

Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.

**CONSTRUCTING GRIEF:
AN ANALYSIS OF YOUNG PEOPLE'S TALK FOLLOWING
THE UNEXPECTED DEATH OF A PEER**

A thesis presented in partial fulfilment
of the requirements for the degree of
Master of Arts in Psychology
at Massey University.

Catherine A. Munro
2002

ABSTRACT

This research explores how young people talk about grief following the sudden and unexpected death of one of their peers. The study investigates the construction of grief by analysing the everyday language young people use when talking about grief. Ten bereaved young people were interviewed and their interviews transcribed to produce texts of grief talk. These texts were then analysed using the Potter & Wetherell (1992) approach to discourse analysis.

The study identifies the discourse of control as an important part of the construction of grief in young people. The just world discourse that participants draw upon to construct their experience of grief as life changing and profound is also identified. Grief is constructed through talk as an external behavioural response as opposed to an internal emotion. Analysis of the talk also reveals that the participants construct grief as a collective undertaking. The embodiment of grief is identified as a way in which the participants combat the loss of ontological security caused by the death of their peer. The dominant youth culture discourse of un-emotionality is drawn upon frequently in the participants' constructions of grief. These findings offers a valuable new insight into the way in which young people construct grief differently to older adults following the sudden and unexpected death of a peer, and indicates the significance of the social and cultural context in which the study of grief occurs.

ACKNOWLEDGEMENTS

I wish to acknowledge the courage and co-operation of the ten people who participated in this study. I am grateful for the openness and honesty with which they talked about their experiences of grief and thank them for sharing their story with me.

I would also like to acknowledge the invaluable input of my supervisor Kerry Chamberlain, who has encouraged, inspired and guided me through this thesis experience.

I would like to thank my father, Graeme Munro, for always believing in me, supporting me unconditionally and taking such an interest in my studies.

Special acknowledgement and sincere thanks go out to the Armstrongs (and Bruno) for their endless optimism and support over the past two years, and their unwavering faith in me.

I am also extremely grateful to Anna and Tom for all their help. Finishing this thesis would not have been possible without their support and valuable contributions.

CONTENTS

Abstract.....	ii
Acknowledgements	iii
 CHAPTER ONE	
Introduction	1
 CHAPTER TWO	
The Research Approach	18
 CHAPTER THREE	
Method	27
<i>Participants</i>	27
Criteria for inclusion in the study.....	27
Recruitment	28
Obtaining informed consent	29
<i>Data Collection</i>	30
Interview procedure.....	30
<i>Ethical Concerns</i>	33
<i>Data Analysis</i>	35
Interview transcription	35
Coding	36
Analysis.....	37
 CHAPTER FOUR	
Findings and Discussion	39
<i>Control</i>	39
Owing the death.....	40
Vulnerability.....	43
Postponing grief	44
Appropriate grief	45
<i>The Just World</i>	46
The deservedness of death.....	47
Being denied the 'good death'	48
What about us?	50

<i>'Doing' Grief</i>	51
Active grief.....	51
Tools of resurrection	52
Organised religion.....	54
Un-emotionality.....	55
<i>Collective Grief</i>	58
'Doing' it together.....	58
Inappropriate grief.....	59
Music.....	60
<i>The Embodiment of Grief</i>	62
Control.....	62
The just world.....	64
'Doing' grief.....	65
Collective grief.....	66
 CHAPTER FIVE	
Conclusions	68
 REFERENCES	
	72
 APPENDICES	
A. Information Sheet.....	78
B. Consent Form	80
C. Interview Prompts	81
D. Transcription Notations	82

CHAPTER ONE

INTRODUCTION

Of all the uncertainties we face in life, the one thing that we can predict with absolute certainty is that at some point our lives will end and we will die. Gloomy as this prediction may seem it is one of the few inevitable occurrences we can anticipate as human beings. Whether it is by accident or illness, peaceful or violent, anticipated or unexpected, we will all ultimately die. Not only will we ourselves die, but because death is something that will happen to everyone, throughout our lives we will also experience the death of others around us. One consequence of this fact is that we will also at some point experience grief, the characteristic human response to loss (Stearns & Knapp, 1996).

While it is possible to predict that we will experience the death of others in our lives, that we will know grief, and that we ourselves will also eventually die, what cannot be predicted is when and how we, and others in our lives, will die. The circumstances of a death can have significant implications on the grief experienced by the survivors (Littlewood, 1992). Grief is an experience influenced not only by individual differences, cultural norms and societal expectations, but also by the nature of the bereavement itself (Redmond, 1996). The impact of a death will be largely moderated by the degree of our relationship with the deceased, and the nature of the death (Lord, 1995). Some deaths will go largely unnoticed and will have a minimal effect on our lives, others will rock the foundations of our existence, shattering the life we have built for ourselves.

Death at the end of the life span through 'old age' or death through illness are

bereavements that can to a certain extent be anticipated and planned for by the survivors. There is time to say goodbye, to make right any wrongs and prepare practically and emotionally for the imminent departure of the loved one. This type of death has been called a 'natural' death (Weinberg, 1994), or a 'good' death (Young & Cullen, 1996), and is generally more easily accepted by survivors (Parkes & Weiss, 1983). In stark contrast is sudden or unexpected death, which as Weinberg (1994) states, can make 'natural' deaths seem relatively untraumatic in comparison. The sudden death occurs with no warning or time to prepare for the loss, no time to say goodbye or attend to unfinished business. The grieving process is often intensified as a result, with extreme grief reactions such as anger, guilt, hopelessness and despair complicating the grieving process considerably (Doka, 1996; Parkes, 1998). Several studies have indicated that sudden death is far more difficult for survivors to come to terms with than a death that can be anticipated and prepared for (e.g. Parkes & Weiss, 1983; Young & Cullen, 1996).

This experience of sudden or unexpected death is even more devastating for survivors if the deceased is a young person, who is perceived to have died prematurely or 'before their time'. Parkes (1998) explains that "there is a great difference between the quiet slipping-away of an old person and the tragic cutting-off of a young one in his (or her) prime" (p. 125). The tragedy of such a loss is often reflected in the grief reactions of the survivors. Fulton (1970) has classified a death that involves a young person, or is accidental or sudden as a *high grief death*. In contrast death involving a prolonged illness or an old person is considered a *low grief death*. The perceived 'untimeliness' of the death of a young person is identified by Parkes (1998) as an important determinant of survivor grief, resulting in a greater intensity of grief. Although grief comes with any

loss (Glasscock & Gressnor, 1992), the grief following the sudden or unexpected loss of a loved one, especially if that loved one is a young person, is particularly intense and debilitating (Doka, 1996; Littlewood, 1992; Stroebe, Stroebe & Hansson, 1995). It is this grief that is the focus of my research.

At this point it is necessary to clarify the three psycho-social terms frequently used, and regularly confused, regarding this subject area. *Bereavement*, *grief* and *mourning* are terms used interchangeably in everyday language regarding death, yet each term is specific in its connotations and implications. Current research (Stroebe, Stroebe, Hansson, & Schut, 2001; Pine, 1996; Kastenbaum, 1981) agrees on the following definitions of the three key terms. *Bereavement* is the occurrence of losing someone significant to death. *Grief* is a response or reaction to the bereavement. It is primarily emotional and “incorporates diverse psychological (cognitive, socio-behavioural) and physical (physiological-somatic) manifestations” (Stroebe et al, 2001, p. 6). *Mourning* is how we express grief. The literature also asserts that while grief and mourning are terms often used interchangeably, it is possible to distinguish between the two in the sense that mourning can be seen as the social practices or acts used to express grief.

Although the literature concurs that these definitions are helpful and accurate, I find them problematic in the sense that they consider grief a separate entity to grieving or mourning. For the purposes of this study I will consider *bereavement* to be the loss of someone significant to death, *grief* as the reaction to the death, and *grieving* and/or *mourning* as the manifestations or expressions of grief. In this manner grief is the central construct of interest, grieving and/or mourning are derivatives of this. I will also clarify at this point the term *survivor*, which I will be using throughout my study. A

survivor is someone who has experienced the death of someone significant, and is another term used to identify a bereaved person.

Grief itself, particularly the expressive act of grieving, is shaped considerably by the social group, religion, and culture to which the bereaved belongs (Kastenbaum, 1981). For instance, the Warramunga males of Australia must either gash their thighs, or cut their hair if a person they are acquainted with dies. The female of the Alaskan Tlingit must paint her face black in mourning and present herself to her dead husband's family for examination so that they can see if her make-up is suitably tear-streaked. At Javanese funerals it is absolutely forbidden to cry in order not to burden the departed (Barley, 1997). The grieving rituals and customary practices of the Maori are elaborate with symbolic and poetic *reo* (language), *karakia* (incantations) and *waiata* (chants and oral literature) and the *tangihanga* (mourning) takes precedence over all other activities within Maoridom (Tangaroa, 1988).

As these examples illustrate, grief reactions to bereavement are constrained considerably by the cultural influences in which we are enmeshed. While it is understood that grief is largely an emotional reaction to bereavement, it is also recognised that the manifestations of this grief are influenced significantly by the cultural and societal norms that define our lives, and in this sense grief is culturally constructed (Stearns & Knapp, 1996). Current research now acknowledges that a person's grief reaction is effected by their ever-evolving cultural context and is highly sensitive to both functional and wider cultural issues (Stearns & Knapp, 1996). A person's grief is influenced not only by the magnitude of their loss and the circumstances of the death, but also by what is perceived as appropriate grieving

behaviour in their culture. In this sense it is important to understand the social relations the bereaved lives amongst in order to give meaning to their reaction to bereavement (Wertsch, 1991).

The idea that grief is not a constant or predetermined entity and varies considerably depending on social and cultural influences, not to mention individual differences (Lord, 1995; Parker, 1987), is a relatively new one. Early research in the area focused predominately on grief as an internal emotional state. Freud's writing on *Mourning and Melancholia* (1917) is recognised as one of the earliest theories to develop a systematic explanation of grief. From a psychodynamic framework, Freud described grief as a process in which the bereaved gradually withdraws the energy that binds them to the deceased (Schultz, 1978). Lindemann (1944) also emerged from the psychoanalytic tradition. He wrote a seminal paper entitled *Symptomatology and Management of Acute Grief* (1944) that is now considered a classic paper on grief. In it Lindemann was the first to distinguish between 'normal' and 'morbid' grief, and also to acknowledge 'grief work', which can be understood as the internal mental struggle involved in gaining release from the attachment to the deceased (Archer, 1999). He was also the first to propose that grief generally follows a recognisable pattern (Payne, Horn, & Relf, 1999). The more recent work of Bowlby (1980), based on attachment theory, is also recognised as an important theoretical contribution. These theories are often classified as 'depression models of grief' (Stroebe & Stroebe, 1987), and are considered the most influential of the psychoanalytic tradition. They were the first theories to analyse grief as an emotional reaction and have greatly assisted in current understanding of emotional symptomatology in response to loss (Stroebe et al., 1995). These traditional psychoanalytic theories tend to consider grief a natural or 'normal' reaction to loss, and

one that is not only fundamental but also universal (Winslow & Caitlin, 1992).

The legacy of such theories is the popular perception that 'recovery' from grief involves a series of integrated stages (Weiss, 1988). Many writings on grief argue that an orderly progression occurs through specific periods which can be identified and described by distinct features (Archer, 1999). Bowlby (1980) was the first to categorically list the varying phases of grief, and firmly believed that it was necessary to work through these stages of grief in order to achieve successful mourning. Many theorists (e.g. Engel, 1964; Parkes, 1970; Worden, 1991) have adapted Bowlby's (1980) original model of grief stages, which includes the four phases of disbelief, protest, despair and finally detachment. The most widely quoted of the 'stage' theories of grief however is that of Elizabeth Kubler-Ross (1969, 1981). Originally developed by Kubler-Ross in relation to the process of dying, the five stages (denial, anger, bargaining, depression and finally acceptance) have since been applied by others to the grief process (Archer, 1999). These 'stage' or 'process' models of grief have been helpful in normalising grief reactions, and in creating a dialogue about death, dying and grief that is available and understandable to the lay person or non-professional (Neimeyer, 1997). However, they have also been widely criticised for being too general and for not taking into consideration the unique situation of each grieving individual (Prior, 1989; Doka, 1996; Hockey, 1997; Payne et al., 1999). They are often interpreted as linear, normative prescriptions of how a bereaved person should respond to their loss (Payne et al., 1999). There is the danger that compartmentalising grief may lead to people finding their reactions are either dismissed, or considered 'abnormal' if they do not fit neatly into one of the stages of the model. Their influence on defining 'normality' effectively pathologises 'abnormal' grieving. Another criticism is that these models of grief cast the bereaved in a passive

role, leaving them helpless to forge their way through a series of psychological transitions forced unwittingly upon them by external forces (Neimeyer, 1997). Little empirical support has been found for the presence of distinct psychological stages, and even less for a determined sequence of these stages (Davidson, 1979; Wortman & Silver, 1989).

