This article was downloaded by: [University of Glasgow]
On: 10 January 2014, At: 03:08
Publisher: Routledge
Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK

Psychology, Health & Medicine
Publication details, including instructions for authors and subscription information:
http://www.tandfonline.com/loi/cphm20

Mothers continuing bonds and ambivalence to personal mortality after the death of their child - An interpretative phenomenological analysis

Mairi Harper [a] , Rory O'Connor [b] , Adele Dickson [c] & Ronan O'Carroll [b]

[a] Social Policy Research Unit, University of York , York, UK

[b] Department of Psychology , University of Stirling , Stirling, UK

[c] School of Life, Sport & Social Sciences, Napier University , Edinburgh, UK

Published online: 30 Nov 2011.

To cite this article: Mairi Harper , Rory O'Connor , Adele Dickson & Ronan O'Carroll (2011) Mothers continuing bonds and ambivalence to personal mortality after the death of their child - An interpretative phenomenological analysis, Psychology, Health & Medicine, 16:2, 203-214, DOI: 10.1080/13548506.2010.532558

To link to this article: http://dx.doi.org/10.1080/13548506.2010.532558

PLEASE SCROLL DOWN FOR ARTICLE

Taylor & Francis makes every effort to ensure the accuracy of all the information (the "Content") contained in the publications on our platform. However, Taylor & Francis, our agents, and our licensors make no representations or warranties whatsoever as to the accuracy, completeness, or suitability for any purpose of the Content. Any opinions and views expressed in this publication are the opinions and views of the authors, and are not the views of or endorsed by Taylor & Francis. The accuracy of the Content should not be relied upon and should be independently verified with primary sources of information. Taylor and Francis shall not be liable for any losses, actions, claims, proceedings, demands, costs, expenses, damages, and other liabilities whatsoever or howsoever caused arising directly or indirectly in connection with, in relation to or arising out of the use of the Content.

This article may be used for research, teaching, and private study purposes. Any substantial or systematic reproduction, redistribution, reselling, loan, sub-licensing,

systematic supply, or distribution in any form to anyone is expressly forbidden. Terms & Conditions of access and use can be found at http://www.tandfonline.com/page/terms-and-conditions

Downloaded by [University of Glasgow] at 03:08 10 January 2014

Psychology, Health & Medicine
Vol. 16, No. 2, March 2011, 203–214

Routledge
Taylor & Francis Group

Mothers continuing bonds and ambivalence to personal mortality after the death of their child – An interpretative phenomenological analysis

Mairi Harper[a]*, Rory O'Connor[b], Adele Dickson[c] and Ronan O'Carroll[b]

[a]*Social Policy Research Unit, University of York, York, UK;* [b]*Department of Psychology, University of Stirling, Stirling, UK;* [c]*School of Life, Sport & Social Sciences, Napier University, Edinburgh, UK*

(*Received 6 January 2010; final version received 12 October 2010*)

Downloaded by [University of Glasgow] at 03:08 10 January 2014

The main objective of this study was to identify how bereaved mothers describe their coping strategies in their own words. The literature on parental bereavement is sparse, and the present study aims to add to existing knowledge by eliciting the mothers' experiences covering a wide range of child ages including infants, younger children and adults. Semi-structured interviews were held with 13 bereaved mothers in the UK. Causes of death include accident, illness and suicide. The methodological approach was interpretative phenomenological analysis (IPA). This article reports two inter-related recurrent themes: (1) Continuing the bond with the deceased child and (2) Ambivalence to personal mortality. Participants reported that the relationship with their child was continued in a variety of ways, from tending to the grave and the child's remains, through linking objects or by establishing a symbolic representation of the child within their daily lives. All mothers talked openly about their own mortality, either demonstrating ambivalence about their own death, or expressing clear suicidal ideation. Death was seen as a release from living with the pain of loss. The presence of surviving siblings appeared to moderate suicidal ideation, but mothers expressed concerns about their ability to care adequately for other family members during times of intense grief.

