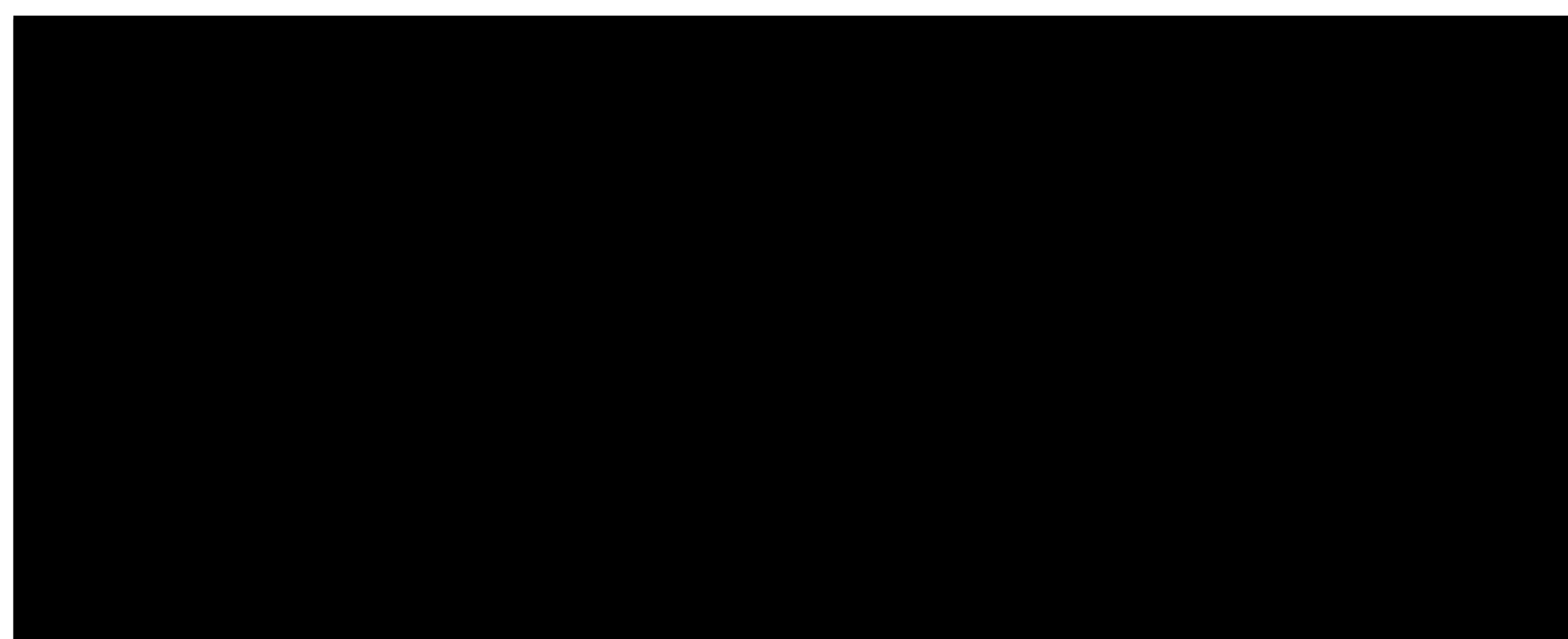




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**CONTAINING GRIEF:
AMBIGUITIES AND DILEMMAS IN THE EMOTIONAL WORK OF
UK CHILDHOOD BEREAVEMENT SERVICES**

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ABSTRACT

This thesis adopts a cross-disciplinary perspective. Drawing on psychoanalytic and sociological theory, it examines the emotional work of UK childhood bereavement services; and explores the role of the researcher in the production of knowledge. It adopts Alvesson and Sköldbberg's (2000) reflexive methodology to re-examine data from an earlier study that comprised a national postal survey of childhood bereavement services (n=127), and 8 in-depth organisational case studies. Data were collected through interviews with 60 paid and unpaid staff, a postal survey of 74 unpaid staff, and participant observation of 6 group interventions.

The thesis elaborates a theory of the ambiguities and dilemmas of their complex emotional work, and the term 'emotion/al' is used to denote inter-relationship between three features of the work: it expressly engages staff with emotion; it generates emotion in staff; and services undertake emotional work with, and on behalf of, individuals, the organisation and culture. The forward slash also signifies the potential for a bifurcated experience as a result of undertaking this work.

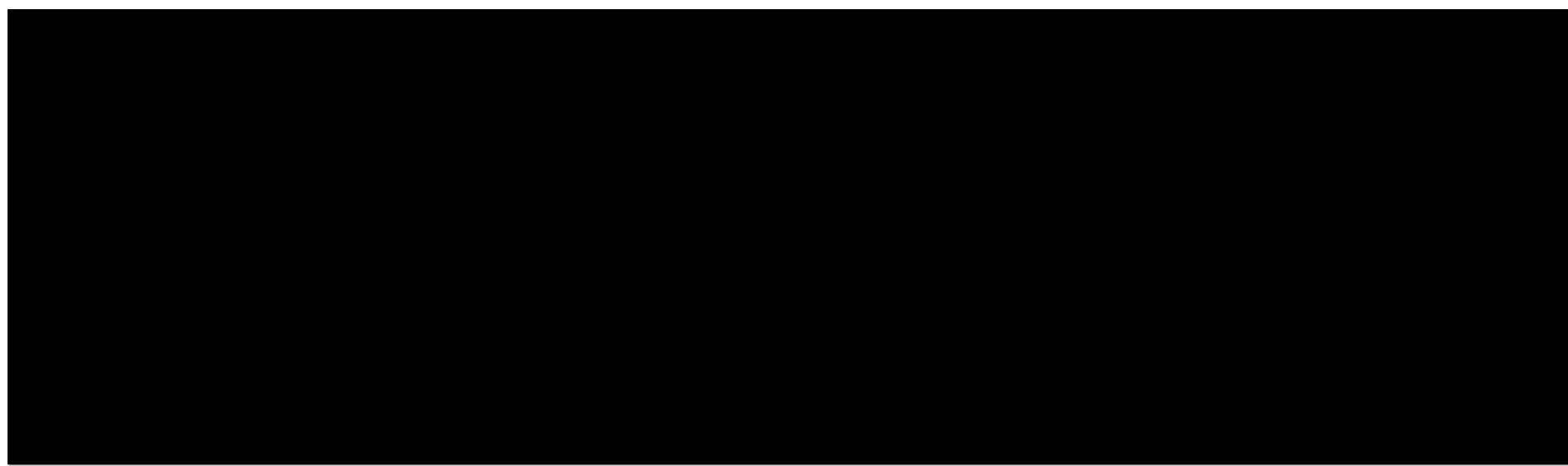
Hochschild's (1983) sociological concept of emotional labour and feeling rules and Bion's (1959; 1962; 1970) psychoanalytic theory of 'container/contained' are used to understand the emotion/al process in each of these settings as one of 'containing grief'. Bion's container/contained relationship describes the mechanism through which the capacity to link experience to thought is developed. The thesis argues that childhood bereavement services act as a 'container'. In bearing children's intense feelings of grief and through their interventions, services enable them to make meaning of their bereavement and integrate it into their life narrative. Childhood bereavement services also challenge 'feeling rules' in relation to childhood bereavement. Through their emotion/al work, they also act as a container of cultural anxiety influencing and re-defining assumptions and beliefs about children and their experience of bereavement. In containing grief, childhood bereavement services contribute to cultural change.

DECLARATION

I declare that the work in this thesis was carried out in accordance with the regulations of the University of Gloucestershire and is original except where indicated by specific reference in the text. No part of this thesis has been submitted for any other academic award. The thesis has not been presented to any other education institution in the United Kingdom or overseas.

Any views expressed in the thesis are those of the author and in no way represent those of the University.

Signed...



..... Date

12 June 2008

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GLOSSARY OF TERMS

'Bereaved' children or parents

I will use the expressions 'bereaved' children or 'bereaved' parents as a form of shorthand, although I am aware that children and parents are not solely defined by their bereavement; rather that they are children or parents 'who have been bereaved'.

'Child', 'children' and 'childhood'

Unless there is a need to more clearly differentiate between these groups, the terms 'child', 'children' and 'childhood' will be used as an inclusive term to refer to children, young people and young adults between the ages of 0–18. It is not meant either as a term of disrespect, or one that makes any assumptions about competence (Rolls, 2004).

Childhood Bereavement Network (CBN)

A national multi-professional network of organisations and individuals working in the field of childhood bereavement. It is based in the National Children's Bureau.

Childhood bereavement services

The term 'childhood bereavement services' refers to services within the UK. For the purposes of the study, a childhood bereavement service was defined as either one whose whole focus was working with bereaved children and their families, or whose work with bereaved children and their families was offered purposefully within the range of work of a wider host organisation, and for which, in both cases, there was a supporting organisational structure. These definitions were used as inclusion criteria for the study. Individual practitioners who offered bereavement support to children as part of their broader role were excluded.

Core and support staff

These terms are used to differentiate between those staff – paid or unpaid – who play a larger part in the organisation, facilitation and administration of the service (the core staff) and those whose work directly or indirectly supports the staff working with the children and families (the support staff). It is not intended to diminish the contribution of any staff, and is irrespective of the opportunities they each may have to influence service planning or direction (See Rolls and Payne, in press).

Nodes

See NVivo below

NVivo

NVivo is a qualitative data analysis and management package. Data can be coded by emerging themes, by service, as well as by staffing or sector. They can also be coded 'in vivo' to the words of respondents. Nodes are a way of 'connecting a theoretical concept or idea with passages of text that in some way exemplify that idea' (Gibbs, 2002: 57). NVivo provides a good audit trail of the development of the research process.

Paid staff

See Unpaid staff below.

Parents/Family

The terms 'parent' and 'family' are problematic. Broadly, the term 'parent' is used to mean biological and adoptive parents whilst the term 'family' is used to mean the 'network of people in the child's immediate psychosocial field' (Carr, 1999: 3), including those who play a significant role. However, the broad use of these terms does not intend to ignore the variety of family compositions within the UK, nor foreclose on any consideration of the impact of the individual family constellation on a child who has been bereaved (Rolls and Payne, 2003).

Participants

This term refers to all those who have, in some way, made a contribution to the research by either consenting to be interviewed or helping me improve the research methods and techniques. It is used in preference to 'subjects' for two reasons: firstly, the term 'subjects' implies an oppressive relationship (Alderson, 1995), and secondly, to avoid confusion in discussions about object(ivity) and subject(ivity).

Primary user

A bereaved child and their caregiver (Rolls and Payne, 2003).

Secondary user

This is someone who has used the service for his or her 'organisational' needs, for example for information, or for emotional or practical support (Rolls and Payne, 2003). Service users include schools, the emergency services and the media.

SPSS (Statistical programs for social scientists)

A computer based package for statistical analysis.

Stakeholder

A stakeholder is either: a person who is outside of the day-to-day work of the childhood bereavement service but who has some structural responsibility or accountability for it, or a person who has an interest in the quality of the service because they refer their own service users to it.

Support staff

See Core staff above.

Unpaid staff

This term refers to those normally referred to as volunteers, who are not paid as salaried members of staff of the childhood bereavement service, even though they may be paid by another agency to work in it. They may also be in receipt of a salary/wage from work elsewhere. Normally, but not exclusively, the terms '*paid*' and '*unpaid*' staff will be used; terms that – in recognising Müller's (2005) concern – are not intended to belittle the commitment of those involved (Rolls and Payne, in press).

INTRODUCTION

'...if any man wishes to write a clear style, let him be first clear in his thoughts...' Goethe

INTRODUCTION

This thesis is a contribution to our understanding of the ambiguities and dilemmas of the 'emotional work' of childhood bereavement services within the UK (see Glossary of Terms). It has two objectives: the first is to explore the complex nature of the emotional work in which service providers are engaged and the ways in which services 'contain' personal and cultural grief, and the second is to explore the role of the researcher in the production of knowledge, and how this contributes to the interpretation of data.

This thesis has two major concerns. Firstly, I elaborate a theory of emotional work, and I introduce the term 'emotion/al' to signify the inextricably linked relationship between the emotion *content* of the work, and the relational *nature* of it. This term will be used to incorporate the *dynamic* aspects of the emotional work of childhood bereavement services for which Hochschild's (1979/1983) original sociological conception does not entirely account. The term represents and encompasses more fully what I consider to be the complex, multilayered experience that places staff in a potentially 'bifurcated' position between their emotions and emotional work (hence emotion/al). Drawing on the work of Smith (1987), I first used the notion of bifurcation in relation to the work of health visitors (Rolls, 1992). In the context of their work, I asked questions about the bifurcation or division that was set up – as a result of their training and the social context in which health visiting was then being practised – between the feelings and experiences of health visitors as women and their 'doings' as health visitors to the women they served, and I argued that health visitor training and practice 'separate(s) her from the women she is serving, whilst at the same time her life as a woman presents her with the experiences and conflicts that these women confront' (Rolls, 1992: 397). My focus here is similar. I am interested in the ambiguities and dilemmas that occur at points of potential division between the 'feelings' and the 'doings' involved in helping bereaved children and caregivers – the emotions that arise within themselves, and between themselves and others and the emotional work that is 'done' in organising and running services – and the social context in which this work takes place. This context comprises the three inter-related settings in which their work situates them: alongside the individual, in an organisation, and in culture. I will argue that their complex work is, thus, one of holding the tension at the points of intersubjectivity and inter-relationality, mediating and being mediated by culture, in a dialectical process that I have termed 'emotion/al work'. Secondly, I give prominence to the research experience as a *source of data*, and to the way in which this, in mirroring the emotion/al work of services, contributed to my understanding of the complex nature of their emotion/al work.

THE THEORETICAL POSITION

The thesis adopts a particular theoretical position. My thinking has been influenced by a number of authors from the disciplines of psychoanalysis and sociology, and to a lesser extent ecology. In particular, I will draw on psychoanalytic theory and Bion's (1959; 1962; 1970) theory of 'containment', and the sociological theory of Hochschild's 'emotional labour'. However, I found it a complex and difficult enterprise to construct a good social science thesis that encompasses and integrates what Ribbens McCarthy (2006) calls 'cross-disciplinary' ways of understanding the world. For, arguably, knowledge itself is bifurcated: disciplines are predicated on different epistemologies, and the stage on which I am situated is characterised by rift and division, both within and between disciplines, and within the research enterprise in what constitutes knowledge. This is expressed in the either/or polarities: of normative or idiopathic, individual or social, positivist or constructivist, objective or subjective, and public or private, in a Cartesian world without apparent synthesis or resolution. However, rather than locate the thesis and myself at one end of each of these divergent positions, I adopt Chodorow's (1999) stance of theoretical synthesiser and take a broader 'both/and' position.

Nevertheless, there are tensions for the writer and the reader of a thesis that adopts both a psychoanalytic and a sociological perspective, and these are exemplified in a recent debate between the sociologists Seale (2003) and Craib (2003), although Craib is also a psychoanalytic group therapist. Craib (2003: 287) argues that it is 'quite possible to talk about societies without talking about people' (Craib, 2003). Craib's attempt to make sense of the experience of his intense (and what he describes as, at times, unbearable) fear in the face of his own diagnosis of cancer led him to argue that 'when sociology focuses on individuals and individual relationships, as it often does when the subject is death and dying, it is clearly desirable that it should have some understanding of individual experience... (but)...there is a tendency for sociologists to distort or suppress the complexity of experience precisely by trying to make sociological sense of it' (2003: 287). As an example of this, Craib argues, in his critique of Seale's (1998) analysis of the final interview that the playwright Dennis Potter gave a few weeks before his death, that Seale 'loses the emotional depth of the occasion and misunderstands some of its features' (2003: 290). Craib is not arguing against a sociological analysis, rather that to discuss dying at the level of status roles, social scripts or narrative structures, which he argues have 'a real existence, bridging the space between structure and culture' (2003: 291), hides and distorts what is happening in individual cases.

Seale's (2003) response to Craib's (2003: 295) 'absence in sociology' raises the question of boundary tensions between disciplines. Through his interest in the sociology of death, Seale (2003) says he wants to redress the psychological emphasis on the topic of death and relate 'personal troubles to the social structural, cultural and historical levels' (2003: 388). His rhetorical analysis of Potter's interview was one such example where 'inner experiences, once expressed, do so in particular (cultural) forms' (2003: 389) to which an analysis of the

'performative aspects of the talk' (2003: 389) gives access. Seale also recognises the way in which this 'unpicking' can feel hard; as if you are 'undermining the claims, rights and authenticity of the speaker' (2003: 389). Thus, each protagonist has a (largely) 'within discipline' view of the world, and how it is investigated and understood lies within the confines of the paradigm. There is little guidance in the literature to support cross-disciplinary research, and whilst the methods may be similar, it is the different standpoints that create the greater challenge for a reconciliation of the 'cross-border' tensions.

This debate has relevance for my thesis. What I want to argue is that rather than privilege one of these theoretically separate disciplines over the other, I view them in a constant, dynamic and inseparable relationship. In exploring the emotional work of childhood bereavement services, I will argue that it is not either one discipline or the other, but the both/and of what Clarke (2003) calls 'psychoanalytic sociology', which incorporates an understanding of the powerful affective forces that underlie emotional response in tandem with constructionist ideas. Whether this will result in what Feyerabend (1975) calls epistemological pluralism or epistemological anarchism is uncertain. Nevertheless, at this stage, I think it is essential; for not only does each of these disciplines contribute to understanding aspects of the work of childhood bereavement services, but *together* they illuminate more fully the complex ambiguities and dilemmas that this personal/cultural work entails.

THE STRUCTURE OF THE THESIS

As well as the complexity of adopting a cross-disciplinary approach, the circumstances in which this thesis has been constructed are a little unusual, and I have found this particularly challenging to resolve. Briefly, the thesis arises out of my experience of researching a funded, and now completed, 3-year study. However, whilst the ideas were beginning to be formulated during this period, and I draw on data *already* generated and analysed for the funded project, it is not that I am not simply re-presenting the original study here. As a result, I have had to think very carefully about two aspects: firstly, my justification for 'hiving off' and exploring one particular aspect through the route of a doctoral thesis, and secondly, in contrast to describing the more usual, broadly chronological, stages of research, the form I should adopt in order to adequately convey the development of my ideas.

The justification for a 'post hoc' thesis

As I struggled with finding solutions to these two problems, I found Alvesson and Sköldbberg's (2000) particular framing of 'reflexive methodology' especially helpful in supporting the value of a 'post-hoc' doctoral thesis. I will be drawing on their text more fully in Scene 10, as reflexive methodology constitutes one of the four frameworks that have influenced the

construction of my thesis, but they present a number of arguments that are important to the discussion here. Firstly, Alvesson and Sköldbberg (2000) suggest that ontology and epistemology, rather than method, are the determinants of good social science, and I want to extend this argument to include a doctoral thesis. Secondly, leading on from this, they expand the meanings of, and differentiate between, the terms 'reflexive' and 'reflective' research. They consider reflexive research to be a particular form that encompasses reflection *across epistemological* domains, and suggest that the different uses of these terms in the literature draws attention to the complexity of the relationship between processes of knowledge production. They identify the problem in reflexive qualitative research of the tension between sorting and categorising data, and being able to survey the empirical material *as a whole*. To address this, they make some concrete suggestions for managing the broad entirety of the empirical material, through a process of sequencing interpretations at deeper levels, and more importantly for my argument, sequencing interpretations *over time* when there has been a certain distance (that is, post-hoc) *vis-à-vis* the data. Thus, rather than the research questions and the findings of the original study, it is my questions and ideas that emerged during the period of fieldwork, during the stage of analysing data and then latterly during the post-study phase, that are being theorised here.

In contrast to their particular meaning of reflexivity, but closely linked to the way in which the term 'reflexive' is used by others (see, for example, Stanley and Wise, 1993; Etherington, 2004; and Seale, 2004a), Alvesson and Sköldbberg (2000) suggest that *reflective* research has two elements: interpretation, which requires awareness of determinates of theoretical assumptions and the importance of language; and pre-understanding and reflection, that is, attention turned inwards towards the person of the researcher, the research community, society, cultural and intellectual traditions, and language and narrative. They argue that adopting a reflective approach means, amongst other things, introducing *our own construction* of empirical material – about which we have something to say – into our work. The issue here is that whilst the findings of my original study have been reported to the funders, and are in the process of being disseminated through publications and conference presentations, it is my *subsequent* reflection on, and interpretation of, particular aspects of the research study that forms the basis for the arguments of the thesis.

The form of the thesis

However, adopting a cross-disciplinary approach in a 'post-hoc' thesis that aspires to reflexivity and reflectivity raises questions about what form it should take. My decisions about form were based on the consideration of three inter-related questions. The first concerned structure: how do I shape a thesis that takes this past work into account? One solution would be to create a fictitious account, presenting the research and its subsequent theoretical developments *as if* they had been undertaken in a chronological manner. However, whilst

this is a tension with which all thesis writers are confronted to a greater or lesser extent, this did not feel 'true' to the event. Furthermore, presenting the 'story' in this way hides from view the personal and social context in which I produced this work: it obscures the reflexivity and reflectivity of knowledge production. Thus, in the absence of the single, continuous, narrative structure that a chronological account normally provides, I needed to seek another structural but non-linear device through which to clarify, order, and present my work.

The second question concerned tradition. Disciplines exert rules upon doctoral students about how a thesis is to be constructed and presented. In adopting a cross-disciplinary approach the question arises: which disciplinary tradition dominates? Whose way of 'doing' a thesis is privileged and what are the gains and losses in adopting one disciplinary tradition over that of another? The third question, linked to tradition, concerned voice. In presenting the content, whose voice dominates, and with which voice do I speak? Again, not to foreclose on the broader discussion in Act 2, it is sufficient to say here that this question has been at the heart of the feminist critique of a positivist epistemology, in which both the subjective voices of the respondents, and of the researcher herself are subsumed within, and marginalized under, the voice of 'objectivity' and 'generalisability'. Feminist writers have struggled with which place the researcher occupies in social research, and Edwards and Ribbens (1998: 2) use the phrase 'liminal position' to describe a location between the public and private social worlds. Furthermore, as they suggest, when peripheral discourses are omitted from or rendered into knowledge forms through ways that are not made visible, or that are visible but are unrecognisable, there is a danger that some voices – to borrow from Sofia Coppola's (2004) directorial success – get 'lost in translation'.

So whose voices were there in my original research, and are now in this thesis? There are several ways of categorising these, for example: 'children, parents, and service providers', the 'researched and the researcher' and, latterly, the 'student and her supervisors'. But, crucially, one of the voices arises from my 'self', and it is this that I needed to consider in decisions about how I presented the work. For I have at least two 'voices'. Firstly, I have an 'autobiographical' voice. As Miller (1998: 60) argues, in qualitative research 'autobiography can be discerned as a continuous and dynamic thread running through all stages of the research process' and, although referring to 'creative' writing, Moskovitch (1998) suggests that writing 'is not an accidental act. It comes out of a desire to communicate and a need to express one's *self* in all its complexities' (1998: 35, my emphasis). Certainly, I consider all writing is a creative expression of oneself, in so far as it is a reflective act that, by definition, involves the self. Research and its writing constitute part of the self in terms of our autobiography; we bring our history to the research/writing, and the act of research/writing becomes woven into the history of our life. However, this autobiographical voice is not the only one. I have also an 'academic' voice that reflects my attempts to sharpen sensitivity to, rather than shape or silence, the voices of the research participants (Parr, 1998); a voice that

is, to a certain extent, a requirement for success in academic life, including obtaining a doctoral degree. Although this voice might be an instrument of oppression – through the potential for silencing or privileging voices – I agree with Narayan's (1989) suggestion that, whilst our location makes a difference to the knowledge we produce, we need to consider how to make this knowledge accessible to those differently located, including doctoral supervisors and examiners and those embedded in the tradition of different disciplines. Thus, these two voices intertwine to create the academic/autobiographical discourse of this thesis.

What emerges from this discussion on the issues of structure, disciplinary tradition and voice, is my concern about how I can be 'first clear in my thoughts' in order to make the text as comprehensible and as accessible as possible, and to be acceptable to the respective disciplines within which I am situating my arguments. I needed to find a device whose mode would serve to clarify, rather than obscure, the content; one through which I could deal with the problem of 'time', and through which the disciplinary demands and different voices could be appropriately positioned. During the course of this search, I went to the Bristol Old Vic to see David Farr's adaptation of 'Paradise Lost', the epic poem by Milton that describes the Genesis story of the expulsion of Adam and Eve from the Garden of Eden. From this experience, I realised that Milton does not present the story in the usual time-line (beginning–middle–end) which, like the diaries to which Plummer (1995: 17–18) refers, 'strive to record the ever changing present' but, instead, uses the device of '*in medias res*'; that is, he begins 'in the middle of the story' (Ridden, 2000: 11). When the poem opens with Adam and Eve in the Garden, something of import – the war in Heaven that resulted in the expulsion of Satan and the other fallen angels into Hell – *had already happened*. Whilst it is not essential to know about this, it provides the historical context for the events in Paradise Lost, enabling the audience to make the most sense of it. Here then was *my* problem; as I open the text of my thesis, something of import had already taken place. I had designed and conducted the research, analysed the original data, and produced a report for the funders, and furthermore some of the findings were now in the public domain (Rolls, 2004; Rolls and Payne, 2003; Rolls and Payne, 2004; Rolls and Payne, 2007; Rolls and Relf, 2006). This raised a number of challenges including how to make this context known without it dominating and using too much of my word allowance, how to provide: data in which I had a part in its generation and upon which I had subsequently reflected; the 'post hoc' reflection; and a critique of this second-order reflection, in such a way as to make these reflexive aspects visible to an audience; and finally, how to integrate the past empirical work and the present theoretical development of my arguments, and yet make them discernable.

Finding solutions to these concerns has been a circuitous and time-consuming endeavour, involving a considerable amount of thought and discussion. Finally, and despite the risk, it seemed as if these tensions could be creatively resolved through the device of a Play. Jason and Lefcowitz (1990: 204) suggest, 'a writer needs ways to communicate information that will

round out the reader's understanding of the unfolding story, which is narrated primarily through scenes and linking summaries'. In a Play, there are main players or characters, as well as supporting actors, 'off stage' characters, and 'back stage' workers. In research terms, these include the participants, and those who provide funding, context, permission and support. It also includes the researcher – the 'character' that conducted the research – who has what Neisser (1994: 2) calls an 'autobiographical remembering' relationship to it. This is a complex and multi-layered process involving:

(1) actual past events and the historical self who participated in them; (2) those events as they were then experienced, including the individual's own perceived self at the time; (3) the remembering self, that is, the individual act in recalling these events on some later occasion; and (4) the remembered self constructed on that occasion (Neisser, 1994: 2, cited in Hunt, 1998: 182, emphasis in the Hunt original).

Researching and writing this thesis would be a similarly complex and multi-layered process involving: (1) actual past events of the original research study and the *historical 'I'* who participated in them; (2) those events as they were then experienced, including my own *perceived self* at the time; and (3) my *remembering self* – the self recalling these events now, as part of the conceptual and theoretical development of the thesis. The 'autobiographical voice' is, thus, the voice of the 'historical I', and the 'experiencing, perceived and remembering self'. However, as I identified earlier, in addition to the character and voice of myself as 'autobiographical researcher', there is another character with a different voice; that of myself as 'academic researcher'. Thus, as well as Neisser's (1994) '*remembered self*' (4) (who I will become in the context of this work after it is completed), I would like to add (5) the *constructing and narrating self* who made sense of these events in the light of theory, and within the constraints of a specific personal, and social context (a doctoral thesis). It seemed, therefore, that the presentation of material through the structure of a Play would help address aspects of the questions of time and of voice.

But what of the question of disciplinary tradition? Apart from the apparent difference in focus (individual/social), one key distinction between the psychoanalytic and sociological traditions appears to lie in the ordering of the process of exposition, analysis and interpretation. The adoption of the role of 'Narrator' and the use of exposition situates this thesis more fully in a psychoanalytic tradition, in which case material is first presented and then *followed by* analysis and interpretation. In a way that is similar to case presentation, narration involves passages of commentary spoken through alternating units of telling and showing, using techniques that deal with the question of time and structure.

Using the structural form of a five-part Play addresses one aspect of time by beginning the thesis '*in medias res*'. However, unlike the audience of 'Paradise Lost', mine are unlikely to know what has gone before. As a result, I open the Play in Part 1 with a Prologue. Set 'in the past', the Narrator (myself as academic researcher) introduces the setting of the 'Play', the

'players' (the childhood bereavement services and the staff who work within them), and the cultural context (of childhood and bereavement) that surrounds them. The Narrator describes, in the record of the present, the background scenery: the contextual details of childhood bereavement services and the original research on which it is based. Part 2 moves the Play into the present, and I introduce an Interlude to create not only a clear delineation in time, between what had gone before and the current concerns, but also a space in which to proffer an autobiographical narrative that links them. The main Play is presented in Part 3, and it explores the theoretical ideas upon which I will draw, and describes the ontological and epistemological frameworks through which the development of ideas has been framed. It problematises and reflects upon the ambiguities and dilemmas of working in and researching childhood bereavement services, and drawing on data from the original study, describes the development and production of knowledge in which the participants' and the researcher's autobiographical selves and theoretical understandings are integrated into a theory of emotion/al work. By positioning myself both within the (past) events as one of the actors and outside of them in the (present) role of Narrator, I hope to resolve the problem of 'voice'. In Part 4: the Epilogue, I narrate in a final soliloquy my concluding – if still contingent, socially constructed and historically located – reflexive interpretation of the emotion/al work of childhood bereavement services and their containment of grief. Lastly, in Part 5, I write a Critic's Review: my commentary on the structure, process and content of the thesis. In this way, as both one of the 'characters' and the 'Narrator', and as an 'autobiographical' and an 'academic' self, I can be simultaneously 'inside' and 'outside' the events as they unfold; moving back and forth between disciplines, and between past and present, mediating between the informants and the reader (Mintz, 1996).

Three final introductory notes to the reader

Firstly, in order to make these characters and positions as clear as possible, my autobiographical voice, and those of the research participants', are written in a more informal, italicised font. Secondly, to assist with some of the terms that I use, I have provided a 'Glossary of Terms'. Thirdly, with the exception of three 'players' whose permission I have obtained, all names in this thesis are pseudonyms.

PART 1. THE PROLOGUE

Prologue: 'act or event serving as introduction'...The Concise Oxford Dictionary

NARRATOR'S INTRODUCTION

The Prologue contains two Acts, each of which are intended to situate the empirical work and theoretical ideas of the Play in an historical and social context. In Act 1, I introduce the main players – children and childhood bereavement services – and situate their work in the cultural context of bereavement and childhood bereavement. In doing so, I begin to identify the relevance of this context to the emotion/al work of childhood bereavement services. In Act 2, and in the record of the present, I describe the 'scenery': the original study that forms the backdrop against which this exploration of the 'emotion/al work' of childhood bereavement services takes place.

ACT 1. TAKING UP POSITIONS: THE PLAYERS AND THEIR CULTURAL CONTEXT

'...(the players) are the abstracts and brief chronicles of the time...Shakespeare

NARRATOR'S INTRODUCTION

In this Act, I introduce four key players: children and childhood, bereavement, childhood bereavement, and childhood bereavement services, and I provide a brief analysis of the theoretically diverse perspectives that underpin my understanding of each of these. The reason for this is twofold. Firstly, these theories constitute both part of the cultural and social policy context in which childhood bereavement services are located, and through which staff try and make sense of the experience of children who have been bereaved. In particular, I highlight the tensions and limitations these place on the work of childhood bereavement services whilst, in Act 8, I discuss the tensions and limitations that these placed on me as a researcher. Secondly, they constitute the cultural context within which I undertook the research.

Act 1 has four Scenes: the first two introduce children and bereavement for whom, and about which, services are developed, the third explores childhood bereavement, the bedrock on which they are situated, whilst the fourth explores childhood bereavement services as a particular form of UK welfare provision.

SCENE 1. WHERE I INTRODUCE 'CHILDREN AND CHILDHOOD'

Despite our own experience of being a child, understanding the 'condition of childhood' and what (if anything) is needed to support children following bereavement is a complex enterprise. At the heart of the development of childhood bereavement services are implicit assumptions about the development of children, about the impact bereavement has on them, and that support following bereavement will have a favourable influence on children's present and/or future life. These assumptions provide the basis for both the development of childhood bereavement services and the models and practices on which their provision is based, and they are embedded in the discourses of what is considered 'best' for helping children who have been bereaved (Rolls, 2004). In this Scene, I introduce 'children' and 'childhood' from a number of competing perspectives, and consider the way in which these concepts are manifest in current social policy.

A review of theoretical perspectives on childhood

An historical perspective on our understanding of children and childhood in Western Europe is provided by Ariés (1962), whose seminal study suggested that medieval society lacked awareness of a distinctive nature of childhood. Drawing principally on representations of children in medieval art, Ariés argues that the gradual separation of children into a discreet category of childhood went through a series of historic progressions. In the medieval 'coddling period', children were seen as innocent and sweet, whilst in the 16th–18th century moralistic period, children were seen as immature adults who needed training and discipline. One key aspect of Ariés' argument is a recognition of the way in which broader institutional changes had an impact on a number of groups, including children. This occurred because, unlike medieval society that accepted the mixing of widely different social class groups, modern society provided 'each way of life with a confined space in which it [is] understood that the dominant features should be respected, and that each person [has] to resemble a conventional model, an ideal type' (Ariés, 1962: 415, quoted in Corsaro, 1997: 51).

This demarcation of childhood from adulthood enabled the development of the field of child psychology, which has then further accentuated this demarcation (Corsaro, 1997; Foley, 2001). The study of the development and socialisation of children has largely been in the psychological domain, in which children have been researched within a positivist framework, using methods embedded in the scientific method that privileges objectivity (Alldred, 1998). Within this framework, children have been 'observed' as passive objects and has resulted in, and is further confounded by 'developmentalism'; that is, the 'construction of a linear, sequential and normalised process by which children become adults' (Alldred, 1998: 150). In this particular type of developmental model, with a strong emphasis on the notion of human capacities as genetically endowed and immutable, the socialisation of children involves training, sometimes viewed as 'taming', them to *become* competent adult members of society. The focus is on children's futures, not their present (Corsaro, 1997; Lee, 2001). Part of this forward-linear process is through a period of 'adolescence', a recent invention whose boundaries or contours are uncertain (Buckingham, 2000; Ribbens McCarthy, 2006), raising questions about its nature.

However, Pollock (1983) presents a major critique of Ariés' 'psychogenic theory', challenging the evidence on which Ariés' assumptions are based. She argues that Ariés' thesis is drawn principally from medieval art, and involves a selective use of documents in which the social and cultural context of incidents was ignored. As a result, the continuity of parent-child processes were not being accounted for in particular incidents. Pollock's findings, based on the examination of 500 British and American diaries, autobiographies, and other sources from the 16th-19th centuries, indicate that children were wanted and cared about, and that parents showed concern towards them. As a result, she argues that the care and socialisation of children, as prerequisites for cultural survival, must always be culturally constructed through

the collective actions of adults and children (Pollock, 1983). Pollock paved the way for a new history of childhood based, not on adult conceptions, but on children and adolescents as active and influential (Corsaro, 1997). This sociologically embedded constructivist model of development, in contrast to those viewing growth and development as passive and unilateral, sees the child both as a social product and, rather than a passive consumer of adult culture, as one who is an active, creative agent in their development, 'appropriating information from her environment to use in organising and constructing her own interpretations of the world' (Corsaro, 1997: 11). Children 'contribute to the *reproduction* of childhood and society through their negotiations with adults and their creative *production* of peer cultures with other children.' (Corsaro, 1997: 30, my emphasis).

However, childhood is not only a socially constructed period in which we have all been temporary members. Corsaro (1997: 30) challenges the tendency to 'dismiss children's insights, knowledge, and contributions to the culture', by drawing attention to Qvortrup's (1994) idea of childhood as a 'structural form'. Whilst its nature may change over time, 'childhood' is a permanent category; a feature of society (Wyness, 2000) that interacts with other categories such as 'gender' and 'class', and changes in these will impact on the social construction of childhood. Childhood as a social form is, therefore, subject to and influenced by the wider social changes (Corsaro, 1997). However, the notion of 'childhood' obscures the plurality of the individual experiences of children; that is, that the improvement in the material conditions, health, and education, of children is not equally distributed (Robb, 2001). In addition, in contrast with what we know about the treatment of children, there is an idealisation of past childhoods (Foley, 2001). Furthermore, until recently, children were a 'socially silenced group', their opinions were not heard in the public sphere (Alldred, 1998), their worlds have typically become known only through adult accounts (Brannen and O'Brien, 1996), and they wield little power as a social group (Alldred, 1998). Children were not seen as a category of people possessing rights (Foley, 2001).

Current social policy influencing the lives of UK children

In recent years, childhood, as a structural form, has been influenced by the social changes within other structural forms, particularly gender, as well as the 'human rights' agenda that is now being extended to include children. This has been especially expressed in the United Nations Convention on the Rights of the Child (United Nations, 1989) and the UK government's ratification of it in 1991 (Alldred, 1998). This states that children should be informed about decisions that affect them, should be assured that they have the right to express their views freely, and that their views be 'given due weight in accordance with the age and maturity of the child' (1998: 9).

Increasingly, the UK welfare agenda is placing children at its centre, as illustrated through the Children Act (Department of Health, 1989), the Green Paper 'Every Child Matters' (HM Treasury, 2003) which influences the provision of services to children, and the appointment of a Minister for Children. The Act aims to make the child a more prominent participant in child-care matters by ensuring that 'the needs and welfare of children are met by professionals, parents and in some cases, children themselves.' (Department of Health, 1989: 38). This Act is underpinned by a number of principles, including the role of parents who, it argues, have primary responsibility for children's upbringing. Furthermore, it asserts that the state should be ready to help parents discharge that responsibility, and services to families in need of help should be arranged in a voluntary partnership with parents. The Act identifies the meaning of a child 'in need', the definition of which is 'deliberately wide to reinforce the emphasis on preventive support to families' (Department of Health 1991: para 2.4). In addition, a set of operational principles emerged, including that children and their parents should all be considered as individuals with particular needs and potentialities (Department of Health, 2001). In a range of studies designed to assess the implementation of the Act, a number of issues were identified. What is of interest here, in relation to bereavement, is that one of the reasons for children being 'in need' was the child's family circumstance, for example, the child suffering as a result of family stress, and that many families were 'struggling to bring up their children in conditions of material and *emotional* adversity' (Department of Health, 2001: 32, my emphasis). A typology emerged which helped to identify the level and scope of services required, including families who need help with specific issues, acutely distressed families, and families with multiple and long-standing problems. Importantly, these studies gave children the opportunity of giving their own account of their circumstances and what was important to them, including their anxieties about themselves and their health, the significance of school as a source of emotional support and self-esteem, and the importance of family and maintaining family links (Department of Health, 2001).

SCENE 2. WHERE I INTRODUCE 'BEREAVEMENT'

In this brief review, I identify key themes within the burgeoning literature on bereavement, including the varied definitions of mourning, grief and bereavement, and the development of the broad range of bereavement discourses.

Definitions of mourning, grief and bereavement

The terms 'bereavement', 'grief', and 'mourning' are all associated with the phenomena of experience that follows the death of a significant person, but the different literatures use these in various and sometimes contradictory ways, each carrying 'different implications for what might be termed as 'adjustment' (Katz, 2001: 4). An often cited definition is provided by Stroebe et al. (1993: 5) who define bereavement as being the 'objective situation of having

lost someone significant', grief as 'the emotional response to one's loss', and mourning as 'the actions and manner of expressing grief, which often reflect the mourning practice of one's culture'. This definition locates grief as the internal, individual, affective experience, and mourning as the external cultural expression and/or the cultural determination of affect arising from the 'fact of' the loss. However, not every author positions these in the same domains. For example, Payne et al.'s (1999) examination of the early roots of the word 'bereavement' link it to its etymological source 'reave', itself derived from the Old English word 'reafian' meaning 'to plunder, spoil or rob'. This emphasises two aspects: the sense of violation, and the heaviness of soul; meanings that imply more affect than Stroebe's 'objective situation'. Littlewood (1992) suggests that 'grief is taken...to refer to the experiences which arise following the death of a loved person...and is universally associated with pain, confusion and distress' (1992: 40), and contrasts this with bereavement which is 'by definition, a state involving loss [but] it does not necessarily follow that unhappiness will be associated with the loss' (1992: 40). Payne et al. (1999) cite Freud's (1917) 'Mourning and Melancholia' in which they suggest that he 'subsumes the behavioural and emotional changes set in train after a significant death under the single term "mourning"' (1999: 6), and they contrast this with Bowlby's (1960: 6) use of the term mourning as 'the public act of expressing grief...always in some degree culturally determined'. Payne et al. (1999) also draw on Stroebe et al.'s (1993) distinctions, suggesting that they define 'bereavement as the loss of a significant other person...which typically triggers a reaction we call grief, which is manifest in a set of behaviours we call mourning' (Payne et al., 1999: 7). They go on to suggest that grief is mental pain and distress, whilst mourning has two aspects: the subjective experiences of pining and remembrance, and the culturally determined public expression, thus combining the internal and the external. Mourning has also come to be associated with 'time'. Raphael (1983) describes it as a period in which signs of grief are made visible. In outlining the definitions and variations in language and meaning, Dent and Stewart (2004) have chosen not to use the term 'mourning', as some families have expressed the view that it is not part of their experience in the 21st century. Walter (1999: xv) challenges the 'over-neat formulation' provided by Stroebe et al. (1993), arguing that it implies that 'culture is often believed to influence mourning but not grief, which is deemed natural, universal and purely psychological'. Walter goes on to argue that 'culture affects grief as well as mourning, and indeed grief underlies the very constitution of society' (1999: xvi).

What is being expressed within these competing definitions and different uses of terminology is the complexity and tensions within and between different disciplines, in their view of the universality of a human experience versus the role of social construction within it; that is, in the relationship between the individual and their internal world of affect, and the individual and their external social world. It also raises a question of 'authority', that is, what contribution each perspective brings to the understanding of bereavement, grief and mourning, and whether some can be privileged over others.

The theoretical systems of bereavement discourse

I think it will be useful at this point to situate the meaning of bereavement, as it is articulated through the different discourses of psychoanalysis, psychology and sociology.

The psychoanalytic/psychodynamic tradition

The most influential bereavement discourse began with Freud (1917) whose description is located in the psychoanalytic tradition that he himself founded. This tradition will be explored more fully in Scene 7, but the importance here is that Freud's theory is predicated on the belief that we have an inner world of unconscious life. His theory of mourning is an analysis and an interpretation of the *unconscious* process of the libido's attachment to the lost (internal) object that, through an extremely slow and painful process of reality testing, eventually becomes withdrawn. This was later elaborated by Klein (1940) and situated within her emerging developmental theory of 'positions'. In her view, bereavement results from the loss of a person's capacity to tolerate the ambivalence inherent in all human relations (a capacity Klein (1946) later termed the 'depressive' position), through the re-activation of the early anxieties of what she later called the 'paranoid-schizoid' position (Klein, 1946). In this early position, the infant oscillates between viewing objects in their world as either 'all good' or 'all bad'. When this position is reactivated as an adult as a result of bereavement, Klein likens the experience to a transitory manic-depressive state (Klein, 1940). It is the resolution, that is, the return of ambivalence, which is central to the bereavement process (Littlewood, 1992). Both Freud's and Klein's theories are based on notions of withdrawal and identification, although each is used in opposite ways. According to Littlewood, in Freud's theory, the withdrawal of libidinous attachment 'may be accomplished by the ego's *identification with the lost object* (1992: 63, my emphasis). In Klein's theory, the process of 'projective identification' is one in which we allow others to act for parts of ourselves, and it is this withdrawal, the *identification* we have lodged in the deceased person, from which we have to free ourselves (Small, 2001). Nevertheless, Klein emphasises that eventually the dead person is restored as a good object within (Klein, 1940). More recently, Worden's (1996) cognitive model draws on this when he argues that the four tasks of mourning include the person who has been bereaved emotionally relocating the deceased and moving on with life; a task later revised (1996) to take account of the criticisms of the 'letting go' thesis (Corr et al., 1997) to one of relocating the dead person within one's life and finding ways to memorialise the person. Thus, whilst its external form is subject to cultural rules and norms, the psychoanalytic/psychodynamic tradition sees mourning as essentially an internal process located within the context of an individual's social relationships.

The psychoanalytic/ethological base

'Attachment theory' underpins Bowlby's (1960) theory of bereavement and incorporates a psychodynamic perspective that has come to be situated alongside psychoanalytic accounts

(Littlewood, 1992). Attachment theory influences the understanding of bereavement, as it is a theory in which 'all relationships of physical and emotional significance are built around the same general pattern' (Littlewood, 1992: 65). It is rooted in instinctual, evolutionary theory, and asserts that there are innate tendencies to respond in both parent and child (Archer, 1999). In this theory, a child's experience of the absence of its primary caregiver provokes a response of anxiety, protest and searching, and later relationships are mediated through the way in which these responses have been alleviated and/or reinforced within this early primary relationship. In applying these responses to bereavement, Bowlby has been influential in the creation of stage or phase models and on the work of others, such as Parkes (1970), who augmented attachment theory with research data (Small, 2001). In these models, bereavement has an outcome of acceptance (Bowlby), or gaining a new identity (Parkes).

The psycho/social tradition

More recent interest in the social aspects of death, dying and bereavement (for example, Walter, 1999; Hockey, 2001), has led to an increased understanding of the social impact of bereavement, as well as of the way in which culture influences attitudes to death and dying and the expression of emotion, and thus on how and for how long grief can be expressed. As a result, as well as being part of the inner world of experience, many models of bereavement now attempt to situate bereavement as an experience located in, and influenced by, the social world. Parkes (1975), for example, considers bereavement as a psychosocial transition in which a person's internal 'assumptive world' has to be relinquished to accommodate the new set of circumstances brought about by the death of a person. Stroebe and Schut's (1995) 'dual-process' model attempts to overcome some of the pitfalls that were emerging in the use, though not necessarily in the original meaning, of these earlier models that appeared to suggest that a resolution of bereavement meant a 'letting go' of the deceased (Corr et al., 1997). The model also takes account of the dynamic process of loss-orientation and restoration-orientation that allows for cultural emphases (Small, 2001). The importance of culture is also found in Klass et al.'s (1996) 'continuing bonds' theory, and is linked to the experiences of people from non-western cultures for whom the existing models, based on disengagement, seemed to be inadequate (Small, 2001).

Thus, the 'grief work hypothesis' – developed through the psychoanalytic/psychodynamic 'grand' narrative theories that were taken to mean some form of 'letting go' of the deceased within a normative timetable – has come to be challenged by the idea of bereavement as a psychosocial transition, the 'continuing bonds' thesis of Klass et al. (1996) and the biographical model of Walter (1996). Each of these emphasise the importance to individuals of a continuing relationship to the deceased, and of the construction of an autobiographical narrative that enables those who have been bereaved to integrate the deceased into the discourse of their on-going lives. According to Small (2001), Klass and Walter are asking whether understanding of people's reaction to bereavement 'is based on the cultural values of

modernity, rather than on any substantial data relating to what people actually do' (2001: 34). They are suggesting that the new biographical/continuing bonds models are supported by a research paradigm that utilises reflexivity and narrative, and in doing so 'allows the development of small narratives and contingent meanings, a characteristic of postmodernity' (Small, 2001: 35). Late modernity, where private experience has been manipulated by expert discourse, has given way to postmodernity, where 'private experience invades and fragments public discourse' (Walter, 1994: 39), and the authority is the self.

SCENE 3. WHERE I INTRODUCE 'CHILDHOOD BEREAVEMENT'

Although it is not known how many children and young people are bereaved each year, a number of estimates have been made. For example, Ribbens McCarthy with Jessop (2005) draw on Sweeting and others (1998) and Wadsworth (1991) to suggest that between 3.9% and 7.4% of children will lose a parent, whilst Green et al. (2005) suggest that in 2004, approximately 4% of UK 5–16 year olds had been bereaved of a parent or sibling. Based on reports by young people on their experience of 'significant' loss to include first- or second-degree relatives or close friends, Harrington and Harrison (2001) place this much higher at around 78%. In this brief review, I consider the key theoretical accounts of childhood bereavement, including what is currently understood as the potential impact of bereavement in childhood, and the mediators of the impact and experience of childhood bereavement.

Key theoretical accounts of childhood bereavement

Key theoretical accounts of childhood bereavement focus on three dimensions: the impact of their relationship to the person who has died; their reactions to bereavement, and theories of the potential impact of bereavement on them.

The death of a parent or sibling: The impact of the loss of different relationships

Worden (1996) puts parents firmly in the role of the 'most significant other' for a child, suggesting that they are 'in effect their partners in negotiating the essential developmental tasks that will take them to adulthood' (Worden 1996: 9). The death of a parent represents a profound psychological insult (Raveis et al., 1999), and is considered by some (for example, Dyregrov, 1991; Worden, 1996) to be one of the greatest crises in the life of a child, for whom 'never again will the world be as secure a place as it was before' (Grollman, 1967: 15). As a consequence of the death of a parent, the familiar design of family life is completely disrupted, creating changes in the relationships that surround the child and the sources of gratification and discipline (Schuchter and Zisook, 1993). For the surviving parent 'the presence of young children in the home, whatever their age, tends in the short term to be associated with considerable psychological strain' (Parkes, 1986: 163). This responsibility, of providing for the physical and emotional needs of children at a time when, because of their own grief, the

parent is least able to do so, represents a considerable burden (Parkes, 1986). The surviving parent 'must cope with both their children and their own grief while maintaining a functional home even as the structure of the family and its members' roles change' (Schuchter and Zisook, 1993: 38). Thus, the child suffers not only the loss of the parent, but is deprived of the attention s/he needs at a time when extra reassurance is needed (Grollman, 1967), creating what Bertman (1991: 321) suggests is 'a new terror for a bereft child: the loss of one parent, and the symbolic or temporary loss – the unavailability – of the other [which] makes the actual loss of the lone surviving parent a threatening reality'; an experience Riches and Dawson (2000) term a 'double jeopardy'. The death of a parent is, therefore, one of the most fundamental losses a child can face.

When the death of a sister or brother occurs, there will have been a history of a complex set of sibling relationships, and their death presents a different set of challenges for the child, who has been described as the 'forgotten mourner' (Hindmarch, 1995). These include negotiating the ambivalent feelings often found in sibling relationships, as well as feelings of guilt and self reproach (Dyregrov, 1991). Furthermore, when a child has died of a life-limiting illness, the well siblings will have already been living in what Bertman (1991) calls 'houses of chronic sorrow' (1991: 320, citing Bluebond-Langner, 1989). Following the death of a sibling, as well as experiencing the loss of that relationship, the child who has been bereaved will now be in the environment of parents who have lost a child, and on whom there is now a 'need to mourn their *separate* relationships with the child [and] conflicting demands both to let go of the parent role (in the case of the child who died) and, at the same time, to continue to be a parent to the remaining sibling' (Bertman, 1991: 322, emphasis in the original). In grieving for their deceased child, 'parents' ability to maintain meaningful and balanced interaction with the surviving children is far from assured' (Rubin, 1993: 285). Furthermore, they may put an intolerable emotional burden on their remaining children (Pettle and Britten, 1995).

Children's reactions to bereavement

Several authors have described children's reactions to bereavement. Archer (1999) distinguishes four conceptual groupings among the specific reactions. The first two are active distress (distress/anxiety, anger, guilt, yearning, searching) and passive distress (preoccupation, depression, and lack of interest). The third group are those ways of avoiding or mitigating the reality of the loss, for example, numbness and disbelief, and the fourth is the impact of grief on the experience of self and changes in the sense of identity throughout the grief process. Archer (1999) argues that although active distress and depression are aspects which link adult human grief reactions with young children, 'grief goes beyond the straightforward emotions of separation distress to include thought processes and experiences surrounding these emotions, which in turn transform separation distress into a more complex set of reactions' (1999: 66). Christ (2000), drawing on Tremblay and Israel (1998) and Sandler et al. (1992), suggests that the majority of children who have been bereaved have

increased levels of depression, anxiety, somatic complaints and behavioural difficulties. Others (for example, Bowlby, 1961; Dyregrov, 1991) suggest that children experience feelings of denial, sadness, fear, anxiety expressed in bodily symptoms, anger directed towards the deceased parent, the remaining parent, and/or doctors and nurses, panic about abandonment, pain and despair, guilt, loneliness, responsibility, isolation and self-reproach. Archer (1999) also argues that children, unlike adults, do not have strategies to minimise or avoid the psychological pain of grief. Ribbens McCarthy with Jessop (2005) identifies the potential for a desperate struggle that young people may have in trying to understand and cope with overwhelming and unexpected feelings following a deeply felt bereavement.

The potential impact of bereavement on children

Christ (2000) draws on a number of studies (including Osterweis et al., 1984; Weller et al., 1991; and Worden, 1996) to suggest that children bereaved of a parent 'may constitute a vulnerable population at increased risk of social impairment and/or psychopathology not only during the immediate post-bereavement period, but extending into adulthood as well' (Christ, 2000: 16). Nevertheless, there are unresolved questions arising from studies that argue that, one year after parental bereavement, children who have been bereaved are comparable to their peers, and Worden and Silverman (1996) suggest that the findings on the emotional impact of parental death for dependent children have not been consistent due to serious methodological limitations. Christ (2000) cites some of these as issues of sampling (middle-class, 'intact', families), the exclusion of children with psychiatric history, the use of standardised measures of anxiety and depression, and some results being based on parental report of behaviours. With respect to sibling bereavement, there may be long-term implications for surviving siblings, who continue to report, seven to nine years after a child's death, various behaviours that they attribute to the death of their sibling (Davies, 1991; Dowdney, 2000), and for whom there is a higher risk of psychiatric disorder in childhood (Rutter, 1966) and in later life (Black, 1996). Hurd's (1999) study sought to determine if depression is an inevitable outcome of childhood bereavement experiences. Despite this, Nagara (1970) suggests that the death of a sibling does not usually have the same developmental implications as the death of a parent, although there may be increased parental anxiety and over-protection (Dyregrov, 1991). Others, however, disagree, arguing that the death of a sibling can impair the emotional development of the surviving child (Crehan, 2004). Indeed, Balk (1983) suggests that adolescents demonstrate increased maturity following sibling bereavement, as a result of having coped successfully and negotiated the changes, although later (1990) argues that this may not always be the case, with adolescents experiencing an increase in thoughts of suicide. Ribbens McCarthy (2006) notes that the impact of parental and sibling bereavement is not determined, but a feature of the complex relationships between individual, family and social characteristics, in which some will fare better than others, and concludes that bereavement may be a risk factor in the lives of some young people.

Determinants of the experience and impact of bereavement

How a child experiences and responds to the death of a significant person, what happens afterwards, and the accommodation or 'timely reconstitution' that a child is able to make, is the result of a complex set of interactions between the significant relationships and experiences that surround a child, and appear to be powerfully associated with outcome (Christ, 2000). Clark et al. (1994) have identified three typologies of bereavement theory with respect to children: the '*blunt trauma*' models of early perspectives on bereavement that attempt to link adult psychopathology with the loss of a parent in childhood; the '*shock-aftershock*' models where bereavement is seen not as a single event, but one that is mediated by determinants and the impact is carried forward into adult life; and the '*cascade*' models of bereavement, involving an interaction of the specific meaning of the death, the child's characteristics of resilience and vulnerability, and the child's stage of development. I briefly explore some of these interactive mediators or determinants including: the child's characteristics, the circumstances around the death, what life is like afterwards, and relationships with peers and school.

The child's characteristics

The child's characteristics include their gender, age and level of cognitive and emotional development, which impacts on their capacity to understand death and to mourn, each of which differentiates and affects the experience of bereavement.

The influence of gender

The significance of gender is unclear. Worden et al. (1999) suggest that boys are more affected than girls by the loss of a parent, and girls more than boys by the loss of a sibling, whilst Raveis et al. (1999) found that boys reported lower levels of depressive symptoms than girls. However, this is contradicted by Dowdney et al. (1999) who argue that there is more psychological disturbance, post-bereavement, in boys than in girls.

Death concept and the capacity to mourn

There is also uncertainty about the age at which a child develops a capacity to mourn. According to Speece and Brent (1984), children under 7 have a very limited understanding of the meaning of death, with children at 5 conceiving of death as reversible (Nagy, 1948) and meaning disappearance (Anthony, 1940). However, the capacity to understand the concept of death as permanent, irreversible, inevitable, and universal comes with a number of factors including: the child's cognitive maturation (Dyregrov, 1991; Oltjenbruns, 2001), individual differences in circumstances, adult-child interactions (Wass, 1991), as well as their experience of death, religious beliefs and what they are told (Stambrook and Parker 1987; Anthony and Bhana, 1988–9). Thus, more recent writers locate a child's understanding of death in their social experience, rather than in their developmental age. However, a number

of commentators argue that even very young children have a concept of death (Black, 1996) although, as Corr (1991) notes, the capacity to *conceptualise* is different from *understanding the significance* of it. Furthermore, the expression of sadness does not require the child to have a concept of death (Furman, 1974), an argument supported by Bowlby (1960; 1979; 1998) who argues that children can show grief reactions as soon as they have developed attached relationships, and that these can be seen in children as young as 6-months old.

Adolescents are less physically dependent on adults for their care. Nevertheless, death and the death of a parent or sibling has significance; Ribbens McCarthy (2005) identifies the potential for a desperate struggle that young people may have in trying to understand and cope with overwhelming and unexpected feelings following a deeply felt bereavement, and that coping with dying has the special quality of facing a double crisis in a transitional phase. The conflicts they experience are between separation versus reunion, abandonment versus safety, independence versus dependence, and closeness versus distance, and these echo the processes in adolescent mourning: experiencing the need to separate, protest at this experience, a search for ways to overcome, being challenged by a situation not of their making, feeling disorientated/ disorganised, and called upon to reorganise their lives (Corr, 1991). As a result, 'this teaches us about the difficulties in distinguishing processes of development in adolescents from those of grief, mourning, and coping with bereavement' (Corr, 1991: 44). Noppe and Noppe (1997) suggest that the meaning of death evolves throughout adolescence, and link transformations in the death concept to the different developmental tasks across the transitional period of adolescence, in particular, to achieving emotional separation, mastery and control, and intimacy and commitment. Indeed, Wass (1991: 27) proposes that 'in a sense, the entire period of adolescence is about death and loss, the loss of childhood and of the protective warmth of the support coming with it'. The death of a parent in adolescence, Abrams (1999) argues, 'interferes at every level with the business of being young and growing up...[and]...creates impossibly conflicting needs' (1999: xiv). She argues that 'the struggle is not only how to cope with the bereavement itself, but also how to cope with it in the context of an unaccommodating world' (1999: xiv).

Circumstances around the death

The circumstances surrounding the death includes a number of aspects: how the person died, how and what children are told, if and how involved they are in the funeral, who remains, and what life is like afterwards.

How the person died

An anticipated death in which there is some warning helps lower anxieties (Black, 1998). By contrast, a sudden death is 'a shock to the family system' (Handsley, 2001) placing it under great strain. These deaths often have a traumatic aspect resulting in a stronger impact on adults, and the desire to protect children from too much detail (Dyregrov, 1991). Indeed,

children who have witnessed a violent death may develop post-traumatic stress disorder (Pynoos et al., 1987) and the children of murdered parents may well need specialised help (Black et al., 1992). The death of a parent or sibling by suicide presents particular difficulties for a child, not only because these are invariably violent deaths, but also because they challenge the child's notions of the world and what people can do (Dyregrov, 1991). In addition, bereavement through murder and suicide is often accompanied by stigma and notoriety, which have consequences for the future life of a person who has been bereaved, including fears for their own safety (Riches and Dawson, 2000).

How and what children are told and how involved they are in the funeral

Learning of the death is a significant moment (Worden, 1996); parents are confronted with decisions about what, when and how to tell their children about the events surrounding the illness and death and, although children vary in their emotional and behavioural reactions, their responses are strongly influenced by those of the surviving parent and other adults (Worden, 1996). Forewarning can help the child prepare (Black, 1998) but, for many reasons, parents will deny their children information (Black, 1996; Silverman, 2000), or provide information at the time of diagnosis, but not keep the child updated (Dyregrov, 1991). Black (1998) argues that children benefit from attending funerals, which are important mediators in the course and outcome, of bereavement, helping children to acknowledge the death, honour the life of the deceased, and experience support and comfort (Worden, 1996).

Who remains

The active coping style of the surviving parent appears to affect outcome for the child (Christ, 2000). Hurd's (1999) study suggests that Bowlby's prediction, that healthy mourning during childhood can be influenced by certain positive family factors, is corroborated by adults' retrospective view of their childhood bereavement experience. Key factors contributing to healthy childhood mourning included positive relationships between the child and both parents, ample emotional and psychological support from the surviving parent, and open and honest communication with the child about the death and its impact on the family (Hurd, 1999; Raveis et al., 1999).

What life is like afterwards

Death has an impact on the practical aspects of everyday life (Melvin and Lukeman, 2000), as well as on our 'internal working models' of the family (Riches and Dawson, 2000: 5). According to Worden (1996) positive adjustment is associated with fewer daily life changes, but change is inevitable, including in domestic arrangements such as who undertakes the chores and household duties, in sleeping arrangements, and in arrangements for mealtimes (Worden, 1996). Death may also involve more significant changes in the family's financial status, creating difficulties for the surviving members to manage (Corden et al., 2002). According to Worden (1996), the most frequent changes are experienced in the first four

months especially following the death of a mother, and there may be increased resentment on the part of the child at added responsibilities, especially related to chores. However, this depends on the quality of the pre-death relationship and, with changing roles between partners and the greater inclusion of children within the social economy of the household, this may no longer be the case. When the parent(s) are unavailable, the child needs support from outside, and access to a replacement person can have positive effects on the child (Dyregrov, 1991; Melvin and Lukeman, 2000), although the surviving parent's new relationships may present the child with difficulty. Significant changes in communication patterns also occur, including difficulty talking about the dead person or particular topics that may cause distress, the censoring of information, and who talks to whom (Moos, 1995). Balk (1990) argues that siblings, in trying to appear to cope, may not be given opportunities to talk, but children may also understand the burden under which the parent(s) struggle and adjust their behaviour accordingly (Silverman, 2000). In addition, parents may be unwilling to discuss details of the death and their own feelings about it (Riches and Dawson, 2000).

Child's relationships to peers and school

The school is an important setting for a child who has been bereaved; it is a social environment that influences the meaning of loss (Rowling, 2003; Rowling and Holland, 2000), either providing a potential haven of peace and normality (Pennells and Smith, 1995) and peer support (Ribbens McCarthy, 2006), or being a source of increased distress and isolation (Hindmarch, 1995; Rowling, 2003). Peers are both sources of comfort, especially having a friend who has had a similar experience, or friends who knew the person who has died. But children may not talk for a number of reasons including their fear of crying, awkwardness on the part of friends, their friends not knowing or caring about the death, and it feeling too personal (Worden, 1996). Late adolescents talk to peers more than parents, despite greater closeness to parents than in previous periods of adolescence (Noppe and Noppe, 1997). The maintenance of contact with other children at school is also important, especially if there is also parental grief (Walsh and McGoldrick, 1991). However, many siblings feel peers and teachers do not understand their feelings (Hindmarch, 1995), and school problems arise because of increased teasing (Rowling, 2003) and episodes of aggression, not being understood by peers and teachers, and through poor concentration (Pettle and Britten, 1995). In some cases, the school community itself may be experiencing loss if one of its child or adult members has died. Schools that provide both open discussions about life and death for its pupils, as well as individual support if a death occurs, offer a protective moderating factor to the child who has been bereaved (Dyregrov, 1991).

SCENE 4. WHERE I INTRODUCE 'CHILDHOOD BEREAVEMENT SERVICES'

The emergence of death, dying, and bereavement as a post World War II field of enquiry has had a particular influence on the development of bereavement services. According to Benoliel (1994), death and bereavement studies gained momentum during the post war period, stimulated by a number of factors. These included a powerful death anxiety following the use of atomic bombs on Hiroshima and Nagasaki, a depersonalisation of many aspects of human existence as a result of the rise of new technologies, the rise in the mental health movement, and the rapid expansion of organised sciences and research funded by society, resulting in the substantial body of theoretical work outlined earlier (Benoliel, 1994). These developments are part of the 'revival of death', a term Walter (1994) uses as a metaphor for the idea that death, as a topic of discourse, has died, that statistical rationalism has colonised the emotions of the dying and their survivors, and the corpse is 'in the efficient hands of Reason rather than the ritual hands of Religion' (1994: 12). Within an increasingly secular society, there has been a rise in individualism (Beck, 1991; Wilkinson, 1996), and religiously based community rituals and bereavement support have been lost, giving way to the privatisation, commercialisation and professionalisation of death (Walter, 1994). This privatised and professionalised service development has included the growth and expansion of hospices, specialist palliative care and bereavement services, which, until recently, have focussed on the needs of adults who had been bereaved. However, during the last decade within the UK, the cultural shift in the discourse on 'children' and on 'bereavement' has led to increased attention to the grief of children, previously conceptualised within the parental relationship, and to a rise in the number of services being provided to meet their needs following a significant death (Rolls and Payne, 2003).

Childhood bereavement services can be conceptualised in two ways. Firstly, childhood bereavement services are *individual organisations* that provide some level of intervention for children and their families. Secondly, drawing on Qvortrup's (1994) notion introduced earlier, childhood bereavement services are a *structural form* of health and social care provision for children, arising in the specific cultural and historical context of the late 20th century developed world. As these services have developed, individual providers have begun to write about them, describing: the practical issues involved in developing services (Stokes et al., 1999; Melvin and Lukeman, 2000; Worswick, 2000); types of interventions that services use (Fleming and Balmer, 1991; Thompson, 1995; Stokes and Crossley, 1996; Potts et al., 1999; Paton, 2004); the development of assessment tools for childhood bereavement services (Birenbaum, 2000); the results of evaluations of particular services (Williams et al., 1998; Phillips and Burt, 1999); as well as commenting on the problematic nature of evaluating childhood bereavement services (Stokes et al., 1997). There has also been a review of services available in the UK for children who had been bereaved (Blanche and Smith, 2000). However, as this major player enters the stage, and whilst there have been these practically

grounded writings, a body of formalised, academic research into childhood bereavement services has not yet developed. As a consequence, there is both a lack of social analysis of services that arises from this type of body of work, and little discussion about the implications of social policy for them, or of their impact or contribution to social policy agendas. Indeed, until the research on which this thesis is based was undertaken, little was known about childhood bereavement services as a structural form of UK health and social welfare provision, or about the similarities and differences between individual services, in terms of what interventions they offer to children and their families, and how they are organised, funded, and staffed.

NARRATOR'S SUMMARY AND DISCUSSION

In Act 1, I explored the cultural context in which the work of childhood bereavement services takes place, and described the theoretically diverse frameworks that surround childhood, bereavement, childhood bereavement and childhood bereavement services. In Scene 1, I presented a number of theoretical perspectives that influence our understanding of children and childhood, and outlined recent changes to legislation that are beginning to have a major impact on the organisation of services for children in the UK. However, despite these legislative changes, what remains contested are the boundaries or the demarcation between the ways in which childhood is defined, between adulthood and childhood (Foley, 2001), and the extent to which the voices of children can be heard. Furthermore, children still do not count (Qvortrup, 1997), that is, they are hidden statistically because, as Wyness (2000: 25) argues, 'they are not expected to have a stake in the present social, economic or political arrangements'. This invisibility is evident in the difficulty of determining the number of children bereaved annually in the UK as, to date, these records are not collected. In addition, despite a rise in the desire to include children and to have their voices heard in broader social contexts such as the family courts, tensions still exist about their reliability, for example, as witnesses; a concern that rests on ideas about the level of their developmental competence. Furthermore, in the late 20th and early 21st centuries, children are still subject to physical, emotional and sexual abuse and, separated into 'the *social institution of childhood*, have found adults deaf to their unhappiness, confusion and sense of loss' (Foley, 2001: 2, my emphasis).

The importance of Scene 1 lies in two aspects. Firstly, the UK social policy context surrounding childhood bereavement services is progressively focussing on the needs of children. This means that their work is increasing in importance, as a result of their potential to meet a policy agenda. This is especially the case in relation to their capacity to contribute to the intrinsic health and development of the child for whom there have been profound changes in their family circumstances following the death of a parent or sibling. Secondly, it indicates that different disciplines 'construct' children and the notion of childhood in various

ways and that, despite this more child-orientated policy agenda, there remains an ambivalence and uncertainty about the nature of childhood and the needs of children. I will draw on these conflicting cultural aspects in due course in Scene 19 when I emphasise their contribution to the emotional work of childhood bereavement services and, again, in Part 4: The Epilogue.

In Scene 2, I introduced a number of definitions of mourning, grief and bereavement, and situated these within their respective disciplinary traditions. These diverse and apparently competing discourses are expressed through the particular use of language and within the power relations that surround their development and later critique. Furthermore, alongside this, there are tensions that arise from the different interpretations of bereavement theories and the use of these theories in practice. This shift from insight to prescription arises as a result of a process described by Walter (1999) as the use of 'clinical lore', in which many practitioners working with those who have been bereaved transmute and solidify theories and models into a fixed sequence through which every person who has been bereaved must pass in order to 'recover' from bereavement. In this Scene, however, I was not concerned with offering a critique of the respective bereavement discourses, or with an analysis of the discourse of services. Rather, as Payne et al. (1999: 1) suggest, the 'social and individual constructions of the "right" and "wrong" ways to accomplish the necessary adaptations are proving complex and demanding areas of study', and these competing theories, of what the outcome of bereavement is and how individuals can be helped, together with the absence of a shared discourse, have important ramifications for the emotional work of staff that I will be exploring more fully in Scene 7 and in Part 4: The Epilogue.

In Scene 3, I described the potential impact on children of the relationship to the deceased, the capacity of children to understand death and to mourn, and some of the key theoretical accounts of childhood bereavement, including what impact bereavement in childhood may have on them, and how this may be reduced. Despite wide agreement that there is an initial experience of difficulty for children following a significant death, there is some debate about the long-term impact of bereavement on children (Harrington and Harrison, 1999), and cultural concern about the benefits of counselling (Doughty, 1999). Nevertheless, whilst death is a universal event, the subjective experience of bereavement is mediated through the interaction of the specific meaning of the death, the child's characteristics of resilience and vulnerability, and the child's stage of development (Rolls, 2004). It is also embedded in the social, cultural and historical context in which it takes place. For this reason, Ribbens McCarthy (2005) argues for a range of provision to be widely available to children who have been bereaved, particularly those who are already vulnerable or living in disadvantaged circumstances.

What is of interest here is that not only is there no agreement about the long-term impact of bereavement on a child, or clear links between adult psychopathology and the bereavement of children in childhood, but that, with few exceptions, they are largely absent from theories and models of grief and bereavement. There are no bereavement theories in which the voice of children predominates in their own right, that is situated in their rather than their caretaker's experience, and encompasses the complexity of their own development and the variety of family compositions and circumstances (Rolls and Payne, 2007). Rather, ideas about their bereavement experience are borrowed and adapted from theories and models that apply, in the first instance, to adults. The reason for this is unclear, but may well be part of the prevailing, deterministic view of childhood, that is, in their *becoming* rather than in their *being* (Rolls and Payne, 2004). Nevertheless, children have recently been given a voice in a number of ways (Chowns et al., 2005) and, in contrast to the professional or academic literature that *describes* children's experience in terms of 'symptoms and behaviours', or what children must 'do', there is a small but increasing literature that comes closer to articulating children's emotional experience of grief in terms of the feelings it evokes, and their reactions to death. Nevertheless, as Scene 4 identified, despite these uncertainties surrounding children and their bereavement, services designed specifically to work with children who have been bereaved have developed over the last decade of the 20th century and their numbers are continuing to grow (Rolls and Payne, 2003).

What Act 1 has illuminated is the uncertainty of the cultural context in which UK childhood bereavement services are located, of the competing discourses on childhood and bereavement, and the lack of agreement about the impact of bereavement on a child. Each of these has implications for the organisation of childhood bereavement services, the way in which services engage with children as their primary users, as well as for their emotion/al work. Furthermore, this context has implications for those, including myself, who research areas in which children are the key informants, and I will discuss this aspect more fully in Act 2. For the present, it is important to emphasise that, whilst the thesis is not expressly exploring the cultural context in which both children who have been bereaved and childhood bereavement services are located, or their bereavement discourse, it is concerned with the consequences of this lack of agreement for childhood bereavement service staff. This uncertainty creates tensions for, and places limitations on, the work of childhood bereavement services and it is these, rather than the context itself, that are at the heart of my thesis.

Having introduced the key players and outlined some of the broad aspects of the cultural context within which childhood bereavement services are situated, I will now describe the study on which my thesis is based, and introduce further 'characters' in the Play.

ACT 2. THE RESEARCH STUDY AND THE CHARACTERS IN THE PLAY

'... in your research there must always be passion...' Pavlov

NARRATOR'S INTRODUCTION

Act 2 comprises of a single Scene in which I describe the study, including the background and nature of the changes, and the methodological and ethical issues that needed consideration. My reasons for presenting this are two-fold. I want to situate my theoretical development of the emotion/al work of services within its original research context, and I want to emphasise the extensive work that undertaking the study entailed; an issue to which I return in Act 8 and in the Epilogue. Scene 5 further contextualises the emotion/al work of childhood bereavement services, as they (the staff who work within them) and I (the researcher) begin to emerge as discrete 'characters' in the Play.

SCENE 5. THE RESEARCH STUDY

In this Scene, I describe the research study that provides both the background to the thesis, and is the source of, the (re)interpreted data. It would be easy to give the impression that the development of the original research study was unproblematic, but this would mask my lengthy struggle to initiate it. Firstly, unexpectedly, I had to extend the main focus of the study from the one described in the proposal to the funders. Secondly, I became aware that further thought needed to be given to the complex methodological and ethical issues that the study involved. Thirdly, and linked to the sensitive nature of the research, I became mindful of its potential impact on me as researcher, and of the need to develop strategies to manage this.

I begin in an autobiographical voice in order to situate the research origins in this personal context, and to begin elaborating the exciting, emotional and, at times, unmanageable research experience through which I gained insights into the complexity of the emotion/al work of service staff. I then focus on the interrelated issues that surrounded the creation and (re)creation of the research design and, because the experience contributed to my thinking about the emotion/al work of services, I pay particular attention to the centrality of the methodological concerns and ethical issues involved in research with children who have been bereaved. Finally, I describe how the study was conducted and the data analysed.

Introducing the researcher and the serendipity of research beginnings

Autobiographical Voice 1:

During the early 1980s, as part of my work as a new lecturer, I was responsible for leading a 'Certificate in Health Education' course. In order to staff the curriculum appropriately, I recruited a variety of health and social care practitioners to offer the students an applied subject specialism. It was at this time that I first met Julie Stokes, later founder of Winston's Wish, a Gloucestershire based childhood bereavement service, who was then a Clinical Psychologist working locally and, in that context, I invited her to contribute to the course. Over time, both the course and personal circumstances changed, and our professional lives went in separate ways. Alongside my teaching role, I became increasingly involved with the Health Education Authority (HEA) (now the Health Development Agency) and, in the first half of the 1990s, I accepted a full-time secondment from the University to the HEA in London, as their Professional Development Manager and later managing a number of UK-wide professional development projects on their behalf. In 1995, I returned to my post at the University where I resumed my lecturing role, whilst continuing to manage projects for the HEA. Shortly after my return, I met Julie again whilst she was attending a meeting with a colleague, and we had a chance to catch up on our respective pasts. During the course of the conversation, we spoke about Winston's Wish, and she said that they were keen to evaluate the service. As this was something I felt we, the local academic institution, could undertake, we met again to discuss this further and, as a result, I agreed to develop a research proposal and try to obtain funding. In addition, I asked Dr (now Professor) Sheila Payne if she would be willing to provide academic support to the study and she agreed. During the next four years, I submitted proposals to a number of funding organisations including the ESRC, the NHS, the DoH, the Lottery Fund, and the Joseph Rowntree Trust. Over this period, their focus changed from an evaluation of one service (Winston's Wish) to a comparative study between Winston's Wish and one other and, for each application, the proposal was shaped to meet the agenda of the respective funder. By July 1999, I had received my eighth rejection and felt that, as this work seemed not to 'have my name on it', I would let the matter rest. However, Julie had been successful in gaining funds from the Clara E. Burgess Charity and so, following encouragement from her, I telephoned to ask if they would consider funding this research. They asked me to explain the study and, despite normally only funding projects for service providers, they invited me to submit my proposal. They indicated that they had allocated funds for that year, but would consider it for the following one. Within three weeks, I received notice that they would fully fund the research for three years.