Colin Parkes (1998) is another influential author on grief who has contributed a great deal to the body of research in the area. During the 1960's he carried out important research on atypical patterns of grief that provided a detailed description of the grief process. Later, in collaboration with colleagues (Glick, Weiss & Parkes, 1974; Parkes & Weiss, 1983), Parkes refined his research to investigate how the suddenness of the death and the relationship with the deceased influenced the subsequent grieving of the bereaved. Parkes' work on the determinants of grief is recognised as an important contribution to the field as it was the first to undertake the difficult task of investigating the variables that affect the character and course of grief (Archer, 1999). In his research he identified both the age of the deceased and the suddenness of his or her death as important determinants of survivor grief. Parkes was also the first to describe grief as a major stressor that can affect a person's health significantly (Wright, 1992). His later work (Parkes, Laungani, & Young, 1997) also recognises the influence of culture on grief and acknowledges the diversity of the grief reaction between cultures.

Contemporary research into grief has moved from predominantly psychological territory, to include contributions from a wide variety of disciplines such as psychiatry, sociology, gerontology, health organisations and social and physiological psychology (Stroebe, Stroebe & Hansson, 1988). While early research into grief focused on the

psychological mechanisms underlying grief and the subsequent emotional reactions of the bereaved, current research explores a multidimensional approach to the understanding and assessment of grief (Stroebe et al., 1988). Grief is no longer investigated as a purely emotional response, and several multidimensional assessment tools have been developed to measure the impact and implications of grief. The Texas Inventory of Grief (Faschingbauer, Zisook, & DeVaul, 1987) and the Grief Experience Inventory (Sanders, Mauger, & Strong, 1985) are widely used scales designed to assess feelings, symptoms, experiences and behaviour associated with grief. Schuchter and Zisook (1993) have carried out much empirical research on grief and argue that grief is a process so individualised and variable that “attempts to limit its scope or demarcate its boundaries by arbitrarily defining normal grief are bound to fail” (p. 23). Following their well-known longitudinal study of 350 widows and widowers in San Francisco they proposed a multidimensional model of grief, one that helps prevent grief from being seen as a static or linear process (Payne et al., 1999). It emphasises the individuality of grief reactions, and involves assessment along six dimensions: emotional and cognitive responses; coping with emotional pain; the continuing relationship with the dead spouse; changes in functioning; changes in relationships; and changes in identity (Schuchter & Zisook, 1993). While these multidimensional approaches have offered important new insight into the grief process and have recognised the role of individual idiosyncrasies in coping with grief, they still tend to focus on negative symptomatology of the bereaved as opposed to adaptive coping behaviours. They also neglect the influence of cultural factors on grief.

Other contemporary research however is moving towards a more holistic approach to grief, one that incorporates emotions, as well as social, cultural, religious and ethnic

factors that can influence grief (Elders, 1995; Attig, 1991; Averill & Nunley, 1995; Stearns & Knapp, 1996). Martin and Doka (2000) have written about the rituals and norms surrounding 'appropriate' adaptive and mourning behaviour, and explain how cultures differ naturally in the ways that grief is expected to be expressed:

While individuals within a culture will vary, cultural norms will strongly influence both the experience of grief, as well as the patterns by which individuals express and adapt to grief (p. 121).

Kalish and Reynolds (1981) also consider how grieving rules vary within a society due to ethnicity, gender, age, development or social class. In their book *Death and Bereavement Across Cultures*, Parkes, Laungani and Young (1997) describe the dangers of stereotyping, and urge practitioners to be "constantly vigilant about imposing their own assumptions about what is 'right', 'best', 'normal', 'healthy', or 'appropriate' onto clients" (p. 232). These contemporary theories recognise that grief is a complex and varied response, and that no single approach to understanding it is sufficient.

Incorporating the above ideals and in response to criticisms of the traditional approaches to understanding grief, Neimeyer (1997) has proposed a number of criteria absent from the traditional theories that need to be met in order to establish a helpful alternative theory on grief. Firstly, it is necessary to accept the individual reality of loss. A helpful theory should not assume a universal significance of death regardless of a person's historical, cultural, familial or personal contexts. Secondly, people must be considered active in grief, rejecting the passive role of the bereaved and asserting that grief is something that people 'do', not something that is 'done' to them. Thirdly, the notion of 'normal' grief, or the idea that grief follows some kind of normative pattern must be

dismissed. Personal meanings of loss should be accommodated, instead of prescribing what constitutes 'normal' grief. Fourthly, as opposed to viewing grief as a purely emotional reaction a more holistic approach should be undertaken, taking into consideration the important beliefs and meanings of the individual that shape their emotional, behavioural, and physical responses to loss. Fifth, instead of expecting a bereaved person to return to pre-morbid functioning after 'recovery', it should be accepted that a person's world is permanently altered as a result of the bereavement. And finally, as well as focusing on the personal qualities of grief, the theory should also accommodate an understanding of grief in extended social, cultural and familial contexts (Neimeyer, 1997).

The development of these criteria has led Neimeyer (1997) to propose a constructionist approach to loss. This approach invests in the constructionist perspective of human beings as meaning-makers, organising and engaging with their world using themes to facilitate the expression of their specific culture, families and personalities. This suggests at an individual level that a person constructs systems of meaning, based around a set of core assumptions (Kelly, 1955). These assumptions govern a person's perception of life events and their subsequent behaviour in relation to these perceptions. The implications of such an approach to the study of grief is that like any 'objective' event, grief can be construed in numerous different ways, as it is shaped by these intensely personal processes of meaning making. This approach asserts that grief can only be fully understood in the context of the everyday process of constructing, maintaining and changing our most basic sense of self (Attig, 1996). The constructionist approach to loss suggests that meaning reconstruction is the central process of grieving, a process shaped substantially by personal, familial and cultural factors (Neimeyer,

1997). Averill and Nunley (1995) have also described a social-constructionist approach to grief, relating it to broader social systems, particularly the health care system. I believe that the constructionist approach to grief comes closest to offering a comprehensive and inclusive understanding of grief that does not prescribe or pathologise grief, celebrates the uniqueness of individuals and takes into consideration the influences of important factors such as ethnicity, religion, and culture on bereavement.

Although not from a constructionist perspective, several theorists (Parkes, 1998; Doka, 1989; Lord, 1995) have also researched grief following a sudden or unexpected death. In his investigations of the determinants of grief, Parkes (1998) discovered that sudden or unexpected deaths represent a special risk to the mental health of the bereaved even in the absence of other vulnerability. Other research agrees that grief reactions to a sudden or unexpected death are more severe, exaggerated and complicated (Redmond, 1996). The influence of the age of the deceased on survivor grief has also been investigated (Parkes, 1998; Lord, 1995; Schultz, 1978; Rees, 2001; Archer, 1999; Lofland, 1985). Findings from such studies assert that the perceived 'untimeliness' of a death can have adverse effects of survivor grief. There is literature on grief following sudden or unexpected death, on grief following the death of a young person, there is even literature on grief following the sudden or unexpected death of a young person. However I could find no research that investigated how young people grieve when confronted with the sudden and untimely death of one of their peer group members. The lack of such literature implies by its absence that the deaths of young people, and how they grieve are not important or of interest. This is surely not the case.

The increased average life expectancy in recent times means that sometimes people can reach middle age without ever directly experiencing bereavement (Littlewood, 1992). It is possible for young people to go through the early part of their lives without ever experiencing the death of anyone significant to them. Perhaps a grandparent may pass away, but this death is frequently moderated by the fact that it is seen to be a 'timely' death, one that is often covertly if not overtly anticipated (Pincus, 1981). In his four models of dying Aries (1983) identifies this as a 'tame' death; sad, but an inevitable and natural end to life. However, it is important to realise that it is not only older people who die. Statistics New Zealand (2002) indicates that of every 100,000 people born in New Zealand today, 4053 of them will die before they reach the age of 30, just over four percent. While at first consideration, a four percent mortality rate may not seem particularly high, when translated into the context of a young person's world, this figure becomes much more significant. It means that four out of every hundred people under the age of 30 will die. When you consider that every person under the age of 30 will spend a large portion of their time in an educational setting associating with hundreds of other young people, this statistic has much more ominous implications. For instance, if a young person attends a school with 1000 students, the four percent mortality rate would indicate that 40 of these students will die before they reach the age of 30. Reducing the field of reference even more, it is reasonable to assume that a young person will have contact at some level (through academic, sporting, or recreational activities) with 100 other young people, the four percent mortality rate meaning that four of these people they associate with will be dead before the age of 30. As these figures reflect, 'untimely' death is something that will effect many young New Zealanders.

Unfortunately, the statistics also tell another story. Not only do young New Zealanders die, they die predominantly from sudden and unexpected deaths. The major cause of death in young people as a whole is injury, which includes motor vehicle accidents and suicide (Ministry of Health, 2002). The three leading causes of death in young New Zealanders between the ages of 10 and 24 are motor vehicle accidents, suicide (or self-inflicted injuries) and other non-motor vehicle related accidents. These causes account for over eighty percent of the deaths of 16 to 24 year olds in this country. In the year 2000 the total number of suicides among New Zealanders aged 15 to 24 years was 96, or 18 per 100,000 young people (Ministry of Health, 2002). As these statistics reflect, bereavement following a sudden or unexpected death is something that everyone, including young people, is likely to experience.

Previously cited research has indicated that the sudden death of a young person constitutes the worst possible death in terms of survivor grief. But this type of death is far from uncommon in New Zealand society and the survivors of such deaths are not only older people. These young people who die sudden deaths leave behind not only parents and grandparents, but also a network of friends, schoolmates or workmates of a similar age to themselves. Many young people coping with the bereavement of a peer group member will never have experienced a death before, let alone the sudden death of someone their own age. I am interested in how these surviving young people grieve when faced with the sudden death of someone of his or her own age group. What resources do they use? How do they make sense of the experience and attempt to find meaning in their loss? How do they express their loss? Who do they talk to about what has happened? How do they talk about it? Do they talk about it at all? What are the perceived cultural expectations about 'appropriate' grief that influence their behaviour?

How do they construct grief as a result of their position in the world?

Literature on grief documents the unwillingness of Western society to talk about death, dying and grief (Fulton, 1994). Gorer (1965) has stated that our attempts to sweep death under the carpet have led to the 'pornography of death', with death replacing sex as contemporary society's major taboo topic, and effectively transforming what is a natural part of life into an avoided topic that must be tiptoed around in trepidation (Parkes et al., 1997). Aries (1976) also believes us to be both ashamed and afraid of dying:

The dying provoke unease, embarrassment and disquiet. It is seen to be appropriate that they are quietly removed from the community, to die in isolation. This isolation also seems to affect the bereaved. As living reminders of the unspeakable truth of death they may be avoided rather than supported, effectively quarantined (p.90).

Illich (1977) has argued that this situation has arisen from a misguided notion of progress and the belief that advances in medical science and technology would eventually be able to conquer death itself. We hold the irrational belief that death, especially premature death, should ultimately be avoidable (Littlewood, 1992). Another explanation for the apprehension surrounding the discussion of death is because the fact that we will all die leaves us in an existential dilemma. If we are ultimately going to die why should we struggle to create a meaningful life for ourselves in the meantime? If we spent all our time thinking about the fact that our lives could end at any point, life would become a pointless endeavour as we waited to die. This tension between creating a

meaningful life in the present and anticipating death in the future manifests itself in an uneasy silence surrounding the disclosure of death and dying, grief and bereavement. As Dumont and Foss (1972) explain:

The existential confrontation with death, one's own or the death of others, has the potential to open individuals up to dread, because it can cause them to call into question the meaningfulness and reality of the social frameworks in which they participate, shattering their ontological security. Death is therefore always a problem for all societies, since every social system must in some ways accept death, because human beings inevitably die, but at the same time social systems must to a certain extent deny death to allow people to go on in day-to-day life with some sense of commitment (p. 13).

While it is necessary to maintain some degree of denial about death in order to go about living our lives with a sense of purpose, the resulting embargo on discussing death can actually be quite harmful (Schultz, 1978; Kastenbaum, 1981). Apprehension about discussing the issue often amplifies the grieving process, and results in the experience of bereavement becoming even more disturbing and traumatic because of the fear of talking about it and the uncertainty of how to behave, due to possible unfavourable reactions from others.

Grief is a normal and natural human experience, and the feelings that go with it are normal and natural, as is the need to express those feelings, without guilt and without fear. Grief itself rarely destroys people. But the way in which those who grieve are treated by others can destroy (Parker, 1987, p. 14).

People are often unclear about what to do and say either when grieving themselves or when they encounter a person who is grieving. This reluctance in Western society to talk about death is part of a wider cultural context that will contribute to how an individual constructs the experience of grief following a sudden and unexpected death of a young person. I am interested in learning about how this reluctance and difficulty in talking about death effects the social construction of grief and the grieving process of the bereaved young person.

The constructionist approach to grief (Neimeyer, 1997) suggests a 'discursive' model of grief (Potter & Wetherell, 1992), whereby a person will construct grief using the linguistic resources they have available to them. In this manner language (which is embedded in cultural influences) gives meaning to grief. This perspective holds that language is not merely the conveyer of social life, but also has an essentially constructive purpose. It is through language that people construct versions of their social world (Potter & Wetherell, 1992). The constructionist idea that grief is constituted in discourse can be investigated by undertaking an analysis of the everyday language that survivors use when describing their experience of grief. This process will involve analysing the linguistic resources people have available to them as they talk about their grief. In this manner it will be possible for me to draw on Neimeyer's (1997) social constructionist view of grief, and explore how the meaning given to the experience of loss for an individual depends upon the linguistic resources available to construct that experience. Analysing participants' talk will reveal their constructions of grief as they discuss their experience. This is best achieved using discourse analysis (Potter & Wetherell, 1992; Edwards & Potter, 1992).

