 'How many children do you have?' (Sarnoff Schiff, 1977). Further, as Arnold and Gemma (1983) highlighted, there is "A parent's grief for the separate person that has filled life with unaccountable experiences and brought comfort, peace and love, and grief for the empty space within, the space that cannot be occupied by anyone or anything again" (p. 32).

Worden's final task, to withdraw emotional energy and re-invest it in another relationship, is the most difficult for parents as there are more losses associated

with the death of a child. It also involves the formation of a new relationship with the deceased child and parental re-investment in both the new self and the new relationship. This difficult task can be made even more so with surviving and subsequent children as the changed self necessitates a change in their parental role. Other dilemmas, such as whether the parent's oldest child, who is no longer living, be considered the youngest when his surviving sibling reaches an age he did not, continue to occur for the bereaved parent. "To bury a child is to see a part of yourself, your eye colour, your dimple, your sense of humour, being placed in the ground. It is life's hardest empathic experience" (Sarnoff Schiff, 1977, p. 23).

Rando (1986) stated that the death of a child contains the greatest negative constellation of the twenty-nine sets of factors known to impact on any person's bereavement. Further complicating the grief process is the meaning of the parent-child relationship for the individual parents. Klass (1988) has suggested that rearing a child creates the opportunity for a parent to relive life as the child passes through developmental stages. "The same ambivalences and multiple representations that were part of the living relationship with the child are part of the search for equilibrium when the child dies" (Klass, 1988, p. 73). In this way the process of identification can include projection through the view that the child is an extension of the parents who are diminished after the child's death. Rando (1986) contributes that, "In fact no relationship has the potential for being as multiply determined (that is, influenced by a number of conscious and unconscious factors and conflicts) as the parent-child relationship" (p. 7). For some parents, the hopes and dreams may

include the expectation that the child can change their life for the better, compensating for their own parent-child relationship.

In addition to the loss of their child, parents lose their identity as a parent in their social world and, as a result, daily interactions change in a very dramatic way. As Klass (1988) noted, "It is not surprising that we find parental bereavement involves extended symptomatic expression, for loss of the attachment is the loss of a major interactive regulator within an environment in which many other interactions have significantly changed" (p. 10).

Day-to-day practical considerations take on a new meaning when bereaved parents have been forced to relinquish their role. Dealing with time they had spent with their child, which involved community ties such as schools, churches, and sports, are especially painful as parents are left with now-empty, unaccounted for chunks of time. Tasks such as shopping, which can appear deceptively simple, become agonizing as the parent passes their child's favourite foods that now remain on the shelf.

Lazare (1979, cited in Rando, 1986) suggested six psychological reasons and five social reasons why a person would have unresolved grief. Rando (1986) commented that five of these six psychological reasons are particularly applicable to parents: guilt, loss of extension of self, re-awakening of an old loss, multiple loss and idiosyncratic resistances to mourning. Four of the five social reasons exist for bereaved parents as well: social negation of the loss, socially unspeakable loss, social isolation and/or geographic distance from social support and the assumption of the role of the strong one. In summary, the unique nature of parent bereavement

is a reflection of the complexities within the parent-child relationship. In addition, issues such as dealing with the responses of others and shadow grief as well as secondary losses including hopes, dreams and plans for the future; reinforce that parent grief should not be compared to other losses.

#### Impact On the Marital Dyad

A major secondary loss for bereaved parents and grandparents can be the perceived or expected emotional support that would come from a partner as they share this difficult time. The cultural ideal is of marriage as the greatest social support; however, the added burden of the death of a child can create problems in the marital relationship (Sarnoff Schiff, 1977). Difficulties in the marriage can stem from various areas including exaggeration of previous issues, lack of communication surrounding individual grief responses, lack of synchronization while the couple grieves, sex-role socialization and the issue of support versus protection. Klass (1988) commented that, "Especially in the early months of grief, when the couple are establishing their patterns of support and communication within their grief, there can be some very difficult times between the marriage partners" (p. 43).

There is no consensus with respect to the association between the death of a child and divorce rates for bereaved parents. Sarnoff Schiff (1977) described it as impossible to give comfort when the individuals in the marriage are grieving equally; this being reflected in studies that estimate serious marital difficulties in up to ninety percent of bereaved parents. Worden (1982) referred to a Stanford study in which seventy percent of the parents whose children had died from leukaemia were

divorced within two years. Herz (1980) also stated that, "the extent of the impact of a child's death on the family is indicated by the fact that separation or divorce occurs in an exceedingly high percentage of families following the death of a child" (p. 228).

Klass (1988) and Rando (1986) disagreed with these perspectives, noting that marriages can and do survive the death of a child. Rando (1986) commented that it is crucial for bereaved parents to understand that they should not overestimate the effects of grief on their relationship. "Far too many parents have been traumatized by incorrect data on divorce based on inappropriate conclusions from poorly designed studies" (Klass, 1988, cited in Papadatou & Papadatos, 1991, p. 242). Rando (1986) suggests that when divorce does occur, the major cause is that too much is expected and too little is given. Kerr (1986, cited in Klass, 1988), Klass (1988) and Rando (1986) believe that when marriages do end, it is not simply as a result of the death but of pre-existing issues, concerns and detachments. "Parents have had to stand the pain of the loss of the rich and full relationship to the child, so the pain of losing the withered marriage is not so threatening" (Klass, 1983, p. 43). Kerr (1986, cited in Klass, 1988) discussed how parents who remained married reported that the difficult time after the death was a positive factor in their marriage. Defrain, Jakub and Mendoza (1992) reported that in their study of grandparents, twenty-nine percent noted that it strengthened their marriage, three percent stated it weakened it and sixty-eight percent felt it had no effect. Like the individual, a marriage can grow with positive grief resolution, bringing the couple closer together and reinforcing priorities.

In addition to the loss of their child, bereaved parents experience the secondary loss of their partner as they knew them. Through the loss experience a new self is being built within the individual, within the marital relationship and within the family. "The resolution of parental bereavement in the building of the new self is often a resolution to problems in the marriage, though such a resolution may sometimes mean the end of the marriage" (Klass, 1988, p. 41). Often individuals grieve for the loss of their former spouse and the relationship. A re-negotiation process may also occur which includes changes in the interactive patterns between the spouses, their family members and social environment.

Intimacy issues, including the parent's sexual relationship, can be one of the most difficult adjustments. This is an area for misunderstandings because one partner may wish sexual contact while the other cannot deal with it. "For if one lets down the barriers to be close, one may get in touch with the pain one is attempting to avoid" (Sarnoff Schiff, 1977, p. 71). Abstinence may occur for various reasons, including avoidance of each other, avoidance of another pregnancy, no interest in sex as a result of grief or depression, feeling guilt because of experiencing pleasure or lack of strength. This secondary loss reflects the uniqueness of the grief experience for each spouse, an aspect, which has the potential to create serious problems within the relationship. As Papadatou & Papadatos (1991) stated:

Spouses must not only remember this and give each other the necessary space and permission to mourn in their own fashion, but also they must refrain from inappropriately drawing conclusions about a lack of love for the child or themselves when witnessing differences

in the bereavement of their mate (p. 241).

Being aware of individual grief processes may prevent problems that are a result of misunderstandings. This is crucial when examining the impact of the shared loss on the marriage, as each individual had a unique relationship with the deceased child.

Many of the differences that have the potential to create conflict are related to sex-role conditioning. "The types of skills and behaviours required in successful mourning are more consistent with the traditional female role than the male role" (Papadatou & Papadatos, 1991, p. 241). Men often see mourning as a private matter, leaving their spouses feeling isolated as they seek solitude (Sarnoff Schiff, 1977). Men can be especially impacted by a loss of competence as their social role includes being the problem solver and protector. Klass (1988) described how a fathers' expression of feelings of loss may need to be legitimized, as he has often been socialized to be the strong one, controlling all his feelings.

Bereaved parents may have little opportunity to find relief from their intense pain of grief. This may be exacerbated by the lack of synchronicity to the mourning process for couples. Normal patterns of relating may be disrupted as one spouse feels 'down' during the other's 'up' time. Even the physical presence of the partner may prove to be difficult when his or her mannerisms remind the observer of the deceased child (Sarnoff Schiff, 1977).

#### The Impact of a Child's Death on Surviving Siblings

Sooner or later the surviving children become aware of the changed family situation. Depending on their age and personality, the child may experience unresolved grief, a reaction that they might see as frightening, mysterious and in

any case very traumatic. He may feel that he has no way to cope with this reaction, especially as his parents may be emotionally unavailable (Kubler-Ross, 1969).

Children look to their parents to give meaning to situations, especially those that are unfamiliar and emotionally triggered (Rando, 1986). When children are not included in discussions of their siblings' death, they become isolated with feelings of confusion, anxiety, sadness and despair. Children are often forgotten in the communication process or judged as incapable of handling the situation because adults are not comfortable talking to a child about death. If the family becomes protective in this manner, the death can easily become a taboo subject, which is destructive to the children and the family. "Grief and fear, when allowed to be expressed and shared in childhood, can prevent much future heartache" (Kubler-Ross, 1969, p. 66). Surviving siblings are searching for meaning and answers just as bereaved parents and grandparents, and they need information that will normalize their feelings. "A child understands inclusion rather than exclusion and what is mentioned is manageable" (Papadatou & Papadatos, 1991, p. 102).

Children have the potential to live with loss longer than anyone else. This factor which may critically impact the child's development and identity if survivor guilt is involved. It is normal and universal for siblings to have a relationship which is ambivalent, filled with feelings of competition, jealousy and rivalry. This ambivalence can have a profound impact, as children often utilize magical thinking to express their negative feelings towards their siblings. If these wishes are actualized through the child's death, the surviving sibling may feel responsible for the death regardless of the cause. If this self-recrimination is not normalized for the



child and family, destructive symptomatic behaviour can occur. Often these symptoms are a cry for help that may continue throughout the survivor's life if not addressed. "Because the death of a child member becomes part of the history of the family, a surviving child must in some way and at some time confront the sibling death" (Arnold & Gemma, 1983, p. 110).

As Rando (1986) noted, children mourn differently than adults, dealing with death little by little rather than the more continuous process their parents experience. In addition, childhood grief is reflected in their cognitive and emotional levels as well as in the family's communication patterns and rules. Piaget (1969, cited in Johnson, 1984) described three sequential levels involved in a child's understanding of death. Pre-schoolers see death as reversible. Children aged five to nine years personify death, and because imagination can be worse than reality, factual information about the death is crucial. By the time children are ten years of age, they see death as irreversible and express concerns that it could happen to them (Johnson, 1984). Although children continue to play, laugh and seem to enjoy life, one should not assume that they have no need to discuss death.

Children need permission to mourn in addition to a recognition that they have needs and wishes surrounding the deceased. If a child already has a diminished self-concept or an uncohesive family, exclusion or a lack of respect for their personal boundaries may result in chronic sorrow or withdrawal (Rando, 1986). Children tend to be given a lower priority during this time and if they are excluded from family decisions and rituals intended to provide comfort, they may internalize feelings of incompetence that may be reflected in difficult behaviour.

A major secondary loss for surviving children is a change in the relationship with their parents. In addition to the numerous changes in their environment "If surviving children are young, parents often report they have limited patience and find themselves out of control when they begin to respond to slight misbehaviour" (Klass, 1988, p. 27). Ponzetti (1991) described the majority of parents in his study noting "that they felt or acted differently toward the surviving children as a result of the death" while only a third of grandparents reported these feelings. The parent's quality of responses to surviving children is a reflection of their sense of failure and feelings of guilt, and anger and blame can be easily projected. "Surviving siblings frequently become the focus for unconscious manoeuvres designed to alleviate the guilt feelings of the parents and are used as a way to better control fate" (Rando, 1986, p. 33). This unconscious process can become even more complex if a behaviour exhibited by a surviving child reminds the parent of the deceased sibling. Some children grow up in a stress-filled world, over-protected and inhibited developmentally as parents fear something may happen to them. Others believe that they could never compare to the idealized deceased sibling resulting in a profound negative impact to their sense of self and self-esteem.

As the family struggles to find an equilibrium for the changed system, the vulnerable child finds new roles and tasks being assigned to him or her. This can have a great impact if the family is small as the surviving sibling could become an only child. In today's smaller and single parent families these children often feel an additional burden to meet adult needs. Children may also assign roles to themselves when they sense the distance and ambivalence of the parents. They

will try to fill the void and may feel like a failure if they cannot. This attempt can be seen in surviving siblings' emulation of the deceased's qualities, behaviours and attributes. Initially this attempt can bring feelings of comfort for the family; however, it impedes the grief work and growth for all members. In summary, children must be given special consideration after the death of a sibling as the effects are life-long and profound.

### Grandparent Grief

Many authors have described the impact of a child's death on the family system. Researchers have also referred to the need for a study of grandparent bereavement as there is limited information available on this. Ponzetti and Johnson (1991) commented that while there has been a large amount of information available on the grief experience of parents there has been little available on grandparent bereavement. Defrain, Jacob and Mendoza (1992) see this gap as important as the population is aging.

As Ponzetti (1992) stated, "since grandparents are also parents, many of the issues pertinent to bereaved parents are salient for bereaved grandparents" (p. 65). He continued by noting that there has been little study on more than one generation's response to death. "Grandparents play a salient role in many families" and "to overlook their function in the family grieving process is to ignore a vital element" (Ponzetti, 1992, p. 65).