Keywords: bereavement; parents; coping; continuing bonds; suicidal ideation

Introduction

According to Miller and Rahe (1997), the death of a child is the most significant stressor a woman can experience. The impact of the death of a child is believed to be long-lasting, perhaps even lifelong. Rubin (1993) found functional impairment and ongoing grief for 13 years post-death. Rogers, Floyd, Seltzer, Greenberg, and Hong (2008) showed higher depression and health problems in bereaved parents up to 35 years following bereavement. Arnold, Gemma, and Cushman (2005) found that grief continued for nearly two-thirds of mothers up to 62 years post-death. The impact of surviving the death of a child may, therefore, endure for the parent's whole lifetime.

*Corresponding author. Email: mh845@york.ac.uk

ISSN 1354-8506 print/ISSN 1465-3966 online
© 2011 Taylor & Francis
DOI: 10.1080/13548506.2010.532558
http://www.informaworld.com

Downloaded by [University of Glasgow] at 03:08 10 January 2014

Previous studies of bereaved parents' coping

Little research exists to identify how parents actually cope with the death of a child. Hoekstra-Weebers, Littlewood, Boon, Postma, and Humphrey (1991) assessed the coping styles of bereaved parents. The parents of younger children (aged 3–9) utilised a mainly active problem-solving style of coping whereas the parents of older children (aged 13–19) were found to use soothing coping styles for example, looking for diversions or relaxation. Robinson and Marwit (2006) found bereaved parents used mainly task-oriented coping strategies, whereas Videka-Sherman (1982) found parents showed high levels of preoccupation with the child by talking about them and thinking about the loss, as well as evidence of turning to religion. Murphy, Johnson, and Lohan (2003) demonstrated changes in coping strategies over time where, at 12 months post-loss, mothers used repressive coping (e.g. denial and disengaging behaviours) and by 60 months they had begun to rely primarily on active coping styles (e.g. problem solving)

It appears from these studies that parents demonstrated a variety of coping styles depending on time since bereavement and the age of the child. Lack of agreement between findings may indicate that different groups of parents do, in fact, cope differently with the death of a child, or alternatively, may reflect the inconsistent use of questionnaire measures of coping with bereavement.

Phenomenological research

Little published research has specifically adopted a phenomenological approach to investigate the "lived experience" of parental bereavement (Langdridge, 2007). Woodgate (2006), using thematic analysis, identified five themes – keeping memories of the child alive, reinforcement of the parent's belief in their own parenting ability, the importance of being present when the child died and the benefit of social support.

The aim of this interpretative phenomenological analysis (IPA) is to explore how bereaved mothers describe coping with either the accidental or illness-related death of their child in order to identify which coping behaviours, both adaptive and maladaptive, are common across a more diverse range of bereavement experiences.

Method

Participants

Interviews were conducted with 13 bereaved mothers who were recruited from The Compassionate Friends (TCF) ($n = 7$) and from coverage of the study in a local newspaper ($n = 6$). TCF is an international charity which offers peer support for bereaved parents. All participants volunteered directly. The sample does not represent the full diversity of the bereaved parent population, and is described as convenience rather than representative.

Participants were aged 32–64, with a mean age of 52 years. Time since death ranged from one to 40 years with a mean of 10 years. Child ages ranged from two weeks to 29 years. Further details of the research participants are provided in Table 1 below.

Data collection

Ethical approval for the study was obtained from the University of Stirling, Psychology Department. Interviews took place in the participants' own homes and

Table 1. Participant characteristics.

Pseudonym	Years since death	Source	Gender of child	Child age at time of death	Cause of death	Participant age now
Kay	1	TCF	Female	29	Alcohol-related pancreatitis	58
Donna	3	PRESS	Male	17	Car accident – passenger	41
Francis	3	PRESS	Male	27	Pancreatic cancer	62
Gayle	3	PRESS	Male	2 weeks	Heart complications	32
Helen	4	PRESS	Male	29	Car accident – driver	60
Diane	5	PRESS	Female	5	Chickenpox	36
Tracey	6	TCF	Female	19	Bowel cancer	55
Nancy	7	TCF	Male	9	Bicycle accident	50
Rita	7	TCF	Female	22	Unascertained/SADS	62
Katherine	8	TCF	Male	19	Hanging	46
Olivia	18	PRESS	Male	22	Electrocution	64
Susan	25	TCF	Male	2	Asthma	51
Violet	40	TCF	Male	3 months	Cot death	61

Note: TCF, volunteer from the compassionate friends; PRESS, volunteer from press coverage.