Death is very much a part of life, for all people. Young people are not spared the pain of

bereavement, nor are they exempt from the tragedy of sudden and unexpected death of a peer. This research will study how young people talk about grief following the sudden or unexpected death of one of their peer group members. The study is constructionist in nature and is based on the premise that grief is constituted by discourse. Using the Potter & Wetherell (1992) approach to discourse analysis, I will investigate how the participant's talk constructs the experience of grief for them.

CHAPTER TWO

THE RESEARCH APPROACH

I became aware of and interested in qualitative approaches to psychological research in my first year of postgraduate study. Prior to that I had been oblivious to the fact that anything existed outside the realm of the traditional positivist empirical approach in psychology, such is its complete dominance in educational institutions in this country. A brief introduction to qualitative approaches during a compulsory research methods paper at postgraduate level was my first foray into qualitative research. It was with great surprise, and much excitement that I realised that there was more to psychological research than the purely quantitative approach to which I had become accustomed. Although I cannot deny the relevance and value of empirical research using statistical data analysis in some research areas, I have always struggled with the seeming incompatibility of attempting to measure and quantify the abstract and indefinable subjects that are of interest in psychological research. The following excerpt from Parkes et al., (1997) describes the tension that I agree is apparent in psychological research:

Psychology, because it deals with much that is subjective and unmeasurable yet tries to be systematic and logical, occupies an uncomfortable no mans land between art and science (p.6).

Qualitative research seems to me to be one solution to this research impasse. It offers a

richer source of information, focused more on understanding the experiences of individuals as opposed to reducing these experiences into data sets. Traditional psychology does value the study of individuals, however this research is generally undertaken in order to isolate variables and then measure how they vary across different conditions or situations (Weiten, 1989; Coolican, 1994). Generally these variables involve an organism and its environment and relationships of cause and effect between the two are investigated. Such empirical investigations are based upon external processes and observable behaviour only. In doing so a rich potential source of valuable subjective information is completely overlooked. This subjective information is not viewed as irrelevant, invalid or unreliable by qualitative researchers. Indeed it is seen as crucial to understanding how individuals construct their world and subsequently give meaning to it (Burr, 1997). Validity is only a necessary concept in the empirical world. In the social constructionist world, the object of study is the process by which we come to know and understand the world around us, and create a reality that is meaningful and significant.

Of particular interest is the role that language plays in constructing this reality. This does not simply mean written or verbal dialogues, but anything that is a form of communication such as architecture, paintings or clothing. Although language is socially constructed, it is also constructive. Every single person will have a slightly different understanding of language as a product of their unique history and, as a result, different people will construct events in different ways. It is the contextual background of each person's constructions that is significant. The traditional view of psychology is that the social world, like the natural world, is hard, external and objective. Consequently, the appropriate scientific manner in which to investigate such

phenomena is by predominantly quantitative means. However, the alternative view of social reality “emphasises the importance of the subjective experience of the individual in the creation of the social world” (Cohen & Manion, 1991, p. 8), and therefore requires alternative research methods in the search for understanding.

Discourse analysis is one research method that is frequently employed by qualitative researchers in their pursuit of understanding this construction of knowledge. Discourse analysis is “a functionally orientated approach to the analysis of talk and text” (Edwards & Potter, 1992, p. 27) that views language as not just reflecting our social and psychological lives, but as actually constructing it. In this sense discourse can be seen as “constituting the building blocks of social reality” (Coyle, 1995, p. 244). This is the opposite of the empirical belief that there is an objective reality out there that can be accessed and observed using valid empirical methods. Social constructionists use discourse analysis to investigate how social actions are constructed through discourse, and how people “assemble (versions of) the world in the course of their interaction” (Potter & Wetherell, 1995, p. 81). This methodology focuses on the idea that knowledge does not exist *within* people, but rather that it is created in interaction *between* people, and is relative to the context from which it emerges. This stands in complete contrast to empiricism which holds that ‘facts’ can be established through ‘unbiased’ and ‘neutral’ observation (Cromby & Nightingale, 1999).

Unlike other approaches that view language as “a neutral, transparent medium between the social actor and the world” (Wetherell & Potter, 1988, p. 168), discourse analysis recognises that language has an essentially constructive purpose. This approach views discourse as a social practice in itself, asserts that language is functional at all times

(Wetherell & Potter, 1988) and recognises that “the meaning of an utterance is not a straightforward matter of external reference but depends on the local and broader discursive systems in which the utterance is embedded” (p. 169). People are constantly constructing versions of events (Potter & Wetherell, 1992) using the linguistic resources that are available to them at the time. These accounts will vary considerably due to subjectivity and differing resources. In this manner it is possible for several different accounts of an event to operate simultaneously in any particular setting. Consequently diversity and flexibility are important characteristics of people’s discourses, and language variation is an essential principle of this approach. Discourse analysis explores meanings and beliefs as they are represented by language. The implications of such an approach for this particular study are far reaching. The various linguistic resources a person has available to them will construct their account of grief. In such a manner, the meaning of grief will be discursively constructed by each individual, and may change over time or across situations depending on the discourses available to the individual at that moment. A consequence of this is that when a person talks about their experience of grief, their account may reveal consistency, but may also reveal contradictions and inconsistencies. As Manderson (1999) explains, “discourses construct as much by omissions as commission” (p. 74), what is not said is just as important as what is. Variations in accounts can provide a rich source of information, “revealing the situated and functional character of versions” (Edwards & Potter, 1992, p. 28).

I have chosen the Potter and Wetherell (1992, 1995), and Edwards and Potter (1992) version of discourse analysis for my study. This approach appeals to me as it provides an inclusive means of investigating language within the specific context as it relates to and constructs grief. It respects the subjective and deeply personal experience of each

individual, and accepts every account in its own right. This approach recognises the constructive nature of talk and the significance of the context from which it emerges. This particular approach has four underlying concepts of function, construction, variation and the interpretative repertoire. The first of three concepts have already been touched on briefly in earlier paragraphs, but a more detailed explanation of each is outlined below.

Function- this concept relates to the idea that language is action and outcome orientated. We use language for specific purposes and to achieve particular outcomes. Language is used to 'do' things, such as question and accuse, agree and argue, request and deny (Wetherell & Potter, 1988). Our talk is constructed according to its function. One consequence of this functionality of language is that an individual's account will be highly variable depending on its purpose. Discourse analysis aims to investigate and understand the varying functions performed by an individual's account of an event. In this study the event of interest is grief. What is the function of participants' talk about grief? What is their account of grief achieving? What is its purpose?

Construction- people use language to achieve a particular function, in order to construct versions of the social world (Potter & Wetherell, 1992). The word construction is appropriate as it indicates that these versions or accounts are 'built' from different linguistic resources available to a person. This is an active process where some resources are included and others omitted. The result of this construction process is that each account or version is powerful and holds its own particular consequence (Potter & Wetherell, 1995). In this manner accounts or versions of events construct a particular reality, often serving a specific function. In this study I am investigating how young

survivors construct the experience of grief following the sudden and unexpected death of a peer group member.

Variation- the functionality of language involves the construction of versions, which is demonstrated by variation in accounts. Depending on its purpose or function, the construction of a person's account will vary. The discourse that an individual draws upon will shape their account of an event, and position them in relation to this event. As such, variability in an account can reveal how a person draws upon different discourses to suit their current purpose (Burr, 1997). Wetherell and Potter (1988) explain:

As variation is a consequence of function it can be used as an analytic clue to what function is being performed in a particular stretch of discourse. That is, by identifying variation, which is a comparatively straightforward analytic task, we can work towards an understanding of function (p. 171).

In other words, a person's account will vary depending on the purpose of the talk and what the speaker is trying to achieve or convey. In this study variation in a survivor's account of grief may reveal the function of such a version, and provide insight as to how the participant is positioning himself or herself in relation to the experience.

Interpretative Repertoire- This is what Potter and Wetherell (1995) call "the analytic unit" (p. 169), and is an alternative term for discourse. Burr (1997) explains the interpretative repertoire in terms of a linguistic "tool-kit" (p. 176), a resource available for speakers to use in their construction of accounts. Wetherell & Potter (1988) use a

different metaphor, describing interpretative repertoires as “building blocks” (p. 172) used to construct versions of actions, cognitive process and other things:

Any particular repertoire is constituted out of a restricted range of terms used in a specific stylistic and grammatical fashion (p. 172).

Interpretative repertoires (or discourses) can be understood as sets of linguistic resources people draw upon when constructing their accounts. Seale (1998) describes them as “an ever developing collection of statements about what it is possible to know, to do and to be” (p. 12). The interpretative repertoire is flexible and can be accessed selectively by an individual. This allows the individual to achieve a particular effect or purpose in their talk, constructing people and events, and positioning themselves, in a specific manner according to function. In this study I am investigating the interpretative repertoires, or discourses, that young survivors draw upon to construct their account of grief following the sudden and unexpected death of a peer.

As illustrated by the above paragraphs, the Potter and Wetherell (1992, 1995), and Edwards and Potter (1992) approach to discourse analysis is concerned with the constructive nature of language, in particular its function and variation as reflected in the accounts of individuals. It is necessary to point out here that it is not only the language of the participants that is important in this study. As the researcher, my own constructions, and the discourses I draw upon, are equally relevant. My positioning, as the researcher, will also effect the investigation, analysis and interpretation I engage in. In the field of qualitative research this is referred to as ‘reflexivity’. Reflexivity means that because of its constructive nature, talk not only has the property of being *about* actions, events and situation, but at the same time is also *part* of those things (Potter &

Wetherell, 1992). It means that when a person gives an account of an event, as well as being a description of the event, it is also simultaneously a part of the event (Burr, 1997). In regards to this study, reflexivity means that my reporting of the participants' accounts of grief becomes a part of the constructive process. In interpreting their talk I am constructing the participants' constructed language use. In writing about it my own language is constructing a version of the participant's version of their experience of grief, and the whole process becomes integral and constructive in itself. One important consequence of this is that I cannot claim to be revealing any 'truth' lying within the text. I must acknowledge that these research findings are open to other just as meaningful, significant or accurate interpretations. My research findings are constructions in themselves, influenced by the discourses I have available to me at the present, my positioning as researcher, and the function or purpose of this account. I also expect that my unique personal history will influence my findings in many ways. My mother died of cancer when I was 22 and I experienced grief over this significant loss. More recently a friend of mine also died, suddenly and unexpectedly at the age of 21. I believe that these experiences will effect the way in which I engage with the participants (as someone who has also been bereaved), and the way I position myself in relation to the research.

I believe that Discourse analysis is a relevant and appropriate research method for the investigation of grief following the sudden and unexpected death of a young person. There are countless ways in which survivors may talk about the experience of grief, and these accounts will vary depending on the function of the talk, resulting in considerable variation in accounts. Discourse analysis is a relevant and appropriate research approach as it accepts these individual accounts of reality as constructive features in their own

right. Discourse analysis is a tool that will enable me to ascertain the variations and function in individual's accounts of grief, and will allow me to gain a better understanding of how individuals use language to construct their experience of grief.

CHAPTER THREE

METHOD

The premise upon which this research rests is that grief is discursively constructed. In order to investigate this, texts featuring grief talk needed to be obtained. To generate such texts I interviewed young people who had experienced the sudden and unexpected death of a peer, and talked to them about this experience. These interviews were then transcribed, producing texts of grief talk, which were subsequently coded and analysed to investigate how grief was discursively constructed. This chapter provides a detailed account of this research process, and considers the ethical considerations of such a study.

PARTICIPANTS

Criteria for inclusion in the study:

To be eligible for inclusion in this study participants had to meet several criteria. Firstly, because it was a study of grief in young people, the participants needed to be between the ages of 18 and 30. Secondly, they also needed to have experienced the sudden and unexpected death of a peer group member who was also between the ages of 18 and 30. The lower age restriction of 18 was chosen because it is commonly recognised as the age when young adults are independent and capable of making a fully informed decision. Allowing younger individuals to participate would create ethical concerns regarding maturity and the ability to make a fully informed decision to participate. The upper age restriction of 30 was chosen as the cut-off point for inclusion as I consider it

to be the latest point in which a person can be considered a young adult. If older participants were included in the study the research would not have been targeting the population of interest. A third criterion for inclusion in the study was that the death of a peer that the participants experienced must have been sudden and unexpected. The participants also had to consider that their loss was a significant one, and that they had grieved, or were still grieving because of the bereavement. It was up to each participant to determine if they met this particular criterion, as I did not want to put any qualifications on grief, and felt it was not my place to determine an individual's eligibility to participate based on my perceptions of the extent of their grief. A final criterion was that at least six months needed to have passed since the death. I do not subscribe to the 'stage' theories of grief that allocate timeframes to 'recovery' periods, and view time passed as an indicator of the 'place' where an individual is in their grief. However, I stipulated this six-month period in recognition of the magnitude of the participants' loss, and in an attempt to minimise any potential distress the study may cause to participants. Having experienced a significant bereavement myself I felt it was unrealistic and inappropriate to include a person with less than six months experience of the loss. Not only would the bereavement be a very recent memory and the emotional response to the loss very raw, such a person may also consent to be part of the study without fully appreciating what their involvement meant.