Similar to the nature of parental bereavement, grandparents are believed to experience a unique type of grief (Ponzetti, 1992). Defrain *et al.* (1992), Guylay (1975), Hamilton (1978) and Ponzetti and Johnson (1991) suggest that the grief of

grandparents is "threefold", with grandparents simultaneously grieving for their grandchild, their adult child and themselves. Gerner (1990) described grandparents as faced with two tasks. The first involves completing grief work necessary to deal with the loss of their grandchild and the second consists of helping their adult child work through their grief. This is challenging since the authors suggest that these tasks be completed simultaneously. Ponzetti and Johnson (1991) believe that grandparents grieve as much for their adult children as they do for the grandchild. In addition to the three-fold nature of the grief, the out-of-order nature of the death is especially poignant for grandparents. Defrain et al. (1992) describe grandparents' disbelief because the old are supposed to die before the young. Resolve Through Sharing (1984), a support group for parents who have experienced the death of a baby, suggest that some grandparents feel angry that they are alive and their grandchild is not.

Grandparents make plans for their relationship with their grandchildren in a process similar to parents. When a grandchild dies, their hopes, dreams and expectations have been destroyed as well. Ponzetti and Johnson (1991) described grandparents as mourning these losses as well as lost opportunities for their grandchild. Defrain et al. (1992) reported that disbelief, sadness, anger, depression, resentment, exhaustion, and bitterness were common feelings identified by grandparents. They suggested that "almost every aspect of their lives are affected" (p. 163).

The search for meaning, an integral part of grief work, is an intense process for both grandparents and parents. The 'whys', 'if onlys', 'I should

haves', and search for answers add to the difficulty of the grandparent grief process. Defrain et al. (1992) referred to grandparents regretting that they had not spent more time with their grandchild. They also commented that they should have raised their adult child differently. Hamilton (1978) stated: "...grandparents blame themselves for something that has happened in the past between them and their child. If the relationship has been poor, grandparents feel guilty and consider themselves worthy of blame" (p. 223).

Grandparents often feel isolated and misunderstood in their grief experience. As Hamilton (1978) stated, "grandparents are more alone than any other group in the grief process" (p. 221). She discussed isolation as more common for grandfathers than grandmothers due to role expectations. Gerner (1990) added that grandfathers have been socialized to keep their feelings to themselves more so than men today. Ponzetti (1992) also identified gender differences in grief reactions as that of mothers and grandmothers wanting to talk about the child more than grandfathers and fathers, however he found no significant differences in their grief reactions. Defrain et al. (1992) also referred to gender differences in dealing with grief, stating that most couples seem to be well aware of their different coping styles, and these styles probably are a result of male female socialization processes" (p. 177).

Grandparents who are grieving need support as it has a profound impact on their well-being. "The grandparents wanted people to think of them too, because their hurt is very real after such a great loss and they need support" (Defrain et al., 1992, p. 180). Defrain et al. (1992) and Ponzetti and Johnson (1991) concluded

that grandparents find expressing their feelings and talking about their grandchild helpful. "They wanted to be able to talk about the grandchild who died because this child will always be a part of their family" (Defrain *et al.* 1992, p. 180). There are contradicting findings about whether faith is a support. Defrain *et al.* (1992) found that 90% of their sample found faith helpful, however Ponzetti and Johnson (1991) reported that most of their sample did not.

The death of a grandchild represents the loss of an important role in the grandparent's lives. The meaning behind the grandparent-grandchild relationship is illustrated through Kornhaber and Woodward's (1981) reference to Freud's grandson who died of tuberculosis at four and a half years: "three years later, in consoling a close friend upon the death of the latter's eldest son, Freud confessed that since the death of Heinerle, he had been unable to enjoy life". Kruk (1995) commented that within his study, 44% of the grandparents reported new physical health problems and 46% reported emotional difficulties that they related to the loss of their grandchild.

Resolve Through Sharing (1984) described the grandparent's pain as compounded by the feelings for their own child. Rando (1986) described how when a grandchild dies, grandparents may be in a difficult position as they see their own child suffering and feel there is nothing they can do. Feeling helpless as well as concerned for numerous family members including the adult child, child-in-law and surviving grandchildren contribute to the unique nature of the loss. In a study conducted by Defrain *et al.* (1992), 55% of the grandparents had talked with surviving siblings about the death. Importantly also, children have two sets of

grandparents and as *Resolve Through Sharing* (1984) suggests, some are reluctant to impose on the others' territory.

In addition to the difficulty involved in watching their child's pain, grandparents have expectations about supporting their children. As Defrain *et al.* (1992) noted, "The grandparents frequently believe that they should cope better, have all the answers, control the situation, and be an example for their adult children through such an ordeal" (p. 179). Hamilton (1978) described how some grandparents want to help, but feel there is no role for them. Gerner (1990) suggested that some are unable to help as the pain is too much for them to handle. She stated that, "We may talk to our children on a good day and rejoice that they were finally improving, only to find they have taken several steps backward the next time we see them" (p. 6).

### Summary

The exploration of the parent and grandparent grief experience illustrates the myriad of influences and factors that impact bereavement. The death of a child in today's society contains a unique constellation of dynamics, resulting in a grief experience that has profound implications for the bereaved. As Worden (1982) indicated, the death of a child is a special type of loss, which requires further understanding.

Defrain *et al.* (1992), Miles (1977) and Ponzetti and Johnson (1991) have indicated that there is limited research exploring the grief experienced by grandparents after the death of their grandchild. The knowledge necessary to fill this gap can be seen as critical when considering the findings of Defrain *et al.*

(1992) which suggested that almost all areas of the grandparents' lives are affected after a grandchild dies. As such, further research on the grief experience of grandparents is recommended, focusing on methods of coping utilized by grandparents, how they support their adult children and changes in family relationships.



## CHAPTER THREE

### RESEARCH METHODOLOGY

#### Introduction

The following chapter describes the methodology that addresses the research question "What is the grief experience of grandparents after the death of a grandchild?". The mainstream qualitative approach utilized in the study is described in the first section of this chapter. Subsequent sections describe the participant selection process and procedures involved in data collection and analysis. The chapter continues by addressing trustworthiness and its issues of credibility, transferability, dependability and confirmability. The chapter concludes with a focus on ethical considerations.

#### Rationale for Qualitative Research

When determining which research method to utilize, the researcher must consider previous exploration of the topic. As there has been limited research exploring the grief experience of grandparents (Defrain, Jakub & Mendoza, 1992; Miles 1977; Ponzetti & Johnson, 1991), a qualitative approach was chosen. According to Strauss and Corbin (1990) "qualitative methods can be used to uncover and understand what lies behind any phenomenon about which little is known" (p. 19). Exploration of the grief experience could facilitate an increased understanding of the dynamics involved for grandparents. Also, according to Lincoln and Guba (1985) an exploratory study is warranted when "no prior theory or hypothesis exists".

Glesne and Peshkin (1992) comment that qualitative research seeks to make sense of personal stories and how they are experienced, allowing the essence of the experience to emerge. An exploratory study ensures that participants have the opportunity to tell their story, a process whereby they are able to describe their experience in their own words. As Patton (1990) and Taylor and Bogdan (1975) suggest, the researcher examines the experiences in great detail to gain an understanding of the basic elements. Through this process, the meanings in the stories and "essences to shared experience" emerge (Patton, 1990). Goldstein (1993) note that the qualitative researcher is "concerned with meaning and explanation" and he or she "strives to capture, interpret and present ...the voices and felt experiences" of the participants (p. 92).

The mainstream or generic approach is the qualitative method utilized in this study. Patton (1990) indicates that not all qualitative research can be aligned with one methodological approach. For example, a phenomenological approach was utilized as it explores "what is the structure and essence of experience of this phenomenon for these people" (Patton, 1990, p.70). The mainstream approach is a mixing of methodologies, such as grounded theory (Glaser & Strauss, 1967) which uses various strategies to help ensure a credible and trustworthy study. This flexibility was an important strength in the research process as I was able to choose the best strategy while collecting information and analyzing the data. Through the mainstream approach I was designing the research as it evolved (Marshall & Rossman, 1989).

## Selection of Research Participants

The research data was generated from interviews with individuals who met the study's selection criteria. Purposeful sampling is a process of selecting certain individuals to participate in the research who are identified as having specific attributes (Berg, 1989; Morse, 1991). Patton (1990) states that, "the purpose of purposeful sampling is to select information-rich cases whose study will illuminate the questions under study" (p. 169). Respondents were selected based on the criteria that they were grandparents who had experienced the death of a grandchild.

All of the grandparents who indicated an interest in the study were interviewed. According to Krefting (1991), "a range of experience or phenomena is sought in qualitative research, so that data are not necessarily consistent" and "credibility is increased if the interpretation can explain the apparent contradictions and rival explanations" (p. 220). Through the sampling procedure varied dynamics such as gender and background of the grandparent as well as age of the grandchild and cause of death were recognized and incorporated into the data analysis.

I utilized both personal and professional affiliations in contacting research participants, resulting in respondents from three sources: the Compassionate Friends, my mother and a professional colleague. As a member of Compassionate Friends, a support group for bereaved parents, I recruited four informants by utilizing their newsletter to call for study participants and presenting at monthly meetings. Three participants were given the information contained in the

newsletter by their children and they contacted me to express their interest. The fourth participant was a grandfather who witnessed the beginning of his wife's interview and also requested an interview, as he wanted the opportunity to tell his story as well.

My mother identified three informants, a factor that contributed to rapport and trust-building. Although she was not involved in the study, she was aware of one colleague and two friends who had experienced the loss of a grandchild. A professional colleague at the hospital identified the final research participant. The participants were all aware of the researcher's personal and professional background, which enhanced the level of trust and the depth of information disclosed in the interviews.

Because I was acquainted with three of the respondents' adult children, I was aware of their bereavement responses in addition to their parents'. These particular interviews were thus more complex. Through each individual story, I was aware that a variety of responses, feelings and perceptions existed with respect to the child's death. This created a challenging and emotional process for me that was assisted by using a reflexive journal and debriefing with peers. Both mechanisms allowed me to explore and acknowledge my personal emotional responses, so that these did not impact the interviews and data analysis in a negative manner.

Interviewing stopped after eight participants had been interviewed as no new information was emerging from the data analysis. As suggested by Patton (1990) and Shatzman and Strauss (1989) saturation was determined by reviewing my field notes and determining that no new insights could be identified. Patton (1990) and

Taylor and Bogdan (1984) suggest that there are few rules in regards to sample size in a qualitative study. Lincoln and Guba (1985) also provide permission to stop at the point of saturation, referring to the fact that "continuing data collection produces tiny increments of new information in comparison to the effort expended to get them".

#### Data Collection

The Research Interviews. The primary method of data collection in this study was semi-structured interviews (Appendix I). Polit and Hungler (1987, cited in Morse, 1991) define semi-structured interviews, "as those organized around areas of particular interest, while still allowing considerable flexibility in scope and depth" (p. 191). Open-ended questions were utilized to help guide the interview process and facilitate consistency. As suggested by Berg (1989), the open-ended format ensured richness of data as the participants were "not merely responding to structured questions but were describing their lives". Although the questions were not used word for word or in the same order, the semi-structured format helped maintain consistency (Taylor & Bogdan, 1984). Using the semi-structured interview as a guide also increased the likelihood of comparable data being collected (Lofland & Lofland, 1984). Throughout the interviews, I requested additional details from the respondents. This probing facilitated clarification and elaboration. "The informants story then serves to 'structure' the interview as it unfolds" (Morse, 1991, p. 191).

As suggested by Patton (1990), both the wording and sequencing of the questions and probes were adapted to the context of the interview. Each

respondent answered questions in their own way, reflecting the presentation of their stories. It was crucial that I responded flexibly during the interviews and asked questions without being bound to a script. Each interview flowed in its own unique way, with questions such as "tell me about..." and "how was that..." encouraging the participants to reflect and explore. This facilitated the emergence of in-depth information, with minimal guidance from the interviewer. In this way, the stories that emerged were an expression of shared experiences and the essences of these experiences (Patton, 1990).

Most interviews lasted from one and a half to two hours, with an additional thirty minutes discussion prior to the audio-taping process and another thirty minutes to one hour debriefing after its completion. I conducted the interviews in a setting chosen by the participant, facilitating the establishment of the rapport and trust required to elicit rich information. Five of the respondents chose to be interviewed in their home, two utilized my residence and one interview took place at the respondent's son's home. The interviews that took place in grandparent's homes lead to the privilege of being shown items that held special memories. These pictures, gifts and toys created further disclosures as the grandparents shared the stories behind them. Glesne and Peshkin (1992) note that "rapport is tantamount to trust and trust is the foundation for acquiring the fullest, most accurate disclosure a respondent is able to make" (p. 79).

After the research interviews, I debriefed with each respondent, summarizing the information and experiences that emerged from the interview. This process determined if my interpretation of the general issues were an accurate

reflection of their story. The debriefing also helped individuals to identify their reactions to having been interviewed. The majority of respondents described the interview process as a positive experience especially since they were able to tell their story from start to finish. The grandparents also commented that they felt heard as they were able to describe their entire experience, a process that did not often occur. The participants also elaborated or presented new information during the debriefing process. Morse (1991) describes that "especially interesting and valuable data 'come-up' as goodbyes are being said" (p. 198).

The extended length of the interviews, as well as the pre-interview and post-interview processing, resulted in a high level of rapport and trust where the participants "volunteered different and often more sensitive information than they do at the beginning of a research project" (Krefting, 1991, p. 217-218). Immediately after the interviews I recorded in my journal to ensure that the comments from the participants with respect to their interview process were accurate. I was also able to ensure that I recorded my own impressions of the interviews. Finally, I utilized the analytical section of the journal to address the rationale behind omitting, adjusting, or developing new questions during the interviews.