(Re)creating the research design

The funded research began as a comparative, evaluative study between two childhood bereavement services. During the early days of the study, and in virtual ignorance about services, I met the Project Director of the Childhood Bereavement Network (CBN) (see

Glossary of Terms) who I hoped would help me identify the second service. During our conversation, I began to understand that the field of childhood bereavement services was more extensive than I had realised, both in terms of the numbers and spread across the UK. I recognised, therefore, that the arbitrary selection of a second service from such a large field would be inappropriate. I also learnt that it was an almost entirely un-researched area of social provision. Moreover, a key question began to emerge about how I could evaluate what had not yet been described and defined; for without a deeper understanding of the 'phenomena' of services, it would be difficult to undertake a meaningful evaluation. It became clear that a different type of study was required; one that would explore the nature, range and scope of the organisation and provision of childhood bereavement services, including the experience of staff and the constraints and difficulties to which they were subject. Furthermore, in order to situate services in the context of their constituency through which I could develop an understanding of the meaning of services, I felt that the inclusion of the children and parents was needed.

This reflection led to the development of an exploratory study of childhood bereavement services with a revised set of research questions that reflected the two separate worlds of service providers and service users, as well as my own interest in what meaning people gave to their experience: namely: 1) *what features contribute to a helpful childhood bereavement service, and in what ways can a childhood bereavement service be provided?* and 2) *what is essential for the experience of using a childhood bereavement service, to be described by users, as helpful?* However, before I describe the study, I want to explain how I approached the literature from which many of the ideas in this Scene, and in Act 1 earlier, were derived.

Exploring the literature and the questions this raised

My purpose in exploring the literature has been two-fold: firstly, I wanted to understand something of the competing key theories, concepts, ideas, and political standpoints (Hart, 1998) that underpin service provision, and to locate these categories epistemologically, as the knowledge base(s) from which I could view the phenomena of childhood bereavement services, and upon which service provision is founded. Secondly, I wanted to develop a deeper understanding, not only of methodology but also of epistemology, which would situate the research in a way that felt appropriate, and provide a sound basis on which to make decisions about the study. For both the original study and this thesis, I used electronic databases, searched the indices of key journals, and scanned reference lists. I kept these records in Reference Manager, a computer-based bibliography management tool, developing my own keyword system that I was then able to use for searches.

The 'fruits' of my original review of categories were presented in Act 1. Here I discuss three major questions that this reading provoked. Firstly, linked to the complex epistemological

questions about the nature of knowledge, I had to reflect on the question of authority and meaning. Secondly, as I was interested in the world of users, the key participant from whom meaning should be derived were children who had been bereaved. As a result, I had to address the question about whether, and if so how, to include them as research participants. Thirdly, in changing the focus of the study from service evaluation to research that was concerned with the construction and meaning of the experience of those working in and using them, I became more aware of its sensitive nature. I will discuss each of these three issues in turn.

Authority and meaning

Research is underpinned, explicitly and implicitly, by a set of assumptions that we hold about the world, defining what can be sought and how it can be found, and it is into these that all aspects of the research enterprise fall. Denzin and Lincoln (1998) suggest that, during the 20th century, research crossed five historical moments associated with particular paradigms, each of which are still operating in the present. Latterly, dominant positivism and the period they describe as one of 'blurred genres' has been followed by a period of a crisis in representation and a struggle to locate the researcher within the research process and, most recently up to the present time, by a period of doubt in all previous paradigms. I found entering the research world at this stage and making sense of texts, themselves trying to make sense of claims and counterclaims, no easy task. As Denzin and Lincoln (1998) conclude, an 'embarrassment of choices' now exists, and each historical moment is operating in the present.

In trying to grasp the methodological 'nettle', I found the work of Crotty (1998) very helpful. He argues that the 'great divide' in research is not, as is often reflected in the research literature, between the relative merits of qualitative versus quantitative research *methods*, but between the positivist (particularly objectivist) and constructivist perspectives. His key argument is that social constructionism is at once realist and relativist, bringing 'objectivity' and 'subjectivity' together and holding them indissolubly. According to Crotty, realism (defined as a belief in realities existing outside of the mind) implies objectivism (defined as meaning existing in objects independently of any consciousness). However, he maintains that these are not the same, and as a result it is possible to be both realist (an ontological position) *and* constructionist (an epistemological one). His contention is that, whilst it is possible to conceive of the existence of a world without a mind, without a mind meaning is not possible (Crotty, 1998). This links to Seale's (2004b: 510) view that social constructionism is 'a phenomena of the social and cultural world and their meanings are created in human social interaction'. Crotty's argument is thus that reality exists but not a world of meaning until a meaning making being makes sense of it; things exist independently of our consciousness but meanings do not. Others, for example Taylor and White (2000: 23), suggest a view of 'the world as real, but knowledge as contingency'; what Hammersley (1992) describes as 'subtle

realism'. This view suggests that it is within human practices and interactions that meaning is constructed. Furthermore, meaning is 'constructed by human beings as they engage with the world they are interpreting' (Crotty, 1998: 43), thus emphasising the essentially social, relational and conscious context of meaning-making. Meaning is also constructed through the institutions that we inhabit: the 'source of the interpretive strategies whereby we construct meaning' (Crotty, 1998: 53). Furthermore, even though they are 'only too often articulated under the rubric (of it)' (1998:16), Crotty (1998: 9) also delineates constructionism, in which 'meaning is not discovered, but constructed', from post-structural subjectivism in which meaning 'does not come out of the interplay between subject and object but is imposed on the object by the subject'.

In thinking about questions of authority and meaning, I found it helpful to clarify my position within this realist-constructionist perspective. It had relevance for the original study, but it also formed the central ontological and epistemological platform – the construction of meaning derived from my 'being-in-the-world' – through which the central argument of this thesis has emerged, and I will return to this in Scenes 10 and 11. Furthermore, personal and cultural meaning are at the heart of questions about bereavement and how we respond to those for whom a significant person has died; an issue that is central to the work of services.

Researching children who have been bereaved

Drawing on Qvortrup (1994), Alderson (1995) suggests that in most social science research, children are absent or invisible, arguing that 'public world' research has little reference to children, and 'private world' research draws largely on replies by parents, teachers, and other adults, rather than directly from children themselves. This reinforces common prejudices that 'children do not have views worth hearing' (1995: 40). Furthermore, with most research impersonal, atomised, and processed through tick boxes, 'very little research is devoted to listening to children at length and seeing how their responses deeply express their individual experiences' (Alderson, 1995: 40). One reason for this may be the invisibility of children described earlier, but it may also be because research with children and gaining access to their private accounts is problematic. Alldred (1998: 150) argues that 'developmental discourses exacerbate children's objectification within research', and children are identified as closely associated with emotions, which can disqualify them as research participants. Furthermore, the failure to meet the expectations of conventional interview research (of consistency, and of 'independence' from the researcher) can be interpreted as the failings of children to be successful interviewees, rather than as problems with the mythical notion of the 'individual' that underpins the approach (Alldred, 1998). Alldred (1998) also argues that interviews with children might not necessarily be empowering for them, as they have to operate within an adult-centred frame of reference and make themselves meaningful within adult-dominated culture and language. Moreover, it is quite likely that the accounts or voices of children who have been bereaved will be re-presentations of the adult discourses of

emotion and bereavement to which they have been exposed. Wolcott (2001) considers the term 'voice' ambiguous and draws attention to the use of the word 'standpoint', but Edwards and Ribbens (1998) suggest that the term 'voice' is organised around 'hearing' as well as 'representing'. Spivak (1988) distinguishes between representation as *proxy* and as *portrayal*, and notes the ambivalence about what the word means epistemologically. However, the dilemma in all research with children is the question of representation: what claims can be made and what meanings may be reinforced unwillingly in doing so, and the struggle of researchers to 'hear the voices' of children reflects children's own struggles for recognition as 'subjects' with identity and status (Alldred, 1998).

I commented in Scene 1 that within the last decade, there has been a policy shift in relation to children through which the right of the child to have their own voice heard has been foregrounded. This recent interest in children is also evidenced within a burgeoning bereavement literature, where children and young people are increasingly represented in studies concerned with, for example, children's understanding of death (Speece and Brent, 1984; Noppe and Noppe, 1997), the implications for the development of the child (Melvin and Lukeman, 2000), children's needs once a death has occurred (Silverman and Worden, 1992; Harrington, 1996; Worden, 1996; Harrington and Harrison, 1999; Riches and Dawson, 2000), children's experience following the death of a parent (Christ, 2000) and the bereavement tasks for children (Silverman and Worden, 1992; Worden 1996). Nevertheless, what is worthy of note is that the majority leave the notion of 'childhood' untheorised, children are largely located in a functionalist/determinist model, their contribution to research studies is mediated through their adult caretakers and, as I identified in Act 1, they are largely absent from theories or models of bereavement. Recent exceptions to this include Holland's (2001) work on understanding the experience of school age children bereaved through the death of a parent; a study based on the retrospective memory of *adults* who experienced this loss in childhood. Another example is Christ's (2000) study, on the responses of families and children at 6 and 14 months following the death of a parent, which provides a model of bereavement support, relating the contemporaneous experience of children with their developmental age groups, as determined by the cognitive, emotional and socio-ecological characteristics that emerged from the data. The bereavement model provided is based on the idea of bereavement outcome as 'reconstitution', defined as the extent of a return to levels of pre-bereavement, *adult determined*, functioning, following a Parent Guidance Intervention or a supportive reflective intervention.

The first question I had to address, therefore, was whether it would serve the 'best interests' of children to be involved, and if so, whether this should be directly – that is, representing themselves – or by proxy, being represented by others (Greig and Taylor 1999). In making the decision to include them as participants in their own right, I was influenced by both Alldred (1998: 150) who suggests that ethnographic research, in enabling children to play a more

direct part in the production of knowledge, 'gives voice' to them and constructs them as active subjects, and Opie (1998) who argues that we empower the socially marginalised by making their experiences central, public, and accessible. As little had been written about children's experiences of bereavement and use of services from their perspective, the study would provide a means through which their 'voice' could be heard and made public. The decision was also made on the basis of the way in which the research could potentially contribute to the quality assurance of service provision, and to policy discussion. However, having decided to include children in the study, a second question arose about how best to address the inter-related ethical and methodological issues including: what kinds of ethical standards were needed; how adults, including myself, could protect children without silencing and excluding them; how I could pursue rigorous enquiry and maintain exacting research standards without distressing or exploiting the children I questioned; and how I could avoid social harm, such as undue intrusion, anxiety, shame, stigma or misrepresentation (Alderson, 1995).

At the outset of the study, the literature that specifically addressed ethical issues with respect to children was limited and drew mainly on ethical issues arising from research with adults. Moreover, specific reference to children was absent from ethical guidelines, for example, the British Educational Research made only one specific reference to children out of five general guidelines and, according to Lindsay (2000), this was unclear. Whilst guidelines are meant to inform our judgements rather than impose standards, and their use recognises that it is the individual researcher who must take responsibility for the methods s/he uses (Hornsby-Smith 1995: 63), I felt I needed more assistance. I found the guidelines provided by the National Children's Bureau (1996) particularly helpful. They incorporated a set of values and principles, as well as ethical standards upon which I could draw, including a commitment to involving children and young people in research; taking a holistic view of them; and working across boundaries between professionals, between agencies, and between children and adults (NCB, 1996). It was within this spirit that I made decisions about the research methods and how to gain access and informed consent.

Researching sensitive issues

According to Lee and Renzetti (1993: 5), a sensitive topic is 'one that potentially poses for those involved a substantial threat, the emergence of which renders problematic for the researcher and/or the researched the collection, holding, and/or dissemination of research data'. It is research where there are concerns about the ethical and professional consequences for the participants (Sieber and Stanley, 1985), there is a potential for threat of intrusion (Lee, 1993), and/or where the subject is taboo (Farberow, 1963). Each of these features applied to the study. There was a potential for professional consequences for childhood bereavement services and ethical consequences in researching bereaved people, especially children. There was a potential threat of intrusion in any attempt to gain access into a socially taboo subject, and there were questions about the potential for the detrimental

consequences of the research on all participants, including myself. As a result, I felt I had to pay particular attention to minimise these and, to do so, I created a particular form of research support termed 'bracketing interviews'. Because of its centrality to my thesis, I will describe this extensively in Act 8.

Research Design and Methodology

In the absence of any data about childhood bereavement services, I designed a two-phase study. Phase 1 comprised a national survey to 'map' services across the UK, whilst Phase 2 adopted an organisational case study design (Yin, 2003). I chose this in order to gain a rich understanding of the experience of participants, and because the complexity of the contextual conditions that surrounded childhood bereavement services was not clearly evident (Rolls and Payne, 2004). Yin (2003) identifies four types of design; each case is related to its context to include either single or multiple cases. This reflects different design situations, in which there can be either a unitary or multiple, embedded unit(s) of analysis. I chose Type 4: a multiple embedded case study design; a type similar to Stake's (1998) notion of the collective case study, which is an instrumental study extended to several cases, and chosen because 'it is believed that understanding them will lead to better understanding, perhaps better theorizing, about a still larger collection of cases' (1998: 89).

The influences, on my decisions about the design and methodology, continued to shape the day-to-day conduct of the study, particularly on: my choice of research methods that would allow meaning to emerge; the ways I could gain access to participants and keep participants safe; and as part of this meaning-making process, the ways I could 'warrant' my authority (Alldred, 1998). As my engagement in this iterative and reflective process had a significant bearing on the development of the ideas that I am putting forward in this thesis, I will give a full account here of my sampling strategies, how I gained access, ensured ethical research practices, and collected and analysed the data.

Sampling, gaining access and ethical research practice

Sampling, gaining access, and considering informed consent as part of ethical research practice are often considered under separate headings in the research literature, and presented unproblematically, particularly in relation to the time these take. For clarity, I also present them as separate entities, although they were inextricably linked and, at times, complex problems that I had to solve. This relational process is presented in Figure 1, and I will describe each aspect in turn.

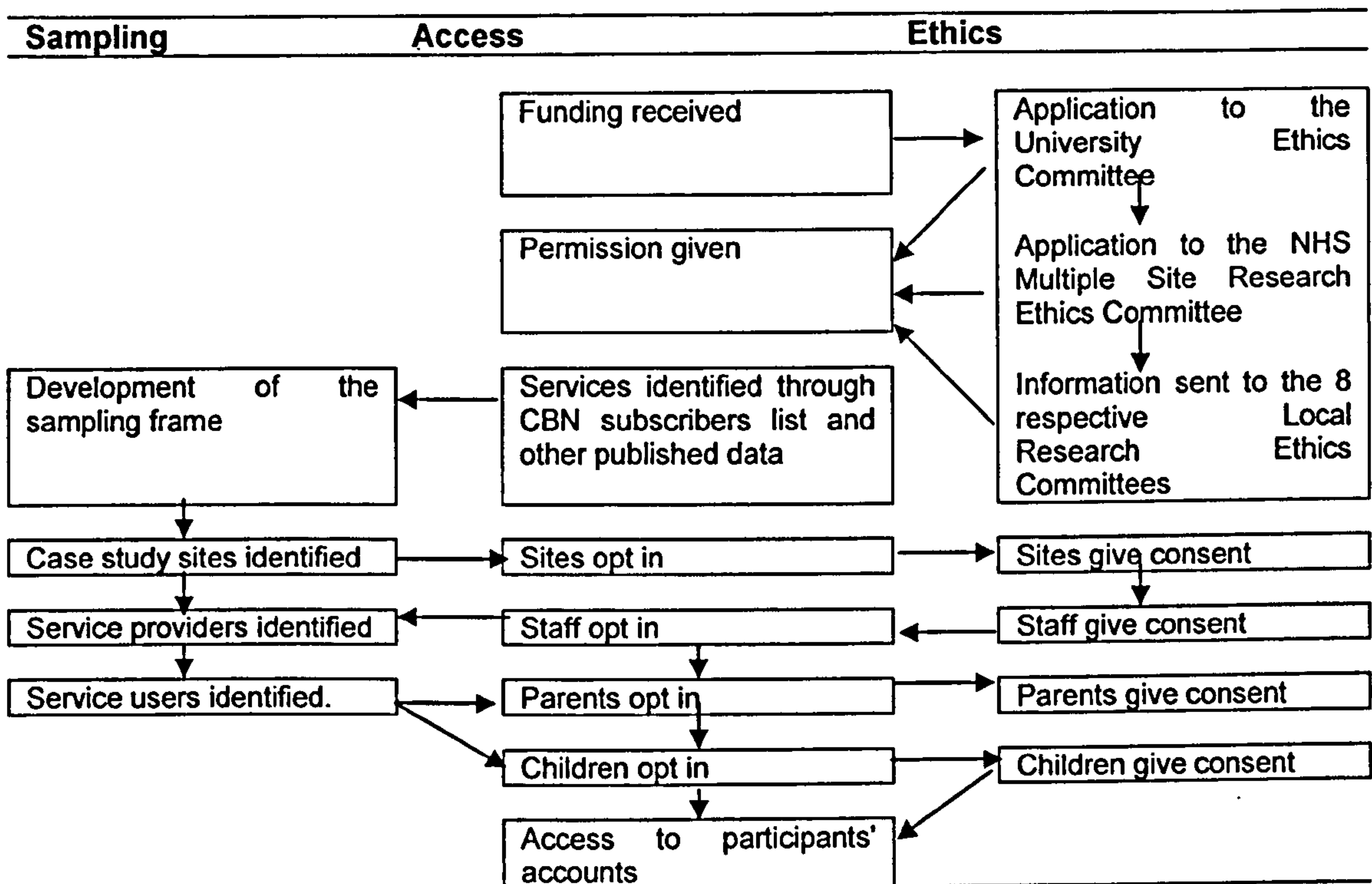


Figure 1: Sampling access and ethics

Sampling

Sampling was undertaken in four stages, allowing me access to the next category of participant and these are outlined in Figure 2.

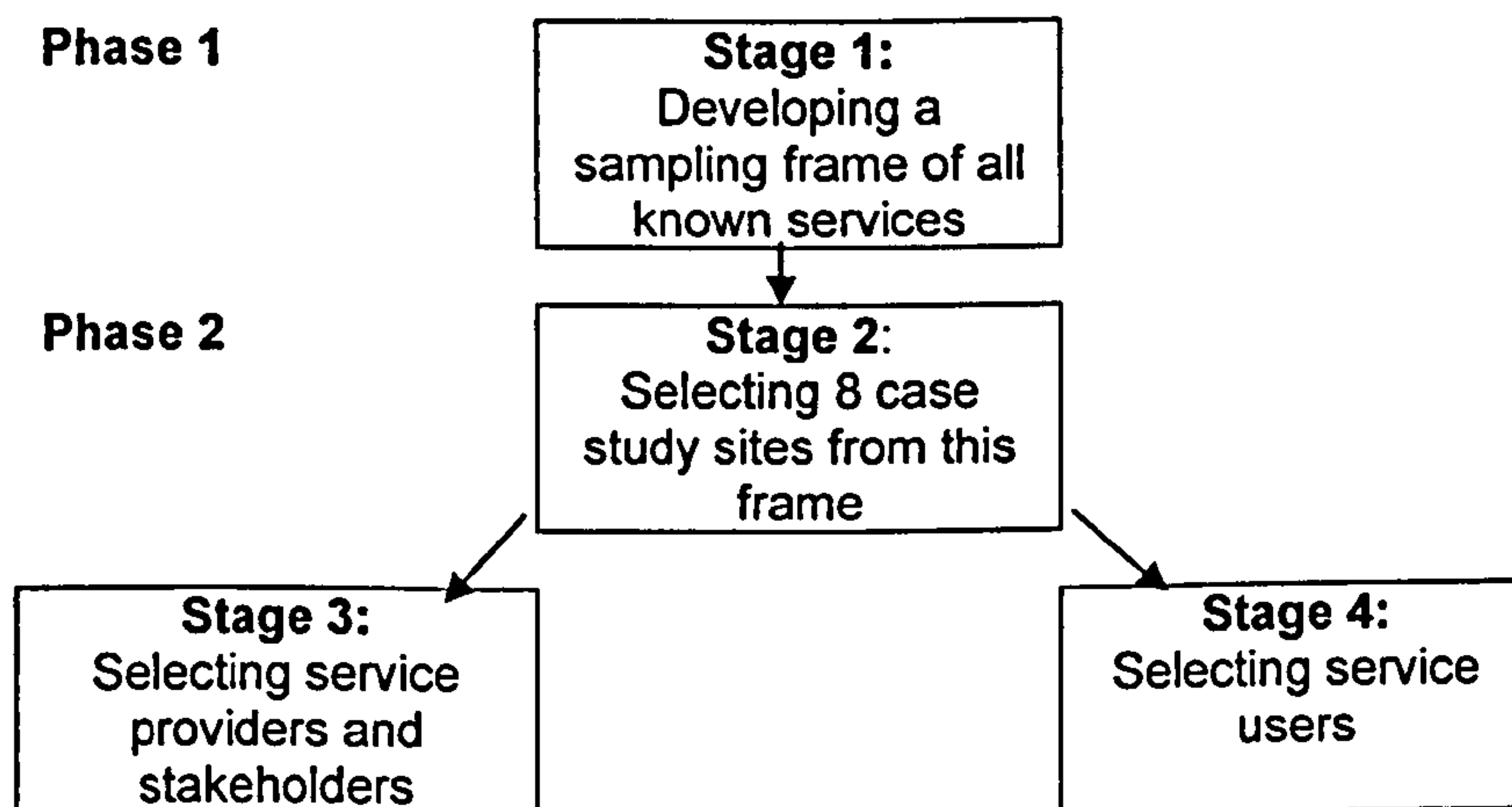


Figure 2: The four stages of sampling

Stage 1: Developing a sampling frame for the selection of case study sites

In qualitative studies, 'sampling is explicitly driven by theoretical concerns' (Henwood and Pidgeon, 1993: 25). The first stage, therefore, involved the development of a sampling frame from which I could select services for inclusion as case study sites. I began by defining the boundaries of what I meant by a childhood bereavement service, thus creating criteria for

inclusion into the study (see Glossary of Terms). A postal questionnaire was sent to all known childhood bereavement services (n=127), who were part of the CBN, or whose details were available in public documents such as the directory of the Association of Children's Hospices. Questionnaires were returned from 108 services, giving a response rate of 85%. Not all respondents met the entry criteria and a further 17 were excluded, either because they were not offering a children's service, were duplicates, or were responses from individual practitioners.

Stage 2: Sampling the case study sites

The second stage was to select the organisational case studies for Phase 2. Using data from the questionnaire, and to ensure maximum variation, I adopted Hammersley and Atkinson's (1995) three major dimensions of time, context and people as the basis upon which to develop a framework of theoretical categories. These included a spread across the UK of: operational time spans; sectors within which services were situated; social settings and catchment areas; types of services; and their acceptance of different types of death, relationship to the deceased; and age ranges of children. A minimum of eight services were required to ensure coverage of all theoretical categories within the sampling frame, and brief details of these are given in Appendix 1.

Stage 3: Sampling within the case study sites: Service provider and stakeholder participants

As Hammersley and Atkinson (1995) argue, sampling *within* cases is equally as important as selecting cases for investigation. Thus, once I had identified the case study sites, I entered the third stage of sampling. I devised a second framework of theoretical categories, so that the breadth of service provider and stakeholder (see Glossary of Terms) participants both within, and across, services was ensured. These categories included a spread across Hammersley and Atkinson's (1995) dimension of 'people' and comprised a variety of: age and gender; organisational position; whether staff were paid or unpaid; and a mix of 'clinical', administrative, and fundraising staff and stakeholders. As the staffing arrangements of the eight services were largely unknown, I undertook sampling at the beginning of each fieldwork visit on the basis of the structure of the individual site and of the sampling requirements across the whole cohort. Details of the sampling categories of service participants, their age and gender, and whether they were paid or unpaid members of staff are provided in Tables A1–A3 in Appendix 2.

Stage 4: Sampling within the case study sites: Service users

The fourth stage in the sampling process was to identify primary and secondary users (see Glossary of Terms). Again using Hammersley and Atkinson's (1995) dimensions, I devised a third theoretical framework to ensure, across the whole cohort of child participants, a spread of the: gender, age, and birth order of the child who has been bereaved and, where a parent had died, the gender of the remaining parent; socio-economic background; relationship to the

person who had died; type of death; and time since the death and the use of the service. Included in the final cohort were bereavements arising from traumatic, sudden or anticipated deaths from suicide, road traffic accidents, and disease processes such as cancer, cystic fibrosis and heart attack. In consultation with the respective case study service staff, a purposive sample of two families from each service was identified, and brief details of the sampling categories of the user participants are provided in Appendix 3. What is of note here is that this sample was not intended to be representative of the diversity of children with whom services work; rather it was designed to ensure the inclusion of children from across all categories of theoretical criteria. As a result, it obscures the diverse range of socio-economic circumstances and the levels of difficulty amongst the users with whom services work.

Many childhood bereavement services do not routinely collate basic data sets, even if this data is collected. As a result, across the UK as a whole, it is not known who uses services in terms of their gender, age, ethnicity or socio-economic background (Rolls, 2007). However, during fieldwork, particularly during participant observation of interventions and in attending staff meetings, I was able to observe the extent to which children appeared to come from a wide range of socio-economic backgrounds, and presented with a range of complex family and social backgrounds and circumstances. My assumption that services were accessed by the financially, emotionally and socially well-resourced 'middle classes' appeared unfounded; services were often grappling with the problems that a lack of social support and financial resource was raising for families (for example, the impact that it was having on their bereavement, or the difficulties it created for them to attend a service), and many services provided outreach services in, and drew unpaid staff from, socially deprived urban and rural areas. Furthermore, some of the family dynamics and family/community relationships were very complex and challenging, including those of physical and sexual abuse, paedophilia, murder, and sectarian violence. The importance of this is that services encounter these aspects as part of the wider issues that surround the bereavement of children, and they form part of the complex emotional and broader work with which staff are engaged.

Gaining access and informed consent

From a social constructivist perspective, access in its broadest sense is, perhaps, the most important event in research, and it occurs at a number of different levels: to the research itself through gaining the funding and/or permission to do it, to the research participants, and to informants' private accounts and experiences (Rolls, 1989). Access is a prerequisite to the research, and has an important impact on the validity of the data as well as on the type of data collected. It also influences the way in which the respondents will define the research, and the activities of the researcher (Burgess, 1984). Access to a sample revolves around the researcher's skill in presenting the study in ways that enable funders and members of the setting to make sense of it. Thus, a particular feature of gaining access is that it rests on a set of explanations about what the researcher is doing, and on the interpersonal negotiations

that surround it. Walmsley (1993) raises questions of how we explain ourselves to others as well as ourselves, and cites Lofland and Lofland (1984) who suggest that 'even when people know they are being studied they probably have only a tenuous idea about what the researcher is doing, and why' (Walmsley, 1993: 38). In addition, explanations that are made, and the perceptions people have of the researcher, will all feed into the data, and alter it (Walmsley, 1993), an issue to which I will return in Act 5.

When access is required to people who have been bereaved, there are additional ethical considerations, and these are exacerbated when these are children. Parkes (1995) argues that whilst the guardians of the bereaved have a right to be cautious, they are often overzealous in erring on the side of caution, resulting in people who have been bereaved being deprived of opportunities to help with research. He also identifies the special difficulties that exist in relation to children, arising from the understandable protectiveness of parents, and suggests that the researcher will need to spend time with parents to gain their trust.

I anticipated a protectiveness of children who had been bereaved by three sets of gatekeepers: ethics committees, childhood bereavement service staff, and parents. I also anticipated that service users, particularly parents, might feel inhibited about how they could talk about their experiences of a service, particularly if these were negative. As a result, in order to increase the likelihood of participation, I felt it was important to clearly explain the nature of the research to those who could grant or deny access to families and, within families, access to the children. There were several aspects I was called upon to explain: my ethical safeguards and methodology, the reasons for the research, and myself as the researcher. Gaining access involved six stages and, as well as a lengthy process, was a significant, challenging and, at times, disheartening process that I now describe.

Stage 1. Gaining access to the research: Funding and/or permission to do it

I have already described the extensive process of gaining funding. The other lengthy aspect was applying for the permission of the University Ethics Committee, the NHS Multiple-Centre Research Ethics Committee, and informing each of the eight Local NHS Research Ethics Committees. Once approval was gained, I was able to begin the process of gaining access to services.

Stage 2. Gaining access to the research sites

The second stage involved gaining access to the research sites. In Phase 1, I sent services an explanatory letter (Appendix 4), together with a Project Booklet (Appendix 5), and an outline of the research design (Appendix 6), and asked services to identify a Key Contact to whom I could send progress reports via Project Bulletins (an example of which is in Appendix 7), and whether they would be willing to participate further in the research.

Stage 3. Gaining access to the research participants: Service staff and stakeholders

The third stage involved gaining access to the service-based participants. Once the case study sites had been identified, I sent a letter of invitation (Appendix 8) to the Key Contact together with an Participant Information Leaflet for Service Providers (Appendix 9); encouraging them to gain a collective agreement to participate. Four of the eight selected services responded immediately and agreed to participate, and dates and other arrangements for my fieldwork visit were made. The remaining four services were willing to participate, but wished to meet me and discuss the research more fully before reaching a final decision. Following our meeting, three immediately confirmed their willingness to participate, and arrangements for the respective fieldwork visits were made. As the fourth service did not make contact, this left the sampling matrix incompletely covered, and a second round of recruitment was made. Following my visit, an eighth service agreed to participate. Once each service had agreed to participate, the Key Contact described their organisational structure and the type of stakeholders, from which I was able to identify those whom I would like to interview. A letter of invitation was sent to each member of staff (Appendix 10), and was distributed by the Key Contact, who arranged my timetable.

Stage 4: Gaining access to the families who had been bereaved

The fourth stage involved gaining access to the children and their families, and this was made through the respective service. Thus, the second level of gatekeeper were the staff, and their consent was sought, both for their own participation in the study, but also to enable me to select theoretically appropriate families. Seven of the eight case study services agreed to approach families on my behalf. The eighth, an adult bereavement service, had only recently begun to offer support to a small number of children. Following discussion with them, we agreed that it was inappropriate to include their service users.

Initial contact with families was made anonymously, as the respective service distributed my introductory letter (Appendix 11), the Project Booklet (Appendix 5) and the Participants Information Leaflet for Parents (Appendix 12) to the families on my behalf. In my accompanying letter to the Key Contact (Appendix 13), I asked them to contact me to discuss the selection of families, and I also provided some ideas for their own covering letter to parents that would explain the service's involvement in the research. Once the fourteen families were identified, they were invited to 'opt into' the research (Sinclair, 2001). My letter to parents informed them about my precautions to ensure their anonymity in any publication or reports, and of how I would safely store data. I invited families to discuss the research with others, including the staff at 'their' bereavement service, or to make contact with me if they so wished. I also indicated that, if they agreed to be involved, they could decide whether to be interviewed individually or together, at home or elsewhere for which travel expenses would be paid. Together with a stamped addressed envelope, the introductory letter included a reply slip that comprised of a set of three boxes. By ticking Box 1, parents indicated that they were

willing to participate and were giving me permission to contact them to make an appointment, and a space was provided for them to include the name(s) and age(s) of their child(ren). By ticking Box 2, they gave their consent for me to send a letter to their child(ren), so that I could explain the project to them directly and invite them to participate in their own right. By ticking Box 3, they indicated that they would like me to contact them to explain the research more fully. A number of parents asked for more information, their concern being particularly to clarify details about how I would ensure the anonymity of their child(ren). Finally, I assured parents that, if I had not received a reply to my letter after approximately two weeks, I would make no further contact. Once the parents had given me permission to write to their child(ren), I sent a letter (Appendix 14), adapted to age-appropriate language, to each child in the family, outlining the research project and what their involvement would entail. I reassured them that they need not participate even if other members of their family did so, and that they could decide how they were interviewed and whether or not this would be recorded. I also gave them my telephone number should they wish to make contact for more information.

From the initial fourteen families, only one did not respond, and I asked their service to identify another who met the same sampling criteria. The final fourteen participating families consisted of sixteen adults and twenty-seven children, of whom three did not participate; the first was too young, the second was unavailable on the interview day, and the third chose not to be interviewed. This left a cohort of twenty-four children. Finally, once I had arranged to visit the family, I sent a letter (Appendix 15) to the respective service informing them of the arrangements, in case my visit caused distress and they needed to access further support for them.

Stage 5: Gaining access to children and their private accounts: Consent and method

Accessing children's accounts is a methodological issue, and I was aware of two particular aspects in gaining this. The first involved gaining their informed consent. Every adult participant signed a consent form (Appendix 16 and 17), the parent(s) on their own account and on behalf of their children under 16. In addition and irrespective of age, children signed their own consent form, with one boy remarking '*I have never been asked to do anything like this before*' (Charlie, aged 9). The second involved gaining access to the private accounts of children. I will describe the methods that enabled each child to choose how they participated, and to say what *they* wanted, in the section below on 'Methods of data collection'.

Stage 6: Gaining access to group interventions

I will outline the range of settings and the nature of my participant observation more fully in the section on 'Methods of data collection', but here I want to describe how I negotiated access to six group interventions across three services, including three groups for children, two for parents, and one specifically for adolescents. Of the remaining five services, three did

not use group interventions as their main mode of work with children, whilst in the remaining two it was not possible to coincide my visit with their group programme.

Access to groups involved extensive discussion. By this time, information had already been distributed to staff as part of the initial negotiation for access, and they had been involved in different stages of the research, including interviews. Where unpaid support staff (see Glossary of Terms) were involved in the group interventions, a meeting was arranged prior to my involvement to give them an opportunity to ask questions about the research and my participation. Gaining consent, however, was more problematic. Whilst service providers and *past* service users were able to give or withhold consent to being interviewed, there remained an issue with respect to the *current* service users who would be participating in the group interventions in which I was involved. For although they were not themselves directly part of the data gathering about service provider experience, as Perbody (1993) points out, being observed can feel intrusive and threatening. As part of negotiating access, I asked service providers to inform current users that research was being undertaken within the service, and to explain my presence to them. To assist them, I provided them with copies of a Project Information Sheet, for circulation to current users (Appendix 18). It had been made clear to unpaid staff and users involved in the groups that the purpose of my participation arose from my interest in the service provision, and in the nature of the interventions, rather than judging them or the effectiveness of their service.

Methods of data collection

Within the two-phase research design, I adopted a range of quantitative and qualitative methods to ensure methodological triangulation. As well as achieving a higher degree of validity and reliability, and to overcome the deficiencies of single-method studies, I employed these to obtain a variety of information on the same issue and to use the strengths of each method to overcome the deficiencies of the other (Sarantakos, 1993). Three methods of data collection were used: surveys, interviews and participant observation.

Surveys

Surveys stand in an intermediate position between experimental design and naturalistic strategies (Aldridge and Levine, 2001) and are useful in descriptive studies where the characteristics or attributes of a group need to be portrayed (Bulmer, 1984; Newell, 1993). Although feminists have identified problems with surveys (see for example, Graham, 1983; McKee and O'Brien, 1983), they are not conceptually tied to any paradigm (Fife-Shaw, 1995). Furthermore, for my purpose, they were useful tools through which to map services, provide a frame of theoretical categories for sampling, and gather comparable descriptive statistical data that would supplement interview data in the limited time available.

Two questionnaires were devised, both of which were non-standardised and self-completing. Whilst this aspect means it is low on naturalism (Aldridge and Levine, 2001), it nevertheless benefits from a reduction in intrusiveness and respondents can choose their own time for completion. In the first Phase, the postal questionnaire (Appendix 19) comprised of thirteen closed questions organised around five areas: service location, organisation, type, client groups, and the range of interventions offered. Each question had a range of response options to which respondents were able to add their own.

In order to supplement interview data, a second questionnaire (Appendix 20) was sent, with a covering letter (Appendix 21) and a stamped addressed envelope to the remaining unpaid staff in the eight case study sites. In order to facilitate comparisons with other studies, I adapted Payne's (2001) questionnaire, itself based on an earlier study (Field and Johnson, 1993). This consisted of twenty-nine questions and was divided into two parts. Part 1 comprised of nine closed and four open questions about the respondent. Part 2 consisted of twelve closed questions and four open-ended questions about the work they undertook for the service. Several questions had a range of response options to which respondents were able to add their own. One hundred and fifty-five questionnaires were sent, together with a covering letter (Appendix 22), to the Volunteer Co-ordinator or to the Key Contact for distribution, although respondents were invited to return the questionnaire directly to me. The number sent to each service was based on the numbers of unpaid staff that the services thought they had. Services were asked to return any unsent questionnaires to me, so that the distribution could be noted. Of the 155 questionnaires sent, 112 were distributed and 74 were completed, giving a response rate of 66%.

Interviews

Burgess (1991) describes interviews as engaging participants in a 'conversation with a purpose'. However, the extent to which this is a normal conversation is questionable and, as Stroh (2000a: 204) suggests, the power relations in an interview context are 'more fluid and complex' than this. Furthermore, the responses given during interviews are often not answers to a question but 'a story through which the interview questions are given a personal context' (Mathieson, 1999). I chose interviews as the most appropriate way to access the experience and meaning of participants. Moreover, in what was an exploratory study, interviewing provided the most useful way of entering a discourse about what it means to be working in a childhood bereavement service, or to have been bereaved and make use of one. A semi-structured interview schedule was developed for the categories of service participants (managers, staff, volunteers and stakeholders) (Appendices 23–26 respectively) and for the parents (Appendix 27), and I used these as a guide to keep myself focused on the concerns of the research. As fieldwork progressed, the interviews increasingly adopted the principles of 'grounded theory' in which the process of data collection, coding and analysis were concurrent and informed what data to collect next, and from where or whom (Glaser and

Strauss, 1967). More importantly, as Edwards (1993: 185) argues, researchers are not just 'recording instruments', but are variables in the interview process; they bring their own life experience, and they structure what research is about. Furthermore, interviewing is an interactive process; it is the intervention of research that is the occasion for the 'story', and it is slanted towards participants' perceptions. It was this personal story, situated in the broader context of the emerging answers of staff during fieldwork, which developed my interest in their emotional work.

The question of interviewing children was more problematic and, as adult-dominated talking can present difficulties of power relations (Mason, 1996; Alldred, 1998), I needed to consider how to gain access to their accounts. Alldred argues that as researchers, 'we face decisions about *how to go about* trying to hear what children say' (1998: 155, emphasis in the original), and I think that two features helped to reduce the unusualness of their participation in qualitative interviews. Firstly, as Lindsay (2000) suggests, there is an interface between research and the practical everyday experience of school-aged children, in which they are subject to a range of schemes (for example, baseline assessments) that are effectively part of a research study. Secondly, the children who participated in this study had already had experience of talking about their bereavement through their use of a service. Nevertheless, there are issues about what and how questions are asked, especially those that may cause distress, and about what children are 'allowed' to say (Mason, 1996). Children who have been bereaved vary in age, general cognitive ability and emotional status (Lindsay, 2000) but, until recently (see Wilson and Powell, 2001; Fraser et al., 2004; Green and Hogan, 2005), there has been very little guidance available on appropriate methods that involve, rather than observe, them. Greig and Taylor (1999) had adapted the work of Hill et al. (1996) to develop a number of methods, individually or in groups, for obtaining the self-reported perspective of 5–12 year old children on their emotions and well-being. They also suggested a number of other verbal reports on which the research could draw, including life histories that provide information on the historical or cultural context, or telling stories.

In order to address these problems, I devised two approaches, either of which the child could choose to use. The first was to complete a 'Storyboard', an adaptation of the 'draw-and-write' method (Bendelow and Pridmore, 1998; Gabainn and Kelleher, 2002), that enabled them to describe through *drawing or writing* what it was like for them before, during and after, their visit to the service. The 'Storyboard' was then used as the basis for a taped discussion, and examples of these are given in Appendices 28a and b. The second approach was to participate in a more adult style interview for which I devised a schedule (Appendix 29), in which children conversed with me and/or a puppet. I devised these approaches following participant observation of group interventions in which services had used similar techniques to access children's experiences. As well as the methodological benefits of increasing access to, and allowing free expression of, their accounts, both approaches entailed a task that was

familiar to them. In practice, the older children (over 8 years old) decided to be interviewed, and the storyboards and puppets were used with the younger children. Four written and five drawn storyboards as well as one freeform painting were completed, including one by the child who had been unable to attend with her family on the day of the interview. Interviews were held between twelve and fifty-five months after the death in the family. Two of the fourteen families (seven participants comprising five children and two parents) chose to meet at the service, where a private room was made available. The remaining members of each family were interviewed at their home, in a range of combinations.

Participant observation

The experience of being a staff member or a service user is most potently encountered through the interventions that services provide. Participant observation is increasingly being used as a method of data collection where the researcher is not a stranger; rather, where they are embedded in the broad culture that is being studied. As Perbely (1993) suggests, it is like breathing; it is something we do all the time. It is 'a tool all of us use to understand new situations and to gain skill at following cultural rules' (Spradley, 1980: 57). Indeed, Nason and Golding (1998: 236) argue that 'all social research takes the form of participant observation; it involves participating in the social world, in whatever role, and reflecting on the products of that participation'. However, there were ethical and logistic problems with participant observation of one-to-one sessions, and so in order to enter into the participants' social and symbolic world (Robson, 2002) through observing aspects of the settings – the activities, the people, the space, the relationships, the actions and events that comprised them (Spradley, 1980), I became a participant observer in six *group* interventions.

The preparation required for entry into each of the six settings varied. In all cases, my participation involved being situated in a 'role'. However, despite this, service providers and group participants experienced this 'role' differently, and I have drawn on Gold's (1958) and Spradley's (1980) categorisations to clarify the differences in the nature of my participation and role, as experienced by the participants, within the respective settings. Gold's (1958) influential typology has distinguished between different levels of participant observation ranging across: the complete participant, in which the 'true' identity and purpose of the observer is concealed from those being observed; the participant as observer, in which the observer and the subjects are aware that their relationship is overtly one of observer as against observed; the observer as participant, which might represent a situation used in one-off formal observations; and the complete observer, in which no social interaction takes place. Spradley (1980) has further refined the nature of the involvement of the researcher as: *no involvement*, where observation is via artefacts; *passive involvement*, where the researcher is present at the scene but does not participate/interact to any great extent; *moderate involvement*, where there is a balance between insider/outsider, and between participation/observation; *active involvement*, where the researcher does what others are

doing to learn cultural values for behaviour, and/or to gain acceptance; and *complete involvement*, where the researcher is already a participant in the event. By combining these different levels and role types, my participant observation in each of the six interventions across the three services became clearer, and these are given below in Table 1.

Service	Participants	Level of participation	Role from the User's perspective	Role from the Provider's perspective
3	Children	Participating as observer with moderate involvement	One of the adult helpers	Researcher/ staff helper Unpaid
4	Children	Observing with passive involvement	One of the adult helpers	Researcher
4	Young people	Participating as observer with moderate involvement	Observer and group participant	Researcher
4	Adults	Observing with passive involvement	Researcher	Researcher
5	Children	Participating as observer with active involvement	One of the adult helpers	Researcher/ staff helper Unpaid
5	Adults	Participating as observer with active involvement	Observer and group participant	Researcher/ staff helper Unpaid

Table 1: The participation levels and roles

I was introduced to parents in the group interventions as a researcher and they were given an opportunity to ask any questions; I was not introduced to the children in this role. Although staff explicitly knew of my role as researcher, both they and children treated me implicitly as one of the volunteer helpers. In the young people's group, I was introduced as an observer. Because of its centrality to the development of my theory, I will return to my participant observation experiences in Act 5.

Data Analysis

Data were analysed in two ways. Firstly, the questionnaires were allocated code numbers. The closed questions were numerically coded, and a content analysis of any additional responses was undertaken and, where appropriate, added to the coding structure. All responses were entered into an SPSS database (see Glossary of Terms), and descriptive statistical analysis was undertaken.

Secondly, the interviews, my participant observation notes, my field notes and research diary were fully transcribed. However, I found myself questioning whether to 'tidy' the text. Standing (1998) suggests that we 'do not speak in grammatically correct sentences. We speak in a flowing, haphazard way' (1998: 190). Indeed, it can feel wrong to edit speech this

way, especially if passion and style are lost, as this makes the respective voices all sound (or read) the same, thereby negating the worthiness of their language (Standing, 1998). As a result, I only deleted repetitive or unconnected text, indicating this with ellipses. I also punctuated the speech so that it would read as if it were being spoken with pauses, exclamations and questions. However, some hesitations were omitted, although occasionally these were included in order to illuminate the, at times, tentative nature of the participants' thoughts and ideas. I did not correct the grammar or speech as I felt it would have been patronising to do so.

Each interview transcript was given a code based on their service and family status, before being imported into NVivo (see Glossary of Terms). I found NVivo very useful in enabling me to store large amounts of transcriptions in a methodical way, and to build and maintain links between the interview transcriptions, my fieldnotes and research diary, and the developing codes, memos and annotations. However, whilst this was certainly helped by the use of NVivo, Stroh (2000b: 229) reminded me that 'computers themselves do not analyse qualitative data'; rather, the thinking and analytic structure still needs to be supplied by the researcher. I undertook analysis of the case study data using a descriptive 'cross-case synthesis' (Yin, 2003), a technique that aggregates findings across a series of individual studies. The rationale for this was that, as Yin (2003) suggests, it is useful when the original purpose of the study is, as in this case, a descriptive one, and that it is likely to be easier, and the findings likely to be more robust, than having only a single case.

Tesch (1990) suggested a number of sources of themes that I found helpful, including: the research questions, the research instrument(s), concepts and categories used by other authors in previous related studies. Most importantly, they emerged from the data, including those 'in-vivo' (See Glossary of Terms under NVivo), a term derived from Glaser and Strauss' (1967) grounded theory, which refers to the use of the words of the participants (Gibbs, 2002). Data were coded and a connecting framework of 'nodes' was developed (see Glossary of Terms). Initial analysis provided descriptive data, whilst the development of 'nodes' enabled further elaboration in a way that Gibbs (2002) describes as cycling around between the original data and the qualitative analyst's constructed codes, memos, and annotations.

NARRATOR'S SUMMARY AND DISCUSSION

In Act 2, I outlined the original study. In particular, I focussed on the methodological and ethical issues that I had to consider in a study with children who had been bereaved, and I discussed the ways in which I met these challenges. A number of issues are of particular importance for my later discussion. Firstly, access at all stages involved the development of, and was enhanced by, an extensive partnership with the service provider participants; they

were supportive of the enterprise, helped clarify a number of issues in the sampling process, and facilitated access. Secondly, this partnership depended on a relationship in which they felt sufficiently safe, and in which I could be trusted with their own personal exposure, with the exposure of their service, and with their families; that is, that I had a degree of integrity and gravitas. Access also depended upon my capacity to convey these features to parent(s) who were rightly concerned with the well-being of their children, and this was enhanced by my relationship with staff. Thirdly, developing the research relationships, ranging from the macro-level (service/professional) to the micro-level (child/participant/private), was a lengthy and delicate process during which I had to control my own anxieties about access, in order to allow potential participants the freedom to choose without pressure. Fourthly, it involved me in identifying ways to keep both the participants and myself safe for, as Lindsay (2000: 3) argues, 'it cannot be assumed that research subjects simply co-operate with a researcher for a short period of their lives and then move on unchanged'. Whilst being changed is different from being harmed, I had to give a considerable amount of thought to how I could minimise the potential for harm and exploitation of the children who had been bereaved. Some of the ways in which I did this have already been discussed. As well as being a means through which the participants and I were helped to be safe, my being trained to interview and having adequate supervision (Parkes, 1995) also had a significant impact on the development of the theory at the heart of the thesis. Fifthly, I highlighted the differences in the levels of participant observation, and between my different roles and how I was experienced, each of which had important implications for my understanding of the emotional work of services, and I will return to this in Act 5.

My intention was to situate the thesis in its study 'root', and to demonstrate that my theory arises from data collected in a well managed and executed research study by a thoughtful 'meaning-making' being. Furthermore, I wanted to begin to emphasise the intensive and extensive emotional labour involved in research with children who had been bereaved, and I will return to this issues in Act 8. However, it is not my intention to provide a separate Scene to describe the findings from this study. Rather, I will draw upon those already in the public domain (See Appendix 30), and present new data here. Nevertheless, in order to gain a broad understanding of services, I would encourage a reading of the 'Overview of UK childhood bereavement services' in Appendix 31, the outline of the case study services in Appendix 32, and of the service user participants in Appendix 33.

PART 2. THE INTERLUDE

*Pause between acts of a play...intervening time or space of a different character.
The Concise Oxford Dictionary*

NARRATOR'S INTRODUCTION

In the Prologue, I described some of the key aspects of the original research study, including its origins, my rationale for the design and methodology, the ethical issues that I had to address, and some of the competing discourses on children, bereavement, and childhood bereavement that I needed to consider. However, whilst this has laid the foundation for the thesis, it is not the thesis itself. The purpose of this Interlude is to establish a clear delineation in time between the past study and the present Play, but it is also to provide a bridge between them, and I do this in three ways. Firstly, I present the second autobiographical reflection in which I describe the shift in circumstances that allowed me to pursue my interest in the questions about the emotional work of childhood bereavement services. For, as Drew (1989: 436) points out:

...emotional investment is what fires the inception of a study, and as such it is indispensable. There can be no beginning to research without the personal involvement of the researcher as a scientist who is asking a question and committed to finding an answer. Research is carried out because the phenomenon in question matters in some way to the researcher; no one plans and executes a study that is meaningless to him or her.

Secondly, I identify the questions that this thesis will address and thirdly, I provide a brief description of my necessary return to the literature.

Autobiographical Voice 2

During the year prior to gaining the study funding, my colleagues and I were experiencing a particularly stressful work life. On hearing that I had been funded, and in order to protect my capacity to complete the research from the intrusive teaching timetable I had been allocated, I negotiated a reduction in hours to these externally funded three days.

Running alongside these events was a long-standing interest and involvement in counselling, and I took the opportunity that this reduction in hours provided to train as a psychodynamic counsellor. Thus, whilst I was embarking on the research, I was simultaneously in training, involved with a small caseload of clients, having weekly group supervision, and in personal therapy. The psychodynamic model, as a particular form of counselling, appealed to me; it reflected the orientation of the therapy within which I had already 'worked' as a client, made sense to me at an experiential level, and was an orientation through which I had gained a great deal of insight. In particular, I found the experience of 'meeting' my own unconscious thoughts and feelings, in the presence and through the agency of another, immensely powerful.

These experiences shaped my approach to the research and, from the outset, influenced how I wanted to conduct it. They helped me to recognise the importance of appropriate support when confronted with difficult and painful experiences, and of being as fully aware as possible of my own 'material' in order to fully hear the words and experience of the Other. I learnt the value of open-ended questioning as a form of 'free association', in which what respondents feel to be important can be said and their own meaning emerge. I also recognised the importance of not disclosing my personal history, in order to leave the space available for clients/participants to relate their own experience, rather than be un/consciously influenced by mine and by what they thought, as a result of this knowledge, I might like to hear. In due course, I gained access to a literature, and to the means of understanding particular aspects of it more deeply as it worked itself experientially into my counselling practice and supervision sessions. Moreover, during the course of the research, it contributed to an intense reflection on what felt to be my emotional work as a researcher, and to questions about the emotional work of services. These included: what is the nature of the emotional work? How do services manage the, at times, extreme emotions with which they are being presented? What helps and hinders them? And what is the place of this emotional work in the wider culture?

The constraints of time-limited research meant I was only able to give partial attention to these questions. However, following the submission of the Final Report to the funders, I had the opportunity to accept voluntary redundancy. This, together with my part-time return to the University following the success of my second application to the Clara E Burgess Charity - a proposal to disseminate the research - gave me the opportunity to explore these questions more fully. I was also aware that I wanted a more formal arrangement through which to pursue them, and the idea of undertaking a doctoral thesis began to form. This vehicle would provide me with an invaluable support structure through which I could consider these issues, and develop a theoretically imbued argument about the emotional work of childhood bereavement services upon which I had been reflecting during the study.

This autobiographical voice begins my emphasis on the particular social context in which the original study was undertaken. This context, and my reflection on it, influenced the perspective I was taking and the methodologies I was adopting whilst, simultaneously, enabling me to develop a greater understanding of the work of services and the emotional work of staff. My research journal and fieldwork diary describe the shift in my consciousness that occurred both during fieldwork and later when I was reading the transcripts, and I will draw upon these in due course. For now, however, before the Play begins, I want to set the original study as 'given'; as a past event and as information, in the public domain, upon which I will draw. Nevertheless, I will return to it when, finally, in the 'Critic's Review', I assess its value as an integral part of my thesis.

THE RESEARCH QUESTIONS

The thesis will address two inter-related questions:

1. What is the nature of the emotional work of UK childhood bereavement services?
2. How do services 'manage' the emotions with which they are being presented and how might this be theorised?

THE RETURN TO THE LITERATURE

In order not to interrupt the flow, I also want to clarify the mechanics of my necessary, and frequent, return to the literature. My purpose in doing so was two-fold. Firstly, I wanted to understand more about how emotions and emotional labour were conceptualised, theorised and applied in studies, so that I could examine their 'fit' with the experience of services as articulated in the data. Secondly, I was interested in the key works and perspectives of theorists whose interest was in the concept of emotions, emotional development and emotional labour, and in how these different aspects related together. I also wanted to locate my exploration of the phenomena of emotional work of childhood bereavement services in an epistemological and methodological framework, and the fruits of this review are provided in the forthcoming Acts 3 and 4 of the Play. However, as the new concepts and ideas were elaborated, I continued to return to the literature to explore their meaning more fully. Thus, searching the literature formed an on-going companion to the development of the theory, for which I used a similar technique to the one already described in Act 2.

PART 3. THE PLAY

Containing grief: The emotional work of childhood bereavement services

NARRATOR'S INTRODUCTION

The Play is an exploration of the nature of both the emotional work of childhood bereavement services and the emotional work of researching such an activity. Increasingly, especially in relation to the caring professions, use has been made of Hochschild's (1979/1983) concepts of emotion work and emotional labour. However, I will argue that the term 'emotion/al work' is a more useful one to represent and encompass the multiplicity of what constitutes their complex work. In elaborating this theory, an important aspect of my thesis will be to argue that the different dimensions of their emotion/al work broadly form constituent parts of Bion's theory of containment. As a result, I will argue, their emotion/al work is fundamentally one of 'containing grief'.

The use of the forward-slash (emotion/al) denotes a number of features of this work. It is indicative of the inextricably linked relationship, characterised by duality and circularity, between the three dimensions, each of which I will elaborate during the course of the Play. The first dimension is that the work expressly engages staff with the *emotion* of the 'other' – individuals (bereaved children and their families), the organisation and culture. The second dimension is that, as each of these are 'eliciting objects' of emotion (Armstrong, 2004), this engagement generates *emotion* in staff. These two dimensions (the emotion of others that generates emotion in staff) constitute the *emotion* aspect of the term emotion/al. The third dimension is that childhood bereavement services undertake *emotional work* with, and on behalf of, the eliciting object, further elaborated to include: the provision of opportunities through which experience can be thought about; the creation of an environment within which this emotional work can take place; and their use of self.

As well as denoting the inextricably linked relationship between the emotion of self and other, and emotion and emotional work, the forward slash also signifies the inherent potential for bifurcation; a point of potential internal division and split and, therefore, tension. This point arises at two junctures. The first is between themselves and their users, because work with the emotions of bereaved children and their families requires staff to *simultaneously* manage their own. The second point arises between their own emotions and their emotional work – their 'feelings' and 'doings' – which they also have to *simultaneously* manage. The mutually influencing relationship between these positions, and the dilemmas and ambiguities that they create is best represented through the use of the forward-slash.

The Play contains five Acts. To avoid confusion, I build on the existing system and number the Acts 3–8. In Act 3, I explore the literature on emotion and Hochschild's concept of emotional labour, and I raise questions about the extent to which four dimensions of her theory are applicable to the emotional work childhood bereavement services. I introduce Bion's psychoanalytic theory of 'containment' as an alternative and more encompassing account than Hochschild's, and discuss the ways in which an increasing cultural anxiety about death, articulated through Gorer's (1955) avoidance of death, Becker's (1973) denial of death and Mellor's (1993) idea of its sequestration, might represent, in Bion's sense, a lack of containment. This Act will conclude with a discussion of the relevance of these ideas to the work of services.

Act 4 presents my epistemological position, and I outline the frameworks that enabled me to both justify and integrate the two disciplinary perspectives of psychoanalysis and sociology that I use to examine the work of services. In Acts 5 to 8, I draw on the original study to present new data and re-present data already in the public domain. Act 5 provides, through the use of two vignettes drawn from my participant observation, an overview of the work of services with children and parents in group interventions. In Acts 6 and 7, I draw on interview data to identify the emotions that staff may encounter and the emotions this generates in them. It also identifies the complex and, at times, contradictory emotions that arise through their work with individuals, within the organisation, and in culture. In Act 8, I draw on my research experience to consider the emotion/al work involved in exploring the work of childhood bereavement services.

As these Acts progress, we, the players, build a picture of the emotion/al work of services and the ambiguities and dilemmas in their work, and it is from this depiction that I develop and elaborate my theory of the emotion/al work of services as one of 'containing grief'.

ACT 3. EMOTIONS AND EMOTIONAL WORK

'...You cannot demonstrate an emotion or prove an aspiration...' John, Viscount Morley of Blackburn

NARRATOR'S INTRODUCTION

My interest is the nature of the emotional work of childhood bereavement services with individuals, within the organisation and within culture, and in Act 3, comprising three scenes, I consider the theoretical concepts central to their understanding. I begin, in Scene 6, by briefly exploring how emotion is conceptualised in contemporary western literature, and the theories that provide accounts of the ways in which development of emotional life occurs. Explanations of what emotions are vary within and across academic disciplines, particularly in the extent to which they privilege emotion as biological and innate, that is arising from within the individual, or as constructed in the socio-cultural context of relationship.

In Scene 7, I consider the seminal work of the sociologist Hochschild (1979/1983). Her related concepts of emotion work and emotional labour have been used to account for types or aspects of work, in both public and private spaces, and amongst professional groups in a range of organisational settings. Central to Hochschild's theory is the role of enculturation, the 'feeling rules', and the emotion management required to meet these rules; I conclude this Scene by raising questions about the extent to which Hochschild's original concept of emotional labour, and how it has been used in later work, is useful for understanding the work of childhood bereavement services. In Scene 8, I explore the contribution of psychoanalysis to these debates, and consider psychoanalytic perspectives on emotions and culture. I privilege the work of Bion (1959; 1962; 1970), a psychoanalyst whose concept of 'containment', I will argue, offers a more encompassing theory than Hochschild's to account for the intra- and inter-personal, organisational and cultural processes involved in the emotional work in which service providers are engaged. I conclude by exploring the relationship between Bion's theory of containment and Hochschild's related concepts of 'feeling rules' and 'emotion management'.

SCENE 6. PERSPECTIVES ON EMOTION AND THE DEVELOPMENT OF A MATURE EMOTIONAL LIFE

Explanations of what emotions are and how a mature emotional life develops vary across academic disciplines, each of which has a particular concern with affective life: psychologists have a primary interest, physiologists link bodily structures and processes, anthropologists link cultural practices, historians trace past to present in the expression of emotion, ethologists identify what is distinctly human, and sociologists examine the social relations and contexts in which emotions are triggered, interpreted and expressed (Kemper, 2000).

Nevertheless, whilst all these disciplines are interested in emotion, definitions and understandings vary. Furthermore, as 'an enormous, heterogeneous category' (Jasper, 2006), there is a lack of clarity about what is meant by the term emotion (Gilbert, 2001), leading sometimes to 'border skirmishes' and resulting in the divergence of theories (Arnold, 1960). The central question that different disciplines try to answer is how we develop emotionally; that is, what shapes us and the way we come to feel, think, and behave, and how this impacts on our experiences of, and responses to, the world. The question centres not only on whether emotions are innate or learnt, culturally specific or universal, but also on what constitutes a mature emotional life, and these questions are answered differently by the different disciplines. Thus, at the very heart of the thesis, and of the work of childhood bereavement services, there are disciplinary differences in conceptualising emotion and how a mature emotional life develops.

Disciplinary perspectives on emotion

At one end of the spectrum, Frijda (2000) argues that the evidence for the neurological/ neurochemical basis of emotion is compelling, and that the capacity for affect is rooted in our individual constitution, with innate dispositions related to specific emotions. Furthermore, Frijda makes the case for the universality, or near universality, of major emotion categories; of the contingencies that typically elicit those emotions; and the presence of corresponding lexical terms in different languages. Solomon (2000) disagrees, suggesting that 'there is nothing in the nature of emotion (including the human brain, which changes significantly with experience, and varies considerably from person to person) that assures universality, but neither is it so obvious that emotions differ so much from place to place either' (2000: 13).

Other disciplinary discourses acknowledge, to a greater or lesser extent, the inter-relational aspects of emotion. For example, Izard et al. (1987) identify individual differences in infants' facial expression as early as seven months, which may contribute to the development and continuity of temperament (Malatesta, 1990), and Keltner and Ekman's (2000) review finds consistency in the claims that individuals vary in their expressiveness, and they ask questions about when (but not how) these individual differences emerge. This infant repertoire of emotional expressions is thought to be means of communication with their caretakers, forming important elements in attachment and the development of early social relationships (Fox and Calkins, 2000). Thus, the infant's ability to acquire the necessary skills to regulate their emotions is the result of the dynamic interactions with their caretaker (Fox and Calkins, 2000). From a sociological perspective, Kemper (1978), in suggesting that all social interactions can be characterised in terms of the social relations of power and status, argues that specific physiological processes are stimulated by experience of these, and particular emotions are physiologically specific. Barbalet's (1998) macro-sociology identifies emotion as aggregate products of many individuals that then act as a force in society (Kemper, 2000).

However, rather than social structures producing emotions and these differing according to an individual's relationship to the structure, Barbalet (2002) sees emotions as integral to social relations and processes, arguing that 'emotion experienced in my body as subjective feeling is part of a transaction between myself and another. The emotion is *in* the social relationship' (Barbalet, 2002: 4, emphasis in the original). The assumption is that all emotional experience is inextricable from surrounding relationships, and that the cultural studies of emotion in different social contexts indicate the 'plasticity' of emotional development, and the extent to which this is embedded in verbal and non-verbal communication (Saarni, 2000).

This social construction perspective on emotion places emotional experiences in the individualised context of our own location within a particular social history, the prevailing cultural beliefs, attitudes and assumptions, the individual's cognitive development, and the specific context within which the experience is occurring. Saarni (2000) identifies important parameters of the social context that influence emotional behaviour, including the closeness of the relationship between those interacting; the status difference between them; and the degree to which the expression of emotion is exposed (that is, whether it is private or public). Thus, Saarni (2000), like Kemper (2000), puts a power relation at the heart of the discussion, in which identity becomes a contextual process for emotional experience. Barbalet (2006), however, argues against what he calls the doctrine of social construction in which emotion is reducible to cultural mores and cues and the shaping power of emotions is ignored. His conceptual distinctions between 'relational' emotions, 'iterated' emotions and 'programmatically' emotions move the discussion away from the problematic nature of what he considers is essentially an argument for the ubiquity of the relational aspect of experience mediated by culture. He uses the expression 'relational emotions' to describe those of all humans occurring in relationship with others as 'universal across cultures and through historical time' (Barbalet, 2006: 35). As a result, he suggests 'it is appropriate to give more power to the shaping power of emotions themselves in cultural differences' (Barbalet, 2006: 36), thereby enabling greater continuity between the way in which relational emotion and culturally specific emotion are conceptualised. 'Iterated' or nested emotions are those particular to different social worlds in which 'there are cultural differences in terms of (local) emotional reactions to (universal) relational emotions' (2006: 36). The difference is in the distinct emotional *apprehension* of relational emotions (Barbalet, 2006).

This raises the question about the mechanism or determination that accounts for the (local) 'apprehension' of relational (universal) emotions in a particular cultural context. Johnson-Laird and Oatley (2000), see culture socialising emotions, as this determines the expression of emotion through the imposition of social constraints and prescriptions that reflect prevailing theories of mental health, and moral and religious systems. This comes from socialisation as an infant, and from explicit training that induces emotions in others by conjuring emotions in themselves. They argue that, in contrast to Goffman's (1961) engagement with real social

roles, these roles may be acted, and drawing on Ekman (1972), they suggest that these are also subject to 'display rules' about what expressions of emotion are dis/allowed; an issue at the heart of Hochschild's theory of emotional labour. However, they cite Fridlund's (1994) critique that the basis for this theory is a single study that is open to 'plausible alternative interpretations' (Johnson-Laird and Oatley, 2000: 469). Their theory proposes that innate basic emotions depend on how an event is appraised in society, and on the individual's 'habits of mind', influencing cognitive evaluations leading to particular emotions, as well as to the conventional gestures and language of emotions. Emotions, such as those of bereavement, may be 'hyper-cognized' (that is, much discussed, and around which cultural institutions revolve), whilst others, such as depression may be 'hypo-cognized' (that is, not well represented in non-western cultures). Indeed, Lofland (1985: 172) in thinking about the social shaping of grief argues 'just how deeply social arrangements penetrate into private emotion: just how moulded by culture and history even intimate internal experiences may be'.

One explanation, underpinning Johnson-Laird and Oatley's view, is the notion of 'feeling rules' (Hochschild, 1979). Hochschild questions the responsiveness of emotions to suppression and evocation, asking whether there are feeling rules – the culturally defined 'normative expectations about how to feel in different social contexts' (Clarke, Hoggett and Thompson, 2006: 7) – and if so, how do we know about them, how are they used, and what aspects of child rearing or work accounts for them? Hochschild (1979: 552) also asks questions about the emotion management required by people who 'try or try not to feel in ways "appropriate to the situation"', and it is to a discussion of this issue that I now turn.

SCENE 7. HOCHSCHILD'S EMOTIONAL LABOUR: A FORM OF EMOTION WORK AND MANAGEMENT

Hochschild's seminal work (1979) argues that the acceptability of the expression of emotion in particular contexts is both organisationally and culturally specified, and that there are links between social structure, feeling rules, emotion management and emotive experience. The terms 'emotion work' and 'emotional labour', used to describe these forms of emotion management in accordance with the feeling rules of the context, were first used by Hochschild (1979/1983 respectively), and their elaboration has been the starting point for a considerable body of work. For example, the concept of emotional labour has been applied to a number of work groups, such as detectives (Stenross and Kleinman, 1989), beauty therapists (Sharma and Black, 2001), image consultants (Wellington and Bryson, 2001), care staff in older adult residential care homes (Komaromy and Hockey, 2001), paralegals (Lively, 2002), sex workers (Sanders, 2002), tour 'reps' (Guerrier and Adib, 2003), further education lecturers (Avis and Bathmaker, 2004), customer services (Hampson and Junor, 2005) and models (Mears and Finlay, 2005). The experience of heterosexual women (Sandfield and Percy, 2003), midlife women (Hislop and Arber, 2003) and those working in the political arena

(Ferris et al., 2005) have also been theorised in these terms. Since its early application through the work of James (1992) and Smith (1992), emotional labour has also been used in the analysis of different types of nursing, including mental health professionals (Scheid, 1999), night nurses (Brown and Brooks, 2002), midwives (Hunter, 2004), palliative care nursing (Froggatt, 1998; Li, 2005), operating theatre nursing (Tanner and Timmons, 2005), and nursing on gynaecological wards (McCreight, 2005), as well as in specific contexts such as market-driven health care (Bone, 2002), and in broader discussions about racialising social welfare (Gunaratnam and Lewis, 2001).

In her 1979 paper, Hochschild suggests that individuals engage in emotion work through their use of techniques to control and manage emotion according to the demands of their work role or culture. In undertaking this work, Hochschild differentiates between 'surface acting', which involves the display of emotions that are not felt, and 'deep acting', which refers to:

...internalised feelings that become obscured from conscious thought. It involves the ability to induce or suppress feelings in an attempt to successfully meet the emotional needs of the individual (Hochschild, 1979: 13).

In her study of the training and work of airline flight attendants, Hochschild (1983) argues that these workers used a number of strategies to modify or change their emotions (and those with whom they are engaged) as a requisite of their employment, and it is this she terms emotional labour. This requires one:

...to induce or suppress feelings in order to sustain the outer countenance that produces the proper state of mind in others – in this case, the sense of being cared for in a convivial and safe place. This kind of labour calls for a co-ordination of mind and feeling, and it sometimes draws on the source of self that we honor as deep and integral to our individuality (Hochschild, 1983: 7).

Thus, emotion work involves the evocation of feeling within oneself: the cognitive focus on desired feeling that is absent, or suppression: the cognitive focus on undesired feeling that is present, in order to produce this desired feeling in another.

The subsequent literature that draws on these concepts is, however, characterised both by confusion in the use of the terms emotion work and emotional labour, and by the use of different terms in their stead. Henderson (2001) is one example of an author who has used the concept to examine aspects of the work of a range of professionals, particularly nurses, although Henderson's use of the term 'emotional labour' is neither theorised nor referenced to Hochschild. Furthermore, some of the literature uses a range of different terms, and implies, but does not clarify, their relationship to emotion work or emotional labour. For example, Bone (2002) uses the phrase 'emotional support', an umbrella term for a variety of attitudes, behaviours and understandings that Bone (2002: 141) elaborates as 'ways of being, doing and knowing' which concern 'tone and manner and disposition' (2002: 142). Li (2005: 1950) identifies the 'collaborative production of sentimental work' including interactional, composure

and rectification work, and the requisite for this was a capacity, involving give and take, to communicate. This work, termed 'symbiotic niceness', comes through the use of 'atrocious stories'; a strategy that allows nurses to reveal the 'moral inadequacy' (2005: 1957) of other professionals at a safe distance, thereby avoiding confrontation. It involves emotional labour to smooth the patient/doctor/nurse relationship, and requires the skills of interaction; the management of a professional front and communication skills that, Li argues, are key features of emotional labour. Bone also uses the term 'therapeutic emotion work' (2002: 140) to denote one aspect in which nurses manage their own and their patients' feelings. Both Brown and Brooks (2002) and Smith (1992) refer to the creation of an emotional climate of good social relations.

In addition to the extension or re-naming of the terms in the literature, they are sometimes used in contra-distinction to the meaning of Hochschild's original ones. Bone (2002), in the context of the market-driven health care, argues that emotion work is under threat from increasing workloads, faster patient through-put, and iller patients remaining behind in hospital, all of which result in reduced time for emotional labour. This creates 'emotional dissonance' (Bone, 2002: 144) aroused by the difference between what nurses do *under best conditions* and the actual conditions of work. In her critique, and without reference to Hochschild's definition, Bone (2002: 147) suggests that the commodification of emotion work may subvert the 'previous meaning of emotional care in nursing' and, for this reason, suggests that the invisibility of emotion work may provide protection. Bone's (2002) assertion has, thus, reversed the meaning of Hochschild's concept of emotion work from one which involves changing one's own genuine feelings to create a desired emotion in another (what the organisation demands), to one of emotion work being genuine feeling work for which the organisation no longer allows time.

Questions about the applicability of Hochschild's concepts to childhood bereavement services.

This discussion identifies the extent to which Hochschild's concepts of 'emotion work' and 'emotional labour' have been used without reference to their provenance, and the ways in which the terms have been re-interpreted by respective authors. Furthermore, with few exceptions, the literature does not problematise the concept of emotional labour itself. These exceptions come from two sources. Barbalet (2006), at the level of theory, questions 'feeling rules' – the concept that underpins the emotional labour – when he argues that these 'have never been satisfactorily located and operationally described' (2006: 37). Some 'emotional labour' researchers, including Wouters (1989), Wharton (1993), Hawker (1998), Price (2001), Mann (2004) and Lopez (2006), have also questioned the extent to which the concept accounts for the work they are investigating. I draw on these authors and others to contribute to my exploration of the value of the concept in relation to the work of childhood bereavement

services. In the discussion that follows, I raise questions about whether four important, inter-related features of Hochschild's concept of emotional labour adequately describe the extent and nature of their emotion/al work.

Commodification

Hochschild (1983) argues that emotional labour involves the regulation and management of feeling for competitive, commercial purposes. The first important feature of emotional labour, therefore, is its commodification, occurring when 'the emotional style of offering the service is part of the service itself' (Hochschild, 1983: 5, my emphasis). As emotional labour is sold for a wage, it has exchange value and this lies, according to James (2002):

...in its contribution to the social reproduction of labour power and the social relations of production, with the divide between home and work and the gender division of labour influencing the forms in which it is carried out (2002: 19).

The issue here is the extent to which organisations demand a manipulation of both an inward state and an outward expression of emotion, where the self of the worker is corrupted. This central feature of Hochschild's concept raises questions about the degree to which a worker feels authentic (Scheid, 1999); an aspect that has been linked to problems of staff burnout. Scheid (1999) describes 'burnout' as the physical and emotional depletion, caused by conditions of work in human service organisations, which differs from job stress and job dissatisfaction. The deep acting of emotional labour includes an investment of the self into an occupational role identity, contributing to the experience of authenticity, and it is this link – of the sense of identity and its congruence with occupational role identity – of which burnout can be a negative consequence. The central issue for Hochschild, Scheid (1999) argues, is not emotional labour *per se*, but rather the control that organisations exercise over their workers, and their workers lack of control over their own emotional labour and thus their experience of authenticity. Burnout is, therefore, a by-product of emotional labour, exacerbated when the professional work is undermined or not supported by the organisation (Scheid, 1999). In considering the work of childhood bereavement services, a key question is whether or not a particular emotional style is part of the service itself, and if so, in what ways does this commodification of emotion and emotion work manifest itself?

Public/private domains

One aspect at the heart of some of this tension is the question of how we position ourselves between an authentic and inauthentic expression of emotion within the public and private domains, and this leads me to question a second feature of Hochschild's concept: the differentiation in the emotion work between the public and private domains and how we locate childhood bereavement services in these terms. Whilst emotional labour in the public domain has exchange value, Hochschild suggests that in the private domain it has use value; what Miller (1976) terms invisible domestic labour. The public/private divide can be considered in two ways: firstly in relation to the public/private nature of the work and, secondly, to the extent

to which it engages our public/private self. Earlier in Act 1, I introduced Walter's (1994) notion of the 'revival of death', which describes a movement of the physical and emotional aspects of death and dying from the personal/private space to the privatised, commercialised and professionalised/public one. James (1992) has argued that hospices should be exempt from the workplace model of care because these have developed outside of mainstream health services in order to avoid the depersonalised (professionalised/public) institutional care of hospitals. Nevertheless, despite this new location, James (1992) argues that 'the [emotional] labourer is expected to respond to another person in a way which is personal to both of them' and, in the context of hospices, it arguably develops 'from the social relations of carer and cared-for and is *shaped by the labour process*' (James, 1992: 500, my emphasis).

This is an important issue. It raises questions about both the authenticity of our social relations within, and between, the public and private settings, and the extent to which these differ, as well as about the direction and focus of the emotional labour, which may be directed towards managers rather than clients (Lively, 2002). Whilst some distinguish the public and private spheres of emotional labour, others, for example, Fineman (1993), place both in the public sphere of work, with emotional work concerned with presenting our feelings in socially acceptable ways, as opposed to maintaining organisationally prescribed or expected stances (Brown and Brooks, 2002). Nevertheless, Scheid (1999) suggests that emotional work is learned by clinicians through professional socialisation and, through this, feeling rules are internalised, thereby reducing the dissonance between the emotions dictated by the 'feeling rules' and 'true feelings'. In care-based work settings, at least one person in the caring dyad-relationship is in the private domain of his or her own lived experience as a patient, user or client. If, as Skilbeck and Payne (2003) argue, there is *interaction* and work on *both* sides in producing emotionally supportive relationships, it means that there is a pressure on staff to meet the authenticity of the emotional experience of their users, whilst at the same time maintaining the appropriate organisationally or professionally prescribed feeling rules. Thus, there are questions about how we locate the work of childhood bereavement services. How does the service position itself vis-à-vis the public/private nature of their work, and how do the staff within them position themselves within their work vis-à-vis their public/private self?