Recruitment:

Participants were recruited through snowball sampling. This is a sampling technique frequently employed in qualitative research when a representative sample is not necessary. This sampling technique involves talking informally to a variety of people and inviting those who meet the criteria to participate in the study. These individuals are

then asked in turn if they know any others who may either fit the criteria, these contacts may lead on to further important contacts, and so on. Through a personal relationship, I initially gained access to a small group of survivors who had experienced the sudden and unexpected death of a close friend while at university. These people met the inclusion criteria and were invited to participate in the study. Using contacts gained from this first group of participants I was able to locate other possible participants, who then informed me of other possible participants, and so on. It was not necessary for me to advertise for participants, as the snowball sampling technique was so effective. I selected the first ten individuals that I found who met all the inclusion criteria, and who formally agreed to participate in the study after reading the information sheet and completing the consent form. I decided that ten was the maximum number of participants possible to be able to do the detailed interview transcription and analysis that was required, in the time available. I felt that this was also a big enough sample to provide a comprehensive analysis of discourse. The participants ranged between the ages of 19 and 26, and all came from a university background. Five of the participants were female and three male. All of the participants were New Zealanders by birth, one of Maori descent and one with a Chinese heritage. Four of the peer deaths experienced by the participants resulted from suicide, one from a car accident, and one from a fatal medical condition. No further details of the participants will be provided, in order to protect their identities.

Obtaining informed consent:

Once initial contact between a potential participant and myself had been established, the individual was given an information sheet about the project (see Appendix A), informing them of the details, and inviting them to ask any questions about the research.

If the person wished to participate in the study, and met the inclusion criteria, they were then invited to contact the researcher with any questions and to arrange a time for the interview. At the appointed interview time the participant was asked if they fully understood the information sheet and if they had any questions about the study or their involvement in it. The participants were then asked to read the consent form (see Appendix B), and asked to sign and date it, indicating their agreement to participate in the study under the conditions set out in the information sheet. One such condition was that the participant gave permission for the interview to be audio-taped. Participants were also informed that during the transcription process any identifying information would be altered or deleted to ensure confidentiality. They were informed that while excerpts from the transcription of the audio-tapes may be incorporated as quotes in the study, all identifiable information would be removed. As such, any information or quotation that might reveal a participant's identity has been excluded from the study. Pseudonyms have been used for all participants, and for any other names mentioned by the participants in the course of their interview.

DATA COLLECTION

Interview procedure:

The data collection procedure for this study took the form of a partially structured interview with each participant. Each interview involved only myself and one participant. While each participant had the opportunity to have a support person of their choice present at the interview, none of the participants requested this option. All the interviews were private and uninterrupted, and varied in length from 40 to 95 minutes.

Each interview was audio-taped, and the participants understood that they could request to have the tape recorder turned off at any time during the interview. However none of the participants made such a request. Following the interview, each tape was labelled with a code known only to myself, and stored separately to the corresponding name of the participant. I was the only person with access to the research material. It was important that the interviews were taped, not only for transcription purposes, but also so that I could play them back at my leisure and reflect on the interview process itself. This enabled me to pay attention to tone of voice, pauses, silences and other features of the interview that could not be dwelt on to any extent during the interview itself, but can provide a great deal of information. All of the participants chose to have the interviews carried out in their own home.

The interviews were partially structured and the questions open-ended, as I wanted to keep the interview conversational and relaxed in nature. Although I had a set of interview prompts (refer to Appendix C) I used these only when absolutely necessary, when some clarification was required, to assist a participant in discussing something in more detail, or to re-focus the conversation if it strayed off course. These interview prompts were also used in some cases to ensure that I had covered all the areas I intended to in the interview. It was also necessary to use the interview prompts from time to time to ensure that the focus of the participants' talk was actually grief itself.

The purpose of the interview was to get the participants to talk about grief. Whether it was because this was an unfamiliar task for them, or because they found it uncomfortable, it became apparent during the interviews that some of the participants would talk about everything else but grief itself. They focused instead on the details

surrounding the bereavement, the circumstances of the death, their relationship with the deceased, what the deceased person was like, the funeral and other events concerning the bereavement. However they did not often speak spontaneously about actual grief, and required some prompting to move onto that topic. Ultimately I wanted the participants to direct the flow of the talk themselves as much as it was possible, as it was their accounts of grief that I was interested in. This meant that the questions I asked in each interview were primarily determined during the dialogue. An advantage of this was that the participant controlled the direction and content of the interview to a large extent. I felt this was important as I was aware of the power differential between researcher and participant, and was anxious to do as much as possible to minimise this perceived inequality.

Traditional empirical research in psychology values consistency of method to ensure that all participants are exposed to identical experimental or research conditions. Consistency of responses is also valued, assuming that such consistency reveals a "corresponding set of acts of beliefs" (Potter & Wetherell, 1992, p. 163). Being qualitative in nature this study differs considerably in its assumptions. One important aspect of the research approach of discourse analysis is that it values the unique and subjective experience of each participant. Each participant has their own unique story to tell as a result of their personal experience of grief. A consequence of this is that different interview questions are needed for different participants. In discourse analysis variation as well as consistency is valued in a participant's account. One way of achieving this is by dropping the formal procedures that can act as a device to restrict variation in traditional interviews (Potter & Mulkay, 1985). I adopted this approach and engaged in a flexible interview process, reflecting the diversity of the participants'

accounts. Instead of a list of rigid or formal questions I aimed instead to simply guide the participants in telling their story. Although all of the participants were questioned regarding the same issues, allowing a comparability of responses, there was not a set of the same standard questions to be used for each participant. In this manner my questions as researcher contributed as much to the construction of a participant's account of grief as their responses did.

An interesting phenomenon common to all participants emerged during the course of the study. Although none of the participants expressed any concern or embarrassment about having the interview taped, once the tape recorder had been switched off at the conclusion of the interview the participant continued speaking, and proceeded to talk about their grief in a more uninhibited manner. In keeping with my aim of letting the participant control the dialogue as much as possible, the interview was concluded when the participant felt they had said all they wanted to. I made some minimal notes during each interview itself, and then wrote more comprehensive notes at home following the conclusion of each interview. The interviews took place over a period of eight weeks during July and August 2002.

ETHICAL CONCERNS

Approval for undertaking this research was given by the Massey University Human Ethics Committee in May 2002. The qualitative methodology selected for this project was chosen for its compatibility with the research topic. Its flexible and partially structured interview format allowed the research to proceed with sensitivity and respect

for the feelings of the participants. It was not anticipated that the study would cause harm to the participants. Some concern was expressed that talking about bereavement and grieving experiences may trigger painful emotions and traumatic memories for the participants. However, the participants in the study volunteered to take part after being fully informed of the nature of the interview questions. Because this was the case, the participants were well aware of the potentially disturbing nature of the research. I took this as an indication of willingness to discuss their bereavement and grief experiences. In order to minimise any possible risks to the participants, several measures were put in place. Firstly, each participant had the opportunity to have a support person present during the interview. Secondly, the participant had the right to terminate the interview at any time if they became too distressed. And thirdly, contact details of a professional grief counsellor were made available to the participants at the conclusion of the interview. Despite these measures being in place and the participants being made fully aware of them, none of the eight participants ever utilised any of these options. Instead of finding the experience distressing or traumatic, the participants all commented that they found the interview process to be a positive and cathartic one.

The interview gave the participants an opportunity to tell their story, and talk about their grieving experiences in a safe and non-judgemental environment, with an unbiased and impartial audience. All the participants seemed to relish being able to speak about their grief in such a manner, and at the conclusion of the interview each participant thanked me for providing the opportunity to do so. This was reassuring for me as the researcher, as I had not wanted to create any additional anxiety or distress for the participants.

DATA ANALYSIS

Interview transcription:

Transcription has been defined as “the process of creating a representation in writing of a speech event so as to make it accessible to discourse research” (Du Bois, 1991, cited in Smith, Harre & Langenhove, 1995, p. 94). The audio-taped interviews were transcribed to produce texts of grief talk, which were then coded and analysed. The transcriptions of the interviews included both my questions and the participants’ responses, and varied in length from 10 to 32 pages. Smith, Harre & Van Langenhove (1995) explain that in a transcription:

What to present and how to present it depend entirely on what the author wishes to illustrate and must be decided in terms of who the audience is and what purpose the transcribed material is to serve (p. 97).

In this study I was the only intended audience for the transcription, I therefore decided to forgo the standard transcription notations and create a system that suited my purposes and that I found helpful. Also, as the only audience I had the luxury of being able to re-listen to the tapes time and time again to establish meaning, and did not have to rely solely on the transcription of the tapes. Potter and Wetherell (1992) and Edwards and Potter (1992) recommend their own system of transcription notation. This system features notations for overlap between utterances, pauses to the nearest tenth of a second, extension of a preceding vowel, added emphasis, audible intake of breath, material that is either inaudible or there is doubt about its accuracy, and material that has been deliberately omitted. For my purposes I considered it unnecessary to include many of these detailed notations. Indeed, even Potter and Wetherell (1992) recognise

that “for many sorts of research questions, the fine details of timing and intonation are not crucial, and indeed they can interfere with the readability of the transcript” (p. 166). The transcript of an interview should reflect the particular interests of the researcher (Ochs, 1979, cited in Smith et al., 1995), and in this study my interests were in understanding how survivors construct grief through discourse. Consequently *what* was said was of more importance than *how* it was said, and the transcription notation system I developed reflected this fact. The system I used did however include emphasis on a word, perceptible pause, uncertainty about the accuracy of a word and deliberate omissions. Appendix D provides a more detailed example of the transcription notations I employed.

Coding:

Once the interviews were transcribed the next step in the analysis was coding. This is not in itself the actual analysis, but is the process of reducing “an unwieldy body of discourse into manageable chunks” (Potter & Wetherell, 1995, p. 167). It is the necessary preliminary step taken prior to the intensive analysis of discourse. Coding is similar to Burr’s (1997) description of ‘deconstruction’, which:

refers to attempts to take apart texts and see how they are constructed in such a way as to present particular images of people and their actions (p. 164).

My first step in coding was to select out of the transcripts any words or phrases that related to grief in any way. Because grief was the intended focus of the interviews, such excerpts were numerous. Having done this I then separated the excerpts into different categories according to their content and function. One category for coding was social

factors, which included the role of others in grief, the need to share the experience, and other peoples' influence on grief. Another category was cultural factors, including such things as religion, faith, ethnicity and beliefs relating to grief. These categories and others then became the basis for a more detailed analysis of the discourses.

Analysis:

The analysis involved re-listening to the tapes, returning to the transcripts, and reading and re-reading the coded extracts in an attempt to identify any themes. These themes gradually became apparent as I became more familiar with the text. I discovered many different themes that outlined how the participants talked about their grief. Many of these themes overlapped different coded categories, indicating an inter-relatedness of content. Variability and consistency within and between accounts, and in the identified themes was also considered. As patterns emerged their relevance was considered, as was their construction. In following with the major concepts of discourse analysis, function, construction and variation in accounts was considered at great length, as I investigated the interpretative repertoires being drawn upon by the participants.

Initially I undertook the analysis attempting to identify the specific discourses that participants were drawing upon to construct their grief. I had become very familiar with the texts after the transcription and coding processes and several themes emerged from the text quite quickly. I felt these themes accurately represented the participants' talk. Several discourses being drawn upon also became apparent. However, I began to realise that my original goal of identifying specific discourses was not the best way to achieve an understanding of the participants' construction of grief. After persisting with the initial discourse analysis for several weeks I eventually reached the conclusion that a

focus on the identification of discourses was not the ideal way to gain insight into the participants' experience and was not going to result in an accurate representation of their grief. What were emerging as much more relevant and informative were the specific issues that the participants dealt with in their grief and the way that they talked about these. Certain discourses were drawn upon as part of this process, but I now saw that a much more pertinent study of the construction of grief involved the actual issues described by the participants and how talk about these constituted their grief. The discourses being drawn upon to produce subject positions, create objects and construct grief were still of interest, but I moved the central area of investigation away from these discourses towards the issues described by the participants and how they talked about these. This reconstituted analysis provided a much more comprehensive understanding of the participants' construction of grief. These findings will be further elaborated in the following chapter.

CHAPTER FOUR

FINDINGS AND DISCUSSION

The nature of discourse analysis means that it is important that I present my interpretations of the participants' talk in a manner that is transparent and allows the reader access to the assumptions I have made and subjectivities I have experienced en route to the conclusions I have reached. In order to do this I will present specific examples of participants' language used to construct grief, and then discuss the conclusions I have reached about the significant issues that are apparent and the discourses being drawn upon. Because I am not searching for any one singular 'truth' that exists outside the text, or advocating that my interpretation is the 'only' or 'best' one, my goal is to present the analysis and findings in such a manner that the reader is able to assess the interpretations themselves. My findings and discussion reflect my move away from a specific focus on identifying discourses in the analysis. As such I have not presented a list of discourses that I identified, but instead have organised my findings into five major categories pertaining to the issues and themes I found which I consider the most significant and as reflecting the participants' experience of grief accurately. These five major categories are control, the just world, 'doing' grief, collective grief, and the embodiment of grief. Each section also contains several sub-headings to expand and clarify the findings.