Transcribing. Verbatim transcribing of interviews by the interviewer occurred over a one-week time period. As suggested by Berg (1989) and Coleman and Unrau (1996), qualitative researchers who transcribe their own data "benefit(s) the research study" as the "subtleties in the communication" can be analyzed. "Changes in voice or tone, significant pauses and inflections which may indicate

that the topic is highly important, or emotionally charged, become lost in transcribing" (Field & Morse, 1985, p. 99). The intimate knowledge of the data gained through the transcription process becomes invaluable during the coding phase. "You will become thoroughly acquainted with the context of the interviews, a critical aspect for the process of analysis, and transcribing provides opportunity to review and connect with your data" (Coleman & Unrau, 1996, p. 94). My transcription of the interviews ensured accuracy as well as an awareness of the nuances in voices and in the rhythm of the interviews.

After the initial transcribing, I listened to the tapes a second time and reviewed the transcripts to ensure that the interviews had been recorded accurately. At this time, I added notations in the margins as suggested by Field and Morse (1985). The notations indicated changes in the tone of the respondent's voice and any displays of emotion. During transcribing, I found it crucial to use my journal for self-reflection as my emotional responses were triggered on a deeper level at this time than during the interview process. Through journaling, I identified responses that I could then follow up with in peer debriefing.

The Qualitative Research Journal. In addition to the interviews, the information recorded in my research journal constituted additional data. I organized data about the interview process in my research journal, in three sections: self-reflection, field notes and analytical notes. According to Taylor and Bogdan (1984), all researchers develop their own ways of analyzing qualitative data.



I utilized the self-reflection section of the journal to record my personal responses to all aspects of the research process. This section was organized into subsections that included: literature searches, interviews, transcribing as well as miscellaneous triggers, thoughts and insights. In this way I used the journal for a process called "epoche", where the researcher "strives to be aware of prejudices, viewpoints or assumptions regarding the phenomenon under investigation" (Katz, 1987, p. 36). It also allowed me to record personal responses that may have influenced the study. Rogers and Bouey (1996) state that, "the more you can identify how and when your world view (your experiences, biases, assumptions, values and feelings) colours your interpretation of your interviewee's world, the better you will be able to understand and accurately articulate your interviewee's perspective" (p. 61). I used this section to identify some personal reactions that I later explored with my peers.

The second section entitled 'field notes' contained the literature search, contact notes and interview subsections. Within the literature search subsection, I recorded notes on the three reviews that I conducted prior to, during and after data collection. Tutty, Rothery and Grinnell (1996) describe the controversy that exists regarding timing of a literature search when conducting qualitative research. Further: "Our own position is that knowledge of prior research and theory development in the area you choose to study is worth acquiring: it makes you less likely to repeat other people's mistakes or waste time rediscovering what is already well known" (p. 31). The contact note subsection documented all my contacts for the study, including sessions with my thesis advisor, conversations related to

recruiting participants, preliminary phone conversations with the respondents prior to interviews, as well as peer and professional colleague debriefing. The final subsection, 'interviews', contained the following information: interview guides, observations (such as non-verbal communication) during the interview process, discussions with respondents prior to and after the interview, impressions after the transcribing process, as well as emerging themes, insights and questions. I referred to this field note section constantly throughout the research, using it to guide the following analytical note section as I made decisions regarding methodology and the analysis of the data.

The analytical notes section included subsections on methodological considerations and data analysis. I recorded my explorations related to methodology and theoretical perspectives, noting the decisions made and their rationale. I used the data analysis subsection to track the coding process, documenting the codes for each interview, the process of compiling these as either categories or themes and identifying any relationships or linkages among these. I also noted emerging themes, meaning clusters, subcategories and miscellaneous information. The rationale for renaming, moving and collapsing categories was also recorded. These recordings documented the coding process and progression, ensuring confirmability.

### Data Analysis

"The central purpose of analysis in qualitative studies is to sift, sort and organize the masses of information acquired during data collection in such a way that the themes and interpretations that emerge from the process address the

research problem that you have identified" (Coleman & Unrau, 1996, p. 90). According to Taylor and Bogdan (1984) "data analysis is a dynamic and creative process" where the researcher "attempts to gain a deeper understanding of what they have studied" and "entails certain distinct phases".

Data analysis consisted of the manual coding and re-coding of the interview transcripts and process data. As data analysis progressed, I found myself utilizing a variety of strategies, a process that fit with Glesne and Peshkin's (1992) assertion that "coding is an evolving process" and Taylor and Bogdan's (1984) suggestion that you "look for themes by examining your data in a many ways as possible". Lincoln and Guba (1985) suggest that naturalistic data processing may be guided by, but should not be constrained by the conventional modes of content analysis.

The data analysis began with open coding which included a synthesis of thematic analysis, a process where themes are looked for and identified; content analysis, the process of identifying categories and constructs (Field & Morse, 1985); and the constant comparison method. Goetz and Lecompte (1981, cited in Lincoln & Guba, 1985) indicate that "the discovery of relationships.... begins with the initial observations, undergoes continuous refinement throughout the data collection and analysis process, and continually feeds back into the process of category coding...as events are constantly compared with previous events, new topological dimensions, as well as new relationships, may be discovered" (p. 58). These strategies led to the arranging of the categories and subcategories into a final code arrangement for transcript purposes.

Glesne and Peshkin (1992) suggest that the researcher should become "intimately familiar" with the data. This process begins with manual transcribing and reviewing the interviews and continues with a line by line, word by word (Berg, 1989) continual review of the data while coding and categorizing. Through this manual process I was able to think through my "analysis schemes" (Glesne & Peshkin, 1992). This process led me to the technique suggested by Coleman and Unrau (1996) of starting the "analysis by looking at the smaller units" as they believe "this approach is more likely to allow the results to emerge from the data". This facilitated identifying the emerging themes and patterns that were then classified into categories and subcategories.

This approach fit best with the interview and process data as well as the way that I conceptualized the data analysis. The strategies were the best fit for me in beginning the task of making sense of the large volume of data and how I could "learn what story" the researcher "and the data could tell" (Glesne & Peshkin, 1992). I reviewed the interviews and data four times during a code-recode procedure (Krefting, 1990). This was followed by the next level of coding described as 'second level' by Coleman and Unrau (1996) as "more abstract and involves interpreting meaning underlying the more obvious ideas portrayed in the data" (p. 100). I utilized the research journal throughout this, noting the process and the rationale for methodological decisions.

Codes were clustered together based on their common properties and labelled, resulting in a group of core categories. As Field and Morse (1985) describe, "by this time the researcher will be able to recognize the persistent words,

phrases, themes or concepts within the data". With this knowledge, I identified categories and subcategories as well as renaming or reassigning codes to different categories, blending or collapsing where necessary. This resulted in themes and categories being integrated (Lincoln & Guba, 1985) and connections being made among the stories (Glesne & Peshkin, 1992).

My process was similar to the one described by Marshall (1981, cited in Lincoln & Guba, 1985) "you get chunks of meaning which come out of the data itself...but let the categories build up all the time...put things together that go together". Coding was continuous, as I reviewed and refined categories to determine if they "fit" (Coleman & Unrau, 1996, p. 101). I reviewed the categories four times with a final reassignment as I was writing the results chapter. Lincoln and Guba (1985) state that "it is this dynamic working back and forth that gives the analyst confidence that he or she is converging on some stable and meaningful category set" (p. 342). Through the intimate knowledge and constant review of the data I was able to arrange my categories and subcategories into a "logical order... the final code arrangement for the transcript" (Glesne & Peshkin, 1992, p. 135).

### Trustworthiness

Trustworthiness is a process where the researcher employs specific strategies to ensure that the study's findings and interpretations are credible. Lincoln and Guba (1985) describe four criterion from which to determine the existence of trustworthiness in a research study: truth value, applicability, consistency, and neutrality; recognizing that there are different techniques involved when determining the existence of trustworthiness in qualitative and

quantitative studies (Krefting, 1991; Lincoln & Guba, 1985). "The four terms 'credibility,' 'transferability,' 'dependability,' and 'confirmability' are the naturalists' equivalents for the conventional terms 'internal validity,' 'external validity,' 'reliability,' and 'objectivity' (Lincoln & Guba, 1985, p. 300). Glesne and Peshkin (1992) also acknowledge that when addressing trustworthiness, it is the researcher's responsibility to do the best they can under the given circumstances.

Credibility. The truth-value criterion is referred to as credibility in the qualitative approach (Krefting, 1991). In the current study the probability that credible findings will be produced was facilitated through the following strategies: prolonged engagement (Krefting, 1991; Lincoln & Guba, 1985), reflexivity (Krefting, 1991; Marshall & Rossman, 1989), triangulation (Krefting, 1991; Lincoln & Guba, 1985; Marshall & Rossman, 1989), peer debriefing (Krefting, 1991; Lincoln & Guba, 1985), and member checking (Krefting, 1991; Lincoln & Guba, 1985).

Prolonged engagement is a process where the researcher invests a sufficient amount of time to become familiar with the study's context and develop trust with the respondents (Lincoln & Guba, 1985). Prolonged engagement in this study consisted of initial phone contact, review of the interview process prior to audio recording, data collection and processing of the interview after its completion. Krefting (1991) and Lincoln and Guba (1985) describe prolonged engagement as increasing the potential for credible results as the investment of time facilitates the establishment of rapport and trust-building. As described in the section on data

collection, the participants disclosed a large amount of information as trust was developed.

The criteria of reflexivity, which was explored in the field journal, was an additional strategy used to facilitate credibility. Krefting (1991) stated that reflexivity "refers to assessment of the influence of the investigators' own background, perceptions and interests on the qualitative research process" (p. 218). Being aware of my personal responses to the interview and data analysis was a crucial aspect in ensuring the credibility of the study. The research journal facilitated identifying any personal biases, preconceived notions or assumptions that emerged during the literature search, interview, transcribing and data analysis processes. I also recorded and processed personal feelings and triggers in the journal, further ensuring trustworthiness. Meetings with my thesis supervisor as well as discussions with qualitative research students and professional colleagues were another form of reflexivity; each of these contacts were recorded in the research journal.

Triangulation is the process of providing more than one source of data to minimize distortion from a single data source (Krefting, 1991; Marshall & Rossman, 1989). The "multiple source triangulation technique" was utilized in this study. This occurs when different sources, settings or groups of people (Krefting, 1991) are considered as data. In the current study, in addition to interviewing the eight informants, I presented to the Compassionate Friends group when grandparents who were not research participants provided feedback based on their own experiences. I also used my professional experience working with bereaved grandparents through the hospital and crisis unit.

Triangulation also occurred through peer debriefing, contributing to the credibility of the study. Lincoln and Guba (1985) suggest that peer debriefing is, "a process of exposing oneself to a disinterested peer in a manner paralleling an analytic session where there is an exploration of "aspects of inquiry that might otherwise remain implicit in the inquirers mind" (p. 308). Schatzman and Strauss (1973) discuss the difficult process of distancing oneself from the data, suggesting that discussions with an "audience" may be the catalyst necessary to allow the researcher to see his or her data in a new way. I utilized several peers during all phases of the research study to ensure that the findings of the study were a reflection of the informants' stories and that I did not overlook pieces of data. We also discussed the evolving nature of the study, exploring the next steps in the research process.

Member checking was the final strategy utilized to contribute to credibility. According to Lincoln and Guba (1985), member checking is the process where the findings in the study are "approved by the constructors of the realities" (p. 301). Upon completion of the interviews, I described my initial impressions and understanding of the story to each participant. Through this debriefing and discussion process, the participants identified if I was on track with my interpretation of the meanings within their stories, as well as checking for "possible sources of distortion" (Lincoln & Guba, 1986, p. 77).

Transferability. According to Lincoln and Guba (1985), transferability is the requirement that the findings of the study hold up in some other context, or in the same context at some other time. They continue by stating: "It is not the naturalist's



task to provide an index of transferability; it is his or her responsibility to provide the data base that makes transferability judgement possible on the part of potential appliers" (Lincoln & Guba, 1985, p. 316). Krefting (1991) suggests that a dense description, which outlines the research methodology in detail, allows others to make judgements on whether the study is transferable. She continues by describing that the provision of details related to the study enables individuals to make decisions on how repeatable or how unique the study might be. In this study, transferability was addressed by recording information about the time frame, context, and setting of the research in the research journal, along with methodological decisions and their rationale.

Dependability. Krefting (1991) describes dependability as insuring that a description of the research process is available. This information can determine "how repeatable the study might be", while providing the knowledge necessary to "follow the decision trail used by the investigator in the study" (p. 221). Lincoln and Guba (1985) suggest that if credibility can be established, this may be enough to demonstrate dependability as there can be no credibility without dependability in the naturalistic paradigm. I utilized the following techniques to contribute to the dependability of the study: peer examination, code-recode procedure and dense description of research methods (Krefting, 1991). The research journal was again utilized to provide a detailed description of research methods, offering information that could indicate how to repeat the study. The peer examination process described within credibility strategies occurred throughout the research. Finally, peers were utilized in reviewing the work as "triangulating analysts" (Patton, 1990),

increasing the dependability and credibility of the study by testing the "replicability of code categories" (Krefting, 1990).

Confirmability. Confirmability consists of an audit which " suggests that another researcher could arrive at comparable conclusions given the same data and research context" (Krefting, 1991, p. 221). Information that would be needed for an audit was recorded within the qualitative research journal. Lincoln and Guba (1985, cited in Krefting, 1991) identify "six categories of records that can be included in the audit: raw data (audio recordings), data reduction and analysis products (condensed notes), data reconstruction and synthesis products (thematic categories), process notes (design strategies, trustworthiness notes), materials related to intentions (proposal, field journal), instrument development information (interview schedule)". Each of these were utilized in the current study. As previously described, other strategies that establish confirmability, include reflexive analysis and triangulation (Krefting, 1991).