Personal and cultural costs

The tensions arising from the positioning of the public/private work/self lie at the heart of the third feature of Hochschild's concepts: that of the personal and cultural costs that arise out of this commodification of emotional labour. Hochschild links deep acting to feeling the emotions called forth by the job. This involves an investment of self, and is particularly relevant where service workers 'create and maintain a relationship, a mood, or a feeling' (Hochschild, 1989: 440). Central to the literature on emotional labour is the notion of control of emotional reactions, and the display of the correct demeanour (Li, 2005), and this feature has been of interest to later authors, particularly in connection with the caring professions

(James, 1989; James, 1992; Smith, 1992). James (1992: 500) suggests that 'emotional labour is about action and reaction, doing and being, and can be demanding and skilled work'. It demands that the labourer gives of themselves, and it is the personal investment, required to suppress true feelings whilst continuing to care, that is the personal cost. This comes from two directions – from outside and from within – in a relational process, exemplified in McCreight's (2005) study of the emotional work of nurses on gynaecological wards, faced with parents who have experienced perinatal loss. McCreight argues that pregnancy, loss and the subsequent grief of parents presents nurses with potential for emotional distress. This distress arises through the death of the infant; that is, from events outside of themselves. However, drawing on Mander (1994), McCreight (2005) suggests that the loss of a baby also presents nurses with their own, often unrecognised feelings of loss; that is, a distress that arises from memories of past events that they carry inside themselves.

However, many authors argue that the greatest cost comes not from the relationship of the worker to their client group, but from their relationship to the organisation, as in Lively's (2002) study with paralegals. Hunter's (2004) study indicates that midwifery was described as highly emotional work, and participants experienced many work-related conflicts and dilemmas; rather than interactions with clients, it was those with colleagues and the organisation that required emotional management, particularly those relating to conflicting ideologies. These were linked to the different environments of hospital and community, with the hospital environment providing an imperative in which a pragmatic response resulted. Hunter (2004) describes those reflecting 'a "with women" approach to practice' (2004: 266) as more able to experience congruence between ideals and work practice, and they found the work was emotionally rewarding. When it was not possible to maintain this, they became orientated towards a 'with institution' (2004: 266) ideology, and dissonance was created.

Hochschild (1983) argues that when a worker lacks control over the conditions of work, demands of emotional labour are intensified. Scheid's (1999) model, referred to earlier, demonstrates the burnout phenomenon in which the nature of the professional work role dictates the feeling rules that specify the type of emotional labour required to develop and maintain the relationship; for example, attachment and stoicism for police officers, and care and concern for mental health workers. Organisations can help meet the difficult demands of emotional labour, or it can make the task very difficult through client overload, role ambiguity, and bureaucratic demands. Scheid (1999) argues that whilst these can cause stress, the conditions for burnout are produced through the unique requirements of emotional labour; that is, the 'deep acting' that includes an investment in an occupational role identity. Henderson's (2001) commentary on emotional engagement versus emotional detachment has relevance to this discussion on burnout. Henderson argues that detachment is equated with objectivity and coolness, and engagement with subjectivity and looking after, and is tied to views of self, or situated along a continuum in response to circumstances, patient or prior experience.

Detachment is also related to protection from harm, or to having been harmed and to have shut down, whilst engagement potentially renders the nurse incapable of doing the job (Henderson, 2001). As well as experiencing strong emotions in the context of work, nurses consciously use these to improve their practice, and the self-as-nurse interacts and changes self as private person, and vice versa: 'a nurse is something one "is"' (Henderson, 2001: 135). It is the deep acting of emotional labour, which includes an investment of the self into occupational role identity, of which burnout can be a negative consequence. Emotional exhaustion is the result of too much identification (Hochschild, 1983). What is at issue is the degree to which the worker feels authentic, and this links with the relationship of the sense of identity and its congruence, or lack of, with their occupational role identity (Scheid, 1999). What this discussion suggests is that the location of emotion work in the relationships between workers and clients may be too narrow, and requires the inclusion of the relationship between workers and their organisation.

Furthermore, not everyone agrees with Hochschild's theory that overemphasises the cost, and denies the joy and satisfaction that people gain from their work, particularly in the caring professions. Wouters (1989), for example, argues that Hochschild's preoccupation with the 'costs' of emotional work leads us away from interpretations that help us understand the pleasure that this work may bring. McCreight's (2005) study identified that, although draining, the emotional involvement with parents on gynaecological wards following perinatal death was a positive feature of nursing work, and Wharton's (1993) study found that emotional labour was not always psychologically damaging to the worker. As well as inquiring about the conditions under which emotional labour is distressful or emotionally enhancing, Wharton (1993) argues that we should also identify the particular consequences and rewards associated with it. This 'would bring us closer to treating emotional labour as a multidimensional concept with diverse consequences for workers in different work situations' (1993: 228). This raises a number of questions about childhood bereavement services: what is the purpose of their work with the emotions of bereavement, and what are the costs, and joys and satisfactions, to staff? Furthermore, what, if any, is the relationship of the world of childhood bereavement services to the wider culture in which they are situated?

Conscious agency

There is a fourth feature of Hochschild's (1983) concept of emotional labour that I wish to consider. Her analysis emphasises 'the *conscious* attempts of workers to bring aspects of their emotional display, or their emotional reactions, in line with corporately mandated emotion or display rules *to create particular feeling states in others*' (1983: 199, my emphasis). This aspect – the 'consciousness' of the creation of feeling in self and others – is an important aspect and is touched upon, but not elaborated, in a range of studies. Henderson (2001), for example, locates nurses' responses to patients within the cognitive domain, arguing that '*the decision* of any individual nurse to...emotionally engage with a client

potentially exposes the nurse to personal and professional costs or benefits' (Henderson, 2001: 131, emphasis in the original). This suggests that it is an individual (nurse by nurse) decision, patient by patient, and implies that it is based on a cognitive, rational assessment. McCreight (2005), on the other hand, in reflecting on the work of the nurses working on gynaecological wards and how they manage this experience, draws on Najder (1975) to suggest that 'this is an essentially *experiential process* in which the experience occurs first and is then subjected to a period of reflection' (2005: 446–7, my emphasis). That is, it is a conscious assessment of information following experience.

Two aspects remain unexplored: firstly, whilst this latter view, unlike the former, acknowledges spontaneous feeling, neither raises the possibility of actions, decisions or interpretation of experiences arising unknowingly from an *unconscious* realm and, therefore, not readily available for cognitive reflection. Like others (James, 1992), and implicit in Hochschild's definition of deep acting cited earlier, these authors locate the act of engaging in emotional labour as a cognitive act, and imply that we can consciously choose between engagement and detachment, and in how we feel, and how we act. Secondly, linked to 'consciousness' and to the notion of authenticity discussed earlier, there are questions about the *mechanism* by which we develop thought, understood as 'thinking about what we are doing and to whom we are doing it' (Alford, 2006: 95), and how we create meaning, defined as the capacity to reflect on experience and link experience with thought. What is the *process* by which we develop this capacity and what interferes with its development or, as is manifest in cognitive dissonance, enables it to be suspended? And under what circumstances do we 'manipulate' others?

This discussion raises an important question in relation to the work of childhood bereavement services about whether their work always operate within their own, and 'on' their users, conscious awareness of feeling. Are the changes that users experience brought about through cognitive decisions to feel different, or to display emotions differently? Or is there another level of experience that, whilst difficult to articulate, is both present in, and a result of, the relationship between staff and users: in the capacity of staff to tolerate the range of such painful and strong feelings from children, and in their ability to enable children and their parents to explore these? Linked to these, there are further questions about whether there are processes at work, or personal and cultural meanings, beyond the realm of conscious experience, that are acting on childhood bereavement services, and upon which services act. To help explore and extend this dimension, I now turn to psychoanalysis – a key theoretical perspective that has been absent from the discussion so far – and to the work of Bion.

SCENE 8. THE CONTRIBUTION OF PSYCHOANALYTIC THEORY

Schwartz (1999: 1) describes psychoanalysis as 'the single most important intellectual development of the twentieth century', and argues that its impact on our daily life has been greater than that of evolutionary theory, with terms such as unconscious, projection, ego, denial, and repression entering the discourse of everyday life, and reproduced through the cultural media of film, poetry, drama and novels. It refers to three interdependent activities: it is a theory of the mind, a research activity, and a form of technique for the treatment of psychological disturbance (Bell, 1999). That these aspects are not conceptually the same, with 'psychoanalysis as a *body of knowledge of the mind*, conceptually distinct from the application of that knowledge' (Bell, 1999: 1, emphasis in the original), emphasises an important aspect: that it is both a theory of individual mental life and, at the same time, one of culture (Bell, 1999). It is concerned with 'causes that are located in *human relationships*, as they have come to be represented in the individuals in the world' (Schwartz, 1999: 2, my emphasis).

The two psychoanalytic theories of interest here are the existence of an unconscious realm of experience that has an impact on conscious life, and 'object relations theory'. At the outset, Freud was aware that to the Western Cartesian mind, the idea of the unconscious was difficult to accept (Bocock, 1976), but since then, and despite 'pervasive Freudianism' (Stearns, 2000: 17), his ideas about an unconscious realm of experience unavailable to thought but manifest in action are more widely accepted. The idea of the unconscious is the bedrock of psychoanalysis, and other therapies that draw on psychoanalytic theory, and it is this crucial aspect that is ignored in Hochschild's theory and remains largely ignored by other perspectives on emotion, although it may be referred to tangentially. Denzin's (1984: 26) 'hermetic circle of emotionality', for example, describes a ten-point sequence of emotional self-interaction in which '(5) there is *imagination* by the person of how he or she appears in the eyes of others', (6) this is interpreted, (7) feelings build towards the other based on these *judgements*' (1984: 26, my emphasis). Denzin's emotionality, as a circular and an interactional process, implies that it is solely a cognitive activity; whilst describing the internal world of phantasy (*unconscious* imagination) upon which we make (unaware) judgements; what would be described in psychoanalytic terms as 'object relations theory'.

The concept of 'object' in object relations theory differs from the sociological concept of object, which refers to the empirical existence of structures, and institutions that determine and constrain social life, relationships and action (Walsh, 1998). Object relations posits the belief that, rather than pleasure seeking, humans are primarily seeking relationship with others, and that through the early experience of the infant with its caregiver and the social world we develop an inner world of representation: 'objects' of self, others and the *relationship* between them. The object is 'the idea' (similar to Denzin's imagination) that is formed about something which may be animate or inanimate, internal or external that acquires conscious or

unconscious personal meaning (Hoggett, 1992). These mental representations may be 'good', 'bad' or 'part' objects that come to be used, unconsciously, as templates for experience in relationship in later life.

Containment: The capacity for thought and meaning-making

Bion's theory of containment is an object relations theory. It refers to the development of the capacity to apply thought to emotional experience that becomes – if it has been possible for the individual to internalise this process through their experience of it – a component of personality. Although I use the word 'containment', Bion usually refers to this process as '*container/contained*', symbolised by ♀ to represent the 'container', and by ♂ to represent the 'contained', to denote its wholly relational nature arising through the dynamic interaction of one human being with another. The theory developed as a result of Bion's experience of psychoanalysing psychotic patients, where he found that their contact with reality seemed to be very limited, and the absence or destruction of a process of thinking 'rendered the psychotic patient severely incapacitated in the mental capacities of attention to the wider field of experience, memory, judgement' (Symington and Symington 1996: 60–61).

According to Bion, the development of thought occurs through an evolving process from lesser to greater abstraction and complexity, taking place on the model of *container/contained* acting in an emotional environment conducive to growth (Symington and Symington, 1996). This conceptualisation led him to label thinking processes 'alpha' and 'beta' functions. The alpha function endows the mind with a sense of subjectivity by acting on the data from the person's total emotional experience and rendering it meaningful and comprehensible. It does this by:

...producing alpha elements consisting of visual, auditory and olfactory impressions, which are storable in memory, usable in dreaming and in unconscious waking thinking (Symington and Symington 1996: 61).

Without it, the mind cannot think about itself or respond personally to emotional events. It can only abstract the sensory data arising from the external world, rather than have an internal (that is, a subjective) emotional experience. Beta elements are those events that cannot be entertained; 'sense impressions devoid of meaning' (Symington and Symington 1996: 62), suitable only for evacuation; for example, persecutory feelings will be expelled into the body (as psychosomatic responses) or onto the external world (as paranoid/psychotic phantasy). Beta elements cannot be thought about, do not yield to their meaning and cannot be verbalized. It was the absence of the alpha and presence of the beta function that Bion found in the psychotic patients with whom he was working, and for whom, deprived of material for thought from which meaning could be derived, psychosis had resulted. Symington and Symington (1996) describe this as the price to pay for a 'refusal' to allow the integration that would result in the emergence of painful psychic reality. Recent neuro-scientific findings are

suggesting that emotions are constitutive of consciousness itself (Damasio, 2000). Bion's theory suggests that the experience (or lack of) of containment will determine the kind of consciousness we have.

The archetype of the containing process is the dynamic of mother/infant. The process through which non-thought (beta elements) moves to primitive thought (alpha elements) is through the *container/contained* mechanism in which the container (the Mother) is able to process unbearable, undigested (unknown) feelings of the infant, returning them in a modified, bearable, digested (known) form. What is 'unbearable' is the sense (at first, a wholly bodily (pre-symbolic) experience) that 'the self is going to fall to pieces or explode, for the emotions are so intense, unstable and uninterrupted into the self' (Alford, 2006: 95). This process depends on the mother's own capacity to bear and tolerate the emotional experience of the infant without retaliating or falling to pieces. It relies on her own alpha function – 'the transformational operation of the mind (Mitrani, 1995: 82); what Bion (1962) calls her 'reverie'. This capacity to tolerate the infant's distress – and, in knowing and so naming sensory emotional experience without trivialising or over-dramatising it – enables it to be imbued with meaning, and therefore transformed and made capable of integration. With the development of 'a mind for thinking thoughts' (Mitrani, 1995: 82), meaning can grow naturally and progressively. If there is no constructive *container/contained* in which the emotional experience of the infant can be held, it becomes increasingly meaningless and overwhelming (Symington and Symington, 1996). With the benefit of meaning lost, fear – a nameless dread – is increased. Thus:

...pain which cannot be suffered, guilt which cannot be endured and regret which cannot be remembered..(are)..all instances of ♂ but no adequate ♀
(Symington and Symington, 1996: 55).

It is the presence of a 'container' who may not immediately 'know', but who has the capacity to tolerate 'not knowing', and who offers their presence as a purposeful, containing space in which to 'think' that enables understanding to emerge. Rather than 'knowing' in a cognitive, intellectual sense, and in a way similar to the conceptual differences put forward by Ryle (1949), Polanyi (1967) and Schön (1983), this refers to 'knowing' in an emotional, experiential sense. Hoggett (1992: 54) refers to this maternal containing process as 'the first human labour process which...is no more than 'the labour of love'; the first work of transformation'. It results in a largely unconscious, but socially derived, culturally embedded capacity: a continuity between emotion and reason in which someone can 'think their feelings and feel their thoughts' (Robinson, 2000), a position constituting, in my view, meaningful 'conscious agency'.

Containment: Implicit in other discourses of relationship

Despite the specificity of the concept, Bion's theory is implicit in the more recent discourse of a number of authors from other disciplines who allude to aspects of it, or bestow a similar meaning to theirs. From a sociological perspective, Barbalet (2002: 4) argues that 'it is that point of the relationship in which the subject of the relationship, the person in the relationship, is in some way changed and, in being so changed, is disposed to change the relationship itself'. Burkitt (2002: 155), however, comes closer to the meaning of containment when suggesting that feeling 'goes through a transformation as it finds utterance in words – it becomes like an object that can be reflected upon'. Social relations are also emphasised in some psychological perspectives. Fox and Calkins (2000), for example, draw on Bowlby's (1979) attachment theory and the role of secure attachment in the development of self-regulation, the capacity to self-comfort and a sense of security, to suggest that these are a function of the infant's capacity to utilise *the caretaker's capacity to meet regulatory needs*. Attachment is based on the idea of a 'working model' in which the infant comes to anticipate that its needs will be met, and that when these are not, through lack of availability or inconsistency of the caretaker, insecure attachment develops; a position one of my counselling clients described as the absence of an 'internal cheerleader'. This differs somewhat from Bion's notion, however, because containment facilitates a capacity to tolerate frustration and insecurity, arising from the fact that not all our needs are, or can be, met. Fox and Calkins (2000) further argue that there are links between the temperament of the infant and the regulation of emotion and social relationships, described as a dynamic process 'requiring management of distress *by both caretaker and infant*' (Fox and Calkins, 2000: 210, my emphasis) to which the caretaker's capacity and the infant's physiological reactivity and regulation both contribute. The contribution of family discussion of emotion to increasing a child's understanding and their capacity to take the perspective of the other is discussed by Harris (2000), who wonders if conversation alters the way children encode emotional episodes, or whether this conversation itself acknowledges the child's emotional life. However, in Bion's terms, it is not either/or, but *both* the content (in terms of the words) *and* the act of engagement (which may be beyond words) that provides the containing experience, and it is this that supports the development of the infant's own capacity to think. Indeed, implicit in attachment theory is a view that it is the parents' acceptance of the child's emotions that contributes to the child's emotional life and to their understanding of emotions, and Steele et al.'s (1999) study identified that the extent to which a child's mother was able to coherently acknowledge 'positive and negative' emotions was a predictor of their child's emotional understanding.

In Bion's terms, this is a child for whom the capacity to think has been internalised. The child contains an internal 'object' of the *container/contained* relationship derived through its experience of it. Thus, it contains its own capacity to contain itself, with a language that enables it to name and reflect upon its experience and link experience to thought; that is, to

create meaning. Nevertheless, what attachment theory indicates is that time is needed to develop and internalise Bion's containing function for ourselves. Furthermore, experience always outstrips our capacity to contain it (Hoggett, 1992), providing what Hoggett (1992: 67) describes as a 'basis for a dialectic of knowledge': the need to retain one's own knowledge and experience whilst reconstruing past experience, and the experience of 'not knowing' and the presence of doubt that precedes 'knowing'. This is a demanding, frustrating, and at times, a painful struggle.

Containment: Control and constraint as the consequence of an 'attack on linking'

However, the word 'containment' is not always used to mean a developmental process enabling us to develop reflective thought, but rather it is used to mean a form of social control, restrain or constraint. For example, in Froggatt's (1998) study, hospice nurses described their emotional pain as either a drain, or as creating a burden in which their bodies were the containers. The water metaphors the nurses used – of 'flooding', 'bursting', 'streaming', 'absorbing', 'carrying' and 'full' – imply that these are emotions out of place, out of control and out of the 'container'. To prevent themselves being drained or burdened, nurses exerted emotional control or distanced themselves through 'hardening', 'standing back' and 'switching on and off'. These strategies for preventing excess emotion entering or depleting 'their body container' (1998: 335) imply a container as a 'holder' of something potentially dangerous, that needs to be concealed, or to have 'a lid on', and to be controlled (Froggatt, 1998), or its reverse: a weak container that needs protecting or it will be overwhelmed. The body is thus the container to keep emotion in, or to keep it out, and a breach in the container causes immense difficulty.

Hockey's (1993) study of clergy provides another example in which containment is used in this way, when she suggests that when:

...the dominant Western beliefs or metaphors of emotion are examined, it becomes apparent that emotion is commonly understood to be a natural and uncontrollable entity which is contained within the body (1993: 129, my emphasis).

Hockey identifies the paradox that to therapeutically 'release' emotion is in conflict with the difficulty that the clergy have with 'uncontrolled' emotional expression in themselves or others, and she argues that 'emotions are feared to be potentially unmanageable within the context of highly structured Western funerary ritual, in that they are understood to be unamenable to control.' (1993: 129). Hockey suggests that clergy hold the Freudian linked 'hydraulic model of the emotions' located in 'body as container' (1993: 138) and highlights the contradiction in the clergy's view between encouraging and discouraging (that is, controlling and constraining) the release of emotion, which results in a set of contradictory consequences. In particular, professional competence, as a member of the clergy, requires emotional self-control and loss of emotional control represents a breaching of the boundaries of the self which can be

problematic in a public setting; in that control, once lost, cannot easily be retrieved. However, individuals who control or contain (meaning constrain) their emotions are in potential psychological danger; although emotion that is expressed deliberately is unlikely to be genuine, natural or authentic. This contradictory position, Hockey argues, indicates the logic of the 'metaphoric system', the external force of 'professionalism' required to manage internal forces, and requires 'distancing themselves emotionally from their private feelings' (1993: 140) through 'adequate impression management' (1993: 140). Hockey (1993) draws on Bourdieu's (1977) idea of 'symbolic mastery', as 'a conscious manipulation of the unconscious experience of others' (1993: 140), made possible through the separation of professional role and private feelings; a manipulation and control of emotional expressiveness, but within the precarious framework of paradox. Professional detachment may be seen as cold, but too much emotion is inappropriate and potentially losing control (Hockey, 1993).

Both Froggatt's and Hockey's studies are examples of the conflicts and difficulties that arise for professionals in certain emotionally charged situations within caring organisations, and of their attempts to solve or ameliorate; that is, contain them. However, I would argue that what is being described are attempts to solve a *lack* of containment. Bion extended his conceptualisations, arising from his work with psychotic patients (1959) and thinking processes in general (1970), to suggest that mental growth depends on the crucial decision, occurring in every individual, whether to evade frustration (a desire unmet, resulting in a painful state of mind, for example depression, anxiety, hopelessness), or to face and so think through it. Bion argued that avoidance or evasion gives rise to an 'attack on linking'; a process which seems to stem from 'a hatred of knowing what one is feeling' (Alford, 2006: 95) and through which meaning and thinking can be avoided. Bion's theory, thus, focuses not only on the development of the capacity to think, but its corollary – the 'inability to think clearly about threatening things' (Alford, 2006: 90). As Alford (2006: 95) remarks, 'it is easy to have thoughts. The trick is to know how to put them together, what is called thinking as linking, without being overwhelmed with terror or despair'. A lack of containment, in Bion's sense, results in overwhelming feelings, for example, of despair and fear that need to be defended against – contained in the controlled, restrained and constrained sense – and this defence results in an 'attack on linking', or what Alford (2006) calls a 'hatred of thought'. Attacks on linking 'are an attempt to protect the inner sanctum from the invasion of feelings that feels as if it cannot be contained' (Alford, 2006: 96). The nurses and clergy in Froggatt's and Hockey's study described the immense individual effort required, and the defensive strategies they adopted (containing as control), to withstand the sense of invasion of their inner selves: intense experience uninterrupted into the self.

So far, I have focussed on individual relationships. However, Bion's theory of containment was also formulated in the context of groups (Bion, 1962) and has, therefore, an application to

organisations and to society. Finding ways of coping with the intense threat posed by death has been an essential part of human society (Berger, 1967). This threat has been exacerbated in late modernity by the loss of religious belief and collective rituals, resulting in the potential to 'open up the individual...to the dread of personal meaninglessness' (Mellor and Shilling, 1993: 421). One solution to this threat to 'ontological security' (Giddens, 1991) is to deny or suppress knowledge of the reality of death through the avoidance, denial or sequestration of the experience and the organisation of death (Gorer, 1955; Becker, 1973; Mellor, 1993; Mellor and Shilling, 1993), into privatised cultural practices and organisations such as hospices and bereavement services.

Within organisations and in the wider culture, structures and discourse can contain members, or they can fail to do so; resulting in a level of social and cultural anxiety that needs to be defended against with another set of structures and a discourse that attempts to do this (Menzies-Lyth, 1959). Indeed, the feeling rules of an organisation or culture may act as a way of linking knowing and feeling, or they may be part of what Alford (2006) calls 'the language of bureaucracy, doctrine, ideology, or academic life' that can be corrupted to 'shatter the links between knowing and feeling' (2006: 99). Uncontained (dangerous) emotions (the professionals or client's/patient's fury, grief, envy, despair...) need to be expelled (into/kept out of the body) or discharged (into/onto the other) because they cannot be thought about. As Alford (2006: 96) describes, 'an emotion or feeling itself becomes a hostile attacker that, – if it cannot be destroyed – must be severed from all meaning'. This may lead to, what may be at times, unconscious manipulation of others in order to constrain or control their emotion expression and *their* capacity to think and make meaning. Thus, the need to control the emotions of the other arises from a lack of one's own containing capacity, not just of the other, but also of oneself. The nurses and clergy in Froggatt's and Hockey's study exemplified the paradox of an organisational and cultural lack of containment for which they, as individuals, are both the victim and have to provide the solution.

NARRATOR'S SUMMARY AND DISCUSSION

This Act has explored emotions and emotional work from a number of perspectives. In Scene 6, I briefly examined the disciplinary perspectives on the nature of emotion and how mature emotional life develops. This was important for two reasons: firstly, it has identified the problems of language and the split both within and between disciplines, in terms of: conceptualisations and definitions; the role of nature and nurture; the relationship between the individual and the social; and the extent to which emotional individuals create culture, or culture prescribes emotion. Secondly, this uncertain landscape and lack of agreement between different disciplines, each of whom privilege or diminish different aspects of emotion, also surrounds childhood bereavement services, and it is from within this murky scenery that they too try and understand, as well as theoretically position themselves in relation to, the

emotions of bereavement. Earlier in the Prologue, I introduced 'bereavement' and some of the competing discourses to which different disciplinary perspectives give rise. I would argue that, like emotion and whilst the accounts of different disciplines are drawn upon to make sense of bereavement, there has been very little work undertaken to integrate the phenomena into a broader and more holistic cross-disciplinary understanding. One exception to this is Ribbens McCarthy's (2006) recent analysis of young people's experiences of loss and bereavement. This raises important questions about the place of emotion in the differing bereavement discourses, which childhood bereavement services both draw upon and help frame. It is not my intention to consider these here, rather to foreground this as another aspect of the tricky terrain upon which the services tread, and I will draw upon this discussion in my exploration of the cultural context of service provision in Act 7.

In Scene 7, I explored Hochschild's theory of emotional labour, and examined ways in which it has been used to account for staff experience in other 'caring' professions. In particular, I identified four central features of the theory of emotional labour: commodification, the delineation of the public work from the private self, the aspect of personal cost, and conscious agency, and I raised a number of questions about the applicability of these to the work of childhood bereavement services. Price (2001) suggests that Hochschild's theory lacks an explanation of how and why emotional labour may be fulfilling, and argues for an in-depth account of the kinds of intra-personal, internal situations and external, inter-personal situations, in which people are moved to either exploit each other or provide support for each other. It is an in-depth account of the work of childhood bereavement services and of their both/and position – that the work is rewarding *and* painful, personal *and* cultural, public *and* private, client *and* organisationally orientated – that I present in this Play.

In Scene 8, I positioned psychoanalysis as the central theoretical perspective within which I am building this thesis. Stearns and Stearns (1994) argue that 'emotion' would benefit from a rapprochement between biological and constructionist viewpoints, and I propose that this can be found in psychoanalytic theory. Barbalet's (2002) views on emotion come closest to psychoanalytic thinking, when he argues that they indicate an experience of involvement of the self with an event, condition or person, in a way that matters to them, that registers in their physical and dispositional being. In this capacity, he suggests, they are crucial in that they link structure and agency, as all actions, and indeed reason itself, require appropriate facilitating emotions. However, I argued that object relations theory – a particular view of the unconscious inner world – provides what has been absent from the biological and constructionist perspectives: namely, an account of the relational *processes* by which individual experience is mediated socially and through which we develop emotionally mature lives. Most importantly, it is upon this theoretical background that I draw to provide an account of the emotion/al work of childhood bereavement services.

In offering Bion's relational concept of containment as a more inclusive and compelling account through which to examine the emotional work of childhood bereavement services, I emphasise what I consider to be the significant contribution that psychoanalytic theory can make to our understanding of the development of the socially derived and individually experienced emotional processes, through which we develop and maintain a mature internal emotional life, regulated through our developing cognitions, in the context of our social relations *and* culture. This allies my position with the both/and of 'psychoanalytic sociology' (Clarke, 2003) and to the notion of a 'sociology of the unconscious' as one that would point to the contribution unconscious processes may make to some of the unintended consequences of social action, as well as to the part these emotional processes play in the creation and maintenance of society, and their role in creating change (Bocock, 1976).

However, before I return to the data to consider the emotion/al and containing work of childhood bereavement services, I will first describe my epistemological position, and the interdisciplinary frameworks and models that have influenced both my reading and the construction of my theory, and it is to these that I now turn.

ACT 4. ON THE SHOULDERS OF GIANTS

'...If I have seen further it is by standing on the shoulders of giants'.....Isaac Newton

NARRATOR'S INTRODUCTION

In the Prologue, I referred to the challenge of writing a thesis that is trying to articulate a dynamic, rather than a linear, process that links thought and experience. I have already located myself as a theoretical 'both/and' synthesiser, and, whilst I prefer Ribbens McCarthy's term of 'cross-disciplinarity', I want to extend Williams and Bendelow's (1996: 145) argument, that 'a proper understanding of the complex and multi-faceted nature of emotions demands...a multi disciplinary approach', to a proper understanding of the emotional work of services. It is also an appropriate approach to take because services are situated within different disciplinary traditions, and staffed by professionals from different disciplines, as well as lay staff rooted in the experience of everyday life (Rolls and Payne, 2004).

In Act 3, I summarised my position as allied to 'psychoanalytic sociology' and to a 'sociology of the unconscious'; a location that enables an understanding of the powerful affective forces that underlie emotional response to be incorporated with constructionist ideas, and from which the some of the unintended consequences of social action, and the part unconscious emotional processes play in the creation, maintenance and change of societies, can be explored. Nevertheless, there are difficulties with this approach. Firstly, there is a risk of exploring the breadth of the issues at the expense of a depth of understanding. Secondly, whilst there is a recent move away from the atomised, 'silo' approach of uni-disciplinary work to a more integrated approach to knowledge – reflected in the increasing number of interdisciplinary units developing in UK universities – there is a problem about how I can theoretically 'hold' these perspectives within a coherent framework.

Act 4 contains three Scènes in which I describe the four interrelated frameworks that I use to integrate and resolve these difficulties, and I explore the epistemological and theoretical perspectives within which the re-interpretation of the original research study has taken place; an activity that Crotty (1998: 59) describes as 'building upon theoretical deposits already in place'. In Scene 9, I introduce the two perspectives that support a broader and more integrated view of human development and emotions. The most influential and dominant is the perspective of Bronfenbrenner's (1982) ecological systems model, that enabled the complexity of the more relational both/and position of the individual and the social to be made visible and utilised. The second related perspective – Bloch's (2002) ecological systems model of emotion – identified different levels of emotion, helping me develop a structure for the thesis. In Scene 10, I return to Alvesson and Sköldbberg's (2000) robust view of reflexive methodology, whose contribution to my thinking on the nature of reflexivity and on

undertaking a post hoc thesis I have already discussed. I elaborate this view as perspective three, and I also introduce perspective four: one aspect of their methodology that offers a particular view of the dynamic relational aspects of research. In drawing on these perspectives, separately and together, I am emphasising the both/and dynamic between self and other, and past and present. This is followed by Scene 11, which briefly describes the return to the original study and the two methodological strategies that I adopt to make a reflexive interpretation of the data.

SCENE 9. A BOTH/AND MODEL OF DEVELOPMENT AND EMOTION

Perspective 1: Bronfenbrenner's Ecological systems

The first perspective that influenced my thinking is Bronfenbrenner's ecological systems model. Primavesi (1991) describes ecology as a practical discipline that studies organisms in their environment; an ecosystem that is based 'on the implicit understanding that any such ecosystem is not in fact isolated from those surrounding it but that they interconnect with a greater whole' (1991: 7). Bronfenbrenner (1992) proposes an empirically testable 'system' or ecological model of development that does more than emphasise the importance of the interpersonal, social relationships in the development of the child, and their capacity to act on their social world. It outlines the set of *processes* 'thorough which the properties of the person and the environment interact to produce constancy and change in the characteristics *over the life course*' (Bronfenbrenner, 1992: 191, my emphasis). This process-person-context model (Bronfenbrenner, 1992) is based on three propositions. Firstly, that human development takes place through processes of progressively more complex, reciprocal interaction, between an active, evolving biopsychological human organism, and the persons, objects, and symbols in its immediate environment. Secondly, the form, power, content and direction of these 'proximal processes' vary systematically as a joint function of the characteristics of the developing person, the environment and the nature of the development outcomes under consideration. Thirdly, proximal processes serve as a mechanism for actualising genetic potential for psychological development, but their power to do so depends also on the three factors of person, environment and the nature of the outcomes (Bronfenbrenner and Ceci, 1994: 572).

This notion of 'social ecology' – the mutual accommodation through the life span between the changing environment and unique individual – occurs in the context of four structures or environments. The first, the *microsystems*, are the immediate settings of places and people, including the activities, roles and relationships of significant people, which contain the developing child. These settings include parents, siblings, other family members and peers. The second, the *mesosystems*, are the processes between two or more settings, *both* of whom contain the child, for example, home and school. The third, the *exosystems*, are

processes between two or more settings, only one of which contains the developing person, but which have an impact on, and influence the processes of the setting within which the child is developing (for example, the parents' place of work), and the fourth, the *macrosystems*, which are the broad overarching cultural and subcultural environments (Bronfenbrenner, 1994). These systems and the inter-relationship between them are outlined diagrammatically in Figure 3.

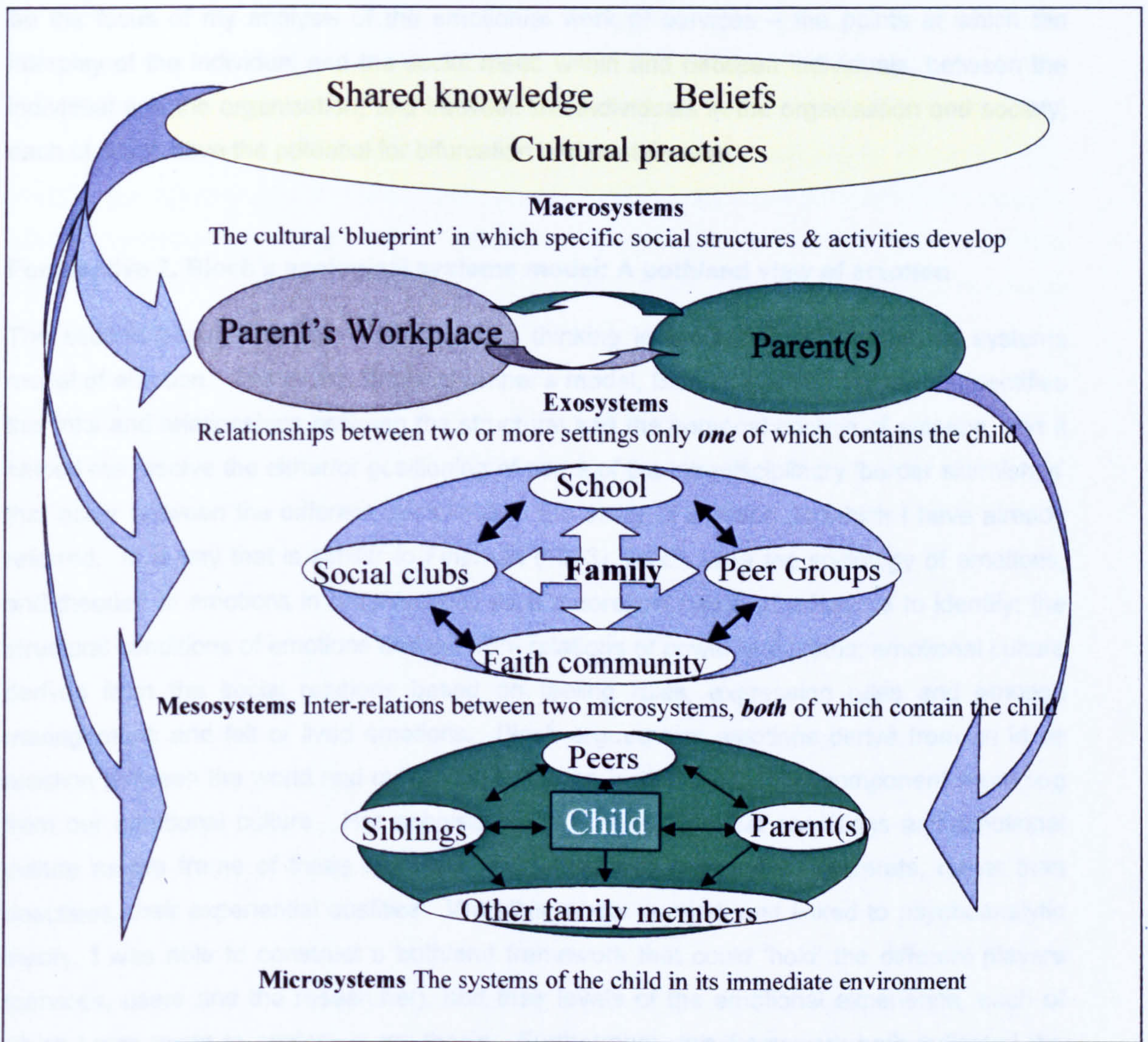


Figure 3: The bioecological systems (Adapted from Bronfenbrenner, 1994)

I found Bronfenbrenner's explanatory model compelling for three reasons. Firstly, it clearly articulates the dynamic process through which the genetic endowment of the child is actualised (Bronfenbrenner and Ceci, 1994), and emphasises the inter-related *dynamic* between the developing person, the processes or interactions, and the social context in which they occur, over and in time. Thus, this developmental model of the interaction of person and environment mirrors my own perspective situated in the 'middle ground', in that it argues that human nature is derived from both our genetic inheritance (essentialism) and from experience

(phenomenology) within the context of culture (social constructionism). It also emphasises the issue of agency within the context of our social relationships and culture, as well as the reciprocity between them.

Secondly, it is within this bio-ecological system that the death of a parent or sibling, the bereavement experience, childhood bereavement services *and* researchers of childhood bereavement services are located. Bronfenbrenner's model illuminates the 'borders' that will be the focus of my analysis of the emotion/al work of services – the points at which the interplay of the individual and the social meet: within and between individuals, between the individual and the organisation, and between the individuals in the organisation and society; each of which have the potential for bifurcation and containment.

Perspective 2. Bloch's ecological systems model: A both/and view of emotion

The second perspective that influenced my thinking is Bloch's (2002) ecological systems model of emotion. Rather like Bronfenbrenner's model, Bloch's analytic framework identifies the links and relationships between the structural and the personal context of emotion, and it helped me resolve the either/or positioning of some of the interdisciplinary 'border skirmishes' that occur between the different disciplines in the study of emotion, to which I have already referred. In a way that is similar to Fineman (1993), Bloch uses the sociology of emotions, and theories of emotions in organisations as a theoretical frame of reference to identify: the structural conditions of emotions derived from relations of power and status; emotional culture derived from the social relations based on feeling rules, expression rules and emotion management; and felt or lived emotions. Bloch argued that emotions derive from an inner reaction between the world and ourselves, but there is also a cognitive component stemming from our emotional culture. Her analysis points to the structural conditions and emotional culture as the frame of these emotions, and interactive relationship interprets, rather than describes, their experiential qualities. With this model in mind, and linked to psychoanalytic theory, I was able to construct a both/and framework that could 'hold' the different players (services, users and the researcher), and their levels of the emotional experience, each of which I was trying to explore in my thesis. Furthermore, this framework both indicated the background theory that I needed to explore and enabled me to structure the thesis by indicating a logical sequence for particular Acts. This structure is provided in Appendix 34.

SCENE 10. BOTH/AND MODELS OF METHODOLOGY

Perspective 3. Alvesson and Sköldbberg's 'reflexive methodology'

The third and most significant perspective upon which I have drawn is Alvesson and Sköldbberg's (2000) reflexive methodology. I have already referred to aspects of their work in

the Introduction, as it encompassed two central, inter-related, methodological arguments that justified a post hoc (re)presentation of data. However, I also found their work compelling because of their explicit privileging of the both/and epistemological position, their critique of an either/or approach to methodology, and their elaboration of reflexivity.

Alvesson and Sköldbberg (2000) begin the argument for their 'reflexive methodology' by raising several objections to conventional epistemology, describing textual positivism as too narrow, confessionalism (Van Maanen, 1988) as self absorbing, and the argument 'that by means of self-examination the author can expel distortions or subjectivity so as to be able to relate freely to the reality studied' (2000: 241) as untenable because there is 'no ballast with which to make interpretations' (2000: 241). Instead, they argue that social research is 'constructed, political, gendered, linguistic' (2000: 238) and, as a result, they have formulated a composite position or metamethodology called 'reflexive interpretation', that arises both from their argument for the extension of the usually held notion of reflexivity, and from their extensive critique of the four main epistemological approaches in social science research.

Central to their methodology is the differentiated use of the terms 'reflective' and 'reflexive', that draws attention to the complexity of the relationship between processes of knowledge production. Their view of reflective research – what others term reflexivity – is described as:

...a question of recognizing fully the notoriously ambivalent relation of a researcher's text to the realities studied. Reflection means interpreting one's own interpretations, looking at one's own perspectives from other perspectives, and turning a self critical eye onto one's own authority as interpreter and author (2000: vii).

These reflective aspects are highlighted in, for example, Etherington's (2004) definition of reflexivity as that which 'enables the researcher to recognize their point of entry and interest in the other's stories and that this is subjectively chosen' (2004: 227), and Seale's (2004a) definition as a capacity of researchers to reflect on themselves and the place of research as a form of intervention.

Thus, in Alvesson and Sköldbberg's (2000) terms, a reflective approach means, amongst other things, a researcher introducing their own construction of empirical material about which they have something to say into their work. However, they emphasise that self-examination and self-reflection are only of value if 'combined with an understanding of the relation between what a particular theoretical and cultural position means in terms of what it makes possible to see and what it is blind to' (2000: 242).

In contrast, reflexive interpretation involves two components: *reflexivity* and interpretation. However, Alvesson and Sköldbberg argue that their use of the term *reflexive*, whilst having much in common, nevertheless, differs from others' use. For them, reflexivity entails reflection *within and across* four domains of 'knowing' within social science research: namely,

contact with empirical data (derived from data orientated methods), awareness of the interpretive act (derived from hermeneutics), clarification of the political-ideological contexts (derived from critical theory), and the handling of the question of representation and authority (derived from postmodernism/poststructuralism). As a result, they argue that their use of the term reflexive is more inclusive, multidimensional and interactive. The weight given to any one of these in a particular study depends on the main methodological perspective but, unlike a reflective process, a reflexive methodology engages to a greater or lesser extent *with all of these*. The second component of their metamethodology is interpretation. They argue that the four main epistemological approaches involve four levels of interpretation. In data orientated methods, there is interaction with empirical material, and interpretation of the accounts in interviews, observations of situations and other empirical materials. In hermeneutics, there is interpretation of underlying meaning, whilst critical theory interprets the ideology, power and social reproduction. Finally in postmodern/poststructural approaches, the reflection on the text production and language use focuses on the researcher's own text, their claims to authority, and the selectivity of the voices represented in the text.

In developing their argument, Alvesson and Sköldberg expand Giddens' (1976) concept of double hermeneutics – the interpretation of interpreting subjects – to suggest that reflexive interpretation is a quadri-hermeneutic process, embodying the principle of reflection and interpretation within a movement between the four intellectual sources. This term best indicates the open play in which two or more levels may be interacting with and affecting one another. Thus, because of the emphasis on a broader multilevel area of reflection, they argue that 'research and methodologies strongly emphasizing one particular aspect are thus *reflective* in a specific way, but not *reflexive*' (2000: 248, my emphasis). Rather, instead of reflexivity, the term reflection best represents 'that aspect which consists of the focussed reflections upon a specific method or level of interpretation' (Alvesson and Sköldberg, 2000: 248). Furthermore, to enable researchers to adopt a reflexive methodology, Alvesson and Sköldberg have made some suggestions to the reader for managing the broad entirety of empirical material, including sequencing interpretations at deeper levels, and over time, when there has been a certain distance vis-à-vis the material. It was this latter suggestion that was so influential in my decision to re-interpret my data, both at a deeper level, and post-hoc, and it is this challenging perspective on reflexivity that I will utilise here.

Perspective 4. An ecological view of research: The dynamic transformation of research

The fourth perspective that I found helpful was an ecological view of research as a dynamic of transformation. This is based on what Alvesson and Sköldberg's (2000) describe as alethic hermeneutics, where polarity is between pre-understanding (what is known about) and understanding, as opposed to 'objectivist' hermeneutics where polarity is between subject and object. In this perspective, rather than ignore what the researcher knows from their reading,

immersion in their own culture and past experiences, these are drawn into the process, and made use of as part of the interpretive process. The interpreting researcher relates to the interpreting participants or authors of the text. In addition, the interpreting researcher – also an author – relates to an interpreting readership. This perspective suggests a dynamic in which all participants (researcher, researched and readers) are transforming and being transformed by, the research. Figure 4 below demonstrates the iterative, dynamic relationship between these three levels, and between past (pre-understanding) and present (understanding).

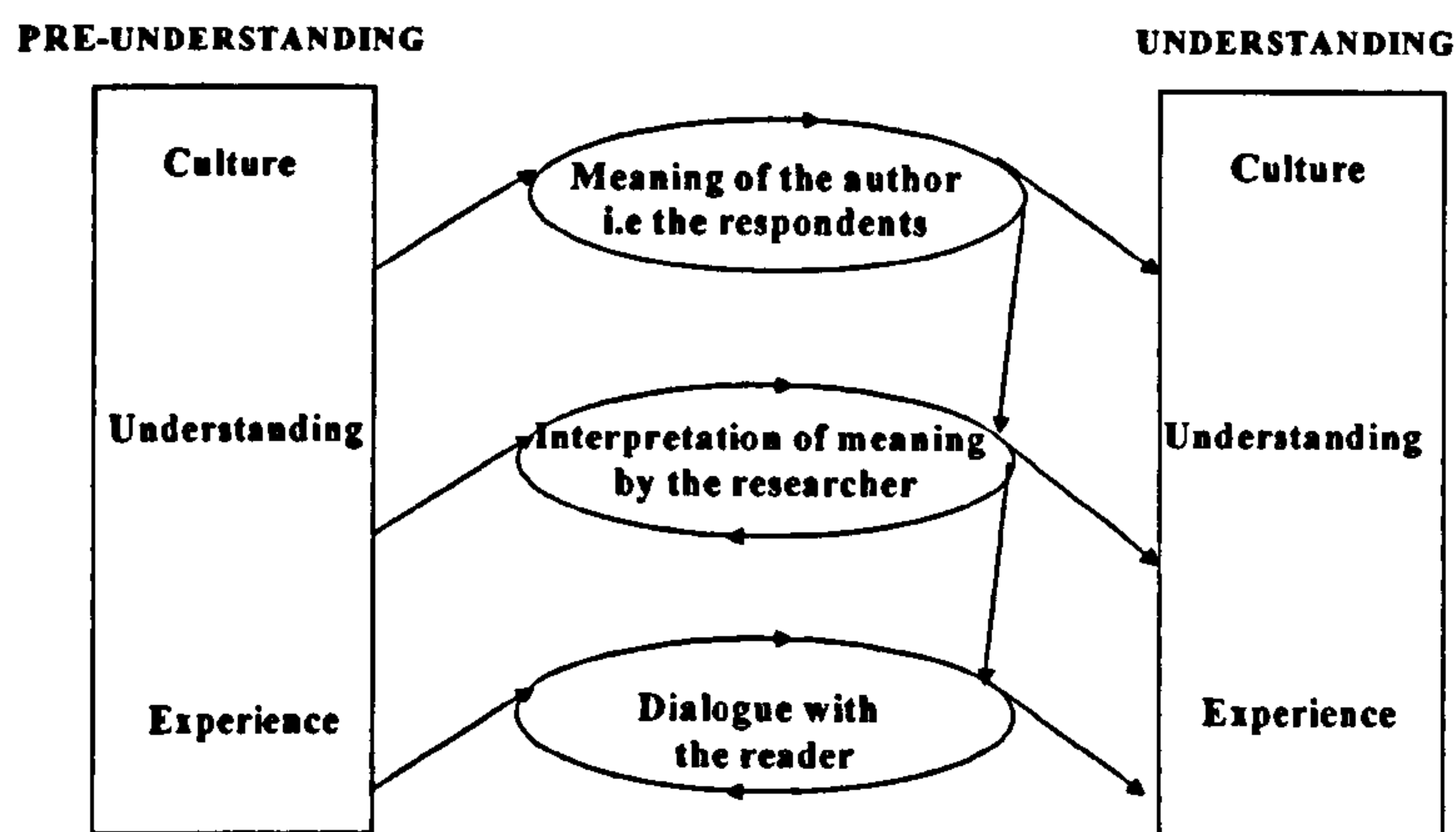


Figure 4: The dynamic of the transformation of research

Alvesson and Sköldbberg's perspective of hermeneutics gives a legitimate place for the phenomenology of the experience of the researcher, and for the researcher's movement from pre-understanding to understanding, via the engagement with respondents, and for the exploration of different forms of 'dialoguing' with the reader; an issue of especial importance to which I will return in Act 8.

SCENE 11. A RETURN TO THE STUDY: STRATEGIES FOR REFLEXIVE INTERPRETATION

In Act 2, I described the collection and analysis of the original data. This analysis was underpinned by a number of rules that govern qualitative research, and the use of computer data analysis packages. What was central to this original study was the need to provide a description of a phenomenon that had only been, previously, partially portrayed. Although descriptive studies have a low status in the social sciences (Dey, 1993), they nevertheless encompass the 'context of action, the intentions of the actor, and the process in which action is embedded' (Dey, 1993: 31). This emphasis on process-actor-context shares similarities

with Bronfenbrenner's ecological systems model, but it lacks the breadth of Alvesson and Sköldberg's reflexive methodology. Thus, returning to the study means that I need to adopt the additional methodological strategies of reflexive interpretation.

The first strategy concerns the choice of weighting. Alvesson and Sköldberg identify that although there is, in principle, the same weight to be given to the four elements in the quadri-hermeneutic process, in reality this is rarely possible. Rather, one element will dominate, but each needs to be taken into account. I had already undertaken what they describe as a 'data-driven' study, and so the weighting needs to be towards this. However, they argue that, as the data are not regarded as raw, but 'as a construction of the empirical conditions, imbued with consistent interpretive work' (2000: 257), the attitude towards the empirical material becomes freer and 'demands are made for conscious interpretations' (2000: 257). This encouraged me to reconsider and utilise the data, post-hoc, in a new and interpretive way. Alvesson and Sköldberg also argue that, in reflexive interpretation, the demand for rigour in procedure is relaxed, and that *reflection in relationship to the interpreted nature of all empirical material is increased*.

The initial analysis of the data, and the reflection at the end of the research on the process of bracketing interviews that I describe in Act 8, as well as on my personal research diary and fieldnotes, have each contributed to this consistent interpretive work. The second strategy is, therefore, to include elements of the inter-relationships derived from a political-ideological critique, self-reflection, and the handling of the problem of authority and representation, and I will return to this throughout the remaining Scenes, in particular in Acts 8, 9 and 10.

NARRATOR'S SUMMARY AND DISCUSSION

McLeod (2001) argues that qualitative methods of inquiry:

...are intrinsically both social (in demanding that the researcher takes account of the social and historical context of their work) and philosophical (in demanding that researchers position themselves in relation to core issues of being and knowledge) (2001: 19).

In this Act I introduced four frameworks, each of which have allowed me to take account and 'position myself', thus enabling me to explore the complex and relational aspects of the emotional work of childhood bereavement services. Two are theoretical frameworks – Bronfenbrenner's ecological systems model and Bloch's ecological model of emotion – each of which supported the development of a theory. Bloch's also enabled me to theoretically structure the development of ideas across a number of players. The second two are methodological – Alvesson and Sköldberg's reflexive methodology and the transforming (that is, relational) dimension of research – and these enabled me to account for my post-hoc analysis, as well as provide a new position from which this analysis could take place.

Although they do not describe it in these terms, Alvesson and Sköldberg's definition of reflexivity is an ecological one, extending the parameters of reflexivity to take account of other systems of thought. Thus, in this thesis, I adopt an ecological perspective both theoretically and methodologically.

These frameworks have two other important features in common. Firstly, they have the capacity to incorporate understandings gained from a range of theoretical perspectives. Reflecting on Bronfenbrenner's and Bloch's models led me to consider what processes were occurring within individuals, between individuals, between individuals and childhood bereavement service settings, and between childhood bereavement services and the wider culture in which they are situated. Secondly, the models of Bronfenbrenner and Alvesson and Sköldberg are metatheories within which the both/and of many of the disciplines relevant to the exploration of the emotional work of childhood bereavement services can be incorporated and integrated. In contrast to the 'sedimentary' approach (Crotty 1998), Bronfenbrenner and Alvesson and Sköldberg each provide a structural, integrated, and multidisciplinary approach to both human development and to research, in which ambiguity and apparent contradiction can be considered and explored.

In adopting these frameworks, I now return to the study and (re)present the data in a new way, and in Acts 6 and 7, I draw on the perspective of staff working in services. It was whilst listening to and observing their experiences, as well as reflecting on my own, which I describe in Acts 5 and 8, that I began to ask questions about the emotional work of services. In each of these Acts, I identify and elaborate the emotion/al work of services, as well as the 'moments' of potential bifurcation and examples of '*container/contained*' that it entails.

ACT 5. THE HEART OF THE MATTER: THE EMOTION/AL WORK

'...all things in the world come from being... Lao Tzu

NARRATOR'S INTRODUCTION

In Act 5, I begin to elaborate the three interrelated dimensions at the heart of the emotion/al work of services. The first dimension is that the work expressly engages staff with the emotions of others. In Scene 12, through 'being with Jamie' I convey a sense of the emotions of a child who had been bereaved, as both expressed by him and observed by me during the course of a group intervention. In Scene 13, I focus on the emotions of parents, participating in a parallel intervention, which include not only those of their own bereavement, but the feelings generated by being a bereaved parent of a bereaved child. Thus, both Scene 12 and 13 are, in part, describing the emotion 'material' with which staff engage and that need to be, in Bion's sense, 'contained'. The second dimension is that this engagement generates emotions in staff, and in 'being with Jamie' and bereaved parents, strong feelings were engendered within staff and in myself. The third dimension is the *emotional* work that is carried out with and on behalf of users; the creation and facilitation of opportunities through which the loss of the parent/sibling/partner/child can be thought about in such a way makes it more meaningful.

These two scenes also illuminate certain aspects of this emotional work. In Scene 12, I describe an intervention that provided Jamie with opportunities through which he could create meaning from his bereavement experience and begin to assimilate it into his life narrative. In Scene 13, I describe aspects of a process of *emotional* work whose function is to strengthen parenting capacities, but which, nevertheless, acknowledges the depth of their emotional experience. However, whilst 'being alongside' them and acknowledging their bereavement experience was an important feature of this emotion/al work, the aspect I want to emphasise is the *use* staff made of themselves and their relationship as a 'container'. This included: the intricacy of the 'containing' process that surrounded users before, during, and after their participation in a group intervention; the 'not knowing' aspect of the encounters; and the importance for the users of their experience of a containing presence of someone receptive 'being with' them. In detailing this process, I provide an example of the containing function of services exemplified by the provision of the literal containing space of the buildings and the programme structure, and the internal containing space of staff of their constant and iterative reflection on, and attempts to attune to, user's feelings and experience – their keeping them 'in mind'. I also provide examples of the tensions that I refer to as a bifurcated position in which staff experience their own emotions that they need to 'contain' whilst, *at the same time*, containing those of users.

Through the experiences outlined in the two vignettes presented in Scenes 12 and 13, and through the other four group interventions in which I was a participant observer, I gained insight into the complexity and challenges of the emotion/al work of service providers *with individuals* – the feelings, thoughts, and tensions, and the ambiguities, dilemmas and concerns that arise in undertaking this work – as well as a deeper understanding of the impact of the wider context within which a specific intervention takes place. In Scene 14, I reflect on the contribution of the experience of participant observation, not only to my developing theory of the emotion/al work of childhood bereavement services, but also to the parallel emotion/al work of researching such services which is further elaborated in Act 8.

SCENE 12. BEING WITH JAMIE: EMOTIONAL WORK WITH A CHILD WHO HAD BEEN BEREAVED

Jamie, a 9-year-old child, was the eldest of two boys whose father had died unexpectedly from infective pericarditis, following a visit to his dentist. Jamie's mother did not want him to know the exact circumstances of his father's illness in case this knowledge frightened him, and created difficulties with future dental visits. Jamie, therefore, had not been told of all the circumstances surrounding his father's death. I relate the experience of being alongside him through a group intervention programme that had been created for Jamie and other children who had been bereaved and, in the context of this specific relationship, I interpret his experience, and reflect on what I felt called upon to do or say. Alongside this, I describe the structures, manifest through the briefing and debriefing sessions, that surrounded me both as a researcher and as a member of staff, that were designed to create a safe, purposeful experience for the child, as well as prepare and support staff both before and after the event. The intervention in which Jamie participated as a user and I attended as a participant observer took place in a closed group for children, held over a two-day residential weekend (See Appendix 31 for further elaboration). The accommodation, set in attractive grounds, comprised of a large main room and a number of small rooms, as well as a kitchen and dining area, and there were segregated bedrooms for girls and boys. Same-sex staff shared their accommodation, although some had their own room. Jamie's mother attended the simultaneous two-day, non-residential weekend for parents, but his brother did not attend the weekend event.

Briefing and debriefing

Although our relationship began on the Saturday morning when Jamie arrived, my own arrival and participation in the residential weekend did not occur in a vacuum. Rather, in order to 'be with Jamie' both as a researcher and as a volunteer member of staff, I engaged in a series of service-led briefing and debriefing sessions. I explore this process from three perspectives: firstly, from my position as a researcher being briefed and debriefed for my participant

observation in the group event; secondly, from my position as a volunteer member of staff being briefed for, and debriefed following, a specific weekend programme, and thirdly, as a researcher observing the process of briefing and debriefing of staff. These three triangulated positions are outlined in Figure 5.

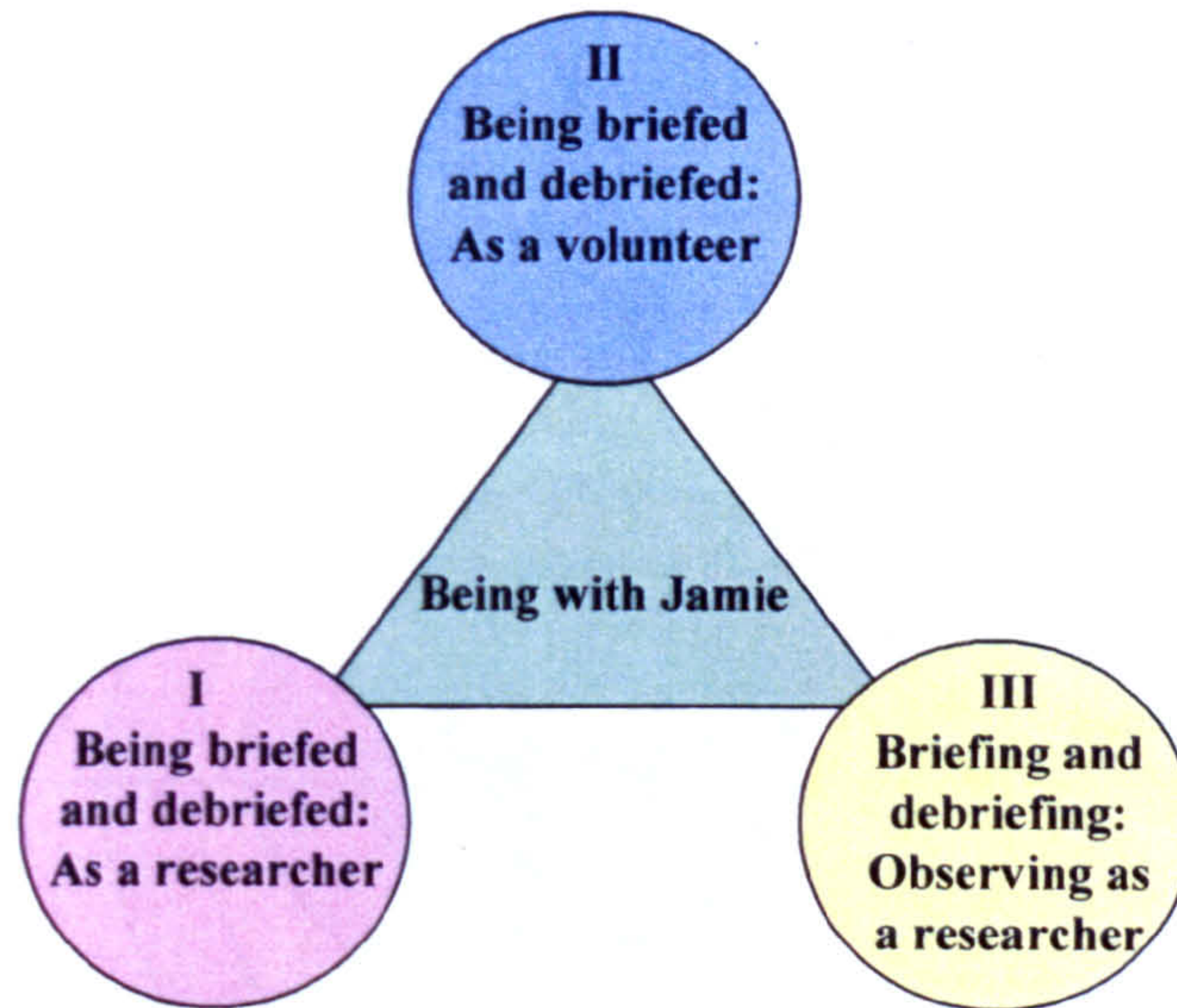


Figure 5: The triangulated positions of briefing and debriefing

However, as well as these three perspectives, the participant observation was also an experience that occurred 'in time' in two important ways. Firstly, over time, my role changed. In the beginning, my role as a researcher and my role as a volunteer occurred consecutively and they each felt quite distinct; whilst later, these two occurred simultaneously, feeling more merged and at times indistinct from my self as a person, and this movement, to which I will refer later, is outlined in Figure 6.

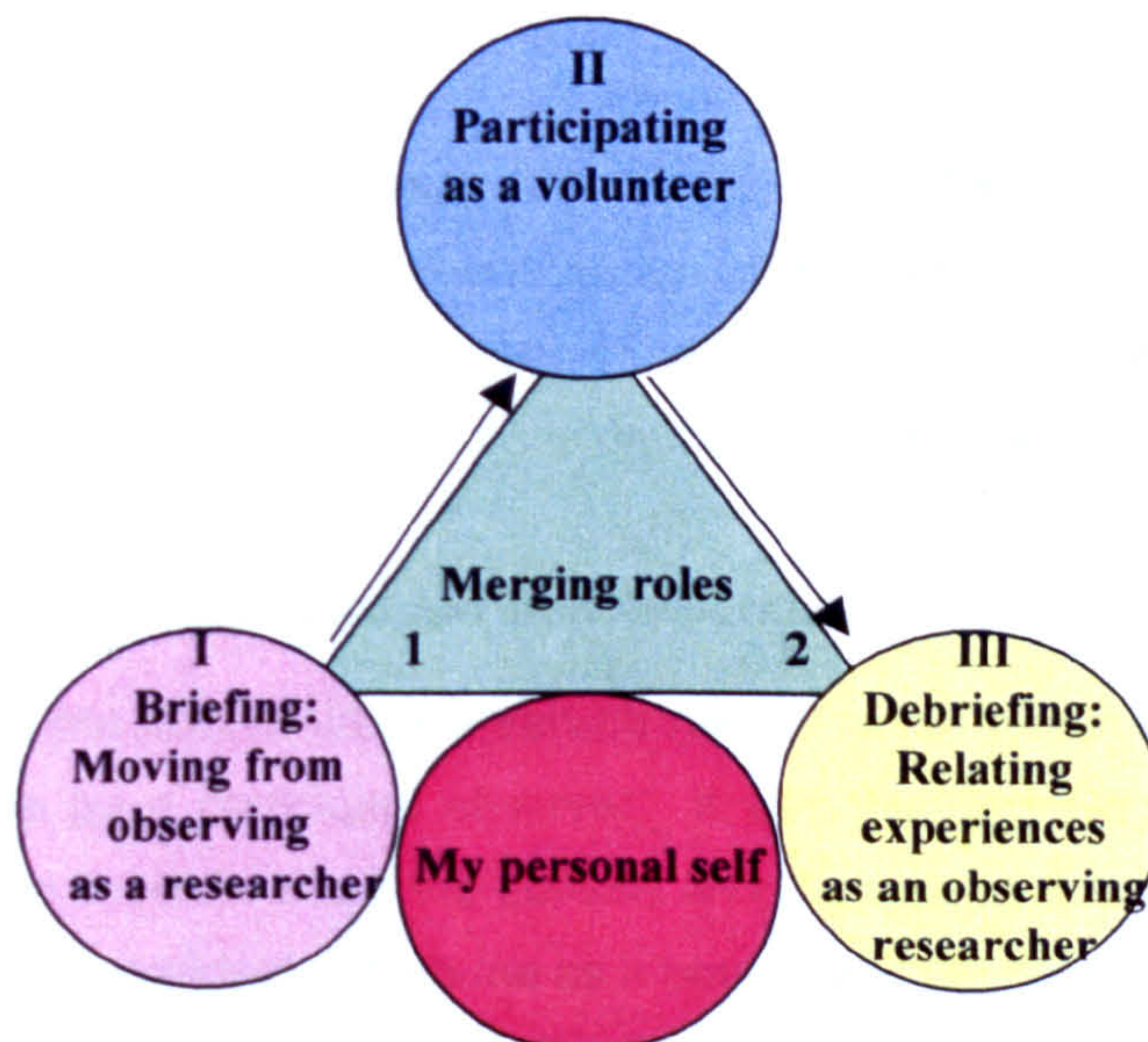


Figure 6: The merging of roles

Secondly, the experience occurred in a particular time sequence. Thus, whilst taking place in the broader context of the research, the participant observation had a beginning, middle and

end, and this movement between phases of observing and participating and back again, occurring from the beginning to the end of the process is outlined in Figure 7. In this Figure, the colour pink represents my participating roles, whilst the yellow represents my observing ones. The blue heart of the Figure represents my active participation – ‘being with Jamie’ – as a member of staff in the intervention.

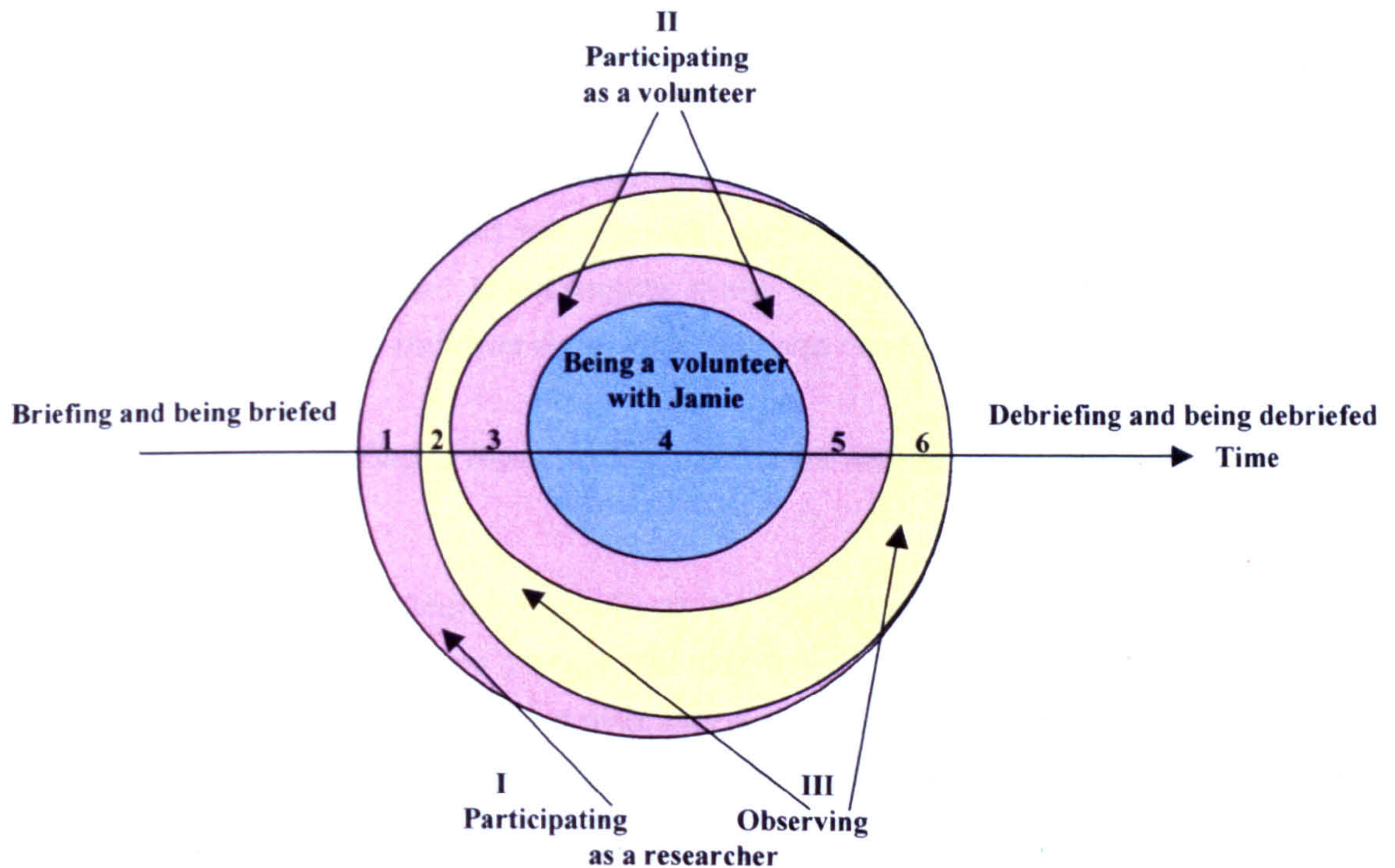


Figure 7: The movement and chronology of my participant observation roles

The process of being with Jamie

As Figure 7 shows, the process of ‘being with Jamie’ involved six complex phases, each of which I will describe in turn. I make extensive use of quotations from my fieldnotes, written between 20 February and 4 July 2002. However, with the exception of longer quotations, and in order not to disrupt the narrative flow, I have omitted these references from the text.

Phase 1: Being briefed for participation as a researcher

My first meeting with the staff of Jamie’s service had been ten months prior to the event at which I was going to be a participant observer. It was the beginning of a briefing period through which I came to learn about the context and purpose of the programme, and staff came to feel sufficiently confident in both me as a person and the research I was undertaking. At this informal meeting, I was able to describe the methodology and its meaning for me, the staff were able to interrogate me and raise issues of concern, and I was able to begin discussions about interviewing service users. The staff invited me to a second meeting, held two months later, to discuss this further.

It was at the third meeting, held six months after our first meeting, that the more specific aspects of the proposed participant observation began to be discussed. These included issues of confidentiality, how my presence would be explained to participants, whether I would stay overnight, and whether I needed to undergo a police check. In addition, we discussed how best to manage the participant observation. Would I be solely an observer? And if this were the case, would I move between different groups of children and/or shadow staff, and if so, how many and which staff would I observe? I indicated that I would like to read more of the research literature on participant observation, and discuss this with them again. It was agreed that, as the main focus of their work and my research was children, it would be most appropriate to attend this event first, and I would have this programme in mind when I subsequently participated, in the parents' event. It was also agreed that I would attend the briefing meetings for the staff who were organising and running the respective events.

Phase 2. Observing briefing: Preparing the staff team and meeting Jamie for the first time

The briefing meeting for the children's event was held four months later, two days prior to the event. Five members of staff were present and included: Emma, who was to have been the co-ordinator for the children's event, but who was now unable to participate because of her health; Liz and Keith who were running the children's event; and Eleanor and Andrew who were leading the parents' programme.

The team began by discussing the practical aspects of running the events. The formal programme of activities is undertaken in one of two ways: as a whole group, or in age specific base groups. These smaller groups allow a more intimate exploration through the use of age appropriate activities, with the support of two or three staff especially designated to their care. However, all staff are available to all participants during the course of the weekend. Informal 'free-time' activities are organised and run by a member of staff, and anyone can attend. Thus, in addition to the two paid members of staff, there is a volunteer team, the size of which is dictated by the number of participants, with the children's event usually having a higher staff/user ratio. During the meeting, a message was received that one of the volunteers for the children's event was now unable to attend. The team discussed the skill and gender mix of the remaining volunteers and expressed concern about the very low numbers of staff. As a result, they thought that the planned number and composition of the base groups would have to change, as well as the allocation of the volunteers to them. I said '*I wonder if perhaps it also doesn't help that I am here?*' to which a number of jokes were made in response (including by me) about my taking the place of the volunteer who dressed up in an animal costume as part of the final event.

Although we did not realise it at the time, it was at this moment, created by staff shortage, that my role in the children's event began to change from being an additional 'observing' body to one of a 'participating' volunteer. I was allocated to the 'middle years' base group; a position the staff felt to be most appropriate, as the older age group might find my presence difficult and work in the younger group involved *'wiping noses and bums'* – a position not best suited to participant observation.

We then went through a profile of each child and their circumstances, a process that took nearly two hours. These were based on the initial assessment made of families by a key worker and, in some cases, from ongoing individual work. As we went through each family profile, including Jamie's, I became aware of the complexity and diversity of the family structures. Many of the families had difficult relationships with the NHS as a result of their involvement with it – for example, a sibling had died following birth defects as a result of what the parents felt to be a misdiagnosis – and Andrew commented on the possibility of an 'angry' parents event. In one case, a parent was not going to attend the parallel event nor be there when parents and children reunite at the end of the programme. Eleanor, the key worker introducing this child and the staff were very concerned, wondering how it would impact on the child having to go home alone by taxi. They talked about different options, and encouraged Eleanor to speak to the mother (bereaved of her partner) and *'let her know how unsatisfactory it is for him'*. In another family, the key worker had noticed that the girl seemed very protective of her parent, a position described as *'typical protection racket stuff'*. The staff had planned she join an all-girl group and, because her parent was similar to another's, Eleanor and Andrew said they would keep this in mind when planning their respective groups. One family were described as complex, as their bereavement resulted from an accidental heroin overdose, a socially difficult cause of death, whilst in another there had been confusion about the funeral and disposal arrangements of the deceased person. Eleanor and Andrew expressed concern about the needs of fathers who were attending their event and, after discussion, decided to place them together in a group for part of the time. During the team's discussion about the complexity of a particular situation, Eleanor said *'Oh, and the mother's also agoraphobic'*. Andrew replied *'[It] doesn't matter, I don't eat much'*, and the team laughed. Finally, arrangements for family follow-up, of a phone call within ten days and a letter within a month, were made, and it was agreed that I would arrive at about 6.45 pm on Friday.

Phase 3: Being briefed as a volunteer

Briefing for the children's volunteers was held on the evening prior to the weekend event. When I arrived for the meeting at about 6.30 pm, the five members of paid staff had already assembled. Prior to my arrival, Emma had been going through the programme with Liz, who

had taken over the co-ordination role. This was Liz's first experience of co-ordinating an event, and I noticed that she had pencilled extensive notes onto her typed programme. I was welcomed and offered a chocolate; the last one had been kept for me. We sat in a circle in the large room; each chair held cushions and soft toys, and the table in the middle also had on it a large soft toy. A number of child-orientated activity sheets and collages had already been pinned to the walls. In one corner of the room, a 'Memory Table' had been prepared, and one member of staff had already placed on it the photograph and the memento of the person they had come to remember. I had brought a photograph of my brother John, who had died of a particularly difficult form of cancer when he was 36 and I was 32. I placed this on the Memory Table, with my memento: a black and white photograph of a solar eclipse (Appendix 35). I had chosen this because:

...it was his, because it is about his 'trade' – astronomy – and because it is symbolic of things/people being eclipsed by death, unseen but still visible, still present, giving/leaving an aura (Liz, Fieldnotes, 22/02/02).

Shortly after my arrival, Emma left, the remaining four members of staff adjourned to a smaller room, and I was invited to join them. The programme was reviewed, a number of issues discussed, and the timings of the two activities shared between both events, when the volunteers from the children's event arrive to give parents news of their children and when parents rejoin their children, were synchronised. We were then brought up to date with news of the participating families. Eleanor had succeeded in encouraging the non-attending mother to come by offering her financial support from service funds when it transpired that she had been unable to afford the cost of her own daily travel.