Downloaded by [University of Glasgow] at 03:08 10 January 2014

lasted between one and four hours, with a mean time of one hour 45 min. No financial incentive was offered for participation in the research.

An interview schedule was prepared, before conducting interviews, containing questions about the circumstances of the death, what life was like now and strategies and behaviours for coping with the bereavement; however, the participants mainly engaged in free narrative about the circumstances of the death of their child, identifying the issues that were of particular relevance to them.

The interviews were recorded digitally, and were transcribed verbatim. During transcription, pseudonyms were allocated for the participants and also for the child, and any other names mentioned were also changed to ensure confidentiality.

Data analysis

The aim of this study was to explore the experiences of the bereaved mothers in their own words and from their own personal perspective, using IPA. Smith and Osborn (2003) recommend the approach for areas where there is little published research or where the experience is considered to be particularly complex or novel, as is the case with parental bereavement.

All transcripts were subjected to IPA (for details, see Smith, Flowers, & Larkin, 2009). Each interview was read several times to increase familiarity with the participant's narrative. The first phase of the analysis highlighted key words, phrases and idiosyncratic figures of speech in general. These statements explained how the participants coped with their bereavement. The transcript was then interrogated further by making comments and suggestions or asking questions in an attempt to generate "meaning" grounded in the participant's own words. From here, initial themes were identified. Relationships and tensions between codes were sought out and those which appeared to refer to similar issues were grouped together as themes. From this analysis, recurrent themes emerged which were those evident in more than half of the accounts. The coding that refers to these themes was then reviewed to

ensure the themes remained relevant at the broader level, without compromising the meaning or significance of the participants' comments. Any individually coded items not relevant were removed from the broader themes.

These broad themes themselves were then revised further. Quotations from participants were reviewed with reference to the themes, to ensure that the themes reflected what the participants were saying before all of the transcripts were re-read to ensure that the themes were accurate in relation to the global experiences of the bereaved parents. If it was felt that a mismatch was evident, the terminology, specificity and focus of the themes were revisited until the descriptive titles and the overall testimonies were congruent. This cyclical process was continued until no further clarification or refinement was found. To complete the analytic process, a separate analysis was carried out by the third author using a random subset of the transcripts. The overall themes which emerged from this independent validity check matched those of the first author's analysis.

Downloaded by [University of Glasgow] at 03:08 10 January 2014

Impact of the researcher on participant accounts

Consideration of the role of the researcher is a key component of any phenomenological research (Fry, Grogan, Gough, & Conner, 2008). Disclosure of the researcher's status as a bereaved parent was reported to be a key element in participant participation in the study. Where responses were given, which assumed understanding on the part of the interviewer, a deliberate attempt was made to clarify and encourage verbalisation of experience in the participant's own words.

Results

Here, we present two main recurrent themes: (1) Evidence of a continuing bond with the deceased; (2) The prevalence of death and suicide ideation. For related sub-themes, refer to Figure 1.

Theme 1a – Continuing the bond with the deceased child – The physical connection

Most of the participants spontaneously reported a continuing bond with the child after the death, albeit in different ways. Helen expressed the need to hold onto her son's physical remains, telling how she had carried her son's ashes around in a bag. She described this behaviour herself as "crazy" yet she went on to say that she believed it was "logical":

> I remember passing a house and it was like two or three in the morning and it was young Viv's house and eh they were having a party and I, I thought, I'll go in cos our Luke would like to go to that party. And my friend Hazel worked with Viv and she said "You

Figure 1. Key recurrent themes.