#### Ethical Considerations

The major ethical concerns in the current study include the need for informed consent and confidentiality, as well as an awareness of potential risks for respondents. Informed consent requires participant knowledge of the following: the researcher's academic and professional background, the purpose of the study, possible risks or benefits for the informants, time commitment required, requests for audio taping and the right to withdraw at any time (Glesne & Peshkin, 1992; Morse, 1994). Information regarding data access must also be explored with participants.

The proposal for the current study was reviewed and accepted by the Faculty of Social Work Research Ethics Committee (Appendix II). During the initial phone contact, respondents were given a description of the study and information relating to informed consent, with the understanding that a more detailed exploration would occur prior to audio-taping the interview. Participants were informed that I would be seeking to understand, not evaluate their experience (Glesne & Peshkin, 1992) and that they would be telling their story through my use of questions and probes. I also clarified that there were no right or wrong answers (Glesne & Peshkin, 1992) and that responses to any questions or probes could be refused at any time.

At the beginning of each interview, informants were given information that described the study's purpose and the research process. At this time the participants signed the consent form (Appendix III). Informed consent and confidentiality were also ensured through using pseudonyms and disguising any information that could identify individuals. The audio taping of interviews, transcribing by the researcher and the utilization of direct quotes in the text of the study was discussed and agreed to. Respondents were informed that the tapes would only be utilized for research purposes and that I would be the only individual who had access to them as they would be destroyed upon the study's completion. I also reinforced that participation in the study was voluntary and participants were free to withdraw at any time.

Due to the sensitive nature of the topic and the potential for emotional pain in response to the research focus, I provided participants a list of counselling

resources in the community that were available for counselling and support. Patton (1990) states that "interviews are interventions" and that "two hours or more of thoughtfully reflecting on a experience or one's life can be change inducing" (p. 354). Morse (1989) states: "good informants must be willing and able to critically examine the experience and their response to the situation may be painful or stressful, or it may be therapeutic" (p. 121). During the debriefing that occurred after the interviews I mentioned the possibility of strong emotions or issues being triggered and we discussed any plans for dealing with these should they arise. Rogers and Bouey (1996) suggest that interviews "have the potential to open new areas of potential awareness for both you and your interviewees and can be change-inducing" (p. 71).

## CHAPTER FOUR

### RESULTS

#### Introduction

This chapter describes the demographic characteristics of the eight grandparents that participated in the research. The framework of the results is presented. Six themes emerged from the interviews of eight grandparents who experienced the death of a grandchild: initial grandparent grief experience, coping with a grandchild's death, the long term grieving process of grandparents, the grandparent-grandchild relationship: meaning and nature, bereavement influences on the parent-adult child relationship, and bereavement influences on the family system. In addition to the six main themes, the framework includes 20 sub-themes, which were identified during several phases of data analysis. Quotations from the respondents are included in each section to portray the experience of losing a grandchild.

#### Participant Demographics

The respondents included six grandmothers and two grandfathers, aged 48 to 76 years. At the time of the interviews, three grandparents were employed and five retired. Six grandchildren are referred to in this study as the respondents included two married couples (interviews with these four grandparents were conducted individually).

The age range of the deceased grandchildren was five days to eleven years; with three children dying within their first year, one at two years of age and two children after their tenth birthday. When the interviews took place, the length of time

since the grandchildren's death consisted of: within the first year (2), two years (1), three years (1), four years (1), and sixteen years (1). Causes of death included: cancer (1 child), heart anomaly (1 child), respiratory complications (2 children), and accident (2 children).

Each of the grandparents who participated in the study resided in the same city as their adult child at the time of their grandchild's death. Four grandmothers experienced the loss of their daughter's child and two grandmothers the loss of their son's child. One grandfather experienced the loss of his spouse's son's child and the other his partner's daughter's child. The grandfathers both identified themselves as step-grandparents. In the following section, each grandparent is briefly introduced with some details about their history. Each is assigned a pseudonym to protect their confidentiality.

Sarah, aged 76, experienced the death of her first grandchild, sixteen years ago. Carol, the child of Sarah's daughter Lenore and son-in-law John, died of cancer at the age of ten years. Sarah has six grandchildren who were born after Carol's death. She resides at home in the United States where she raised her three children with her husband who is now deceased.

Lisa, aged 48, and Joe, 52 years, were common-law spouses at the time of their grandson's death. Both were interviewed for the current study. Lisa has three children from her first marriage and works as a nurse. Dustin, the son of Lisa's daughter, Sue, and son-in-law, Bob, died four years ago at the age of six months after an accident. Within the first year of Dustin's death, Lisa and Joe separated and Joe moved to a different province. Joe, who is now retired, continues as an

artist, his profession while married to Lisa. Sue and Bob had two more children after Dustin's death, the first being born a year and a half later.

Emily, aged 65, is an artist who worked at home while raising her three children with her husband. Their fourth child, a daughter died at the age of three days. Emily's granddaughter, Kirsten, died after a respiratory infection at the age of two years. Kirsten, the youngest of six children, was the child of Emily's daughter, Cheryl, and son-in-law, Marcus. The interview took place less than a year after Kirsten's death. Emily has eight surviving grandchildren, with another grandchild expected any day.

Irene, aged 51, is a pastoral care professional, a career she shares with her husband. Their grandchild, Ben, died two years ago at the age of ten days as a result of a heart anomaly. Ben, the son of their daughter, Monique, and her husband, Ed, is survived by his twin brother and older sister. Irene has four children and three grandchildren, with the youngest grandchild's birth occurring shortly after Ben's death.

The second married couple involved in the study was Anna, 68 years, a retired nurse and Dan, 70 years, also retired. This was the second marriage for them both, with Anna having three children from her first marriage and Dan four children. Their first grandchild, Allie, died less than a year ago at the age of five days due to respiratory complications. She was the daughter of Anna's son Mick and daughter-in-law Lori. Dan's youngest son and wife had a baby within a week of Allie's death and Mick and Lori have recently announced that they are expecting again.

Edna, 71 years, has been a widow for nine years. She left England and moved to Canada a year after her husband's death, to be closer to her only child Chris and daughter-in-law Denise. Denise had a son from a previous marriage and her second child, Jason with Chris. Jason, aged 11, died as a result of an accident three and a half years ago.

### Framework of Results

This framework presents the six main themes and twenty sub-themes that emerged from the grandparents' interviews. They originated from a manual coding process and were utilized to organize the experiences described in their stories.

As previously described, a code re-code procedure was conducted four times, beginning with a detailed review of each transcribed interview. Initially through open coding, a total of 73 codes were identified and compiled from the eight interviews. An initial framework consisting of eight themes, thirty sub-themes and fifty-one codes was then organized. This framework was revised three additional times through the renaming, reassigning, blending and collapsing of codes and sub-themes. A final refinement occurred as I was writing the results chapter which presents the study's findings.

### Table One

#### Theme 1: Initial Grandparent Grief Experience

- a) Grandparent process prior to grandchild's death
- b) Death surround
- c) Symbolic events

#### Theme 2: Coping with a Grandchild's Death

- a) Helpful coping techniques
- b) Responses of others
- c) Search for meaning



### Theme 3: The Long Term Grieving Process of Grandparents

- a) Grief process events
- b) Integration of loss into life experience

### Theme 4: The Grandparent-Grandchild Relationship: Meaning and Nature

- a) Memories of grandchild
- b) Bonding/attachment
- c) Out of order nature of timing
- d) Surviving and subsequent grandchildren

### Theme 5: Bereavement Influences on Parent-Adult Child Relationship

- a) Two levels of grieving
- b) Concern for child
- c) Witnessing child's pain
- d) Supporting children
- e) Acknowledgement of child's coping abilities
- f) Children as a source of strength

### Theme 6: Bereavement Influences on the Family System

- a) Individual family member's grief
- b) Impact on relationship

### Initial Grandparent Grief Experience

When discussing the initial grief experience, the majority of the participants began with a description of the process prior to the death of their grandchild. Most described the phone call that notified them of the accident or illness that precipitated the event. All participants described their surroundings and the phone call of the crisis in vivid detail.

"How I found out, it's embossed on my mind, the whole thing. I knew exactly what was going on, at one level panicky and at another level, a totally clear head."

The beginning of the grief process commenced prior to the grandchild's death, and appeared linked to the hospital experience and accompanying memories. Seven of the eight participants were present at the hospital. For these

individuals, this hospital experience seemed to act as a central point from which the description of their grieving process begins.

"It was really wrenching. At that point we all knew that Allie was gone. The only good thing that came out of that was we did have the night at the hospital and we had to accept the fact she was gone. And the grieving got under way right away."

The participants all gave detailed and vivid descriptions of their memories related to events that took place within the hospital context. These events included the birth of the grandchild, the illness or conditions leading to the death of the grandchild, and visits in the hospital leading to their final goodbyes.

"What I did very frequently that night was put on my coat, go outside and have a cigarette and yell and just howl like a dog and that seemed to relieve something. I don't think anybody else knows that either and if it hadn't been the middle of the night I couldn't have done it."

They often gave intimate details regarding, not only what was going on during their hospital experience, but also the process experienced by their children and grandchild. These spoke to the intense involvement on varied levels for the grieving grandparent.

"I was with her. I sent the parents home because I stayed the night and they stayed the days in the hospital and it happened and the doctor came...and so it was to see a child die in my hands."

"She had to have the CAT scan and the poor little thing was just tired and she kept saying, 'no more, no more, all done'."

For Edna, awareness of the occurrences at the hospital and the experiences for the family was limited by decisions made by her child Chris and his spouse Denise. This resulted in some complicating factors for her grieving as it limited her ability to make decisions that could be helpful or necessary in her grief work.

"I wanted to say goodbye and that's why I was very upset because they were always around him and they didn't tell me they were going to take him off (life support). I told him that and they said, 'We thought you'd be too upset' and I said, 'no' and that's what I couldn't get over for a long time. I wanted to say goodbye to him. They wouldn't even let me go to the funeral room. They wouldn't let me look at him, they shut it down. No I didn't have any choice at all, it was very hard."

Emily, the one participant who did not experience the loss within the hospital context, was called to her daughter's home where she said her goodbyes to her granddaughter. Her description of these events was in less detail than the hospital descriptions, speaking to the smaller time frame between the phone call informing her of the death and the goodbyes, which followed at the house.

"I watched them carry that little body across the street into the car. Unreal, it was absolutely unreal. You don't dream of something like that, never, never, never."

After the respondents described how they were initially informed of the

death or the events leading to the death of their grandchild, they were asked to explore their grief response. These descriptions varied, ranging from a detailed, emotional response of Lisa to the denial of grieving and the grief process as it relates to personal values by Joe. Joe's description was in unique contrast to the others, indicating the complexities of grief experiences. These responses reflect the importance of the background and experiences of the individual grandparent as well as illustrating its impact on varied levels. Contradictions within Joe's story illustrate these dynamics, "I'm not a griever, going on forever, life is short and death is a part of life...grief is a hard to define thing, I grieve too inside...."

The grandparents gave insightful descriptions of their grief process on emotional, physical and spiritual levels. Two participants, Lisa and Irene, were both helping professionals at the time of their grandchild's death, and Anna, a retired nurse, gave detailed accounts of their grieving that seemed to originate from a deep understanding on both a personal and professional level. Lisa noted:

"Initially it was just total body reaction, you're almost physically ill except you don't even notice your body. But when you tune in it's either shaking or stressed out. I think that I was able to allow myself enough crying and acknowledge the physical things. Its like your whole world just narrows down to all you can deal with, sometimes that's only one small thing. Then as you can handle more it opens up again and you can see how that's a protective thing for people. Your senses shut down so that you only have to deal with a little bit

of it and then you gradually become more aware and can deal with more and more until you can deal with the whole big thing."

The grandparents also noted the impact of funerals, rituals and symbolic events on their initial grief experience. There were significant differences between the memories of these events and those of the hospital. Respondents described a longer time period and a more integrated experience within the hospital context. In addition to the less clearly described accounts of the funeral and rituals, the respondent's involvement in these events varied. One grandparent described the funeral as very helpful with the transition to the next level in her grief work; three described feelings of comfort; two indicated they would have liked to see some things done differently; one chose not to attend and one wanted to go to the funeral but was unable to attend as it was too difficult for her. The grandparents were less involved and aware of the planning process of the funeral in comparison to the events within the hospital. Contributions to planning included music choices and meal planning.

"One thing I think did help a little bit at the time was doing the lunch for the funeral. It was something physical I could do that meant something and that probably helped."

There were also differences in visits to the cemetery. Three respondents were not able to visit during the initial grieving stages.

"I haven't been to the cemetery, I can't, I just can't. But I will this summer. It was just a terrible, terrible experience."

"I don't want to go by myself and I don't think my husband is ready to go back yet. I want to go back but it looks so desolate there that it was bothering me a lot."

They described other symbolic acts or rituals as having a large impact during this initial stage.

"One of my moms gave Sue a little bunny...she said 'you need this to hug' and Sue hugged it and looked after it. A year later, when her daughter was dying, Sue gave it back to me to give to her."

"The first Christmas after he died I felt that I wanted to do something so I bought some books and candies and made a parcel up and took it to the school. I told them I was Jason's grandmother and I said 'could he give it to a little boy that didn't get anything and tell them it was from a special grandma'. So I did that because I couldn't give Jason anything and he said 'he knew a little boy that hadn't gotten much and he had given it to him'."

#### Coping with a Grandchild's Death

The respondents described utilizing a range of coping techniques and influences that they found helpful with their grief work. For three grandparents, their church and the ability to pray were crucial components. For Edna, the church was a critical connection as she felt outside of the family system and its potential support.

"It comforted me more going to church and if I hadn't gone to church I wouldn't be as well as I am. I've always been there, without it I think I would have gone mad."