CONTROL

One of the first apparent themes to emerge during the analysis process was that of control. The word control was used frequently by all participants in many different

contexts. The participants in this study were part of an age group whose members are more often than not struggling to establish themselves in their own right as young adults and create identities for themselves outside of the familial relationships in which they were raised. As they work to gain control over their lives and forge a future for themselves, the sudden and unexpected death of a peer can demolish this sense of security. It contradicts the idea that they have any control over their destiny, and makes them more aware of their own mortality. This loss of control and the need to try and regain it were expressed in much of the participants' talk, and a discourse of control was drawn upon frequently

Owning the death:

Evidence of the discourse of control was apparent in the participants' talk, which frequently described a frustration with other survivors who they considered less justified in their grief.

"They didn't even really know him but they were crying and carrying on like he'd been their best friend ever, and it made me really mad because his real friends were really upset too but no one noticed them 'cause this other lot was making such a fuss" (Joanna, p. 11)

"I had known him a lot longer than the others and we were really close"
(Lucy, p. 3)

"All these people who didn't really know her turned up at the memorial service which pissed me off, I mean they knew her but they weren't really

her friends you know?" (Natalie, p.8)

In making such statements the speakers were declaring their ownership of the death, and positioning themselves as in control of the situation. This was achieved by constructing themselves as being more justified in their grief because of the nature of their relationship with the deceased. By determining eligibility for grief, the participants appeared to be attempting to achieve some sense of order over the experience and regain some control. However I also noticed that some participants' accounts of grief fluctuated between owning the death (as in the above excerpts), and distancing oneself from the death with disclaimers. This variation was particularly evident with the participants whose friends had committed suicide.

"I guess I knew something wasn't right, she'd been really sick a while before, but no one ever thought she could die from it, I mean I never thought she'd go this far" (Natalie, p.20)

"We knew he'd been depressed but he was getting better, and he was really looking forward to his birthday too, so no one expected it" (Lucy, p. 16)

These disclaimers act to distance the participant from the deceased's actions, and are constructed to justify the participant's actions or lack of action in preventing the death. Their function is to minimise the perceived control the participant had over their friend's death. The way that their friend died seemed to have a profound effect on the way that the participant constructed grief. The participants who lost their friends to

suicide used these disclaimers considerably more than those participants whose friends died in a car accident or from sudden illness. This supports previous literature on the determinants of grief that indicates that deaths by suicide complicate survivor grief with issues of guilt and responsibility. In contrast grief following a death by accident, sudden illness or homicide is associated more with anger and despair (Doka, 1996; Parkes, 1998). This was also evident in the participants' talk:

"Yeah I was angry and I was just like oh my god you know, I was angry not just with myself but with the whole situation just like you know, why? Why, why her? You know why did it happen, how did it happen, just really questionable as well..." (Sally, p.1)

"God man sometimes I get so mad it eats me up inside, I think about the guy who did this and how he destroyed an innocent life, for, for, like you know just wiped out completely and he's still out there living his life and she's gone now forever, yeah yeah it makes me really angry" (Paul, p.4)

This talk also draws on the discourse of control, but in a different manner. With the deaths by suicide the survivors constructed control as something they did not have or want ownership of, in order to minimise the role they had in their friend's death. In contrast, with the deaths that occurred as the result of a car accident, the participants constructed control as something that was desired, and communicated a frustration over the lack of control they had in preventing their friend's death. This illustrates the way that the discourse of control was drawn upon in two different ways to achieve two very different subject positions.

Vulnerability:

A changed level of functioning following the death of their peer was claimed in many of the participant's talk, due in part to a realisation of the lack of control over their lives and a new sense of vulnerability. The death of the peer was talked about as the precursor to an increased awareness of their own mortality, and a questioning of previous beliefs about the way of the world.

"You know, this just isn't supposed to happen! She was my friend and we had so much planned, she was supposed to be going overseas at the end of the year, and she was going to be bridesmaid at my wedding...sometimes I still can't quite believe she's gone, it's like, nahhhhhhh, I must have dreamt it 'cause people like her don't die, not like that!" (Anne, p. 2)

"I just don't take anything for granted anymore, no way, not after he went just like that so unexpectedly, I'm like wow, I just have to make the most of every day now 'cause who knows what's around the corner, shit no" (Paul, p. 4)

"Well you know I used to worry about things, this and that stupid stuff you know? But now I worry about totally different stuff, not like can I pay the bills this month, but can I fit everything I want to do in my life?" (Natalie, p. 9)

These versions of grief positioned the participants as vulnerable, constructing grief as a

life-changing event that altered their perceptions of the world and their place within it. In this manner grief was constructed as the route to a new perception of a lack of control over their lives. Grief was also constructed as a controlling force in how the participants chose to live their lives following the death of their peer. This talk positioned the participants as powerless in the face of the life-changing force of grief. The function of this talk was to communicate the magnitude of the experience and to illustrate the control grief had over their lives. Previous studies have also noted the importance of perceived control on the construction of grief in survivors (Archer, 1999).

Postponing grief:

The discourse of control was also drawn upon as participants explained how they dealt with the emotions and thoughts that were part of their grief, describing a process by which they exerted control over their grief, and postponed it until an appropriate time arose to 'deal with it':

"I just couldn't deal with it then, not at Christmas when it was supposed to be such a happy time of year, I think I blocked it out for ages" (Matt, p. 4)

"I don't think I dealt with it for a long time after she died you know?" (Natalie, p. 10)

"I just had so much going on at the time when she died, with mum being sick and breaking up with Darren, I just shut her death out a lot I think, until I could deal with it properly later" (Sally, p.5)

Implied within these versions of grief talk is the notion of control over the emotions and thoughts that constitute grief, suggesting that grief could be postponed. Other research into grief in adults has also indicated that control is an important factor (Stearns & Knapp, 1996). However, in the context of adult grief, control concerns maintaining a pre-death level of functioning in order to fulfil familial and work responsibilities. Adults feel the need to remain in control for the sake of partners, children and work obligations (Stearns & Knapp, 1996; Mist, 1998). In contrast, the young participants in this study did not express the need for control for anyone other than themselves. There was no discussion of societal expectations or pressure to remain in control to be able to support and care for family members in this study. Instead, control was constructed as a means of postponing grief in order to make it manageable, so that it could be 'dealt with' at an 'appropriate' time.

Appropriate grief:

This talk that constructed grief as something that needed to be controlled in order to make it manageable also revealed some interesting variations between accounts. Although in this study control was not associated with societal expectations or perceived familial responsibilities, an awareness of peer pressure regarding appropriate grief became apparent when comparing different versions of grief talk, implying that grief reactions were dependent on the situation and needed to be controlled:

"Well I mean I knew I couldn't be that upset in front of all of the boys so I just pulled it together you know and tried to calm down a bit" (Sally, p. 14)

"It was such a relief when I finally got home and could let it all out, Kelly and Susan were there and they were just fantastic, they just let me cry and didn't say anything and were just there for me" (Lucy, p. 16)

"There's definitely a time and place you know? Like, um, you couldn't be all sad and crying in front of some people 'cause you just knew they thought you were really stupid, like it's not cool to have emotions with them but with the others it's fine 'cause they know how hard it is?" (Joanna, p. 12)

"Well yeah I can talk to you about it OK but some of this stuff I'd never say to them" (Matt, p.10)

Variation in the participants' accounts constructed grief as something that needed to be managed or controlled in order to ensure an 'appropriate' reaction in the particular situation. This talk positioned the participants as perceptive and aware of the expectations placed upon them by peers in regards to grief, it also positioned them as in control of their grief to the extent that they could dictate when and where to express it. This contradicts other talk previously mentioned that constructed grief as a powerful and life-changing force that could not be controlled. Such variation in accounts communicates the complexity and confusion inherent in the participants' grief response to bereavement following a sudden death.

THE JUST WORLD

The just-world discourse became apparent from participants' talk expressing their belief that the world is an inherently good place, where good things happen to good people and that there is some kind of order in the world. This idea of a just world is a phenomenon that has been identified in previous research, and has been described as "the tendency of people to believe the world is just, and that therefore people get what they deserve and deserve what they get" (Myers, 1998, p. 522). This belief was apparent in the participants' talk that constructed a 'good person' who lived a 'good life' as deserving of a 'good death'. The just-world discourse was drawn upon to produce a good vs. bad dichotomy, to which participants referred repeatedly. The participants appeared from their talk to have a clear distinction between these two categories of 'good' and 'bad' and also of the consequences of belonging to each category. The discourse of the just world manifested itself in several ways in the participants' talk and allowed death to be constructed as either deserved or undeserved.

The deservedness of death:

It became apparent in analysing the participants' talk that the just-world discourse was being drawn upon to describe a direct relationship between living a 'good life' and dying a 'good death':

"She was such an amazing person, she had a fantastic career ahead of her, it is such a shame" (Matt, p. 2)

"He was such a good rugby player, he could have gone on and played for Auckland, why did it have to be him in the car you know? It's just not

fair” (Mark, p. 9)

“I mean, his family has been through enough already, this is the last thing they need” (Joanna, p. 13)

“She never said a bad word about anyone, she was always there for you and had so much going for her. Why did it have to happen to someone so nice?” (Natalie, p.12)

This talk drew upon the discourse of the just world to construct the deceased as deserving of a ‘good death’ as a result of having lived a ‘good life’. This talk about the deservedness of death placed the participants in a powerful position, as judge and jury, determining whether the person actually deserved to die or not. In this manner they were attempting to make sense of their loss and struggling to determine why it had happened. The idea that good things happen to good people creates a notion of control over one’s destiny, enhancing one’s ontological security. The death of a peer, however, shatters this security and eliminates any perceived control, leaving the participants vulnerable and aware of their own mortality. The function of this talk was to express confusion and dismay that the world was not such a fair place after all, and to communicate distress that their previous assumptions about the way of the world may not be accurate.

Being denied the ‘good death’:

Talk regarding the ‘good death’ as a product of the just world was also identified, suggesting a belief in the fact that death can be considered ‘good’ or ‘bad’ depending on

the circumstances of the bereavement and the characteristics of the deceased. Other research also identifies the perception of the 'good death' (Young & Cullen, 1996; Parkes, 1998; Fulton, 1970). This is described as pain free and peaceful and should occur only after the deceased has realised their 'full potential', or after a long and happy life. The 'good death' involves a realisation of imminent departure and the opportunity to say goodbye. Sudden and unexpected death in contrast leaves 'unfinished business' and 'loose ends'. The good death should also be uncomplicated and not messy, allowing a swift transition from life to death for the deceased and creating a minimum impact on those left behind. The sudden deaths of young people I investigated contradicted all of these notions; they did not meet any of the criteria for a 'good death', and this fact was reflected upon in the participants' talk:

"She shouldn't have died like this, not like this, this way, so young, so much still to do" (Matt, p.7)

"I never got to say goodbye. If I could talk to her again now I would want to say thank you. Thanks for letting me be part of her life and experiencing what it was like to know her love. She shouldn't have died like this" (Natalie, p.16)

"I hope he realised how much he was loved. I don't know if he did you know. We didn't get the chance to tell him. I mean I guess we always had the chance but never took it up and now we can't" (Lucy, p. 9)

In their talk about the deservedness of death and the unfairness of the situation, and by

drawing upon the just-world discourse, the participants were constructing their grief as being constituted by a denial of the 'good death'. A 'good death' provides evidence of a just world, and being denied this led the participants to assess their ontological security.

What about us?

In coding the transcriptions of the interviews I noticed that the word 'unfair' appeared frequently in the texts. As with the previous theme, the participants were using the word to express their dismay at the realisation that the world was not such a fair or just place after all. However, while the previous theme referred to whether or not the deceased 'deserved' to die, and experienced a 'fair' death, this theme has a different connotation. While still pertaining to the notion of the just world, where good things happen to good people and you get what you deserve, this theme concerns the fairness of the situation on the survivors.

"It's so unfair that she died so young, we didn't even get to say goodbye" (Sally, p.12)

"It's not fair that she went like that, I don't think she ever knew how much I cared about her, I mean, um, I, I never told her that I loved her you know?" (Matt, p. 14)

"We were planning a trip to Australia together at the end of year, and we... it would have been so much fun, it's not really fair you know?" (Natalie, p. 8)

“God it’s so not fair that we’ll never be able to go out on the piss together again, man we used to have some fun!” (Mark p. 4)

These statements appeared to have a dual function. The talk was used to describe the ‘unfairness’ of the situation on the friend who died suddenly and unexpectedly, but it was also used to express the fact that the participants themselves had also been placed in an ‘unfair’ situation. Statements such as these focused just as much on the impact the death would have on the individual left behind, as they did on the person who died. In this manner the participants were using the just-world discourse to produce a position for themselves as a grieved individual. These findings are reminiscent of previous research that identifies the tendency of survivors to reflect the death back onto their own lives (e.g. Archer, 1999; Stroebe et al., 2001).

‘DOING’ GRIEF

A dominant theme of ‘doing’ grief also emerged from the text. This drew upon a discourse of activity, and concerned the idea that grief was an active process that the survivors engaged in, constructing grief as something that you ‘do’. In their talk the participants described many ways in which grief is ‘done’ through engaging in particular practices.