> had a party'' and she said ''yes'' and she said ''Helen went past, she was going to come in'' she said ''she should have just come in, she would have been most welcome'' and then Hazel said ''but she had Luke with her'' and Viv went ''how, what!'' and she said ''she had Luke'' and she went ''oh no, oh no!'' so what to me at that time was quite logical to someone else was ''oh no''.

Helen referred to Luke as being physically present during this event, suggesting a need for a continued physical contact with him. She acknowledged that others found the idea abhorrent, but she maintained this was a ''logical'' behaviour. Helen appears to have been unable to relinquish contact with her son, perhaps indicating a reluctance to believe that her son has permanently gone and an inability to adapt to life without his physical presence.

This need to continue contact with the child's remains was also evident in other mothers' accounts of grieving. Diane reported visiting her daughter's grave every day, using the physical location of the graveside to continue her relationship with her daughter:

> I'm not going there to grieve. I go there because weather comes and it gets dirty and it gets untidy and she was a neat and tidy, clean little girl who liked to be just perfect going out and that's her little bit of the world and I like her little bit of the world to be neat and tidy and clean and it's somewhere I can focus on, something I can still do for her.

Diane needed to continue to care for her daughter as she had done when her child was alive, indicating an inability to give up the maternal role. This may have been further exacerbated for Diane since she had lost her only child – she had become, in her own words, a ''childless mother''. The only way she could continue her maternal role was to transfer care and attention to the grave which provided a physical symbol of her ongoing love for her child. Abstinence from her ritual was considered a betrayal to her child and her method of coping is to persevere with daily grave visits.

Theme 1b – Continuing the bond with the deceased child – Linking objects

For other mothers, a physical symbol was sought from object connected with the child. Donna chose a specific memento, given to her by her lost child:

> Mark gave me a lovely wee basset hound dog and that goes everywhere with me. I take it on holiday with me and I take it when I go away to work, I put it on the bedside cabinet and that's just for me, that's like me taking him with me.

For Donna, the physical proximity of the symbol was important as, by keeping the object near her, she felt as though she was keeping her son close. The item had been chosen by her son and therefore represented an emotional response from him, which Donna coveted as a symbol of her son's love for her. The connection with her son was therefore on an emotional level, unlike Helen and Diane who sought an ongoing physical connection with their child. Keeping the object physically close to her meant that the child was also close on an emotional level.

Clearly, the significance of something that had a direct association with the child was meaningful for Donna. In Violet's case however, the lost child was a baby of just three months. In her case, a neighbour offered something to place in the child's coffin:

> My neighbour ... went next door and brought in an Infant of Prague and it was a nice thing, so we put it in his hand.

Downloaded by [University of Glasgow] at 03:08 10 January 2014

Violet reported that she had bought an identical duplicate item which she kept on display in her home. This statue appeared to unite them by providing a common bond, something that both of them could hold onto. Violet believed that, wherever her baby was now, he would be close to the statue, as she was close to it in her life. The statue served as a link between them, providing what was perceived as a shared connection, thus ensuring that the bond continued, even after death.

Theme 1c – Continuing the bond with the deceased child – Symbolic representations

Many mothers also reported less concrete symbolic representations of their child – usually naturally occurring phenomena which brought them together. For Susan, a symbolic representation of her son came in the form of a ladybird. She recalled a memory of her son's delight at seeing a flock of ladybirds not long before his death. Susan said that, throughout her life, ladybirds have appeared spontaneously and unexpectedly:

> We did see them in some very, very strange places really...it means a lot to us, so ladybirds became, that was our thing.

and later:

> It just means he's ok, he's watching us (...) It kind of brings him into us, into the family you know. Whenever there's a ladybird around we know that everything's OK.

The presence of the ladybirds united the family as a symbolic representation of the lost child. The spontaneous nature of these visitations appeared to be particularly prized by the family, indicating to them that the communication was reciprocal and the child was in some way sending messages or signs to them. The signs appeared to reinforce the presence of the child, with the apparent reciprocity supporting the family's belief that the bond was current and ongoing.