Lisa and Edna described counselling as an important support.

"One of the social workers at work came and talked to me about a week later. She said just the right things and I sat and cried for about three hours. She was a dear."

The grandparents who were helping professionals mentioned their work and the support within that environment as helpful in coping. Lisa noted:

"Everyone was so good, supportive and loving. Even Sue's doctor came over. Everybody rallied around, all my friends from work and my patients. Everybody was so supportive and you can't deny that hasn't helped."

Knowledge gained as helping professionals appeared to provide strong support for all aspects of the bereavement experience for grandparents and their families. This professional background also offered heightened understanding of medical processes and procedures.

"The first thing I was doing was looking at the boards to see who was on call for Neuro."

"They called us together. Sue and Bob said I could come with them and I knew...the social worker is there and the doctor. I know the scenario from work and they started telling us a few things. It was a brain stem (injury), (he would be) a vegetable. We made the decision to let him go and that process took another day or so. I mean you know health care professionals in an urgent situation are

at their best, so I knew that everybody was doing all the right things."

Grandparents who had experience as helping professionals expressed a unique understanding of their bereavement process:

"I knew enough because of my background to let it out and I gave myself permission to cry and cry I did."

"I think that it was difficult because we all grieve differently and try to do our own grieving and not have any expectations of the way anybody else grieves. I guess because of my profession I put a little thought into that and we have to be aware of people's nuances. And dealing with families at the hospital with all sorts of diseases and illnesses for years. Maybe something inwardly was evolving. I hope that some of that spread to my kids."

They also described unique difficulties that this knowledge could create when dealing with the loss of a child.

"It shakes your foundations, it shakes your understanding of life. How these kinds of things happen, you go through that and even as a nurse when you deal with it all the time, I mean it's different when it's close to you, it shakes you in a different way."

"I do palliative care and I do know what's going on with people and death. Sometimes you don't have to say anything, just be there and hug them. So I have had many deaths but then it's different, I mean



this is care with the elderly. They've had their life and with children it's something else."

In their grief experience, respondents identified using creative coping techniques. Story telling was a healing experience that manifested in forms such as letter writing, communicating through computer bulletin boards and painting. Joe described humour as his creative outlet: "I joke about things and try to lighten things up, that's always the way I do it, by diverting it into humour as best I could". For Edna, remaining connected to children through volunteer work was significant: "Because you read to them or help them with spelling or something like that and it does get you out of yourself".

Five grandparents identified that sharing their experience was helpful in coping. "Talking about it probably helped more than anything, with anybody that would listen, absolutely anybody." Within the process of telling their stories, grandparents gained the knowledge that they were not alone in this unique grief experience.

"Everybody comes to tell you their tragedies in life. They happen everywhere. Some people share theirs with you and that has a value. I found it so helpful when people told me their situations. I've heard so many sad stories from all sorts of people and that was helpful."

For some respondents, sharing their stories resulted in the discovery of a mutual support process.

"I found it really quite astounding how many people had shared a similar experience. It almost seemed as probably more than half of these I ended up comforting them as they tried to speak words of comfort to me."

Lisa, who identified the value in the story telling process, described the challenges that it could be present:

"There are people that honestly care and want to help, you can see it in their eyes; (but) it's curiosity in a lot of people. You end up avoiding those kinds of people: they don't know what to say to you and you end up helping them along. You know what to say and that feels of duty, like I will help you in your wanting to help me."

Grandparents described the varied responses of others. They had strong reactions to comments that they perceived as negative or lacked sensitivity.

"I think the most stupid remark that someone said was, 'I think it's fortunate it happened when she was so very young and before you grew attached to her'. Anybody that denies her existence or encourages the denial of her existence is in the bad books."

"I can remember when somebody was trying to tell me that God only gives you things you can handle, that it's testing your strength. I thought what a stupid thing to say because all I wanted to think was well then, I will never be strong again because I don't want to be tested again in any other way."

Five participants described the positive impact of support that was

expressed through comforting messages, sympathy and offers of help. As Lisa noted, "You realize the value of people who care and say they care, and that's all you have to do is say I care." Irene described how the lack of support in this area created difficulties, as potential supports were not informed due to the nature of the obituary.

"We know a lot of people that go by our name and it wasn't in the paper. But they were not saying anything about putting ads in the paper and that's how people find out. But in Holland we go another way, we send cards right way so it's different."

The respondents identified utilizing existing beliefs and philosophies as a method of coping. They also expressed the process of these beliefs evolving into a higher level of understanding.

"It was an inner strength that I found in myself and a belief that just seemed to evolve. Who knows where it comes from. I'm not religious. I am a little philosophical. You'll be changed forever, but so I will be changed forever with any other experience in my life, because that's what life is. Everything that we do, the choices we make, the friends we have, what we value in life, what we learn, what we do, everything alters who you are, so this is just another event."

The majority of respondents described a strong need to find a meaning within this loss experience.

"Underneath there's the feeling that although this is a worst case scenario, this isn't really the worst case scenario. The worst case scenario is to have him as a vegetable in a wheelchair. So part of me is saying maybe things could have been worse."

"We say we are very thankful and explain because it would have been a very difficult life; it doesn't take the pain away."

"But I think what made it easier for me is the fact that Lori was holding Allie and they didn't go in and find her. They couldn't take the guilt on that usually happens in a case like this. In effect I think we both feel that Allie died in her mother's arms and the spark of life was extinguished, just quietly like that."

Resolving the issue of why this death occurred also presented as an important need for the grandparents.

"I used to go sit in my house and ask why, why and I never got an answer. So in my dreams I remember her, giving her a hug and asking how are you."

"I don't think you ever come to terms with the death of somebody that's close to you when it seems so pointless. Why did it happen? You can't go around (asking) why did it happen to me, what did I do wrong."

Through their stories, the grandparents described resolving and integrating their grief experience.

"A lot of people would resent it but I have accepted it. I feel there had to be a reason for it and I have no resentment at all. I just wish that it wouldn't have happened."

"I have to believe there's a reason, but it was just awful. I think God saved her from a lot of pain down the road, we have to believe that."

The respondents often expressed comments of "life being short" and "dealing with it the best way you can".

"Life goes up and down, so you have to be strong and take the good and the bad. We have no choice, what is to be is all there is to it. Take a day and make the best of it because we don't know what tomorrow will bring. That's my philosophy because we can't bring them back, so take care of yourself."

For two participants, to know that a donation of an organ benefited another child brought a great deal of comfort as well as providing a meaning to the tragedy. Two families had similar hopes, however, because of medical reasons, were unable to follow through.

"You can go through all sorts of mind sets trying to make some rational sense out of it all. To make something meaningful out of it was helpful. It meant a lot to Sue and Bob to be able to help out another child through donation. I was proud of them."

Lisa described the significance of finding meaning within the experience of losing a grandchild.

"But soon it becomes apparent that you have choices. You can let this destroy you or you can say that this little life was too valuable, it has to have a meaning. That meaning is not going to be to destroy us, it's going to be to strengthen us. We will chose not to let this destroy us, but learn, grow and gain from it. We want life to have a meaning. Maybe it was some kind of soul that needed to experience unconditional love in their life before it evolved to some greater thing. You can go through all sorts of mind sets trying to make some rational sense out of it all."

#### The Long Term Grieving Process of Grandparents

Each of the participants described the experience of dealing with the "firsts".

"Well all the normal things, all the normal anniversary dates and the milestones you go through, the first Christmas, the first birthday, the first anniversary of the death. The first everything and all these are painful and surfaces everything just a little bit more but it just seems that it has to be."

Five of the grandparents described difficulties with the first Christmas after their grandchild's death.

"We sent out Christmas cards last year saying that we were expecting these babies. I found it took me longer than usual to get through my cards this year because it seemed to bring it all back sitting and writing about it again."

Several respondents also described difficulties with "first times" in celebrations or events that involved children.

"I just seemed to, not really shut down, but nothing seemed to be very much fun. The first time I went to the shopping centre, there were little shoes on the counter and I was looking for a baby gift for Kelly and I couldn't stay in the department long enough to find anything."

Shadow grief, the experience of grieving the events or milestones that did not occur for their grandchild, was another significant aspect in the grieving process for the grandparents. Shadow grief was often triggered by the "firsts" and continued throughout the grieving and resolution process.

"It stays with you. It won't go away because of birthdays and whatever you have. My little granddaughter, she was ten but she would have been 26 now. She was born on New Years Eve so I think of her now."

Two participants experienced numerous shadow grief experiences as Irene's surviving grandchild is a twin and Emily's grandchild shared a birthday with the deceased:

"You know it was one of the twins. Liam is always a reminder. You see him walking, you're not always thinking that thing but you know once in a while you say hey there should be two. They say the pain goes away, (but) there's always something there, you can laugh again but you still go, 'oh my he should be doing this or that!'"

"It's going to be pretty tough because everybody will think of this little one since they were always together. They have pictures of their last birthday party where the two year olds were in a cardboard box and one of the other grandchildren were pushing them on the floor."

Five respondents described a similar process in their grieving. Three grandparents named this "attacks", one as "bad days", and the fifth said, "There are bad times when something happens and it comes all over me again".

"All of us have had what we call Dustin attacks. It's something that can happen at any time. Acknowledge it: it comes, it goes, and the less you fight it the better you deal with it. Allow the grief, allow the hurt, allow the pain, and allow the love that's involved around it and then you vent. You are dealing with it instead of something that you succumb to or destroys you."

"I do have my bad days. It seems as though he's there all the time and you can't get him out of your mind."

Previous traumas and losses were triggered for the grandparents when exploring the impact of the present grief experience. Respondents described the impact of these on their present grieving process:

"We just about lost our second son in an automobile accident. The death of Kirsten brings back these terrible times. When we went into emergency and we didn't think he was going to live the night and he had a death mask on his face. Kirsten's death brought back



a lot of these feelings I had at the time. You know it's not been an easy life."

Emily, who experienced the death of her own child, described how the loss of her grandchild was harder to deal with.

"I know because I lost a daughter myself as a baby, she only lived a day or two. But my daughter had this child for over two years and she was somebody pretty special. This one was much more severe."

Childhood memories of trauma and loss appeared to have a strong impact on three participants. Joe described growing up during the Second World War in England and its influence on his current bereavement experiences. An issue for him was the fact that everyone considered him 'hard'.

"When I was young I grew up in the Second World War in England. I knew lots of people who were killed. People died in bombings. I'd go to school one day and the next day two or three of my friends weren't there any more. You can't grieve all the time. I couldn't have grieved five years during the war because people were always dying. You can't do it if you want to live in this world because you'd go crazy. I saw people getting bombed and you harden yourself, you have to. It's not that you stop having feelings, you just harden yourself to the fact that you have to accept the inevitable."

Within their stories, grandparents described an integration of their losses into their life experience.

"My parents have been dead for some time. All of your ancestors from past generations were born, lived and died. It's going to be the same for us, our children and our children's children. Death is a part of life, and without life what is there. There is nothing. It is better to have loved and lost. It's better that we had Allie for a week than to not have had her at all. Needless to say it would have been better if she were a normal healthy baby but it wasn't to have happened."

Six participants described what they gained as a result of this loss experience. Emily was unable to do so, a reflection of the short time frame between the death and the interview. "I can't relate to that too much right now". The other grandparents described their ability to increase their strength, establish closer bonds with family and to develop strong relationships with others. "I think you're stronger and thankful that you have every day. I think I also enjoy the grandchildren more." Several grandparents expressed a renewal in their ability to not take life or the things in it for granted, acknowledging their appreciation of life and what it has to offer:

"You do appreciate everything and you think back on all this. I'm thankful for everything, it doesn't matter how big or how little it is, I appreciate it. Never take anything for granted. Take a day and make the best of it because we don't know what tomorrow brings."

The reinforcement of the fact of "life being short" and the impact of this on their daily lives is reflected in several grandparent's stories.

"So some of the good things are the strengths that you derive, one of the bad thing is the constant fear that something else (might happen). You realize how vulnerable you are and you wonder if you'll have the strength to handle the next thing that comes along and yet something tells you that you will. But life isn't made of just good things, so I guess there are some personal strengths that you derive and some fears that you live with forever."

The grandparents identified their own personal growth, which had a positive impact when dealing with others:

"In that way you grow inside, you become more whole, deeper. Perhaps you become better in how you deal with people, what you share, how you can tune into where the pain is. But maybe you couldn't if you hadn't been through some kind of experience."

The respondents shared stories illustrating how they accomplished this, highlighting the extent of the impact:

"I have often shared our experience in a very brief way with families who are facing their own devastating experience. Because it was helpful to me when people would say, 'I remember back when' and 'this was our grief'. They give you a hug and say I truly do understand. I found that if I could share some of the Dustin incident with families, we would sit and cry together."

## The Grandparent-Grandchild Relationship: Meaning and Nature

The grandparents each described a unique relationship with their grandchildren. Knowledge of their grandchild's life story included becoming aware of their children's plans to start a family as well as details about the pregnancy and delivery. Descriptions of the grandparents' memories of the first meetings highlight the importance of the relationship:

"She was just the absolutely most beautiful baby that was ever born. I don't think I was moved anywhere near as much when I saw my own children as I was by this baby. The first sight of her was laying on her side with the little cap on her head and all bundled up and asleep. She was just wonderful."

"I was quite struck by the wonder of it because my own children were adopted so we didn't see them immediately after birth. I'd never held a child so young, I'd never seen a child so young. Just the wonder of it all, with the little hat on and everything and Mick grinning from ear to ear."

Lisa utilized the concept of bonding to describe the nature of their relationship.