Active grief:

What became rapidly apparent during the interview process was that all of the participants had difficulty talking about grief as an internal emotional state. Instead they

talked about their grief response, or their grieving activities, constructing grief as an external behavioural response. Grief was regarded constructed discursively as something that they 'did', not something that was happening to them, or something that they felt. The participants talk constructed a version of grief that was constituted by a discourse of activity.

"After I found out I went home and cleaned my room, like, it was like I had to be doing something or I would go insane, you know, like when I was keeping busy it was OK. When I was just being still was bad, hard, you know, like that was when it hit me" (Anne, p.9)

"I wrote a poem for her and went to her grave and read it, and I, I left it their too, it kind of made me feel close to her again" (Natalie, p.12)

"We all took flowers to his grave, and some people had written letters and poems and stuff to leave which I thought was nice" (Lucy, p.4)

This talk positioned the participants as actively engaging in grief; it seemed that to the participants 'doing' grief equated with grieving appropriately and adequately. It may also be interpreted as a mechanism used to distract oneself from the gravity of the situation.

Tools of resurrection:

The theme I called 'tools of resurrection' emerged quite quickly in my analysis. It also drew upon the activity discourse and the idea that grief is something that you 'do'. It

concerned the symbolism surrounding a bereavement that contributed to the participants' construction of grief. This theme involved participants talking about doing things, like visiting the deceased's grave on significant dates, listening to a specific song that reminded them of the deceased, wearing a piece of jewellery or clothing that had sentimental value, placing photos of the deceased around their house or in their wallet, travelling to a special location that held memories of times shared together, or planting a tree 'in memory' of the deceased.

"If I'm ever feeling sad and I miss him heaps I go into my room and shut the door and put on our favourite Guns'n'Roses song. I usually cry then, but I remember listening to it with him and it's like he's still around you know?" (Lucy, p.6)

"If I'm going somewhere special I always wear the necklace she gave me for my twenty-first" (Natalie, p.13)

"I put a photo of her in my wallet and every time I open it I see her and that's nice to me, um, yeah, I like seeing her face smiling at me" (Matt, p.7)

It seemed that the participants engaged in this talk not so much 'in memory' of the deceased, but as a way to keep them alive. These tools of resurrection provided another way to 'do' grief. These versions had two particular functions, to help to turn the abstract experience of death into something tangible, and to ease the transition of the deceased from alive and present, to dead and gone. Seale (1998) has written extensively

on these resurrective practices associated with grief and explains that they provide a way for survivors to “restore basic security about being in the world” (p. 211). In this manner talk regarding the resurrective practices of the participants was constructed to reaffirm a sense of embodiment and diminish the perceived finitude of the body, as a way of re-establishing ontological security.

Organised religion:

Organised religion and the activities associated with it provided another way in which the participants ‘did’ grief. Several of the participants spoke at great length about the support and comfort that their faith had given them in dealing with the death of their friend. This theme of organised religion has also been identified in other research on survivor grief and can be interpreted as a resurrection of hope in survivors about continuing in life (Seale, 1998). In other words the death of a friend can be seen as a loss that damages the personal security of the survivor, this loss then requires repair through resurrective practice.

“I prayed so much for him, that he was OK in heaven you know, um, and, um alright” (Lucy, p.12)

“My faith really helped me get through his death, and the stuff after. I went to church, and prayed, and I just had to believe that God knew what he was doing and took him for a reason, I mean that’s what they say isn’t it?” (Mark, p. 3)

“It was better when I realised that it was part of the big picture, you

know, like God's plan for us all. I mean it still sucked a lot (laughs), but it wasn't so bad when I thought about and knew he was still out there somewhere, probably at the pub! (laughs)" (Mark, p.7)

"I'd cry when I, when I was lying in bed at night, um and I'd be thinking about her, and I'd ask God to look after her until I see her again, and to tell her that I miss her heaps" (Natalie, p. 8)

This talk, drawing upon a religious discourse, positioned the participants as moral beings actively engaging in resurrective behaviour. It also acted as a means of repairing the participant's ontological security, which had been shattered by the death of a peer. Organised religion was another manner in which participants could be active in their grief. This talk about faith also drew upon the just-world discourse, expressing a general faith in the world and a belief that it is inherently good and just.

Un-emotionality:

A variation on the way that the participants 'did' grief was found in the theme of un-emotionality, or the lack of emotional words used to talk about grief. Other research into survivor grief in adults has found a high incidence of emotionally loaded words used to describe the experience of grief (Young & Cullen, 1996; Stearns & Knapp, 1998; Bradbury, 1999; Mist, 1998). I expected to find a similar occurrence in this study, and was surprised to discover a distinct lack of emotional discourses in the participants' talk. While in other research older survivors talk about feelings of 'helplessness', 'despair', of being 'overwhelmed' and 'totally overcome' (e.g. Stearns & Knapp, 1996; Payne et al., 1999; Mist, 1998), the participants in this study did not use any of these emotionally

loaded words to construct their grief. Instead they talked about ‘confusion’, ‘shock’, ‘numbness’ and a ‘lack of understanding’. In a sense these terms were used to describe a state void of emotion, the opposite of research findings with adults.

“I can remember clearly where I was when I found out she’d died. I was driving and pulled over to the side of the road when my phone rang. I was just completely shocked, numb, like I was in a dream. Now whenever I pass by that spot on the road the whole thing just plays over in my head again like it was yesterday” (Matt, p.6)

“I dunno what happened aye, I just went cold and spaced out, I could hear mum talking to me and knew what she was saying but didn’t take any of it in” (Mark, p. 3)

“I just felt weird, like I was in shock or something probably. I just didn’t understand how it could have happened, I didn’t get it you know. Still don’t really!” (Joanna, p.5)

“You know I still don’t understand it at all. When I think about it I feel um, I dunno... empty and lost maybe?” (Lucy, p. 4)

The participants did not use emotionally descriptive words to construct their grief, instead grief was talked about as a reactive state. This un-emotionality constructed grief as something that you ‘did’ as opposed to something that you felt. This talk positioned the participants as neutral and almost helpless. While the function of the activity

discourse may be interpreted as a means of distracting oneself from the bereavement and subsequent grief, the role of un-emotionality may be interpreted as a means of distancing oneself from these things. Another function of such talk was to convey the shock and disbelief of the event and to convey the magnitude of the loss. This finding of a lack of emotionality in the participants' grief talk revealed a considerable difference between research findings in adult grief and grief in young people. Perhaps the fact that these survivors were young and had limited experience of death and grief explains the lack of emotional discourses available to them to construct grief. Older people with a wider range of life experience may have developed over time a larger array of linguistic resources that allow them to express their grief more emotionally. Talking about death and grief may also become more relevant as one grows older, and consequently this talk may become increasingly integrated with the day to day discursive resources of older adults. Another possible explanation is that the participants did possess the linguistic resources required to articulate this emotionality of grief, but did not use them because of cultural influences that deem this disclosure inappropriate. The dominant discourses of youth culture in which these participants are enmeshed are predominantly unemotional. Such discourses available to these participants for constructing grief limit the possibilities for contemplating and discussing mortality and bereavement. Interestingly these dominant discourses of youth culture are also gendered.

The discourse drawn upon at times as a means to rationalise the grief reactions of participants (or lack thereof) was often gendered:

"I felt like my most important job was to support Max through it all, because he was closer to her than me really. I guess I didn't have time to

do much crying myself 'cause I was too busy worrying about him"
(Sally, p. 5)

"Yeah I cried a bit at the funeral, but none of the boys did, but you know I didn't think they would. They just all got really pissed that night instead, I guess that was their way of dealing with it" (Anne, p. 6)

"The girls were quite upset, we did what we could to help them but none of us really knew what to say, and they were crying all the time so it was a bit awkward" (Luke, p. 7)

This talk constructed the females as more emotional than their male counterparts and positioned them as caregivers. The males were constructed as more practical in their grief, providing support to the females but little emotional solidarity. The function of this talk was to normalise the grief reactions of the survivors by placing them in the traditional gender roles imposed on the sexes by society.

COLLECTIVE GRIEF

This theme refers to the previously discussed idea that grief is something that you 'do'. Expanding on this idea, it also appears from the participant's talk that grief is something that you 'do' together, or collectively.

Doing it together:

The following excerpts provide examples of participants talk that illustrate how grief is constructed as something that is 'done' together:

"We discussed what we should wear to the funeral, you know, if we had to wear all black or not and stuff, and if we were going to cry there or not" (Joanna, p.10)

"Greg said that we should all get up and say something at the funeral and we thought that was a good idea even though it was really hard" (Anne, p.8)

"No one really knew what to do or say, but at least we all had each other" (Mark, p. 4)

These excerpts constitute grief as a collective experience that is constructed together. As previously mentioned the participants in this study had little if any experience with death and grief before the death of their peer. Consequently the discourses that they had available to them to talk about their coping abilities in this area were limited, as were the linguistic resources they had available to them to construct the experience. One consequence of this was that peer support was constructed as an important part of grief. From their talk it appeared that the participants relied on conversations with other people as a means of constructing their grief, and as a way of assessing that their own grief was 'appropriate'. This collective nature of the construction of grief appeared to act as a regulatory mechanism to monitor the expression of individual grief.

Inappropriate grief:

If a participant was not part of the collective grief it was noted by others and

commented on as inappropriate:

"I didn't cry at the funeral, or much at all really, and people kind of looked at me funny like I should be more upset, um, like I wasn't upset enough you know? I felt like they were judging me and going 'oh well he mustn't have really cared' you know? But it wasn't like that at all"
(Paul, p. 7)

"Everyone was writing letters to him and taking them to his classroom and leaving flowers and stuff, but I didn't and I know people were talking about me and going, what's wrong with her, doesn't she care that he died?" (Joanna, p. 8)

The above examples show how the participants' perceptions of 'appropriate' grief emerged from the text. These perceptions were constructed by the collective experiences of the individual's peer group. These excerpts also illustrate the active nature of grief in the sense that the participants were expected to participate in specific grief responses along with others. In this manner, grief is constructed not only as an active process, but one that is regulatory and required. Again, this is concerned with the notion of control, and an attempt to achieve some kind of order over the situation.

Music:

The idea that grief is something that people 'do together' is further exemplified in the following excerpts regarding music and the bond that it creates between grieving friends. Music was constructed through the participants' talk as a way to help unify the

friends of the deceased and give them a shared understanding in their confusing and largely unknown journey into grief. Many of the participants said they found it difficult to talk to their friends about the death and their grief. However, if they heard a certain song that they all knew they would have a common bond as they listened to it and felt that the words being sung expressed how they were all feeling better than they could have done themselves.

“Whenever I hear (a particular song played at the funeral) I remember that it was the song they played when they brought her coffin in and it’s like I’m there all over again...I hear it and I feel all that sadness again, if I hear it with Susan and Linda we’re all a mess! And it’s like uh oh, here we go again we’re all gonna cry for sure now ‘cause the song makes us all feel the same way (Sally, p.2)

“When we were actually burying her, her Dad asked people to come over to the grave and throw a flower on the coffin and say a few words, but no one knew what to say and um, it was really awkward you know? But then Simon just started singing this song, um, one that we all used to sing together when we were out on the piss, and we kinda sung along too and it was OK ‘cause we all knew how each other was feeling, um, and no one needed to say anything else you know? (Anne, p.14)

“Sometimes if we’re all a bit down kind of like this sucks and we’re all really quiet and thinking about it we’ll stick on his favourite song and listen to it ‘cause the words are quite significant you know? They kinda

tell a story, it's not his story, I mean it's not him talking, but it makes you think and um, it, I dunno, it helps aye? (Mark, p. 6)

Music seemed to be a very important part of how the participants constructed grief. Most of them mentioned it at least once during their interview. It is another tool by which the dead are resurrected and remain part of the survivor's life, but it has more significance than that. Music was talked about in a manner that constructed it as an important outlet for grief. Most of the participants I interviewed had not experienced a death before, let alone the sudden and unexpected death of a friend. Their talk indicated that they found it difficult to identify what they were feeling, let alone find the words to articulate it. Music was constructed in their talk as a very important form of communication and identification following a peer death. The lyrics to particular songs provided a way for the participants to identify their emotions and express their loss in an articulate and 'acceptable' manner. Because either their linguistic resources did not include adequate tools to express this new experience, or perceived cultural pressures prevented them from doing so, the participants had to look elsewhere to find means of communicating their loss. One such way they achieved this was by using music as a greater voice to speak for them, explaining the discourse of music that was drawn upon regularly and illustrating the collective nature of grief in young people in this study.

THE EMBODIMENT OF GRIEF

An overriding feature of the participants' talk was that of the embodied nature of grief. One way to illustrate this is to reconsider the previous findings in terms of embodiment.