Theme 2a – Ambivalence to personal mortality

All of the mothers spoke about their own death openly and all appeared to have an ambivalent attitude to their own mortality. Often, death was considered to be a desirable alternative to the agony of bereavement: first, in the context of death as a release from the pain of loss; second, as a means of reunion with the deceased. In this regard, many of the participants reported contemplating suicide, as one participant (Diane) describes:

> I go (to the cemetery) all the time. There's a really bad junction coming down out of there. I could just time it and get out of there in front of a lorry and I think, no I can't do that because I'd leave my mum and dad. Right! We'll all go to the cemetery together, we'll all go in the one car ... and there, we're all wiped out and there's nobody left and nobody's got upset because we're all dead and that's perfect.

She then goes on to attempt to rationalise this thought process:

> If you said to a sane person I want all my family to be killed outright in a car crash, they're going to look at you and think you're off your head you know, but if you talk to somebody else that's lost a child, they'll think, "I know what you're talking about". Because you can understand what it's like to leave people behind, that's why you can't take your own life, because you're stuck.

Downloaded by [University of Glasgow] at 03:08 10 January 2014

A real sense of inner turmoil was evident in Diane's accounts. On the one hand, she wished she could be reunited with her child via her own death but on the other, she recognised that she would then be causing her own parents the same tragedy as she has experienced herself. Knowing the trauma this would cause exacerbated feelings of guilt, and gave her a reason for living. She considered the idea of an "accident" where all of the family would die together as a potential way of addressing both desires. Later, she considered the preferred alternative of her own premature natural death in reference to a fellow bereaved parent who had recently died:

> I was so glad for her, so pleased for her when she died and I thought that's it, it's over for you.

Furthermore, many of the participants spoke candidly about their age at the time of their child's death and how this influenced the grief process. For example, some participants argued that it was somehow "easier" to live with the loss of a child if that child was an adult and the parent was older – that way, the parent would not have to live as long with the grief. As Helen states:

> If there's one thing that I have over you is that I'm old and you're not.

The researcher then asked – "and is that better do you think, is that easier?" to which Helen replied:

> I think I don't have to live with it as long as you, that's what I think.

For Helen, it appeared that death, when it comes, will mean the end of her suffering, bringing peace and ending this inner turmoil.

Theme 2b – Death and suicide ideation – Influence of other children

While many participants reported suicidal ideation, it is noteworthy that none reported actually attempting suicide. The main reason for this was centred around a consideration of the impact on other family members, especially the deceased child's siblings. As Donna said:

> Norman (husband) and I said early on, if we didn't have any children, I would not be here. . ..The boys are here so we have no choice, it's not a choice in my mind.

The parental duty to care for their living children was more powerful than the desire for death, but at the same time, the very presence of these other children eliminated the option of ending their grief. Donna felt her duty was to offer the best parenting to her surviving children, to prevent "holding them back" but this ultimately came at the expense of alleviating her own suffering.

Despite the moderating effect that surviving siblings had on death ideation, some mothers expressed the belief that preoccupation with the lost child was far more salient than the need to care for their other children. As Francis said:

> The first few months, the difficulty was all of the, sort of, mundane things, looking after the kids or whatever, when I just wanted to go and curl up and cry.

Francis felt obliged to fulfil her parenting role, at the expense of her own need to grieve. She put her emotions on hold in order to care for the younger children. Only

Downloaded by [University of Glasgow] at 03:08 10 January 2014

when she had put them to bed and had discharged her caring responsibilities did she allow her own grief to surface. She was protecting the surviving children from exposure to her own suffering whilst endeavouring to provide them with the best care she could offer.

Despite their best attempts, some mothers also reported an emotional absence from surviving children. In many ways, grief had prevented them from nurturing their remaining children and a sense of grief and sadness at their late realisation of this ensued:

> It really struck me at one time when I was just talking with Kieran (surviving son) we were just talking about Calum and I was saying, what's it like at school and he said "I miss him at playtimes. I don't see him" and I hadn't, you know, until he said that, it really hit me, God, the kind of the daily-ness of his loss.