"We talk about parents bonding: grandparents bond too. I work with the menopausal crowd and whenever a grandchild is born we all say, 'well, have you bonded yet'. Because there is definitely that same bonding feeling."

Their memories of their grandchild reflect the significance of this bond. These memories also provided comfort.

"We have pictures of Allie, exactly how she looked the first time I saw her and I got a great deal of comfort from that picture. She was just a beautiful little girl, a beautiful baby. So that one sits on my dresser and sometimes I look at it and feel happy, and just as often I look at it and feel sad."

"She was bright, oh god she was so bright. She loved flowers. She wouldn't break them, she'd just put her little face in and smell the flowers. She was a nice little one, an angel."

"But the way she could hug me, she was such a darling, she really was."

The respondents described the "special" relationship they had with their grandchild:

"The relationship is so special, it's so different when you have your own kids. I find in general you can spoil them and then, 'hey you, back to your mom again'."

Five participants described how caring for their grandchild had a strong influence in the close nature of the relationship. Childcare included daily and occasional care as well as respite and "helping out".

"It is a precious relationship. I think that we were always close: we babysat a lot of times with the older one, she's four now. I remember my daughter was working so we were really close. She had the twins and I helped out a lot."

When exploring the impact of this loss experience, grandparents expressed the difficulties inherent in losing a child:

"I've always felt the loss of a child must be the most awful thing that can ever happen to you and there's nothing about this that has made me change my mind."

"There is a lot of denial when people are dying, particularly when it's some mother's baby dying. You don't accept it and I suppose that they thought I was probably unfeeling in a way. But you can't avoid the inevitable. It was a different death experience for me; it's the first time a baby that was close to me had died. But Dustin was different. He was at the beginning (of his life) and you think about what he may have become and what he would have done in his life."

With respect to this loss, the respondents expressed the difficulty of something this tragic happening to your adult child. Dan noted: "You know you really feel it, you can feel their hurt you know. Of course we're going through the loss too, you know it's a double loss".

Three respondents expressed the wish that it could "have been them" instead of their grandchild. Two grandparents had expected to "go" before their children and described the difficulty that arose from this "out of order" sense of timing with their grandchild's death. "I don't ever want to have to go through something like that again. We recognize that our parents are most likely to predecease us."

"My son said, I know because I wished it myself, that he fully expected to go to the funeral of his mother, not his own son. And I wished that it was me and not him."

Six respondents described the positive impact when grandchildren were born after the death of their grandchild. However, when the sibling of the child who experienced the loss expected a baby, they were concerned about the impact on the bereaved parent. "My younger son and his wife are expecting a baby in July. When they announced this, I think there was a bit of holding back because of Mick and Lori." When the child who had experienced the loss was expecting, the family felt excited and happy. Two grandparents described the beginnings of resolution at this event:

"I think the news that Mick and Lori were expecting again, I shouldn't say put an end to the mourning but certainly brought me to the end of the acute stage. So this has changed the whole complexion of feelings, knowing that there is another coming. For me, it took away the deep heavy weight that was there and would have been there at Christmas. Not that anyone will replace Allie, but it was a very complicated thing."

Dan noted being concerned in a way that was not previously considered during their child's pregnancy, but was now present after this loss experience.

"With them expecting a child again, we are all very conscious of Allie and of what happened the last time. The confidence that it can't happen isn't there. The odds are very good that it won't

happen again. We'll have a little bit of worry. Somebody that hasn't had it happen will have less worry."

#### Bereavement Influences on the Parent-Adult Child Relationship

When discussing their loss, each respondent expressed concern over the difficulty of this experience and its' impact on their child. Most framed this as within the consideration that parent's worry about their children's well being. "I worry so much about her anyway. Worry about the children, yes that never changes." Edna expressed a great amount of concern over her daughter-in-law's coping ability. She had been excluded from much of the hospital experience and subsequent rituals. The impact of being isolated from her child's process seemed to be related to her levels of worry:

"She idolized him you see. I bought him that pink shirt and hat that he had on when he had the accident. And she's still keeping them. They're all burnt and she keeps them in a drawer. I don't know, I just hope she comes to terms with it sometime."

For Sarah, concern for her daughter stemmed from the hospital context where she cared for the child at night, giving her child a respite from daily care. One of these nights, her grandchild died in her arms and her first thoughts were for her daughter:

"The doctor and the nurse tried to comfort me and I said, 'You have to phone my daughter and tell her'. I said, 'She left and she said, 'Please mom, take care of her'. It was my responsibility'."

They also expressed concern for the children in the difficulty of witnessing their child's pain.



"I've never been through anything so agonizing in all my life. To watch Sue and Bob hold on to each other and scream and cry together, it was just beyond comprehension or belief for anybody."

Each of the participants expressed feeling helpless regarding their child's pain:

"Watching Mick break down and Lori comforting him and then Lori break down and Mick comforting (her). By this time I was tied in knots watching those two, waiting all night. They grieved, they prayed, they did everything and so did the rest of us. To see him just in agony, practically ready to bang his head against the wall as he did as a little child. But with Mick and Lori, I think the strongest feeling was wanting to be able to help them and not being able to."

The grandparents described grieving on two levels: grieving the loss of their grandchild as well as the grief of seeing their children go through the bereavement experience:

"You grieve for your grandchild but you grieve I think even more for your kids. Because that's really what you see, the hurt in their eyes and you can't take it away, like if your own kid is sick. I still feel that when your kids hurt, you hurt."

"I just miss the little tyke, it's been pretty rough and I have to be here for the family. They have five other children but when I go over there, there's a hole, there's something missing. She's felt throughout the house. I just know that I had to be strong, that's all. I

had to put away my feelings so that I could be there for the rest of them."

The ability to support and to be strong for their children was a critical component in this grief experience. The respondents identified talking as a primary source of support, which they utilized despite the difficulty or pain it caused them.

"I think with your daughter she needs the support, so you're strong for her too. I think you have to as a mother. But it's hard and I guess that's maybe why you're strong too, because you can help your kids."

"It comes up in little ways, you don't sit down and discuss the whole thing. That it would mean sitting down and crying again. Maybe you need to allow yourself to do that more, but after a while I don't have enough energy to do that grieving thing."

Five of the respondents made a conscious effort to facilitate conversations about their grandchild with other family members:

"We talked a lot. I would phone her every three to four days or so to see her and try somehow to get Allie into the conversation. Just to give her the chance to talk and I guess myself too. We talked quite a lot. I would just take a box of Kleenex and put it down by Lori and we'd start talking. So we did perhaps force it a little bit even, this talking."

Additional supports that they offered to their children included changing previous plans, gathering information on external resources such as support groups and

"just being there, to go and visit more often". Their flexibility in providing support to their children reflects the importance of this process:

"We had planned on going away this winter but we decided to stick around. We couldn't leave the family at this point, it's hard enough for them to cope without us being gone, so we plan on going away next winter."

The majority of respondents realistically acknowledged what their child was capable of coping with. Within this knowledge was the wish that their child did not have to deal with the death of a child.

"If you reason it out you know that they're strong and that they can get through it, but you don't want them to have to get through it. You want to do it for them and you can't. I'm sure that's probably one of the biggest things with grandparents is not being able to make the hurt go away for their kids."

Five participants described their confidence in their child's ability to cope:

"Both just loved that little one and of course my daughter, she's taking it extremely hard. There's not a day goes by that she's not in tears or on the phone but she's a strong person. She'll do well."

Most of the participants spoke of respecting their child's grieving process. Four of the grandparents strongly felt that this was an important aspect in supporting their children.

"I know that some of her grieving is private and I won't be a part of some of the things that she and Bob share. And that's okay, we

share what we need to. I tried to play a background role and let the choices be theirs, not mine. It was important that Sue and Bob made all the choices they could."

This respect for boundaries appeared to speak to the nature of the parent-child relationship prior to the loss:

"We've tried to be as active as they wanted us to be. We're both very conscious of the fact that parents on one side or the other can do their best to take over. We've vowed long ago that we weren't that kind of people. We'd be there and all they've got to do is hint that they want something. We try not to interfere and it's not from a lack of interest but because we feel they can deal with these problems themselves."

The respondents also identified the support as mutual and reciprocal:

"It's interesting because (people) talk about how parents support their children but (they) don't talk about it as a reciprocal process and I think it is very reciprocal."

"When I talked to Lori I'm sure it helped me too. I think a lot of the things we tried to do for their sake, helped us too."

One respondent noted that her child expressed concern for her during this:

"They were concerned about me, they always were. We are a close family, doing things together whenever somebody needs help. We always support (each other), but there was nothing we could do."

Observing how their children dealt with their grief was helpful as a model and source of strength for the grandparents. "If I saw that it destroyed them, I don't think I could have handled it." "Seeing them keep going probably made me try harder myself." One respondent described the importance of knowing that her children were coping and the strength that she derived from this knowledge:

"I find it very comfortable to talk about Sue because she's so comfortable about it. Her strength and Bob's, some of his beautiful values crept in and I was in awe of the way he put things together and the value he put on that life. That love, their love, that relationship, his relationship, their lives. I was in awe and I didn't expect that because he tends to be a joker but I saw him in a whole new way."

#### Bereavement Influences on the Family System

When participants discussed their spouses' response to the grief experience, three described a process of becoming closer and being there for one another.

"I think we became closer than we've been. Through those few days we were probably more in tune and more careful of each other, more supportive of each other than we had been. I became more conscious of it. You're retirees, you're home together most of the time and you tend to take each other for granted. I think maybe that changed a little bit through then."

Two respondents described differences in the way their spouses grieved:

"I don't show my feelings too much to my husband. There's nothing you can do about it and I'm probably more sentimental. I know him and I know he cares, he just doesn't express his feelings."

Respondents discussed the bereaved child's siblings' response to this loss. Two grandparents described the dynamics when one of their children was not present during the death and subsequent rituals. Not being present seemed to complicate the grieving process.

"Carrie and I share what we need to. Brenda said 'I felt so left out because I wasn't there'. She was on the fringe of it all and she said, 'Sometimes I wonder if it wasn't harder to be on the fringe and worry about things'."

"He didn't keep in touch as closely with us as my kids do. He didn't come around at all until May when we had a family birthday dinner and he stayed later. And we realized that he had not come anywhere as far along in his mourning as Mick and Lori had, because he hadn't talked to anybody about it."

Six of the participants described supporting one another as an already existing family dynamic:

"My daughter and I are very, very close and my sons too. They were the pallbearers and it just touched me. They put this little coffin in the car and then the two boys just hugged each other crying. I knew then our family was very, very close knit."

"I felt we were together in this, mainly because of the way my life's evolved with my girls. I see us functioning as a unit and we just knew that we had to pull in together somehow. I mean you have to."

When exploring the grief and its impact on extended family, all but one participant described the family becoming closer. One respondent described this process as occurring during the initial grief experience despite a difficult time for the family.

"We became closer for quite a while, very close. Even Lisa and I became closer and we weren't going through a very good time at that point. But everybody was closer, it did bring us closer together and I think Sue was very close to me at that point. So it's different in every family situation. Dustin's death brought us closer together. "

Four respondents referred to the extent that this loss brought both sides of the family together as well as the opportunities it presented for close bonds to develop with in-laws.

"There certainly developed a new closeness between Lori's parents and ourselves. Just sharing the night with them. I would have never thought of greeting them and giving them a hug before. I can very comfortably do that now and it was just sitting in that room all night. I think all the family ties were strengthened in all this."

"That night in the hospital, it sure tightened up any slack that ever was in any relationships in the past. Even my boy Andy was at the hospital and we don't hear all that much from him."

Feeling close was a consistent theme for all but one grandparent. Edna strongly felt the loss had a negative impact on the family. "It split the family, it doesn't seem the same. He's not too bad because he's my son, but she doesn't seem that she wants me." Edna was one of three parents whose son's child had died. Her reference to her daughter-in-law seems to be a reflection of a difficulty that can be involved when the bereaved parent is your son rather than a daughter.

Several grandparents described issues related to religious and cultural differences within the context of extended family. For Joe, these differences contributed to the difficulty with his grief experience, as he was uncomfortable with the rituals associated with death. He also found that the large number of relatives grieving the loss was challenging:

"It was a harder loss experience than others because it's a first time I'd been in a big family situation when somebody dies. I was from a small family and when Dustin died it was the whole bit. So when I walked into the hospital, for instance they had given them a great big room. The minute we walked in the door it looked like there were a thousand people in there."

Second marriages, which resulted in step-parenting, seemed to contribute to the large gathering of individuals. Two of the respondents were not the birth parent of the bereaved child. However, being in the step-grandparent role did not diminish the intensity of their grief.



"There were an awful lot of grandparents around. Anna and I are second-time-a-rounders so you can count them up and you can get up to six grandparents very easily."

### Summary

The six themes that emerged from the grandparents' stories identified individual dynamics and shared experiences. The majority of the grandparents described the interview process as a positive experience as they felt heard and could describe "the whole thing and not just parts of it". Lisa stated: "there are two ways of talking about this; the one you tell people about and the one you really talk about".

When a grandchild dies grandparents can feel that their loss is not always recognized. Some described that it was their loss as well and expressed appreciation that this was acknowledged through this study. One grandparent poignantly stated: "the farther you step back, the more people you have to grieve for".

## CHAPTER FIVE

### DISCUSSION

#### Introduction

This qualitative study explored the grief experience of grandparents after the death of a grandchild. The research generated data addressing grandparent grief, as well as identifying areas for further research. The findings suggest developing a grief model for families that incorporates grandparents' responses. This model could help to ensure that practitioners are aware of the grandparent grief experience, normalizing the process rather than identifying it as abnormal or unresolved. The need for a new model of grief, as well as new criteria for pathology, is similarly described by Rando (1986) when she refers to parent bereavement. Information about the grieving process can be given to grieving grandparents and their families, facilitating a healthy grief resolution and reducing feelings of isolation.