Control:

Grief was embodied in terms of specific bodily reactions constituting grief that had to be controlled. Examples of this were found in the participants talk describing how they could only cry at 'appropriate' times and in 'appropriate' places, and of having to control ones outward appearance and demeanour as a way of reflecting control over ones grief:

"I felt so dumb if I cried in front of them. I felt like they thought I was being a drama queen and was trying to hog all the attention. I so wasn't, but if I kept on crying it only made it worse so I'd always try and do that by myself in private" (Joanna, p. 17)

"At the funeral it was like you were expected to cry and be all sad, or get really pissed at the after do and talk about him you know, but that just wasn't me, I just wanted to be by myself but there was this pressure to do all this stuff" (Lucy, p.9)

"When I found out I was like a stunned mullet you know, I just felt empty and shocked and wanted to be alone, I didn't want anyone to touch me or anything, I cried but they were fake tears if you know what I mean, they weren't tears for me they were for the others who expected me to cry and wanted to help me and support me, I felt like if I didn't cry I would be being selfish 'cause they really wanted to help and I couldn't just push them away" (Natalie, p.12)

In this talk grief is being constructed as embodied in the sense that one is expected to exhibit certain physical markers of grief at certain times. This embodiment of grief is required to be controlled as a way of regulating grief and establishing some kind of order in the experience. This is consistent with my previous findings in this study that illustrate control as a major issue that constitutes grief in young people following the sudden death of a peer.

The Just World:

The embodiment of grief was also apparent in the participants' talk that constructed grief as a physical entity that had the power to impact on their lives and throw their perception of the just world into question. Physical metaphors were frequently employed to construct grief in this manner.

"I felt like my whole life had been torn apart you know, and how could I even think about putting it back together with such a big part missing now?" (Natalie, p.10)

"When I found out I felt like I had been punched in the guts real hard, you know I just couldn't believe it" (Mark, p.5)

"For days after she died I constantly felt like I had to throw up, my stomach was churning so bad, just the disbelief you know, because these things aren't supposed to happen to you, or to people you know!" (Anne, p.4)

“Every now and then it would just hit me out of the blue, I’d be standing there and then it would just sweep over me and I’d be left there just kinda shocked you know trying to understand it all and figure out what we did to deserve this” (Lucy, p.8)

This talk embodied grief and constructed it as powerful and interfering. It positioned the participants as being dominated by this force, and as innocent bystanders being attacked by this assailant who shattered their illusions of a just world. Grief was constructed by this talk as embodied and life-altering, with an impact felt physically as well as emotionally. The physical impact of grief was talked about frequently by the participants; in this manner the impact of grief on normal bodily functioning constitutes grief.

‘Doing’ Grief:

‘Doing’ grief was also constructed as a process through which grief was embodied. As such grief was described as an active process defined by bodily acts that constructed grief. In the participants’ talk grief was closely associated with ‘doing’ specific things with ones body to exhibit the physical markers of grief. Going to the grave and crying equated with grief; praying equated with grief; writing a poem and reading it at the funeral was equated with grief. These were all ways in which grief was embodied to become part of a physical expression that constructed the active nature of grief. Grief was also embodied in participants talk that equated grief with ‘doing’ things that punished the body, in the form of ‘not being able to’ eat or sleep, or by pushing the body to the limits of its endurance.

"I'd feel better if I was doing something, looking at photos of us, writing her a letter, visiting the grave, when I was doing this stuff it felt like I was dealing with it better" (Sally, p.10)

"I couldn't eat for days after she died I was so upset" (Natalie, p. 7)

"I don't think I slept through the whole night without waking up or having a nightmare for about a month after he died" (Lucy, p. 11)

"I'd go for really long runs every day, it really helped get it all out, I'd just run and run and run until I was exhausted" (Matt, p. 8)

Collective Grief:

The embodied nature of grief also became apparent when it was constructed as a collective experience that the participants 'did' together:

"Well we couldn't figure out if we should wear black to the funeral or not, I mean do people actually do that in real life or is it just a movie thing you know? I dunno...in the end we all decided to wear bright colours instead 'cause he would have liked that" (Joanna, P. 5)

"It was nice to see the boys all dressed up out of respect for her, it was so strange seeing them in shirts and ties instead of boardies and jandals! They all made a real effort, she would have been so proud" (Sally, p. 9)

“When one of us started crying it was just like a chain reaction and we’d all be set off one by one until all of us were sitting around blubbing!”
(Anne, p.6)

“When we’re out and her favourite song comes on we all get up and dance to it in her memory” (Paul, p.7)

These excerpts illustrate how the collective nature of grief involved physical manifestations such as crying or dancing together and also included markers on the body such as particular clothes worn by groups of people. In this manner the collective nature of grief was embodied.

The participants talked about the embodiment of grief in multiple ways, constructing grief as a physical entity in itself, or as evidenced by a physical marker. Previous research (Young & Cullen, 1996; Seale, 1998) has also identified the embodiment of grief as an important component in survivors’ accounts. The embodiment of grief offers a way to combat the finitude of our bodies, and restore security about our existence in the world.

CHAPTER FIVE

CONCLUSIONS

This study investigated how young people construct grief following the sudden and unexpected death of a peer. Previous literature has documented the fact that the experience of sudden and unexpected death is a devastating one for survivors, and that this experience is exacerbated if the deceased is a young person (Parkes, 1998). However, scarce literature is available on the experience of grief for young people following the sudden and unexpected death of a peer. This study has contributed a valuable understanding of this experience to the research literature. The findings highlight several key areas of particular interest.

The findings indicate that the discourse of control is drawn upon frequently by participants in their construction of grief following the sudden death of a peer. Perceived control over the circumstances of their peer's death was revealed in the participants' talk as being very influential in the construction of their grief. Grief as a consequence of a peer's death resulting from suicide was constructed in a very different manner to grief resulting from the accidental death of a peer. When death was the result of suicide additional issues of guilt and blame were evident in the participants' talk. The majority of peer deaths being investigated in this study were a result of suicide meaning that it was difficult to comprehensively compare the construction of grief between different deaths. It would be interesting to undertake a further study in this area that included varying modes of death. This would allow a comparison of the subsequent

constructions of survivor grief and would aid in further determining the extent to which the mode of death influences of the construction of grief in young people.

The participants' talk also revealed a discourse of the just world that was drawn upon to construct a belief that the world is an inherently good place and that good things happen to good people. This discourse was drawn upon to produce a dichotomous framework in which death could be constructed as 'good' or 'bad' and the deceased as 'deserving' or 'undeserving' of such a death. Talk drawing on the discourse of the just world constructed the participants' grief as profound and life-altering, describing the loss in terms of a new-found sense of vulnerability that was apparent in talk depicting a loss of control over ones life. By drawing upon the just world discourse this talk revealed the participants' loss of ontological security following the death of their peer, constructing the participants as vulnerable and aware of their own mortality. The lack of previous research in the area of how young people grieve following the death of a peer implies that such research is not relevant or pertinent. The findings of this study illustrate that this is not the case, revealing through the participants' talk the profound and far-reaching effect that the death of a peer can have. It is important that future research acknowledges the magnitude of the loss experienced by young survivors following the sudden death of one of their peers, as constructed in this group of participants' talk around the just world.

Another important finding was that the young people in this study had difficulty talking about grief as an internal emotional state. Instead they drew upon a discourse of activity and constructed grief as an external behavioural response. The participants' talk created a version of grief that was constituted by activity and equated 'doing' grief with

grieving appropriately. Grief was constructed as being 'done' in many ways and the importance of resurrective practices was revealed in the talk. A lack of emotional discourses was also apparent in this talk, suggesting the participants were enmeshed in dominant youth culture discourses that are predominantly unemotional. This finding provides a valuable insight into the construction of grief in young people. It highlights the importance of activity in the grief response and identifies the influence of the cultured discourse of un-emotionality on the grief of young survivors, emphasising the importance of acknowledging the cultural context in which a study of the construction of grief occurs. Future research could expand on the extent to which culture influences the construction of grief in young people.

Grief was also found to be constructed as a collective undertaking that was frequently described as being 'done' together. In this manner the participants' talk revealed the shared nature of the construction of grief, with the participants describing the tendency to look toward others in their construction of grief. This talk revealed the regulatory nature of grief, and constructed it as being either appropriate or inappropriate. These findings suggest that the construction of grief in young people following the sudden and unexpected death of a peer is a process influenced considerably by others and one that is associated with certain expectations. Although the participants' talk was positioned from an individual perspective the analysis indicated that this talk was embedded in social and cultural factors, illustrating that grief is something that is 'done' between people.

The embodied nature of grief also became apparent in this study. Grief was embodied in multiple ways through the participants' talk. Constructing grief as embodied provided a

means for the participants to deny the finitude of their bodies as evidenced by the death of a peer, and to restore faith in their place in the world. Discourses drawing upon the embodiment of grief were apparent throughout the participants' talk, suggesting that it is an important part of the construction of grief and provides a way in which young people combat the loss of ontological security that occurs when a peer dies unexpectedly.

Although there was variation in and between the accounts of grief the participants gave, a consistency of talk among the participants was apparent. While the individual experience of grief was constructed as deeply personal and unique, the common discourses being drawn upon also produced much similarity between the accounts of different participants. This suggests that grief has an inherently regulatory function, and provides one way in which survivors are able to achieve a sense of control over the situation.

The lack of emotional discourses drawn upon by the participants in their construction of grief identifies a major difference between the findings of this study and those of previous research with older adults. The manner in which these young people drew upon the dominant youth culture discourse of un-emotionality to construct their experience of death is a particularly interesting finding. It is one that offers a significant new insight into the experience of grief for young people. Further investigation with a larger group of participants is required to expand on these findings and investigate more extensively the considerable difference that has been identified between the way in which adults and young people construct grief following the sudden death of a peer.

REFERENCES

- Archer, J. (1999). *The Nature of Grief: The Evolution and Psychology of Reactions to Loss*. London: Routledge.
- Ariès, P. (1976). *Western Attitudes Toward Death: From the Middle Ages to the Present*. London: Marion Boyars Publishers.
- Ariès, P. (1983). *The Hour of Our Death*. Aylesbury: Peregrine Books.
- Attig, T. (1991). The Importance of Conceiving of Grief as an Active Process. *Death Studies*, 15, 385-393.
- Attig, T. (1996). *How we Grieve: Relearning the World*. New York: Oxford University Press.
- Averill, J. R., & Nunley, E. P. (1995). Grief as an Emotion and as a Disease: A Social-constructionist Perspective. In Stroebe, M.S., Stroebe, W., & Hansson, R. O. *Handbook of Bereavement : Theory, Research and Intervention* (pp. 77-90). Cambridge: Cambridge University Press.
- Barley, N. (1997). *Dancing on the Grave: Encounters With Death*. London: Abacus.
- Bowlby, J. (1980). *Attachment and Loss (Vol.3: Loss: Sadness & Depression)*. Harmondsworth: Pelican.
- Bradbury, M. (1999). *Representations of Death: A Social Psychological Perspective*. New York: Routledge.
- Burr, V. (1997). *An Introduction to Social Constructionism*. London: Routledge.
- Cohen, L., & Manion, L. (1991). *Research Methods in Education*. London: Routledge.
- Coolican, H. (1994). *Research Methods and Statistics in Psychology*. London: Hodder & Stoughton.
- Coyle, A. (1995). Discourse Analysis. In Breakwell, G., Hammond, S., & Fife-Schaw, C. (Eds.). *Research Methods in Psychology* (pp. 241-258). London: Sage.
- Cromby, J., & Nightingale, D. (1999). *Social Constructionist Psychology: A Critical Analysis of Theory and Practice*. Buckingham: Open University Press.
- Davidson, G.W. (1979). Hospice Care for the Dying. In Wass, H. (Ed.). *Dying: Facing the Facts*. Washington DC: McGraw-Hill.

- Doka, K. J. (Ed.). (1996). *Living With Grief After Sudden Loss: Suicide, Homicide, Accident, Heart Attack, Stroke*. Washington: Taylor & Francis.
- Du Bois, H. (1991). In Smith, J., Harre, R., & Van Langenhove, L. (1995). *Rethinking Methods in Psychology*. London: Sage.
- Dumont, R., & Foss, D. (1972). *The American View of Death: Acceptance or Denial*. Cambridge: Schenkman.
- Edwards, D., & Potter, J. (1992). *Discursive Psychology*. London: Sage.
- Elders, M. A. (1995). Theory and Present Thinking in Bereavement. *Issues in Psychoanalytic Psychology*. 17, 67-83.
- Engel, G.L. (1964). Grief and Grieving. *American Journal of Nursing*, 64, 93-98.
- Faschingbauer, T. R., Zisook, S., & De Vul, R. (1987). The Texas Revised Inventory of Grief. In Zisook, S. (Ed.). *Biopsychosocial Aspects of Bereavement* (pp. 111-124). Washington DC: American Psychiatric Press.
- Freud, S. (1917). Mourning and Melancholia. In Archer, J. (1999). *The Nature of Grief: The Evolution and Psychology of Reactions to Loss* (pp. 16-17). London: Routledge.
- Fulton, R. (1970). Death, grief, and social recuperation. *Omega: Journal of Death and Dying* 1, 23-28.
- Fulton, R. (1994). Society and the Imperative of Death. In Corless, I. B., Germino, B. B., & Pittman, M. (1994). *Dying, Death, and Bereavement: Theoretical Perspectives and Other Ways of Knowing* (pp. 61-80). Boston: Jones and Bartlett Publishers.
- Glasscock, G., & Gressor, M. (1992). *Living With Loss and Grief*. Netley: Gore and Osment.
- Glick, I., Weiss, R., & Parkes, C. (1974). *The First Year of Bereavement*. New York: Wiley.
- Gorer, G. (1965). *Death, Grief and Mourning in Contemporary Britain*. London: Cresset.
- Hockey, J. (1997). Women in Grief: Cultural Representation and Social Practice. In Field, D., Hockey, J., & Small, N. (Eds.). *Death, Gender and Ethnicity* (pp. 89-107). London: Routledge.
- Illich, I. (1977). *Limits to Medicine: Medical Nemesis and the Expropriation of Health*. Harmondsworth: Penguin.