Nancy felt so consumed by her grief that she was unable to perform even the most basic, mundane tasks needed for survival (e.g. cooking) and required considerable external assistance to provide for the daily needs of her family.

In summary, all of the mothers appeared to be consumed by thoughts of their own mortality. Death was not seen as an undesirable event, but as a means of either ending the suffering and grief or to reuniting them with their deceased child. However, family, especially other children, appeared to moderate the desire for death. Conversely, especially in the early days of bereavement, other children were seen as a burden, and mothers reported a lack of ability to care for them either practically or emotionally. This highlights the need for ongoing psychological support for grieving parents.

Discussion

Continuing bonds

Whether adaptive or not, the mothers showed a strong desire to continue bonds with their deceased children. More socially acceptable and portable symbolic representations of the child appeared to be more adaptive than persistent attendance at the graveside or domestic shrines. It is unclear why some mothers chose one method of continuing the bond versus another. Some mothers expressed a strong desire to tend the grave or display a shrine to their child in the early days of bereavement. This focus changed over time to caring for a symbolic representation of the child, and in some cases even moved to a connection with the child via a fleeting naturally occurring event, outwith their control. The reason why this transition took place in some individuals and not others was unclear. Perhaps the parents who showed persistent adherence to caregiving behaviours around the grave or memorial site have been unable to fully accept the loss. They may have been unable to reorganise their life to accommodate the change precipitated by the loss, causing an ongoing inability to work through their grief (Bowlby, 1980). Alternatively, the mothers who retained a continuing bond with the grave may have been persistent ruminators, unable to face the reality that accepting the loss might entail (Stroebe, Boelen, van den Hout, Stroebe, Salenink, & van den Bout, 2007). The choice of method for continuing bonds and the association between the different forms and adaptation to bereavement are important considerations for future research.

Downloaded by [University of Glasgow] at 03:08 10 January 2014

Downloaded by [University of Glasgow] at 03:08 10 January 2014

Ambivalence to personal mortality

All participants reported a strongly held belief that their death would be welcome, either to end their current suffering or as a way of reuniting them with their lost child. If the mother had other surviving children, this appeared to moderate their death ideation. The all-encompassing grief that is associated with the loss of their child caused concern about a reduction in levels of care for their surviving children.

The mothers in the present study demonstrated ambivalent feelings about their own death. These findings conflict with those of Barr and Cacciatore (2008) who studied fear of death in bereaved mothers and found higher levels of fear of death in the bereaved mothers compared to the general population. The reason given by Barr and Cacciatore for their findings is that the mothers' primary concern is related to their "personal extinction" (p. 445). By losing a child, they have reduced their reproductive success. The authors suggest this fear of their own premature death may be adaptive, since it encourages the parents to fulfil their potential in other areas of their lives to compensate. The present study finds no evidence of such fear of death or extinction, and challenges the self-actualisation theory cited by Barr and Cacciatore, since the basic ability to nurture surviving siblings was clearly compromised in this group of mothers. Participants in the Barr and Cacciatore study had a slightly different demographic to the present study, with approximately three quarters of their 400 participants experiencing miscarriage, stillbirth or neonatal death. The average time since death for these participants was 8 months (median value). The focus on earlier deaths and the shorter time since bereavement may have had some impact on the results, since participants may not have time to fully accept the permanence of their loss.

The presence of other children in the family appeared to moderate the level of suicide ideation shown by the participants. This reflects Agerbo's (2005) finding that bereaved parents are twice as likely to complete suicide as a matched control group, but found that mother's risks decreased if there were other surviving children in the family. The present study may add *explanation* to this finding, as it found that parents are conscious of the impact their suicide may have on their own children. As such, they may be attempting to protect their surviving children from additional grief, and in turn the presence of other children protects them from suicidal behaviour. The present study also indicates that parents may delay suicide plans until their surviving children reach adult age. To identify whether this delay has an impact on suicidal behaviour, the suicide rates of bereaved parents must be scrutinised in both the short and long term.