This chapter discusses the study's findings by highlighting information that is in contrast or confirms existing literature. The implications for social work will be addressed, followed by an exploration of the study's strengths and limitations. The chapter concludes by identifying areas for further research.

#### The Grandparent Grief Process

Unique Nature of the Loss. The study's findings illustrate the unique nature of the grandparent grief experience, confirming Rando's (1986) suggestion that child loss and the bereavement involved is special. For example, one grandmother who also experienced the death of her own baby, described the

loss of her grandchild as more difficult to deal with due to its intensity and witnessing her daughter's pain. This is consistent with Defrain, Jakub and Mendoza (1992) who suggested that almost every aspect of grandparents' lives are affected.

The grandparents in the study experienced grief responses similar to their bereaved children, including feelings of survivor guilt, shock and a sense of unreality. Previous exploratory research by Ponzetti (1992) suggested that the issues for parents after the death of a child also exist for grandparents. Just as parents must continue in a role in which they are trying to reconcile a loss (Rando, 1986), grandparents experience similar expectations with surviving or subsequent grandchildren.

An additional factor characterizing this experience as unique is reflected in the untimely nature of a child's death. The grandparents described feeling disbelief, also noted by Defrain *et al.* (1992). The grandparents had expected to die before their children; three wished that it could have been they instead of their grandchild who had died. Fry (1997) referred to grandparents' sense of guilt for living when their grandchild has not. According to the family life cycle, the out of order nature of the death is especially salient for grandparents. These findings confirm Ponzetti's (1992) reference to how the disruption of timing can add to difficulties in grieving a child's death.

Respondents described an additional characteristic that defines the loss as unique, referring to the death as a double loss. One grandparent described grieving on two levels; the loss of their grandchild and witnessing their child in

pain. The grandparent's poignant descriptions of how difficult it was to see their child in such pain correspond with Defrain et al. (1992) and Ponzetti and Johnson (1991) who referred to the three-fold nature of this loss. They suggested that grandparents grieve for themselves, their grandchild and their adult child. Fry (1997) reported that grandmothers are unable to separate their grief from the grief they feel for their children.

Feeling helpless at witnessing their child's pain, and wishing that their child did not have to go through this experience was particularly difficult. The grandparents felt that they needed to be strong for their children and desired to be there for them when needed. Following through on these were critical components of their grief process.

The respondents identified talking with their children as their primary means of providing support. Five grandparents described how they facilitated this process despite the difficulty it sometimes caused them. A reflection of the importance of providing support to their children is illustrated in their flexibility. They changed holiday and winter plans, increased visits and made a point of being there when needed, consistent with Hagestad's (1985) description of an aspect of the grandparent role as being there when needed.

Additional grandparent grief dynamics that emerged included: difficulties in dealing with the "firsts", shadow grief experiences, the concept of "attacks", and triggering of previous losses and traumas. Some of the difficult "firsts" were celebrations that involved children, such as birthdays and baby showers. Grandparents describe shadow grief as often triggered by anniversary dates,

such as their grandchild's birth day and the date of their death. A unique finding was the descriptions by five respondents of a process where sudden, overwhelming and intense thoughts and memories of their grandchild occur; with three grandparents referring to the process as "attacks", utilizing the grandchild's name, such as "Dustin attacks" and "Allie attacks". The loss of a grandchild also triggered previous losses and traumas, with four grandparents having significant childhood memories.

Coping Methods. The grandparents used already-existing coping methods as well as those that they developed in response to their grandchild's death. These often-creative techniques included contacting computer bulletin boards, writing letters, art and humour. The respondents described how these coping strategies resulted in offers of support from those who heard their stories and opportunities for mutual support. Defrain et al. (1992) similarly referred to grandparents wanting to talk about the grandchild who died because they will always be a part of the family. The majority of respondents described successfully utilizing a variety of supports. Interestingly, this differs from Klass (1988) and Rando (1986) who described a typically unsupportive environment in response to the death of a child. It may be that the level of support for respondents in the current study is a reflection of the number who worked in the helping professions, or the ability of all respondents to both identify potential supports and utilize them.

The grandparents found sharing their experiences with others to be mutually supportive and comforting. This fits with the research of Defrain et al.

(1992) and Ponzetti and Johnson (1991). The grandparents did not feel as alone in this loss experience when able to share with others, confirming the suggestion by Defrain et al. (1992) that grandparents wish people to offer support. Having opportunities to talk to non-family was significant as some grandparents needed to share but were reluctant to burden their children.

Four respondents identified their faith as helpful, with one grandparent describing it as a critical source of strength since her family was not available for support. The other four respondents did not mention faith. The literature presents conflicting reports on the helpfulness of an individual's faith in dealing with their grief. In the study by Defrain et al. (1992), 90% of the respondents described their faith as a support, whereas Ponzetti and Johnson (1991) noted that the majority of their respondents did not.

The grandparents also found some responses not helpful. Statements such as "God only gives you what you can handle" and "at least she was only a baby", reflect a lack of support similar to that described by Rando (1986). These responses confirmed the perspective of some of the bereaved individuals who felt that others could not understand the experience of losing a child unless they had been there, a view previously described by Sarnoff Schiff (1977).

Adult Child's Grief. When referring to their child's grieving process, the majority of the participants felt confident that their child was capable of coping. Most also respected the way in which their child was dealing with their grief, as well as their child's choices in how they dealt with their grief. For some families, this is a reflection of boundaries that had existed prior to the loss.

A portion of the grandparents identified a mutual support process with their child. A significant factor for one grandparent was her child's expression of concern for her. Three grandparents referred to their children as role models and personal sources of strength. Grandparent strength also originated from the knowledge that their children were coping. This is a significant finding as it speaks to the importance of a family system focus when dealing with grief, as well as the importance of involving grandparents who can benefit from their child's growth and resolution of grief.

Finding Meaning Within the Loss. For the majority of the participants, the search for meaning within their loss experience was significant. The search often resulted in reinforcing or challenging existing beliefs and facilitated the integration of the loss into their life experience. This process is consistent with Klass (1988), as well as Ponzetti and Johnson (1991) who described the search for meaning as an integral part of grief work.

The grandparent's descriptions of searching for meaning were poignant. Several grandparents commented on their search developing into a exploration on their own spiritually. Participants noted how their grandchild's death confirmed the importance of beliefs such as no longer taking life for granted, becoming closer to family, being able to help others, and appreciating life. The majority described becoming stronger and growing as a result of their grief work. Changing significant aspects of their life to respond to their changed beliefs is one indication of the progression and resolution of the grief work. For example,

one grandmother reduced her hours at work in order to spend more time with family after her grandchild's death.

### Family System

Most of the grandparents described family members as supporting one another and becoming closer as a result of this experience. The majority felt that this was a reflection of the supportive nature that had always existed in their family. One family that had been experiencing difficulties became close during their grieving, however they returned to their previous functioning after the initial bereavement process. In contrast, one grandmother strongly felt that her family became distant from one another in reaction to their grief.

Four grandparents noted that extended family members became closer through this grief experience. The death provided an opportunity to develop close bonds with in-laws; similar to the newly formed extended family system described by Sprey and Matthews (1982). The majority of participants referred to a process of sharing with in-laws that occurred in settings such as the hospital and in making decisions regarding rituals. This confirms the conclusions of Cunningham-Burley (1985) who referred to the concept of sharing with in-laws.

Some grandparents spoke of deferring to the wishes and needs of others and two grandparents identified difficulties in dealing with in-laws. For example, the grandmother who felt excluded from the process identified her daughter-in-law as the cause as she felt that decisions were being made with little input from her son. One of the grandfathers identified several challenges related to in-laws including difficulties in dealing with large numbers of people and being



uncomfortable with others' customs and rituals. He also noted his role as a step-grandparent at this point, however, this did not impact the intensity or minimize the grief response of either step-grandparent.

Two grandparents described their grieving as different from that of their spouse, similar to Klass (1988) and Ponzetti's (1992) suggestion that couples grieve differently. One of the study's couples separated within a year of their grandchild's death, however there had been existing problems in their relationship. The majority of the married grandparents respected the differences in their grieving process. One grandfather described his wife as becoming a role model and a source of support for him.

The respondents indicated that when the sibling of the bereaved parent was not involved in the death surround and rituals, dealing with grief presented extra challenges for them. The adult siblings later told their parents that not being involved complicated their grieving process. This confirms the suggestion of Herz (1983) that the death of a child affects the whole family system, with each member grieving individually.

#### Grandparent-Grandchild Relationship

Grandparents referred to their deceased grandchild as unique, describing special characteristics and favorite memories. They talked about the important and special nature of their relationship with their grandchild. These aspects of grandparenting have been previously noted in the research of Kornhaber and Woodward (1981). The grandparents shared stories, pictures and artifacts during the interview to highlight the special meaning of the grandparent-grandchild

relationship. They provided detailed descriptions of the first time they had met their grandchild and shared memories of their grandchild that had helped them cope with the loss.

The grandparents' extensive knowledge of their children's plans to start a family as well as intimate details of the pregnancy and delivery also illustrate the impact of the relationship. They had anticipated and planned for their grandchildren and were joyful at becoming grandparents. This fits with Cunningham-Burley's (1985) suggestion that grandparents construct the role long before the grandchild arrives. The grandparents discussed their involvement in preparing for their grandchild's arrival, another factor fitting with the findings of Cunningham-Burley, but in contrast to grandparent feelings of helplessness and a lack of control as described by Kivnick (1985) and Troll (1980).

The meaning of the grandparent-grandchild relationship is an important consideration when exploring the meaning of grandchild loss. Some grandparents referred to bonding with their new grandchild, confirming Kornhaber and Woodward's (1981) suggestion of a biological bond. One grandmother described how the bonding process brought extended family closer together. The grandparents referred to nurturing feelings being re-awakened and experiencing a sense of wonder in seeing and holding their grandchild for the first time. This process was also described by Kornhaber and Woodward who refer to the child becoming their grandchild, rather than their child's child.

The grandparents felt emotionally attached and actively involved in their grandchild's life. They provided child care and arranged special outings, family

dinners and celebrations. Cherlin and Furstenberg (1985), Hagestad (1985), and Troll (1985) similarly refer to grandparents creating and maintaining linkages between the generations. The grandparents had fun with their grandchild, welcoming the opportunity to spend time with them and feeling positive about these times together. They described the joys of "spoiling" their grandchildren and then being able to give them back to their parents, confirming the description of pleasure without responsibility by Aldous (1985), Cherlin and Furstenberg (1985), Kivnick (1985), and Kornhaber and Woodward (1981). They provided child care for various reasons including supporting their child's work, helping them out and offering respite care. The time providing child care has been described by Cherlin and Furstenberg (1985) as building closer ties with grandchildren.

The grandparents remained involved with surviving siblings through child care and support in the child's grief process. Grandparents played a role in helping surviving grandchildren talk about their sibling; a crucial process as Rando (1986) describes children looking to their parents to find meaning in this situation, but often finding their parents emotionally unavailable. Some grandparents experienced the beginnings of resolution upon hearing that their bereaved child was expecting again. While this did not lessen their feelings of loss or stop them from missing their deceased grandchild, they welcomed new grandchildren and felt excited about the news. They found it helpful to see their children feeling excited about this event. However, if a sibling of the bereaved

parent was expecting a baby, the grandparents expressed concern about the impact on their grieving child.

### Summary of the Unique Findings

The majority of the findings within this study confirm the already existing literature on grandchild loss, however several unique findings emerge that have implications for social work practice and education. One unique theme was that the majority of grandparents described a supportive environment, which included family, friends, work settings, church and leisure activities. This was in contrast to previous studies that had described unsupportive environments. In addition, the grandparents referred to a process of mutual support that was a result of sharing their experience with non-family members. Mutual support was also discussed in the context of a reciprocal process with bereaved adult children.

Although each respondent expressed concern for their adult children, the majority of participants felt that their children could cope with this loss. All of the grandparents referred to wanting to be strong for their children and be there for them. A portion acknowledged respecting the way that their children were dealing with their grieving. A particularly interesting finding was that three grandparents described their children as role models and sources of strength. The strength that originated from the knowledge that their children were coping is significant as it speaks to the reciprocal nature of support provision, facilitating individual and family growth.

The majority of respondents searched for meaning as well as becoming stronger and growing in response to their grief experience. 'Attacks', the intense,

often overwhelming and sudden thoughts of their grandchild by five grandparents has not been previously described. Finally, the discussion of the role of in-laws and step-grandparenting in the context of extended family was novel.

#### Implications for Social Work Practice and Education

Understanding the grief experience of grandparents can assist social workers facilitate grief resolution for individuals, couples and extended families. Social work education can also facilitate this process as students have the opportunity to learn and gain skills in working with the bereaved. The death of a family member affects the entire family system. A child's death has a profound impact. The lack of literature specific to the grandparent experience is an important gap for both social work professionals and grandparents, as an understanding of the unique dynamics can help ensure the necessary support is in place for grandparents and their families. This is crucial especially when considering Miles' (1977) suggestion that most professionals working with bereaved families do not routinely include grandparents. Similarly, Ponzetti (1992) suggested that grandparents can be a vital element in the grief process and that their function should not be ignored.

Gaining knowledge through social work education and practice to support grandparents in their grief is particularly relevant when considering our aging population and increased life span. More grandparents have the potential to outlive their grandchildren.