Merged role 1: Moving from observing as a researcher to participating as a volunteer

We then returned to the large room where the volunteers and the helpers, who would be taking care of the domestic side of the weekend, had begun to assemble. Liz opened the meeting, introduced herself to them, and invited me to do the same. I was able to clarify my research role and answer their questions. She then led the staff through a discussion on a number of issues. Liz had learnt that day that a second volunteer was unable to attend, leaving eight volunteers and two helpers as the children's complement of unpaid staff. As a result, she identified the changes to their written programme and to the allocation of staff to the base groups that had been made to accommodate this, before reminding staff of the various policies concerned with health and safety and first aid. We were then invited to introduce ourselves to each other. I noted that two of the volunteers were teachers, one was a social worker, and one had a medical background. The age range seemed to vary from those in their early twenties to those over sixty, and there were two men. Two young women had travelled over 100 miles to be here. During these introductions, there was a lot of banter amongst those who had met each other before. One volunteer recalled her last experience when she had been up at 2 am washing a child's underpants, and everyone laughed at this reminiscence. The volunteers were also updated on the imminent distribution of their next

Newsletter and the forthcoming Volunteer training day. We then adjourned for supper. As I walked with Keith towards the dining room, he said *'Joking was just a way of letting off steam, of the volunteers getting together again'*. During supper, the base group volunteers sat together, read about the children assigned to them, and planned their small group activities, for which there were outline instructions. During this time, my two base group colleagues, David and Antoinette, told me about how things might go, and were very reassuring about my participation. Following this, at about 9.30 pm, everyone went home, and I returned to my Bed and Breakfast accommodation.

Phase 4: Being with Jamie

The following morning, as children and their parent(s) arrived, they were welcomed by a member of staff who responded to their queries or needs, showed them around, and introduced them to their base group. I was in the foyer when Andrew introduced me to Jamie and his mother. I noticed that she did not keep eye contact with either Jamie or me, and that she seemed tense, and when she said goodbye to Jamie, she gave him a hug saying *'I know it's embarrassing in public, but...'*. During this time, Jamie was looking around rather anxiously, and said he was worried that things had started without him. When his mother left, I took him upstairs and showed him where he would be sleeping. He asked lots of questions, his attention seemed quite distracted, and he too felt quite tense.

Jamie was in the base group to which I had been allocated as a volunteer, and so after he had placed a photograph of his father and his memento on the 'Memory Table', I introduced him to the other three children in our group, and to David and Antoinette. On arrival, children select a Memory Box and, when Jamie had chosen his, we began to organise and participate, as a base group, in the morning activities of decorating the boxes, competing against each other in a quiz, watching a video and playing competitive inter-group games. These function as 'settling in', scene setting and team building activities, and we began to get to know each other as a group, feeling proud that we were successful in winning one of the inter-group games.

After lunch, we convened into our base group to begin to 'Tell our Story'. Children and volunteers draw a 'Before', 'During' and 'After' picture that they can then use to talk about the impact that the death had on them. If appropriate, the volunteers share the story behind the picture they themselves have drawn. Jamie drew his triptych as follows: in the 'Before' box, he drew a picture of himself and his father under which he wrote *'My Dad took me to play cricket'*. In the 'During' box, he drew a car in which he was travelling with his grandmother, and her speech bubble said *'Your Dad's dead'* and Jamie's said *'Oh, no!'* In the 'After' box, Jamie drew a scene depicting himself looking at a framed picture of him and his father playing

cricket. The text below this said *'When and during and after, the sun went in'*. When we talked about the pictures he had drawn, Jamie said he was very shocked by what his grandmother had said and wanted to know *'Why didn't the school tell me?'* Jamie then asked me about my picture. The 'Before' picture depicted my family, and we are all smiling. The 'During' picture was of us gathered around my brother John's bed when he died, and of a church and his grave. The 'After' picture was divided into two: one half depicted an eclipsed sun and moon and stars, and the other half depicted my now adult son and I smiling. I said I had been very sad when my brother died, but that now it makes me happy to think about him.

The next session provided the children with an opportunity to ask questions about the medical aspects of their relative's death. Jamie was an intelligent and lively child and he seemed to need answers to certain questions. Nevertheless, beforehand when we were in the small group preparing our questions, Jamie said *'The hospital was the best in England. If they don't know why my Dad died, this doctor won't be able to say'*. During the Doctor's question time, he asked and answered questions in a lively way but did not refer to his own father. This session was followed by an early supper, which the children and staff ate together. Jamie had joined a group of children, and I sat at another table and chatted to the children there. Afterwards, there was a play break, and I joined in with a volunteer who was face-painting and adorning some of the girls' nails with stencils.

It was now growing dark. The next activity was a Candlelight ceremony, in which both children and staff sat on the floor in a circle, and were invited to light a candle one at a time, say who we had come to remember and, briefly, anything about them. I said I had come to remember my brother John; I lit my candle for him and said that I was sad that he no longer walked the earth, but that when I looked at the stars and moon, I thought of him. David was sitting next to me. As the circle of candles was completed, music was played, and he began to cry. As part of 'Telling our Story', he had told us that his uncle had recently died. I put an arm around him, and sat quietly with him for a while. Other children were also crying. Staff who were close by put their arms around them, but this left some children on their own. Jamie, who was seated further around the circle from me, had moved from sitting cross-legged at the beginning to lying face down on the floor. His head was resting on his hands and as there was no sound or any body movement, I was unsure whether or not he was crying. Although it was hard to see what he was feeling, I thought he needed to sense an adult presence and so after telling David what I intended to do, I moved closer to Jamie and put my hand on his shoulders, and then gently stroked his head. When the music stopped, we all sat in silence for a few minutes, before Liz drew the session to a close, by asking us to blow out our candles in the order in which they had been lit.

The next event, designed to change the pace and climate of the atmosphere, as well as be a signal that the younger children's bedtime was approaching, included having hot chocolate and marshmallows, and listening to Roald Dahl's 'alternative' fairy stories. During this time, Jamie seemed unable to settle and became quite 'frenetic', leaving the large room and dashing about. I kept quite close to him, and he eventually settled in the room with the pool table. Earlier in the day I had taught him the rules, and since then, even during sessions when we were working in our base groups in the room, he would try to play, and I had found it quite difficult to draw him back to the activity. Now, we played a game together, chatting quietly about his school, and our success or failure at potting shots.

It was now dark. After the story, the volunteer staff took the younger children upstairs for bed, whilst for those who wished to go, a walk around the grounds of woodland and fields was organised, accompanied by a member of the Centre staff. Jamie was very keen to go and, once we set off, dived up ahead and walked for a while holding another child's hand. I was further to the rear of the group, chatting to those around me. Half way round the walk, Jamie came back 'down the line' to my side saying he was afraid. I think there may have been a 'country' incident with one of the two Labradors accompanying our guide. He took my hand, and we continued the rest of the walk together. As we walked along, Jamie asked me if there were lions here and, later on, if there were bears. I said *'No there weren't any here, but there were some in the Zoo. Have you ever seen any?'* As we crossed an open field, Jamie looked up to the starry sky and said *'That's my Dad's star'*. He then said *'Do you know who I am most angry with in all the world?'* I asked him who, and he said *'God, for bringing my Dad to Heaven'*. I acknowledged this by saying *'You are cross with God because your Daddy has died?'* Shortly afterwards, we arrived back, and it was time for the children to go to bed. As I was not staying, I wished him goodnight, and said that I would see him tomorrow.

When I arrived the following day, the children were having their breakfast. David had been awake during the night sorting out some of the boys, and he looked tired. The third activity of the morning was one in which the children were asked to paint a picture of something about the death that had made them feel angry. These were then to be taken outside and pinned to an 'Anger Wall' where, rather like a fairground game, the children threw lumps of clay at it to dislodge it. They were then to fashion the clay into an object, which would help them later on when they experienced angry feelings. Jamie drew a picture of God in Heaven, and he put much energy into throwing clay at it. However, he became very anxious when, unlike the other children's, his own picture would not fall. He was concerned that this meant that God was somehow involved, and was now cross with him for being angry. I asked him what he would like to do, and he decided to rub his clay missile over the image. We then walked back together to make our clay sculptures.

The rest of the day was spent on a number of activities that prepared the children for leaving the group and for taking their memories with them, both of their dead relative but also of the event itself, and I was less closely involved with Jamie. During the last session, in which children and parents were reunited, Jamie and his mother were able to share what had taken place in her absence, before participating in the ceremony in which they remembered his father together. Following this, there was a big *mêlée* in which groups of children and parents were milling about, bags were brought out, newly-made friends exchanged phone numbers and promised to keep in touch, before hugging each other and members of staff, and departing with their parents. I had lost track of Jamie by this time, but he found me bringing, his mother with him. She said *'So you are Liz. You are the one he's been talking about who taught him to play pool!'*

Phase 5: Being de-briefed as a volunteer

Once the families had left, we spent an hour tidying away the games, crayons, papers, and toys, before Liz began debriefing the volunteers. We started by evaluating the impact of the weekend on the children. The base group leaders had kept notes on each child in their group and these formed the basis of the information they gave to parents. These were also used as a starting point for our discussion. We discussed the children in our group, and Antoinette wrote our comments on the evaluation form. I was unhappy with the assessment the others had made of Jamie, as I felt he had made more progress than they assessed, and we discussed this together as a group.

Once the children's progress had been evaluated, the volunteers were de-briefed. Liz invited them to express their feelings about the weekend, and to make an assessment about its organisation. One volunteer said that after seeing the profiles of the children, she had thought *'What have I got on my plate this weekend?'* but that *'it wasn't like that'*. and another had thought the weekend was going to be *'quite heavy', not for the children, but for us to carry the burden'*. One of the helpers, who had herself been bereaved of a child, although she had not used the service, said *'I was very frightened on Friday night, but I soon got the hang of it, and I have been made to feel very welcome'*. Some volunteers commented on the activities; for example, one remarked that she felt they weren't always right for the younger children. One aspect of the weekend had been changed, and this was described as a *'new lease of life'*, whilst another concluded that this change *'wouldn't have happened a year ago'*. Liz expressed her appreciation of their work for the service, and said she had never worked anywhere that relied so much on trained volunteers. She then invited me to make any comments, and reflect on my role as participant observer. I said that I thought it was a different experience for me as I had a nice bed to go to at night, and did not have the full responsibility of their role. I thanked them for having made me feel very

welcome, and for letting me observe the weekend event, and said that I would be sending a questionnaire to the volunteers in due course.

Phase 6: Debriefing the paid staff team

Debriefing the paid staff occurred three days after the weekend to allow them to review the event, to discuss issues either about the families or themselves, and to amend future programmes as a result of information gained during the weekend. The meeting included the four members of staff who had run the two events, Emma and myself. The staff said they were also interested in hearing what my experience as a volunteer had been.

One of the first issues that was raised concerned their own re-entry into everyday life after the intense weekend experience. Eleanor said that the parents' event had been brilliant, but that she had felt lonely and *'left out'* on her return to work. She had really wanted to talk to someone, but by the time she returned to work following two days off in lieu, the event was *'old hat'*. Keith said that his time off had been very busy, but there had been a lot to think about, and he wondered *'Are we taking enough care of ourselves and those around?'* This generated comments from the staff about the importance of follow-up, including of volunteers, and the importance of rest. Liz said she had valued having her own bedroom, so had not been disturbed.

The staff then reviewed the two programmes. Eleanor and Andrew said that the parents' event had gone well, although some amendments had been made during the programme. They had also changed the way they organised the session on 'Difficult feelings', focussing less specifically on anger and more on the range of difficult feelings parents were experiencing. Eleanor had noticed that one parent had started with one feeling and it had symbolically transformed into another, saying *'Her anger had become the face of her husband'*. She said that they needed to look at timings, and had thought about including 'writing a letter to the person who has died', but was not sure where this could fit. A problem had also arisen because another group was sharing the premises. The staff had found their rehearsals very intrusive, making it difficult for them to create a safe space for parents. Despite this, there had been positive evaluations from parents, and it was agreed that these would be useful to include in the information pack given to fundraisers.

A review of the children's event followed next, and included a discussion about what had been omitted from their programme, and the timing of some of the events. They discussed the group evaluation forms, normally completed by the volunteers on Sunday afternoon at the end of the event when the volunteers were tired, and wondered whether these could possibly be done on Saturday evening. The staff were aware that the group leaders do not feel qualified to say very much about a child, but feel they need a record of what has happened

and whether there are any concerns. This led them to consider whether this skill needed to be included in the volunteer training. There was also concern about the distribution of soft toys, given to both children and parents at the end of the event. Eleanor wondered whether they should be given to all parents, or only to those who had been at the parents' event. This generated a debate: Keith thought it would be discriminatory not to give one to everyone present at the last session *'just because a parent was not ready or couldn't otherwise come'*, whilst Eleanor disagreed saying it was *'like a certificate of attendance'*. This was a difficult issue and tensions had arisen between these two people. It was decided to refer it to a wider team meeting for more discussion.

The team then discussed their thoughts about the impact of the weekend on the children and their parents. Andrew described the difference in one parent by saying *'A mouse arrived and a parent left'*. He said that it helped the mother to know that when her child talked of an *'explosion'*, that this was the child's experience, and that it would help not to correct him, but to listen and share hers. This raised an issue in the training of volunteers around strategies of story-telling and led to a discussion on the assumptions of volunteers, one of whom had held particular views about heroin users prior to the weekend. The team then began to appraise each of the families. They started with Jamie and his mother saying how she had *'shifted'* and made comments about how he had struggled. Someone remarked *'Liz is here, she may want to say, although other volunteers aren't here for the others'*. I did not feel it was appropriate to comment at this stage, but said I would like to have the opportunity to discuss some issues with them at a later date. Following the discussion on families, the staff began to allocate the follow-up work between them. However, there was a disagreement about how this was to be done, and this had not been resolved by the end of the meeting.

Merged role 2: Participating in debriefing: Moving between participating as a volunteer to observing as a researcher

The final meeting, arranged at my request, was held four weeks after the residential weekend. The purpose of the meeting was for me, as an observing researcher, to clarify my understanding of some aspects I had seen and, as a participating volunteer, to make a contribution to some of their discussions upon which I had felt it inappropriate for me to comment earlier. The five members of staff were present, and I began by introducing the three issues I wanted to discuss. Firstly, I had been wondering about the child's confidentiality and the place of the base group leader's report to their parent. In response to this, the team said that their role was as an advocate for the child within a 'family systems model' and, as such, their progress would be confidential within families rather than between family members. However, this raised the question for me about the way in which an aura of confidentiality was created, but the boundaries of this seemed unclear. The team said that

the group work is different from individual work, which they view as confidential; in this situation, they *'check [it] out if [they are] going to give feedback'*.

Secondly, I wondered about how they managed the needs of the individual in the group setting. Citing my experience with Jamie, I felt he had wanted to play pool as an escape from difficult feelings, and that it seemed to have a 'soothing' effect on him. I had wondered, in my volunteer role, about playing with him rather than encouraging him to do the exercises, and had subsequently written a number of questions in my Fieldnotes:

How does a service manage these feelings? I was supposedly 'Anyone' volunteer. How could I know how to respond appropriately? What did/does it matter if I don't? What training do volunteers get? I was fairly constantly (as were the other two volunteers) drawing him back into the group. Was there not a way of helping him process things over the pool table? In his way, on his terms? Was his needs being pushed into this model? How can such anger (and possibly dangerous anger) be held? (Liz, Fieldnotes, 27/02/02)

I relayed my thoughts to the team. Keith wondered *'Why didn't you let him?'* I said that although I had, it had felt difficult to do so; I felt I was a 'guest' in my role of researcher, I had not really been trained as a volunteer, and had felt unsure about *'breaking ranks'*. Keith said that what volunteers don't see is what happens after the event. *'For example'*, he said *'Jamie is now much more settled and talking with his mother, and he has still got his picture of God!'* The team spoke of *'one size doesn't fit all'*. They realised that volunteer staff never saw the 'fruits of their labour' in the way that paid staff did, and the staff discussed this issue at length. Lastly, I raised what I had experienced as a 'problem' in the base group debriefing evaluations. I described the different views in our group of our assessment of the children, particularly of Jamie. The team responded by saying *'This is the uncomfortable bit. Volunteers do all the therapeutic work over the weekend, but do they get recognition? We use a non-pathological model, but the residential work and the atmosphere that is created is very therapeutic. The notion of a shared framework for volunteers, however, is not given'*. In the discussion, the staff considered the value and use of the notes that the group leader takes to parents, and agreed that they needed to explore this issue more.

At the end of the meeting, a member of staff said they had enjoyed my presence at the event, and that it had been very useful, to which another responded using the word *'gift'*, to which a third responded, in a playful way: *'I wouldn't go as far as that!'*

SCENE 13. USING OUR SELF AND OUR RELATIONSHIPS: EMOTIONAL WORK WITH PARENTS' WHO HAVE BEEN BEREAVED

Whilst all services will engage to some extent with the parents of a child who has been bereaved, family-focussed services offer specific interventions to support them both in their bereavement and their parenting capacity (Rolls and Payne, 2004). This may involve individual work, but also includes closed group events organised alongside those for their children. During fieldwork, I had the opportunity to attend two parents' group events; one that was part of an on-going weekly programme, and one that was organised over a non-residential weekend. Jamie's mother had attended a two-day non-residential weekend and, as I was unable to participate in this, it was arranged for me to attend the following event for parents. Like their children's, the parents' event was held in publicly owned premises, made available to the service for the weekend. They had access to a base room and a number of other 'break out' rooms, as well as toilet and catering facilities. In this vignette, I describe the briefing and debriefing meetings, and the experience of participating in the parents' weekend intervention. I then identify the important themes to which this vignette gives rise, and link these to the themes that emerged from 'being with Jamie'. As will become evident in this narrative, my role in the parents' weekend was more ambiguous and ambivalent than it had been in the children's event, and I reflect on the importance of this in Scene 14.

Being briefed

Prior to a parents' event, staff normally held two briefing meetings. As I had been unable to attend the first, Andrew had arranged for us to meet prior to the second meeting. On arrival at the service offices, several members of staff greeted me, and Andrew invited me to make a drink whilst we waited for the meeting room to become free. He said they were expecting fifteen parents, for which there would normally be five members of staff. He explained that there was a shortage of volunteers at present, so that, including me, there would be four 'staff' members running the weekend. He discussed the programme and asked if at the appropriate time in the programme I would read a short story called 'The Cricket', and I agreed. He then told me that the parent's event is quite an intense experience, saying that whilst children will be *'in and out of their emotions more, you are more in the water with parents'*. He asked me if there would be my *'own bits of remembering'* that were important for him to know about, and I told him about the experience and what I felt had been the ramifications of John's illness and death, and my subsequent bereavement. He said when it comes to 'Telling the Story', it is not ours but the parents' that is important, although we may find ourselves *'entering into the feelings'*. He used the expression *'balance of the boundary'*, and said that telling the story is *'boundaried by listening'* and best not stopped by platitudes. He said that each event was different, but their power *'never ceases to amaze me'*.

The briefing meeting followed immediately afterwards, and all members of staff who were involved in the weekend were present. Ros, who was to be the programme co-ordinator, chaired the meeting. Andrew was to support her in leading the activities and Annie, a non-clinical member of staff, was acting in the volunteer support role. I made up the fourth member of the team, and it was agreed that as well as being an observer, I would participate in the role of 'helper'. This role entailed participating in activities, but also involved supporting the staff by taking care of the practical aspect of the weekend, for example keeping cups washed, and preparing and clearing rooms following activities. Ros began by asking each of us in turn to say how we were feeling about it. Following this, she discussed the programme and shared her concerns about timings. It was agreed that any small group activities would be arranged as three groups of five parents, each of whom would have a staff facilitator, and that I would join Ros in her group. They discussed several of the activities and the difficulties in organising them, especially those that focussed on exploring difficult feelings. This session was thought to be the most challenging to organise, because it was important for staff not to be *'too like professionals'*, but to find ways to *'get alongside the parent'*. They discussed other potential difficulties, including finding appropriate music for the Candlelight ceremony, and this was left for Ros to choose. Ros then spoke of her concern that a service Trustee, whose neighbour and children were attending, had volunteered to be involved in the weekend. I shared her views that it was potentially intrusive, and tried to contribute to her consideration of a course of action by asking her more about the situation. The decision was made to decline the offer as tactfully as possible. Before the meeting ended, I was given instructions on how to find the venue and when to arrive.

The parents' weekend event

Participating as a volunteer

I was staying locally in Bed and Breakfast accommodation and had settled in the previous evening. When I arrived at the venue on Saturday morning, Andrew greeted me and led me to the base room, which was bright and airy with light coming through the wall of windows. At one side of the room, there was a small kitchen where refreshments would be available. Ros had already begun to prepare the room: the chairs had been put in a circle, with cushions and soft toys scattered about; there was a flip chart, a Memory Table to one side on which we had already placed our own mementos, and a coffee table in the centre of the circle on which were placed candles, flowers, fruit, tissues and chocolates. I was shown around, and then we went through the programme. Ros took time to ask how we were feeling. I said I was nervous that I would open the last page of my reading too soon, thereby spoiling its effect. Humorous, but reassuring comments were made. Andrew then went to the children's residence (about 2 miles away), and I was asked if I would greet parents and in the meantime help Annie prepare the tables for the salt and clay activities.

Being introduced

As parents began to arrive, I welcomed them, showing them around before leading them to the base room where they could have a drink.

Introductions to each other and the programme

When everyone had arrived, we sat in a circle and Ros opened the event by introducing the programme, and reassuring parents about their children whom they had just left. Ground rules for the weekend had been created by the staff and written on a flipchart, and these were discussed and agreed by parents, who were also invited to add more. One of these stated that if anyone wanted to withdraw from an exercise, they were welcome to do so. As it was a fine day, Ros suggested they may like to go outside but that if after a while they had not returned, someone would come and find them. She emphasised that they could say whether or not they wanted to be left alone, and their privacy would be respected. I was then introduced, and my dual role, as a researcher and a *'volunteer friend of the service'*, was explained. The group were reassured that my interest was in observing the staff, and parents were invited to ask any questions. One parent, Frank, asked me about my credentials, wondering *'was I attached to a University, a clinical psychologist, a counsellor?'* I explained that I was a nurse, a Health Visitor, and now a member of staff at a University, as well as a trained counsellor, and I reassured them about confidentiality and anonymity. Parents had placed photographs and mementos on the Memory Table, and Ros introduced its purpose. I was then invited to light two candles, one on the coffee table and one on the Memory Table, and to read the opening story.

Introductions to their bereavement story

Annie then began the first of several sessions designed to explore 'How I am feeling right now'. The responses of parents and staff were written on post-its, then read through and the similarity and differences between people's feelings were highlighted. We were then invited to form pairs and introduce ourselves to each other and begin to 'Tell our story'. I sat with Mark. He had had three bereavements within a very short period of time, and said they all felt *'very entangled and very painful to think about'*. He seemed very 'full' of these and afraid, and I could sense his struggle to not let them all pour out. I listened quietly, occasionally asking questions or making comments. When it was my turn, I spoke briefly about John. Following a comfort break, the story telling resumed in three small groups. Taking turns, the five parents in my group told their story. Ros spoke at times, gently asking questions, and this seemed to enable them to describe the difficult aspects and how they felt. She also named and reflected their feelings to them. After a while, Ros drew the session, during which neither she nor I had spoken about our own bereavements, to a close and the whole group stopped for refreshments. During the morning, a number of parents had gone outside to have a break: either from difficult feelings, to drink their coffee outside or to have a cigarette.

Mirroring the children

The next session involved creating 'Memory Jars'. The parents had been told that some of the events of the weekends would mirror their children's activities, and this was one of them. Annie and I led the session, although I also participated in making my own Memory Jar. This entailed creating five different coloured bands by crushing chalk into salt, and placing them in a small jar. Each colour, chosen by the parent, represented a memory of the person who has died. Annie explained this process, using one she had made earlier to remember her father. I joined a table with four parents, and we talking quietly to each other as we worked. Andrew arrived and sat with my group, and we each spoke about the meaning of the colours in our jars. My jar, remembering John and shown in Appendix 36, had five colours: aqua to represent him *'always there: before I was born'*; yellow for his *'brightness'*; blue for the *'sense of the Universe and him in it'*; red in a band across the middle of the jar representing *'his wound, my wound, and the family's wound'*, and lime (a bitter) green, placed at different stages in the jar representing regret: my *'if only's...I wish...'*. Whilst our chosen colours were often the same, they had a different meaning for each person; for example, one woman's choice of black represented her partner's colour, whilst for another, it represented his martial-art black belt.

Following this exercise, it was time for lunch. A volunteer helper had prepared a lovely cooked range of food. We sat at tables of eight, and the general chatter was easy, sometimes about the person who had died, at other times about their children. After lunch, we re-assembled and Annie read a poem entitled 'That's Normal'. Andrew then explained that we were going to make a clay model to represent any aspect of our bereavement experience or memory. I participated in this activity, building a scene that I called 'The three of us beneath the laurel tree' (see Appendix 37), where my brothers and I sometimes sat together when we had been told off. I made an umbrella-shaped tree and three figures, pinching the clay to represent our different features. Each figure was placed under the canopy of the tree; I, a slightly bowed figure, in the middle (my sibling position), my younger brother, smaller in size but standing firmly, was placed to my right, and on my left, I placed the 'fallen' figure of John. We were then invited to speak about our models, before they were taken to be dried and fired. The following day, they were brought upstairs and placed on a table for us to look at, touch, and talk about. Whilst sharing the meanings of our respective models with another participant, I said my clay model reminded me a little of the wooden Easter Island figures that John had brought back following a visit there, and that it felt as if he was one of those massive figures that had fallen over. She responded by saying that this same image had occurred to her. When we spoke about her clay model and its meaning for her, we found that we had similar thoughts about it as well.

After a refreshment break, the Candlelight ceremony began. Ros asked how the participants would like the room to be arranged and we all helped to create this. We each chose a candle, then sat in a circle. Parents were reminded about safety issues, music was played, and I read a poem. When both had finished, Annie began the round of lighting candles by saying *'I am lighting my candle for my Father'* and she gave us a memory of him. Once everyone had spoken and the circle of candles was lit, two more pieces of music were played. It seemed as if many parents found it hard to say very much, and I noticed that some parents also found it very difficult to blow out their candle at the end.

A 'time out' break and more refreshments followed this session, and then David, who had been one of the volunteers in my group at the children's event, arrived to reassure parents about their children, and to describe what they had been doing. As the day was drawing to a close, Ros led a 'résumé' session, inviting parents to think about *'how has it been for you, and how will you look after yourself tonight?'* A story entitled 'Five Minutes Peace' was read, and a small bottle of bubble bath handed to each participant. Some parents were returning to empty houses and were happy with this thought, others were spending the evening with friends, whilst others were staying with them overnight.

The halfway point: Time out

Following the parents' departure, and once the room had been tidied and the cups washed, Ros invited us to consider how the event was progressing, and identify any concerns we had about the parents. She then asked us to reflect on how we were feeling. I said I felt confused about where I was in the scheme of things, and Andrew echoed these feelings for himself. I was pleased to be going back to my Bed and Breakfast accommodation, and to being alone in that lovely place. Before we left, I found that I had mislaid my purse, and I was anxious and unsettled until, returning to my accommodation, I found that I had left it there. When I arrived, the owners asked how I was and said that, as they were going out, they had left me a tray of cheese, crackers, fruit and pickle, together with some wine. I ate my supper, poured another glass of wine and went out into their lovely garden, where I sat for a while to write some notes. It felt very tranquil; beautiful, sunny and quiet. As the sun set, it began to get colder and I returned closer to the house thinking I would write more notes at a garden table. However, I found it too cold and decided to return inside. I then discovered that I had mislaid my keys, and I became concerned that the owners had already left and locked the various outside doors. Fortunately they had not, but my bedroom door was locked, so I knew the keys were not left inside. I felt in a muddle and searched around, eventually finding them where I had originally been sitting in the garden. Once the owners departed, it felt wonderful to be alone. I tried to write more notes but felt too tired. I ran a bath, using the bubble bath that I also had been given, before getting into the luxurious bed. I soon fell asleep, and slept undisturbed for the first time in over two months. The following morning, as I was cleaning my

teeth, I looked across the lawn towards the woods, enjoying the morning sunlight, when from 'stage right' a young deer appeared. It was mesmerising to watch it grazing near some bushes, and stealthily walking across the lawn towards the house. I eventually stopped my musings, had breakfast, paid the bill and left.

The long straight: Towards understanding and helping their children

When I arrived at the venue, the parents were already returning. Once we had assembled, Ros greeted us and talked about the day ahead, and then Annie began a session on *'how was it last night?'* She invited comments from everyone, and there was a wide range of experiences, some having felt relieved and lighter than when they had arrived, and others having felt very tired. I wrote that I had felt *'safe and held'*. Ros then introduced the morning sessions focussing on 'Helping children'. The first exercise was designed to remind parents what it feels like at different ages. Andrew read a poem, before five paper 'stepping-stones' were placed on the ground, each representing an age group: 0–5, 6–8, 8–11, 11–14, and 14–18. In groups of three, we were invited to move from one age to another, saying what we remembered from that time. One of my group spoke about her alcoholic father and the impact this had on her teenage years, whilst the other remembered being happy between 8–11 and that she had not been since. Following this, we sat down to watch Ros symbolically demonstrate being filled and filling others with love and care, and what happens to us when we are full of sorrow and unable to either receive or give. This made a big impression on participants, who then spoke about the thoughts and feelings it had raised in them.

The last lap: Saying goodbye and preparing for re-entry

Following these exercises, and after more refreshments, several volunteers arrived from the children's event to brief parents on their children's progress. I had asked Ros if I could listen to a discussion, and both the parent and volunteer agreed. After lunch and a brief rest, the remaining sessions concerned with 'Saying goodbye' and 'Looking to the future' began. The first session was a preparation for the final event to be held jointly with their children, which involved writing a message and saying goodbye to their deceased relative. These were then put aside until needed later, and Ros began the next session, designed to help parents think about how to get through the next few weeks, in which she introduced the idea of symbolic 'First Aid' kits. She also spoke about what parents could possibly expect from their children following their programme, and what the service would be doing to keep in touch. To support this, she gave each parent some books and handouts to take home.

It was then time for the final session. We were each asked to take two 'post-its' and write on one *'What we leave behind'*, and on the other *'What we take with us'*. The room was cleared, we all stood in a circle, with a bin placed in the centre. Each person was invited to read their post-its before putting them in the bin. All the parents said they would take away

helpful things that they had learnt during the weekend, although one had said she wanted to leave her sadness behind, she had *'had enough of it'*. I left behind *'Some, but not all regrets'*, and I took with me: *'The sense of the generosity and courage of your/my human spirit'*. During the Candlelight ceremony the day before, I had *'thanked John for the life his death had given me'*. Ros now said that one of the things she would take away from this weekend was that I had put into words something she had been feeling about the death of her daughter. Following this, telephone numbers were exchanged, everyone said good-bye to each other, and I was hugged by some of the parents, before they left to be with their children for the last event. During this time, I asked Frank what the experience of the weekend had been like. He said it had been a great relief, describing it as: *'like talking about trees to someone who'd seen one'*. Once everyone had left, we followed in Andrew's car and during the journey there was some joking, as if we were a family going on an outing. Annie (with whom I was sitting in the back) said (to Ros and Andrew in the front) *'Liz is squashing me!'* to which I replied *'Annie won't share her sweets'*, and Annie said *'That's 'cos you've eaten all yours'*. We also asked *'When are we getting there?'* and *'How much further?'* I then said (back in adult mode) *'It's a while since I've had these conversations. Recently, they have been more like, "Is there a reason you're still in that gear?" or "Why are we going this way?"'* Ros continued in this mode by adding *'I thought you said you'd cleaned the car!'*

When we arrived, Emma and Liz, the paid staff who had been leading the children's weekend, greeted us. Parents were already seated in the large room to await the arrival of their children. One little boy, who had been too young to attend the children's weekend, was playing and distracting his mother's attention from her forthcoming reunion with his brother, and so I spent some time playing with him. Having previously participated, I knew what was going to happen, but I was aware of the parents, and of their excitement, curiosity and uncertainty. The children entered the room singing the song they had been practising over the weekend, and then stood alongside Emma whilst she reported on their weekend activities. This was followed by Ros' report on what their parents had been doing. Families were then reunited and given a soft toy and a certificate as a memento of the weekend, before participating together in the final event of 'Saying goodbye'.

Andrew had asked me to look after Natasha who had attended without her young children. Together, we went outside and collected our balloons, and helped each other tie our messages onto them. Parents and children were now standing in family groups, although some young people were chatting with each other. Andrew stood in front holding a red balloon, and silence descended for a moment before he released it. One by one and in clusters, we released our balloons, watching them take our messages and thoughts with them. I released mine, and watched the wind catch it and take it up high.

I was standing near Mark with whom I had shared 'Telling our story' at the beginning of the weekend. He said the weekend had been a wonderful experience, *'almost spiritual'*. After a while, we returned to the front of the house where there were more goodbyes, although these were now said more 'in passing', and once all the families had left, Andrew drove us back to the parents' venue.

Clearing up and debriefing

On our return, a volunteer had already arrived and begun to restore the venue, and I helped with a number of tasks, such as clearing rooms and washing up. We then gathered our own things together, and the volunteer took the equipment to the children's venue for storage. When she had gone, we sat together with a cup of coffee, and Ros led the first debriefing, beginning with any concerns we had about parents. She then asked us how we were feeling. Andrew said that he felt calmer now than he had earlier, and that going home last night had been difficult for him. His partner had been kind, *'but it was still hard'*. I said I still felt confused, whilst Annie said that compared to the parents', she felt that she had not had a 'good enough' death; a feeling Andrew said he shared. Ros said she had been very anxious about the weekend. I asked if this was because of my presence. She said it was, but that she had also had a very difficult fortnight beforehand, and there had only been three, rather than the five or six staff needed to run the weekend. We then hugged each other and left. When I returned to my car, I found myself wondering what to do, feeling unable to return home straight away. Instead, I drove to a setting with a wonderful view, and wrote some notes.

Debriefing and 'clearing up'

Twelve days later the team met again for a second debriefing meeting and, as it was to take place at the end of the day, we met in a local pub. On arrival, they each gave me a hug, and whilst we organised drinks and food we chatted and joked. We found a quiet corner, and Ros said she wanted to finish by 8 pm. She began by asking us to reflect on each activity, and this led to a very detailed level of discussion about the process and what we thought had happened. We talked through the timing of particular activities, and how things could be managed better. Each of us contributed to the discussion, although I remained largely silent. However, I participated in the discussion about the clay work, drawing on my experience of it as a powerful activity, as well as from what I had seen of its impact on others. I made an observation about the value of the process; that I had learnt there were multiple meanings to be found in any experience. As the discussion about the programme progressed, Ros took notes of what was said. The team discussed the timing of events, and whilst they tried to evaluate whether decisions they made had been wise, I noticed they used the word 'holding' a lot. Annie said again that she felt her 'death' was not good enough, and this stimulated a

discussion about whether staff should talk about their own bereavement experience. Ros said she had also wondered about hers and whether there had been too much of her experience, and whether it might have been inappropriate to have brought this into the sessions. I made a contribution to this discussion, saying I recognised the tension and difficulty they faced in talking about their own experiences; that in doing this, they were creating a space which valued all experience, but whilst participants could feel more understood by this knowledge, it could also feel as if the space was taken up with facilitators' 'agenda'. Ros said again that she had felt vulnerable with so few staff and, because of this, had found my presence both especially helpful and difficult. Annie said she enjoyed working alongside me and had felt relaxed, whilst Andrew said that he was not ashamed but rather was proud of what they do, and felt happy being open to scrutiny.

SCENE 14. USING MY SELF AND THE RESEARCH RELATIONSHIPS TO UNDERSTAND THE EMOTIONAL WORK OF SERVICES

Together with the four others, these two experiences of participant observation were crucial in enabling me to gain insight into the work of services and to the levels and complexity of the labour that was required of staff. This insight emerged from reflections on my 'positions' in the experience of participating, on my research relationships with staff and users, and on my observations of these. I will explore these more fully now.

Positioning my self and identifying my 'positions'

There was extensive preparation for my participant observation for the children's group, during which my role was negotiated. From the beginning, it was recognised that observing children is a difficult activity to undertake in their presence as they, especially younger ones, are unable to understand the nuances of 'observation' and are likely to recruit any adult in their vicinity to help their endeavours. I had considered participating as observer with moderate involvement as the most appropriate 'identity' from within which to participate in the intervention. However, as the number of staff available for the event began to diminish, this position of 'passive' involvement changed to become one of more active involvement. Thus, by the beginning of the children's weekend, I was a participating as observer with active involvement 'as if' a service provider, including observing and participating in preparation meetings, and in the induction process in preparation for entry into the group event. During the participant observation period, the staff team, other volunteers and the children related to this participatory identity most strongly, despite the staff and the volunteers being aware of my research identity and my observer role. As a member of the volunteer group, I participated, along with the other staff, by facilitating activities and engaging experientially in some of them.

Another aspect of the volunteer role involved working alongside individual or small groups of children and supporting them emotionally as the need arose, and I described part of the experience of this task with Jamie in my fieldnotes:

... (I was) extremely tired at the end of the group. Had spent much of my time with a young boy, about my son's age at the time when John died. Felt I worked hard with him, but was also very aware of my own grief that J was not held at the time of John's death. This was not difficult to hold at the time (of the participant observation) because the other identities, especially of volunteer team member was very strong and dominant, but this may account for the post-group experience of fatigue (Liz, Fieldnotes, 27/02/02).

In the role of volunteer team member, I participated on the 'inside of culture', but also, because of my identity of 'bereaved sibling', a 'child of bereaved parents', and a 'parent of a bereaved child', I participated, through some of the interventions and experiences, 'inside of my self', and this complex set of identities is shown in Figure 8. Two dimensions are highlighted: firstly, my researcher identity as either that of researcher, team member or an aspect of my personal self; and secondly, the type of participant/observer role in which these were being experienced. The strength and direction of each of the lines represents the dominance with which these particular identities were experienced within myself, and between myself and the staff, volunteers or children.

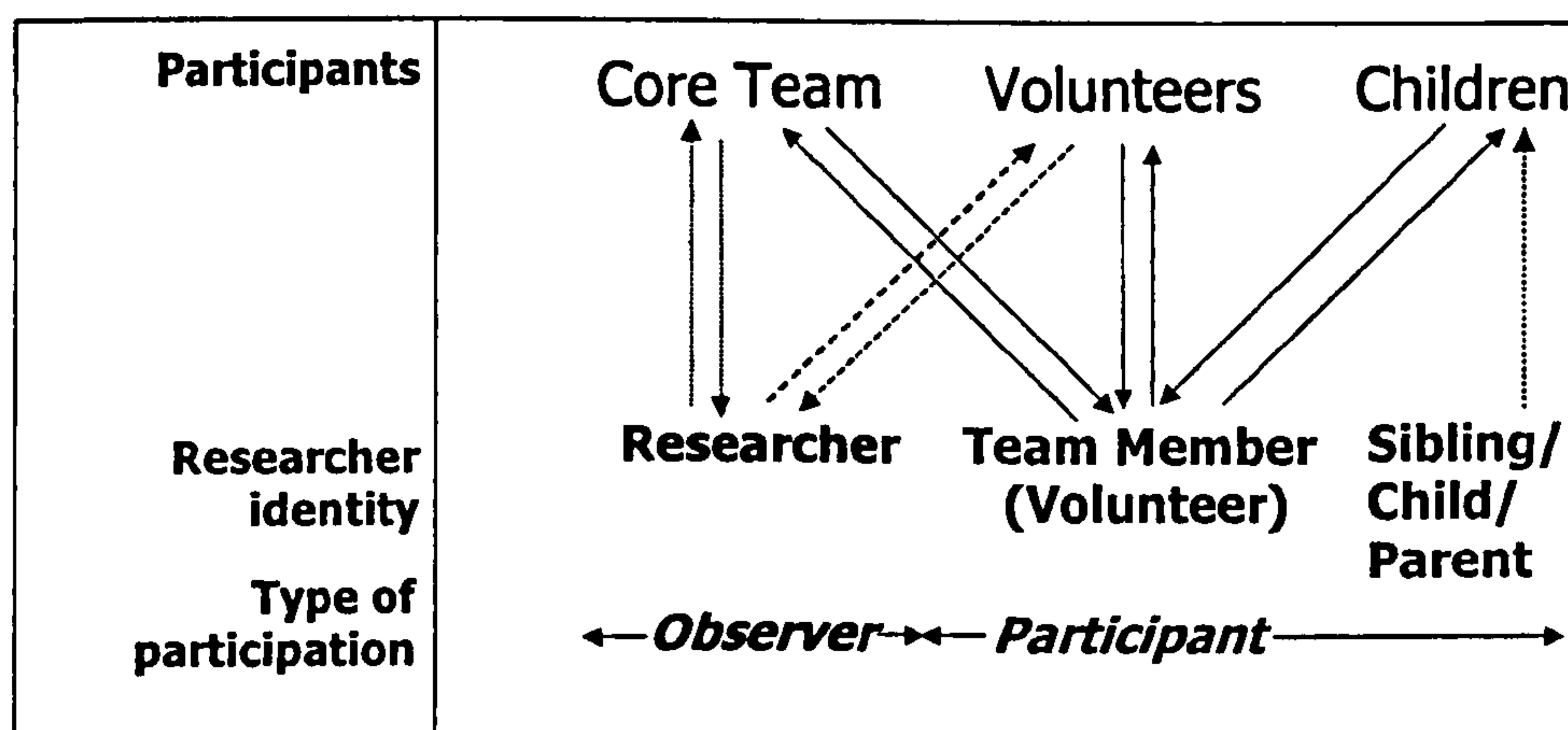


Figure 8: Identities in the participant observation of the children's group

As Figure 8 shows, in the children's event there was considerable symmetry between my identity as a volunteer and the perceptions of others, whilst the other identities were less dominant (observer), and more private (personal identities).

NARRATOR'S SUMMARY AND DISCUSSION

In this Act, I presented two vignettes from my participant observation of group intervention; one for children and one for parents. In Scene 12, I described Jamie's emotions and actions arising from the circumstances of his bereavement, but experienced in the context of a programme of events, and in Scene 13 I presented a group intervention for parents who had been bereaved. In both cases, I described the extensive briefing and debriefing processes for myself as a researcher, and alongside the wider group as a volunteer member of staff. I am aware that in my role of volunteer, there were a number of ways in which I differed from others, most significantly that I had not gone through the selection and preparation process for those who want to work as a volunteer in a group setting. Nevertheless, I was 'selected' and prepared in other ways, and I think that my dual position of researcher and volunteer enabled me to develop a number of insights, and ask questions about the nature of the work that was being undertaken. I then reflected, in Scene 14, on the contribution of the experience of participant observation to a deepening understanding of aspects of the work.

In being involved in interventions over time, I was able to immerse myself in the research setting (Cresswell, 1998; Mason, 1996) and, as Robson (2002) suggests, become a member of a group and enter into their social and symbolic world, reaching what Ashworth (1995: 367) calls 'a realm of data that cannot easily be approached by other paths, the realm of personal meanings within given social contexts'. I not only observed those aspects of the setting that Spradley (1980) considers important, but I was able to participate in the settings from within different perspectives or 'identities'. I found Gold's (1958) influential five-stage typology and Spradley's (1980) further refinement very helpful, and I used these to distinguish between the different levels and roles of my participation, and to illuminate the ambiguity experienced by myself and others, and between my research role and my personal identity.

However, more recent conceptions of participant observation position the researcher differently; for example, Ashworth argues that Gold's (1958) categorisation is 'not rigorously grounded in any account of interpersonal relationships' (1995: 369). These inter-personal relationships were central to my experience, both in my entrances and exits (Minkin, 1997) and within my lived research experience, and I relate to Edwards and Ribbens' (1998: 2) positioning of the researcher 'at the interface of the fluid edges between, and the combining of, public, private and personal lives...poised on the threshold between these different experiences and social settings' (Edwards and Ribbens, 1998: 15). Thus, despite the usefulness of these typologies, they did not fully capture the ambiguities that I experienced as one of being both inside *and* outside of the experience in which I was participating. These insider/outsider positions occurred in two distinct but related arenas. Firstly, I was simultaneously inside/outside of the culture under study. Being on the inside of this social world allowed me to gain access to aspects less available through other methods.

However, being on the inside of the culture does not mean losing the need to be an observing outsider. As Ashworth points out, there are:

...deep, taken-for-granted presuppositions of each social world that are lived rather than known, and the participant observer must be immersed in these as a participant while retaining an almost ironic awareness in order to render the world which is (briefly, perhaps) theirs, problematic (Ashworth, 1995: 380).

My time-line, described earlier, identified the course of my immersion into the culture, but also identified the phases when, from the outside, I was able to observe it.

Secondly, I was simultaneously inside/outside my self through a process involving what Spradley (1980) describes as experiencing subjectively and observing objects objectively. This is similar to Cotterill and Letherby's (1993) notion of 'conscious subjectivity', which implies an internal relationship between the intellectual and reflective levels of the researcher (Edwards, 1993). It is through experiencing subjectively and observing objectively that we come to 'know'; that is, by participating and reflecting on the (internal, affective) experience, as well as by thinking about the experience and observing oneself reflectively as an object on the (intellectual, cognitive) outside. This introspective activity, an indispensable part of participant observation, has the 'self' as a research instrument (Spradley, 1980); a position argued for by Gilbert (2001) who, in asking questions about the role of emotion in research, suggests that, in entering the subjective world of the participants, researchers must 'become the research instrument' (2001: 4), drawing on elements of their own subjectivity and emotional experience. Nevertheless, she recognises the struggle with how, and how deeply, to integrate this in research, and this question, which has been of crucial significance, is one to which I will return in Act 8.

It was this multi-faceted nature of the participant observation, in both these and the other settings, that enabled me to understand more fully the very complex nature of the emotion/al work of staff with individuals. In the discussion that follows I elaborate these insights more fully, and link them to the notion of containment.

The emotion/al work of services with individuals: Insights from participant observation

Drawing on the material from the two vignettes in Scenes 12 and 13, I examine each of the three dimensions of emotion/al work in turn, emphasising the 'moments' of potential bifurcation and making links to Bion's concept of containment. As appropriate, I identify the differences that I experienced in working with adults as opposed to children, and the challenges to which working with these different users gave rise.

Work with emotion that generates emotions

In the role of a children's volunteer, I found that I experienced many, sometimes conflicting, emotions. Some of these arose from being in relationships with others. For example, it was very poignant listening to the children who had been bereaved, especially the very young ones, talk about who they had come to remember; and I felt a deep sorrow listening to what this death meant to them in their present life, and in my knowing what it was likely to mean in the years ahead. With parents, it was very hard, at times, to witness the depth of their sorrow and pain. Despite what was known about the families and their bereavement beforehand, the characters and personalities of the children and the parents, any specific difficulties they were experiencing, and how these would manifest themselves, were not known. This uncertainty and unpredictability about what users brought demanded my full attention, and made it an intense and tiring form of work. In working with Jamie, it felt difficult to know, and respond appropriately to his not knowing, about a key aspect of his father's death, and it left me wondering whose responsibility it was to tell a child the 'truth'. With Jamie and with others, I was uncertain at times about how best to respond, and I felt a burden of responsibility that occasionally lapsed into a deeper anxiety, about whether or not I had done so appropriately. I also found myself wanting to be remembered by Jamie, and I was curious about how he would fare following the weekend.

The work also engendered feelings arising from within myself, associated with my past and present personal life. For example, like all participants, children, parents and staff, I had to think about who I was going to remember, and which photograph and memento I was going to bring. I found it difficult to choose, as if something important needed to be honoured through these artefacts, and I did not want to be unhappy over the weekend by having made the 'wrong' choice. As a result, I brought two objects although only one – the photograph of the solar eclipse – was placed on the respective Memory Tables. I also noted that for the children's event *'I have chosen John [as the person to remember] but wore Celtic earrings for my [deceased] father and the New Ross ring for my (deceased) mother'*. Thus, like the staff, my own sorrow and loss was foregrounded at the beginning of each participant observation experience. Working as a volunteer with parents who had been bereaved also generated emotions, but as I have indicated, these were more ambiguous and complex than those that arose from working with children. Whilst I was with the children, it was sad to remember John, but what made the parents' event more challenging were the levels of identification I had with them. During the children's group, I had found myself looking closely at children who were of a similar age to my son when my brother died, and contemplating on his experience and the experience of one of my counselling clients who had been in this same age group at the time of his father's death. But in the parents' group it felt more personal; I was remembering how it felt for me to be a bereaved sibling and cope with (single) parenting a young child in such sorrow. In addition, feelings were aroused through our participation, as staff, in some of the activities. It was very moving for me to write a

message to my (long) dead brother, and I found it hard to release the balloon at the end of the programme. I felt captivated by its movement and its stoic effort to rise up and away, and feared that it would not.

Furthermore, as well as the unpredictability of the feelings emerging from users and whether any of my own would emerge, and despite careful reflection and preparation for the events, it was not possible to predict *which* feelings would be aroused. For example, although I had extensively prepared myself for the emotional aspects of fieldwork through 'bracketing interviews' (which I will discuss more fully in Act 8), and had known that we were going to make a Memory Jar, I had no idea what this would be, and it was interesting to note the colour scheme, shape, weighting, and meanings that emerged as the exercise progressed. Nor had I known beforehand how helpful activities would be in clarifying these. For example, I had long felt regret about some of the circumstances surrounding my brother's illness and death, but after creating my Jar, I could see the extent, and reflect upon the nature, of the regret I placed 'before', and 'alongside the wound', and noted that I had placed only a small 'blob' of regret towards the top; a position representing the present. In addition, revived feelings, coupled with those aroused from listening deeply to the feelings of others, is a potent mix that can initially be muddling and confusing, and staff have to manage this perplexing state. I think that this inner state was made visible, or 'acted out', through the concrete incidents in which I lost my purse and later my keys.

Other emotions arose from being with these young parents and hearing their sorrowful, harrowing, and tragic experiences; and I felt the unhappiness as well as anxiety that arose amongst some of the parents as the weekend came to an end, although all were looking forward to seeing their child. I also recognised with deep sorrow, in ways I had been unable to before, the enormity of my own parents' harrowing experience of the illness and death of their son.

These feelings of uncertainty, sorrow and anxiety were generated, in the present, as a result of witnessing the distress of children and parents and remembering my own losses, and are illustrative of the tension that can arise from two inter-related potential points of bifurcation. Firstly, there was the tension that arose from the competing needs of myself and the children and parents. In this case, my need to *stop feeling* these difficult emotions by foreclosing on theirs (for example, by silencing or 'telling' them what to do, how to do it, what the facts were) was weighed against their need to have the experiences (that made me feel so uncomfortable) understood; something that would take time. Secondly, and linked to the first, there was a competing tension within between the personal (emotion) and professional (emotional work) self; that is, whether and how to *give voice to my [personal] feelings in the professional (emotional work) setting?* This may result, as Ros feared she had done, in taking the space that belongs to the users, or the feelings may become overwhelming and

result in level of self-exposure that comes too burdensome for the recipients. These tensions are at the heart of the *container/contained* relationship. The container requires a capacity to remain open to difficult feelings (their own and the others) and to 'not knowing' whether the process in which they are engaged will be helpful or not. However, alongside this, the contained (in this case, Jamie and the parents) need someone (a container) with the capacity to draw on their own experience and identity to recognise, understand and make a reflective response to these feelings despite their own. They need someone who can contain themselves.

But the work also generated good feelings, and I felt the pleasure gained from feeling important to a child, from having helped a parent or a child gain insight or experience some relief, and from watching the participants gain some equilibrium as a result of this intervention. It felt good to feel a sense of belonging to a team in which I was appreciated and accepted, and to which I was able to make a contribution. This aspect reflects the ambiguous nature of the feelings generated, but it also identifies a potential source of containment for the container.

Emotional work: The physical and emotional work of creating a physical and emotional environment within which their emotional work takes place, and the use of self

'Being with' a child or parent who had been bereaved also involved the physical and emotional work of creating the physical and emotional environment in which their work can take place. In some services, the child-friendly physical environment is a permanent one, for example in the case of a therapy room. In others, as happened here, it was physically created by the staff on each occasion and involved packing, lifting, carrying, transporting, more lifting and carrying, unpacking, arranging, tidying, more lifting and carrying, transporting, and storing the floor cushions, soft toys, collages, Memory Boxes, the materials such as crayons, paints, glitter, clay materials, and tables and chairs. In the children's residential group intervention, the staff worked a long and tiring day. I was present from 8.30 am to 9.30 pm on the first day and from 8.30 am to 6 pm on the second, but unlike other staff, I did not stay over and was not disturbed during the night. Nevertheless, I was aware of how physically and emotionally tired I was in the days that followed, and like Eleanor, how full I felt. Whilst there is some physical work involved in setting up and arranging the activities for parents, the parents' event was far less physically labour intensive than the children's. The adults needed less entertaining, and even in distress were calmer than the children. Furthermore, as had occurred in the older age group of children, participating parents were also a resource available to each other.

Staff created an emotional environment in several inter-related ways. It was created through a programme of activities, the content of which, in moving from remembering the events surrounding the death, remembering aspects of the person who died, and naming the

feelings they are experiencing towards the future without this person, was designed to provide a safe framework in which to gain access to the child's and adult's feelings so that they could be used as 'artefacts of learning'. My impression of the parents' event, as an observing lecturer/researcher and as a participating volunteer/bereaved parent, had been that staff worked hard to create and maintain a very well paced, gentle, but reassuring and safe, programme. Despite this, there were difficult feelings amongst the staff group, including my own, that had to be managed. Part of the work seemed to be finding a balance between our personal and professional selves and in 'getting it right'. Whilst placing one's own loss into the event seemed appropriate, because it helps normalise death as an event that occurs in everyone's life, this nevertheless raised questions about the value and place of personal experience, and what to do with the feelings that arise with the disclosure. During activities in the children's event, I felt there were times when I could have said more, but it seemed inappropriate to do so. Furthermore, I was very aware of my own 'bereavement biography' and recognised that at times, as it had with David, it could suddenly feel overwhelming. I had to work to both draw on this bereavement experience, but also to not allow it to overwhelm me or take the 'emotional' space that belonged to the users. I was therefore recognising, but not expressing, my own painful feelings of loss and sorrow, at the same time as making judgements about their value to the child(ren) and parents, and deciding where it was appropriate to make use of them through disclosure.

Both Andrew and Annie were concerned that their 'death experience' was of a lesser order of magnitude than the parents in the group, and they wondered if this left parents feeling that staff did not understand the severity of their loss. Ros, on the other hand, having experienced the death of one of her children, was concerned that she had brought too much of herself into the room. In talking to Mark at the beginning of the programme, I had felt very little need to talk about my brother, and only did so because he asked me about my experience of loss. I was very aware that this was Mark's opportunity to speak rather than mine. In using experience arising out of one's own bereavement biography, more effort is required to keep these levels of feeling to oneself, and to use them appropriately. This raised a number of questions for me that I wrote in my Fieldnotes:

What is a 'good enough' death? How can facilitators help if their own experience is too much? Do they need to have one - or do they need only to be able to really listen (which may not be possible if they have had their own experience?) (and many don't). The discussion about this...reminded me of the concept of the 'deserving and the undeserving poor'... Does one 'with-hold' or 'take the space'? (Liz, Fieldnotes, 24/06/02)

This confusion between professional roles and personal experience also had to be managed when staff went home overnight, and this raised questions for them and me about what happens 'in between' the intense experiences of their work, and how difficult it is to return to everyday life after them. In my fieldnotes, I asked:

Who carried what away? What gets left and how is this managed? (Liz, Fieldnotes, 24/06/02)

I had certainly appreciated the beauty and emptiness of my own space, which enabled me to rest, replenish myself, and have time to reflect on what was happening, and I understood what Andrew meant when he described how difficult it had been to return to his family overnight, albeit to a very supportive one.

The emotional environment was also shaped and maintained by the dynamics and interpersonal relationships amongst the paid staff team that '*seemed to be very cohesive, flexible and supportive and [they] had a very good sense of humour*' (Liz, Fieldnotes), and which extended beyond them to the volunteers, and to me as a researcher. This did not mean that conflicts or tensions did not arise amongst the staff; rather that when they did arise between different individuals over diverse issues, they were not left to fester but addressed as different points of view that could be resolved by wider discussion. Most importantly, it was created through their always 'thinking about' the physical and emotional needs of both the children and the parents before, during, and after the programme. This 'thinking about' is present in their very existence as a service, but was manifest in their extensive and multi-layered briefing and debriefing sessions. I noted the complexity of this in my Fieldnotes:

They also have to deal with immense complexity: of family configurations, of different levels of need, and to prepare for the possible consequences of this (i.e. from difficult death, from family circumstances/past emotional life emerging, and secrets in the family). They seem to manage some of this by arranging groups, not just by age but also by being aware of how one child will have an impact on another (Liz, Fieldnotes, 20/02/02).

Staff thought about the children and their families, spending time assessing their needs, outlining the main issues to staff colleagues who, in turn, listened, commented, encouraged and used the information to think more about what this might mean for the organisation of the event. Further notes were prepared for volunteer staff, in order to prepare them for potential issues that a child might raise, and I found myself engaging in this 'thinking about' when I wondered:

...about the families who are coming here..., and about the staff, already preparing for them. I wondered what parents and children are thinking and feeling? How awesome, dangerous, difficult, fearful, hopeful? And I wonder how it will all be...what must it feel like for parents and for children/young people to come here? (Liz, Fieldnotes, 22/02/02)

In addition, in preparing the volunteers through training, including them in aspects of the work, inviting them to comment on children and keeping them in touch with events through a Newsletter, the staff helped volunteers to feel valued and appreciated.

The emotion/al work of staff: Containing Jamie

I have begun to elaborate the three dimensions of the emotion/al work of services with individuals, and identified some aspects of the containing work. At this point, I will return to my work with Jamie, and in describing my thoughts and interpretations about what was happening to him and myself, give further insight into the containing nature of the emotion/al work of services with individuals.

The containing work with Jamie

On learning about what information was being kept from him about his father's death, I had wondered about the impact this might be having on his capacity to make sense of his experience (*that is, I already had him in my thoughts before we met, although it was a place of 'not knowing'*). As well as being surrounded by his mother's grief and her fear of his finding out, Jamie was appeared to be afraid of bad things happening unpredictably; a fear that was a dimension over and above his shock (Triptych 2), and feelings of sadness (Triptych 3) (*that is, I wondered about aspects he was portraying although, again, I did not know what they might mean*). I felt that this gap in his knowledge had left him confused and anxious because something did not quite make sense, and he was unable to describe or understand feelings to which he could not give words (*that is, drawing on my experience of him, I wondered about his confusion*). I thus interpreted his rather erratic behaviour as both a symptom of this, and as an attempt to (literally) run away from feelings 'stuck' inside. As a result, I thought it was important to be present to him in a non-intrusive way, although I wondered, at times, whether I 'should' have encouraged him to join in the sessions from which he appeared to be running (*that is, I was not sure if I was doing the right thing, or indeed what the right thing was, but felt it important to 'stay with him' both physically and emotionally*).

It was during the evening walk that I realised that he had developed a close rapport with me. I now began to wonder if his concern about lions and bears was a manifestation of his fear of unpredictable and dangerous things that are lurking 'in the dark' and on reflection (*thinking about my previous experience of him with the present*), I wondered if this referred not only to the unpredictability of his father's death, but that there was still something difficult (the information his mother was withholding) on which he was literally in the dark. I was unable to respond in a way that might have reflected my understanding of this to him, but I did acknowledge his fears rather than trivialise them, or ridicule him for having them. He was able to disclose his anger at God. From his comments during the day, I made an interpretation; (*a beginning of my own capacity to think and make meaning of what I 'knew'*) that as his fears of the unpredictable had not been quelled through an acknowledgment of them, and because some horrible things do really happen if very rarely, he had built his own protective edifice of safety by idealising the authority figures of the hospital and doctors.

Nevertheless, another more powerful authority figure – God – had unpredictably taken his father, and I wanted to let him know that I was not shocked at his anger at God, or at his anger at all (*that is, that I could bear his anger, without telling him he shouldn't feel like this about God, or that I was shocked*). During his attempts to knock down his picture with his clay missile, I Jamie expressed his increasing anxiety that, in keeping the picture from falling, God was in some way exerting power over him; perhaps punishing him because he had been angry (*that is, I was now 'known' as someone who was able to bear these difficult feelings*). It felt important for me to help Jamie find a way of overcoming this anxiety and of asserting his own authority, and so rather than say *'Never mind'* or pull the picture down for him (*that is, foreclosing on my own discomfort, or not allowing him to 'think'*), I asked him what he wanted to do. He chose to deface the image onto which he had projected his anger; an image that was also symbolically a cause of his fear, and in doing so, I think that Jamie was able to prevail over these feelings. I also think that being accepted, both in what he was feeling, and in how he behaved, contributed to making this possible.

Through his participation in the group intervention, Jamie was able to make a transformative journey from being a confused and frightened little boy with unrecognised, but nevertheless painful, feelings, to a more settled place that included a recognition of them and their legitimacy. At the visit following his group attendance, he was able to 'tell the story' of his experience in a meaningful way and to give an account of the events and of his feelings. This was enabled by the containing framework of the group intervention, but also by my presence as a containing 'space' despite my own struggle with 'not knowing'; it gave him the opportunity to reflect on his experience and begin to make meaning of it.

In this Act, I have highlighted the three dimensions of the emotion/al work of services in the context of work with individual, and linked these aspects as constituent parts of containing grief. However, this has been based on my own experience derived from participant observation. In the next Act, I consider the emotion/al work from the perspective of those undertaking it on a daily basis: the paid and unpaid staff.

ACT 6. THE EMOTION/AL WORK WITH USERS OF CHILDHOOD BEREAVEMENT SERVICES

'...Can I see another's grief and not seek for kind relief...' Blake

NARRATOR'S INTRODUCTION

This thesis is based on the central proposition that the three dimensions of emotion/al labour, as constituent parts of Bion's concept of containment, more fully encompasses the ambiguities and dilemmas of the work of childhood bereavement services with individuals, within organisations and in culture, than Hochschild's theory of emotional labour. The 'knowing' on which this proposition is based arises in the context of Alvesson and Sköldbberg's (2000) reflexive methodology, and is derived from three inter-related levels of reflection and interpretation. Firstly, it is derived from reflections upon, and interpretation of, my experience of participant observation, and in Act 5, I provided an initial exploration of the emotion/al work of childhood bereavement services with individuals gained through my 'as if' role of volunteer working in group interventions for children and parents who had been bereaved. I identified some of the emotions that the children and their parents were experiencing as the starting point for this work, as well as those that I, a 'member of staff', experienced in working with them, and through my use of Cotterill and Letherby's (1993) 'conscious subjectivity', I identified some emerging features of the emotion/al work of staff.

However, this proposition is not only based on experience of my participant observation. It is also derived from data gained through interviews with children, parents and staff, as well as from the text arising from my reflective observations on the experience and process of undertaking the research. The triangulated relationship between these three data sources is outlined in Figure 10, and it is to the two additional data sources that I now turn in the remaining Acts 6–8 of the Play.

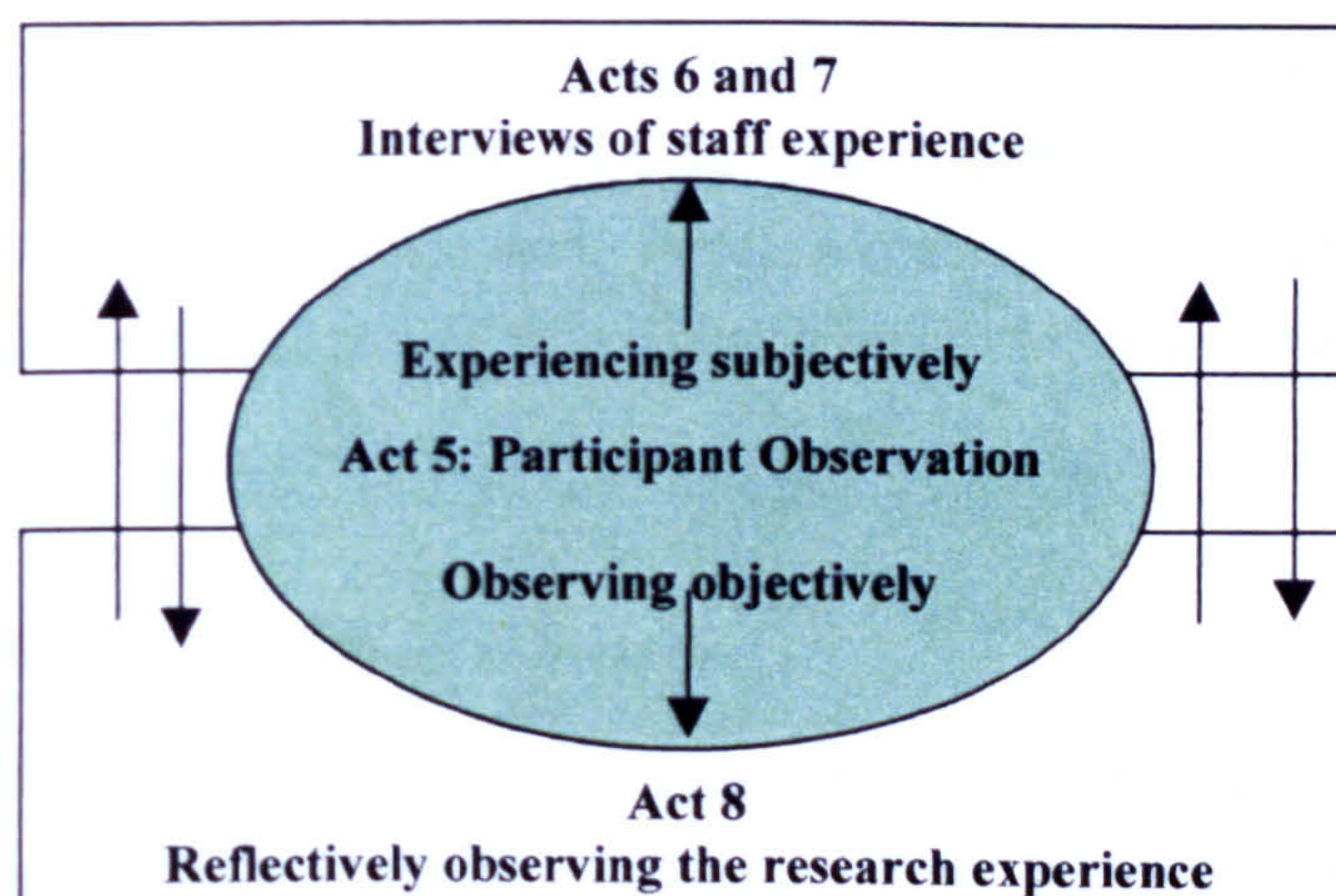


Figure 10: Triangulated relationship of data sources

Act 6 has three Scenes, each elaborating an aspect of the inter-related dimensions of the experience of staff working with individuals. In Scene 15, in allowing the children and their parents to 'speak for themselves' to describe their experience of bereavement, some of the emotions that staff may encounter become visible. In Scenes 16 and 17, I explore the emotions that the work generated in staff as a result of being 'faced' with and working alongside the strong emotions of their users, and I identify aspects of their emotional work. Central to this Act is my argument that the emotion/al work of staff places them in a bifurcated position between their own emotions and the emotions of others, and that managing the complexity of this is fundamental to what constitutes their containing work. In the quotations that follow, the two figures against a child's pseudonym refer respectively to their age at the time of interview, and at the time of their bereavement. The attribution of a quote to the member of staff includes the broad categorisation of their organisational position.

SCENE 15. THE EMOTIONS OF CHILDREN AND PARENTS WHO HAD BEEN BEREAVED

Bereavement is an experience that engenders strong emotions, and it is these that form the 'material' with which childhood bereavement services work. In this Scene, I draw extensively on Rolls and Payne (2007) to identify the range and complexity of the emotions that bereavement engenders. I describe the children's and then the parents' emotions, and include the feelings within the child/parent dynamic arising as a result of a death in the family. In order to highlight the complexity and diversity of situations with which staff are confronted, I place emphasis on the multiplicity of emotions experienced, and the range of social contexts and circumstances in which the children who had been bereaved were situated. I also indicate some of the reasons children and their parents gave for seeking the help of a service.

Children's emotional experience of bereavement

With the exception of the very young group, all children in the study were able to describe what bereavement felt like. Two important features emerged from the data, each of which had different implications for service staff. Firstly, emotions arose from the way that children learnt about the death, and secondly, the confusing range of their emotional experience could feel overwhelming.

The way children found out about the death

The children learnt about the death in one of two ways. One way was to learn about it 'by degrees'. Kathleen's father travelled around the UK for his work often spending several nights away, and he had been found dead, following a heart attack, by the hotel staff. She described how she was told:

It was...the evening, my Mum was out, our house was having an extension so we were staying with our Gran [pointing over the road] and I was upstairs...and I heard the doorbell ring. I ran down the stairs, and my Grandma answered it, and I see the policemen with the yellow jackets, and then I stood on the stairs for a while, and I heard Grandpa give my Nan a hug. Nana told me to go back to bed, [but] then I came down, and then my Uncle was in the dining room and they said who they were, and "Go back up to bed", so I just went back up...I got up for school in the morning...my Mum was back, and she was sitting at the kitchen table, so I put the TV on, and she got up and turned it off again, and she just said "I have something to tell you". And just sat me on her knee and just told me, and just gave me a wee hug. (Kathleen, 11/8[†])

The second way children knew about the death was because they were involved, in some way, in the incident that led to it, for example, they were in the same car crash or had found their relative's dead body. Belinda, then aged 6, and Catherine then aged 3, were in this category, as their mother described:

Belinda actually tried to save him. He hung [himself]. At first she thought he was mucking around and Catherine was screaming, so Belinda took control of the situation, tried to get her a drink of milk. She tried to climb up and get him down. [She was] very concerned that she'd hurt him...thought she'd made it worse, because she'd climbed on him...[she] couldn't undo the knot. (Ann, Parent)

The multiplicity of the emotions experienced

The emotional experience of bereavement, as Kathleen and Alistair describe below, included yearning:

I definitely remember what he looks like, but I can't remember his voice. And...sometimes I just like want him back. (Kathleen, 11/8[†])

– a feeling that even younger children find ways of expressing:

Imagine I had a broomstick and my Granddad was going to fall out of a tree, I would go down, down, down to save him then. And then he wouldn't die. I didn't want him to die. (Jonathan, 6/3)

They also described finding it hard to cope:

I wanted to stay just...I wanted to be with my Dad more, even though he was dead. I just still wanted to be with him and when I got taken home...I fought the hardest...at the start it was very, very sad, and very hard to cope, so it was. (Alistair, 14/7[†])

Others found themselves feeling isolated both at home and with their peers, and some described how they were bullied or taunted at school. Feelings of anger and sadness were often overwhelming, and at times accompanied with a sense of hopelessness. This was

particularly the case with the young adolescent boys in the study, exemplified by Michael's experience:

...it was devastating. We were always together, but then when he died, it was like...I was just devastated... I felt really guilty because I'd fallen out with him and...I just had things to say to him. I was just thinking wherever he's gone, so I should be going...I tried to commit suicide one New Year...I couldn't dream of no (not) being beside him, and I felt that nobody understood how I was feeling, and because it was like having a Siamese twin - you'd be sort of lost without it, kind of thing. And I just felt that my life was away, because he was away. (Michael, 16/13)

But, as these quotes indicate, these feelings were not simple and unambiguous; rather, they also included other feelings: fear (Kathleen), anger (Alistair), regret (Jonathan) and guilt (Michael). In addition, as well as those directed towards the deceased person, children also described feelings about the circumstances into which the death had plunged them, for example, being afraid of what was happening to them and their family, for the life of the remaining parent, and of telling their parent(s) how they were feeling. Part of this fear was in case they upset others:

I was just really sad and empty, you know. Everybody was really sad, and everybody...didn't really talk about it, because they didn't want to upset anyone else or anything, so it was hard. (Lynne, 16/14)

The complexity of this issue is made apparent in the conversation that Matthew described having with his surviving daughter Fiona at her younger sister's funeral:

She said to me "Dad, why aren't you crying?" and I said "Well, sometimes you've got to be strong. There's times when you're strong, there's times for not being so. Today's a time for being strong for your Mum", and she said "So am I". And I said "Well, that's right" you know, I said "But if you feel like crying, do it, you know, just let go! [Fiona said] "I'm okay because if I cry, it will make Mum even worse", so I said "Okay". (Matthew, Parent)

This feeling of responsibility for others resulted in some having to take on aspects of the dead parent's role:

...you miss the things that he does and...for me, being the oldest, it was like I had to be responsible and stronger for the rest of them...pick up the pieces and try and...do the things he used to do, like DIY...helping around the house and...be the man of the house. It was hard so it was,...hard. (Andrew, 18/16)

Thus, as well as holding back tears, some children also found they were holding back their strong feelings.

Parent's emotional experience of bereavement

The children's experience of bereavement occurred in the wider context of their microsystem, a key figure of which was their parent, who also found themselves overwhelmed with feelings at the death. Here Gill (Andrew's mother) describes the first year following her husband's sudden death:

I think how I learnt to cope was as if it hadn't happened; that it was just a nightmare, that I was going to wake up someday, and somebody would say there was an awful mistake, and I felt like that, I think for a year. So for one year, we just went on with life. We just ... it was really...I don't think I know anything like that first year, and it was only after, you know, after the anniversary, I thought this is...things have got to change, and it has happened, it is real, I mean, I have to start adjusting to it. And even though you knew that things had to change, I still couldn't do it...I think it was about a year and a half before I got over the shock of it even, and started to realise. And then I thought, you know, it was so unnatural...because none of us were talking about it. None of us! None of us ever spoke his name. It just didn't come up in conversation, and all the times that I tried, I saw the children eyes dropping, and they would leave the room or ... it was just so unnatural. (Gill, Parent)

Two findings of relevance to the work of services emerged. Firstly, there were difficulties for parents in telling their child(ren), and secondly as an extension of this predicament, the death and subsequent bereavement threatened their capacity to parent. Witnessing their child's suffering, and feeling unable to help them, also exacerbated these feelings of powerlessness.

Difficulties in telling the children

At a time when they were managing their own feelings of grief, the remaining parent(s) were faced with urgent questions about what, how, and when to tell their child(ren) of the death; an event that occurred in the context of the complexity of their individual lives. Through the long quote that follows, the experience of Claire (mother of Alistair and Kevin cited earlier), exemplifies how difficult and multi-layered this could be. Following the road traffic accident, in which she was also involved, but from which she had emerged unhurt, she had to think about how best to tell her children of their father's serious condition and subsequent death:

[It was] very sudden...He never regained consciousness...I had to go to the hospital with my husband, and the police then went to the school. [They] got the family and brought the boys from school, and they did actually say that their Daddy had been unwell, but he didn't want to tell them anything in case it was the wrong thing. We were told that David was critically ill, and they kept emphasising "Do you understand what 'critically ill' means?". And, of course, after a while, I knew that they were trying to tell me...like "He needed a miracle". So I was then faced with this dilemma that my wee son was making his First Communion the next morning, and I had a whole year's preparation and this was the biggest thing so far in his life. And I thought "What do I do? Do I cancel? Do I pull him out and not let it go ahead?". So I decided that

we would go ahead with the First Communion and let Alistair go blissfully on thinking that his Daddy had just taken ill. I had come home and said "Daddy's in hospital, he's taken ill, but we're sorting things out as best we can". I didn't want to say "He's going to be okay", because, in my heart of hearts, I knew he wasn't going to be okay, but at the same time I wasn't going to tell him "I think he's going to die". So we battled through the First Communion...and then...as time went on, I knew there was no hope, and I told them myself on the day before the ventilator was switched off. By [then] they knew that something terribly wrong was happening in their lives, and...I knew I had to...start being truthful. So that's when I said to the boys "Look, Daddy's getting worse and the hospital have tried everything they can"...So that's how I had this other dilemma - "What do I do? Do I bring them to the hospital and let them see him? Or do I wait till it's over and bring him home?" Because I was bringing my husband's body home to be waked, and I thought "Now what do I do?" And I thought "Well, how would I feel if my Daddy had gone out that morning perfectly healthy, and the next time I saw him he was in a box?" So I thought it was best they went to the hospital. They knew by this stage that their Daddy was going to Heaven, and they knew they were there to say "Goodbye" to their Daddy. Obviously, it was all too much for them to take in, and while they were told they were there to say goodbye and they kissed him and hugged him, it was just all too much. But I just thought, it's not now, it's later on, you know. Later, will they say "Why did everyone go in and see our Daddy, and we didn't?" Plus I had this...consciousness that I was all they were going to have, forever-and-ever amen, and they had to believe in me. They had to know that I did everything with them in mind, and I didn't walk over their feelings and just...do what I thought was best for me. (Claire, Parent)

Claire's experience identifies a number of problems that confronted the parent(s). The first, where death was uncertain as an immediate outcome of a disease or accident, was how much to tell their child. In the case of life-limiting illnesses such as cancer, the initial diagnosis did not mean certain death in the immediate future. Similarly, unless an accident kills a person outright, there may be uncertainty about the prognosis. This raises questions for the parent about how 'normal' they keep life, at what point they tell their children, and how they explain quite complex medical and biological information that they themselves may not fully understand. Parents had to weigh up the risks of untimely disclosure (too late, too soon), or of inappropriate levels of detail (too much, too little), that could lead to the creation of fantasies and fears in their child.