- Kalish, R., & Reynolds, D. (1981). *Death and Ethnicity: A Psychocultural Study*. Los Angeles: University of California Press.
- Kastenbaum, R. (1981). *Death, Society, and Human Experience* (2nd ed.). St Louis: The C.V. Mosby Company.
- Kelly, G. (1955). *The Psychology of Personal Constructs*. New York: Norton.
- Kubler-Ross, E. (1969). *On Death and Dying*. New York: Macmillan.
- Kubler-Ross, E. (1981). *Living With Death and Dying*. New York: Macmillan.
- Lindemann, E. (1944). Symptomatology and Management of Acute Grief. *American Journal of Psychiatry* 101.
- Littlewood, J. (1992). *Aspects of Grief: Bereavement in Adult Life*. London: Routledge.
- Lofland, L. (1985). The Social Shaping of Emotion: The Case of Grief. *Symbolic Interaction*. 8, 171-90.
- Lord, J. H. (1995). *No Time for Goodbyes: Coping With Sorrow, Anger and Injustice After a Tragic Death*. California: Pathfinder Publishing.
- Manderson, D. A. (1999). *Discourses of Grief: The Death of the Mother*. Unpublished doctoral dissertation, Massey University, Auckland.
- Martin, T., & Doka, K. (2000). *Men don't cry ... women do*. Philadelphia: Taylor and Francis.
- Ministry of Health (2002). *New Zealand Youth Health Status Report*. Wellington: New Zealand.
- Mist, K.E. (1998). *The Social Construction of Grief Associated with Sudden Death*. Unpublished master's thesis, Massey University, Auckland.
- Myers, D.G. (1998). *Social Psychology*. Singapore: McGraw-Hill Book Co.
- Neimeyer, R.A. (1997). Meaning Reconstruction and the Experience of Chronic Loss. In Doka, K. (Ed.). *Living With Grief: When Illness is Prolonged* (pp. 159-176). Bristol: Taylor & Francis.
- Ochs, C. (1979). In Smith, J., Harre, R., & Van Langenhove, L. (1995). *Rethinking Methods in Psychology*. London: Sage.

- Parker, M. (1987). *A Time to Grieve: Learning to Live With Sadness and Loss*. Auckland: Reed Methuen Publishers Ltd.
- Parkes, C. M. (1970). The First Year of Bereavement: A Longitudinal Study of the Reaction of London Widows to the Death of Their Husbands. *Psychiatry*, 33, 444-467.
- Parkes, C. M. (1998). *Bereavement: Studies of Grief in Adult Life*. Connecticut: International Universities Press.
- Parkes, C. M., Laungani, P., & Young, B. (1997). *Death and Bereavement Across Cultures*. London: Routledge.
- Parkes, C. M., & Weiss, R. S. (1983). *Recovery from Bereavement*. New York: Basic Books.
- Payne, S., Horn, S., & Relf. (1999). *Loss and Bereavement*. Buckingham: Open University Press.
- Pincus, L. (1981). *Death and the Family: The Importance of Mourning*. London: Faber & Faber Limited.
- Pine, V.R. (1996). Social Psychological Aspects of Disaster Death. In K.J. Doka. (Ed.) *Living With Grief After Sudden Loss: Suicide, Homicide, Accident, Heart Attack, Stroke* (pp. 103-116). Washington: Taylor & Francis.
- Potter, J., & Mulkay, M. (1985). Scientists Interview Talk: Interviews as a Technique for Revealing Participants' Interpretative Practices. In Potter, J., & Wetherell, M. (1992). *Discourse and Social Psychology: Beyond Attitudes and Behaviour*. London: Sage.
- Potter, J., & Wetherell, M. (1992). *Discourse and Social Psychology: Beyond Attitudes and Behaviour*. London: Sage.
- Potter, J., & Wetherell, M. (1995). Discourse Analysis. In Smith, J., Harre, R., & Van Langenhove, G. (Eds.). *Rethinking Methods in Psychology* (pp. 80-92). London: Sage.
- Prior, L. (1989). *The Social Organisation of Death: Medical Discourse and Social Practices in Belfast*. New York: Avon Books.
- Redmond, L.M. (1996). Sudden Violent Death. In K.J. Doka. (Ed.) *Living With Grief After Sudden Loss: Suicide, Homicide, Accident, Heart Attack, Stroke* (pp. 53-71). Washington: Taylor & Francis.
- Rees, D. (2001). *Death and Bereavement: The Psychological, Religious and Cultural Interfaces* (2nd ed.). London: Whurr.

- Sanders, C. M., Mauger, P. A., & Strong, P. A. (1985). *A Manual for the Grief Experience Inventory*. Palo Alto: Consulting Psychologists Press.
- Schulz, R. (1978). *The Psychology of Death, Dying and Bereavement*. Philippines: Addison-Wesley Publishing Company.
- Seale, C. (1998) *Constructing Death*. Cambridge: Cambridge University Press.
- Shuchter, S. R., & Zisook, S. (1993). The Course of Normal Grief. In Stroebe, M. S., Stroebe, W. and Hansson, R. O. (Eds.). *Handbook of Bereavement*. Cambridge: Cambridge University Press.
- Smith, J., Harre, R., & Van Langenhove, L. (1995). *Rethinking Methods in Psychology*. London: Sage.
- Statistics New Zealand (n.d.). *Young New Zealanders*. Retrieved November 16, 2002 from <http://www.dnr.state.wi.us/org/land/wildlife/hunt/hra.htm>
- Stearns, P.N., & Knapp, M. Historical Perspectives on Grief. In Harre, R., & Parrott, W.G. (Eds). (1996). *The Emotions: Social, Cultural and Biological Dimensions* (pp.132-150). London: Sage.
- Stroebe, W., & Stroebe, M. S. (1987). *Bereavement and Health: The Psychological and Physical Consequences of Partner Loss*. Cambridge: Cambridge University Press.
- Stroebe, W., & Stroebe, M. S., & Hansson, R. O. (1988). Bereavement Research: An Historical Introduction. *Journal of Social Issues*. 44, 1-18.
- Stroebe, M. S., Stroebe, W., & Hansson, R. O. (1995). *Handbook of Bereavement: Theory, Research and Intervention*. Cambridge: Cambridge University Press.
- Stroebe, M. S., Stoebe, W., Hansson, R. O., & Schut, H. (2001). *Handbook of Bereavement Research: Consequences, Coping, and Care*. Washington DC: American Psychological Association.
- Tangaroa, N. (1988). *Death, Dying and Grief, A Maori Perspective*. Palmerston North: Massey University..
- Weinberg, N. (1994). Self-blame, Other Blame and Desire for Revenge: Factors in Recovery from Bereavement. *Death Studies*, 18(6), 583-93.
- Weiss, R. S. (1988). Loss and Recovery. *Journal of Social Issues*. 44, 37-52.
- Weiten, W. (1989). *Themes and Variations* (3rd ed.). California: Brooks/Grove.

- Wertsch, J. V. (1991). A Sociocultural Approach to Mind. In *Voices of the Mind: A Sociocultural Approach to Mediated Action*. London: Harvester Wheatsheaf.
- Wetherell, M., & Potter, J. (1988). Discourse Analysis and the Identification of Interpretative Repertoires. In Antaki, C. (Ed.). *Analysing Everyday Explanation: A Casebook of Methods* (pp. 168). Worcester: Billing and Sons Ltd.
- Winslow, A. J., & Catlin, G. (1992). The Role of Culture in Grief. *The Journal of Social Psychology*. 133, 173-184.
- Worden, J. W. (1991). *Grief Counselling and Grief Therapy*. New York: Springer Publishing.
- Wortman, C. B., & Silver, R. C. (1989). The Myths of Coping With Loss. *Journal of Consulting and Clinical Psychology*. 57, 349-357.
- Wright, B. (1992). *Skills for Caring: Loss and Grief*. Singapore: Longman Singapore Publishers Pte Ltd.
- Young, M., & Cullen, L. (1996). *A Good Death: Conversations with East Londoners*. London: Routledge.

Appendix A

Talking About Grief

INFORMATION SHEET

The Researcher

My name is Catherine Munro. I am a full time student at the Albany Campus of Massey University and am in the final year for my Master's degree in Psychology. I am undertaking this research project for my Master's thesis, which is being supervised by Associate Professor Kerry Chamberlain from the School of Psychology at Massey University.

The Research

This research aims to investigate the experience of grief with young adults following the sudden or unexpected death of a significant person in their life. I am particularly interested in finding out about the ways in which grief is talked about in our society, and how this influences the grieving experience.

I am interested in talking to people who are between 18 and 30 years of age and who have experienced the loss of a significant person in their life who was also aged between 18 and 30. It is important that you consider yourself to have grieved or to be grieving for this loss, and that at least six months have passed since the bereavement.

You are invited to take part in an interview with me that will take approximately one hour. The interview will be audio-taped. In the interview you will be asked to talk about your experience of grief. It is possible that the content of the discussion may be upsetting for you, and you should take this into consideration when you are deciding whether or not to take part in the study. If you do decide to be part of the study you can choose to have a support person present during the interview if you would like to. You can also be put in contact with a professional grief counsellor if you feel distressed as a result of participating in this study, or would like to discuss further any issues that are raised in the interview.

All information received from you during the study will be kept completely confidential. Names and any identifying features will be altered to make sure you remain anonymous. After the interview I will transcribe the data from the audio-tape and will then analyse it. All the data will be stored in a secure place and only myself and my supervisor will have access to it. At the conclusion of the study you will have the option of having the audio-tape returned to you or erased. Some brief

excerpts from the transcript of your interview may be used as quotations in my thesis and subsequent publications, but they will not identify you in any way.

Your Rights

You have the right to decline to participate in this study. If you do agree to take part you have the right to:

- decline to answer any particular question or talk about any issue
- withdraw from the study up to one month after the interview
- ask any questions about the research at any time during participation in the study
- provide information on the understanding that your name or any other identifying details will not be used, that no one other than the researcher and the researcher's supervisor will have access to the information, and that the information will be used only for this research and publications arising from this research
- be given access to a summary of the project findings when it is concluded
- to ask for the audio tape to be turned off at any time during the interview
- to have access to all of your data and to add, delete, discuss, alter, or withdraw any of the information up until one month after the interview

If you are willing to take part in my study, please contact me to discuss any questions or clarify any issues that you have, and to arrange a time for the interview. You can either write to me at the address below, telephone me on 021 120 2937, or email me at : munro_catherine@hotmail.com

Thank you,
Catherine Munro.

Contact Information

Catherine Munro
School of Psychology
Massey University
Private Bag 102 904
North Shore Mail Centre
Auckland
Ph: 021 120 2937
Email: munro_catherine@hotmail.com

Associate Professor Kerry Chamberlain
School of Psychology
Massey University
Private Bag 102 904
North Shore Mail Centre
Auckland
Ph: (09) 443 9799, extension 9078
Email: K.Chamberlain@massey.ac.nz

This project has been reviewed and approved by the Massey University Human Ethics Committee, ALB Protocol MUAHEC 02/023. If you have any concerns about the conduct of this research, please contact :

Dr Ann Dupuis
Acting Chairperson
Massey University Regional Human Ethics Committee
Albany Campus
Ph: 09 443 9799
Email: A.Dupuis@massey.ac.nz

Appendix B

Talking About Grief

CONSENT FORM

I have read the Information Sheet and have had the details of the study explained to me. My questions about the study have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree to participate in this study under the conditions set out in the Information Sheet.

Signature:

Date:

Full Name:

Appendix C

INTERVIEW PROMPTS

- background to the bereavement?
 - relationship with the deceased
 - cause of death – circumstances
 - how long ago
- initial reaction to the loss?
 - how did you talk about it with others?
 - how did others talk to you about it?
- ongoing feelings and reactions?
 - did you feel sad/angry/isolated/depressed, etc
- how did you talk about these feelings/reactions?
 - who to
 - did you talk about it the same way to each person
 - did you feel comfortable discussing it
 - how do you think other people reacted when you talked about it
- how did other people talk about the death with you?
 - has it changed over time
 - do people still talk about the deceased now
 - do you feel you can talk about the death and your grief in everyday conversation – if not why
- appropriate/acceptable ways to talk about grief?
 - what happens if you break these rules
 - are you conscious of these rules on a day to day basis
 - do you think everyone perceives the same rules
- have you continued relationships with mutual friends of yourself and the deceased?
 - is the deceased still talked about
 - is it comfortable to talk about the deceased
- what or who was your biggest social support following the bereavement?
 - church/family/friends/counsellor
 - how did you talk with them that allowed them to help you
- have you spoken to others who have gone through a similar situation?
 - what do you say to them and vice versa
- do have any other comments at all about the bereavement or the grieving process?
 - any comments/questions about this study

Appendix D

TRANSCRIPTION NOTATIONS

Added emphasis	=	<i>bold</i>
Perceptible pause	=	...
Transcript deliberately omitted	=	[]
Clarification information	=	(an old friend)
Inaudible or unsure about word	=	[uncertain word?]