The study raises the question of whether there may be a need for enhanced social care following parental bereavement. Specialist palliative care social workers are now being recognised as a valuable component to social services (Sheldon, 2000) but perhaps there is a need for a social bereavement service to help parents who experience the death of a child. This is particularly warranted in single parent families where childcare may be more problematic, especially if additional social support is not forthcoming.

This study has highlighted a number of areas of concern over suicidality in this vulnerable population and the consequences for other family members. Excessive mortality after bereavement is a widely reported phenomenon (O'Connor & Sheehy, 2000), and, for bereaved parents, one possible explanation is that death has occurred by suicide, and this is a concern that requires further research efforts to resolve.

Actual suicide rates and risk factors for bereaved parents must be established, to enable clinicians to be more aware of potential risk of suicide. The suicide risk may be higher in earlier months, but later suicides cannot be ruled out, and should be considered again as a risk factor when the surviving siblings reach adulthood. Based on the findings in the present study, it is essential that the needs of bereaved families are carefully considered. Further research is crucial to establish whether additional social support is needed in families who experience the death of a child, to ensure surviving siblings are not at risk of neglect or abandonment.

Phenomenology of parental bereavement – Impact of cause of death

The findings of the present study add to those of Woodgate (2006) by comparing the experience of bereaved mothers across a wide range of causes of death. The experiences were similar for all of the participants in the group, regardless of cause of death or age of the child at the time of their death, and the participants could therefore be treated as a homogenous group. Woodgate's report of keeping memories of the child alive was found in the present study, but this was extended to a relationship rather than a more passive recollection of the child. This may be purely due to methodological differences in the analysis of data – in particular, the interpretative component with the present analysis. We did not replicate Woodgate's finding of the need for parents to believe they had been "good" parents or of the importance of being present when the child died. This may be an anomaly of the particular group of participants, or perhaps may be a further methodological issue. It is also likely that due to the accidental nature of many of the deaths here, being with the child at their time of death was, for some mothers, not an option. Parents who were present at the time of death in the previous study may have found benefit in this and sought to incorporate this as a coping strategy. Finally, the issue of social support from friends, family and health care professionals was not found to be a key theme in the current research. Although mentioned in some accounts, this did not emerge as a key recurring theme in the analysis. This again may be due to different mean time since death in the current group of mothers.

Methodological considerations

There are some considerations to be made regarding the methodological approach chosen. The participants all knew in advance that the interviewer was also a bereaved parent. The first researcher's understanding of parental bereavement was bracketed as far as possible and clarification was sought during the interviews themselves to eradicate presumptive knowledge. Triangulation of data analysis by an independent researcher with no such experience provided credibility checks to validate the coding process. All of this served to ensure that the participants' experiences are being presented and not the researcher's. The disclosure of the status of the first researcher is perceived as beneficial in this study, since it created a rapport between the interviewer and the participants, putting them at ease and perhaps meant that they disclosed more than they would have to a "cold" researcher.

After the interview, the researcher allowed time for a debrief with the participants where a general chat about the experience took place. It is important to note that, without exception, all of the participants said they were glad they had volunteered and found the interview to be a cathartic event. Most indicated that they would only

Downloaded by [University of Glasgow] at 03:08 10 January 2014

have been able to divulge such intimate details of their experience to another bereaved parent, and many said that the interview was the first time they had been able to discuss their thoughts and feelings in such depth.

We acknowledge that the reported results have been gathered from interviews with mothers only. No fathers took part in the interviews, although some had initially agreed to discuss their experiences. The views of fathers on their own coping and perhaps that of the family as a whole would add to the understanding of parental bereavement.

Participants in the study were volunteers who wanted to tell their story. This is unlikely to be representative of the population of bereaved mothers as a whole. Those who chose not to volunteer may have had more negative outcomes, or alternatively may feel that they want to leave their experience in the past.