The threat to parenting

The main experiences expressed by parents following the death of their partner or child were of feeling stressed, overwhelmed with exhaustion, and difficulty in coping. However, different problems arose, depending upon whom had died. In addition to their feelings of shock, anger and sadness, the death of their partner meant that the remaining parent was both grieving, and compromised in their capacity to maintain the family life they had previously created.

Although many described trying to keep going for their children, they found it difficult to shoulder the additional burden of responsibility, and were often overwhelmed by their feelings. Some managed by trying to carry on as if everything was normal:

...I was just like a robot. I performed the duties that I had to perform every day, but I didn't exist. I couldn't feel, you know. I just went on with my everyday living. I went back to work, but I don't know how I coped with that. We all kind of fell apart. I would say there was no closeness...everybody was sort of trying to cope with it in their own separate way, and weren't coping at all. There were more rows, there were more upsets, there were more...all kinds of problems. (Gill, Parent)

Others were aware that life was chaotic, and they felt that they had neglected their children, adding to their, and their child's, difficulties. For parents, such as Matthew and Dymphna, whose younger child had died from a life-limiting illness, there was a profound void both for them and their remaining child, that they found others could not understand:

...and people said "I don't know how you do it" and "I don't know how you cope". But that was our normal life. And then after it, after she was gone, people would say "Normal life can be established again", but they don't know what normal was. That was our normal life and...I would rather have that any day, than be without her. (Dymphna, Parent)

Parents' experience of helplessness: Witnessing the impact of bereavement on their child

When parents described their experience of bereavement, it included not only feelings of their own grief, but also the painful recognition, irrespective of whether a parent or sibling had died, of the impact the death was having on their family, the deep sorrow of watching their child struggle with painful feelings, and their feeling unable to help. Parents noticed different responses in their child(ren), and recognised their attempts to protect them, but despite this, some parents found it very difficult to encourage their child(ren) to talk about the dead parent, because it upset them too much. Parents described how some children withdrew into themselves, becoming tearful and withdrawn, whilst others began to 'act out' difficulties. Barbara was a single parent; her ex-husband's father, who had maintained daily contact with her and her two children, had died suddenly of a heart attack:

...my son especially was very close to his grandfather; he was more like a father than a father-in-law or grandfather. He brought him up to a certain degree, he spoke to him every day, he was with him all the time and he was very, very close to him...and my son just couldn't deal with it. He was...absolutely devastated, and he just literally went into an emotional shut down, and he wouldn't show any emotions. So he was struggling; he would show anger and be very nasty, and...we had lots of problems that way...I just knew James needed to speak to somebody, and he wasn't getting it from me. He needed somebody who knew what he needed. (Barbara, Parent).

In some cases, parents noticed that their child's schoolwork suffered, and that they were feeling isolated and being bullied.

Reasons for using a childhood bereavement service

Only one child had heard of the service beforehand, through their visit to her school and subsequent fundraising events; the remaining children becoming involved because their parent had suggested it. Nevertheless, despite this, children were able to give reasons for using a service, as either 'for a purpose', for example: *'it was to help us not to forget him'* (Josh, aged 9/6), or 'just because' a person had died. For the older children in the family, reasons for using the service were sometimes more subtle. In one family, neither of the two older siblings had wanted to attend but, nevertheless, went to support their two younger siblings:

My Mum, she said something about it, and I agreed to it in the end. I sort of agreed to it for the sake of the wee ones, 'cos they were all coming and I didn't want to say "I don't want to go there", you know, so I said "Alright"'. (Andrew, 18/16)

Although children were not sure what to expect from a service prior to attending, they had wanted something from the experience. This included support and help to understand what was happening: *'Um...[sigh] just seeing what it's like and to see if it could help me, and it did'* (Theresa, 11/9[†]). Despite Claire's efforts, described earlier, to support and protect her children, her younger son Kevin found the whole experience very difficult. When asked what he remembered about the time before going to the service, Kevin replied:

It was upsetting and scary and I couldn't believe it. 'Cos I used to say to myself that could never happen to my Dad. And all of a sudden, it just happened, and it was scary, and I felt angry about it. ...And it was just...it wasn't a good thing to have seen. So I was angry and scary all them years, so I held it inside me to help me through them (Kevin, 11/5).

He said he wanted a place to *'get it off my chest'*. Deirdre (11/8[†]), whose mother had taken her own life, had wanted *'to get all my hurt and sadness out of my life, but still remember my Mum in a better way'*.

Although they are not mutually exclusive, the reasons why parents used the service were expressed in terms of needing help in 'knowing what to do' in one of three broad categories: either for themselves and their own emotional needs or to support their capacity to parent; for the child, expressed in terms of their fear of the long term effect of the loss, or recognising the needs of a particular child that they were unable to meet; or for the family, because the bereavement and its consequences were having a detrimental effect on the family unit, and

they felt unable to restore it. Ann, mother of Belinda and Catherine, describes the time after her husband's death by suicide and her reasons for using a service:

...it was an incredibly traumatic time, and I was off work for 4 months. It was very, very difficult. I mean, I had no idea of what was available or exactly what we needed. I just knew we just needed some support here, and we got fantastic support from family and friends, which is great, but I wanted some professional help with this, just for them. I just knew they needed a professional somebody who has experience in dealing with children in very traumatic situations. I was just terrified they would be scarred for life. (Ann, Parent)

The experience of Gill, mother of Kevin and Lynne, was similar, but was also influenced by her own experience:

I lost my own father when I was only 19 and...there certainly was nothing here, and I can remember blaming everybody that lived near me and being so angry. And I could see it happening with my own children after Harry died, and I thought I have to do something. (Gill, Parent)

SCENE 16. THE EMOTIONS THAT THE WORK GENERATES

In Scene 15, I highlighted the multiplicity and complexity of emotions, located within the context of their social relations, that children and their parents experienced as a result of their bereavement. In this Scene, I focus on the emotions of staff, as individuals, as a result of working in a childhood bereavement service. What I want to distinguish here is the range of emotions generated, and their source; for whilst recognising that emotions are experienced within, they nevertheless arise out of the dynamic aspects of inter-personal relationships. My emphasis in this Scene, therefore, is on the emotions that arose from their own autobiography and the past experiences of staff, and those that arose as a result of their users' emotions and experiences, that is, the emotions that were generated in their present relationship with users. However, whilst I am separating these as if they were discrete entities – staff or users' – they were not always so distinct, and this was particularly the case with the emotions of bereavement. As a result, I consider the place of bereavement, and the dynamic and relational aspects of the emotion it generated, as a third category of experience.

Emotion arising from the past: Being themselves

Emotions arose out of being themselves – an individual with a unique autobiography – in a number of ways. In the first instance, staff had personal and emotional reasons for working in the service, and these centred on either a 'concern for themselves' or a 'concern for others'.

Concern for themselves

Concern for themselves came in many guises. For example, working in a service is a job. For some staff, it represented fresh career opportunities:

I was glad to make a job change for myself because I just felt my mind was going stale, and I couldn't see myself in the job I was in for always...thinking I needed something more challenging, more developmental. (Keith, Paid practitioner, Service 5)

For others, it was a form of escape from unpleasant aspects of work in more traditional settings:

So, in the end, the job was offered to me, and it was such a good opportunity to start something completely new. I'd never been a great local authority social worker, I didn't fit easily into the structure. I saw this as my escape! (Heather, Service manager, Service 1)

It is also work that engenders feelings of satisfaction and of being valued:

*I'm often amazed that just by talking to somebody, how they come to you afterwards and say "Gosh, that was really helpful", and that is really different for me, because as a social worker, it used to be "Look, f*** off, don't come down this way again!", sort of thing; "How dare you come after my children?", and...I find that really great. I don't know whether...perhaps sometimes it's a bit unethical, but it's nice to get that feedback from people, in terms of them saying to you "That was really helpful". (Emma, Paid practitioner, Service 5)*

Concern for others

The emotions that arose from the staff's concern for others were also expressed in a number of ways. There was a feeling of pleasure that came from the sense that they were doing something worthwhile:

A lot of people, when they ask me "Where do you work?", say "How can you do that?" But then, if none of us wanted to do it...there'd be nobody here or the organisation wouldn't be here, and it's a worthwhile service. I'm helping people. (Eileen, Administrator, Service 3)

Emotion also underpinned expressions of wanting to 'give something back'. This referred to volunteering in general:

There's also a sense of...I'm doing something, I'm giving something back, you know, to do something voluntary, give of my time. It was nice to be able to do that because I'm really busy and everything, and...I suppose, I felt quite good about giving something back as well. (Dora, Unpaid practitioner, Service 3)

– or arose more specifically from those who had had an experience of a bereavement in which they had felt supported:

I wasn't really looking for another job at the time.... I had actually just lost a baby myself, so I thought it might be quite interesting being able to put something back...give something back to people that had been through a similar sort of experience themselves, so I applied for it. (Eileen, Administrator, Service 3)

This altruistic sense of 'giving of oneself' was also linked to one of reciprocity, as Eddie, bereaved of his father when he was 8 years old and his mother when he was 24 years old, described:

I think I act as a kind of role model. I'm into adulthood and I feel I'm fairly together, you know...You do survive, and actually, you can have a good sense of humour and kind of laugh, it doesn't affect you forever, and what you can hold onto is good memories and those kinds of things, and I think it's important for children to have role models as well in some way. (Eddie, Unpaid practitioner, Service 5)

Thus, for some staff, there appeared to have been a reparative dimension in their reasons for working with children who had been bereaved.

Furthermore, whilst a reparative aspect was not the prime reason for applying for a post, it could be an outcome of working in a service:

I think there is something for me about finding ways to come to terms with my own losses in my life, and how to creatively respond to the losses, and that's why I think it's also important to be creative myself. (Harry, Paid practitioner, Service 8)

These two aspects of reciprocity and reparation were not always clearly differentiated:

I suppose... my personal mission stems from working in the Oncology Unit and seeing the trauma that children were put through. And I use that word carefully, because I have a lot of admiration for the people at the forefront of dealing with children with cancer, and I think once you've worked in a place like that, it stays with you forever. It's almost like a bug, because there is so much satisfaction...it works, and the children get through the treatment and recover. But I distinctly remember one family that I worked with...the little boy, who was 9 (had) died ...(and) about three years later, when I was then working in a different job as a community nurse, I was at a study day and a 'Sergeant' social worker was showing a video about bereavement and support, and she'd interviewed the family of this child ...and I'd known Mum and Dad well and I'd known his sister reasonably well, and what that video demonstrated was the hell that that sister had gone through while [her brother] had been having his treatment and then after he'd died, for three years. Because, as a family, they just hadn't communicated, and nobody had helped her to sort it out, and for it all to feel better. And I suppose, at that point, that really struck me like a bolt of lightning - of just how awful life can be for children. (Pat, Service manager, Service 1)

Thus, despite the demands of the work in childhood bereavement services, the notion of escape from the more challenging demands in other forms of work or in other settings, into some of the pleasures and joys of this work, as well as a sense of doing something worthwhile and of reparation, were important emotions that motivated staff to work in services.

Emotions arising from the present: Being in relationship

Once staff were working in the service, emotions arose as a result of their relationship with children and parents who had been bereaved. These feelings were complex and often paradoxical: pleasure alongside sorrow, coupled with a sense of responsibility alongside those of self-doubt.

Pleasure and sorrow

Without exception, the work gave staff immense pleasure and joy; a feeling that was articulated in many ways. Andrew described it as:

...the greatest job in the world, because you're with people at a time in their lives when, you know, maybe other people just can't be with them, and...[you are]...offering them something that's not rocket science. That's what I love about what we do - it's not rocket science - but you're with people at a time when, you know, 2 and 2 makes 678, and you offer them an opportunity to see how 2 and 2 can make 4. (Andrew, Paid practitioner, Service 5)

For Karen, it was expressed through her enthusiasm about her work:

I love my work, I really, really do. I'm very passionate about it. I'm very passionate about the children of the families I work for. (Karen, Paid practitioner, Service 6)

It was also expressed in terms of congruence with their sense of themselves to be *'working in an environment that I feel is more me'* (Liz, Paid practitioner, Service 5). However, as Emma identified earlier, the pleasure of the work arose not just from being appreciated, but also from helping with the sorrow of others:

...it amazes me because I think "Well, we only sat and talked", but the power of what you're talking about, you know, the opportunities you're giving them to talk about this stuff, perhaps for the first time in years, is...that's the really special bit of the job, I think. You can really get alongside a family and support them, [and] I think that's the reason I'm at [[the service]. (Emma, Paid practitioner, Service 5)

The work, therefore, presented staff with a sense of paradox – the 'joy' in working with the difficulties of others:

I work with the older girls and boys ...and of course, [at] that age they're cocky, and they're not really sure if they want to be there, not really sure if they want to be joining in all these little game things you do at the beginning. And as the day goes on, you start to bond with them, and by the end of the day on the Saturday you have the Candlelight ceremony and that is really emotional. I mean...[it] really is heartbreaking, but you can see some of them actually turn the corner. For some of them, that's the first time they've really cried. Although it's very upsetting, you can actually see that that's going to be a turning point for them. It's really rewarding. (Harriet, Unpaid practitioner, Service 5)

In contrast, working with the sorrow of others, whilst a source of fulfillment for staff, could also be sorrowful and challenging for them. This was especially the case in settings where the staff had been working with the family of a dying child:

I remember one member of staff, she was particularly close to a little boy and he'd died that morning, and I spoke to her and I said "How are you?", and she made a gesture with her hands which was like [pushing], and she said "Fine, fine", and I said "You look like you're pushing it all down" and I said "It's going to have to come out somewhere, sometime" and she said "It's fine...". I remember at a Remembrance Day, the first one I went to, she was playing the piano [and] she broke down in tears towards the end. She just sat in tears, and then she got up and she went over to a couple, and she had been with their baby when their baby had died, and not everybody realised that she had just had a miscarriage, and I think...all the losses can be triggered then. (Hazel, Paid practitioner, Service 1)

Furthermore, acknowledging the painful situation of the users, particularly children, could be difficult for staff, at least initially. Rose described the shock she experienced during her induction period in which she helped at a parent's group intervention:

...I was helping set the room up and I suddenly came upon...the photos the children had bought in, and it suddenly hit me in the solar plexus about how young these parents were. (Rose, Paid fundraiser, Service 5).

What this 'reward' of joy has relied upon is a sense of having 'worked with' something difficult, in order to transform it. Emma alluded to this earlier, and Evelyn described two incidents (not provided here) that stood out for her as examples of:

...how quickly a child can shift with only a couple of minutes input. It doesn't take hours and hours of therapy, but just an opportunity to express what's going on. You get wee glimpses of the pain they're in, and any chance we have to reduce that pain is... it's a real privilege. (Evelyn, Unpaid practitioner, Service 2)

Feelings of responsibility alongside self-doubt

As well as feelings of pleasure and reward set alongside sorrow, the work also provoked feelings of responsibility and self-doubt. Staff were aware of the power of the work and the

impact that it could have on users, and this, in turn, had an influence on them, as Andrew described:

...what's an interesting aspect of the work...is the effect that you can have on children and families in terms of beneficial effect, not like leaving them stranded. Just helping [them] think about their experience, and how that can just change their lives, is quite amazing really, and I'm still not quite comfortable with that really; the power of your interventions...I suppose...I'm comparing that to my mental health work where...it's the feedback. I may have been as helpful to a family in mental health work, but it's not a thing where families come back and say "Thank you...you've helped me, prevented me from, you know, my child going into care", and stuff like that. So often families were twisted to come along to see you in the first place, whereas within this area of work...I've never had so much feedback in my life, in terms of something I may have said, or an intervention or spending time with their child, you know. That's the thing - that's what takes me by surprise. And you think "Blimey, I wasn't expecting that!" And it's like, I believe in what I'm saying, but the impact just kind of takes my breath away sometimes, and you have those experiences, and that's the bit that catches me about this work really. (Andrew, Paid practitioner, Service 5)

Understanding the power of the work could leave staff feeling anxious. From her position as the line manager of an embedded service (see Appendix 31), Pat expressed her deep sense of responsibility:

...because at the end of the day...for any parent or sibling, years down the line...we will be remembered for doing something well or for not doing it well. And I think that's the bit that sticks in my head as to whatever we do...if we mess it up, then it won't be forgotten, and it could have a very serious impact...psychologically, on how people are. So what ever you do must be good enough, and if we can make it better, fine, but it mustn't be bad. But achieving that...can keep me awake at night. [she laughs] (Pat, Paid line manager, Service 1)

Belinda, an ex-user and now an unpaid practitioner, expressed her more immediate sense of responsibility facilitating the parent groups she had herself attended:

...with some trepidation I have to say, because it's nice going in and feeling safe as part of the group, but you begin to wonder "Can you create the same kind of feeling?", knowing how difficult it is at the beginning to even go along to the group...for some people. So, you just begin to wonder "Can you provide that for other people?". (Belinda, Unpaid practitioner, Service 2)

Moreover, this feeling of responsibility, whilst experienced differently by staff at different levels of the organisation, was often accompanied by feelings of self-doubt, either about their own ability, or of their missing something important, as exemplified here:

I'm always conscious [that] sometimes you can do more harm than good. And the last thing you want to do is to miss out on some of the many non-verbal or verbal cues of somebody who is really hurting a lot, and really somebody saying something that's going to cause them more anxiety and upset them more than what they're already going through. (Sally, Unpaid practitioner, Service 2)

Emotions arising from witnessing and being with the distress of others

Whilst the feelings of sorrow and self doubt were set alongside, and to an extent ameliorated by, feelings of pleasure and joy, staff also experienced other feelings arising from witnessing, and working with the distress of others. What I want to emphasise here is that, whilst enabling others to reflect on their experience, and despite the difficult feelings that this aroused, staff used these experiences for their own emotional development.

Hospice and specialist palliative care staff, who also offer bereavement support, were often present during the early stages of a parent's bereavement, and a witness to the immense distress that they were experiencing:

I got out of the car. I could hear his mum crying...the feelings, it was just...even now, I just find it awful, because it was such a shock. I think it's very hard seeing grief so raw, people you were very close to. It is very difficult, and it is sometimes...I think it's quite hard seeing that grief...so 'up front', and so awful. (Linda, Paid practitioner, Service 1)

But even for staff who may not meet their users until some time after the bereavement, their experience was no less difficult:

...the nature of the work is about the stories of death everywhere...all over the place, you know. I might print off a calendar, and I'll go to collect the printout, and the next piece of paper that somebody else has printed is the story of somebody else's death. And any meeting, well, you know, it's just that's what we're dealing with all the time. We're meeting people in the raw edge of distress, and that's the nature of the work. But it's not to be underestimated: the toll that it takes and the support needed to do it. (Eleanor, Paid practitioner, Service 5)

However, the impact of this distress was not only on those members of staff who worked with children directly, but also on others, particularly those who were the first point of contact that users had with a service:

...answering the phone and being the first port of call...sometimes you're having to listen to quite distressing [things], people who are distressed. (Eileen, Administrator, Service 3)

This witnessing of sorrow and distress had an impact, as Keith described:

...it isn't really acknowledged enough, the effect of hearing what we hear every day, and some of the phone calls we get are horrendous, [the] kind

of situations that people need to talk to you about. Actually, I don't think that side of me realised the seriousness of the impact of the work on us. Well, I think they do in a way because [sometimes] they won't even pick up the telephone, in case it's someone crying on the other end, because for them it's that hard, they couldn't deal with it. (Keith, Paid practitioner, Service 5)

Bearing witness to the distress and vulnerability of children and parents who have been bereaved was also made more difficult because, at one level and despite the work they do, staff could do nothing to change the fact of bereavement and what this means:

It's not something that I come away thinking "I did a good job there", you know. It doesn't leave me feeling like that. Whereas, maybe if you're working with a family wearing your social work hat, working through a care plan or something like that, you can actually see the bit, and maybe it's very frustrating in the same way, but it's different I think. The struggle is to do with the feelings and the situation the parents are going through, but...it feels a lot more lonely at times...you try to be listening, and just try to get the parents some time to reflect on things they've said themselves and work through them. (Jennifer, Unpaid practitioner, Service 7)

The nature of the work also left staff feeling exhausted as Sally, who worked with groups of parents, and George, who worked with individual children, described:

You get very drained running six sessions. It really doesn't sound a big commitment, but at the time it can be. They're sharing things, and...you're listening [and] reflecting back, and then doing a lot of listening again, to all these different people...so...you go home exhausted. (Sally, Unpaid practitioner, Service 2)

I think I'm exhausted. I seem to be exhausted most of the year. (George, Paid practitioner, Service 8)

A sense of emotional development arising from the sorrowful experience of others

Despite the distress and fatigue, one of the 'rewards' for engaging in the sorrowful work was the contribution that it made to their own emotional development. This could be the opportunity to reflect on the nature of grief and how it is experienced and expressed, or to learn about more about oneself. George identified this developmental aspect of the work:

To be that close to families and children through these tragic times and having to bear witness is, in itself, a painful...well, it's a double-edged sword. On the one hand, I would say...no, not traumatic, it's painful and tragic. On the other hand, it's also...life changing, even exciting. One...has to find that balance. On the one hand, it's helped me re-evaluate all my life experiences and values, it's helped me find new and different directions, (and) it's helped me live life in a different way. So, on a personal level, it's helped. (George, Paid practitioner, Service 8)

Furthermore, the developmental impact of working within the service had a beneficial effect on the other work of unpaid staff:

I feel that it has given me...being voluntary; it's given so much. It's given me far, far more than I could ever quantify because, as I say, I meet so many children in all sorts of ways: bereaved children around the parish, because we have five churches, and we had two funerals in the last week, and I find that usually most people don't talk to the children at all, they're in another room or whatever. I just find that it's given me so much confidence. (Helena, Unpaid practitioner, Service 2)

The dynamic and relational aspect of emotions: The place of bereavement in their work experience

George's experience and Hazel's reference to her colleague earlier begin to highlight the dynamic and relational aspect of the emotions that arise from within the staff: as a result of their autobiography; as a result of their work with the bereavement experience of service users; and through their self-reflection. In describing her awareness of the fragility of life and her sense of the difficulty into which anyone can be plunged in a moment – both of which have been heightened as a result of her work in a childhood bereavement service – Emma, like George above, described how the feelings aroused were rooted in the context of her own experience:

...I think from a personal point of view, I've never been in a job that challenges me so much. People say to me now "God, how can you do that work?". On some days, I find it less stressful than child protection because I don't go home and worry, you know: "Have I made the right decision? Is that child going to be okay?" You haven't got any of that stress...but how this job affects me is personally. I think about death a whole lot more than I ever used to and, to begin with, until me and Eleanor started talking to each other about it, I thought I was going crazy, because I kept thinking "What about if my car veers off in a minute and I hit that crash barrier?" I now know that that's part of the job, and you need opportunities to talk about those sorts of things, but it affects you so personally this job, and thinking about other members of your family, and what if that happened to them? (Emma, Paid practitioner, Service 5)

However, it is particularly in relation to the experience of bereavement that the most important dynamic occurs. The study identified that, of the 74 unpaid questionnaire respondents, only 2% had not experienced the death of an immediate family member or close relative or friend, and only 15% (11) of participants (9 aged between 20-39, and 2 between 40-59) had not experienced the death of a close family member (either a parent, sibling or child). Depending on where the boundaries of bereavement were drawn (whether this included close, but not nuclear, family members, and other close relationships), this suggests that either 97% or 85% of respondents had experienced bereavement, a considerably higher number than the 47% in

Relf's (2000) UK study, and 71% in Payne's (2001) study, despite the respondents being drawn from a younger age group (Rolls and Payne, in press). This raises particular questions about the impact of the bereavement on their decision to work in a service, and the importance of this, both for the service and for staff.

The impact of bereavement on the decision of staff to work in a service

Linked to the idea of reparation, one of the implications of the staff's own bereavement is that it was this experience, sometimes coupled with their use of a service, that prompted them to subsequently join the staff. Ros, whose young daughter died, said:

I was so impressed with the organisation and its aims and objectives, that within a year, I'd asked whether I could become a volunteer. (Ros, Paid practitioner, Service 5)

From this unpaid post, Ros went on to become a paid member of staff. Others remained as volunteers alongside other employment. Belinda was now an unpaid member of staff in the service that she and her partner had used, following the death of one of their children:

So it worked well for both [of us] and, because I'd had a positive experience, I felt...that I would like to try to help...other people in similar circumstances. So that was really why I agreed to facilitate...the parent group. (Belinda, Unpaid practitioner, Service 2)

As well as parents bereaved of a child, children and young people bereaved of a parent or sibling were also drawn to work in a service, either whilst still young or later on in adulthood.

The importance of personal bereavement for the service

One of the implications of bereavement is the range of feelings it generates in those who have suffered the loss. Services had informal policies about recruiting staff who had experienced a recent bereavement, suggesting that a period of time elapsed before individuals began working for them. This issue was usually discussed at interview. However, many people experienced bereavement whilst working in a service, and this had a number of implications. Firstly, it was not easy for staff who became bereaved to work in a bereavement setting, as Denise who managed a family bereavement service attached to a specialist palliative care unit, identified:

I was actually working here when...I had three quite close bereavements. I think it's hard work to be doing when you've had bereavement yourself. My mother actually died on the Unit, which had all sorts of different knock-on effects. The hardest thing was having her actually on the Unit where I was known as a professional; the dual role of being the daughter and the professional was very, very hard. I had a couple of months off after she'd died, and then I carefully didn't see any clients who'd had mothers who'd died, because it took me a little while to heal enough to do that work. (Denise, Paid practitioner, Service 8)

Secondly, core staff (see Glossary of Terms) had responsibility for managing some of the consequences of bereavement (Rolls and Payne, in press). For service co-ordinators in settings with a small number of staff, this created anxiety, whilst for those who worked in a service that relied on unpaid staff, this created staffing problems, as Karen explained:

(an unpaid member of the team) had her sister die very suddenly with a massive brain tumour and her father died 6 weeks later, so...she's not going to be in a position obviously to work for a year, and indeed her sister-in-law has just died in the last months. (Karen, Paid practitioner, Service 6)

The importance of personal bereavement for staff

Whilst their own bereavement may have motivated staff to join a service offering support to others, and bereavement could have implications for staff management, prior bereavement was not considered a pre-requisite for working in a service. Nevertheless, this contributed to understanding their own experience, and the experience of users. It helped them empathise with particular circumstances or predicaments in which people found themselves, as Linda described:

I think it had helped me to relate to this lad. His Mum resented the fact that he seemed to pick up his life very quickly. I felt very guilty after my Gran died because, at that time I had my first serious boyfriend and...I was starting to have a social life, and think about career and what I was going to do with my life. My Gran became quite ill...and my Mum had to give up her work to look after her...The night she died, I was supposed to go down to put her to bed, and I went on a date with my boyfriend...and swapped it round with my sister.... She agreed, and she went down and...found she had died. But I still feel really guilty about that. It's helped me realise there could be a lot of hidden guilt. (Linda, Paid practitioner, Service 1)

Through their own experience, staff developed a depth of understanding about the implications of bereavement, as Ros and Debbie described:

I don't think it cannot influence any part of my life, and I'm certain it must influence the way I work. Overall, I think it's positive...you know in terms of the empathy I can demonstrate and...an understanding of what happens to many families. (Ros, Paid practitioner, Service 5)

This was described as a capacity to empathise, and this was particularly the case for those who had been bereaved as a child, as both Eddie, parentally bereaved, and Thomas, bereaved through the death of his sibling, described:

I'm sure that influences the work that I do with children... knowing what it's like: you've had a loss, and to some degree I feel I can relate to ... the children's experiences. I'm not saying they're the same, and ... I don't impose my views on other people or other children, but to have some shared understanding...is helpful. (Eddie, Unpaid practitioner, Service 5)

So for me, it was at 16, I was reasonably mature enough to understand that it must be happening to other children, but when you're younger than that, you know, in your primary school, and life is elastic and goes on for ever, and there's no death, then that's very hard to come to terms with and, yeah, it was difficult, even as a 16 year old, it was difficult for my friends to talk about death. (Thomas, Unpaid practitioner, Service 4)

When bereavement had occurred in adulthood, staff reflected on their previous responses to people who had been bereaved, and how these had changed as a result of their experience. The capacity to empathise was particularly the case with parents, with whom some staff were able to closely identify. Furthermore, as Ella describes here, the experience of bereavement influenced their views about the priorities for their work:

I had two brothers who were mentally handicapped, and the youngest one died when he was 16. My other brother...never ever talked about my brother that died. [Then] both my parents died, and he never talked about those, and I put it down to the fact that he was mentally handicapped. And he came to live with us, and I realised that he hadn't talked about them because he didn't want to upset anyone who'd be reminded in the family...and it made me realise the importance of the care of the siblings as well as the care of the affected child. It's damaged him greatly, the fact that he never, ever, talked about my brother and my parents. (Ella, Paid practitioner, Service 1)

– and it influenced the way in which they thought about the work of the service:

Certainly it's influenced how I think the service should develop in terms of what it offers. When I was the mother of a 7-year old child who'd just lost their sister, I had no idea of how to cope with the 7-year old, what to do for her, what was going to work, what wasn't going to work. So I strongly believe it's the work you do with parents...that makes a difference. (Ros, Paid practitioner, Service 5)

However, like Andrew and Annie in Act 5, not all staff considered their bereavement significant, but were nevertheless able to reflect imaginatively on it, or remember other experiences of loss:

In a sense, I can appreciate the pain of death, the pain of bereavement or grief. Not that I know what parents feel because I've never lost a child, but I can imagine, and I can know through experience what that kind of pain feels. I believe them when they say to me "There's a physical pain". I can believe that, because I've experienced physical pain through grief. So, in that sense, I know what it is. It is a sort of thing, this pain, that they feel that's in their chest, and they feel they want to be sick and it has got physical symptoms, then I can appreciate that in general. I know what they're saying, if you like. (Ruth, Paid practitioner, Service 1)

Moreover, for some, it was this lack of personal experience that made it possible to undertake the intense work:

I haven't had a close bereavement - grandparents - and I've had very close friends die. I've had two close friends die, and they were both sudden deaths. The only other issue for me was, as a child, my parents went through a lengthy divorce lasting 4 to 5 years...I don't feel I have been closely bereaved other than friends. And, for years, I wasn't sure if that was necessary. I actually think that one of the reasons that I've been able to stay here is because I haven't been bereaved. (George, Paid practitioner, Service 8)

Managing it all: A kind of dance

George's comment above identified the important question of how it is possible for staff to remain in a service where so much feeling is aroused, and where this 'being with', rather 'doing things', presents them with many challenges. This was partially answered by Harry when he said:

I think the kind of service that we are, there's quite a bombardment, quite a daily bombardment, of horror stories. So I think, in some ways, it's just a defensive behaviour, which is developed just to survive. Because I think if you really had to be emotionally available to all the horror and the death and the loss which is going on around, I think it would be overwhelming and very, very painful. So, it's about finding a way to...be close enough, you know, open oneself enough to actually feel what the child is bringing, but also not too close where it becomes overwhelming that you can't function, you can't think. So it's kind of a real dance between those two poles, and you fall over, you know, you don't get it right - you're kind of too far away...or you're too close. But it's not a fixed thing, it very much...depends on what it touches in your own life. It's quite a complex interfacing of...all those things, and also being conscious of it, and knowing how to keep...how personal experience can inform the work which in a way might impinge on it. It's another kind of dance. (Harry, Paid practitioner, Service 8)

However, as well as engaging with the feelings of the others and managing their own, what staff do is closely linked with the nature and purpose of their work, and I will examine the emotional work that staff 'do' with the emotions of children and parents who had been bereaved in the next Scene.

SCENE 17. EMOTIONAL WORK WITH CHILDREN AND PARENTS WHO HAD BEEN BEREAVED

The study identified the overall focus, range, organisation and purpose of activities that services provide (Appendix 32). However this typology, derived from the Phase 1 postal questionnaire, masks the complexity of the work in which staff are engaged. As a result, in

Scenes 15 and 16, I described the inter-related, relational and dynamic aspects of the emotions, their own and their users, with which staff work. This Scene focuses on the scope of the emotional work and the experience of staff working with the emotional life of users. In particular, I emphasise three aspects: firstly, the provision of opportunities through which users can explore their experience; the creation of the physical and emotional environment within which this emotional work can take place; and their 'use' of themselves, including their own bereavement experiences and their expressed acknowledgement or display of their feelings, including those of grief.

Providing opportunities through which users can explore their experience: The scope of the work

The focus of the work of services is with children who have been bereaved and, as we have learnt from the data in the original study (see Appendix 31), many services also offer some degree of support to parents. Figure 11 below outlines what services 'do'; the range of activities undertaken across all services, whether child or family focused, with individuals or in groups (Rolls and Payne, 2004) that provide opportunities for children and their parents to explore their bereavement experience.

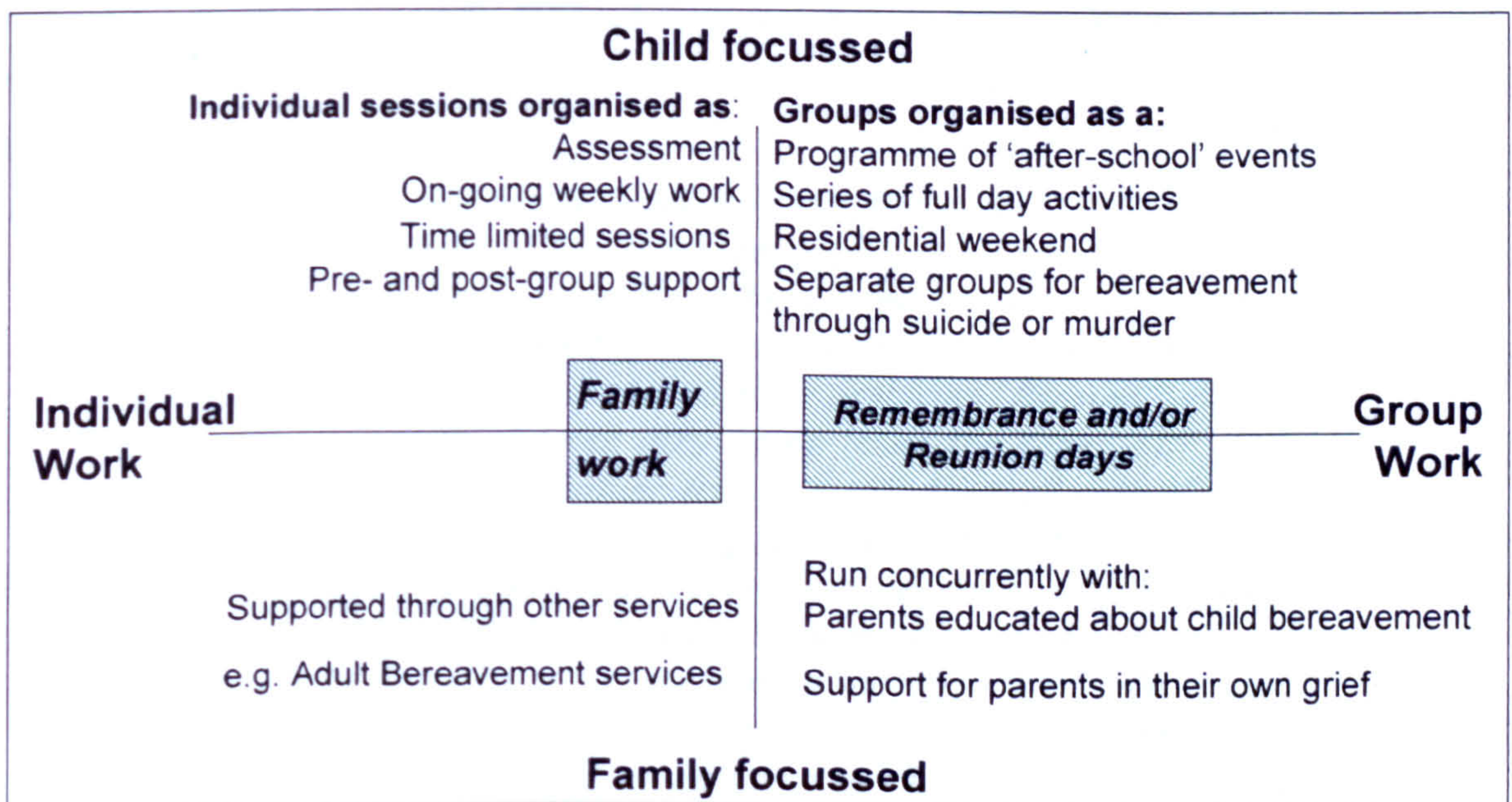


Figure 11: Matrix of direct service provision (Rolls and Payne, 2004)

However, what this Figure masks are two aspects of the work: the 'social world' work, and the 'inner world' containing work.

The 'social world' work

A child's bereavement occurs in a complex social context with which services are increasingly being called upon to work. This context includes the nature of the bereavement, which I have already explored, but also the wider family or social circumstances. George identified these two aspects:

I have to say, the days of us working with families where there is simply a bereavement issue...are long gone. We have a huge amount of referrals from Social Services where the children are in foster care, or it's pre-adoption work, sometimes court work. There are often issues around parents being in prison for some form of criminality, child protection et cetera. It's very, very rare that we just work with the bereavement. We get increasingly, in terms of working with pre-death or prepared deaths, they're the smaller group...we work far more with sudden and traumatic deaths, even though we try to limit the work around trauma. If a child has actually witnessed a death, we will refer [them] to the traumatic stress clinic, or a local child mental health service. The local child mental health service doesn't always like taking on traumatic cases because the consultant psychiatrist that did all that work...has just moved, so they don't like that much. (George, Paid practitioner, Service 8)

In the following long quote, Hope described her service's attempt, through outreach bereavement support in a socially deprived inner city area, to address some of the complex problems of social exclusion and access that impact on the bereavement experience, and the experience of providing support:

[Staff] are going into deprived areas where there isn't communication really. [It] isn't there in the family or maybe, you know, you've got a situation where Dad's an alcoholic. There's one boy who came to two sessions and he so much wanted to come to the group [but] his family couldn't get him there, because of all their problems. Because basically two sisters, one with children very young [and] the other with drug related problems, and the mother trying to sort them all out. His Dad had been murdered and he was wanting to come to the group...The sister had counselling, but she was older and she was getting over it, but really going on to him about "Why do you need a group?", you know. So the poor boy really didn't come. I can think of another family who should have been at the [inner city] group. [They] came in here one day...because...the adults had been affected by the death of a child, and Sylvia had said "Why don't you come in?". They came in and brought the whole family: a baby crawling across the floor, these two teenage boys [and] Mum and Dad shouting at each other. Annette had them both in here.

Luckily I was just clearing up the cupboards that day...all the stuff was on the kitchen table. Sylvia comes down to me in desperation [and] said "Hope, what are you doing now, could you come up?". So I came up. Mother was saying things about these two boys like they weren't there,

and all of sudden [the] little one started to cry and the older one was very embarrassed, so Sylvia said "Maybe you could go downstairs with Hope?", and they both bombed out of there, like just running out of the room. So they came down to the kitchen, saw a Memory Jar and said "Oh, I want to make one of those!", so they ended up making a Memory Jar before they'd gone to a group, [and] they never got to a group anyway! I started chatting to them about things...telling them all about groups, - I don't normally do that, but they said they'd like to come to a group, so I signed them up for [one], but being the nature of the family, the father, an alcoholic, never got them to the group...never got them there. They [the staff] were just ringing them up every week saying "Look, the group's on now next week, don't forget!", [then] ringing them up the next week saying "Now you have missed one, but you're welcome to come", and then giving up after three phone calls to try and get them there, because it was like harassment. But it was just trying to get the kids there, because we knew that they wanted to be there, and that's the sort of thing [that] holds you back, because it's a relatively deprived area: there isn't the money. They've got all sorts of money problems, they've got drug related problems, that's the nature of the area, and let's face it, that's what it's all about. (Hope, Paid practitioner, Service 3)

I will return to the issue of social context in Scene 19.

'Inner world' work

Hope finished her sentence saying 'that's what it's all about'. But what is it all about for staff? What is it they think they are doing and why? Harry described it as follows:

...some of the very painful feelings have been pushed to the side, or have been tried to be forgotten about or pressed down. I think a lot of children find it very difficult...to acknowledge the pain of...what has happened to them, to acknowledge the loss, and I think it's about helping children, rather than push those feelings away from them, to try and help them look at those feelings, and reclaim those very, very painful feelings, and reclaim themselves as well. Reclaim the part of them that they've cast away or pushed away from themselves, by separating the pain. So I think it would be about bringing back those parts of the self, and...bringing back the pain and finding ways to tolerate and to manage, and to help them...process those feelings, rather than push them away. (Harry, Paid practitioner, Service 8)

In this example, Eleanor described how she enabled these feelings to be reclaimed:

I was saying about how I was interested in what happens to her feelings because they're not here, and I [thought]...she can't tell me that, she just goes 'don't know'. So I drew a picture and said "Well, different people I've met do feelings in these ways", and I drew six pictures of "Some people have their feelings right in their belly and they really feel them. Some people send them over there, so far away they don't even

know where they are. Some people put them in a tight box. Some people go numb. Some people just go mad, you know, just shout, or it feels all jumbled up inside them. Some people go really small". And I said "Do you do any of these? Are any of these how it is for you?" And she said "Yeah, that one". And then we used the same picture to get at how her family responds: what my Mum does and that's what my Dad does. And it just meant we could talk a bit about what it's like at home, and I could understand her a bit better...With her I'm also doing a more...she's not going to sit down and talk to me, but she's quite up for projects, and she's quite good at writing, so we're making a life book together. Well, she's making it, and she's giving me progress reports, and showing me and planning it together. (Eleanor, Paid practitioner, Service 5)

This work did not always involve, therefore, what is often thought of as counselling, nor one that required the services of a 'specialist'. Nevertheless, staff were aware of their status as being different from that of a friend:

I think it's Jenny Thomas [founder of the Childhood Bereavement Trust] who says... "You're not their friend, a friend is for life, whereas if you're a bereavement counsellor or a bereavement worker, you're there to do a job". I think it's really important to remember that. It's very hard because, obviously, you do get attached to people, you know. You feel a great deal of empathy or sympathy towards them with their problem, but you've got to remember that you're not their friend. (Mary, Unpaid manager, Service 7)

What these quotes, and those in Scene 16, suggest is that whilst the boundary of their role was notionally unambiguous and clear, this was not always so; and the nature of the work, the emotional resonance it generated, and the way it was undertaken and experienced had within it potential to create a bifurcated experience for staff between their professional and personal self. However, my interest is not so much in the activities and tasks, such as devising programmes and developing activities; but rather, I want to place at the heart of this discussion their 'use of self' to create and maintain the environment in which the work took place, and as an 'instrument' of the work through the use of their personal resources, past experiences and present relationships.

Creating and maintaining the environment

Whilst staff worked within an organisational setting, they nevertheless created and maintained a particular type of environment in two important ways. Firstly, they created a child-centred one. As I described in Act 5, the rooms in which the children work were made welcoming, with interesting collages, activity areas, and props such as soft toys and puppets. Secondly, influenced by child protection policies and manifest in a number of practices, staff created an environment that enabled them to work safely with children, and which kept the children safe at two levels: physically and emotionally. For example, there were policies about not touching children, although this could create dilemmas, as Helena outlined:

I suppose that's the thing about touching the children as well. Because I mean actually we do a lot of hugging, especially on the last night when they're going, because the children never want to leave on the last evening. They say "Goodbye" and they go downstairs, and then they come back up because they've 'forgotten' something...and then you'd get another hug as they're going. But I suppose we wouldn't do any hugging at all during [the group intervention] that I can think of, we would do it with [a puppet]; he'd be our main person [for them] to hug.

In addition, although staff worked one-to-one with a child in a service setting, they were reluctant to work with children at home, although exceptions were made:

...our practice is not to see children in their own homes. I have seen a wee child once in her own home when her mum had died. Mum was on holiday with a new boyfriend, and she was staying with her grandparents and she was up late waiting on her mum coming home, when her mum was killed on the wee short journey from the airport home. She was only 6 and she refused to leave her bedroom where she felt safe...and I went the first time and saw her in her bedroom. She let me in, and then after that she came [to the service]. We always see children in our own offices first, because I feel that it's somewhere they can bring their pain and go home again. There's less disruption, they can focus, and then they can leave it, and we think it best that children are not seen in their own home. (Miriam, Paid manager, Service 2)

What Miriam has also highlighted is the amount of work involved in thinking about how to keep children safe, and this dimension had two aspects. The first concerned what they did with the child, and the second concerned the level of skills with which they did the work.

I think we need...to be very safe in the way we work and [be] sure of what we're doing...and work [carefully] with children where parents have committed suicide, or parents have killed a parent, or where there have been really quite difficult issues. (Judy, Unpaid practitioner, Service 4)

In her interview, Judy extended this idea further:

Judy: I think it's very easy, in lots of areas of work involved with children and families, to be very well intentioned, but...not to be clear. I mean, I was talking to some people down in the [city] area where there was a bereavement project running, and the people who came to it hadn't had any training at all in working in [bereavement], so I think that's what I mean by safe...That...you might stir things up that you were then not able to...put back together again, that sort of thing. That you might be exploring areas which...would then make a child more vulnerable...than before the work started, something like that. That you weren't looking at the areas where you were exploring in a responsible enough way, in a professional way. (Judy, Unpaid practitioner, Service 4)

However, at times, the question of keeping children safe and working in their 'best interests' was not always so clear-cut, and dilemmas could arise from the complicated backgrounds in which many of the children were situated.

Their use of 'self'

The Phase 1 questionnaire identified that, whether or not they were paid, services employed a substantial number of staff with professional qualifications (Rolls and Payne, 2003). Furthermore, 95% (70) of unpaid respondents in the Phase 2 questionnaire said that they had received training from the service in which they were working, and many unpaid staff had also received training through another childhood bereavement service or from elsewhere. These details are shown in Tables 6–8 in Appendix 31. Thus, paid and unpaid staff working in an operational capacity were well trained, and the training of particularly unpaid staff was largely undertaken by the sector itself, either within the service to which individuals were giving their time, or through another UK childhood bereavement service; a situation that represents a strong commitment to staff development (Rolls and Payne, in press). However, whilst the list of training opportunities indicates the areas of knowledge and the range of skills that it was considered important for staff to have in order for them to do the work, it masks the extent to which they have to be something. This 'being', which drew on their professional knowledge and skills and, as I presented in Scene 16, on their own bereavement experience, involved a 'use' of themselves and was manifest, in a particular way, in the various stances in which staff positioned themselves, and I will now elaborate the inter-related aspects of sensitivity, self-reflection and self-support that this entailed.

Being sensitive and reflective

As we have seen in Act 5 and in Scenes 15 and 16, users brought a range of difficult feelings, as well as a variety of family and bereavement experiences, whilst the staff themselves brought their own personal experiences and human qualities; an important one of which was being sensitive to and aware of others. This sensitivity drew on their capacity to empathise, and to think beyond their own experience; an imaginative capacity that Debbie described:

...all we can do from that base-line of understanding is to take it further and try to use your imagination to add to that, you know, for your children, and push your imagination to its limits to think how appalling it would be. We all know how worried we are if your child's out and doesn't come back at the time when you thought, and then for that actually to happen! (Debbie, Paid practitioner, Service 1)

It also drew upon a capacity to self-reflect; an outcome that I explored earlier, and an activity that could strengthen and deepen self-understanding. Harry elaborated this, as not so much an outcome of the work but an intrinsic and on-going part of it:

... that seems to be the question...in...all these therapeutic spaces for me, about how to help children and families come to terms with loss which

has happened, or a loss which is about to happen...and I think you should go on learning from your own life how to help them, how to help people do it, how to help yourself, and I think it is about finding ways to manage it myself. I'm a very firm believer,...if one is going to be a therapist, to be in therapy one self. I think it's very bound up in that. (Harry, Paid practitioner, Service 8)

The capacity to reflect, and to imagine the place of the other from within their own experience, was an important part of using themselves in the work. In psychoanalytic practice, and in counselling models that draw on this tradition, the idea of the counter-transference is important. This is a capacity not only to self-reflect and creatively imagine the experience of the other, but also to use the feelings that the other generates in us; understanding these feelings as a form of communication about the other person's inner world. Eleanor described this process and how she used it:

I'm also working with a 15-year old who can't do any of that, she's just completely stuck. She just sits there and goes "Fine", "Anything", "Alright", "Yeah, don't mind". Everything's a "Don't mind". And so with her, I end up giving her quite a lot of choices. I try and understand her more by, partly, understanding my own feeling in response to her, as I feel completely powerless sitting in a room with her. I think "there's nothing I can do about this because she won't talk to me". So I know that's a clue; that she probably feels like that at home. And her home situation is that her Dad is dying imminently, but he hasn't died yet, and nobody's talking about it, and she's not been given any information. And I think she feels completely powerless in the situation. And the rule in the house is "We don't talk about anything". It's alien for me to go and sit down and say "Let's talk about this", so I'm sort of imagining, you know, [and] as I get to know her better, saying things like "I can imagine you being really scared of not knowing what's going to happen, and your Dad might not be there very long, but you don't know. Nobody's telling you". (Eleanor, Paid practitioner, Service 5, my emphasis)

Supporting oneself

As well as being sensitive and reflective, staff had to handle themselves and their own emotions in two particular ways. Firstly, in the case of volunteers, they had to support their 'paid working' self alongside their 'unpaid working' self. Secondly, staff had to both *use*, and *keep separate*, their personal and their professional working self, and thirdly as a particular dimension of this, they had to retain their own personal distress in a professional work context, including their own experiences of bereavement and loss.

Supporting their paid working self alongside their unpaid working self

As Table 6 in Appendix 32 identifies, 34% of services were staffed in an unpaid capacity, by those who had a professional qualification. This could create tensions in relation to their unpaid work arising from the extent to which they were able to draw on this expertise.

For Eddie, these were managed because there were clear roles and responsibilities with which he felt comfortable:

...I think I did leave some of the psychology professional [behind]. I mean it's hard to say for sure, but I felt I left it behind, and what helped me...is because my role, people's expectation of me, wasn't...I mean, in my psychology role, I very much facilitate things and I become very much an active participant in that. I felt in the [service] group, I was very much working as a team, and not necessarily being a leader of that in any way. And also my role was very clear: I would facilitate an activity, but other than that, I was there very much in a supportive role which was taking, you know, guiding the children, seeing if they were okay; more of a supportive role rather than an...active facilitator. So in...some ways, it demanded aspects of myself...as a personality, rather than different aspects of my professional self. (Eddie, Unpaid practitioner, Service 5)

For some unpaid staff in some services, difficult feelings arose when they felt that their lack of a professional qualification, rather than a lack of training, created a barrier to the work they were allowed to undertake. Christine explained her dilemma:

I think being a big organisation they have to be very precise in how they use people and...I think, maybe, this is coming from my desire to do more, rather than stopping me doing it. I mean I know...where their boundaries are really well. This is the service they want me to provide and I want to do it. But I think, for me, I would like to do more...I want to give more in some way. But I know the service, I think because it's a big organisation...they're very careful about...who they employ. I think it's more about what I want to do...and...whether volunteering is enough. (Christine, Unpaid practitioner, Service 6)

After further discussion, Christine clarified the depth of feeling when she said:

I think it's probably just is that, I'm good enough to give for nothing, but I'm not good enough to be paid. But I know what it is that they need me to do [in order] to be paid. (Christine, Unpaid practitioner, Service 6)

This issue, of the relationship of the individual to the organisation, will be explored further in Act 7.

Merging and separating the personal and the professional working self

As well as their un/paid working self, staff had both personal and professional selves that were affected and which needed to be held apart. This was not always easy, as Emma described:

It's a job, but it's so much more, and that's the difficulty sometimes, because it eats into your weekends...in terms of the residential work, but also in terms of me having thoughts about things. I was much more able to cut off as a social worker. I don't know why, but...I think because it affects me much more personally. (Emma, Paid practitioner, Service 5)

This problem also arose for unpaid support staff:

It does impact. I think about them for a few days, because it's all fresh in your mind, and you tend to go over the families again. (Harriet, Unpaid practitioner, Service 5)

Thinking about users 'in their own time' was not the only way in which the personal and professional self of staff merged. Annette, who related earlier how her fears for her own children's safety had increased as a result of her professional role, described the way in which her capacity to adopt a particular professional stance had changed:

I certainly think there's a big difference between how I am as a counsellor now, and how I was as a counsellor before I had any children. I think there can be an expectation that unless you have children yourself, you can't possibly know the kind of torture and how it would feel. And I think I've got insight from the start, having two daughters, but I think I was maybe a better counsellor before I had my children....I was able to...step back more easily when I didn't have children of my own. (Annette, Paid practitioner, Service 3)

Nevertheless, their personal experience had a place in their professional activity as Belinda, an educational psychologist whose husband had died, found:

...you're quite right to think my role as a participant and as facilitator merge because this, in a sense, is what I got from the group as well. And I was also going to say to you...in the role of facilitator, I found it very valuable ... Many of the discussions that we started off, someone would have said something, and I would have shared...my experience of that [and] you could see them going "Hey, she's talking about that, that's just what I think or that's what I feel", and they would then have voiced that. (Belinda, Unpaid practitioner, Service 1)

Retaining their bereavement experience in a professional work context

Annette, in her quote above, raised a central issue for staff: that of holding their own personal distress, including that which arises from their experience of bereavement and loss, and it is particularly this aspect – its potential to impact on anyone – that sets this work apart:

...the big difference... between mental health work and this work, is how much I bring who I am into this work. I don't know if that makes sense to you, but it's...you know, in the mental health field there was, with every family I met, always elements of their story that...enabled me to kind of detach myself in some respect, because of the nature of their difficulty that was presented, or their kind of setting, or their kind of life experience, if you like. And what's interesting about bereavement is that that's not true. Because everybody I work with, what's happened to them can happen to me, and that's just an interesting angle that I've become aware of since doing this work. (Andrew, Paid practitioner, Service 5)

Staff used their experience in one of two ways. Their bereavement was acknowledged as something they had in common with users, or their bereavement was an experience about which they actually spoke. There were two main reasons given for this use: either to position themselves, as Eddie had earlier, as a role model, or to normalise it as an 'everyday' experience:

We've made it very clear that everybody in [the service] has a story, and there's no difference really between the facilitators and the children when it comes to telling the story; all of us tell our story. (Beth, Unpaid practitioner, Service 2)

Staff used different means to introduce and speak about their own experience:

Sometimes they ask you whether you've been bereaved, or in the group we all do the Memory Jar...or when doing the photograph of someone who you are here to remember, I would bring my photograph of my Dad, I would say this is what caused him to die. I think that's important. (Miriam, Paid practitioner, Service 6)

I lost my father about 8 years ago and it was lovely to share that with the children, using puppets. (Beth, Unpaid practitioner, Service 2)

Moreover, services are not averse to the expression of emotion amongst their staff:

I was asked "Did I have any worries?" when I had my interview, and I said "What would worry me is what would happen if I cried during any of this?", and I remember [the interviewer] actually said to me "If you can sit in a room with say 25 children who've lost a mum or dad, brothers or sisters, and listen to them and not cry, you're not the person that we want". (Harriet, Unpaid practitioner, Service 5)

However, as Miriam outlines below, whilst staff are aware of the benefits of disclosure, they were also aware of the difficulty that can arise in speaking from this level of personal experience, and that the safety of the users was paramount:

You have to use certain words to satisfy children...kids need to know that you've been bereaved, and they will ask you. I would be anxious if some of the volunteers were going into too much depth with children, but there is something useful in disclosure. (Miriam, Paid practitioner, Service 6)

She goes on to say:

But it's safe, you know, safe for the kids that you're not...they don't want people that are over spilling, or have unresolved issues that end up coming out in the group. The adults need to be totally together and [have] looked at their issues and looked at their bereavement. (Miriam, Paid practitioner, Service 6)

NARRATOR'S SUMMARY AND DISCUSSION

In this Act, I focussed on the emotions experienced in childhood bereavement services, as a result of working with children and parents who had been bereaved, and I described the emotional work they undertake with individuals.

In Scene 15, I provided an overview of some of the emotion 'material' of children and their parents. The death of their family member, their involvement in it or hearing about it, was an individual, intense and important, event that children and their parents experienced in its entire context, and it is this experience that provides the starting point for the work of a service. Moreover, the social conditions within the microsystem surrounding an individual child varied. Telling the children involved their parents in a range of complex decisions about if, what, how and when, to tell the child about the impending death, and how and when to time the information that someone had died, and this complexity occurred in the context of each family's individual composition and circumstance. It also occurred in the context of the parent's own bereavement, and in their capacity to continue parenting in the face of their own increasingly demanding emotional experience. In addition, there was a dynamic within the microsystem – also rooted in the prior relationships with the deceased – between the emotion and experiences of the child and those of their parent(s). Thus, the bereavement experience of the child and their parent was both focussed on and derived from their individual, socially embedded relationship to the deceased, and to their individual, socially embedded relationship to each other, as well as from their wider social relationships and the support these offered. Michael's expression 'my life was away because he was away' encompasses the intensity of the meaning and reality of the experience for children, in which something deeply important had happened, through which life as they had known it was now irretrievably gone, and for which they felt they needed help. This range of intense, confused and confusing emotions – of children and parents who have been bereaved, experienced within the differing contexts of the nature and circumstances of the death, the relationships to the deceased and the remaining family structures and supportive relationships – is the starting point for the emotion/al work of services. Staff are confronted with these emotions, although they will not be aware at the start of the encounter of the social circumstances that surround the child and *which* feelings they have, and it is with this uncertainty that they plan to work.

However, the emotions of service users are not my direct concern, rather it is with the emotions of staff, and in Scene 16, I identified their complex nature: the diverse, paradoxical, ambivalent and intense feelings that the work generated, and its 'reparative' aspect: a wish for wholeness where 'workers desire to restore their inner psychological worlds, the outer world, and the connection between the two' (Hirschhorn, 1990: 9). What this has highlighted is the inter-related, relational, dynamic, and often unexpected and spontaneous aspects of their work in the face of the initial uncertainty or 'not knowing'. Staff were not isolated, de-personalised, de-contextualised automatons but rather, from the outset, their feelings, needs,

desires and histories were present, and these emotions, arising from the complex, multi-dimensional aspects of human interaction, required a form of 'management', described earlier by Harry as 'a kind of dance', and it is the nature of this 'dance' that is at the heart of my thesis. The data identified a number of tensions for staff; bifurcated experiences arising from: conflicting feelings such as joy and sorrow, and responsibility and self doubt; past and present; what went on within an encounter and behind the scenes; being able to do something or unable to do anything; their own bereavement and the bereavement of others. Each of these represents a place that creates a dilemma for staff who, in their professional role, draw heavily on their personal self as the major resource.

Scene 17 completed my examination of the emotional experience of staff as individuals, arising as a result of their work with children and families who have been bereaved. It highlighted the extent to which staff made creative use of themselves and their experience, particularly those of their own bereavements, to understand the experience of others, and that they did this through the expressed acknowledgement and, at times, a display of their own feelings of grief. Furthermore, they encouraged periods of self-reflection in an attempt to both ameliorate the painful experience, and also to 'manage' the 'dance' between themselves and their users, and between feelings and thoughts. In addition, the work gave staff an opportunity for their own emotional development, arising from their engagement with the sorrowful experience of others.

The complexity of the emotion/al work of staff arises from the iterative series of movements within and between: the levels of experiencing, the type of experience, their orientation and time. Levels of experiencing includes staff *thinking*, for example about the programmes, others, themselves; *feeling*, for example tired, sad, anxious; and *managing*, for example events, time, people, and feelings through helping people think about them. The type of experience includes whether it is aimed at a *cognitive/conscious* or *symbolic/unconscious* level, or both. Their orientation is towards the *different people* about whom service staff think, feel and manage, and includes families (children/parents), colleagues, themselves, and in the case of this research, me. Thus, staff are thinking about and responding to families, and at the same time reflecting upon themselves. The dimension of time refers to '*before-during-after*'. Before interventions, staff engage in extensive and intensive meetings, learning about and assessing families, and preparing themselves and other people for interventions. During interventions, staff organise and oversee the activities and respond to different people engaged in different levels of experience. After interventions, staff engage in debriefing and follow up activities. In all of this complex matrix, staff are flexible, responding to the needs of individual people engaged in different levels and types of experience.

What this exploration has identified is that, as a result of their interaction with children who have been bereaved, staff become located in the first potentially bifurcated position that

characterises their emotion/al work, and this happens in the following way. The work, expressly concerned with the emotions of bereavement, generates emotions in staff, as a result of their witnessing and 'standing alongside' the raw and intense emotional suffering, and also from the revival of the memories of their own losses that this witnessing creates. They then engage in the emotional work of providing experiences through which children who have been bereaved can remember the person who has died, make sense of what has happened, and understand, name and express their feelings. However, this 'professional' work also includes their 'use' of their own bereavement experience to understand others, and their appropriately expressed acknowledgement or display of their own feelings of grief; an activity that 'taps' into their own private and personal feelings. What makes this work emotion/al is that these dynamic aspects occur simultaneously, within and between themselves and others, and this 'dance' can be seen diagrammatically in Figure 12 below.

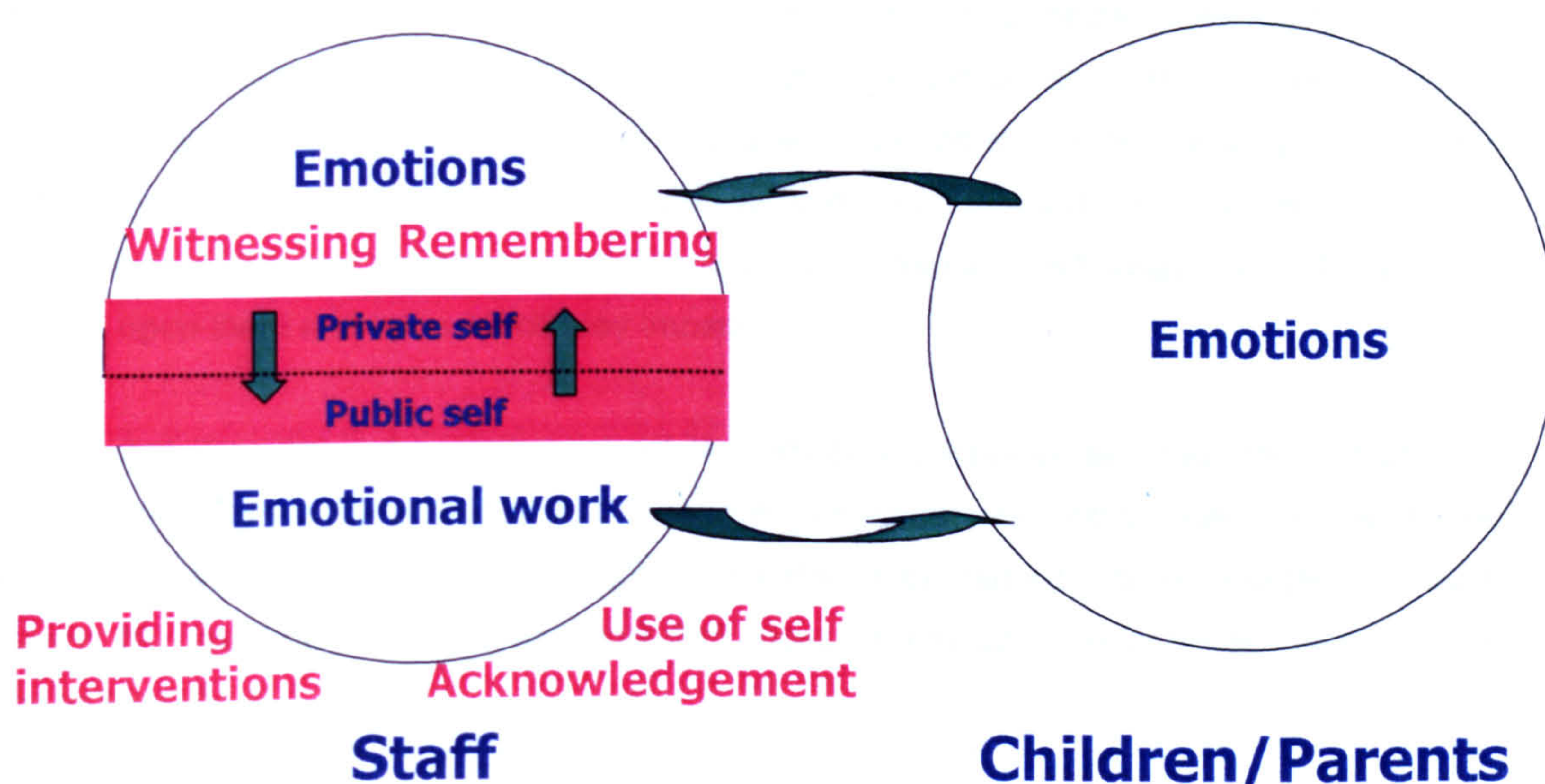


Figure 12: The emotion/al work of staff with individuals

This dynamic occurs in the 'being' – the body and mind – of the individual member of staff who acts, in Bion's sense, as a container to the contained. The nuanced emotion/al work that this entails, with constant attention being paid to the 'being' of the child as expressed through body language, verbal expressiveness, and language, and a close attention to one's own 'being', was described earlier by Hope, Harry and Eleanor.

However, the complexity of their emotion/al and containing work does not end here; for whilst staff are engaged with their users, they are also situated within an organisations and in the wider culture, each of which generates emotion/al work; and it is to these settings that I now turn.

ACT 7. THE EMOTION/AL WORK ARISING FROM CHILDHOOD BEREAVEMENT SERVICES AS ORGANISATIONS

'...a dark inscrutable workmanship that reconciles discordant elements...' Wordsworth

NARRATOR'S INTRODUCTION

In Act 6, I focussed on the emotions of individuals – children and parents – that arose from their experience of bereavement, and the emotions and emotional work of those who provide interventions for them. I emphasised the dynamic relationship between these aspects, and described how this constitutes the first level of the emotion/al work of staff in childhood bereavement services; containment occurring within and between themselves and other individuals. However, the work with users and the emotion it generates does not take place in a vacuum. Rather, staff are situated within the context of an organisational setting; a workplace whose culture, by virtue of its nature as a human construct and as a bureaucracy, inevitably arouses emotions. They are also located within a broader culture comprising sets of policies, beliefs and practices, in relation to both children and to bereavement, that have an impact upon them and upon which they impact.

In this Act, I continue the exploration of the emotion/al work of services, the potential for bifurcation between the emotions that arise from these contexts, and the emotional work they undertake. In Scene 18, I examine the emotion/al work of staff with the organisation, whilst in Scene 19, I examine the emotion/al work that arises as a result of the services' relationship to the wider culture.

SCENE 18. THE EMOTION/AL WORK WITH THE ORGANISATION

The study findings (Appendix 31) identified the extent to which services were situated in a range of diverse and complex organisational contexts (Rolls and Payne, 2004; Rolls and Payne, in press), and this presented individual services with different, but inter-related, tensions as they tried to develop and maintain their programmes. In Act 5, I detailed the extensive administrative processes that underpinned the organisational task of 'being with Jamie' begin by briefly highlighting the administrative processes, and I briefly return to these here. However, it was the difficulties and tensions in their inter-personal relationships – either between the staff and their manager or between each other – that gave rise to the most consistent emotion/al work. As I explore each of these, I emphasise that this work occurred through: the management of their responses to the emotions these organisational relationships generated; their support of others in their engagement with the operational, organisational, and bureaucratic life of the service; and their active participation in promoting these aspects.

The administrative and organisational work

The task of providing interventions for children and their parents who had been bereaved required extensive administrative structures and organisational processes, and co-ordinating this work was very complex and, at time, precarious. In my participant observation fieldnotes, I remark:

It reminded me of an army operation – getting [the] venue, resources, people (staff and participants), into place. The resources seem immense: food and drink, Memory Boxes, cushions, colouring pens and paper, quizzes, candles, 'prompt' sheets for volunteers (programmes, group leader comments, child evaluation forms, expenses), rocks, clay, salt, chalk, paints, boxes, wool, Memory books, amusement things: music, nail polish, stencils... And hidden behind all this is the work beforehand - assessment, letters, allocating groups (volunteers and children), family profiles, inviting and co-ordinating volunteers, sending...information to families, and afterwards... (Liz, Fieldnotes, 27/02/02)

The staff paid a great deal of attention to detail, and were responsive to change at short notice. They appeared to be good humoured in the face of the constant uncertainty about, and consequences of, low staffing levels, although the responsibility of having insufficient staff felt quite burdensome, as it had for Ros. The work also included developing and maintaining the structures that support staff, in these and other emotional aspects of the work. Manifest through the briefing and debriefing sessions that surrounded me, as a member of staff during participant observation, were processes designed to enable and support my capacity to provide a safe, purposeful experience for the child.

As well as the actual organisation surrounding each programme, staff also co-ordinated activities between the two events, reviewed their work, made improvements to the programme, developed their evaluation processes and responded to evaluations, each of which led to more work. For example, if volunteers were to contribute to the assessment of a child's progress, they would need more training. Similarly, when changes or developments were made to the programme, there was extensive work in preparing, briefing and supporting staff through these. Thus, a question I raised in my Fieldnotes was that, whilst the work includes taking care of volunteers, *'who takes care of the staff?'*

Staff-Manager relationships

Whilst organisations were structured differently and this context presented managers and staff with different imperatives, the key issue that had an impact on staff-manager relations was the management style and the organisational culture they created. Staff-manager relations were influenced by how and by whom strategic and operational decisions were made, what management systems were in place, and where the power to influence and control aspects of these lay. The inter-related emotions that arose were those of

powerfulness/powerlessness, feeling in/out of control, and valued/not valued for their skills and experience. For clarity in the following discussion, I will refer to the person who coordinates and manages the service as the Head of service, even though across the cohort of participants, they had a range of different titles.

Feelings of power and powerlessness: Influencing strategic and operational development

Depending on the type of organisation, there were either two or three tiers of management, and each of these generated different issues: between the management board and the line manager of the host service in which the childhood bereavement service was situated; between the line manager and the Head of service; and between the Head of service and staff. In the case of 'free-standing' services, the middle tier between the line manager and the Head of service did not exist.

Heads of service were appreciative of the work of their management board. They recognised the benefit their usually unpaid efforts gave the service, and they in turn felt appreciated and supported:

They are a very active Board who are there to be very supportive, and are very affirming of what we are doing, and we're very lucky in that respect...[they have] given me a free rein to develop the service in response to need, without saying "Well, you should be doing this", or "We think that should be happening". (Pat, Line manager, Service 1)

Equally, in the main, members of staff were appreciative of the management style of their Head of service and felt able to contribute to the strategic development of the service:

I think that we're okay here in the way that we're managed. Sylvia does take into consideration the feelings of the group, so I do feel that I can feed back both my own views and those of my clients. More importantly, I think the service is going to respond to particular, maybe unmet needs, which is really nice. It's really, really good to feel that you're not just plugging away, and you see a gap in the service which is never going to be filled because you're never going to be listened to. I've never had that feeling here. Sometimes there's an expressed need from a client or something from myself, you know, that maybe I'm thinking "It's not going to happen", because we don't have the resources or whatever, but I think that if we've got a realistic concern about the way the service is going, or something that's not been done which I think would be helpful, I think generally that's taken on board and tried at least. (Annette, Paid practitioner, Service 3)

However, staff were not always able to influence the decisions of the management board:

I do have strong views that I've put forward in core group meetings, and I know Mary does take them on board and take them to management. But then she is one person [there, and] I think it probably...doesn't get

the same kind of importance as it does in the core group meeting. People have their views there, and...just don't take it on board as much as our discussions that we have here. (Peter, Unpaid practitioner, Service 7)

Nor were they able to have as much influence within the service as they would like:

You're talking about more strategic organisational decisions, and...no I don't think [so] at the moment. I think I should be able to, and I've been given the responsibility to. For example, looking at [this particular] responsibility, my job is to co-ordinate, so I should be able to say I think we need to be doing this...but that doesn't seem to be going anywhere. (Eleanor, Paid practitioner, Service 5)

However, whilst staff were not always able to influence organisational strategy and direction, they were able to influence the direction and content of operational aspects of the work, and to influence day-to-day decisions:

In terms of the service and what we want to be developing and where we want to be in the next 5 years... Yes, we were really involved...(and)... I feel that I can definitely influence team strategy. For example if we've got [a group programme] coming up, [and] we're not sure whether it's going to run or not. I can influence that decision, and I can influence how we work in a school, and that sort of thing. (Eleanor, Paid practitioner, Service 5)

In addition, many found the organisation open to suggestions about new ideas and ways forward, as Daphne described it: 'a willingness to embrace new areas' (Daphne, Paid practitioner, Service 1).

Feelings of being in/out of control: The impact of management, planning, and decision making structures

Management, planning and decision-making structures varied between services' but to some degree they existed in all, providing a framework for the work and a form of security for staff. However, the absence of certain administrative and bureaucratic structures was a source of difficulty:

I get really frustrated by it. I think I'm used to working much more with very clear management structures...[and] I do find the fact that...some of the systems [are] not in place. I thought that would be lovely but, in fact, I find that quite irritating at times. I came from bureaucratic organisation thinking, "Oh great, no forms, no structures" but actually - we have developed them now and we're getting there - but that initial time, I was like "How do you record your meetings here with families?" There were no structures, or policies, or guidelines, or anything, and that was difficult, because coming into an area of work where I felt relatively inexperienced... you need structures, well I do anyway. You need something to give you some security, and sort of safety. (Eleanor, Paid practitioner, Service 5)

Nevertheless, having structures and plans in place raised questions about how flexible and responsive staff could be to users' needs. Where flexibility was possible, this led to staff engaging in situations outside their normal range, which could lead to their own or to service development. However, having a remit could become a source of tension for staff:

My assessment was...that, if possible, one of us would go out to meet this family, to help facilitate conversation about getting [the child] to the funeral, and about helping her in detail to understand what that would be like. I know that's not the remit of our service...but my assessment on that call was that it was the appropriate thing to do. So, there will be instances like that. I think that we need...to work out when can we provide that service, and when can't we. Do we or don't we? (Ros, Paid practitioner, Service 5)

The operational activities and developments were often decided through consultation with the relevant team members, and co-ordinated within smaller work groups. Generally, this form of negotiation between staff was equitable and supportive. Nevertheless, consultation and co-ordination, whilst democratic and open, could also be a source of difficulty. Emma recognised that the service was growing and a new infrastructure was being developed to accommodate this, but nevertheless, whilst welcoming it, felt frustrated by the high level of consultation in the decision-making processes:

I think we could definitely streamline some of our meetings, I really do. And I think where we fall down is by giving each other the sort of authority to make decisions; some decisions could be made without a team discussion. (Emma, Paid practitioner, Service 5)

Indeed, she found that meetings increased her workload:

If I'm really, really honest, it drives me crazy at times, it really does. I go home some days feeling I haven't achieved anything, but I've come out of meetings with loads more work: things that I need to do, either with families...or with my individual responsibilities, but you haven't achieved any of it. The day's been taken up talking about it, but you've still got this backlog on your desk, and now, more. (Emma, Paid practitioner, Service 5)

As services have raised their profile, they have experienced an increase in demand, and this created dilemmas for staff, as Ros indicated above, about how they should respond. The difficulty of workload management was experienced differently by staff who worked in services that ran groups, from those who worked in services that worked mainly with individuals, and there were different ways of managing the workload. One way was to recognise the potential impact on potential users of their inability to respond. As an alternative to not raising expectations, services found ways of limiting the numbers of children with whom they worked, or the number of group events they ran each year. Strategies included 'closing their books' for a period of time, or having a period of months when they were not working on the organisational task of supporting children who have been bereaved,

but on aspects of organisational maintenance. Here staff worked within a diary appointment system, and were able to take time off within the school holidays – ‘*a time when it’s hard to get people in to be seen*’ (Denise, Paid practitioner, Service 8).