Providing grandparents with relevant information and opportunities for grief work through counseling and support is critical when considering the

potential impact on individual growth and development. Previous losses and traumas that have not been positively worked through can be triggered. Grief work facilitates an individual's ability to cope with subsequent loss experiences, an important consideration as there are numerous losses associated with aging. In addition, the descriptions of spiritual growth and developing personal strengths, reflect the profound impact of grief resolution on the bereaved. It also confirms the importance of facilitating these opportunities through social work practice and education. Barranti (1985) and Kivnick (1982) suggested that the grandparent role offers opportunities for individual growth and development as well as positively impacting on self-esteem, mental health and well-being. These considerations reflect the importance of positive grief resolution related to this role. They also fit with the suggestion of Fry (1997) that grandchild loss has mental health implications for grandparents.

The grandparents supported their adult children in their bereavement while grieving themselves. This dual focus characterizes grandparent loss as a unique form of grief. The parent-child bond which usually continues throughout the parent's life, regardless of the child's age or amount of detachment, has implications for the grandparents' grief work as well as their ability to cope and function within the parent role. Understanding this experience is crucial for social workers as grandparents must adjust to and reconcile a loss in two significant areas after their grandchild's death. Counselling can help grandparents cope with their grief, while simultaneously supporting their children.

Social work practitioners can validate the unique nature of grandparent grief and offer grandparents the opportunity to gain a sense of control by reducing their feelings of helplessness. Often grandparents feel like forgotten grievers and counselling could help normalize their responses, removing their sense of isolation. Those grandparents who utilized counseling in the study found the process helpful, illustrating that improved availability and access is an important consideration. Currently, authors who explore the death of a child often focus exclusively on how parents can or should provide support to their bereaved children, with little focus on the emotional reactions or needs of the grandparents.

The isolation that results from not being understood or feeling alone in this grief experience could also be reduced with self-help or support groups. Groups such as the Compassionate Friends have been a significant intervention for some bereaved parents. In the current study, grandparents described the mutual support process that took place when they shared their story with others, confirming the importance of providing these type of resources.

Acknowledging and understanding the unique and varied responses of all family members is crucial for healthy grief work and system functioning. Rando (1986) suggests that family members and their grief impact on one another. Maintaining a family systems perspective is important. If family members can grieve as a whole, acknowledging the change in the system while recognizing the child remains with them through their memories and family history, grief resolution can occur.

Practitioners can also facilitate the exploration of the death's meaning to the family and can provide them with information about typical family adjustment. With professional intervention, an open expression of family members' feelings, memories, grief work experiences and expectations of adjustments can be facilitated, avoiding problems that may be a result of misunderstandings. Grief work and issues related to death can become more difficult as time passes and early social work intervention can play a role in preventing long-term symptom formation and dysfunction.

It is important that social work curricula offer opportunities to explore issues related to loss and adjustment. There are a variety of grief experiences within an individual's and family's life cycle. Education examining social work provision of support, advocacy, development and mobilization of resources as they relate to loss would be beneficial. An increased awareness and understanding of both personal and professional responses to death and bereavement is crucial.

#### Limitations and Strengths of the Study

As Goldstein (1993) described, one learns research by doing research. Glesne and Peshkin (1992) suggested that recognizing limitations is a part of the demonstration of trustworthiness.

When examining the transferability of the current study one must be cautious not to assume that the findings fit all grieving grandparents. One issue in the current study is the way in which respondents were solicited. All of the six grandmothers and two grandfathers who volunteered to be interviewed were



included. A more diverse group might have resulted in different conclusions. For example, alternate information might have emerged with an equal representation of gender, or research that focused exclusively on grandmothers or grandfathers. Four of the grandparents were identified through their children, a reflection of the family's level of communication related to the death. Not involving adult children in the participant selection process might have produced different results.

The motives of those involved in the research should also be taken into consideration. Those who respond and agree to be participants in a study of this type may have characteristics that differ to those who do not respond, as there are many reasons why people agree to participate (Morse, 1989). The composition of the study's participants and their differing characteristics are factors that impact data collection. For example, three of the participants are helping professionals and their personal insights related to grieving are in part, a reflection of their knowledge base.

The limited use of the credibility strategy of member checking is an additional limitation. Although I had originally planned to meet again with each participant, the majority of the respondents were unavailable. One respondent resided in the United States and was interviewed while she was in Calgary visiting her son. Two others lived in the United States during the winter season. One participant was interviewed while visiting Calgary from another province. Finally, two were unavailable due to health reasons, with one having been admitted into long term care. However, a modified form of member checking was used in the debriefing process that took place after each interview, confirming the

data gathered as well as giving the grandparents the opportunity to describe their personal responses to the process.

A strength of the current study resides in the awareness that the topic of grandparent grief needed further research. Utilizing a generic mainstream qualitative approach with its mixing of methodologies and techniques resulted in a flexible approach which best met the needs of the study. This flexibility was a strength that enhanced data collection and analysis. Respondents identified preferences in interview setting, influencing the level of trust and establishment of rapport. Their level of comfort contributed to the presentation of rich information and detailed accounts of their stories, allowing for an in-depth exploration of the grief experience of grandparents after the death of a child.

My professional understanding of grief from previous research, work in a hospital setting as a practicum student, staff member and on-scene crisis intervention, guided me throughout the study and enhanced the interviews. Strauss and Corbin (1990) stated that "the more professional experience, the richer the knowledge base and insight available to draw upon in the research" (p. 42). The literature review was particularly helpful, as I gained a new understanding of the grandparent role in general. In all, I conducted three literature searches, which took place prior to, during and after data collection. The flexibility within the mainstream approach offered me the option to conduct a literature search when needed.

In addition to my professional understanding, my personal experience as a bereaved parent had a positive impact on the interviews as the respondents felt

understood, facilitating the provision of rich and detailed information. When describing a circumstance a grandparent would state "well you know, don't you" and continue at a deeper level of disclosure. My personal knowledge was also helpful during the initial phone contact with respondents, as I was able to engage the participant in the interviewee relationship and begin trust building. This fits with Field and Morse (1985) who described that "the benefits of doing fieldwork in your own culture include ease of entry, avoidance of disruption of normal process, prior knowledge of some relevant research questions and an enhanced capacity to elicit in-depth data" (p. 81). The grandparent's willingness to share detailed accounts of their stories was a major strength.

Several strategies previously discussed in detail in the methodology chapter were utilized to ensure the trustworthiness and credibility of the study. Prolonged engagement consisted of initial phone contact, review of the interview process prior to audio recording, data collection and processing of the interview after its completion. Reflexivity involved an awareness of my responses to the interview process and data analysis. Triangulation utilized the study's participants, a presentation to the Compassionate Friends and my professional work experiences as varied sources of data. Peer debriefing which consisted of feedback from students involved in qualitative research, my practicum supervisor and professional colleagues working in the areas of loss and bereavement, was used during all phases of the research process. In addition, I was able to focus on both process and content considerations through my transcribing and coding

of data.

#### Directions for Further Research

The following suggestions for further research are a reflection of the exploratory nature of a qualitative study. The interviews with eight grandparents illustrated the profound nature of a grandchild's death.

Further research could focus on factors such as the ages of the grandparents and grandchild at the time of death, and the cause of death. In the current study, the majority of the grandchildren were under ten years of age, with four being less than a year old. A larger range of grandchildren's ages may produce different results, specifically as they relate to grandparent style and roles. Additional exploration of the effects of grandchild death on the marital dyad of the grandparents could provide helpful information for grandparents, their families, and professionals working with the bereaved. Increasing the number of spousal dyads would facilitate the presentation of this information.

Comparing the grief responses of grandparents to that of their adult children could assist in further developing an understanding of the bereavement experience. One could also identify differences and similarities in grieving that are related to gender. As the majority of the participants were grandmothers, a study with more grandfathers would be helpful in identifying any gender differences in bereavement. In the current study, the emotional responses from grandparents did not appear to be gender-specific, however, traditional role expectations were apparent in some families. Comparing two generations, that of grandmothers and their adult daughters, and grandfathers and their adult sons

for example, could facilitate an exploration of gender influences on the grief process and could identify any generational factors.

The impact of maternal and paternal affiliations on bereavement is another area for exploration. One might consider the gender of the adult child who experienced the loss as well as the gender of the grandchild who died. Through such research one might explore issues such as the maternal and paternal influences on the grandparent/grandchild relationship as well as the parent/adult child relationship vis à vis support to adult children. Focusing on adult children could identify differences in the provision of emotional, financial or child rearing support with daughters and sons.

In this study, some of the grandparents identified their adult children as providing support to them and acting as role models. Further exploration could examine what factors contributed to this process. Another unique theme that emerged was the role of step-grandparent. Exploring the experience of step-grandparenting in daily living as well as the impact of step-grandchild death may prove helpful.

As the majority of grandparents referred to surviving or subsequent grandchildren, a focus on their relationship with these would be interesting. One could explore the impact of a siblings' death on a child's development and relationships with family members including their grandparents, parents and siblings. A study looking at three generations could further identify the grief responses and the impact of the death in the larger family context. Finally, one could investigate the extended family and its impact on grandparent grief.

Focusing on in-laws and the influence of their role status influence would provide information, adding to a broader understanding of this grief experience.

### Conclusion

The literature on grandparent bereavement remains small. Conducting research and disseminating the findings of the current study has the potential to impact the bereaved and their families. Today's demographics on aging and the onset of grandparenthood suggest the need for increased awareness of grandparent grief. Information addressing the bereavement process of grandparents facilitates an awareness of the unique nature of this grief experience and the importance of the grandparent role.

This study began when I was conducting a personal search for information on grandparent grief. The courageous sharing of the grandparents' stories resulted in the emergence of information that has the potential to impact social work practice and education and to facilitate grief resolution for individuals and their families. I feel privileged to have been invited into the hearts and homes of grandparents who have experienced such a profound loss. Their stories have had a large impact on my practice and have improved my skills in working with bereaved individuals and families. I have been personally touched by their stories, and my appreciation and admiration will be reflected in my work and the sharing of this study.

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## Appendix I

## BEREAVED GRANDPARENT INTERVIEW GUIDE

## Demographic information:

- Name
- Age
- Marital status
- Children('s) age
- Grandchildren('s) age

## Grandparent involvement with grandchild:

- City of residence
- Contact by letter or phone
- Number of visits
- Provision of childcare

## The death surround:

- Deceased child's name
- Date of birth
- Cause of death
- Date of death

## Grandparent's grief experience:

- How were you told about your grandchild's death
  - What were your feelings
  - Did you experience any physical symptoms
- Were you responsible for informing other family members
  - How was that experience
- Were you able to attend the funeral
  - Did you help with funeral arrangements
  - What final arrangements were decided on
  - Did you feel a part of the decision making process
- What was helpful to you during this initial period
  - What was helpful later on
  - What things were not helpful
- Did you support your child through the initial grieving period
  - Was this difficult (in what ways)
- Did you support your child throughout their grieving process
  - Was this difficult (in what ways)
- Were there helpful things that your child did for you
  - Unhelpful things
- What people helped you during this time
  - Who did you reach out to for support
  - Have you talked about the death with others

- Did this experience change family relationships
  - Between you and your child
  - Your spouse
  - Your surviving grandchild(ren)
  - Any other family members
- How did you cope with the loss of your grandchild
  - What was helpful
  - What was unhelpful
- What other losses did you experience prior to this loss
  - Was there a difference in the way you coped
- Things you have learned from this experience
- Positive outcomes from this experience



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### CERTIFICATE OF APPROVAL

by the

RESEARCH ETHICS COMMITTEE  
FACULTY OF SOCIAL WORK  
THE UNIVERSITY OF CALGARY

The PROJECT entitled:

The Grief Experience of Grandparents:  
After the Death of a Grandchild:  
An Exploratory Study

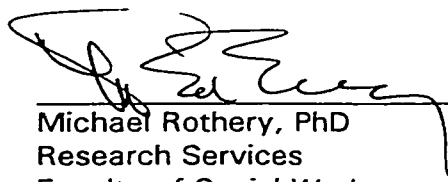
of DEBBIE BENNETT

(student's name)

in the judgment of this Committee has met The University of Calgary's ethical requirements for research with human subjects.

93-11-26

Date

  
Michael Rothery, PhD  
Research Services  
Faculty of Social Work

## Appendix III

## CONSENT TO PARTICIPATE

My name is Deb Bennett. I am a graduate student at the University of Calgary, completing the requirements for my Master of Social Work degree. This study is part of those requirements and will be included as part of my thesis.

The purpose of this study is to explore the grief experience of grandparents after the death of a grandchild. The available literature addressing this experience suggests that further information is necessary to provide increased understanding of the unique factors involved in the loss of a grandchild. With your help I would like to explore this area further.

Involvement in this study will include two interviews at a mutually agreed upon location. The initial interview will last one to three hours, with a follow-up interview approximately six months later, lasting one hour. Your responses will be tape recorded and later transcribed. Your name will not be included in the results and will be kept strictly confidential. The information gathered during the interview process will be kept in a locked office on the University campus and will be destroyed once the study is completed.

It is important for you to know that if at any point in the interview you do not wish to continue, you can stop being involved. You will not be pressured to continue, and there will be no penalties for stopping. Information on follow-up resources within the community will be given to all participants.

Before you can be involved in this study, I will need you to sign the consent form that states that you understand the nature of your rights; such as the right to ask for clarification or more information throughout the study, or the right to discontinue your involvement in the study at any time. Your signature on this form indicates that you have understood to your satisfaction the information regarding your participation in the research study and agree to participate. In no way does this waive your legal rights nor release the interviewer or involved institution from their legal and professional responsibilities. If you have any questions regarding your participation in this study please contact that Faculty of Social Work Ethics Chair, Dr. Michael Rothery (220-5033).

I, \_\_\_\_\_, understood and agree to participate in this study. I have read and understood what is involved in participating, including my rights and the fact that the information gathered will not be traced back to me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date