Downloaded by [University of Glasgow] at 03:08 10 January 2014

Conclusion

The findings from the present study are important for those interested in how bereaved parents cope with the death of their child. The suicidality of bereaved parents is a significant concern and merits prioritised further investigation. Protective factors and reasons for living must be established in this vulnerable group who appear to be at suicidal risk. In addition, the frequency and potential merits or disadvantage of continuing bonds should be assessed in large-scale quantitative studies, in a wider population of bereaved parents. The predictive value of continuing bonds on symptoms of grief and depression, either positive or negative, should be measured and considered as a factor worth incorporating into bereavement support for bereaved parents.

References

Agerbo, E. (2005). Midlife suicide risk, partner's psychiatric illness, spouse and child bereavement by suicide or other modes of death: A gender specific study. *Journal of Epidemiology and Community Health*, *59*(5), 407–412.

Arnold, J., Gemma, P.B., & Cushman, L.F. (2005). Exploring parental grief: Combining quantitative and qualitative measures. *Archives of Psychiatric Nursing*, *19*(6), 245–255.

Barr, P., & Cacciatore, J. (2008). Personal fear of grief and death in bereaved mothers. *Death Studies*, *32*(5), 445–460.

Bowlby, J. (1980). *Attachment and loss. (Vol.3). Loss: Sadness and depression*. New York: Basic Books.

Fry, G., Grogan, S., Gough, B., & Connor, M. (2008). Smoking in the lived world: How young people make sense of the social role cigarettes play in their lives. *British Journal of Social Psychology*, *47*(4), 763–780.

Hoekstra-Weebers, J.E.H.M., Littlewood, J.L., Boon, C.M.J., Postma, A., & Humphrey, G.B. (1991). A comparison of parental coping styles following the death of adolescent and preadolescent children. *Death Studies*, *15*(6), 565–575.

Langdridge, D. (2007). *Phenomenological psychology – Theory, research and method*. Harlow, Essex: Pearson Education Ltd.

Miller, M.A., & Rahe, R.H. (1997). Life changes scaling for the 1990s. *Journal of Psychosomatic Research*, *43*(3), 279–292.

Murphy, S.A., Johnson, C., & Lohan, J. (2003). The effectiveness of coping resources and strategies used by bereaved parents 1 and 5 years after the violent deaths of their children. *Omega – Journal of Death and Dying*, *47*(1), 25–44.

O'Connor, R.C., & Sheehy, N.P. (2000). *Understanding suicidal behaviour*. Leicester: BPS Blackwell.

Robinson, T., & Marwit, S.J. (2006). An investigation of the relationship of personality, coping, and grief intensity among bereaved mothers. *Death Studies*, *30*(7), 677–696.

Rogers, C.H., Floyd, F.J., Seltzer, M.M., Greenberg, J., & Hong, J.K. (2008). Long-term effects of the death of a child on parents' adjustment in midlife. *Journal of Family Psychology*, *22*(2), 203–211.

Rubin, S.S. (1993). The death of a child is forever: The life course impact of child loss. In M.S. Stroebe, R.O. Stroebe, & W. Hansson (Eds.), *Handbook of bereavement: Theory, research, and intervention* (pp. 285–299). Cambridge, England: Cambridge University Press.

Sheldon, F.M. (2000). Dimensions of the role of the social worker in palliative care. *Palliative Medicine*, *14*(6), 491–498.

Smith, J.A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis – Theory, method and research*. London: Sage Publications Limited.

Smith, J.A., & Osborn, M. (2003). Interpretative phenomenological analysis. In J.A Smith (Ed.), *Qualitative psychology: A practical guide to methods* (pp. 51–80). London: Sage.

Stroebe, M., Boelen, P.A., van den Hout, M., Stroebe, W., Salenink, E., & van den Bout, J. (2007). Ruminative coping as avoidance – A reinterpretation of its function in adjustment to bereavement. *European Archives of Psychology and Clinical Neuroscience*, *257*(8), 462–472.

Videka-Sherman, L. (1982). Coping with the death of a child – a study over time. *American Journal of Orthopsychiatry*, *52*(4), 688–698.

Woodgate, R.L. (2006). Living in a world without closure: Reality for parents who have experienced the death of a child. *Journal of Palliative Care*, *22*(2), 75–82.

Downloaded by [University of Glasgow] at 03:08 10 January 2014