Although limiting numbers helped staff with their workload, closing their books and saying “No” to children was very hard. Even where there had been a managerial decision to limit the work, the idea of waiting lists was difficult to contemplate:

We attempt to restrict that [ongoing play therapy] because we end up being clogged up. We are permanently clogged up with increasing waiting lists, and the waiting lists, I think they’re about 3 to 4 months now, which is outrageous, but what can we do? It’s a huge tension between what we can do and what we should [do], what we need to do, in terms of finding the balance between the waiting lists, and the time and resources that we have. And that tension will always be there. Every person on the waiting list has a tragic tale to tell. Every single person needs support and care now, not in 2 to 3 months. How can you possibly prioritise them? Very simply, it’s almost impossible to prioritise. (George, Paid practitioner, Service 8)

Thus, despite managerial-level workload management strategies, staff found it difficult to think of children who had been bereaved whose need was not being met:

It’s very hard doing this sort of work. People who do this sort of work are the sort of people who want to help. The people we get through the doors all need help desperately, so it’s very hard to say “No, I’ve heard your need, but I can’t see you for two months”. (Denise, Paid practitioner, Service 8)

Moreover, in the absence of a managerial-level commitment to workload management, it was individual staff who had to manage the consequences:

Some days, I feel absolutely like I’m juggling all these balls. Some days, it feels like two jobs to me, the co-ordination side of my job which I enjoy because that’s a part of me - that I like to organise - but the other side of my work is the therapeutic work with families which I really love as well. So there’s two and I juggle within that...as we all are. And some days it feels like I’m juggling them well, other days it feels like I’m just about throwing them up in the air, and other days, they’re right down on the floor in a right mess. (Emma, Paid practitioner, Service 5)

In addition, high and diverse workloads also created tension between staff:

We’re all off in our own holes trying to get something up and running, but we need the others to help, [and] because their attention’s focused on what their responsibility is, it feels like a really push-pull in terms of their time and space. There’s not a competition in terms of “mine’s more important than yours”, but like competing for time or resources. (Liz, Paid practitioner, Service 5)

Feelings of being valued/not valued for their contribution, skills and experience

The experience of being valued or not was an important dimension of staff–manager relations, and an important source of emotion. The ways in which value was conveyed was through recognition of the contribution, skill and experience of staff, and was manifest in the extent to which staff felt able to contribute to the life of the organisation, and feeling supported and valued.

Being able to contribute to the life of the organisation

Contributing to the life of the organisation came through the participation of staff in strategic and operational decision-making, as well as through a sense of their concerns and ideas being heard. However, staff did not always feel heard, and as Eleanor described this results in feelings of powerlessness:

If you look at the operational plan, some of things on it - things I said I'd like to be there - but ...in an important sense, I don't feel any power, which is very odd, very intangible and weird, and something we're trying to tease out. It's as if you've got the mechanisms for me to have an influence, I'm consulted and we have meetings that get reported back, the mechanisms are there to support me being involved...influencing, but something happens in the process ...it gets diluted. I feel it gets lost, so I don't feel that, ultimately, I have any influence. (Eleanor, Paid practitioner, Service 5)

Furthermore, there were issues about which staff would like to have had more say, and anxiety and stress were also created when staff felt important issues were not being addressed:

I guess I've mentioned, in a few meetings, that I am anxious about the level of stress that I see in my colleagues, and everyone seems to be saying the same thing, about the amount of things that need to be done...but that didn't go anywhere. I said it a couple of times, but it didn't go anywhere. I think there's a reluctance to say we're not going to do something...but I worry, because I see people sort of flop, and then talk about it and work out a sort of reactive "How are we going to get over this little hump", and it happens and people cope and go on for a bit, and then it happens again. I just worry about that sort of dynamic. (Liz, Paid practitioner, Service 5)

Feeling supported and valued

Alongside the sense of making a contribution to the strategic or operational policies and direction of the service, staff felt valued through knowing that their contribution to the work of the service was appreciated, and that they were given support to undertake the work. This was gained through supportive and encouraging comments, but also through structures such as induction, initial training, supervision and support for on-going training and development, and through their skills being valued and utilised.

Generally, staff felt valued and supported, and this was reflected in comments that staff made, for example *'I think everything that we do and say is appreciated and is taken into consideration. We're very valued'*. (Hamish, Unpaid practitioner, Service 3). Within the unpaid staff group, 58% (43) felt they received a great deal of support and encouragement and 38% (28) experienced this as adequate (Rolls and Payne in press). Furthermore, staff were given opportunities for supervision as well as training and development, which increased their confidence and capacity to work creatively with children who have been bereaved. Emma described the importance of supervision:

Supervision does help. We went for a period of not having any supervision and that was an absolute nightmare because you were doing...I know bereavement is supposed to be normal...but with some of the individual work, you get into some very deep, therapeutic relationships with people, and to not have supervision...that was crazy times really, we were in a real bad space. (Emma, Paid practitioner, Service 5)

However, tensions could arise where a core staff member was the supervisor of another member of paid/unpaid staff because of the ambivalent boundaries between being a staff member, a colleague and a supervisor/supervisee.

Overall, service managers valued the contribution of staff to the work of services, and the contribution of unpaid staff was of particular importance within organisations that relied entirely on them:

Some give a lot of their time, some give not so much time, but even those who don't give much of their time...we obviously think "Without you, we wouldn't be able to operate". It's all those little bits added together that make us viable. (Evelyn, Unpaid co-ordinator, Service 2)

Nevertheless, the qualities and the contribution of unpaid staff were also recognised and appreciated by paid staff as well: *'I would hate there to be any sense that it's better to be one sort of volunteer [rather] than another, they're both making an extremely valuable contribution to the work of the service'* (Annie, Paid practitioner, Service 5). Unpaid staff who were drawn from their local community were particularly appreciated, as they were able to make a significant contribution to increasing access to particular social, religious and cultural groups. In addition, it was not uncommon for a child or parent who had been bereaved to become part of the unpaid core or support staffing (for example, Ros, Eddie and Belinda), and their experience was also recognised.

However, some of the greatest tensions arose as a result of staff feeling their skills and experience were not being recognised or utilised to the full, and this was a particular problem

for some unpaid staff in settings run by paid staff. In these services, there were differences in the operational, and non-operational, work of unpaid staff (see Glossary of Terms):

When we have some of the social events that involve two different sorts of volunteers...they are actually doing different things, so the fund-raising volunteers may be selling Christmas cards, ...and our volunteers will be meeting the children that they've worked with before and having a chat; seeing how things are. When people choose to volunteer with us, we tell them that there's different ways they can be involved. They can be involved in generally helping in the office, raising money, or working directly with the families. (Annie, Paid practitioner, Service 5)

Moreover, across services, there were differences between the way in which paid and unpaid staff were operationally used. Despite being an educated group and many of them having had experience of childhood bereavement, either as a parent, sibling or a child, there was a greater, asymmetrical, often hierarchical relationship between staff in services with both paid and unpaid operational staff; with paid core staff managing and thus determining the role of unpaid support staff. In these services, more limits were placed on the range and type of activities that unpaid staff were able to undertake. Whilst paid staff valued their contribution, and recognised that service interventions would be very difficult to provide without them, boundaries were created between paid and unpaid activity, and in what unpaid support staff were allowed to do (Rolls and Payne in press).

Eighty-two percent (61) of unpaid respondents felt they had the opportunity to utilise their skills and talents. However, 15% (11) felt their experience or expertise was not recognised or utilised. Although she is a paid member of staff, Hazel identified the problem that a lack of understanding of the potential contribution – in this case of those from different professional backgrounds– can make to a child's well-being:

I found this bit quite hard actually to convey to staff, particularly management, that an occupational therapist is working with developing the potential of a child...[it] depends on if a member of staff has met an OT before...they think you're all about equipment. (Hazel, Paid practitioner, Service 1)

In contrast, within services run entirely by unpaid staff, it was not the paid/unpaid aspect that conferred limits on the work that a member of staff undertook. Rather, it was the sense of their own capability or limitations, based on their background and professional experience, and the context of the particular remit of their service to which they were contributing that determined the confines of the work. Thus, unpaid core staff in these settings undertook activities normally associated with paid staff, for example managing and developing the service, making strategic decisions, developing and running training events for professionals, liaising with schools and other community agencies, as well as organising and running the programmes with operational help from their equally unpaid support colleagues. This resulted

in the skills and professional backgrounds of both the unpaid core and support staff being fully used and, importantly, experienced as being used, within the service setting.

Tensions also arose where there were conflicting views between an individual member of staff and their manager, as well as in situations where staff felt a manager was unable, or unwilling, to address problems they were experiencing:

I think sometimes we try to go for an easy life, as opposed to sort of unpicking some of the more complexities. I think within the team, a lot depends on [the manager] and her style. I've had different experiences of that, because her predecessor couldn't handle us, saying actually "That's not okay" and whatever, and it's almost like a child arguing with a parent; it got higher and higher and higher, and it was just a nightmare. Annie is very laid back, and very open to us saying "Actually, we're not happy with that," and I feel she really listens as a manager, and then goes and advocates on our behalf...If we have conflict with her or disagreement, she's very open to debate, and listening...to the team. (Emma, Paid practitioner, Service 5)

Emotions arising between staff

Annie (Paid practitioner, Service 5) described services as '*something that's like a family*', and as occurs in families, emotions arose as a result of the interpersonal dynamics between staff. Annie elaborated this further:

You know, there's something where you have a common purpose and a common loyalty, and if anybody comes in from outside, everybody would punch them on the nose. But, where you actually squabble, you know, occasionally amongst yourselves, and so and so's favourite that month or whatever. I am not quite sure how far this goes, but there is something of that family feel...which can be a little difficult, in the way that it can be in any complex family, to work out exactly. You know, whose role is what, and who is being mum this week, and who is being rebel teenage brother, and who's being faithful old grandma? (Annie, Paid practitioner, Service 5)

This quote identifies several of the characteristics of relationships between staff: the often complex and contradictory feelings arising from their relationship within the service, and their stance as a collective towards those from outside of the service, and I will return to this latter issue in the next Scene.

Relationships within the service

Despite some frustrations outlined earlier, relationships between all staff were generally very good. They were very supportive of each other, and expressed a great deal of admiration for both their managers and colleagues. This was articulated in different ways. For example, staff valued each other's skills:

You've got to remember [that] they're all very skilled professionals in their own right. So a lot of them are doing this kind of stuff. There's no-one who's a novice, there's no-one who's a real learner, they are dealing with people all the time, and they know what they're doing. (Mary, Paid co-ordinator, Service 7)

They also valued and tolerated the differences between each other:

I think everybody just feels that everybody has different strengths and weaknesses. Some people are further down the road of discovery and knowledge than others, and we all share, and we all come from different backgrounds and different professions, so it's a great wealth of knowledge and understanding, and building on everybody's strengths and skills. (Sally, Unpaid practitioner, Service 2)

Importantly, as Emma and Eleanor indicated earlier, the support of colleagues was an vital dimension in enabling them to undertake the work:

It is so important for the staff to have the support of the staff; it's vital, really quite vital. But also ...particularly working with children, you need to have other parts of the puzzle. The surviving parent might need to be in counselling or therapy themselves, just as much as the child, so you need to have that kind of co-working and co-holding. And I think it works very well here with an adult, and a children's service and that...I can co-hold, with my colleagues, a whole family, and it makes my work possible. Because I can't do it all. (Harry, Paid practitioner, Service 8)

Support was offered:

– for different needs:

I wasn't so involved with the family, but my colleague was very involved with them, and she was also going to do a reading at the church, and she wondered how she was going to get through it, and I went to give her support. (Hazel, Paid practitioner, Service 1)

– at different times, often spontaneously:

You need to support each other to be able to keep things going...so we do tend to work together, [and] ... get used to working together. Agnes was very upset yesterday, when she read out what the children were doing, and she said "I upset that little boy's Mum", and she hadn't intended [to], but Sheila and I realised she had, and you were able to jump in and help her out of it. (Susan, Unpaid co-ordinator, Service 4)

– and it was directed towards different groups in their everyday work:

I was very nervous...I felt like I didn't know anyone, and it felt quite cliquey, because several people had been on residential weekends before, so I was a bit uncertain about meeting people and how I would fit into the organisation. And I have to say, they were very, very welcoming, and they were really helpful throughout. (Eddie, Unpaid practitioner, Service 5)

As well as being work colleagues and supporting each other in service activities, staff were also sources of emotional support through an explicit acknowledgement and acceptance of each other's feelings:

My mother actually died last November and I was supposed to go [to the group] and I just said "I can't go". I explained and they were lovely. I said "I'll go in April" because I knew by then I would be, not okay, but I knew that I would be better. So April was like...it was quite hard for me, and they were just so lovely. Emma was just lovely, and all weekend she kept saying to me "Are you alright?", and I think that's what's nice. They look after you. (Harriet, Unpaid practitioner, Service 5)

This support was organised both formally through peer supervision:

We've established peer supervision, which is a weekly thing in the team, which has been really useful in terms of the team developing, and a sense of trust with each other and being more understanding, and understanding different ways in which people work, I guess. (Ros, Paid practitioner, Service 5)

– or informally on an ad-hoc basis, where it was either given by colleagues:

We all work very well as a team, and they're always there for you. You can lift the phone up to any of them, and they would listen to you. I think as a team, we're very good people. There's nothing like blowing your own trumpet, but I do feel we have very good, very well trained, and very caring, people within the service, who are in it for the right reasons. (Rachel, Unpaid practitioner, Service 6)

– or found when needed:

But I think people forget to say "What a really good team I've got". So you need to find ways of kind of soaking that up, and sometimes that's in meetings [when] I come away from meetings with a really big buzz. Because you remember that these are a really good group of people that want to be here, and they're so enthusiastic, and that buoys you for a bit because they're usually good and usually warm, and so that helps, you know. (Daphne, Paid practitioner, Service 1)

This task and emotional support relied on a sense of trust and openness between staff; a feature that depended on management structures, but also on staff personalities:

It's a lot safer now to say those things, whereas before...you were too frightened to say, because you didn't know how you'd be responded [to]. But now, because we're growing as a team, we can say to each other "Actually, I don't agree with you", and it's not taken as a personal assault on that person. It's just you don't agree with their point of view. So, that's really good, and I've never experienced that degree of openness in a team before, so I really like that. (Emma, Paid practitioner, Service 5)

However, despite the positive feelings staff had for each other, staff relations were not without challenges. For example, whilst the informal support provided by colleagues was highly valued, it nevertheless, paradoxically, increased staff workload. Furthermore, as I identified earlier, tensions arose between paid and unpaid staff about what unpaid staff were allowed to do. Paid staff also had difficult feelings, including:

– anxiety about the skills of unpaid staff:

I'm more and more concerned about our volunteers doing the therapeutic work, and I really hear what Andrew says about us being non-pathological and what have you, but I've had that worry for a little while. But doing the suicide two-day thing, I just worry about how much they can tease things out, and get into supporting. (Emma, Paid practitioner, Service 5)

– responsibility for their work:

The more I get into working with children myself, the more I became aware of the number of child protection issues. And I felt it wasn't fair on the child or the volunteer, for a volunteer [to be] doing the direct work. The volunteers do direct work, but it's under very regulated conditions; supervised and very well matched [with] the cases that we get. The tension with that would be that [our partner agency] feels that...the volunteers should be doing the work, and that we're actively holding them back. (Miriam, Paid co-ordinator, Service 6)

– or fear that unpaid staff would 'overstep' their role:

I think people with a lot of responsibility in Health do find it difficult to work alongside a team that they might perceive to be very young, and I think may not be able to help offering their experience. Which I think is fine, if you can offer it in a tactful way and can be helpful, but I think there is that possibility for tension, if you seem to know better than [them], and you let the staff know that you know better. We have experienced that in the past. (Daphne, Paid practitioner, Service 1)

SCENE 19. THE EMOTIONS ARISING FROM THE CULTURAL SETTING

In Scene 18, I explored the impact of organisational life on the emotions and emotional work of childhood bereavement service staff. However, these services are both located in and a response to the wider cultural context, and this dimension also generates emotions in staff. There are two cultures that impinge on services, each of which I will explore: the wider macro-

cultural context of UK policies and beliefs, and the more local micro-culture, in which services as organisations are situated, from which members of staff are drawn, and in which the lives of the children and families who have been bereaved are positioned. In order to locate staff in the third level of bifurcated experience of emotion/al work, I now turn my attention to the emotions that arise as a result of these two sources of cultural impingement on their work.

Cultural impingements: The influence of the macro-culture

There are many ways in which the macro-culture impinges on services, for example in beliefs about children; and compulsory adherence to policies, related for example to children and to aspects of employment. However, my focus here is on the impact of two particular issues: firstly, cultural beliefs about death, bereavement and counselling; and secondly, the increasing policy emphasis on volunteering.

The impact and consequences of particular cultural beliefs

Aspects of the macro-cultural context were manifest in the beliefs about bereavement, counselling and its value, and what children 'should' be told about death. Here, I examine the ways in which these beliefs impacted on staff, and how they positioned themselves in relation to them. In doing so, I consider the potential for conflict that arises from the ways in which children who had been bereaved and the staff who worked with them express themselves as standing either 'for' or 'against' cultural norms.

Beliefs about bereavement

One of the cultural norms about bereavement concerns what can, or should, be spoken about; an issue for families who have been bereaved that can be especially problematic. Dymphna, whose younger daughter died from a life-limiting condition, describes a discussion she had with her surviving daughter's Brownie Leader:

She'd said Fiona talks about her sister and thought it was a kind of obsessive thing, and I said "No, but that's good, I want her to speak about her". Because it's only [by] speaking of her that she'll not get over her, but get over how she's feeling. I know she was a bit concerned that she was talking about her too much - I mean adults don't know how to deal with (children's bereavement). (Dymphna, Bereaved parent)

Silence often surrounds those who have been bereaved, especially following the death of a child, as this discussion identified:

Linda: ...I know a lot of people sort of shy away from bereavement work, or certainly the work that's dealing with such very high emotions. If it's surrounding a child's death as well, it's still quite a taboo sort of subject; people are very frightened of it. And I think that can isolate people...even in the big communities, it can quite isolate them at times. A parent I've spoken to...her son had died while he was here about 2 or 3

years ago now, and her husband died very recently. A terrible tragedy to have one after the other but, she was saying, the difference...between her son dying and her husband dying is that people seem to be able to talk about her husband but, she said, she never, ever, had that opportunity. Nobody would ever mention her son's name. She said people would avoid speaking to her, whereas she said "With my husband's death, people quite freely come up, almost casually, as if they're talking about the weather". They'll talk about her husband, and how she's feeling and things like that but, she says, she never, ever, had that opportunity [with her son]. I think that her experience was that people were very uncomfortable talking about a child's death; that somehow an adult's death was a lot more acceptable, and a lot easier to talk about...more palatable for people. (Linda, Service practitioner, Service 1)

But ideas about bereavement also influence the culture of services, in some cases raising questions for them about what they are doing and why. As Evelyn, Mary and Emma outline here, whilst these questions concern how to address the consequences of children's bereavement, it is the belief about the nature of bereavement and how they should work with it that is uncertain: is it a 'problem' to be dealt with, or a normal part of life and, in this context, an event that 'only' needs to be supported through?

It seems to me at the end of the day, it doesn't really matter what you do with children as long as you do something, and give them an opportunity to just get out some of the pain they carry around. It's one stepping-stone across the river that they're trying to get over, and I expect that our 6-week programme's very, very brief, but maybe it gives them a kick-start in getting some support and help for themselves. (Evelyn, Unpaid practitioner, Service 2)

It's not just like I'm going to listen to someone talking about how they feel. It's like putting [on] your thinking head from the counselling perspective, and saying "Where is this person, why is the bereavement complicated, why is it getting complex now?" and working out where they're stuck, which task have they got stuck on. And that means you can do something to help them. If they need to do something, then you can facilitate that, as long as you can recognise where it is. (Mary, Unpaid practitioner, Service 7)

There's still a long way to go in terms of...why we work with families, which families we work with...what are we assessing for, all this pathological/non-pathological [idea]...what service can we provide, how can we provide it? (Emma, Paid practitioner, Service 5)

Beliefs about counselling and its value

One of the uncertainties that surrounds the work of services concerns the value of counselling and its place in bereavement. Here, Denise identifies the influence of wider cultural events on their work:

I also think counselling's quite fashionable at the moment. Certainly bereavement counselling for children is fashionable, and I think that's happened after Princess Di's death. So, I think it's a mixture: that it's more fashionable, that people are identifying that children have needs around bereavement, and that we are more well known. Also that our local child and family [mental health service] have got an even longer waiting list than we have! (Denise, Paid practitioner, Service 8)

However, some practitioners were not sure of the value of counselling:

I don't know why we've lost touch so much with being with death and bereavement, or whether it's changed, you know? Almost like, when I was a child when nothing was said and you just got on with it, and I don't think it's damaged me in any way. If you set up a service then...people feel they need to use it, because they're maybe not getting it right, whereas before, you would just naturally handle the situation. But [now] you think "My child's crying, maybe I better check with an expert. Is this okay?" Whereas before...a mum or a dad would comfort the child and work through it without the expert. I don't know; there is a bit of a danger, I think - if there's a service - people feel they should use it. (Keith, Paid practitioner, Service 5)

As a result, staff have to situate themselves, either in the way they describe themselves:

There's been a lot of...discomfort by people who were social workers and health professionals describing themselves as counsellors, so we...this is pre-me, so I'm just telling you how it is...they're not keen to be called counsellors, so we have to call them core team members. I don't know why they're not keen to be called that. I think it's a little bit to do with not always having a professional qualification in counselling, and it's a little bit...they feel it's all too American or something. But there are a lot of them who do feel uncomfortable with that, so we've been described as a listening and support service, more than a counselling service. (Mary, Unpaid practitioner, Service 7)

– or in how they conceptualise their work:

We're not talking therapy here, we're talking about helping children talk about their feelings. I think people have this perception that you're doing heavy counselling or psychotherapy. It's being alongside a child, and helping them to get the feelings up and out, and on to paper, or in drawings, or some way of connecting with them, using puppets. (Geraldine, Unpaid practitioner, Service 2)

Telling the children the 'truth'

Together with beliefs about the nature of bereavement and counselling, beliefs about the nature of death and whether there is an afterlife, are cultural presences that both surround, and are mediated through, childhood bereavement services, giving rise to questions about what is 'truth' and whose 'truth' is privileged.

The 'truth' about the death

Staff felt strongly that children should be told the truth about how their relative died. George described this commonly held belief amongst staff, that children have a right to know the circumstances surrounding the death, and to be helped to understand what death means, and he was derisory of some of the euphemisms that are used with them:

The information people give to children, I have to say, borders on ludicrous, and children know that [and] it's not only true for children. We almost laugh at what the teachers or somebody has said to the child, because they know it's not true, they know it's not right. Yet children are very used to being spoon-fed - well, it's very subtle - being fed on lies and misinformation. (George, Paid practitioner, Service 8)

One of the reasons why staff consider it important that children know what happened is because it can create difficulties when children do not know, and other members of their family, or the staff, do:

One thing we do [that] we're fairly strong on, is that the child has actually been told the truth about the death. I was interested last night with Pat (a practitioner from a trauma service who had given a talk on her work with children whose parents had died in traumatic circumstances). Obviously she had worked with children who didn't know for some considerable time, and her work started and, presumably, continued. Maybe she was working with the parents as well, but we would offer to support the parents, to help them tell what had happened, because we feel that within a group situation, if the child is there under some misunderstanding of how the parent died...right from the beginning, there isn't that possibility for healing and trust, you know, if you know and they don't know. (Geraldine, Unpaid practitioner, Service 2)

However, telling the children that a parent or sibling is going to die, or has died, can be an appalling task for a parent. In Act 6, Claire described how difficult but also how important it was to her to tell her children the truth about what was happening to their father. Here, she describes her lengthy and courageous process of telling them the truth, within the context of her beliefs:

I think he was asking me in a very frightened way "Is my Daddy going to die?" They knew that something terribly wrong was happening in their lives, I had to...start being truthful. Not that I wasn't truthful before, but we had got the First Communion over, and he had enjoyed his day. I had been back to the hospital, he had been with his aunts and they had a great time, and then it was time for reality - to gradually let them realise how serious this thing was. So that's what we did and, by the third day...I had come home for a bit of a break, and they had phoned to say that his heartbeat had slowed down and things weren't looking good, and "Could I come back to the hospital right away?" So that's when I said to the boys "Look, Daddy's getting worse and the hospital have tried everything they can", and Alistair had said "Do you think Daddy might go to Heaven?" and I said, "I think it's a great possibility God might take

him to Heaven. If the doctors can't fix it, then God might not want him to suffer, and He might think that would be best for Daddy". (Claire, Parent)

Staff, recognising the difficulty in telling children the truth, offered advice and support to parents to help them think of ways in which they could do so. But staff also recognised the ambiguity of this notion of 'truth' and its needing to be told, especially if the death itself was surrounded by difficult circumstances:

I've got a family where we spent weeks preparing the children to find out how their dad actually killed himself, because it was so disgustingly horrible. I have to say possibly the most gruesome case we've ever; it was just horrible. I have a real passion for advocating the rights of all children and their need to know what they want to know, even horrible unbearable information; that, generally it's better to know than not know. I know there are occasions when that isn't right and, again, that's something we talk about within the team, and this case, funnily enough, was very difficult for us. Because my enthusiasm is to tell the children and, yet, the rest of my team actually said they felt it wasn't. "What mileage is in it?" It's not actually up to me, it's up to the mother and the child in the end. They both agreed that they didn't really want to talk about that bit, at this stage; maybe in years to come. So, it was actually resolved. (George, Paid practitioner, Service 8)

Andrew's view concurred with this, and he adapted his practice, and what was offered to the family, accordingly:

Well, it's what we talked about earlier in terms of giving people choices. I can think of a family at the moment where the husband took his own life, and there's two young children of 6 and 8. Mum's told them part of the story but not the whole story, and I believe it's really important that those kids know what happened, but she isn't ready to tell them yet, you know. So, it's a really important time for her, and important that I respect that. The team view, as I understand it, is that those children, the time for them to come ([to the group programme] is not at the moment, because they haven't got a coherent story that they can tell everybody else. So, the team view would be that you work alongside mum, so that the children do get to a point where they have enough of the facts to enable them to go, and to be able to share their story, and also listen to others. So the weekend doesn't mean them coming up with more confusion and more kind of questions: "How come you know that and I don't?" and those kinds of things. The view is that children do need to have a coherent story to enable them to get the best out of [the programme]...to enable them to really think about their feelings and their memories, because if their story's not coherent, then it affects all those little elements that go with a residential weekend. (Andrew, Paid practitioner, Service 5)

Moreover, even when children are given the 'truth' of the circumstances surrounding the death, aspects of it can be unclear or uncertain, as a result of which they may create a 'truth' for themselves that would need exploring. For example, in Act 6, Ann described how her daughter Belinda had feared she had harmed her dead father when she tried to loosen the knotted tie around his neck, whilst Evelyn's words below exemplifies the careful enquiring required to explore in this case a little boy's feelings of guilt about what he thought was the 'truth' of his contribution to his mother's murder:

There was one wee boy whose mother was murdered on her way home from work; I don't think it was a sectarian thing. His father had deserted the family when the children were very small and, when he was 9, his mother was working on the night shift and coming home in the early hours of the morning, and she was murdered in a very lonely area. This wee soul was...they were drawing their feelings one night, and he had drawn his 'Body' with a huge area of brown which was 'Guilt', and I was sitting beside him, and when he had finished I asked him to tell me a bit about this, and what it was about. And he simply said "I should have saved my Mummy". So I had a look with him at where he was when the murder took place, and he said he was at home in bed, and I asked him about the timing - he knew all of these things - but I asked him for all the details again, so I said "Where did your Mummy want you to be at that time of night?" He said "At home in bed". So I said "You were doing exactly what your Mummy wanted you to do". And "Was he on his own?" "No", his Auntie was babysitting and he was where she wanted him to be as well, and then we looked at who had actually killed her and whose responsibility for the death [it] was, and what his Mummy would want to say to him; that the task of wee boys was to be in bed at that time of night, and the task of Mummies was, especially if they were raising a family on their own, to work. And sometimes terrible things happen that had nothing to do with him, and it was okay for him to wish that he had saved his Mummy, or wish that he had been old enough to collect her from work and bring her home, but the fact was that he was only a little boy. There he was, carrying all this round with him, and he didn't look at me while we were doing this - it only took about 3 or 4 minutes - [and then]...he took a piece of white paper and he folded it in four and tore a wee bit off the corner and stuck the paper onto the...[Body], so there was only a wee bit of brown showing in the middle, and he just...the imagination that it took to do that - that was his way of telling me that he had reduced the guilt by a colossal amount, but there was still a wee bit left, and he might always have that. (Evelyn, Unpaid practitioner, Service 2)

The 'truth' about after death

As well as the truth about the death of the relative, there were also issues, as Claire's conversation with her son Alistair highlighted earlier, arising from what children were told or believe happens after death. Services are located in communities where beliefs about God and/or an afterlife may be either more or less prevalent, and alongside this, staff have their

own beliefs. The idea of 'Heaven' can be a comfort to a child, as it appeared to be for Jamie (Act 5), or it can be a source of anxiety:

Here's one Karen was working with. This wee girl really worried that her Mum hadn't gone to Heaven; she believed only if you'd been saved that you'd go to Heaven...it's a Christian belief, you know, only saved people go to Heaven, and she had a genuine worry "Oh, what do you have to do to be saved?" you know, and she said "You don't drink, and you don't smoke, and you read the Bible every day, and that was okay, because my Mummy did all that, my Mummy must be in Heaven now". But Karen's a smoker, [and she] was thinking: "How would she feel if she saw me smoking?". And [she] had to say to her "You know, we don't smoke, there's a policy of 'no smoking' in the centre...some people believe that, but other people do smoke and drink, you know, some people can be good, even though they drink and smoke, and maybe they don't read the Bible, [and] they can still go to Heaven. That's only one area of religion". She might have been, after a case conference, seeing Karen having a cigarette outside or something, you know. (Miriam, Paid practitioner, Service 6)

However, whilst Karen had to 'bend the truth' to ameliorate difficult aspects of it, not all staff considered that the beliefs of the children and their families should take precedence. Rather, as Thomas exemplifies, some encouraged a more secular belief:

They haven't gone away; they're not in Heaven. So we're trying to be firm about that bit; that this person is dead, they're gone, and then we move [on]. You discuss why they are dead, and why they're not coming back as the sessions go on. For some children, that's quite difficult to grasp as...they say "My Daddy's a star, and he's up in Heaven and he can see me", all that sort of stuff. (Thomas, Unpaid practitioner, Service 4)

This can result in staff managing a fine balance, in terms of the nature of what is 'true', and in whose responsibility it is to tell children the 'truth'. For some, it is resolved in the form of a compromise:

We don't change the adult's story, but we don't lie to them either. (Alison, Unpaid practitioner, Service 4)

However, it is not only what 'truths' children are told but also, at times, what parents are told. With the exception that arises from concern about a child's safety, what children say will not be disclosed. As a result, staff can find themselves withholding the 'truth' of a child's feelings from their carer:

Yesterday, when you weren't with us, they said about the little boy who'd been fostered who...they think witnessed his baby sister being killed. He said he would like to be back in that adoptive home. But it was a pretty horrendous home; he was kicked out. We wouldn't tell [his current foster mother] that. We'd just say that...he was more unhappy now, than he was then. It would be awful for her to hear that, because she's trying so very, very hard with him. We wouldn't say that, because you don't really know that that's what he means. But if, over the weeks, something

came up that was important - if a child said they'd been abused, for instance - yes, it would have to be said. But we would let the child know we were going to say it. (Susan, Unpaid co-ordinator, Service 4)

The impact and consequences of particular policies

As organisations, services are subject to a wide range of policies that reflect the prevailing culture, but because of its importance, I focus on the policy designed to strengthen the contribution of volunteering (National Health Service Executive, 1996). The study identified the large extent to which services were provided within the voluntary sector (Rolls & Payne, 2003), and the heavy reliance on the work of unpaid staff (Rolls & Payne, 2003, and see Appendix 31). There are two aspects that I want to consider. I reflect on the current position and potential impact of this policy, firstly on relations *within* individual services, emphasising the aspects of emotion/al work that it creates for staff, and secondly on relations *between* services. This discussion, which draws extensively on Rolls and Payne (in press), emphasises the potential impact of policy on the recruitment and retention of unpaid staff and, secondly, the extent to which the growing use of the voluntary sector in the provision of welfare services increases the pressure on childhood bereavement services to change their 'volunteer' ethos.

The policy emphasis on volunteering: The impact on staff in individual organisations

Earlier, in Scene 18, I identified the tensions arising for individuals as a result of what unpaid staff were allowed to do. Here, I want to amplify the tensions and uncertainties that the changing policy emphasis generates for organisations, and for the staff within them.

The expansion of voluntary action is likely to have a growing impact on the development and expansion of the childhood bereavement services sector, particularly through their potential contribution to the work of local mental health services and Every Child Matters (HM Treasury, 2003). One consequence of these policies is that it increases the number of voluntary agencies looking to recruit unpaid staff, and childhood bereavement services will be looking for staff from within the same 'pot'. As a result, the recruitment and retention of staff will become increasingly challenging for services within this context (Rolls and Payne, in press). Whilst services have several advantages – 'children' and 'bereavement' are potent categories that may make it easier to attract and keep unpaid staff, and the way in which group interventions are organised means that they increase access of volunteers to this setting – nevertheless, staff have to manage the increased workloads that arise from this uncertain situation, both in terms of recruitment and training of unpaid staff, and the resulting workloads if they fail to recruit. Steve described the fluidity and the uncertainty that this had already created. Furthermore, once volunteers were recruited, organising the service programme around their availability also required time and management, as Emma described:

[I'm] thinking about volunteers, and how many we are going to need for the year, writing to them and getting their availability, thinking about [what the] skill mix of volunteers is going to be on which residential weekend, and how's that going to be with the children that we've got.
(Emma, Paid practitioner, Service 5)

However, as I observed during my participant observation (Act 5), there was, at times, considerable anxiety in relying on such an uncertain labour force over whom there is little 'control', and an increase in their emotional and task burden when volunteers were unable to attend interventions.

The policy emphasis on volunteering: Creating differences between services.

The study identified the diversity, levels of responsibility and extent of the unpaid contribution to childhood bereavement services (Rolls and Payne, in press). However whilst being a strength, this diversity of provision is also a potential source of tensions. These arise from the role and status differences that are experienced, not only within individual services using paid and unpaid staff, but by the childhood bereavement services sector as a whole, within which the range is from wholly paid staffed to wholly unpaid staffed services. The study highlighted the movement of services from what Billis (1989) terms an unambiguous Government orientated bureaucracy (in particular, the NHS) towards the Associational voluntary world, and vice versa. This movement raises a number of questions with which differently organised services have to grapple, concerning: the expansion and/or maintenance of their levels of service provision; the management of staff; and the increasing administrative and bureaucratic requirements. In her discussion with an ex-colleague, Maureen, who has been with her service over a long period of time, identifies the changes that have taken place to meet the challenges of service expansion and bureaucratisation:

I suppose with any organisation you're always going to have staffing issues...there have been good and lows for staffing and staff morale. I think with the amount of change that [we've] been through, it's been quite hard sometimes for everybody to be looking in the same direction, and some people are still looking backwards and thinking "Gosh, I'd like to still be back there", and other people have been very, you know "Let's go forward". So that's been quite hard. I was speaking to [an ex member of staff]...I hadn't seen them for probably a couple of years, and it's just a remark...[hit me]: "[the service] was the best job I ever had", and I said "Oh, come back then", and the [reply was] "Oh no, I couldn't now, it's far too glittery". And I was just so shocked, because I thought "It's not glittery, we're not glittery, we have new publications, but we're not glittery", and I suppose that person's perception...that did shock me...that somebody could think that we were glittery, rather than progressing, and "Isn't [it] great we're got new publications that we can give to the families rather than a photocopied sheet". There's a tendency...for some of the people that are newer to the organisation to think "How did you manage by giving out these old pieces of photocopy,

and that was dreadful, how could you ever do that?". But, at the time, that was all we had to give out to people so, you know, there is an element that maybe people think like "Oh well, it's far better now or far superior", and "How could you have done it?". We could never go back to doing it that way, but I don't think that ought to be belittled in any way because that was all we had at the time. We could only afford the photocopies. So I think it has changed into maybe more businesslike. That's probably too strong a word, but it's gone from sort of a little family thing that happened to a little more businesslike. Because there are more people to feed in, you have to be more co-ordinated and more, what's the word I'm looking for...more organised I suppose, because you've got more people to help you, more people to...set tasks and organise. (Maureen, Paid administrator, Service 5)

Through their recommendations for having, for example, operational policies for recruitment, screening of applicants, training, placement, monitoring, evaluation and insurance, the policies on volunteering encourage an increasing bureaucratisation. Furthermore, if a service recruits many unpaid staff, it may need to create a role for co-ordinating the work, or the workload of individual practitioners will increase. All services in the study, despite the workload that they entailed, had strategies in place to manage many of these aspects, and in the absence of money to fund this role, the work falls, as we have seen, on existing staff who are already working to capacity. Thus, although there is a potential danger of fragmentation and the creation of hierarchy *within* a service, this is as likely to occur *between* services. This has the potential to create feelings of tension and uncertainty arising from the very difficult questions about: the place of Associational-based voluntary sector childhood bereavement services; the implications for smaller unpaid staff-led services in an increasingly bureaucratised environment; the extent to which the bureaucratisation of services will be a form of driver towards their 'professionalisation'; and how much the training of unpaid staff will change the very skills and approaches for which they are valued (Payne, 2002). Each of these aspects and their negotiation involves emotion and emotional work.

Cultural impingements: The influence of the micro-culture

In contrast to the macro-culture that impinges 'equally' on services as a structural form (even though the consequences may be different), the micro-culture impacts upon services more locally, and is therefore more subject to variation between services. I give prominence to two impinging social issues: the social circumstances of the children who have been bereaved, to which I have already alluded in Scene 7, and the social context of the particular service.

Social circumstances of the children who have been bereaved

The social circumstances of children who have been bereaved varies within a number of categories: the circumstances surrounding the death; the circumstances surrounding the

child(ren); the degree of social support that their families received; and the context and impact of bereavement within the local community.

The circumstances surrounding the death

For children to have been bereaved means, invariably, that the person who died was relatively young. Terminal illness was a cause of death, but deaths were also likely to occur through murder, suicide and accidents, and these challenging circumstances surrounding the death had an impact on services' work. For example, within the recent past, parts of the UK have been subjected to sectarian violence, and the death of a child's parent may have occurred in deeply distressing and violent circumstances, raising particularly challenging questions for staff, not only about the nature of the death but about their own political/religious position. However, death by violence also occurred within the home, for example through the murder of one parent by another:

I [can] think of two children I'm working with at the moment, that are quite different: one's a 5 year old whose father killed his mother - his stepfather, but he called him father - and then killed himself. He's [now] living with his grandmother. So just from that, I already know that his world has changed utterly. He knows that she was stabbed, and he now has a very gruesome image somewhere in him about how his mum died. He might have all sorts of fantasies around it, I don't know, so there are some things that I can imagine about him just from the situation that he's in. He's very lively and when anybody, any adult, [is] talking in front of him about his mum, he's sort of all over the place, so I know it must be very painful for it being talked about, and very uncomfortable. He wants to just distract it. (Eleanor, Paid practitioner, Service 5)

Moreover, the social circumstances of the deceased and their families may have led to a particular death, the nature of which itself creates a painful situation for children, as was the case with death through suicide:

It's high amongst, what around here [are called] "the white immigrants": they're the people who come...and settle [here] and they find it very wet, very cold. They find themselves very isolated because rural areas, you know, the next person might be a mile up the road, and I think they despair. There is a high incidence of suicide and murders. (Agnes, Unpaid practitioner, Service 4)

Accidents can also occur through circumstances that create particular difficulty for the family:

A boy was shot accidentally when he was out with his uncle. They were shooting rabbits, and he moved into the line of fire. I don't know how it happened, but he was shot dead by his uncle. (Eleanor, Paid practitioner, Service 5)

The circumstances surrounding the children

Services, particularly those offering open access, were often faced with the immediacy of meeting a child and their family for whom there was extensive complexity in both their social circumstances and in the social relations between themselves, the deceased relative and the wider family. These circumstances have been both implicit and explicit in many of the quotes already provided (see for example, Claire and Hope). Here, however, Charlotte provides an example of the intricate inter-personal family relations that needed to be taken into account in her work, in this case following the death of a sibling:

[In] another family, there was an 11-year old boy and...there were concerns where his behaviour...his brother (had) committed suicide. The boy has a sister as well, and both of them have been referred to this service, and a lot of that was that their mother was unable to cope with her loss. The family have suffered...the mother's first husband died from cancer and then she had a new partner to whom these two were (born) - that's their father. She had that loss, and then there was an uncle and a cousin of the children...(who)... died in a house fire, and then her older son committed suicide. He was the son of the father that died from cancer so it was like a double bereavement. When her son was alive, she felt able to manage that loss; when the son died it was like she lost both of them. So, we've been very much involved, just providing support, and help the mother manage caring for the children. Unfortunately, she hasn't really resolved her issues for herself, and so she is suffering at present from severe mental illness, and also has had a history of alcohol issues. So, there's been a lot of messing about for the children, and we're trying to identify what they need. Emotionally their mother hasn't been available to them, and the youngest son is actually living with his aunt at the moment; he was no longer able to manage being in the home and very clearly wanted to leave and, I mean, there is still difficulties with him. But part of his loss as well, for both of them, has been their own father has been separated from the mother, and he comes in and out of their lives and creates chaos, you know, he promises things and lets him down. (Charlotte, Unpaid practitioner, Service 6)

The degree of social support families received

The level and extent of social support is recognised as an important feature in successful adaptation to bereavement (Dyregrov, 1991; Worden, 1996). In some instances, this may be provided by grandparents who are themselves bereaved, as Helen described about her parents-in-law:

She's very close to them too, obviously...sees them nearly every day. They go out of course, they have other grandchildren, but she's been the only grandchild from that particular son. So, she has a good relationship with them - we both do - so that probably helps too. They talk away to her, she can go and say to them "What did my Dad hate when he was my age", or "What was he like at school?", so it's been a good thing in that way for her. (Helen, Parent)

However, the person who has died may have been the person upon whom the family had previously relied for social support:

My son especially was very close to his grandfather. He was more like a father than a father-in-law or grandfather to my son. He brought him up to a certain degree: he spoke to him every day, he was with him all the time, and he was very, very close to him. His dad didn't do as much with him, whereas his grandpa did. If he had homework, the reason he said he can't do any homework any more [is because] grandpa's not there. Theresa had tonsillitis one time, and I was still in work [and] my father-in-law had her. [My] mother-in-law worked as well, [and so] he said "Cathy has gone to the office, but I'll take her home, and look after her at home" and things like that. (Barbara, Parent, Service 4)

Moreover, support can be unreliable and wane over time, as Larry, whose estranged wife killed herself, described,:

The first few days and the first few weeks, sure, a lot of people called [and] a lot of people do this and do that. You know, I think there's a lot of resistance, a lot of falseness too, at the end of day. They'll say "Oh, I do this and I do that", [but] you never see them again. Which I think is... it's fair enough to them. The same thing again, when people called at the time and said "Oh, we'll do this and we'll do that", but unless you pay somebody to babysit or whatever... it doesn't happen, you know. (Larry, Parent)

The context and impact of bereavement 'locally'

One context that has an impact on social support is the view a community holds about the length of time it takes to 'get over' someone's death. As Larry implied above, whilst support might be forthcoming in the early days, the depth of sorrow that persists may go unrecognised, or may be judged:

I mean, some of my pals will say to me "It's nearly three years, and you should be getting over it", but they don't understand. People don't understand until you actually lose somebody...they think you can get over it. I don't believe you can get over it. I think that the pain gets easier, getting a way round it gets easier, because you still feel really, really hurt, even although it is three years, because you're still expecting him to walk through the doors over there, like. (Michael 16/13)

Furthermore, the circumstances surrounding a death may have repercussions within a local community. Elspeth gave an example of a situation in which the individual's personal sorrow contrasted with a wider social relief:

We have got one family and the mother's come; she's very brave coming. Dad died a year ago of bronchial pneumonia [and] they already knew then that mum was terminally ill with a brain tumour. There's also a lot of issues [with] Social Services being involved. Dad probably wasn't jailed - he was accused of being a paedophile and wasn't jailed probably because of mum's terminal illness. So the family have had the pressure taken off

them from the community, because there was a lot of animosity towards the family whilst dad was still alive. There's no suggestion that he had done anything to his own children, but there was a lot of accusations from outside the family. (Elspeth, Unpaid practitioner, Service 4)

Social context of the service

The social context of the service also varied within two inter-related categories: firstly, the nature of community within which the service was situated, and secondly, the degree to which the service had embedded itself locally, each of which had an impact on how they were able to offer a service.

The nature of community within which the service was situated

As identified in the previous discussion, the nature of the community within which the service was situated links closely to the circumstances of the children and families who have been bereaved. However, whilst I examined the effect this had on them and their bereavement experience, and hence what children and their families brought to services, here I consider the ways in which the nature of the community, arising from its geographical, social and cultural location, had a direct impact on service provision.

The geographical location of the service

The Phase 1 study survey identified the geographical location of services (see Appendix 31). For those services covering large rural areas, there were two problems of access. Firstly, the wide geographical spread of their small communities had an impact on the extent, and range, of the services they could offer:

We are a huge geographical area...it'll take you two or three hours to get from one end of the county to another... I mean ...we just couldn't offer a service. Definitely we try to match, you know, if someone wants a Welsh speaker counsellor and a male, then obviously we'll try and do that, but it's not always possible because, at the moment, I've only got one chap, who does speak Welsh but isn't confident in it, and he lives in [a town] which is the far end of [the county], and if it's a family in the other end, it's just not practical. (Mary, Unpaid practitioner, Service 7)

This raised a question not only of practicalities, but also of equity:

But what do you do when you've got a huge geography that we've got? If you do develop something new, do you develop it as a pilot in one area? Is that fair, because you're not giving equity then? You'll read about a project and you'll think "Oh, that's a brilliant project", and you think in [this town] perhaps you'd find six children you could get together here, [but] if you went down to maybe [a smaller rural town] you'd be lucky if you found three children with the same needs to give an equitable service all the time. I'm not saying you always achieve it, [but you] certainly try. (Hayley, Unpaid practitioner, Service 7)

Secondly, rurality restricted the capacity of these services to recruit staff:

Unfortunately, because we're as far as we are, it's difficult to attract psychiatry and psychology staff because people tend to want to be a bit nearer to the universities, cities, and where they would have more support from colleagues, and their access to research facilities and so on would be greater. So, that's a real difficulty here. (Judy, Unpaid practitioner, Service 4)

Large geographical distances between population centres may mean, therefore, that staff are recruited locally, resulting in them living and working in their own home town, and although this was not necessarily unpleasant or intrusive, it did require managing:

I know that when I meet them, because you're obviously working in your own hometown area...if I meet the youngsters, I mean, they're making a dash for you across the street. Even the parents are quite happy to meet you again, it's been a really positive experience, and you're not seen to have intruded or trampled upon or disrespected anybody...I don't think I do [feel intruded upon]. Maybe that's just part of living in a rural area, it doesn't perplex me. I always say, if I get that [being approached in the supermarket], I just say "Look, give me a tinkle at the office". (Karen, Paid practitioner, Service 6)

Thirdly, as Judy implied, rurality can create a sense of being at what Thomas (Unpaid practitioner, Service 4) called 'the end of the line', limiting the capacity of staff to access opportunities for staff development:

You know, if my counsellors want to go on any courses - and there are a lot of courses around - they say "Yes", but because we're so far away, for example, it was £10 to go on that course, but it would have cost £65 in travel. (Mary, Unpaid practitioner, Service 6)

The social and cultural location of the service

The comments above identify another impingement on services: that of their local culture, and this also had an impact on what services they could offer, to whom, and how. Death and bereavement cross the cultural boundaries not only of different faith traditions, but of different social and economic groups. All services were aware of their local cultural context (of socio-economic background, ethnicity and religious belief) and of the need to respond to it appropriately (Rolls and Payne, 2004), and George elaborates here some of the questions they faced:

One of the ways we try to work with different groups is by attempting to understand and acknowledge cultural difference, [and]...appreciating the use of volunteers, who are either from a similar culture or an associated culture, that can be linked and paired with a family. And also [to] accept that there are some groups that are enormously difficult to work with...where there are no answers yet. Generally, they're the first generation immigrants. For instance, Bangladeshi families...are extraordinarily difficult to work with, because...it seems to be part of

the culture [that] they're not akin to accessing professional services at this stage. They...will work with the schools and GP's; they don't seem to want to work with other tertiary services. The Yugoslavian or Kosovan families are very difficult to access, and interpreters...they themselves aren't there, [there] don't seem to be enough. So, I think, in a sense, we're in the middle of a debate about how to access or how to meet the needs of those families, because I'm not sure we know how to at this stage, and it isn't simply getting an interpreter in, or getting another Yugoslavian person as a volunteer. I actually don't think that's enough. There's something...it's about readjusting our expectations for that group, and actually being able to attempt to understand that cultural identity or that cultural group. (George, Paid practitioner, Service 8)

Furthermore, as I indicated earlier, in some parts of the UK, religious belief can be a source of community division. In services that work across such communities, service providers may themselves hold religious beliefs, but whilst the role of religion was acknowledged, the solution was to be 'belief-neutral':

There's a lot of religion attached to bereavement and there's a lot of bereavement schemes that have religion attached to them. We are very careful to say that we have no religious beliefs attached to our scheme, and it's so important we work with the families and the child's (beliefs), but with the child's first and foremost. We'll respect what they believe. (Miriam, Paid practitioner, Service 6)

Several services, particularly those in urban settings, held sessions in outreach venues, some of which were in the heart of socially and economically deprived or culturally divided communities. In addition, some, though not all, services recruited particularly unpaid staff from a range of socially diverse backgrounds (Rolls and Payne, 2004).

The degree to which the service had embedded itself locally

Services embedded themselves locally in different ways, and the extent to which they were able to do so had implications for their funding, and for their use by and contribution to both the community and other welfare services.

Funding of services

Unless they were part of a larger 'host' organisation with a continuing commitment to childhood bereavement service provision, services were unable to rely on regular and long-term sources of funding. Many services, particularly but not solely those in the voluntary sector, relied on a range of funding from a diverse range of external local sources (Rolls and Payne, 2003). The extensive work involved in this search is exemplified here:

We got a few companies to sponsor us, though more in kind than in cash. [An insurance company] are paying for the publication of the children's magazine. Companies like that kind of thing, because they can put their own masthead on it. But it doesn't pay salaries usually. Some charitable

trusts...we've got about a third of the children's worker's salary from a charitable trust, we've still got a third from the [NHS Trust] and then a third from bits and pieces at the moment. I've got some [Government based] funding for three years that started this month. I've got funding for a Volunteer Co-ordinator from the [Named] Fund which is [Government based] money for charities, but that would enable us to develop the children's work and the adult befriending, but it's a patchwork and you're constantly having to repackage...something new. (Sylvia, Service co-ordinator, Service 3)

In recent years, fundraising has become more challenging, and depended not only on the capacity of a local economy to financially support the service, but also a willingness to do so. As a result, services were increasingly having to engage in quite sophisticated marketing strategies which also had to be managed. Moreover, the constant search for funds included resolving some difficult ethical questions about from whom money was to be accepted and upon whose 'territory' services might stray:

From a fund-raising perspective, for us, we would be seen as being competitive to...you know, if we go into [the next county], into [another childhood bereavement service's] territory. For starters, who are the local donors going to be? They will know [the other childhood bereavement service], they won't necessarily know [us]. Say they do know us, they would have a split loyalty. (Rose, Paid fundraiser, Service 5)

Not all services employed a professional fundraiser, but relied on clinical staff to undertake this income-generating function, one consequence of which is that it took away staff time from direct service provision. Furthermore, in these instances, staff were maintaining complex financial audit trails, an activity for which they were not always trained (Rolls and Payne, 2004). Even for services with a relatively secure source of funding, tensions arose if they wanted to expand existing services, or develop new forms of service provision to meet felt or expressed need, for which additional money was not always available. As I indicated in Act 7, when resources were limited, services had to make difficult decisions about how to manage workloads, with some limiting the service they provided. In other instances, however, a lack of resources led to the withdrawal of a service. The absence of secure and long-term funding thus presented services with particular difficulties in managing existing services, and in developing and expanding them; and this generated a considerable amount of uncertainty about their own, and the services' future (Rolls and Payne, 2004).

Use by, or contribution to, the community

As well as working with children and families who had been bereaved, services were linked, to a greater or lesser extent, to a network of secondary users (see Glossary of Terms). Service staff were happy to work with community organisations providing support to children who had been bereaved. Services also supported others in setting up their own service,

either by visiting them or by others coming to them for advice. Some services were very generous in their willingness to share their knowledge with new and developing services:

So, in a way, I'm passing on my skills and knowledge. We're not precious; there's nothing we do that's magical, that a parent couldn't do or another worker couldn't do. It's just we pass on that knowledge and what we have, and hopefully, we're not precious, we're not in competition; there's more than enough work to go round. (Miriam, Paid practitioner, Service 6)

Despite Miriam's position and Annie's hope that: '*... there is a warm and co-operative relationship with just about every other service*' (Annie, Paid practitioner, Service 5), co-operation was not always so easy to fulfil in practice, and there is a potential for services to feel competitive, especially when services may be rivals for funds from the limited number of sources - either from charities, from donors, or from income generating activities such as training events and the sale of training materials. This generated a reluctance to share, but also sadness in individual members of staff:

What saddens me is, I don't think we should have competitors in this field. I think I would like to see that we were generous in sharing each other's knowledge and experiences and working together more. (Ros, Paid practitioner, Service 5)

Furthermore, working with other professional groups was not always easy:

Personally, I find education the stickiest of all the groups. Because I'm not a teacher, I find the divisions between the culture of the community of education ...the community of therapy, and the NHS, very, very different...teachers have got very different agendas and different priorities. There's a different language. (George, Paid practitioner, Service 8)

In addition to the contribution that services made to the local community, the local community also had an impact on services. For example, those services reliant on the statutory sector for funding and staffing were subject to the outcome of local reorganisations, which could have immediate and devastating effect:

Yeah, it was massive, but the [two Trusts] are now in a different Trust. It's really awkward because they were funding us a bit as well, and we had counsellors from that Trust and from Social Services who we had to lose, because they stopped funding us, because they were their own Trust and they've been cut off. So that was difficult, but it actually looks like we might all come back to one again. Who knows? Who knows? (Mary, Unpaid practitioner, Service 7)

NARRATOR'S SUMMARY AND DISCUSSION

In Act 7, I examined the emotion/al work of services arising from the organisation and from culture. In Scene 18, I returned briefly to explore the administrative work of staff, and I identified the ambiguous and complex nature of the staff relationships both within and outside the organisation. Irrespective of the differences in the way services were organised, structured and funded, the organisation had an impact on the emotions and emotional work of all those within them. The central issue here is that every organisation is a social construct and, therefore, 'an emotional place' (Armstrong, 2004:11). It is not just that emotions are elicited in organisations, reflecting the emotional life *in* them, but that the organisation is an eliciting object of emotion, reflecting the emotional life *of* organisations (Armstrong, 2004).

Services were faced with many organisational decisions, for example: how best to structure the organisation and whether to differentiate roles; how to plan, co-ordinate and manage the work; and how to ensure and manage the number of staff needed for the work, balanced against the resources the service could afford. This raises questions about how, alongside these organisational demands, the personal needs of staff, for the support, development, and respect that enabled them to undertake the work, could be met. Furthermore, while increasing bureaucratisation could be seen as useful in meeting the mounting demand for their services and managing the increasing range of service functions, such as fundraising and responding to the media, it was not without problems. With differentiated roles and functions, some internal flexibility was lost, creating undue pressure on small teams. The ability of services to provide interventions rested on an uncertain labour pool of unpaid staff, which, together with an awareness of unmet needs, generated workloads and targets – however these were framed – that could not reasonably be met by the human resource. As a result, in some services more than others, there were tensions between the organisational structures and climate, and the practice processes, in which: structures influenced role differentiation; policies influenced workloads; and the climate influenced strategy and practice. This circularity influenced the capacity of staff to do their work, with the ability of the service to meet these demands being carried by them. It also engendered strong feelings in staff.

The sense of not being in control of their workload, and of having little power and influence, were important contributors to feelings of stress and frustration. In addition, staff also provided informal support to colleagues, and worked to improve the processes and practices of the organisation. However, none of these tensions necessarily had a causal relationship to unsuccessful service outcomes. For whilst the organisational structures and climate may not have been supportive of staff and service delivery, service users could be 'happy' with the service and feel their experience was beneficial because individual practitioners worked hard to make certain that it was. They did this through maintaining, as far as possible, good relationships between themselves and their managers, and between themselves and their colleagues, despite the difficult emotions that organisational life generated.

This complex mix of ambiguity and dilemma points to the second level of the emotion/al work. Staff experienced emotions generated by the organisational task of providing interventions and through the staff relationships, *at the same time* as which they were engaged in emotional work of participating in organisational and bureaucratic activities, itself occurring in the context of the organisational rules that prescribe the ways in which emotions are constructed and displayed within the workplace. Thus, the emotional work of staff with the organisation occurred in the form of negotiating their responses to the emotions that the organisation generated, in supporting others by engaging in the organisational and bureaucratic life of the service, and in trying to change practices. This organisational level of emotion/al work can be seen diagrammatically in Figure 13.

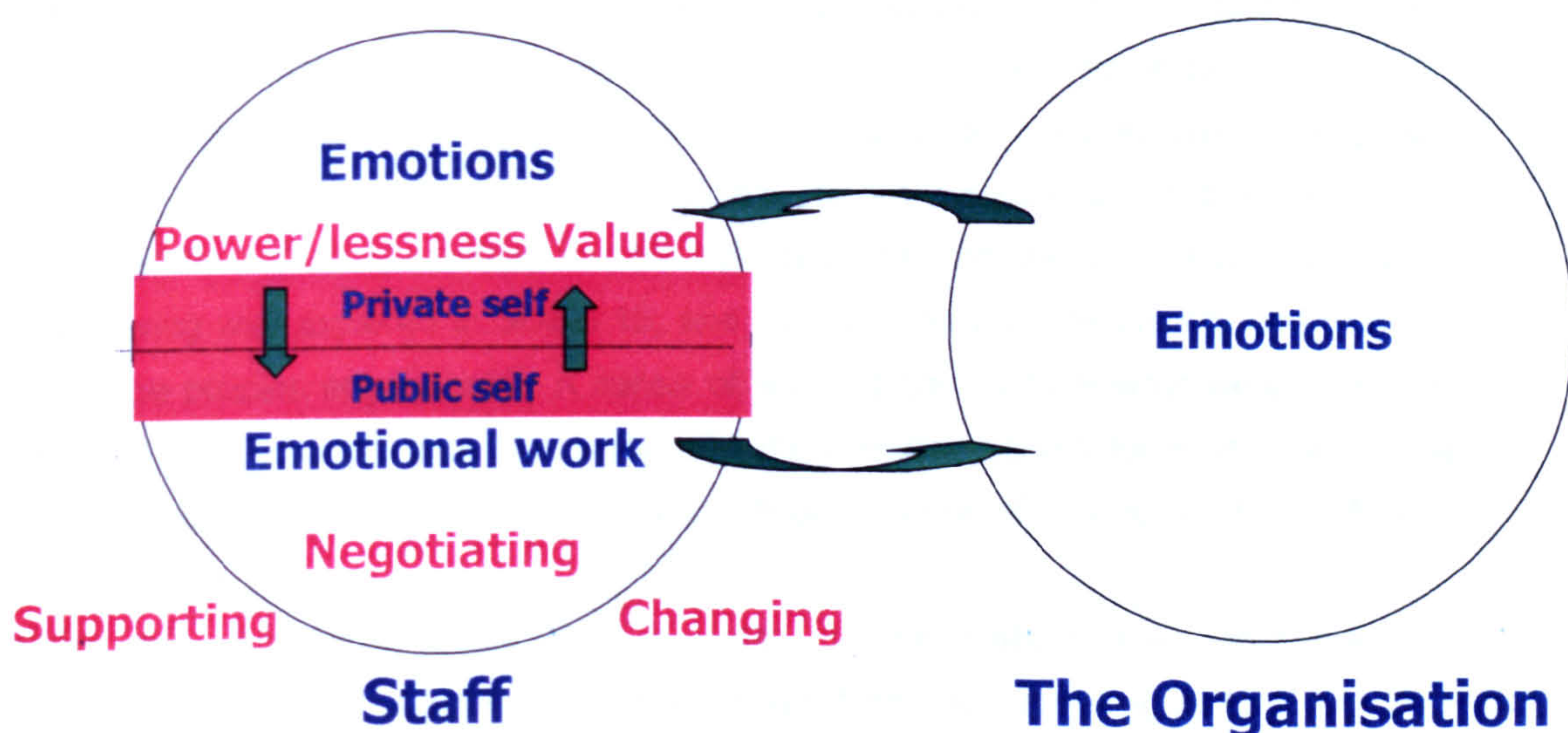


Figure 13: The emotion/al work of staff with organisations

In Scene 19, I examined the relationship between services and the wider culture, differentiating between the macro-culture and the more local micro-culture, and I explored the impact that different aspects of these had on staff. The micro-culture comprises the immediate social world surrounding services in which the children who had been bereaved lived, and from which staff were recruited. Unlike the macro-culture, these conditions varied between services. Nevertheless, all services had socio-cultural aspects that they had to take into account: ethnicity, poverty, deprivation, a climate of violence (either within or outside of the family) and isolation (social or geographical), within which the feelings of frustration, hopelessness, sorrow, disgust, fear, fatigue, as well as joy, pride and courage were generated. Because the social context of each child was different, staff could not work in a formulaic way 'by the book'. Rather, they had to be flexible and open to the unknown circumstances of the micro-culture, and to respond to situations that could be unpredictable, fraught with tension, contain secrets or be contrary to their own beliefs and values, whilst feeling shock, horror, revulsion or surprise. Furthermore, the relationships and expectations of those outside the service influenced relationships within. Having a good reputation was

likely to increase referrals, and the anxiety to meet the expectations and needs of others resulted in a situation where the service had to think about how to meet these challenges, or else consolidate itself within certain limitations. The capacity to do this came from a certain amount of confidence from the manager to allow staff to develop their skills; from staff to feel they could influence the policies, practices and strategies of the service; or from the service as a whole to accept the limitations of their capacity.

In addition to the micro-culture, I explored the impact of the macro-culture on services. For example, a 'clash' of culture was manifest in the differences between individual members of staff and parents in their respective beliefs about life after death, and what children were told. Furthermore, some cultural beliefs have been embedded in policies, and I explored the current policy that encourages volunteering. These too had an impact on the work of services, in this case on what they were able to do and how they were able to do it. I focussed particularly on the expansion of the voluntary sector, and the emotions that this generated for individual services and for individual staff members. The pleasure and joy of volunteering was explored in Scene 16, and so I focussed on the anxiety and lack of worth that these policies engendered. A sense of worth is gained from what we as a society are willing to fund, and the lack of funding and the constant search for money is, arguably, a manifestation of the wider social uncertainty about the value of services and what they do.

Whilst this uncertainty arises from a wider cultural ambivalence about the value of counselling, I want to suggest that it also arises from the increasing cultural anxiety about children and death. Furthermore, I would like to suggest that the development of UK childhood bereavement services in the late 20th century, as a structured form of provision (Rolls and Payne, 2003; 2004), is a response to this deep social anxiety about childhood bereavement; an attempt to meet the needs of children who have been bereaved. However, in creating this 'specialised', that is, focussed, form of support, 'childhood bereavement' is simultaneously being culturally controlled. Services are being asked to contain (constrain) this anxiety on behalf of the wider culture through a 'cordoning off' of children's bereavement experience as if it was a 'specialist' domain (that is, imbued with expertise), in a way that is similar to Mellor's (1993) 'sequestration' of death. Once cordoned off, services are increasingly being called upon to manage this anxiety on behalf of society, whilst *simultaneously* being called upon by society to 'justify' their work. This contradictory positioning is reminiscent of Reverby's (1987: 5) understanding of the positioning of nurses as 'being ordered to care in a society that refuses to value caring'. Thus, whilst staff have to manage their anxiety arising from a cultural lack of recognition or value, from questions about efficacy and struggles for funding, they also have to engage in the extensive emotional work, of managing their own anxiety about their work and place in society whilst simultaneously keeping up their morale. This complex position, shown in Figure 14, is their third, cultural level of the emotion/al work.

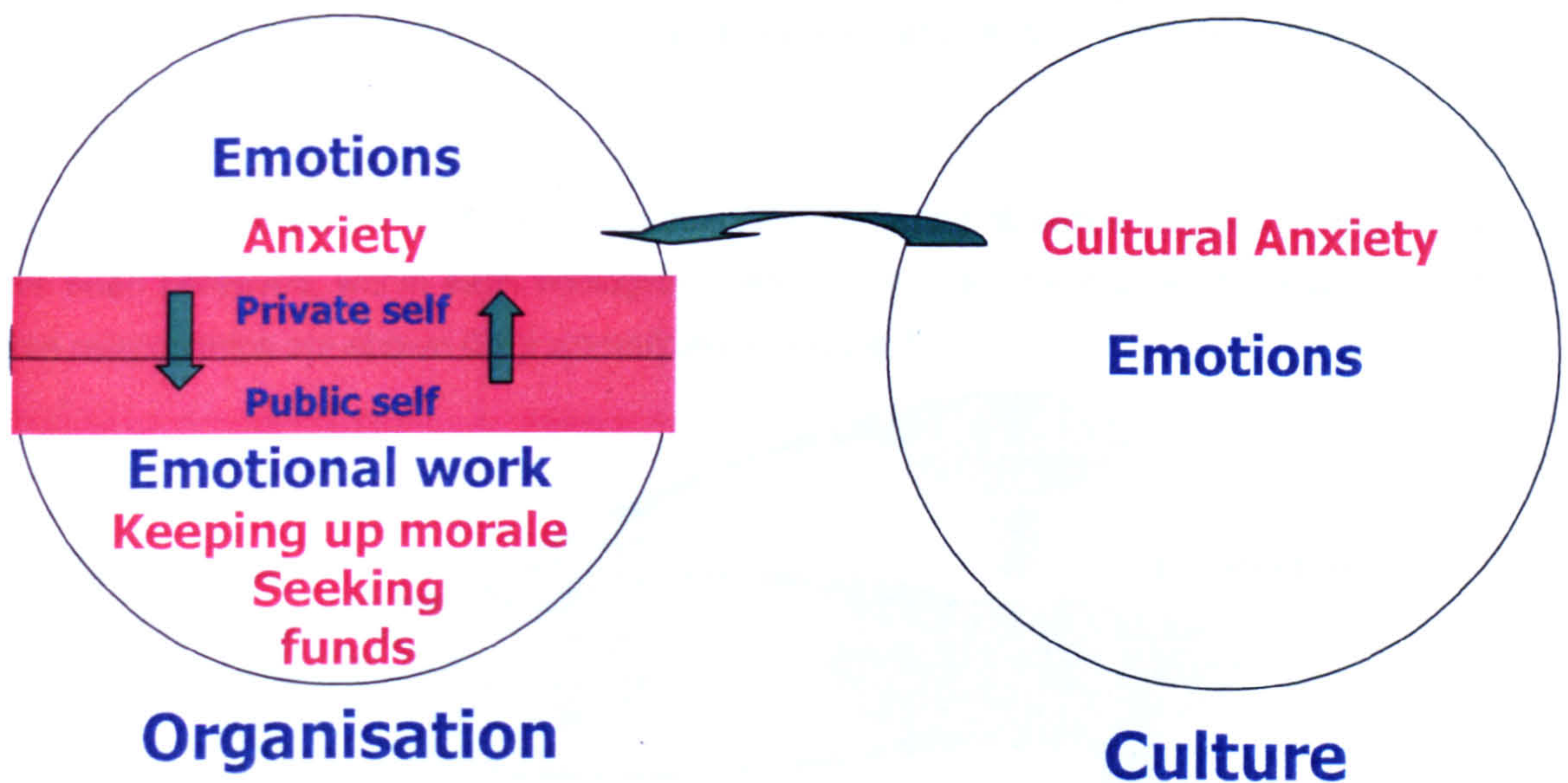


Figure 14: The emotion/al work of services arising from culture

However, services are not just passive recipients of, or *reproducers*, of culture. Through their multi-levelled cultural work, childhood bereavement services become *producers* of culture; an 'ecological niche' through which cultural anxiety can be expressed and thought about. In Bion's terms, childhood bereavement services act as a container of cultural anxiety.

Containing grief: Holding and transforming cultural anxiety

Childhood bereavement services provide an 'ecological niche' because they engage in a variety of practices which impact directly and indirectly on the environments of the child; they enable these environments to 'think' about bereaved children. In Bronfenbrenner's ecological systems model, childhood bereavement services as a *structural form* are *always* part of the exosystem, whether or not a child has been bereaved. As the study identified, childhood bereavement services, individually and as a structural form, are increasingly playing an important role in influencing and defining cultural assumptions and beliefs about children and their experience of bereavement. In filling the cultural vacuum arising from anxiety about children and death, they are taking children seriously; acknowledging their active agency; conferring dignity and importance to the experience of their own affective life, including their grief; bringing children's experience of bereavement out of the private into the public domain; and encouraging a congruence between the state, and display, of feelings that could be considered more authentic than the culturally determined dissonance that surrounds bereavement, and childhood bereavement, at the present time. They are increasingly advocating and campaigning on behalf of children who have been bereaved at local and national levels through the media and in government, as well as providing a vehicle through which the voices and experiences of children who have been bereaved can be heard in their

own right. The services in the study considered this an important aspect of their work, and all were able to engage in some way in changing attitudes and beliefs about bereaved children and their needs (Rolls, 2004).

Through their contribution to transforming cultural beliefs and attitudes towards children who have been bereaved, within each ecological system, they become *producers* of culture and these relationships are shown diagrammatically in Figure 15.

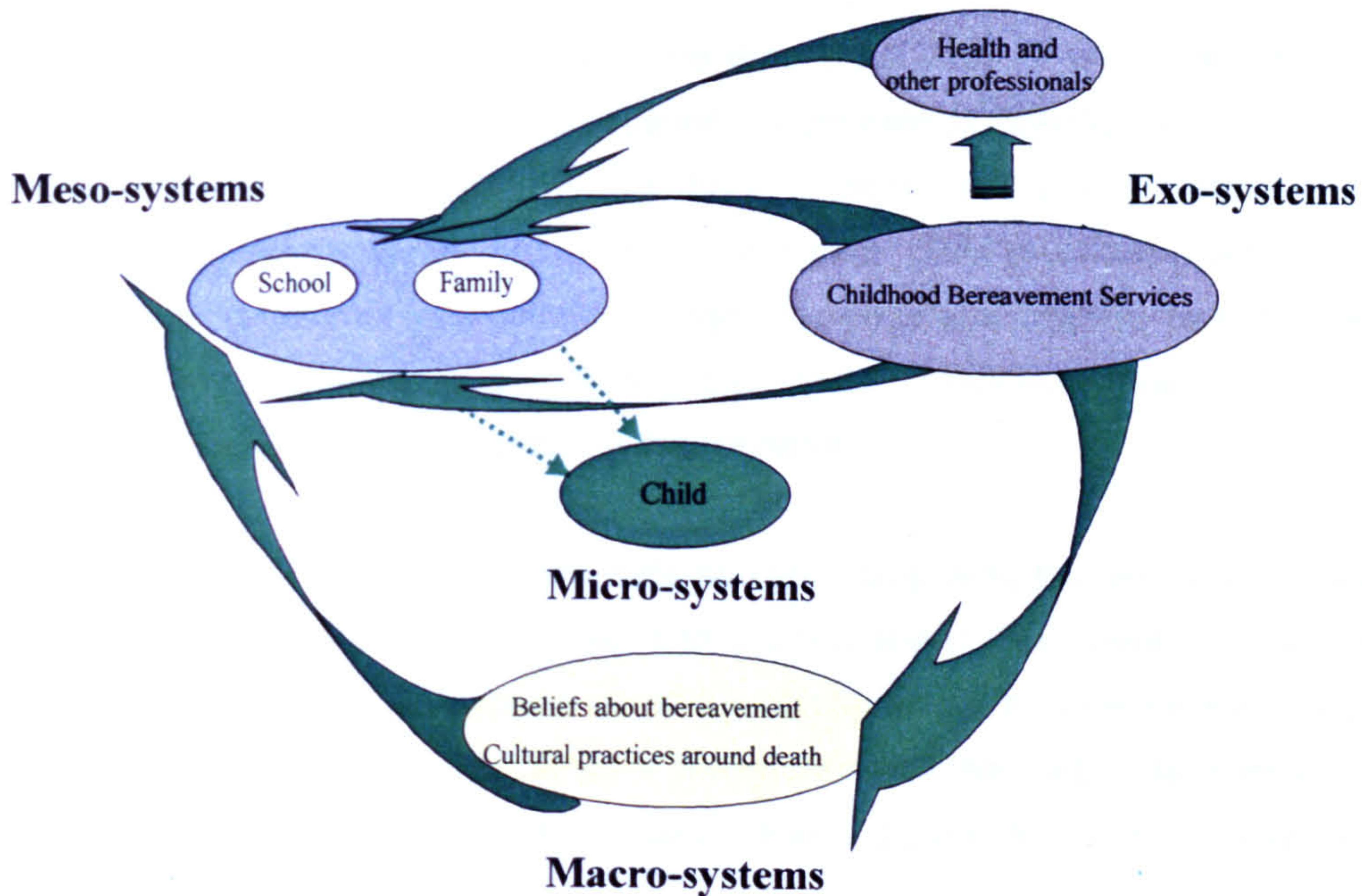


Figure 15: The relationship of services to the ecological systems of a child.

This Figure indicates the flow of influence from childhood bereavement services as a part of both the meso-system and the exo-system of the child, thereby influencing others who have a capacity to influence their micro-system. They also influence the macro-system: the socially derived cultural beliefs and practices about children and bereavement. For this reason, I argue that the transforming work of services is not only through containing individuals but also, *at the same time*, containing – that is, transforming – culture. They are the container that enables culture (the contained) to think about the experience of childhood bereavement.

This Act concludes my exploration of the emotion/al of childhood bereavement services. I have argued that this is a multilayered experience that places staff in a series of potentially 'bifurcated' positions, between their emotions and the emotions of others and between their emotions and emotional work, that occurs in the three inter-related settings in which their work situates them: with the individual, with the organisation, and in culture. To support my thesis, I presented data gained through interviews with children, parents and staff, as well as from my participant observation of their work. However, there was another significant data source used in the production of this 'knowing' – that of my own authority – and it is to this that I now turn.

ACT 8. THE PARALLEL PROCESS - THE EMOTIONAL WORK OF RESEARCHING CHILDHOOD BEREAVEMENT SERVICES

'...remembrance and reflection how allied...' Pope

NARRATOR'S INTRODUCTION

In Acts 6 and 7, I elaborated my thesis of the emotion/al work of childhood bereavement services and its potential for a bifurcated experience occurring at three levels: with individuals, with organisations and in culture. Furthermore, I positioned this emotion/al work as constituent parts of Bion's theory of *container/contained*. This proposition arose from my reflection and interpretation of data gained through interviews with children, parents, and staff, as well as from my experience of participant observation. However, it also arose from my reflections on the experience of undertaking the research.

In this one scene Act, I present this third data source, comprising the text of a process that occurred in a particular relationship, initiated to support me in this research, that I termed 'bracketing interviews'. Through experience of this relationship, I became aware of a 'parallel process', in which my emotion/al work as a researcher mirrored, albeit less intensely, the emotion/al work of services. In the forthcoming scene, I draw extensively on Rolls and Relf (2006).

SCENE 20. BRACKETING INTERVIEWS: ELABORATING THE PARALLEL PROCESS AND CONTAINING THE RESEARCHER

I begin by outlining the context in which 'bracketing interviews' were established and the form they took. I then describe, from an autobiographical perspective, the research experiences that were filtered through this relationship, which enabled me to reflectively consider their implications. In particular, I place emphasis on the 'parallel process', where the theory of the emotion/al work of childhood bereavement services, as one of a complex, ambiguous and bifurcated experience at different levels, was repeated in the experience of researching them (Jacobsen, 2007). I also emphasise the *container/contained* relationship between the 'bracketer' and myself.

The context and purpose of 'Bracketing Interviews'

Earlier in Scene 5, I outlined the ethical issues that I needed to consider. However, I also needed to take account of a number of other methodological issues; for in any research in which qualitative methods are used to access the meaning participants give to their experiences, there are questions about how the voices of respondents can be accessed,

analysed and represented. This is particularly the case in areas such as bereavement, where as Miller (1998: 58) argues, 'some events that are highly significant for private lives and personal biographies are also very publicly defined affairs', and 'dying' and 'bereavement' fall into this category. In these circumstances, the research process itself becomes a major focus, raising questions for the researcher about how to listen to and represent personal narratives that may, or may not, resonate with public and lay accounts, or with the experience of the researcher. Furthermore, undertaking bereavement research with children may not be without cost (Mauthner, 1998), as the act of describing and representing the experience relies on revealing aspects of it in a very personal and emotional way, and both participants and researchers can feel cautious and vulnerable (Rolls and Relf, 2006).

As I planned the study, I became aware that I needed to minimise the potential impact of the cumulative effects of the emotions that could arise – either in the participants or me – and to find ways of managing the 'subjectivity' arising from the 'filters' through which I viewed the world (Relf, 2003): my assumptions, values, thoughts, feelings, experiences and, especially, unconscious agenda that 'indicated a lack of neutrality' (Ahern, 1999:409); ways that would also amplify my own reflexive capacity in the construction of knowledge. To address some of these issues, others have used more specialist support. For example, Corden et al. (2002), researching the financial impact of the death of a child, engaged in a number of group sessions facilitated by a local Psychotherapeutic Centre to provide emotional support to the team as a *whole* (Corden & Ward 2004); whilst Hill (2003), in her study of women offenders, engaged the support of a counsellor to help her become clearer about how she came to 'know' about their experiences, and why particular experiences in 'doing' the research resonated in her at such a deeply personal level.

For my study, I adopted two strategies: the first involved keeping a diary that included reflections on fieldwork events, and the second involved engaging in a 'bracketing interview' relationship. This was one of three supportive relationships that I initiated to help me with the research. The first was with Professor Sheila Payne whom I invited to act as an academic consultant to the study, and the second was with members of a Project Advisory Group who provided advice and guidance on broader contextual issues. Dr. Marilyn Relf was invited to join this group because of her knowledge, skills and understanding gained through her (then) role as a palliative care Bereavement Services Manager, her bereavement research experience, and her involvement in the development of a children's bereavement service. But in addition to these, I was looking for something 'betwixt and between' (de Laine, 2000), and I felt that Marilyn's additional experience of clinical supervision with both professionals and volunteer bereavement support workers would make her an ideal person to help me; not only providing support with any emotional or ethical issues that may arise in the context of this sensitive research study, but also in 'bracketing' my experiences, assumptions and values, and their potential to impact on data collection and analysis.

The bracketing interview process involved preparing for and conducting the sessions. In negotiating the contract, Marilyn and I discussed and agreed a framework of boundaries. Firstly, we clarified the boundaries between bracketing interviews and the other types of support that I was accessing. Secondly, we decided on the timing of our meetings, agreeing to meet on an 'as and when' basis, the need being dictated by me. Thirdly, we agreed a fee. In a therapeutic encounter, payment represents a willingness to be available and to provide sustenance, but it also identifies that therapists have needs of their own, they have to earn money in order to live, they have interests outside the therapeutic encounter and they have other clients (Gray, 1994). Although Marilyn was not working as a therapist in this context, nevertheless our arrangement meant that she was taking time out of her normal duties. It felt important for this to be acknowledged, and for payment for her services to be made from the project funds to the hospice. Fourthly, we agreed the boundaries of confidentiality. The childhood bereavement services world is still relatively small, and ensuring the anonymity of the identity of the case study sites and of the service provider participants within them was a major consideration. However more importantly, in the context of the bracketing relationship it was my own personal material that was being exposed. It was therefore imperative that the use of it remained under my control, and that issues could be spoken about in the knowledge that they would remain confidential. Lastly, the mechanics of the process were agreed. The meetings took place in Marilyn's office, each session lasting for one and a half hours, a timing agreed at the outset of each one. Over the course of the study, we met on four occasions. Each bracketing interview was treated as a form of data collection, with each session being taped and fully transcribed. As the bracketing interviews were part of the terms under which knowledge was generated, transforming the narrative into text made them available for further analysis and scrutiny. The bracketing interviews were therefore embedded in the research process, and this helped us to approach them thoughtfully and to acknowledge their centrality in the research process (Rolls and Relf, 2006).

Autobiographical Account 3: The bracketing interviews

The first session was held prior to fieldwork, and my agenda was to negotiate the contract and begin the bracketing process. In preparation for the first meeting, I had given some thought to the themes that could potentially influence my capacity to listen to respondents, or trigger emotional responses that might be difficult to manage. These included my ideas and experiences of childhood bereavement, children's needs, parents' needs, what services 'should' be like, what issues they face, and what services they 'should' offer. In particular, I was aware that the death of my brother John had left me - albeit as an adult - in the same social location as the user participants: a bereaved sibling, a grieving child of bereaved parents, and a grieving parent of a bereaved child.

In this session, a number of discoveries about my assumptions, difficulties and fears emerged, and we came to understand what might be potential pitfalls or

triggers that would influence my responses and data interpretation. For example, I learnt that I had an assumption that 'childhood bereavement is complex and hard to speak about especially for adolescents' (Liz, Bracketing Interview 1). Marilyn had asked me if I had any experiences of bereavement in my childhood, to which I replied:

No, because any that I did, they weren't so significant that they've been repressed, and they're not so significant that I can say, "Yes, I have". I was trying to think, I mean my grandmother was...I was adult when my Grandmother died. My best friend's mother, who I was very, very fond of, died when I was 16. So, the answer is really "No". (Liz, Bracketing Interview 1)

However, the significance of the death of my best friend's mother, as a matter of continuing sorrow and regret, became more clear as Marilyn helped me return to this experience and explore what was happening to us, both adolescents at that time. In response to one question about how my friend, an only child, was experiencing the loss of her mother and coping with her father's grief, as well as her own, I replied:

I have to say, and this is hard to say, that I can't answer, because I feel that I drifted away... and I think it's the first time I've ever really thought about this. I was actually very unavailable to her...and I can't answer those questions, which is very hard to think about. (Liz, Bracketing Interview 1).

The feeling of being alienated from my friend and the consequence of this, of it isolating my friend in her grief, was a new, painful and powerful realisation, and prior to its being spoken about at this first interview, outside my awareness. Thinking about this experience helped me recognise - in ways I had not before - the sense of isolation and the potential inability for children and particularly young people to communicate what they are feeling, and the difficulties that their peers may have in expressing themselves and supporting bereaved friends. This exploration also uncovered a number of other linked assumptions. I assumed that because they will have accessed a service, the bereaved children in the study would now be "more able to speak about their experiences" (Liz, Bracketing Interview 1), and that I feared I "might experience "role conflict" (Liz, Bracketing Interview 1) as the research material might lead me to respond as a counsellor, rather than as a researcher. In reflecting on my brother's death and its aftermath, Marilyn helped me uncover a number of competing assumptions. On the one hand, I held the belief that "services make a difference" (Liz, Bracketing Interview 1) as, if available at the time of my own bereavement, I believed that such contact would have been helpful. At the same time, my professional experience - as a former health professional and later teaching health and social care professionals - had given me 'insider' knowledge that might lead me to "make judgements about the quality of services or of individual workers that could be potentially unfavourable" (Liz, Bracketing Interview 1). I also found that I believed that services "provide the bereaved child with information and experience, and a safe place to be" (Liz, Bracketing Interview 1), and that "parents would not be excluded" (Liz, Bracketing Interview 1). As a result of this first session, I

began to recognise that "our experiences can locate us in competing and ambivalent positions" (Liz, Bracketing Interview 1).

The second session occurred about six months into fieldwork and I chose to reflect on a particularly challenging experience that had occurred during a recent field trip. A service had arranged for me to visit a small primary school, as I wanted to find out why and how they had used the service. Eighteen months previously, the school had contacted the bereavement service for advice following the death of a child, and the service responded by visiting the school and facilitating a group meeting with the teachers to help them manage some of the difficulties arising as a result of the death. They also invited the school staff to make contact with them again, individually or as a group, should they wish to do so, but this offer was not taken up. As the structure and staffing arrangements of each of the case study and associated organisational settings were often unknown prior to the research visit, sampling was normally undertaken on site. Prior to the visit and given the school's size, I made an assumption that it was likely that approximately two teachers would be interviewed. On arrival, it was agreed that, in addition to the Head Teacher, Paul, the four teachers who were most closely involved with events would be invited to participate in the study.

However, shortly afterwards, Paul indicated that the remaining teachers also wanted to be interviewed about the tragedy. I felt unable to prioritise my research needs over their need to talk, and agreed to incorporate the additional interviews into my visit; a change that involved staying overnight in a local hotel. As Paul said: "You know, you've come to ask us, but we're using you" (Liz, Fieldnotes, 18/01/01). I later reflected on the impact of this change in plans:

I am trying to describe events, but as with those I listen to, I need to pour out the experience (the feelings) before the 'facts': Here I am now at 8 pm, still just down the road from the school, when I thought I would have been long home by now. (Liz, Fieldnotes, 18/01/2002)

Five of the seven participants consented to taped interviews, whilst the remaining two were happy to have notes made during the interview. Over the course of the two days, the story of the events that surrounded the girl's death and its impact on individual members of staff, on the school and on the broader community began to unfold and become clearer. Ellie, a three-year old pupil in the nursery class, had been killed whilst playing outside her home shortly after the end of a school day. Ellie's two siblings, who were also pupils at the school, had witnessed the accident. When speaking to the last member of staff, I finally acknowledged to myself what I described as the 'almost physical discarding of any sense of doing research' (Liz, Bracketing Interview 2), and the feeling that I had to abandon being the 'objective' researcher and actually engage, in a different way, with what I was being told, including trying not only to listen, but also to help with the distress and immensely painful feelings and memories that were being expressed so long after the event.

The visit raised two deep inter-related concerns. Firstly, I was concerned for myself and the weight of the emotions I was carrying, and this was expressed in the fieldnotes I made on my return home:

The following morning, I said to [my partner] how hard it is to re-enter my own life, especially full of others, and having been so immersed in it. The day has been very quiet, I feel quiet, don't want to speak of it all, but aware of 'just being full'. I didn't want to go out, or rather as it was a nice day, I'd like to have been somewhere beautiful with a view, and with little around in terms of 'consumption and human frenetic activity', and I realise I've felt like this at other times, when I am close to 'feeling and meaning'. Not sure what I mean by this [...] but only to say "Something of this experience is beyond words". There are no thoughts, only a sort of review, remembrance of micro-events of the past two days, a sort of processing - chewing the cud - I am full of the 'cud'! I have ingested a great deal and it now needs going over, but not in a conscious "Right, now I'll go over this" sort of way. Rather, the quiet, un-stimulated, unconscious, sort of rhythmic 'chewing the cud'. (Liz, Fieldnotes, 19/01/2002)

Secondly, even as the visit was progressing, I had been aware of feelings of uncertainty and conflict about the role into which the situation was throwing me:

Paul began talking and it was not easy to contain or direct him. He wanted to talk about Ellie, about his role, what he did, and his feelings. He cried and I found him sometimes choking back tears. As we were [he was] talking, I thought about 'parallel processing' as if what he experienced in the 'family' of the school mirrored the family's experience, although to a lesser degree, and this has now mirrored mine. How do I behave? What should I do? What is my role? (Liz, Fieldnotes, 18/01/2002).

Following the visit, I had continued to feel uncertain about what I had done and whether I should take any further action, particularly given the assurances of anonymity and confidentiality I had made. In the bracketing session, I described the way in which I gained a sense of the emotional impact of the event on the staff over time:

It was funny the way the story evolved through the seven 'players'. It was like Act One, Act Two, Act Three, so that by Act Seven, the whole picture was like...I got the whole picture about what this horrible horror had been for them all. (Liz: Bracketing Interview 2)

This culminated in a conscious shift in my role with the last respondent, Phyllis; one of the two staff closest to the child:

She was so going round the 'loop of difficulty' that I felt I had to abandon any sense of being the researcher, and actually engage with what she was telling me...and try and help her with it. She was saying about how very distressing it was; the little tiny coffin and how terribly distressing and potent that is. But eventually I twigged and thought "I mustn't just make any assumptions, I must ask her: "What was it about the funeral that was so distressing?" and she said that they could hear

the mother coming...she was making this noise, and then the mother came into the church, and Phyllis said "I was like this" [digging her nails into her closed fist], and I just wanted to be not here...I just wanted to be not here". And, in a sense, she became not there, and so she was hearing it [the mother's distress] but not wanting to hear it, and that was...it felt to me like that's all she was left with, this terrible wailing and agony. And then she said, when they went out of the church to where the little child was to be buried, she thought the mother was going to throw herself into the grave. She was wailing and the brother and sister were also there as well. And what I got the sense of is, she kept saying, "You know, I should be over it by now, I should be, but I can't seem to get rid of it". (Liz, Bracketing Interview 2).

I explained my concerns and dilemmas to Marilyn. The first, and less important, concerned Phyllis' on-going informed consent to have the interview taped, which had been resolved when she said she was happy for it to remain running. The second was for her well-being:

[I thought] I'm out of here in, you know, half an hour, I'm driving over the hills. What can I do with this? What can I help her do with this? And so what I said to her was "It seems to me that you had not only your own grief and really deeply sad feelings for this little girl and the great tragedy, but you were witnessing something that was almost unbearable...somebody else's pain". And it did seem to help her to think of it like that. That actually what she came so close to [in this experience] was this terrible place that we hope never to be in ourselves, which is this: to see it is so, [and] to actually bear it, to bear the unbearable, to be witnessing it. And this did seem to almost give her...I think she actually said something; she said ..."It was horrific". And she said "I feel terrible saying that", and I said "But you're not saying that the mother was horrific, but your experience of it was, and...that's what it was". (Liz, Bracketing Interview 2).

Marilyn helped me explore this 'boundary crossing' by clarifying what she had heard to be its nature:

Marilyn: You clearly did cross a boundary. If you had stuck to your research agenda, it would have been quite insensitive, so the situation shows the importance...I mean, you have skills to fall back on in this situation, because you are a counsellor, you have experience, you weren't a pure academic who maybe wouldn't have heard so much. But whatever it is...very quickly each of these teachers seems to think...seems to have got to the point where they felt they can trust you...to talk honestly and openly ...And...from what I've heard you say, you were very much acknowledging of what she had been through?

Liz: Yes...

Marilyn: And really, in a sense, acknowledging the depths of the experience. You weren't exploring anything to do with what had resonated with her personally?

Liz: No...

Marilyn: So you were offering her a supportive, listening opportunity; supportive counselling...and it sounds as though that was what she most needed at that time. So you hadn't crossed the boundary into providing a more therapeutic response?

Liz: No

Marilyn: You just crossed that boundary into supportive listening. (Bracketing Interview 2)

This clarification helped me to understand that the use of my counselling skills in response to a distressed participant was both sensitive and appropriately supportive. In addition, Marilyn helped me illuminate the ambiguity of my own experience; torn between their needs and mine, both during the visit:

I felt I couldn't leave...It felt too brutal to say "Well, actually, I'm only here for my own purposes, my research, and I only need to talk to four of you" and, you know, drive off into the sunset! That felt kind of...rape comes to mind, but it's not that, it felt...it felt as if I would had been pillaging something. (Liz, Bracketing Interview 2)

- and afterwards:

Marilyn: It sounds as though you took something of the pain away.

Liz: Yes, I sort of drove off with some of it...a bit like a skip taking away some of the rubble. (Bracketing Interview 2)

During this session, Marilyn enabled me to develop a legitimate 'research focussed' means of both gaining feedback from the school about the impact of my visit, if they wished to give it, and of giving the teachers a sense of the value of their participation and what their contribution had made to my thinking and 'knowing'. Through witnessing their distress and listening to their narratives, I had developed an understanding of the needs of a school following the death of one of their students. As a result, I wrote to each teacher, acknowledging their position, as I understood them to have expressed it, and explained what I had come to learn 'theoretically' as a result of my visit. This included an understanding of what it means to be affected personally by the death of a pupil, while needing to be able to help and support other pupils, and what schools need to help them effectively manage bereavement within their setting.

The third session took place one year later and I chose to explore three issues. The first concerned the disclosures made by Brian (12/11) and some of the service providers during their interviews that had raised questions about what I should do, and about what I could write. The second concerned boundary issues, and the third related to the personal and organisational context, in which I was undertaking the research; a context that was having an impact on my capacity to manage the research project and which had the potential to influence my interpretation of data. I will focus here on the attention we gave to the context of the research, as this is the most relevant. During the course of the study, a considerable number of external events (for example, several bereavements and other losses, and organisational and personal upheaval) had occurred that had been very distracting, taking my time and attention as well as emotional and physical energy, as this entry in my research diary describes:

I have come into the office to prepare myself for this [research] interview; especially important as it is the first one. Troubled with other issues this a.m. Rather a long and on-going context of the whole research. Difficult to re-focus on this afternoon's work. Also having to go out to see [name] with papers for [name]. More diversion. Whatever happened to the fantasy I had of clean, clear space for creative thinking and researching? (Liz, Research diary,)

It felt very important to have the opportunity to process these as part of the research experience and, in trying to make these 'visible', I had drawn a pictorial representation of the inter-relatedness of the events that surrounded the research. Marilyn invited me to use the drawing in the bracketing session, and in talking through the events, I was able to clarify the effect of their impact on my capacity to do the research:

There's still lots to be sorted, but the other thing about this, which isn't quite visible, is that all the time, even now, I [don't feel] focused. It [feels as if I am always] having to think about something else. I read a paper recently, it was one of Winnicott's (1986), and he talked about the early life of the infant. And what the infant needs is to be allowed to 'Be', so that its internal workings and its world start to...develop together, from being birthed...to starting...to get into the world. He (Winnicott) used the phrase 'Being and Reacting' and that, for the baby who has to constantly react to intrusion, to difficulty - if it's fragile and ill or whatever - they can't 'Be'. So they can't do this kind of early...we've come to think neurologically now, it's the brain patterning, it's the relationship of feelings and experience, and sense and development, all going on, and if that can be held, they can Be. And this is what it's felt like to me: I've been trying to hold this [research], but I haven't been able to 'Be' with it. I've been always reacting to something going on outside. (Liz, Bracketing Interview 3).

In helping me reflect on the experience of distraction and intrusion, Marilyn wondered

...if there's any parallels between what's happening with the research and to you, and what's happening out there in the field of bereavement services? (Marilyn, Bracketing Interview 3).

To which I gave the answer "Yes". I had already begun to recognise that the data was full of examples of the experience of service providers. 'being with' service users, whilst having to respond to stressful personal and professional circumstances.

NARRATOR'S SUMMARY AND DISCUSSION

In this Scene, I have described the experience of the bracketing interviews. This particular form of relationship provided an invaluable relationship through which to think about the experience of *researching* childhood bereavement services and the emotion/al work that it entailed, and to consider aspects of correspondence between my experience and those of services. Reflecting on the parallel 'text' of my experience enabled me to metaphorically 'join the dots' between the empirical data, what I experienced and observed through participant observation, and 'my reflective interpretations of the experience of undertaking the research. This use of myself as a source of 'knowing' is in line with the 'reflectivity' and 'reflexivity' of Alvesson and Sköldberg's (2000) reflexive methodology. Bracketing interviews constituted an important element of reflection, enabling me turn my attention inwards towards myself the researcher located within a personal, social, and cultural context. More importantly, however, they constituted an important part of my reflexivity; that is, in Alvesson and Sköldberg's terms, they contributed to a reflection within a third 'domain of knowing'; that of my own 'authority'.

There are several important parallels, between the work of services and research, which I want to draw. Firstly, like the work of childhood bereavement services, undertaking the research generated emotions and emotional work. Like service staff, I engaged in the work of researching childhood bereavement services for a number of personal and professional reasons, all of which also fell into the categories of 'concern for myself' and 'concern for others'. Once the study began, and in the service of the research, I had to hold the tension of investigating and testing the nature of the research participants' experience, *at the same time* as recognising and holding my own. This was manifest in my experiences of the extensive and intensive emotion/al work involved in recognising my feelings (Session 1) and the grief of respondents (Session 2), both of which were 'played out' in the distressing and emotional interviews with children and parents who had been bereaved, and in my participant observation experiences. Furthermore, like service staff, I experienced what it feels like to suddenly find oneself confronted with new and challenging situations that generate very strong feelings of shock and sorrow, but which have to be managed in the public domain in order to meet the needs of others (Session 2). Through my reflection on the similarity between the school's experience of 'not knowing' what to do or how to best help as a result of the death of a child in their community, and on my own experience when I visited the school as a researcher, 'not knowing' what to do or how to best help as a result of the death of a child in their community, a certain 'knowing' emerged about the difficulties with which both they, and services, are faced. For even if, over time, the experience of staff has given them a certain 'knowing', the interview data identified the continuously unknown and often challenging situations with which staff were being faced, which they have to manage in the public domain. I also experienced the intense fatigue that arises from emotion/al work, and

the problem of 're-entry' into ordinary life after intense emotional experiences, in a way that paralleled those of staff, and like them, I acted as a container for the distressed staff.

Thus, I argue, as a result of both the interaction with children and parents who had been bereaved and engaging in naturalistic methodologies, I became located in the first position of emotion/al work, in a way that is similar to the emotion/al work of childhood bereavement services. The research, through the use of interviews and participant observation, expressly involved close contact with the emotions of children and parents who had been bereaved, such as sadness, fear and anger, and this generated emotions in me, both as a result of my listening, witnessing and 'standing alongside' their raw and intense emotional suffering, and also from the revival of the memories of my own losses that this witnessing created. Importantly, this occurred at *the same time* as engaging in the emotional work of researching: using myself, negotiating competing theories, acknowledging participants' feelings and providing 'interventions', both at the time and later when trying to make sense of the data. This emotion/al work of research with individuals can be seen diagrammatically in Figure 16.

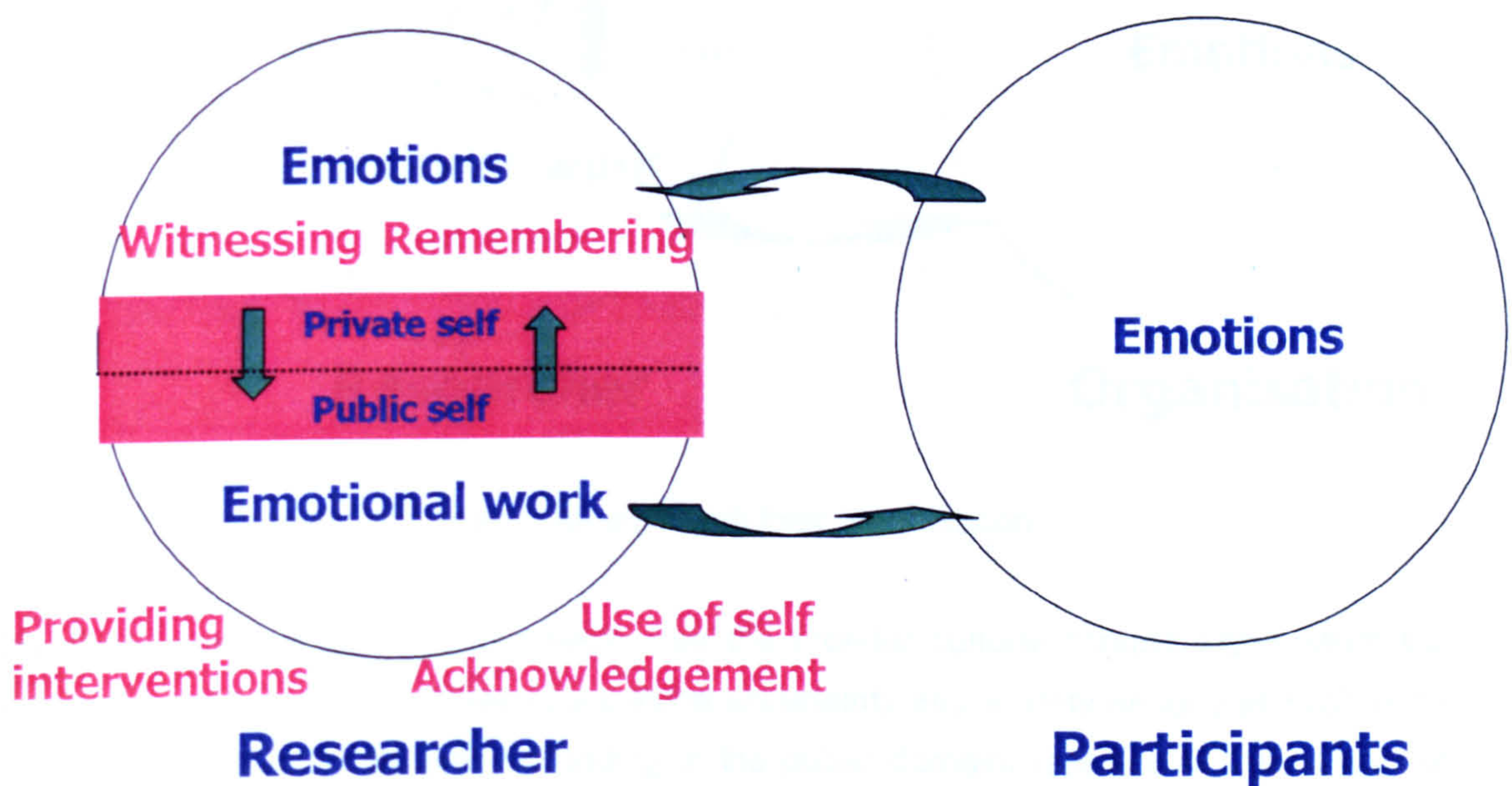


Figure 16: The researcher's emotion/al work with individuals

However, it was not just at the level of individual experience that the parallel process occurred. I too was a member of staff in an organisation, and was experiencing a number of personally and organisationally derived challenges (Session 3), that generated a considerable degree of stress, and which impinged, at times quite severely, on my capacity to research. Thus, alongside the research work, I was engaged in personal and organisationally-based emotion/al work that paralleled the experience of childhood bereavement services. At the same time as experiencing the emotions generated by aspects of the organisation, I provided formal and informal support to colleagues, and 'lived' within the organisational setting and a

particular set of staff relationships alongside attempts to ameliorate or change the social conditions within which we were working. Furthermore, this occurred whilst participating in organisational activities, and in the organisational rules that prescribe the ways in which I was able to express and display these emotions. Thus, like service staff, my emotion/al work with the organisation including negotiating my emotional responses to what the organisation generated; and in supporting others in engaging within the organisational/bureaucratic life of the organisation, and in trying to change practices. Whilst this was a context specific to me in a particular time and place, it highlights the issue that researchers are usually members of academic institutions; organisations that generate emotions that impact, positively and negatively, on their capacity to work. This second level of researcher's emotion/al work with their organisation can be seen diagrammatically in Figure 17.

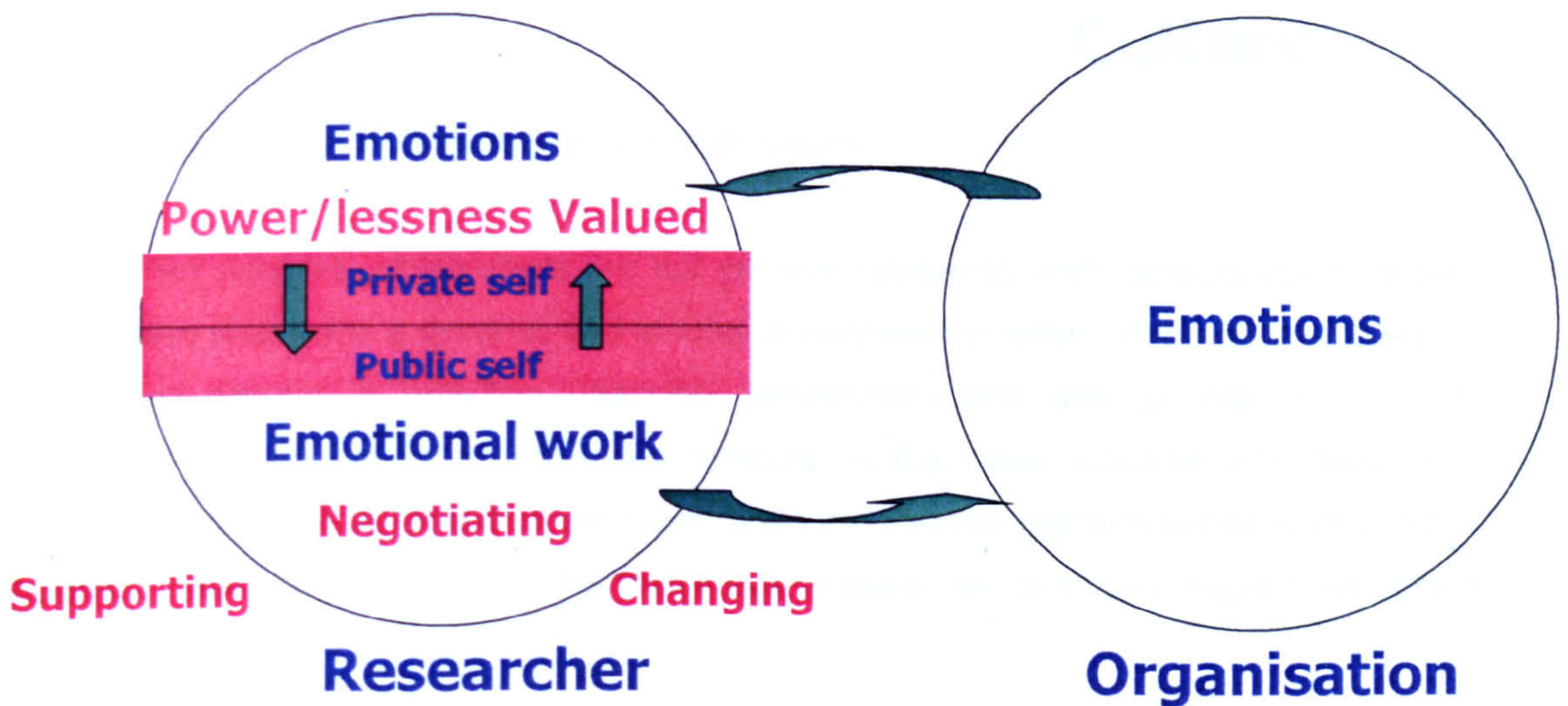


Figure 17: The researcher's emotion/al work with their organisation

The third parallel arises from a reflection on the broader cultural context within which the research was undertaken. There is a cultural uncertainty and anxiety about particular forms of research, implicit in the lack of funding in the public domain, reflected in the number of funding bodies I had to approach and in the demands for particular paradigms of research. This generated the emotion/al work of writing, revising and (re)submitting eight research proposals, seeking new sources of funding, and keeping up morale in the face of rejection, whilst carrying a full academic workload. These activities, situated in the context of cultural uncertainty about the value of particular paradigms of research, are part of the emotion/al work of researchers, and it is this third level, which is outlined in Figure 18.

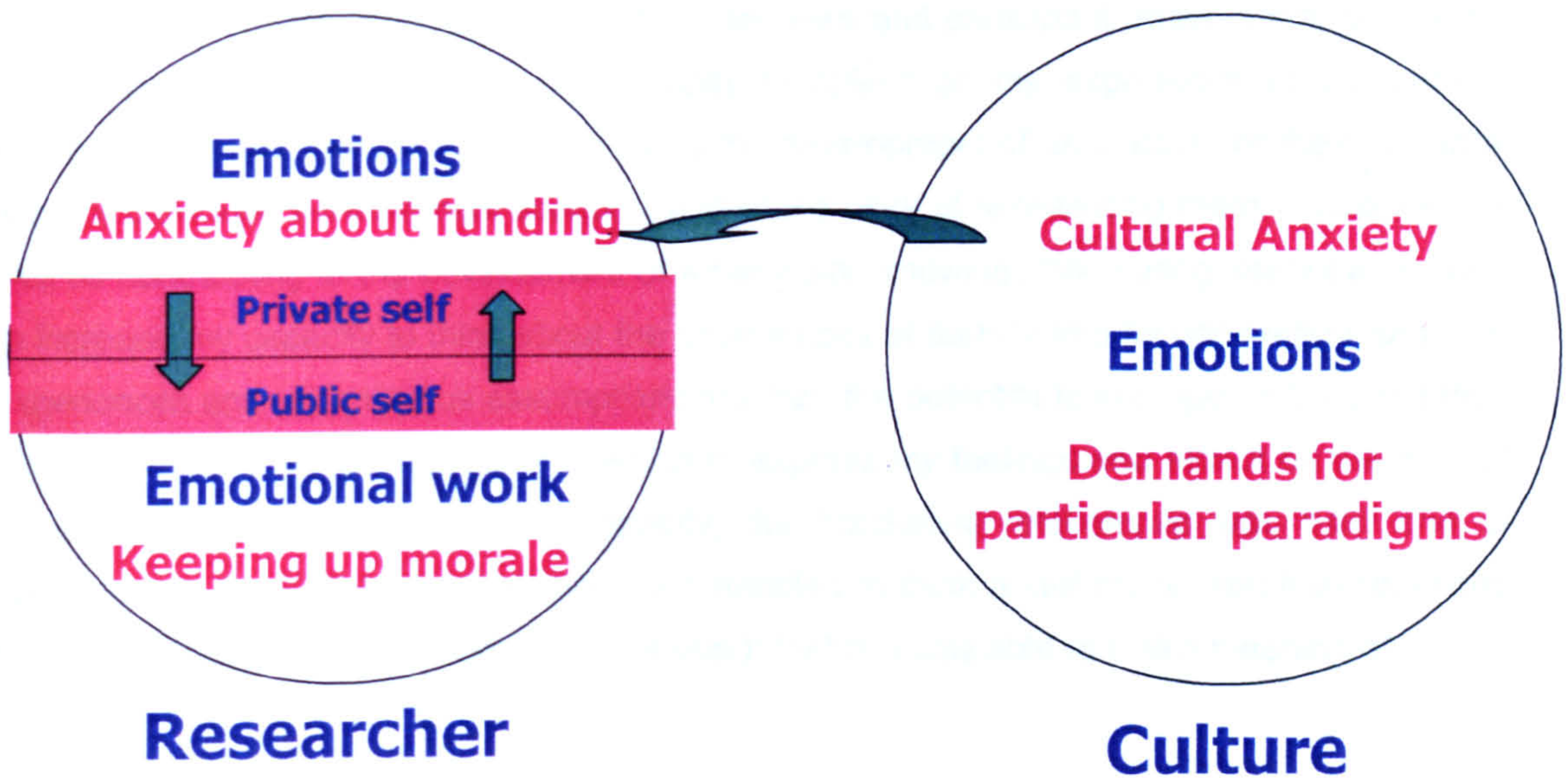


Figure 18: The researcher's anxiety arising from culture

However, like services, researchers are not passive recipients and reproducers of culture. They are also situated in a dynamic and emotional relationship within which, as a producer of culture, they engage in activities (teaching, researching and writing) that contribute to transforming cultural beliefs and attitudes towards, in this case, children who have been bereaved; about services provided for them; and on research methodologies suited to this enterprise. This position, in which this thesis has situated me, is shown diagrammatically in Figure 19.

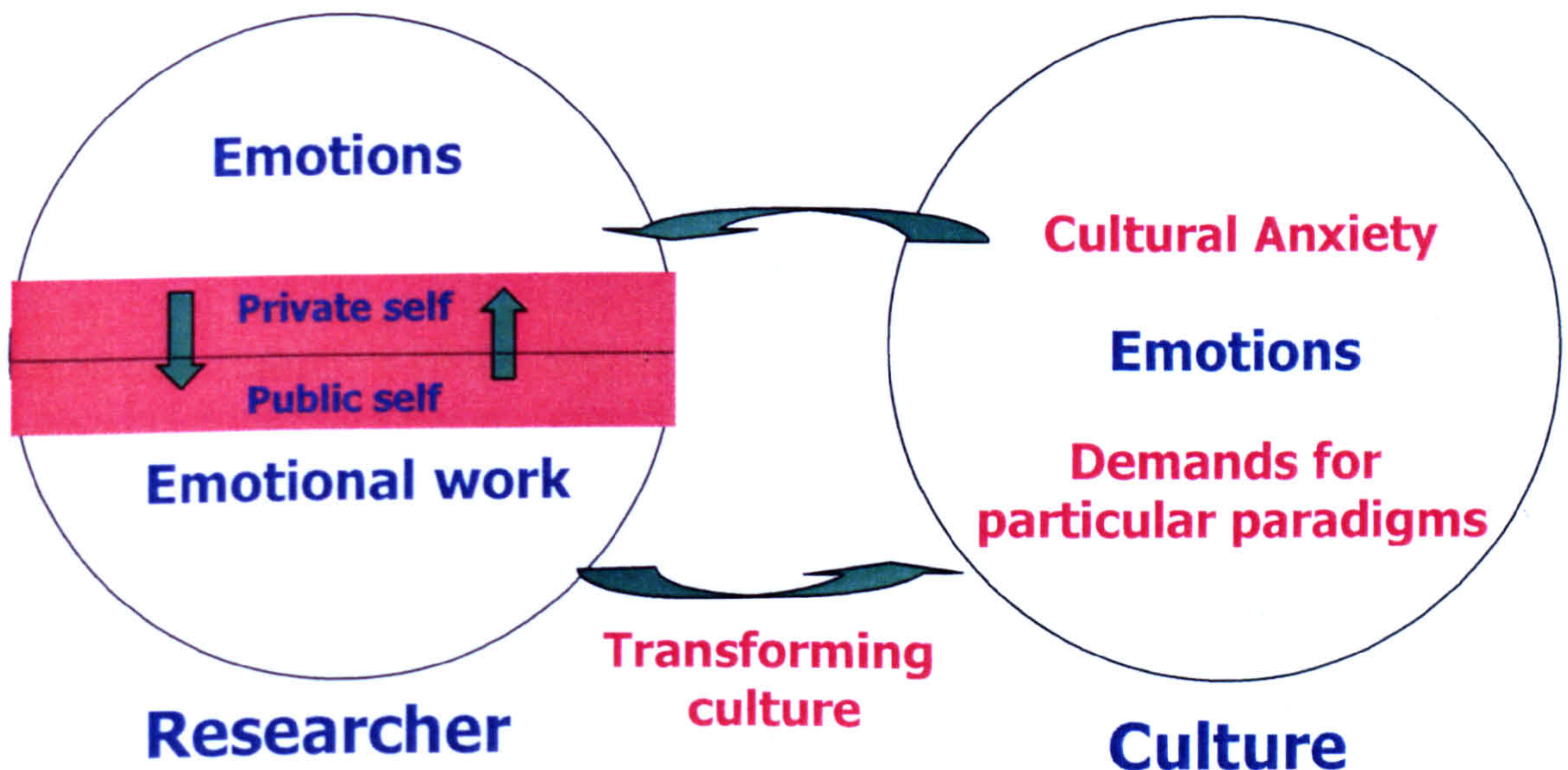


Figure 19: Researchers as transformers of culture

Thus, as well as insight emerging from the interviews and participant observation, bracketing interviews provided me with the opportunity to reflect on my experience of the parallel process. This *experiential* insight has led to the development of an account of the emotional work of childhood bereavement services, and of the work of *researching* them. Moreover, as well as contributing to the development of a particular 'knowing', bracketing interviews helped to increase my capacity to think about the experiences of participants by uncovering forgotten experiences and unconscious assumptions that had the potential to impinge on this, and they provided a safe, confidential place in which to express my feelings and reflect on the difficult aspects of the research. In this capacity, the bracketing relationship was itself one of containment, in which I (the contained) was enabled to think about my research experiences through the presence of another (the container); that is, I was able to make meaning of it.

PART 4. THE EPILOGUE

CONTAINING GRIEF: THE EMOTION/AL WORK OF UK CHILDHOOD BEREAVEMENT SERVICES

'...in the warm heart of your loving mind...' Donovan

INTRODUCTION

The players: the children and their families, the service staff, and I, the *autobiographical* researcher, have left the stage; our voices have fallen silent, and the curtain has descended. But it is not yet time to leave the auditorium; for there remains a last address in which I, the *academic* researcher, consider and extend the main arguments that the Play has presented. I begin this discussion by reiterating these arguments, and returning to Hochschild's theory of emotional labour to examine the extent to which the four key features apply to the work of services. In the course of the Play, I proposed a more extensive account of their emotion/al work to reflect the lived experience of the players, and the ambiguity and dilemmas that services faced in the course of their work. In addition, I alluded to the extent to which the different disciplines of psychoanalysis and sociology contributed to my understanding of their emotion/al work as one of containment. In the final section, I then return to these disciplinary perspectives to discuss not only how the notion of 'containment' furthered understanding of the work of services but, in exploring the resonance between psychoanalytic and socio-cultural issues (Hoggett, 2006), consider how the rapprochement found in the both/and of 'psychoanalytic sociology' (Clarke, 2003) contributed to this.

THE RESUMÉ: IDENTIFYING LOOSE ENDS

The Play described the emotion/al work of childhood bereavement services. In the Prologue, I introduced the study on which it was based and, in Acts 5 to 8, the respective players presented their accounts, each of which contributed to describing different dimensions of the emotion/al work. I drew on interviews to make visible the wide-ranging emotional and social experiences of children who had been bereaved, and identified these as the starting point of the services' work. The participating children described how their bereavement plunged them into a range of intense and often confused feelings, for which, irrespective of their age, they often had no words, and so no means of 'linking' them to thought. They also indicated their awareness that their grieving parents were themselves adrift and unable to provide constructive help; an experience of which parents were all too painfully aware. Both children and parents described how the intense emotional bereavement experience became increasingly difficult and overwhelming. This highlighted the diversity within the category of 'bereaved children' who use services, including the range of the types of death; the impact of the death on them and their family; the multiplicity of their family compositions; the complexity

of their social relations with the deceased relative and with the remaining family members; and the range of their social backgrounds and social support structures.

Data from the Phase 1 questionnaire also identified the diversity of organisational settings within which staff work, and I drew on the interview and questionnaire data to make visible the complex and fluid nature of the work of staff, both as practitioners working with children, but also as members of staff working within an organisation. Data from my participant observation explored the lived experience, of being a member of staff as well as a researcher, in this sensitive and dynamic context. As these Acts progressed, the players built a picture of the complexity, ambiguities and dilemmas of their emotions and their emotional work, and it was from this that I was able to understand more fully what this entailed and how they managed. In addition, I emphasised the extent to which staff made use of their own experiences to create a helpful environment for both children and their colleagues. As a result of this examination, I presented a theoretical framework to conceptualise the emotion/al work of services as a potentially bifurcated experience in which staff work with the intense, emotional experience of children's bereavement, *at the same time* as managing their own feelings arising from their different locations: the personal and professional; working with individuals; with organisations; and in culture. I also offered this framework as an account, albeit as one of lesser intensity and extent, of the emotion/al work of researching childhood bereavement services.

A REFLECTION ON HOCHSCHILD'S ACCOUNT OF EMOTIONAL LABOUR

I noted earlier, in Act 3, that use is increasingly being made of Hochschild's (1979/1983) concepts of emotion work and emotional labour to account for aspects of work in both public and private spaces, and amongst a number of professional groups including the caring professions. However, despite this apparent transferability to other settings, I questioned the extent to which the four inter-related features of Hochschild's concept accounted for the emotional work of services. I will now review each of these in the light of data.

The first feature – commodification – had two aspects: emotional labour involves the regulation and management of feeling, and it is undertaken for competitive, commercial purposes (Hochschild, 1983); and I wondered whether this could be applied to childhood bereavement services. What the Play has shown is that childhood bereavement staff *do* engage in extensive management of their feelings and the feelings of others. Indeed, services quite purposefully engage with the emotions that children bring, in order to help them manage them (Rolls and Payne, 2004). However, it is the nature of the management – the idea of 'deep acting' – that is questionable in relation to the work of childhood bereavement services. Rather, staff engage, and consider themselves to be engaging, in the deep *reality* of bereavement, and it is this that enables children to discern their feelings and find a way of

living with them. More importantly, I argued that this engagement, as a *container/contained* relationship, takes a particular form in which the need for authenticity is central. It is the competitive and commercial aspect of Hochschild's theory of emotional work, and the implication of a level of pretence and inauthenticity (Wouters, 1989; Price, 2001) in the staff/user relationship that is unsupported by data. Furthermore, it could be argued that in a capitalist world order all labour is commodified; but as we have seen, whilst individual practitioners 'sell' their labour to a service for its purpose and at times the service may be in a competitive funding environment, services are not commercial, profit-making enterprises. The data indicates the extent to which services see themselves, not so much as a counselling-related service 'industry' but as an environment to help children manage the impact of death on their lives – one that, drawing on Bion, I have described as a 'container'. In this context, they support the psychological, social and educational development of the child, and act as a form of parenting support.

The second feature of Hochschild's concept was the differentiation between the public and private domains, and I wondered how we could locate childhood bereavement services in these terms. Furthermore, in reflecting on James' (1992) argument that the social relations between the carer and cared-for are shaped by the labour process, I wondered about the authenticity of the social relations of staff within and between the public and private settings and – following Lively (2002) – about the direction and focus of the emotional labour itself. I elaborated this public/private divide in two ways: firstly in relation to the public/private nature of the work, and secondly to the degree in which it engages the public/private self. What the Play has identified is that to an extent, like hospices whose work falls neither into the world of domestic care nor workplace health care (James, 1992), the work of childhood bereavement services crosses the public/private boundaries. Indeed, these services may be part of Mellor's (1993) sequestration of death, where bereavement is moved from the private/personal but nevertheless social world to a (hidden) public/professional one. Furthermore, what the data have also shown is that service staff bring their private self into the public domain of work through their expressed, if cautious, use of personal experiences; and this work-self is not wholly discarded in their private lives, leading to a sense of congruence, even if also, at times, to ambiguities and dilemmas between these two domains. Thus, the emotion/al work of childhood bereavement services locates them both in the private and public domain, and uses both their public and private selves. In addition, whilst hospices draw upon their communities for staff, patients and funds, childhood bereavement services also work extensively within their own communities, directing their focus not only towards individuals, but also towards other organisations and settings.

Hochschild's third feature concerned the personal and cultural costs that arise out of the commodification of emotion and the positioning of the public/private work/self, in which the 'deep acting' called forth by the job involved an investment of self. This raised a number of

questions about the costs, as well as the satisfactions, of working in childhood bereavement services, and the data identified the extent to which working with children who had been bereaved entailed an, at times, costly investment of the self. Indeed, several participants identified the 'life-limited' nature of this type of work. Nevertheless, without exception, participants, like McCreight's (2005) nurses cited earlier, found the emotional aspects of the work genuinely rewarding. What differentiates this work from Hochschild's emotional labour is that staff explore and interpret, rather than suppress, their own feelings and the feelings of users, and it is this that helps them (both) feel 'better'. Furthermore, it is the *explicit* emotional nature of the work that enables the staff to work with the distress of bereavement; indeed it gives them a mandate to do so, and it is this sense of contributing *authentically to the reality of the bereavement experience* that helps to reduce the personal cost. What the data identified, and as others have identified in different contexts (see Scheid, 1999; McCreight, 2005), was the extent to which it was the relationships *within* the organisation, rather than with the children or their families, that had greater impact on whether or not the cost felt too high.

The fourth and final feature was Hochschild's emphasis on the *conscious* attempts of workers to bring aspects of their emotional display or reactions in line with corporately mandated emotion or display rules; and I wondered whether the work of services operated within their own and 'on' their users' conscious awareness, or whether there was another level of experience that whilst difficult to articulate, is present in the staff's relationship to users. Linked to this, I also wondered if there were processes at work, or personal and cultural meanings, beyond the realm of conscious thought, that were acting on childhood bereavement services and upon which services were acting.

To help me explore this, I privileged the contribution of Bion's psychoanalytic 'object relations' theory of containment, as a particular way of understanding the intra- and inter-personal, organisational and cultural processes in which service providers are engaged, and to provide another, more inclusive account of their emotion/al work: that of 'containing grief'. However, I also drew on a sociological perspective to consider the idea of 'containing grief' as a form of social control; a meaning that links more closely to Hochschild's emphasis on 'feeling' rules. However, this raises crucial questions for my thesis concerning the relationship between these two positions. Is it articulating the work of childhood bereavement services as a form of transmission of cultural 'feeling rules' of grief – prescribing and legitimising some emotions over others – or is it expressing something different? And, following this, if it is positioned differently, how does the work of services relate to cultural norms? I now draw on these two perspectives to consider the continuities and divergences between these two accounts of the containing role of childhood bereavement services.

CONTAINING GRIEF: A PSYCHOANALYTIC SOCIOLOGICAL PERSPECTIVE

I begin by describing the two separate, but inextricably linked, aspects to which my thesis points. The first is a common concern amongst the different psychoanalytic traditions, the question of how 'subjectivity emerges from an original nature which is corporeal and physical' (Hoggett, 2006: 53). In relation to grief, C. S. Lewis (1961) reminds us movingly of its physicality, and earlier Kevin described his embodied feelings when he said he had wanted to '*get it off my chest*'. Bion's theory of the *container/contained* relationship proposes a process through which the infant becomes capable of moving from pre-symbolic to the symbolic, a capacity for thought and word; that is, from the sensory, corporeal, embodied experience to 'mentalised' thought (Mitrani, 1995). However, whilst the capacity to link experience and thought develops in infancy through this relationship, it is not a once-and-for-all event (Hoggett, 1992). Rather, it is part of the struggle of living, in which we are, at times, able to contain ourselves, whilst at others might need the 'use' of a supportive and containing relationship. What is important for the discussion here is that this process – the development of the *capacity* for meaning-making, that is, of linking experience to thought – takes place in relationship but, *as a mechanism, it is intrinsically independent of culture*. Furthermore, this containing capacity does not *eliminate* painful experience; rather, it transforms it, and, once the capacity is internalised, it supports the ability to retain a sense of integrity through the frustrating and painful struggle that life and this transformation entails.

Despite the emotions it generated in them, staff were able to bear and tolerate these intense feelings of confusion, fear, sorrow and anger; and to give them names, not in a mechanistic way, but through an empathic response arising from a reflection on their own experiences of loss. In containing the emotional experience, they were able to return these feelings to children in digested (known) forms, which could be thought about and integrated into their life narrative and into their personality. As well as containing children, the staff were also containing parents, both on their own account, and by supporting their capacity to parent – to provide, despite their own distress, a containing function for their child. In containing children, and in Marilyn's containment of me through the 'bracketing interviews', there appeared to be three aspects involved. The first was the acknowledgement of the authenticity and location of the feelings experienced. Fonagy et al. (2002) identify that painful affect becomes manageable when a caregiver can see painful feelings or disturbing thoughts, not as concrete realities but as merely mental states, and it is this that opens the possibility for modulation and change over time. In 'being with Jamie', it was seeing his fear of bears and lions and of God, not as concrete reality, but as representations of his mental state, and addressing these fears that helped. This acceptance of a different kind of reality (that of mental states) rested on the second key feature, what Slade et al. (2005) call the maternal reflective function; a capacity – similar to Bion's reverie – to:

...understand the nature and function of her own as well as her child's mental states, thus allowing her to create both a physical and psychological experience of comfort and safety for her child (2005: 283).

What the data identified is the extensive use staff make of their reflective function through an 'internal' dialogue between their own thoughts and feelings, and the 'external' dialogue between themselves and others. The third aspect was that of the provision of a sanctuary; a sense of being inside something secure (Britton, 1992); and I think the programme, and the people themselves, provided a secure place in which something difficult could be safely thought about and transformed. These three transformative aspects are being what Bion refers to as a 'container'.

However, this process takes place *in* culture and it was with this aspect that I have also been concerned. Through relationship with others, the cultural feeling and display rules that are considered appropriate in respective contexts are imparted. Lacan, a post-Freudian, influenced by the prevailing French philosophical traditions of language and meaning, suggests that, as it already exists in culture, we are 'born into a language that is not of our making' (Fink, 1997: 86). Nevertheless, it is a language we need in order to communicate with each other, and it is through language that we are enculturated into the social world in which we live. Hochschild's sociological argument is that the acceptability or expression of particular feelings is subject to the feeling and display rules of the particular cultural context; and that these are mediated by those around us, including the 'containing other'.

I will now consider the inextricably linked circularity between these two dimensions, and between social structures and social action, cultural determinism and individual agency. To elaborate this, I turn my attention to the 'denial of death'. One way in which anxiety about death is culturally contained (in both senses) is through mortuary ritual. Rituals are seen as events in which a participant emotionally, structurally, and ideologically 'makes change' and 'moves' (Turner, 1969) from one social status to another (Littlewood, 1992). Mortuary rituals mediate the status of the bereaved, symbolise the meaning of death, and provide a continuation of relationship with those who have died (Rolls, in press). They are viewed as the human adaptive response to death, and ritual language – the way in which individuals gain sense of self-consciousness – is its crucial form of response; giving a sense of power that motivates an on-going life (Davies, 2002). In an increasingly secular society, religiously based community rituals and bereavement support have been lost. This can result in deterioration in commonly held meanings (Romonoff and Terenzio, 1998), and creates ambiguities and contradictions for individuals who no longer know how to act (Mellor, 1993).

Bion's theory points to an internal, *individual* experience in which uncontained (unprocessed) emotions, for example, of fear, despair anger, envy, remain at the level of sensation and can become unbearable and terrifying. As a result, as Alford (2006: 96) describes: 'an emotion or

feeling itself becomes a hostile attacker that, if it cannot be destroyed, must be severed from all meaning'. In addition, there is a hatred of the object causing fear and the object must be 'got rid of'. The anxiety of death must be 'got rid of' through its sequestration, and the increasing privatisation, commercialisation, and the professionalisation of death, dying and bereavement (Hockey, 1990; Walter, 1994; Illich, 1995), are cultural attempts to reduce the feared emotionality of death and bereavement. However, this also has consequences for individual experience; for as Mellor (1993) argues, 'the absence of death from the public space makes its presence in the private space an intense and potentially threatening one' (1993: 21). The loss of ritual also results in the loss of *public* recognition for the feelings of personal mourning (Wouters, 2002). Thus, whilst denial hides death, it also destroys the rituals that help contain the fear of it, resulting in the affect remaining 'free-floating'. Thus, the loss of ritual, as a form of cultural containment both increases cultural and individual anxiety.

This absence of cultural containment and the increasing intensity of individual experience require a social response; of which one is the increasing sequestration of death. Another is the revival of death and new forms of mortuary ritual. However, whilst new rituals that end with the disposal of the deceased are helpful in providing immediate structure, the long-term needs of those who are bereaved may be being ignored; bereavement has arguably become an incomplete rite of passage (Hunter, 2007). Childhood bereavement services are a social response to what have been perceived as the ignored needs of bereaved children. In the absence of a shared culture and ritual around death and bereavement, parents may be reluctant to talk about death because of their own anxieties. (Mellor and Shilling, 1993). As a result, children do not have, and are not always given, a language with which to ask questions, to describe their experience or to give names to their feelings. Services began as a compassionate response by *individual* practitioners to the needs of *individual* bereaved children that they met in the course of their day-to-day practice (Rolls and Payne, 2004). Their formalisation into a structural form has created a 'symbolic communitas', a term used by Turner (1969) to describe the central aim in ritual: that of generating a feeling of connectedness to a larger symbolic community. Childhood bereavement services, as 'ritualised activity' (Arnason, 2007), take children out of the privatised nuclear family and place them, actually and symbolically, into groups of other bereaved children. They provide a 'community' in which children are the chief 'script-writer' speaking to their memory, writing their own messages (Hockey, 2001). They explore the impact of bereavement on them from their perspective, helping them through experiential activities and through ritualised performances such as the Candle lighting and the Balloon-releasing ceremonies through which children can assert membership of a larger symbolic community (Wouters, 2002). By introducing them to another status group: the community of 'bereaved children', children are more able to situate themselves in society. Furthermore, whilst childhood bereavement services may not change their status in contemporary society by the provision of a more public ritual, they contribute to changing the child's view of itself and its own status. In

addition, through their work with schools and the media and their increasing lobbying, they are contributing to changing their status in culture, and the cultural mores about their needs.

Thus, Bion describes the process by which meaning can be made. It is at one and the same time a deeply intra-and inter-psychoic process, but also an inter-personal, cultural one. It is both independent of culture, *and* situated in it. It is the mechanism for developing the apparatus *and* the process through which feeling rules and cultural mores will be transmitted. Bion's psychoanalytic theory helped me consider the denial and sequestration of death as the consequence of 'an attack on linking' – a hatred of the knowledge of death arising from a lack of cultural containment. This led me to consider the role of childhood bereavement services as both containing grief at the level of the individual and also at that of culture. Hochschild's theory accounts for some of the work of services, but underplays unconscious affective forces and the role of agency and autonomy. The emotions of grief prompted a response to individuals by practitioners, and these same emotions (of grief) are strategically deployed in the service of generating funding, and changing cultural norms about childhood bereavement. Like Lopez's (2006) care home workers, childhood bereavement services '*self-consciously* tried to create structural opportunities for meaningful social relationships (2006: 134, my emphasis). This 'turns on the difference between organizational imposition of feeling rules (the sine qua non of emotional labor) and organizational support for ongoing human relationships in which the emotional rules can be renegotiated by participants' (Lopez, 2006: 134). Furthermore, following Bourdieu (1992), Barbalet (2006) reverses Hochschild's notion, arguing that regularisation is not the *cause* of practice but the *consequence* of it; feeling rules do not determine emotional expression, but arise out of it. Barbalet thus reformulates the relationship of emotion and culture, suggesting that 'rather than focus on culture as an independent variable in explaining what emotions predominate, what emotions predominate is the basis for characterizing or explaining culture' (Barbalet, 2006: 37). Nevertheless, Hochschild points to the role of the organisation and cultural 'rules' in the suppression of emotions and the tensions this creates. My argument is that childhood bereavement services present a challenge to this culture, in the process of which they contribute to cultural change.

This psychoanalytic/sociological study of the complex work of childhood bereavement services has identified that emotions are not simply either from 'inside out' or from 'outside in' (Ahmed, 2004). Humans are not infinitely malleable but have a nature 'which is not only irreducible to social circumstances, but 'itself is a nature capable of determination' (Hoggett, 1992: 5). Nevertheless, there is an inextricably linked *circularity* of emotion occurring in relationship between individuals and between individuals and culture, and this creates ambiguity and dilemma that is best represented by the use of the term emotion/al. This cross-disciplinary study has also identified an inextricably linked circularity in the emotion/al work of childhood bereavement services, as individual practitioners and as a structural form; work that is best described as 'containing' grief.

PART 5: THE CRITIC'S REVIEW

'...a wise scepticism is the first attribute of a good critic...' J. R. Lowell

INTRODUCTION

At the outset, I introduced my two voices: the autobiographical and the academic. I am now introducing a third voice – that of 'critic' – which positions me alongside the audience. My reason for doing this is not to pass judgement on the thesis as a whole – I will leave that to others – but rather, to reflect on particular aspects of it. I begin with a review of two inter-related issues: the usefulness of the structure, form, frameworks and positions, and the extent to which the thesis has met its objectives. I then identify the issues that have arisen and discuss the particular policy and practice implications, before making recommendations for services and for research(ers).

A REVIEW OF FORM, STRUCTURE, FRAMEWORKS AND POSITION

At the start, I identified a number of complexities in writing a post-hoc thesis on one aspect of a completed study, and I discussed the reasons for choosing a Play as the particular form and structure through which to present it. As a device, it helped me to overcome the difficulty of how I situated myself, and in how I managed the complexity of 'time' and 'voice'. The device allowed me to place myself within the action as 'subjective' author 'being in' the events, and at the same time to stand outside them within the narrating role of 'story-teller', 'interpreter' and 'commentator'; each of which assisted me in being more meticulous in my exploration and attribution of meaning (Field, 1935). This duality of position helped me to establish parameters and set boundaries (Crotty, 1998) in time, and to maintain these consistently throughout. It also enabled me to think about 'what I had seen', and about the process of knowledge production. However, this device is not without disadvantages. It is a non-traditional form and a lack of familiarity with it can be confusing. Whilst it helped me elaborate a complex thesis, it has the potential to create complexity for the reader.

Elaborating the complexity of my ideas was made possible not only through the device of a Play, but also through the structuring provided by four theoretical frameworks: namely Bronfenbrenner's (1992) ecological systems model, Bloch's (2002) theory of emotion, and Alvesson and Sköldberg's (2000) reflexive methodology and alethic hermeneutics, each of which stimulated and underpinned my capacity to create and hold a 'both/and' position. Bronfenbrenner's ecological systems model revealed the interconnectedness that is at the heart of ecology: that the world (both social and material) is complex and total, and that separating systems distorts both the individual system and the whole. This framework was important for two reasons. Firstly, it was theoretically supportive; it provided a model for

exploring what happens when, following the death of a significant person – a major rift in the ecological systems of the child – a service intervenes, and it enabled me to examine one system – childhood bereavement services – and locate them within the wider ecological systems of users. In reflecting on 'proximal processes', I was able to re-examine the data to identify this as a central feature of the work of services, and consider the theory of containment to explain what might be happening in the proximal processes between services and their users. It identified the primacy of relationship in mediating experiences, and that staff, whilst situated in an organisational structure, were a central group of people who contribute to making order out of chaos, and giving both a language for and meaning to the children's experience of grief and loss (Riches and Dawson, 2000). Bronfenbrenner's dynamic model offered an opportunity to consider the child and its respective systems and the relationships between these systems simultaneously, rather than foregrounding one at the cost of another. It also helped identify the additional capacity of services to impact on the proximal processes within the meso-, exo- and macro-systems of the child. Thus, it recognised the role of childhood bereavement services as individual services and as a structural form, as an 'ecological niche' through which a child who has been bereaved can accommodate the impact and mature as a result of bereavement. Secondly, Bronfenbrenner's model was methodologically supportive; for despite the difficulties in taking a both/and position, the model 'demands' it. In order to gain a breadth of understanding of the respective positions within and across the respective systems, a cross-disciplinary approach was essential. I especially drew on sociological and psychoanalytic theory as a perspective through which to say something that felt true to the emotional experience (Ogden, 2003) and to offer a theoretical account of aspects of the proximal processes. In addition, the model allowed me to be both part of and affected by the information-gathering process (Primavesi, 1991). Whilst Bronfenbrenner's and Bloch's models were heuristic devices through which I could examine the work of services, they nevertheless provided a 'container' that allowed me – 'the contained' – to give words to the subjective experience of the proximal processes in which I too was engaged.

I have already identified the way in which Bloch's ecological systems model provided a both/and view of emotions, enabling me to organise the thesis from the outside inwards: the structural conditions; through emotional culture; to the lived and felt emotions of the children who had been bereaved, their families and staff, and then back again. Alvesson and Sköldbberg's reflexive methodology acted in the same expansive and iterative way. Early feminist researchers were concerned with the problem of 'hygienic research' (Stanley and Wise, 1983: 53), an expression depicting research as it is described rather than experienced; and since then, the place and importance of the author has increasingly been privileged in qualitative research. However, whilst Alvesson and Sköldbberg recognise the value of 'reflective interpretation', their theory of 'reflexive methodology' made an additional contribution. Crotty (1998: 51), in critiquing Denzin and Lincoln's (1994) 'bricoleur' motif for

research revisits Lévi-Strauss's (1966) notion of bricoleur as a 'person who makes something new out of a range of materials that had previously made up something different'. Crotty (1998) argues that:

...the uses to which they might be put must accord with what they are. The ability needed by the bricoleur is the ability to 're-vision' these bits and pieces, casting aside the purposes for which they once bore and for which they were once designed and divining very different purposes that they may now service in new settings (Crotty, 1998: 51).

Such research, Crotty suggests 'invites us to approach the object in a radical spirit of openness to its potential for new and richer meaning. It is an invitation to re-interpretation' (1998: 51). Alvesson and Sköldbberg's 'quadri-hermeneutic' methodology provided a framework within which this re-interpretation could take place to create 'non-hygienic' research. The main focus of the Play was derived from the original data-orientated study, but also included the development and clarification of the politico-ideological contexts surrounding services; considerable self-reflection and awareness of the interpretive act; and an explicit discussion about the question of authority and representation. Through a Play, I was able to achieve greater freedom and sophistication; what Alvesson and Sköldbberg (2000) describe as:

...less focus on what empirical material can tell us about how things 'really are' and more about other ventures – creative ideas, for instance – that are not subject to the empirical norm which shackles us to the 'data'. Less concentration on the collection and processing of data and more on interpretation and reflection – in relation not only to the object of study but also to the researchers themselves and their political, ideological, metatheoretical and linguistic context (2000: 241).

Thus, in adopting their perspective, several voices pervaded the text and multiple selves appeared. In addition, describing my cautious interaction with the empirical material and its presentation identified how I 'selected', 'narrated' and 'interpreted', all of which 'is of crucial importance to the very production of a plausible text' (Alvesson and Sköldbberg, 2000: 189). Their alethic hermeneutics allowed me to 'dialogue' with the audience in order to gain understanding but also, now, to stand beside them and critique the Play and its 'creative ideas'.

MEETING THE OBJECTIVES OF THE THESIS

The thesis had two objectives. Through adopting a both/and approach that integrated cross-disciplinary knowledge (theory), individual experience (subjectivity) and ways of knowing (epistemology), I explored the work of services and, as a result, I identified their containing role and created a new theory of their emotion/al work. I also examined the contribution of my role as researcher to the re-interpretation of data and the development of knowledge. Here I would like to elaborate two particular aspects: the innovativeness of the ideas, and the innovativeness of the methodological approach.

The innovativeness of the ideas

This is not the first time that Hochschild's theory of the emotional labour has been challenged as an account of emotional work. Hawker (1998) describes the work of counsellors' as 'pure' emotional labour. More recently, Bolton (2006) has critiqued Hochschild's overemphasis of the divide between public and private performances of emotion management and the mistaken equation in the growing body of literature of the physical with the emotional labour process; and Mann (2006) has subsequently developed a health-care model of emotional labour. Nor is it the first to draw on psychoanalysis as a theoretical framework from which to provide an alternative account of emotional labour. Price (2001) assessed the emotional labour of the classroom teacher and, arguing that it bears little relation to Hochschild's theory, drew on the object relations psychoanalytic tradition to illustrate the unconscious dynamics and processes that it involves. Nor is it the first to use Bion's theory of containment as an explanation of the work of Macmillan nurses (Jones, 1999) or childhood bereavement services (Kirk and McManus, 2002), or to consider the emotional cost (Potts et al., 1999). Nevertheless, what is innovative is that this is the first comprehensive exploration of the work of childhood bereavement services, and the first analysis of their emotional work. Furthermore, in setting their work alongside the four *respective features* of Hochschild's theory, I was able to more widely critique her theory. The model of the emotion/al work of childhood bereavement services, proposed as a broader account of their work, describes a form – borrowing from Winnicott (1986) – of a 'good-enough' container, mediating and re-framing the experience of childhood bereavement, individually and culturally, in the context of their own organisation.

The innovativeness of the methodology

The trend towards increasing closeness to the participants of research demands greater sensitivity, authenticity and discretion on the part of the researcher (de Laine, 2000), and this potentially increases and accumulates the burdens and conflicts that a researcher has to manage, particularly around the boundaries of their role. This study was neither the first within which a bereavement researcher experienced role-conflict (Rowling, 1999) nor, as I identified earlier, the first to elicit forms of support that would enable the subjective experience of the researcher and/or emotional impact of the research to be minimised. Nor was it the first study to draw on psychoanalytic theory to contribute to researcher reflexivity in social research (Clarke, 2002). What was innovative was the specific creation of a negotiated 'bracketing' process within a fresh context; a supportive relationship, where it was *the interface between the researcher as a person and the research data* that was explored, and which combined some of the skills and 'rules' arising from academic and clinical supervision. In this 'third way', important distinctions were made: firstly, between the bracketing process and other academic support *about* the research process; and secondly, between reflecting on my personal responses within the context of the data, and addressing these in a personal

therapeutic context (Rolls and Relf, 2006). As Polkinghorne (1989: 47) argues, 'the meaning and contents of experience are not *within* but *between persons*' (emphasis in the original) suggesting a 'we' rather than an 'I' experience. Bracketing interviews both 'put aside' and *at the same time*, foregrounded my experience, and in holding this tension, neither privileged nor ignored my role in the social construction of knowledge. The process made an important contribution to this construction through attention to the phenomenological experience of the parallel process (Rolls and Relf, 2006). Rather than my experience being imposed on the staff's experience, it was theirs that gave meaning to mine. It was reflecting on my research experience *and* on the parallel process, alongside the data, that contributed to my increasing understanding of *their* experience of emotion/al work.

Different ways of seeing and biographical experience are now embraced 'as part of the negotiated interactive relation between researcher and researched which continues – and should be reflected upon – during the research' (Roberts, 2002: 158). However, this notion is not without detractors. Crotty (1998), for example, is critical of the shift from bringing and holding objectivity and subjectivity together, and argues that in phenomenology, the study of phenomena as objects of experience has been changed to a study of experiencing individuals, and in ethnography to autoethnography. However, I argue that bracketing interviews went beyond this, taking the iterative cycle out of the lived experience of this essentially two-person context, into one that includes a reflection of social context and the structural conditions of researching. Furthermore, it was this aspect of the process that stopped a descent into the potentially solipsistic subjectivism, which can be framed as a collapse of the 'monitoring self', and a privileging of the researcher's position over that of the participants'. Indeed, Troyna (1994) argues, like Alvesson and Sköldbberg, that some meanings of 'reflexivity' are confused or conflated with 'autobiography' sometimes bordering on catharsis. Bracketing interviews acted as a 'boundaried' space for reflection: on the fieldwork and participant observation experiences, on the context of the research, and on the parallel process. They were therefore not only a form of 'consciousness-raising', creating awareness of issues that needed to be 'held aside', but also an emotional experience of learning that provided an experience of learning about emotion (Reisenberg, 1992). They supported a 'coming to know'; and in this capacity acted as a container for the researcher.

Thus, this new theoretical account of the emotion/al work of childhood bereavement services as one of containing grief was made possible through the use of the device of a Play begun '*in medias res*'; a cross-disciplinary perspective – in particular the 'critical welding of sociological and psychoanalytic perspectives' (Clarke, 2002: 173); and the combined use of a reflexive interpretation of the empirical data, an analysis of the emotional experience of researching in the 'bracketing interviews' and attention to the 'parallel process'. Each of these contributed to changing Birch's (1998) conceptual but linear order of researching from: 'going there' (the theoretical explanation); 'being there' (the description of being in the field); and

'being here' (the creation of a text – the public story), to: 'being there', 'going (back) there', and 'being here'.

IMPLICATIONS FOR SERVICES AND FOR RESEARCH(ERS)

Small and Hockey (2001) make the point, linked to Walter's (1999) notion of the 'policing' of grief, that the early theorising of bereavement 'was meant to offer intimations into what might be happening and not necessarily invitations to do something about it' (2001: 116). Despite this, the increase in service provision for children is evidence of increasing intervention, and recent policy initiatives – with a strong if possibly temporary emphasis on the needs of children – is likely to contribute to a continuing rise. Furthermore, services contribute to a number of government policies. The theory of the emotion/al work of services, including their adopting, for a while, the parental function of containment and their cultural function of containment in response to a cultural vacuum concerning the needs of children who have been bereaved, represents them as more than a system for listening (Walter 1994).

Despite the emphasis of the thesis on the development of this account of emotion/al work as one of containing grief, it, nevertheless identified a number of crucial dimensions, which have policy implications for services and for research(ers). Firstly, it illuminated the diversity and complexity of the phenomena of 'bereaved children', as well as the nature of the work of services; that it is organised in a particular setting, involves offering a range of interventions to children, who are in a variety of particular developmental phases and situated within a particular family and cultural setting, and whose participation is as a result of an event that is understood as having a 'normal' process with its own course. This makes the identification of service outcomes, organisational 'target-setting' and service evaluation particularly challenging. Nevertheless, this is something services are increasingly being called upon to do. Secondly, as this study has identified, the heart of their work is profoundly relational, making explicit use of themselves as they work alongside the diverse 'material' of the child. This distinguishes it from other 'task orientated', 'caring' professions, where the 'use of self', whilst present, is more implicit and subsumed. Thirdly, it identified the extent to which it was their work in the context of the organisation, rather than the work with children, that presented staff with the greatest emotion/al challenges. Fourthly, although it was not a cultural critique of services, the Play nevertheless identified the cultural dimension of their emotion/al work, and what it is they are called upon to do, as structural forms, on our behalf. Services are working 'on our behalf' – relieving, locating and containing cultural anxiety about children and bereavement – on behalf of children, their parents and families, and on behalf of a culture that is silent or dismissive in the face of children's suffering, and this sets them apart from an adult world that largely finds it difficult to understand children's perspectives. Lastly, it also identified the impact of cultural uncertainty and conflicts that surrounds services. There is uncertainty about the implications of childhood bereavement and there are increasing

demands for 'proof' of their value, at the same time as they are asked to contain this. They are also not assuredly funded to do this work and the competitive, economic environment creates uncertainty about their continued existence. This difficulty, beyond the 'gift' of services to change in the short-term, creates additional demands and in doing so places an excessive burden on staff and on the organisation; and the cost of the meeting these is often 'paid for' by individuals.

One of the themes arising from the previous discussion is the need to understand more about the work of services. However, there are several issues that make this activity particularly challenging. The first concerns access to children and their accounts. The Prologue highlighted both the attention that was required to gain access, as well as a range of methods designed to increase this. Nevertheless, a culture of excessive and, at times lengthy, 'gatekeeping', particularly by Ethics Committees, means initial access is singularly difficult. Furthermore, for services that are accessible to children without parental consent, there are particular dilemmas (Balen et al., 2006). This gives rise to the second concern, that of appropriate methodologies; and the need to access and record children's subjective bereavement experience, so central to bereavement services, informed the broadly qualitative design and choice of methods outlined in the Prologue. However, the privileging of quantitative methodologies, especially controlled trials, means that services are not being researched in their own terms, or evaluated by the set of values and criteria by which they themselves are underpinned. Furthermore, these methods 'objectify' both 'children' and 'bereavement'. The third issue concerns the challenging nature of this type of research; that it is emotion/al work for the researcher who themselves are in need of containment.

RECOMMENDATIONS

For the organisational policy and practice

1. In response to the staff's need for the containment of their own deep feelings generated in the course of their work, which is after all the core business of the service, the organisation should provide a 'containing' function to their staff in the way that staff do for the users. This organisational function requires:
 - a. An explicit acknowledgement of the emotional complexity of the work.
 - b. Protective features of adequate and appropriate supervision and support, team de-briefing, the realistic management of workloads, and appropriate and supportive organisational structures and processes.
 - c. Their precedence over the bureaucratic demands of organisational life, positioned as the first principle against which all other indicators of Governance are placed.

2. Through the use of this heuristic model of their emotion/al work, services 'map' and 'audit' their individual and organisational emotion/al work and 'health', as well as identify gaps in their activity with support to and influence on other services. This would create a mechanism through which difficulties or 'failures' in individual, organisational and cultural containment can be explored and rectified.

For research(ers)

1. To ensure their own and their respondents' safety, and to enhance their capacity to generate meaningful data, researchers, especially in sensitive areas, have a right to adequate and appropriate emotional support. How this is operationalised will depend on the nature of the research and of the research team.

2. The theory outlined here arose from the specific context of childhood bereavement services. With this in mind, it would be useful to explore its value as a way of understanding emotion/al work in other settings; for example, adult bereavement services, and amongst other professional groups (for example, teachers, following Rowling's (1995) analysis of their 'disenfranchised grief'). Similarities and differences within these settings could be identified and the implications of these described.

3. Children's experiences contribute to the emotion/al work of services and are agents within a relational activity. Childhood bereavement services constitute, therefore, an enterprise of 'child-adult' relations. Following Price's (2001) work with children in a classroom setting, further research on how these relations are constructed, maintained and modified would be useful.

For social policy and cultural debate

1. I have identified the contribution that services make to enhancing children's well-being and supporting parents, set alongside the cultural uncertainty about the value of services for children who have been bereaved, and I illuminated the consequences of this for their emotion/al work. Adequate funding will reduce individual anxiety about job security, and organisational anxiety about whether the work can continue. Furthermore, it means staff can develop and mature in experience, rather than having to constantly 'repackage' their work as a 'new' project development solely in order to gain funds. Funding is hard won, and relies on services *individually* justifying their work to funders in order to compete with a range of other services. Urgent cultural debate about children, bereavement and childhood bereavement needs to take place, as well as debates about the value of services in supporting them.

2. This debate is likely to be enhanced by good quality, imaginative, evaluative research, which itself needs adequate funding. Furthermore, emotional support for

researchers (outlined above) also requires funding, and depends on an explicit acknowledgement of the emotional complexity of researching these sensitive areas, and that this support contributes to the generation of knowledge. A debate amongst academics as well as with funders is needed to determine if and how additional support can be funded.

3. Finally, innovative and imaginative, psycho-social research methods need to be valued alongside the experimental model. Furthermore, whilst not advocating a 'free-for-all' in terms of intrusive and inappropriate research, I believe a better system should be in place to create opportunities for children to have a greater chance of relating their bereavement experiences, their use of childhood bereavement services, and their contribution to the process of meaning-making following a significant death.

THESIS SUMMARY

Based on a cross-disciplinary examination of the work of childhood bereavement services and on the use of Alvesson and Sköldbberg's (2000) reflexive methodology, I argued that the term 'emotion/al work' extends Hochschild's 'emotional labour' to encompass the complex work of childhood bereavement services. The use of the forward-slash denotes the both/and duality of the specific, but inter-related, aspects of their work: that they are specifically interested in emotions and purposefully engage with them; and secondly, the emotional work crucially involves staff in having *simultaneously* to hold the feelings of children and parents who have been bereaved whilst managing their own – a potentially bifurcated position. This leads to the second feature: that this position itself generates emotion and requires emotional work. The mutually influencing relationships between these positions, of both separating and holding together emotion and emotional work is, I have argued, best represented through the use of the forward-slash. However, what was absent from this theory was an understanding of the emotion/al *process* in which they are engaged; a process that involves the internal and external world of the person-in-relationship. Bion's theory of *container/contained* accounts for the internal, and often unconscious, processes of the emotion/al work through which the experience of grief is transformed in relationship into something that can be thought about, and from which meaning can be derived. Bion's theory both accounts for the rise in services, as holders of un-contained cultural anxiety, and for their extensive emotion/al work in transforming it. This multifaceted, relational emotion/al work of services – as an 'ecological niche' within the respective systems of the child who has been bereaved – is one of 'containing grief'.

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APPENDICES

Theoretical categories of the case study services

CBS No	Location	Type	Time since service began	Users	Loss	Referral	Cause of death	Sector	Remit	Ages	Numbers	Intervention			
												Group work: Child	Group work: Family	Individual work: Child	Individual work: Family
1	City	Free-standing	Established	Child and Family	All Primary	Mixed	Any	Local Authority	National	0 to 18	Less than 25	Individual work: Family	Individual work: Child	Group work: Family	Group work: Child
2	City	Free-standing	Established	Child and Family	All Primary	Mixed	Any	Local Authority	National	0 to 18	Less than 25	Individual work: Family	Individual work: Child	Group work: Family	Group work: Child
3	Urban	Free-standing	Established	Child and Family	All Primary	Mixed	Any	Local Authority	National	0 to 18	Less than 25	Individual work: Family	Individual work: Child	Group work: Family	Group work: Child
4	Urban	Free-standing	Established	Child and Family	All Primary	Mixed	Any	Local Authority	National	0 to 18	Less than 25	Individual work: Family	Individual work: Child	Group work: Family	Group work: Child
5	Urban	Free-standing	Established	Child and Family	All Primary	Mixed	Any	Local Authority	National	0 to 18	Less than 25	Individual work: Family	Individual work: Child	Group work: Family	Group work: Child
6	Urban	Free-standing	Established	Child and Family	All Primary	Mixed	Any	Local Authority	National	0 to 18	Less than 25	Individual work: Family	Individual work: Child	Group work: Family	Group work: Child
7	Urban	Free-standing	Established	Child and Family	All Primary	Mixed	Any	Local Authority	National	0 to 18	Less than 25	Individual work: Family	Individual work: Child	Group work: Family	Group work: Child
8	Urban	Free-standing	Established	Child and Family	All Primary	Mixed	Any	Local Authority	National	0 to 18	Less than 25	Individual work: Family	Individual work: Child	Group work: Family	Group work: Child

NB: The UK area has been deleted for anonymity

Key: C = Children's Hospice

SPC= Specialist Palliative Care

Sampling: Theoretical categories of service provider participants

Service Providers	12-18	20-29	30-39	40-49	50-59	60+	TOTAL
Service 1	0	0	3	5	2	0	10
Service 2	0	0	2	2	3	0	7
Service 3	3	0	4	3	1	0	11
Service 4	0	0	1	2	3	2	8
Service 5	0	0	4	6	2	0	12
Service 6	0	0	1	2	1	0	4
Service 7	0	0	1	2	0	1	4
Service 8	0	0	2	0	2	0	4
Stakeholders							
Service 1	0	0	0	0	1	0	1
Service 5	0	0	0	0	1	0	1
Service 6	0	0	1	2	0	0	3
Service 7	0	0	0	0	1	0	1
Total Age: Service Providers	3	0	19	24	17	3	66

Table A1: Age of service provider and stakeholder participants.

Service Providers	Female	Male	Total
Service 1	10	0	10
Service 2	7	0	7
Service 3	8	3	11
Service 4	7	1	8
Service 5	9	3	12
Service 6	4	0	4
Service 7	3	1	4
Service 8	1	3	4
Stakeholders			
Service 1	1	0	1
Service 5	1	0	1
Service 6	3	0	3
Service 7	1	0	1
Total Gender:	55	11	66

Table A2: Gender of service provider and stakeholder participants

Service Provider	Paid	Unpaid	Total
Service 1	1	9	10
Service 2	0	7	7
Service 3	5	6	11
Service 4	0	8	8
Service 5	10	2	12
Service 6	2	2	4
Service 7	1	3	4
Service 8	4	0	4
Total: Paid/Unpaid	23	37	60

Table A3: Paid and unpaid staff participants

Sampling: Theoretical categories of user participants

TYPE OF INTERVENTION	Group and Individual								✓										
	Group	✓	✓	✓	✓	✓	✓	✓		✓									
	Individual										✓	✓	✓	✓					
PLACE OF DEATH	Other			1						✓		✓							
	Hospital				✓	✓	✓	✓	✓										
	Hospice	✓	✓																✓
	Home									✓		✓		✓					
BIRTH ORDER OF DECEASED CHILD	2	✓																	
	1		✓																
LENGTH OF TIME SINCE SERVICE USE (least/most)	24m+				✓	✓	✓												
	12-24m	✓																	✓
	6-12m							✓	✓			✓							
	<6m			✓						✓	✓								
	Ongoing		✓															✓	✓
LENGTH OF TIME SINCE DEATH (least/most)	24m+		✓	✓	✓	✓	✓		✓	✓								✓	
	12-24m								✓									✓	✓
	6-12m	✓																	
	<6m											✓							
SOCIO-ECONOMIC STATUS	4-5		✓			✓													
	3	✓						✓	✓	✓		✓						✓	✓
	1-2			✓	✓		✓					✓		✓					
TYPE OF DEATH	Sudden			✓	✓	✓	✓					✓	✓	✓					
	Anticipated	✓	✓					✓	✓	✓									✓
	Traumatic																	✓	
SEX/AGE OF SIBLING WHO DIED	F	7																	
	M		11																
SEX OF SURVIVING CARER	F	1	1	1	1	1	1			1	1			1			1	1	
	M	1							1			1	1						1
RELATIONSHIP TO PERSON WHO DIED	Grandparent								✓	✓									
	Sibling	✓	✓																
	Parent			✓	✓	✓	✓				✓	✓	✓	✓	✓	✓	✓	✓	✓
SEX OF CHILD(REN)	F	1	1		1			1					1	1		1(+1)		2	
	M		1	2		1		1	1	1		2	1(+1)		2	2			2
AGE OF CHILD(REN)	15+		1												1	2			
	11-14			2	1	1	1			2				1	1	2			2
	0-10	1	1				1	2			2	2(+1)			1	2	2		
SERVICE/FAMILY		1/1	1/2	2/1	2/2	3/1	3/2	4/1	4/2	5/1	5/2	6/1	6/2	8/1	8/2				

Dear Colleague

The Clara E Burgess Charity Research Project

I have recently begun a three – year funded study of childhood bereavement services in conjunction with Dr. Sheila Payne from the University of Southampton, and I enclose a leaflet outlining the details of the research project for your information. When you have had a chance to read it, you are very welcome to contact me if you would like any further information or to discuss it further.

I am working closely with (name) at the Bereavement Care Standards: UK Project and (name) at the Childhood Bereavement Project, further details of which are provided in the leaflet. The Childhood Bereavement Project has kindly agreed to circulate this letter and leaflet to you, hence the rather impersonal salutation at the top of the letter.

To help both the Child Bereavement Project and the Clara E Burgess research project keep in touch with you, we would be very grateful if you could complete and return the enclosed form to me at the address provided at the top of this letter and on the form itself. Once I have received details of your organisation, I will be able to keep you informed of any key developments during the progress of the research. The form also asks for some details about your service provision and will be used for circulating information by both the Childhood Bereavement Project and myself, and to begin to map the different kinds and locations of services available to bereaved children. There is a space on the form where you can indicate who the key organisational contact is, and whether you would be willing to provide further information and participate more actively in the Clara E Burgess research project.

As well as providing you with information about project, I am also writing to draw your attention to the funders. The Clara E Burgess Charity does not normally fund research. Rather, the Trust was set up specifically to support bereaved children in the terms described in the leaflet. They welcome applications for funds from childhood bereavement services!

Yours sincerely

Elizabeth Rolls

CBC Principal Researcher



**Helping Communities
Develop a Bereavement
Service for Children**

The Clara E Burgess
Charity Research Project based at the
University of Gloucestershire

Gaining Access: Outline of the research design

CLARA E BURGESS CHARITY RESEARCH PROJECT

RESEARCH DESIGN

	SERVICE USERS	SERVICE PROVIDERS
RESEARCH QUESTION	What is essential for the experience of using a childhood bereavement service, to be described by the user as helpful?	What features contribute to/constitute a helpful childhood bereavement service and how best can a childhood bereavement service be provided?
RESEARCH DESIGN/ PERSPECTIVE inc. sampling and analysis	<p>1. Phenomenological (deriving meaning).</p> <ul style="list-style-type: none"> • Criterion sampling approx. 10 clusters of participants (adults & children & secondary users) • Via taped in-depth interviews • Phenomenological principles of <i>analysis</i> – <ul style="list-style-type: none"> – Bracketing – Horizontalisation – Textual description – Structural description – Essence • Biographical vignettes will provide illustration of the life/death experience which surrounds the use of services <ul style="list-style-type: none"> – Selected via maximum variation <i>sampling</i>. 	<p>2. Case Study (Examples of provision to illustrate the range of organisations)</p> <ul style="list-style-type: none"> • Purposive <i>sampling</i> of 8 cases (<i>childhood bereavement service organisations</i>) including ordinary and unusual, with 'within' and 'cross-case' analysis • Via: <ul style="list-style-type: none"> - taped semi-structured interviews - documentary analysis - participant observation of therapeutic processes • Grounded theory principles and method of <i>analysis</i> (constant comparative method)

Clara E. Burgess Charity Research Project
RESEARCHING CHILDHOOD BEREAVEMENT SERVICES

Bulletin 1 – March 2001

INTRODUCING THE RESEARCH TEAM

❖ ***The Research Team***

The research team comprises two researchers and a Project Administrator. Liz Rolls, based at the project office at the Cheltenham and Gloucester College of Higher Education, is the main researcher. Professor Sheila Payne, based at the University of Sheffield is the supervisory researcher. Both are members of the Bereavement Research Forum.

❖ ***The Project Advisory Group***

The research team is complemented and advised by an Advisory Group whose role is to supplement the expertise of the researchers and provide advice and guidance to them. The members of the group are as follows:

- ❖ Dr Mari Lloyd-Williams, Medical Director at the Loros Hospice in Leicester
- ❖ Dr Marilyn Relf, Bereavement Services Manager at Sir Michael Sobell House, Oxford
- ❖ Sarah Willis, Project Director of the Childhood Bereavement Project based in Nottingham

AIMS OF THE STUDY

The research will identify what makes a helpful childhood bereavement service. To achieve this, the research will be examining:

- ❖ What service users found helpful in their experience of using a childhood bereavement service
- ❖ How services providers develop and deliver their childhood bereavement services

THE RESEARCH PROJECT

The project will be using two approaches to the research.

- ❖ It will study a range of childhood bereavement services, as *case studies*. We hope to interview service providers, explore the processes and procedures, as well as observe a range of therapeutic interventions
- ❖ To find out what *meaning* users give to their experience of using a service, we hope to interview children and young people and their caregivers, as well as other service users such as teachers and the emergency services.

PROJECT PROGRESS

❖ ***Developing a sampling frame***

In discussion with key stakeholders, a sampling frame has been drawn up. This consists of the key features of childhood bereavement services, found within the broad range of service provision currently operating across the UK. These features will need to be considered in the study.

❖ ***Selecting research participants***

A questionnaire, based on these features, has been sent to 127 childhood bereavement services together with a letter and an information leaflet. 108 services have provided details of their service. Services were also asked if they would be willing to contribute further to the research. With one exception, all services said they would be willing to be involved. Details from the questionnaire will be used to select the research participants to ensure a wide spread of features within the case studies.

Do you know of a service that has not received the questionnaire? If so, please ask them to contact the Research Office. It is not too late to be part of the 'mapping' exercise.

❖ ***Thinking about ethical issues***

There are many ethical issues that arise in research, but even more so when the research is sensitive, as in the case of bereavement, and when it includes children and young people. The research has been scrutinised by the CGCHE Research Ethics Committee, whose stringent criteria are based on the guidelines of the British Psychological Association and the British Sociological Association. Permission will also be sought from the NHS Research Ethics Committee before service users are involved in the research.

CONTACT DETAILS:

Liz Rolls, CBC Researcher

Email: [REDACTED]

Gaining Access: Letter of invitation to case study services

Dear

CLARA E BURGESS CHARITY RESEARCH PROJECT

Thank you very much for responding so promptly to my request for information about your childhood bereavement service and agreeing, in principle, to be involved more fully. I am now writing to ask if you would consider your service playing a more central part in the research. Since I last wrote to you, my research colleague, Sheila Payne, and I have more clearly defined the research methodology, and we think that the service provider part of the research will best be undertaken through an in-depth exploration of a small number of services. I am writing, therefore, to ask if your service would agree to be one of the 8 'cases' that will make up this part of the study.

Your service has been chosen through a process of purposive sampling using information from the form you kindly completed. From this information, we have been able to select a number of services across the UK that include the typical and the unusual, and which meet the broad spread of the kinds and types of childhood bereavement service currently available.

I would hope to visit your service, probably on more than one occasion, and would gather data from a range of staff, volunteers and stakeholders, for example, trustees, local schools and emergency services, through taped semi-structured interviews. The main topics I am interested in talking about are how the service was set up, how it is organised, funded and managed, and what kind of services you provide to bereaved children and their families. I would also like to undertake an analysis of a range of documents that are available to your service users, for example any brochures or publicity material. Lastly, I am interested in observing some of your work with individuals and groups.

The conduct of the research has met the approval of the NHS South West Medical Research Ethics Committee (MREC). Although bereaved children and adults are not technically NHS 'patients', we think this will be an additional safeguard to their, and your, interests. Your own service may have an Ethics Committee and I would be happy to submit the research to them for approval.

The other part of the research involves interviewing past service users to ask them about what they found helpful. I would like to be able to recruit two families who have used your service, and so would be looking to you for an introduction to them. It is not intended that *this data will be analysed as an evaluation of your service*, rather it will be added to data collected from the users of other services to find out, broadly, what children, young people and adults found helpful. This part of the research will not begin immediately and so we will have a chance to talk about it more fully whilst I am visiting your service. It will also be subject to the permission of the NHS MREC.

If you consent to participate in the study, it will inevitably involve some of your current service users, although they are not the specific forms of study. Attached to this letter is a specimen letter that I would like to use to inform and gain consent from those who are using your service whilst I am present. I would also be very happy to customise this letter following discussions with you.

There are a lot of issues here about confidentiality, anonymity and informed consent. It is our intention that *all participants*, that is you and your service users and stakeholders, be guarded from recognition by the use of pseudonyms and other codes. Care will be taken during reporting, and other writing associated with the research, to provide an accurate description of the service involved without allowing recognition. No specific reference will be made to your service, as one of the case studies, either during the data collection period, or in any concurrent or subsequent dissemination activity. All interview transcripts and other material will be kept in safe storage. Details of those who agree to participate will be kept under lock and key in a place separate from the research office, and significant features, which may make identity of your service possible, will be excluded from any reporting. In addition, individuals can have access to their interview transcripts and either individuals, or the service as a whole, can withdraw from the research at any time. Recording equipment will also be switched off, at any time, on request. At the end of the study, I will be happy to provide your service with the full research report.

There is a lot for you to think about and I know you will need time to discuss this more fully with others. You may also wish to discuss this further with me and so, unless I hear from you before, I will contact you by telephone on the morning of 28 March 2001. If necessary, I can also arrange to make an informal visit.

With best wishes,

Yours sincerely,

Elizabeth Rolls

CBC Principal Researcher

**THE CLARA E BURGESS CHARITY RESEARCH PROJECT
'HELPING COMMUNITIES DEVELOP A CHILDHOOD BEREAVEMENT SERVICE'**

PARTICIPANT INFORMATION SHEET FOR SERVICE PROVIDERS

You are being invited to take part in a research study. Before you decide it is important that you understand why the research is being done and what it will involve. Please take time to read the following information, together with the Project Leaflet and discuss it with others if you wish, including those at (service name). Please contact me (the address is overleaf) if there is anything that is not clear or you would like more information.

WHO IS FUNDING THE STUDY

The research study is funded by the Clara E Burgess Charity whose aim is to provide facilities and assistance to enhance the education, health and physical well-being of children, particularly (but not exclusively) those under the age of 10 years who have lost one or both parents.

WHAT IS THE AIM OF THE STUDY

The broad aim of the study is to find out what makes a helpful childhood bereavement service. To find this out, we want to talk to those who have used a service as well as those who provide one. The recommendations of the study will help services offer a better service to children who have been bereaved.

WHO IS UNDERTAKING THE STUDY

I am the principal researcher leading the research. I trained as a nurse and a health visitor before becoming a lecturer and researcher in health and social care. My colleague Professor Sheila Payne is acting as supervisory researcher and works at the University of Sheffield. She has extensive research experience in the care for people with advanced illness and in those who have been bereaved.

WHY I HAVE BEEN CHOSEN?

You have been chosen because you help provide a childhood bereavement service and can tell me about this: what your role is, how you contribute to supporting bereaved children, and ideas you may have about the service provision.

HOW I HAVE BEEN CHOSEN?

Over the whole study, we would like to talk to a range service providers. We have asked (service name) to help us find the variety of people we would like to be included in the study.

DO I HAVE TO TAKE PART?

It is up to you to decide whether or not to take part. If you do decide to take part, you will be asked to sign a consent form. If you decide to take part you will be free to withdraw at any time and without giving a reason. If you decide not to take part, we will make no further contact with you through (service name).

WHAT WILL HAPPEN IF I TAKE PART?

If you agree to take part in the study, I would like you to talk to me about your experiences. This could take place at the service, if this is convenient to you, or we could arrange to meet at another place. If we arrange to meet in a place other than the service that involves travelling, we will reimburse your travel costs. To help remember what is said, I will be using a tape recorder. Otherwise, I will be making notes in my notebook.

WILL MY TAKING PART IN THIS STUDY BE CONFIDENTIAL?

If you consent to be part of this study, your privacy will be respected and you will be guarded from recognition by the use of 'false' names, and all details will be kept under lock and key and will not be disclosed in any reports. In addition, all comments made about the service that you have used will be held in the strictest confidence. You can have access to any data in which you are involved.

WHAT WILL HAPPEN TO THE RESULTS OF THE RESEARCH STUDY?

We will be making a report of the study for the Clara E Burgess Charity. We will also publish some of the findings, as well as develop a guide for childhood bereavement services.

CONTACT DETAILS

If you would like more information please contact either:

Liz Rolls
School of Health & Social Sciences
University of Gloucestershire
P.O. Box 220, (LC109, The Bridge)
The Park
Cheltenham GL50 2QF

or Professor Sheila Payne
University of Sheffield
Trent Palliative Care Centre
Sykes House, Little Common Lane
Abbey Lane
Sheffield S11 9NE

Telephone/Fax: 01242 532874
Email: lrolls@chelt.ac.uk

Tel: 0114 262 0174
Fax: 0114 236 2916
Email: s.a.payne@sheffield.ac.uk

Gaining Access: Letter of invitation to service staff

Dear Colleague,

CLARA E BURGESS CHARITY RESEARCH PROJECT

The (name) service has kindly agreed to be part of a UK wide research project concerned with helping communities develop a bereavement service for children and young people and I enclose a leaflet, which explains more about it, including its objectives.

The service is one of eight services that have been chosen through a process of purposive sampling using information that services provided at an earlier stage of the project. From this information, we have been able to select a number of services across the UK that include the typical and the unusual, and which meet the broad spread of the kinds and types of childhood bereavement service currently available.

I will be making an initial visit here to the (service) between (dates) and would like to interview a range of staff, volunteers and stakeholders, for example, managers and people who refer children to the service through taped semi-structured interviews. The main topics I am interested in talking about are how the service was set up, how it is organised, funded and managed, and what kind of services are provided to bereaved children and their families. I would also like to look at documents that are available to your service users, for example any brochures or publicity material. Lastly, and only if agreed, I am interested in observing some of your work with groups of service users, although this may not be possible on this visit.

At later stage of the research, I will be speaking to two families who have used your service and I will be in discussion with (your Manager) about how we select and approach these families. The purpose of this part of the research is not to evaluate your service, rather to ask users what they wanted from childhood bereavement services and what they found helpful to them. The data from this part of the study will be analysed alongside comments from users of other services rather than alongside your service.

The conduct of the research has met the approval of the CGCHE Research Ethics Sub-Committee and no observation of any interventions involving your users will be undertaken until the permission of the NHS Multiple-Centre Research Ethics Committee (MREC) has been gained. Although bereaved children and adults are not technically NHS 'patients', we think this will be an additional safeguard to their, and your, interests.

There are a lot of issues here about confidentiality, anonymity and informed consent. It is our intention that *all participants* be guarded from recognition by the use of pseudonyms and other codes. Care will be taken during reporting, and other writing associated with the research, to provide an accurate description of the service involved without allowing recognition. No specific reference will be made to your service, as one of the case studies, either during the data collection period, or in any concurrent or subsequent dissemination activity.

All interview transcripts and other material will be kept in safe storage. Details of those who agree to participate will be kept under lock and key in a place separate from the research office, and significant features, which may make identity of your service possible, will be excluded from any reporting. In addition, individuals can have access to their interview transcripts and either individuals, or the service as a whole, can withdraw from the research at any time. Recording equipment will also be switched off, at any time, on request.

If you consent to participate in the study, please contact (your manager) and she will arrange a time for us to meet during these three days. You may also wish to discuss this further with me and, if so, you are welcome to phone me on 01242 532874.

With best wishes,

Yours sincerely,

Elizabeth Rolls

CBC Principal Researcher

Dear

CLARA E BURGESS CHARITY RESEARCH PROJECT

I am writing to ask if you would agree to help me with my research. This letter will explain who is funding the research, what it is about, what it will involve, how confidentiality and anonymity will be ensured and what you need to do next.

WHO IS FUNDING THE RESEARCH AND WHAT IS IT ABOUT?

The Clara E Burgess Charity was set up to help services that offer support to children who have been bereaved. Normally, the charity does this by funding particular projects or by providing useful equipment. Recently, however, they have funded a three year research study to find out what children, young people and their carers want from a childhood bereavement service and to find out about the range of activities that services provide to meet the needs of children who have been bereaved. The research findings will help the Clara E. Burgess Charity to distribute their limited funds. The enclosed leaflet will explain more about the Clara E Burgess Charity and the purpose of the research, and give you more information about my research colleague, Sheila Payne and myself.

o *Finding out about what services provide*

To help me find out about the range of activities that services provide to meet the needs of children who have been bereaved, *Rachel House Children's Hospice* has responded to my request for information and they have agreed to play a more central part in the research. I have been visiting the service to interview the staff, volunteers and other people such as Trustees. I have also been looking at their publicity material and observing their work.

o *Finding out about what service users wanted*

To help me find out what children, young people and their carers wanted from a childhood bereavement service and what they found helpful or not, *Rachel House Children's Hospice* have agreed to forward this letter to you on my behalf. They have not given me your name and address. The research will help develop bereavement services for children and your part in the research will contribute to this development. I am writing to ask if you would agree to talk to me about your experience of using a childhood bereavement service, and for me to approach your child(ren) to ask if they would agree to talk to me as well.

WHAT WILL IT INVOLVE?

It will involve talking to me for about an hour or so. This could take place at your home, if this is convenient to you or we could arrange to meet at another place, possibly at *Rachel House Children's Hospice*. If we arrange to meet in a place other than your home that involves travelling, I will reimburse your travel costs. To help me remember what is said, I would like to use a tape recorder. Otherwise, I will be making notes in my notebook.

WILL PEOPLE BE ABLE TO RECOGNISE ME OR MY CHILDREN?

All those who agree to be part of the study – children, young people, adults - will be guarded from recognition by the use of false names and other codes and all details will be kept under lock and key and will not be disclosed in any reports. In addition, all comments made about the service that you have used will be held in the strictest confidence.

You can have access to any data in which you are involved and you and your child can withdraw from the research at any time. Your privacy will be respected and recording equipment will also be switched off on request.

WHAT DO I DO NOW?

There is a lot for you to think about and I know you will need time for this. You may also wish to discuss this further with others, including the staff at *Rachel House Children's Hospice*. You are also welcome to talk to me or Sheila Payne and contact details are provided on the enclosed Project Information Leaflet.

I attach a reply slip with this letter, together with a stamped addressed envelope, that you can use to get in touch with me directly. You can also contact me by telephone. If I do not hear from you within two weeks of your receipt of this letter, I will assume you do not wish to participate and I will not trouble you further.

In any case, please accept my very best wishes.

Yours sincerely,

Elizabeth Rolls
CBC Principal Researcher

I HAVE READ THE PROJECT INFORMATION LEAFLET AND THIS LETTER AND

❖ I am willing to participate in the research. Please contact me to make an arrangement to visit.

❖ I am willing for you to send a letter explaining the project to my children and inviting them to participate:

Names and Ages..... ..

.....

❖ I am uncertain and would like to find out more about the study and what it will involve. Please contact me to discuss it further

SERVICE NUMBER: CBC

Name.....

Address

.....

.....

.....

Post Code.....

Telephone number

Please return this in the stamped addressed envelope provided

Gaining Access: Participant information sheet for parents

**THE CLARA E BURGESS CHARITY RESEARCH PROJECT
'HELPING COMMUNITIES DEVELOP A CHILDHOOD BEREAVEMENT SERVICE'**

PARTICIPANT INFORMATION SHEET FOR PARENTS

You are being invited to take part in a research study. Before you decide it is important that you understand why the research is being done and what it will involve. Please take time to read the following information, together with the Project Leaflet and discuss it with others if you wish, including those at (service name). Please contact me (the address is overleaf) if there is anything that is not clear or you would like more information.

WHO IS FUNDING THE STUDY

The research study is funded by the Clara E Burgess Charity whose aim is to provide facilities and assistance to enhance the education, health and physical well-being of children, particularly (but not exclusively) those under the age of 10 years who have lost one or both parents.

WHAT IS THE AIM OF THE STUDY

The broad aim of the study is to find out what makes a helpful childhood bereavement service. To find this out, we want to talk to those who have used a service as well as those who provide one. The recommendations of the study will help services offer a better service to children who have been bereaved.

WHO IS UNDERTAKING THE STUDY

I am the principal researcher leading the research. I trained as a nurse and a health visitor before becoming a lecturer and researcher in health and social care. My colleague Professor Sheila Payne is acting as supervisory researcher and works at the University of Sheffield. She has extensive research experience in the care for people with advanced illness and in those who have been bereaved.

WHY I HAVE BEEN CHOSEN?

You have been chosen because you have used a childhood bereavement service and can tell me what that experience was like: what you found helpful and what was not very helpful. You may also have some ideas about ways in which you could have been helped more or how the service could be improved, and we are interested in hearing about this as well.

HOW I HAVE BEEN CHOSEN?

Over the whole study, we would like to talk to a range of adults and children whose experience of losing someone close to them has been different. We have asked (service name) to help us find the variety of people we would like to be included in the study.

DO I HAVE TO TAKE PART?

It is up to you to decide whether or not to take part. If you do decide to take part, you will be asked to sign a consent form. If you decide to take part you will be free to withdraw at any time and without giving a reason. If you decide not to take part, we will make no further contact with you through (service name) and it will not affect any future care you receive from them.

WHAT WILL HAPPEN IF I TAKE PART?

If you agree to take part in the study, I would like you to talk to me about your experiences. This could take place at your home, if this is convenient to you, or we could arrange to meet at another place, possibly at (service name). If we arrange to meet in a place other than your home that involves travelling, we will reimburse your travel costs. To help remember what is said, I will be using a tape recorder. Otherwise, I will be making notes in my notebook.

WILL MY TAKING PART IN THIS STUDY BE CONFIDENTIAL?

If you consent to be part of this study, your privacy will be respected and you will be guarded from recognition by the use of 'false' names, and all details will be kept under lock and key and will not be disclosed in any reports. In addition, all comments made about the service that you have used will be held in the strictest confidence. You can have access to any data in which you are involved.

WHAT WILL HAPPEN TO THE RESULTS OF THE RESEARCH STUDY?

We will be making a report of the study for the Clara E Burgess Charity. We will also publish some of the findings, as well as develop a guide for childhood bereavement services.

CONTACT DETAILS

If you would like more information please contact either:

Liz Rolls
School of Health & Social Care
P.O. Box 220
The Park
Cheltenham
Glos GL50 2QF

or Professor Sheila Payne
University of Sheffield
Trent Palliative Care Centre
Sykes House, Little Common Lane
Abbey Lane
Sheffield S11 9NE

Telephone/Fax: [REDACTED]
Email [REDACTED]

Tel: 0114 262 0174
Fax: 0114 236 2916
Email: s.a.payne@sheffield.ac.uk

Gaining Access: Covering letter to Key Contact for family recruitment

Dear

CLARA E BURGESS CHARITY RESEARCH PROJECT

Following my visit to your service to interview a range of staff, I am now hoping to recruit user participants into the study. As we have already discussed, the selection of families is a little problematic, because it will rely on your judgement about which families it will be best for me to approach, both from the point of view about who will be likely to participate, but also who will least likely be too distressed it. To try and overcome these and to ensure a broad range of users within the study, I would be grateful if you would kindly phone me so that we can discuss 'features' of potential participants you have in mind.

In the meantime, I enclose three letters to parent(s). One letter is for your own records. The other two letters are for forwarding to families with the covering letter from you. With these two letters, I also enclose a Project Brochure and a stamped and self addressed envelope for the families to return their slip to me. I have also provided an A5 stamped envelope for you to use. I would be grateful if you could

- fill in the name of the family to whom the letter is being sent in 'Dear.....'. It might need to be more formal than the way in which you would address them as this letter is coming from me
- let me know, by email or by leaving a message on my answer phone, when you have sent the letters out to the families.

If you are unhappy about any aspect of this we can also discuss this when we speak together. I also need to arrange a visit to see (name) and hope I can, if possible, tie this in with visiting families.

I look forward to hearing from you shortly. In the meantime, with all good wishes,

Yours sincerely

Elizabeth Rolls
CBC Principal Researcher

Dear

CLARA E BURGESS CHARITY RESEARCH PROJECT

My name is Liz and I have been spending time visiting (service name) because I am interested in finding out what sort of things (service name) does to help children and young people when someone special has died. I have been talking to the people who work there and have watched them work. To help me remember things that were said, I used a tape recorder. At other times, I made notes in my notebook.

Now I would like to talk to people who visited the service because someone special to them had died. I have written to your (relationship) to ask if I can write to you and they have said I can.

I am writing to you to ask if you would agree to talk to me about (service name). I am interested in hearing about what you liked about (service name) and what you did not like very much and about what things you found helpful. I will arrange a convenient time with your (relationship) when I can come to your home, or to a convenient place near where you live, to talk to you. You can talk to me alone or with your (relationship) present, whichever you prefer.

If you agree to this, no one, except me, will know your name. When I write my report, I will not tell people your name, but will use a pretend name that you can choose. You can read anything I write about you. I will also not tell anyone, including your (relationship) about the things you say unless you ask me too, or it is too important not to share with an adult. If I have to do this, I will tell you first and we can talk about it.

You don't have to talk to me, if you do not want to, no one will mind. If you do agree to talk to me, you can change your mind at any time and you can ask for the tape recorder to be turned off at any time. You may want to talk this over with someone close. You are also welcome to talk to me and my phone number is 01242. Sometimes I will be out of the office. You can leave a message with our secretary or on the answerphone. If you leave your own telephone number, I will call you back.

I will telephone your (relationship) in a little while and they will be able to tell me what you decide.

Liz Rolls

Gaining Access: Service letter detailing my visit to a family

Dear

CLARA E BURGESS CHARITY RESEARCH PROJECT

I am writing to let you know that the first/second family from (name of service) has agreed to take part in the research.

I will be seeing the (Name) family at (time) on (date), and they are happy for the interview to take place at their home. I wanted to let you know in case my visit presented them with any difficulties.

I do hope you and the (Name of service) team are all well, and thank you again for all your efforts on behalf of the research.

With very best wishes,

Yours sincerely,

Elizabeth Rolls

CBC Principal Researcher

Consent Form: Service providers and stakeholders

CONSENT FORM

Title of Project:

Clara E Burgess Charity Research Project:
Researching Childhood Bereavement Services

Name of Researcher:

Liz Rolls

Service Provider/Stakeholder Participant Identification Number:

Please initial box

- 1. I confirm that I have read and understand the information sheet dated June 2000 (Version 1) for the above study and have had the opportunity to ask questions.

- 2. I understand that my participation is voluntary and that I am free to withdraw at any time, at any time, without giving any reason, without my medical care or legal rights being affected.

- 3. I agree to take part in the above study.

Name of Participant

Date Signature

Researcher

Date

Signature

1 for Stakeholder Participant; 1 for researcher

CONSENT FORM

Title of Project:

Clara E Burgess Charity Research Project:
Researching Childhood Bereavement Services

Name of Researcher:

Liz Rolls

Past Service User Participant Identification Number:

Please initial box

- 1. I confirm that I have read and understand the information sheet dated June 2000 (Version 1) for the above study and have had the opportunity to ask questions.
- 2. I understand that my participation is voluntary and that I am free to withdraw at any time, at any time, without giving any reason, without my medical care or legal rights being affected.
- 3. I agree to take part in the above study.

Name of Participant		Date Signature
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Name of Parent if child under 16	Date	Signature
----------------------------------	------	-----------

Researcher	Signature	Date
------------	-----------	------

1 for Past Service User Participant; 1 for researcher

(NAME OF THE SERVICE)**AND****THE CLARA E BURGESS CHARITY RESEARCH PROJECT****INFORMATION SHEET**

We are currently taking part in a research study and wanted to tell you why the research is being done and how it will affect you. Please take time to read the following information and discuss it with us if you wish.

WHAT IS THE STUDY?

The study is trying to find out what makes a helpful childhood bereavement service. To find this out, a researcher will be visiting the service to talk us about how we have set up and organised our service. She will also want to talk to those who have used the service in the past. The recommendations of the study will help services offer a better service to children who have been bereaved.

WHO IS UNDERTAKING THE STUDY?

The person undertaking the study is called Liz Rolls and works in the Cheltenham and Gloucester College of Higher Education. She trained as a nurse and a health visitor. She has a colleague at the University of Sheffield, Professor Sheila Payne, who is helping her, but you will not come into contact with her.

WILL MY PRIVACY BE ASSURED?

Your privacy will be respected at all times. Liz will be quietly sitting in on sessions and taking notes, but she has no access to your notes or any details about you and we are happy

CONTACT DETAILS

If you would like more information on the study, please contact either:

Liz Rolls
School of Health & Social Care
P.O. Box 220
The Park
Cheltenham GL50 2QF

or Professor Sheila Payne
University of Sheffield
Trent Palliative Care Centre
Sykes House, Little Common Lane
Abbey Lane
Sheffield S11 9NE

Telephone/Fax: [REDACTED]

Email [REDACTED]

Tel: 0114 262 0174

Email: s.a.payne@sheffield.ac.uk

No.....

THE CLARA E BURGESS CHARITY RESEARCH PROJECT

CHILDHOOD BEREAVEMENT SERVICES INFORMATION FORM

Part A: Preliminary Details

Name of Childhood Bereavement Service	
Name of umbrella organisation (if appropriate)	
Address of service	Post Code:
Telephone Number	
Fax number	
Email Address	
Other, e.g. Website address	
Name and job title of Key Contact	
Name and job title of day - to- day manager, if different from above	

Please return to: Liz Rolls
 Clara E Burgess Charity Research Project
 Cheltenham and Gloucester College of Higher Education
 PO Box 220, The Park
 Cheltenham
 Glos GL50 2QF

Thank you for taking the time to complete and return this form

Part B: Details of Service Provision

For each question, please tick as many boxes as apply

Name of organisation.....

1. Who are your service users?

Primary Users

- Families and Children
- Children only
- Other, please describe

Secondary Users

- Schools
- Emergency Services
- Other professionals
- Media
- Other, please describe

.....

.....

2. What 'loss' relationship does your service work with?

- Death of a parent
- Death of a significant caregiver/relative
- Death of a sibling
- Other, please describe

.....

3. What age range of child does your service cater for?

Fromto

4. Approximately, how many children does your service see each year?

- 1998
- 1999.....
- 2000..... (to date)

5. What types of referral does your service take?

- Self referral
- Professional referral only
- Existing service users only (e.g. palliative care)
- Mixed referral
- Other, please describe

.....

6. What kind of death does your service work with?

- Death from any cause
- Death from specific causes
- Please state which

.....

- Anticipated death
- Sudden death

7. What sector is your service in?

- | | | | |
|------------------------|--------------------------|------------------------|--------------------------|
| Statutory | | Voluntary | |
| Local Authority | <input type="checkbox"/> | Hospice | <input type="checkbox"/> |
| Health Service | <input type="checkbox"/> | Charity | <input type="checkbox"/> |
| Other, please describe | <input type="checkbox"/> | Other, please describe | <input type="checkbox"/> |

.....

8. Who has overall responsibility for the management of your service?

- NHS Trust
- Voluntary Management Committee
- Board of Trustees
- Other, please describe

.....

9. What are your key sources of funding?

- | | | | |
|------------------------|--------------------------|------------------------|--------------------------|
| External | | Internal | |
| Grant | <input type="checkbox"/> | Fund raising | <input type="checkbox"/> |
| Revenue | <input type="checkbox"/> | Training | <input type="checkbox"/> |
| Sponsorship | <input type="checkbox"/> | | |
| Donations | <input type="checkbox"/> | | |
| Other, please describe | <input type="checkbox"/> | Other, please describe | <input type="checkbox"/> |

.....

10. How is your service staffed?

Professionally qualified and paid

- Counsellors
- Doctors
- Nurses
- Psychologists
- Social Workers
- Other, please describe

Volunteers and unpaid

- Befrienders
- Trained volunteers
- Qualified Counsellor
- Qualified professionals
- Other, please describe

.....

.....

11. How many people work in your organisation?

Paid.....

Unpaid.....

12. What kind of intervention does your service offer to bereaved children and their family/carers?

- Pre-bereavement support
- Information and advice
- Resources, e.g. books
- Individual work with
 - all family members
 - Child only
- Group activity with
 - All family members
 - Child only
- 'Drop in' sessions
- Onward referral
- Outreach
- Other please describe

.....

13. Would you and other members of your service be willing to provide further information and possibly take part in an interview with Liz Rolls?

- Yes No

Thank you for taking the time to complete and return this form.

Clara E Burgess Charity Research Project

SURVEY OF CHILDHOOD BEREAVEMENT SERVICE SUPPORT WORKERS

PART 1 QUESTIONS ABOUT YOU

1. Are you:

Please circle as appropriate

- Male 1
- Female 2

2. To which age group do you belong?

Please circle as appropriate

- 19 years or less 1
- 20 to 39 years 2
- 40 to 59 years 3
- 60 or above 4
- I prefer not to answer this question 5

3. How do you describe your cultural/ethnic group?.....

4. Apart than your voluntary work, are you:

Please circle as appropriate

- In full-time employment 1
- In part-time employment 2
- Seeking work 3
- Retired 4
- None of these 5

5. If you are employed, what is your job?

.....

6. Do you have any professional qualifications?

Please circle as appropriate

- Yes 1
- No 2

If No, please go to Q.8

7. If you have any professional qualifications, please list them.

.....

.....

8. How important are religious beliefs in your life?

Please circle as appropriate

- Very important indeed 1
- Quite important 2
- Not very important 3
- Religion plays little or no part in my life 4

9. Please could you say whether you have experienced the death of someone particularly close to you:

Please circle Y(yes) or N(no), as appropriate, for each person.

- | | |
|--|----------------------|
| Death of your parent(s) | Y/N, _____ years ago |
| Death of your husband, wife or partner | Y/N, _____ years ago |
| Death of your child | Y/N, _____ years ago |
| Death of your brother or sister | Y/N, _____ years ago |
| Death of a close relative or friend | Y/N, _____ years ago |
| I prefer not to answer this question | 6 (please circle) |

10. What factors were important in helping you decide to offer help at the childhood bereavement service?

Please circle as many numbers as appropriate.

- | | |
|---|----|
| Personal experience of bereavement in my childhood | 1 |
| Knowing somebody who had been cared for by the service | 2 |
| Knowing somebody who you wish could have been cared for by them | 3 |
| Spare time since stopping work | 4 |
| Children growing up, so more time available | 5 |
| Religious beliefs | 6 |
| Desire to help others | 7 |
| Own fulfilment | 8 |
| Able to use my professional skills | 9 |
| To gain experience to develop my career | 10 |
| Other (please specify) | 11 |

.....

11. If the childhood bereavement service is attached to a hospice or part of another service, do you also work for that hospice/service?

Please circle as appropriate

- | | |
|--|---|
| Yes, as a <i>paid</i> member of staff | 1 |
| Yes, as an <i>unpaid</i> member of staff | 2 |
| No, I don't work for them | 3 |

12. Do you do *voluntary* work for any organisation other than the childhood bereavement service and related organisation?

Please circle as appropriate

- | | |
|-----|---|
| Yes | 1 |
| No | 2 |

If No, please go to Question 14.

13. For whom do you work voluntarily?.....

.....

PART 2:

QUESTIONS ABOUT YOUR WORK FOR THE CHILDHOOD BEREAVEMENT SERVICE

14. How did you hear that the childhood bereavement service needed voluntary staff?

Please circle one number only i.e. the main source of information

- | | |
|--|---|
| From my own use of the service | 1 |
| From a friend | 2 |
| From contact with a worker in this childhood bereavement service | 3 |
| Knowing someone who had been cared for by the service | 4 |
| From a press article | 5 |
| From a poster or advertisement | 6 |
| Other (please specify) | 7 |
-

15. How long have you been helping at the childhood bereavement service?

Please circle one number only.

- | | |
|-----------------------------|---|
| Less than 6 months | 1 |
| Between 6 months and a year | 2 |
| Between 1 and 2 years | 3 |
| More than 2 years | 4 |

16. On average, how much time do you devote to your work at the childhood bereavement service?

Please circle one number only.

- | | |
|---------------------------------|---|
| More than 8 hours per week | 1 |
| Between 4 and 8 hours per week | 2 |
| About 4 hours per week | 3 |
| About 4 hours every 2 weeks | 4 |
| Less than 4 hours every 2 weeks | 5 |

17. What would you estimate is the most number of hours in a week you have spent working for the childhood bereavement service?

_____ hours

18. Please describe the type of work you do for the childhood bereavement service

.....

.....

.....

19. Did you receive any training to do this work?

Please circle as appropriate

- | | |
|-----|---|
| Yes | 1 |
| No | 2 |
- If No, please go to Question 22.

20. What training have you received to undertake this work and where did you receive it? *Please circle as many numbers as appropriate.*

Type of training	Through <u>this</u> childhood bereavement service	Through <u>another</u> childhood bereavement service	Elsewhere
Understanding bereavement in children	1	2	3
Working 1:1 with children	4	5	6
Working with groups of children	7	8	9
Play, art or music work	10	11	12
Working 1:1 with adults	13	14	15
Working with groups of adults	16	17	18
Understanding bereavement in adults	19	20	21
Other (please specify)	22	23	24
.....			
.....			

21. Do you regard the training as sufficient?

Please circle one number only.

Yes 1
No 2

22. To what extent do you feel that your skills or talents are being adequately utilised in your voluntary work?

Please circle one number which most closely sums up the way you feel

I feel that I have special skills that I have the opportunity to use in my voluntary work 1
I feel that I have skills that could be better used by the childhood ...bereavement service 2
I feel very strongly that my skills are under-used 3

23. To what extent do you feel that your help is valued by the childhood bereavement service?

Please circle one number that most closely sums up the way you feel

My services are valued very highly 1
My services are valued quite a lot 2
I am appreciated but I would not be missed if unavailable 3
I am taken rather for granted 4

24. How much do you feel you understand about what is going on at the childhood bereavement service?

Please circle one number only.

A great deal 1
Quite a lot 2
Not much 3
Not at all 4

25. Do you find working for the childhood bereavement service emotionally difficult?

Please circle one number only, which most closely describes your feelings.

- Yes, I often find myself experiencing quite distressing emotions 1
- Yes, I occasionally find myself experiencing quite distressing emotions 2
- I am rarely upset by emotions aroused by this work 3
- I never find myself upset by emotions aroused by this work 4

Comments (if any)

.....

26. How much support and encouragement do you feel you get as a volunteer?

Please circle one number only.

- A great deal 1
- Adequate 2
- I would appreciate more 3
- Inadequate 4

27. Please list the FIVE things you think are *most satisfying* about your work for the childhood bereavement service in order of priority, starting with the most important (1) and ending with the least (5).

- 1.
- 2.
- 3.
- 4.
- 5.

28. Please list the FIVE things you think are *least satisfying* about your work for the childhood bereavement service in order of priority, starting with what you like least (1).

- 1.
- 2.
- 3.
- 4.
- 5.

29. Do you receive reimbursement for your expenses (e.g. travel costs)?

Please circle one number only.

- Yes 1
- No 2

If you would like to make any further comments, please attach these on a separate sheet of paper

Thank you very much for your help in answering this questionnaire.

Dear Volunteer,

CLARE BURGESS CHARITY RESEARCH PROJECT

(Name) Childhood Bereavement Service, for whom you offer voluntary services, has been participating in a research project looking at childhood bereavement services across the United Kingdom. I enclose a brochure for your interest and information. Eight services, including (Name), are involved as case studies and, as part of the study we will also be talking to users as well as providers of services.

As part of the research, my colleague and I are keen to find out about people who volunteer for the different aspects of the work of childhood bereavement services. We have, therefore, developed a questionnaire, which we are sending to all volunteers in the eight services who have agreed to participate.

The questionnaire should take about 5 minutes to complete. It is both confidential and anonymous, there is no need for you to give your name. I also enclose a stamped addressed envelope for you to return it to me. I would be grateful if you could do this by 28th June 2002.

Thank you for your help.

With best wishes,

Yours sincerely,

Elizabeth Rolls

CBC Principal Researcher

Questionnaire: Phase 2 Covering letter to services

Dear

**CLARA BURGESS CHARITY RESEARCH PROJECT
VOLUNTEER QUESTIONNAIRE**

When we met during my period of fieldwork, we discussed an aspect of the project concerned with finding out more about volunteers.

I am now enclosing a set of questionnaires for distributions to those volunteers who contribute to the childhood bereavement service, and *who I did not have a chance to interview* during my visit to (Name) Bereavement Service. In each stamped envelope I have enclosed a covering letter outlining the research work, a copy of the questionnaire and a project brochure. I have asked volunteers to return the questionnaires directly to me, in the stamped addressed envelope also provided, by 28th June 2002.

Please contact me if you need more questionnaires. I would also be grateful if you could return any unsent questionnaires to me, so that I have a record of the numbers distributed.

With many thanks for your continued support and efforts on behalf of the project.

With all good wishes.

Yours sincerely

Elizabeth Rolls
CBC Principal Researcher

SERVICE PROVIDERS: SERVICE MANAGER

1A THE RESEARCH EXPERIENCE

What are your expectations of the research process?

What do you think is going to happen?

Is there anything you don't want to happen?

What do you want out of the process?

What don't you want out of the process?

2 PERSONAL QUESTIONS

How long have you been here?

Why did you come and work for this service?

What is your role?

Do you have a professional qualification and if so what?

3 SERVICE BACKGROUND

How did the service start and what is its vision?

What kind of things did you need to think about?

How did you assess the need for a service?

How was it planned and set up and by whom?

How has vision of the service been changed/transformed over time and how has this been managed?

4 PHILOSOPHY OF THE CURRENT SERVICE

How do you think about bereavement and its impact on children?

What do you see as their needs? And how does this differ from adults?

How do you manage these tensions?

What has determined the way in which you have chosen/organised the help on offer?

What is the purpose of the help you offer?

Who do you think the service is principally for?

Do you have a mission statement?

What, if any, is the broader context into which you see your service fitting?

5 ORGANISATION OF THE SERVICE

How have you structured and organised the service day to day? Is this working?

How do you administer and finance the service? What are the issues here?

What are your service policies and how have you decided them?

What, if any, are the service outcomes? How did you decide these and who decided?

Is your service audited/evaluated? And if so, how?

Is there a patron/Board of Trustees and, if so, what role do they play?

What records do you keep and why?

6 STAFF ISSUES

How is the service staffed and how do you recruit and select staff?

What is your attrition rate?

Are there staff vetting procedures? (e.g. through police)

What are your policies and practices for staff development and training?

What supervision/emotional support is available and how do you provide, manage and use it?

7 THE USERS

What ages of child do you take?

How long after the death do you start to accept users?

Is there a time limit between the death and starting service use beyond which you will not accept users?

How do they come to the service? Where do enquiries come from and from whom?

What type of deaths do you accept? Are there any Inclusion/exclusion criteria?

Are children selected/screened for suitability, and if so, how?

What onward referral system do you have in place?

Who is the key focus of your service? Child or adult/individual or family?

What are the key issues that you have to deal with?

Who else uses your service and what do you offer them?

Do you offer pre-bereavement care?

8 SERVICE PROVISION AND THERAPEUTIC INTERVENTIONS

What interventions do you offer and why?

For how long are these available?

How are these organised?

How many users can be in the 'system' at any one time and how do you manage this?

Do you differentiate between age/sex groups, and if so, how.

How do you balance the needs of the child/parent?

Are any screening/risk assessment procedures used and, if so, which ones?

9 CLIMATE AND CULTURE OF THE SERVICE

What is it like to work here?

What do you enjoy?

What do you find difficult?

How are difficulties supported/managed?

What do you think is good practice in helping bereaved children?

Have you experienced the death of someone particularly close to you?

How has this influenced your way of working?

10 FUTURE PLANS

What are your plans for future service development?

What advice would you give to new services starting out?

What are the key issues you will have to think about in the next 5 years?

1b THE RESEARCH PROCESS

What made you want to be involved?

What has the experience been like?

SERVICE PROVIDERS: CLINICAL STAFF**1A THE RESEARCH EXPERIENCE**

What are your expectations of the research process?

What do you think is going to happen?

Is there anything you don't want to happen?

What do you want out of the process?

What don't you want out of the process?

2 PERSONAL QUESTIONS

How long have you been here?

Why did you come and work for this service?

What is your role?

Do you have a professional qualification and if so what?

4 PHILOSOPHY OF THE CURRENT SERVICE

How do you think about bereavement and its impact on children?

What do you see as their needs?

What has determined the way in which you have chosen/organised the help on offer?

What is the purpose of the help you offer?

Who do you think the service is principally for?

Do you have a mission statement?

What, if any, is the broader context into which you see your service fitting?

5 ORGANISATION OF THE SERVICE

What work do you do?

How does this fit alongside the work of others?

How is the work you do organised, day to day? Is this working?

What part do you have in deciding service policies?

What do you see as the outcomes of your work? How were these decided?

How is your role audited/evaluated?

What do you think of the management structures?

What records do you keep and why?

7 THE USERS

What are the key issues that you have to deal with?

8 SERVICE PROVISION AND THERAPEUTIC INTERVENTIONS

What interventions do you offer and why?

For how long are these available?

How are these organised?

How many users can be in the 'system' at any one time and how do you manage this?

Do you differentiate between age/sex groups, and if so, how.

How do you balance the needs of the child/parent?

Are any screening/risk assessment procedures used and, if so, which ones?

9 CLIMATE AND CULTURE OF THE SERVICE

What is it like to work here?

What do you enjoy?

What do you find difficult?

How are difficulties supported/managed?

What do you think is good practice in helping bereaved children?

What access do you have to Staff development and training

What supervision/emotional support is available?

Have you experienced the death of someone particularly close to you?

How has this influenced your way of working

10 FUTURE PLANS

What are your plans for future service development?

What advice would you give to new services starting out?

What are the key issues you will have to think about in the next 5 years?

1b THE RESEARCH PROCESS

What made you want to be involved?

What has the experience been like?

SERVICE PROVIDERS: VOLUNTEERS INTERVIEW SCHEDULE

1. PERSONAL QUESTIONS

How long have you been a volunteer here?

Why did you volunteer and why for this service?

What is your role?

Do you have a professional qualification and if so what ?

2. PHILOSOPHY OF CURRENT SERVICE

How do you think about bereavement and its impact on children?

What do you see as children's needs?

What do you do and what has determined the way in which you help?

What is the purpose of the help you offer?

3. ORGANISATION OF THE SERVICE

Are you able to contribute to deciding service policies, and if so please give an example

What do you see as the outcomes of your work?

4. THE USERS

What are the key issues that you have to deal with, with the children who are bereaved?

5. CLIMATE AND CULTURE

What is it like to work here?

What are the positives?

What do they enjoy/find difficult?

Do you feel valued?

Have you experienced the death of someone particularly close to you?

And if so, how has this influenced your decision/experience of work?

What access do you have to Staff development and training for working with bereaved children?

10 FUTURE

How do they see future development?

What would they say to new services starting out?

What are the key issues they will have to think about in the next 5 years?

1b THE RESEARCH PROCESS

What made you want to be involved?

What has the experience been like?

SERVICE PROVIDERS: STAKEHOLDERS

1. Overview of child bereavement service from their perspective
Politics etc
2. Types and issues for the child bereavement service

1A THE RESEARCH EXPERIENCE

What are your expectations of the research process?

What do you think is going to happen?

Is there anything you don't want to happen?

What do you want out of the process?

What don't you want out of the process?

3 SERVICE BACKGROUND

What is the role of the stakeholder organisation?

What is the relationship to the Childhood Bereavement service?

What involvement did you have with the start of the service and deciding its vision?

How has vision of the service been changed/transformed over time and how have you been able to be involved in this?

4 PHILOSOPHY OF THE CURRENT SERVICE

What do you see as the needs of bereaved children? And how does the service support meeting these needs?

Who do you think the service is principally for?

How and what has influenced the philosophy of the service?

5 ORGANISATION OF THE SERVICE

What do you think about the structure and organisation of the service?

What, if any, are the service outcomes? How did you decide these and who decided?

6 STAFF ISSUES

How is the service staffed and are you involved in the recruitment and selection of staff?

Are there staff vetting procedures? (e.g. through police)

What are your policies and practices for staff development and training?

8 SERVICE PROVISION AND THERAPEUTIC INTERVENTIONS

What do you want from the service?

What help do you get?

What would improve the service from your point of view?

How do you monitor/influence service provision?

9 CLIMATE AND CULTURE OF THE SERVICE

What do you find helpful/difficult about the service?

How are difficulties supported/managed?

What do you think is good practice in helping bereaved children?

Have you experienced the death of someone particularly close to you?

How has this influenced your way of working/use of the service?

10 FUTURE PLANS

What are your plans for future service development/links?

As a stakeholder, what advice would you give to new services starting out?

What are the key issues do they need to think about in the next 5 years?

1b THE RESEARCH PROCESS

What made you want to be involved?

What has the experience been like?

PAST SERVICE USERS: PARENTS

BACKGROUND AND CONTEXT OF THEIR USE OF THE SERVICE

Which person died and how?

Can you tell me about the death?

What kind of funeral was arranged? What was this like and who attended?

What has life been like for you and the child (ren) since?

What made you think about using (name)?

At what point did you use (name)?

How did you raise the idea of using (name) with your children?

How did they respond to this idea?

What did you want from the (name)?

What were you hoping would happen as a result of using (name)?

EXPERIENCE OF USING THE SERVICE

How did you find (name) when you approached them?

What was helpful/unhelpful then?

What was (name) like when you used it?

What sorts of things were on offer and what parts of (name) did you use?

What did you find helpful?

What has it meant to you to use (name)?

Did you get what you thought you needed?

What would you say to others like you, who are unsure whether to use a service or not?

What could have improved your experience?

How is your child (ren) coping now?

A PICTURE OF ME

THIS IS A PICTURE OF ME WITHBEFORE DIED

A large, empty rectangular box with a black border, intended for a child to draw a picture. The box is positioned below the text prompt and occupies most of the page's vertical space.

**THIS IS A PICTURE OF ME GOING TO (NAME OF CHILDHOOD
BEREAVEMENT SERVICE)**

**THIS IS A PICTURE OF ME AT (NAME OF) CHILDHOOD
BEREAVEMENT SERVICE**

**THIS IS A PICTURE OF THE BEST THING ABOUT (NAME OF)
CHILDHOOD BEREAVEMENT SERVICE**

**THIS IS A PICTURE OF THE WORST THING ABOUT (NAME OF)
CHILDHOOD BEREAVEMENT SERVICE**

MY STORY

Things about me

My name is..... I amyears old

I live with.....

My favourite TV programme is.....

My favourite food is.....

The person who died was my.....

What I liked best about them was.....

.....

.....

.....

When they died I was.....

.....

.....

.....

.....

.....

.....

.....

THINGS ABOUT (NAME OF)
CHILDHOOD BEREAVEMENT SERVICE

When I went to (Name of) Childhood Bereavement Service I wanted.....

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When I went to (Name of) Childhood Bereavement Service, it helped me to

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PAST SERVICE USERS: CHILDREN

PERSONAL QUESTIONS

Tell me a little bit about yourself:

How old are you?

What school do you go to?

What do you like to do best?

BACKGROUND AND CONTEXT OF THE USE OF THE SERVICE

Which person has died?

How did that happen?

Can you tell me what you remember about it?

What has it been like for you since (name) died?

What made you think of going to (name)?

Who decided to go to (name)?

What did you want from (name)?

EXPERIENCE OF USING THE SERVICE

What was (name) like when you went there first?

What sorts of things could you do and what did you choose to do?

(Did you choose these?)

What did you find helpful/liked there?

What did you not like/find unhelpful there?

What would you say to others like you, who are unsure whether to go to (name) or not?

Could (name) have done anything better or provided something they didn't?

What do you feel now about having gone to (name)?

What do you feel like now when you think about (name)?

Reports, publications and conference presentations

Report

Rolls, L. and Payne, S. (2003) *Summary Report of the Clara Burgess Charity Research Project*. University of Gloucestershire.

Publications: Papers

Rolls, L. and Payne, S. (in press) The voluntary contribution to UK childhood bereavement services: Locating the place and experiences of unpaid staff. *Mortality*.

Rolls, L. and Payne, S. (2007) Children and young people's experience of UK childhood bereavement services. *Mortality*, 12, 3, 281–303.

Payne, S., Field, D., Rolls, L., Hawker, S. and Kerr, C. (2007) Evaluating case study methods research for use in end of life care practice: Reflections on three studies. *Journal of Advanced Nursing*, 58, 3, 236–245.

Rolls, L. and Relf, M. (2006) Bracketing interviews: Addressing methodological challenges in qualitative interviewing in palliative care and bereavement. *Mortality*, 11, 3, 286–305.

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Publications: Chapter

Payne, S. and Rolls, L. (forthcoming) Support for the bereaved family. In P. Hudson and S. Payne. *Family carers and palliative care*. Oxford: Oxford University Press.

Rolls, L. (2004) Families and children facing loss and bereavement: Childhood bereavement services: A diversity of models and practices. In S. Payne, J. Seymour and C. Ingleton (eds.). *Palliative Care Nursing: Principles and Evidence for Practice*. Buckingham: Open University Press, 555–575.

Conference and Symposia presentations (in chronological order from the most recent)

Rolls, L. (2007) Containing grief: A theory of the emotional work of UK childhood bereavement services and links with palliative care settings. *6th Annual Kaleidoscope International Palliative Care Conference*. Dublin.

Rolls, L. (2007) Interventions for bereaved children and their families: Researching their experience through participant observation. *Bereavement Research Forum Symposium*, London

Rolls, L. and Relf, M. (2006) The use of self and fieldwork experiences in the construction of knowledge. Paper presented at the *4th Bi-annual Conference of the Bereavement Research Forum*. London Colney.

Rolls, L. Payne, S. and Relf, M. (2006) Collaborative relationships: Supporting the researcher in palliative care and bereavement. Poster presentation at *the 4th Research Forum of the European Association for Palliative Care*. Venice, Italy.

Rolls, L. and Payne, S. (2006) UK childhood bereavement services: Containing the grief of bereaved children and their families. Poster presentation at *the 4th Research Forum of the European Association for Palliative Care*. Venice, Italy.

Rolls, L. and Payne, S. (2005) Children's experience of bereavement and their use of childhood bereavement services. Paper presented at the *7th Annual Conference on the Social Aspects of Death, Dying and Disposal*. Bath, UK.

Rolls, L. (2005) The emotional work of UK childhood bereavement services. Paper presented at the *7th International Conference on Grief and Bereavement in Contemporary Society*. London, UK.

Rolls, L. and Payne, S. (2005) The use and experience of volunteers in UK childhood bereavement services. Paper presented at the *9th Congress of the European Association for Palliative Care*. Aachen, Germany.

Rolls, L. (2005) How do we include children and parents? Methodological issues. Presentation at the *Measuring Success: Evaluating children's bereavement services conference*. Sir Michael Sobell House, Oxford.

Rolls, L. (2005) UK childhood bereavement services: Findings from a recent survey. *Childhood Bereavement Network Research Seminar*. National Children's Bureau: London.

Rolls, L. (2004) Families and children facing loss. Paper presented at *the Circle of Life: Palliative and Bereavement Care Conference*. Pennine Acute Hospitals Trust, Bury.

Rolls, L. and Relf, M. (2004) 'Bracketing interviews': A method for increasing objectivity. *3rd Research Forum of the European Association for Palliative Care*, Stresa, Italy.

Rolls, L. and Payne, S. (2004) Participant observation in childhood bereavement services research. *3rd Research Forum of the European Association for Palliative Care*. Stresa, Italy.

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Rolls, L. (2003) Childhood bereavement services: Findings from a recent study and implications for practice. Helping children and teens adjust to loss. *St Winfred's Hospice*, Chichester.

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An overview of UK childhood bereavement services

INTRODUCTION

This overview is drawn extensively from Rolls and Payne (2003) and Rolls and Payne (2004). It is divided into three sections: the first focuses on the services as organisations, the second on the users and the third on service provision

1. UK CHILDHOOD BEREAVEMENT SERVICES

Table A4 below identifies the diversity of services along a number of categories, each of which will then be elaborated.

Service initiated by	Individual	Organisation	
Age of service	Established	New	Beginning
Geographical Location	Urban	Town	Either with a large rural catchment area
Sector	Statutory	Charity	
Service Type	Free standing	Embedded	Partnership
Staffing	Paid	Paid/Unpaid	Unpaid
Service Focus	Child	Family	Adult
Service provision type	Direct	Indirect	Both

Table A4: An overview of categories of UK childhood bereavement services

The initiation of the services: Individual or Organisational

Services were initiated in one of two ways, either through the efforts of an individual or through planned organisational development. Five of the eight case study services evolved out of the existing professional work of an individual practitioner, either with bereaved adults or in the context of other support work, in which questions about the welfare of bereaved children arose. With the lack of a bereavement service available for children, these individuals began to work with children and their families, gathering information and people around them, from which more formal structures and organisational processes grew. Thus, these services were based on the vision, enthusiasm and beliefs of the individual 'founder'. In the other three cases, services developed through an organisational commitment to respond to the needs of bereaved children, and was located within the portfolio of their existing work; for example, in specialist palliative care or adult bereavement support or their work with children in other contexts, such as child protection. These services were thus based on the vision, enthusiasm and beliefs of the organisation in which the service was situated.

The Location of UK Childhood Bereavement Services

Data on location of services were analysed to determine the timeline; that is, the length of time that a childhood bereavement service has been offered; the geographical distribution, that is, where childhood bereavement services are located across the UK, including the regional spread and the spread of services between urban and more rural settings; and the structural location, that is the service sector within which childhood bereavement services are located.

Age of service

Services were defined as either established services (over three years old), new services (having started within the last three years), or 'beginning' services. Whilst 52 (57%) of the services have been offering a service for three years or more, 27 (30%) were new, having begun within any one of the three years in the period 1998 to 2000, with a further 5 (5.5%) beginning to offer their service during 2001. Seven (7.7%) of the respondents could not be coded.

The geographical distribution

78 (86%) of the childhood bereavement services were situated in England, with 5 (5.5%) in Wales, 4 (4.4%) in Scotland and the remaining 2 (2.2%) in Northern Ireland. One service was located in the Channel Islands and one served the whole of the UK. In terms of the regional spread of the 78 services across England, 25 (27.5%) were in the North (13 services in the North West and 12 in the North East), 32 (35.2%) were in the South (14 services in the London area, 11 services in the South, and 7 services in the South West), whilst the remaining 21 (23.1%) were located in the West and East Midlands and East Anglia (10, 8 and 3 services respectively). For different reasons, both urban and rural areas are associated with deprivation and social exclusion (Craig and Manthorpe, 2000). In an attempt to explore geographical access, services were also categorised as: urban, city, suburban, town and town with a rural catchment area, to reflect the size and nature of the services' potential catchment area and the ease of access to services. Twelve (13%) services were in an urban/metropolitan location and 8 (8.8%) in the suburbs/outer edges of a larger conurbation (e.g. Birmingham or London), 14 (15%) services were in cities, 30 (33%) services were in towns and 26 (29%) in towns with a rural catchment area.

The sectoral location

Childhood bereavement services were located in a range of organisational sectors and were also provided across sector boundaries. The voluntary sector provided 77 (85%) of the services, with 11 (12%) being provided through the statutory sector. There was one non-response to this question. Forty voluntary sector services were located in hospices, of which 24 hospices were for adults and the remaining 16 for children. The remaining 2 services were provided jointly by statutory and voluntary sector agencies.

Although two case study services had started in the statutory sector, they had gained charitable status in order to enable the service to raise money or to avoid direct association with the NHS in services originally attached to a hospital in which children may have died. However, links were still maintained internally for purposes of audit, management at Board level and personnel contracts. Other services that had been created as a charity – that is, they derive their income from charitable donations – were also in receipt of NHS monies or other statutory support, including input from NHS funded staff. It is therefore difficult to make assumptions about the finances and funding of a service based on the sector in which it is situated. Furthermore, this ratio of 7:1 voluntary sector service provision does not fully reflect the complexity of the management and funding relationships within and between sectors, and this will be discussed more fully below.

The Types of Services

The organisational structures

Based on the descriptions that providers gave of their services, three types of organisational structure were identified. 'Free-standing' services undertook all organisational functions, including financial and personnel management as well as fund raising and marketing. They were financially self-supporting, and managed by a head of service overseen by some type of 'Board'. 'Embedded services' were part of a wider portfolio of a 'host' service provider, whose work included bereavement, specialist palliative or hospice care, or other childcare or community based activity. They were provided with an annual budget and the main organisational functions were undertaken by the host service. The childhood bereavement service was managed by a 'head of service' and answerable to a line manager within the host organisation, who themselves were responsible to another person such as the Chief Executive of the host organisation. Although not 'free-standing', in some cases they appeared to be so. 'Partnership' services arose from a partnership of a number of statutory agencies, in which staff worked for the childhood bereavement service as part of their existing role as for example a teacher, or health visitor.

These services were 'virtual', in that they existed only through these members, whose main employment contract was with the respective statutory agency. Some administrative support and accommodation was provided by the partnership agencies. The service was managed by one of the partner members of staff, and arrangements for their management varied from a Management committee made up of members of the partner organisations to one with a more informal style. Figure A1 below shows the spread of services between 'free-standing' services and those located within a 'host' organisation.

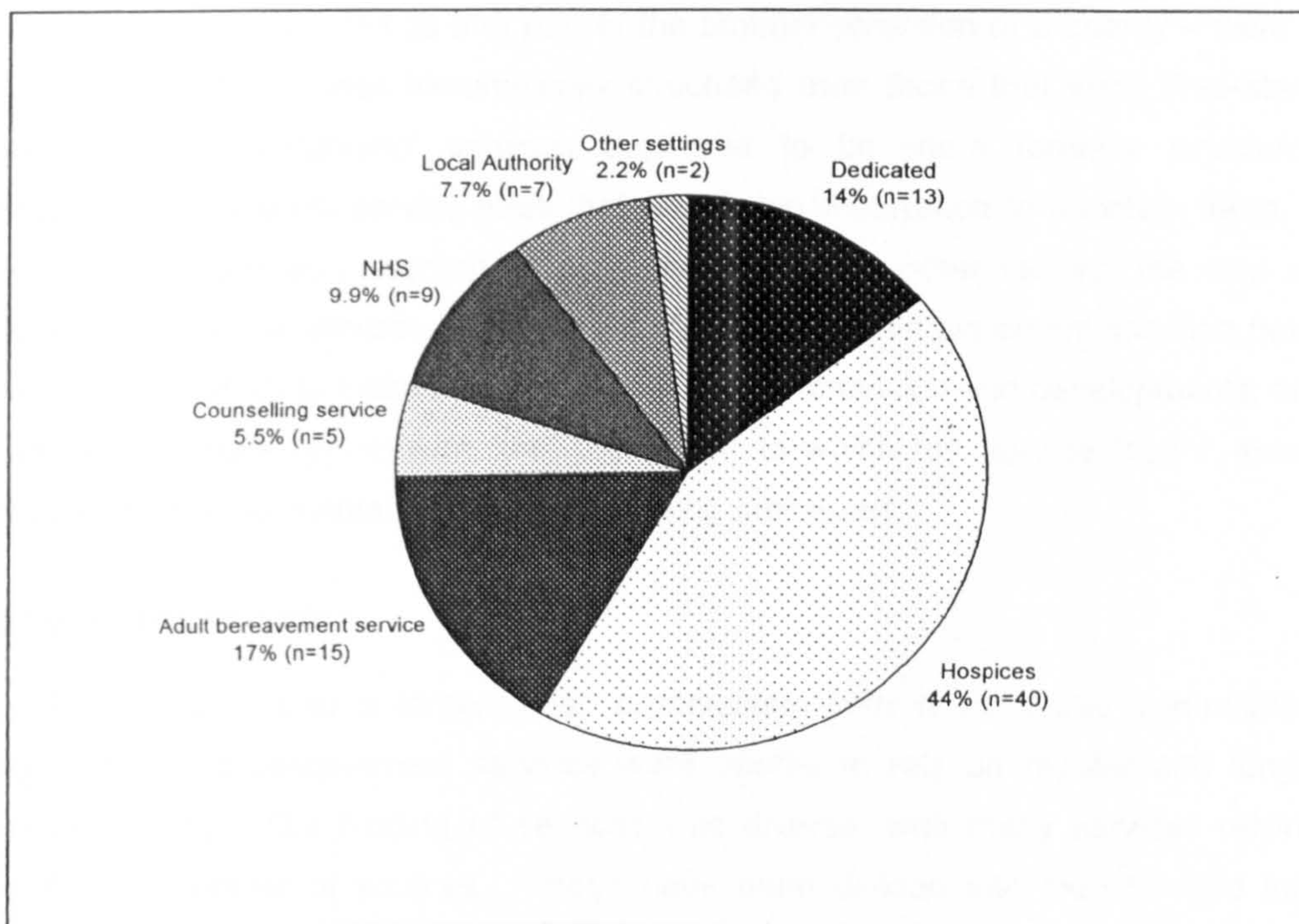


Figure A1: Spread of 'free-standing' and services in 'host' organisations (Rolls and Payne, 2003).

In addition, 13 (14%) services were provided locally as part of a national organisation such as CRUSE, Marie Curie Cancer Care, Sue Ryder and Barnado's. The extent to which a locally based service extends provision beyond their local communities is not known.

The management structures

Given the diverse location of services, it was not surprising to find a broad range of management and funding arrangements, including 10 (11%) services managed within the NHS, 46 (51%) by a Board of Trustees and 18 (20%) through a Voluntary Management Committee. Four (4.4%) services were jointly managed between the statutory and voluntary sectors, whilst the remaining 12 (13%) services had a variety of other management arrangements in place, for example, one service was a registered charity within the umbrella of the NHS.

Services coming within the auspices of a national voluntary organisation have a management structure at national level, with branch steering committees working at local level. In the three instances where the service was within a limited company, management was through a Board of Directors. Two services, run wholly by volunteers, had a management committee structure that reflected this. In addition to the organisational types outlined above, services varied between being *formally* or *informally* structured. All services had a reporting structure. However, the services embedded in a 'host' structure – such as a specialist palliative care service or hospice, or situated as one part of the broader provision of a charity – were more informal, more fluid, and less hierarchically structured than those that were 'free-standing' organisations. 'Free-standing' services appeared to be more formally structured to accommodate the different service roles that had to be undertaken to maintain them. This 'formality' of structure also seemed to be a feature of two other factors: the size of the organisation, with small services needing less structure to maintain communication between staff, and through which to make decisions about service provision and developments; and the management style and culture, and the extent to which the service leader exercised control over the developmental and decision making processes.

Funding arrangements

Unless they were part of a larger 'host' organisation with a continued commitment to provision, childhood bereavement services were unable to rely on regular and long-term sources of funding. The funding of services was diverse, with many services relying on funding from a number of sources. These have been divided into external and internal sources. External sources were not generated by the organisational activity of the services, although bids for such money may be so. Internal sources of funding included income generated from the portfolio of activities of the service. Twelve (13%) services relied solely on external sources of income to support their work, 11 (12%) services relied solely on internal sources of funding, whilst 66 (73%) services gained income from both external and internal sources. Table A5 shows the external and internal funding sources.

Source of funding	% of services in receipt of funding	n=
Donations/Legacies	82	75
Fundraising	79	72
Grants	46	42
Income generation (training)	32	29
Revenue	13	12
Sponsorship	11	10

Table A5. Sources of childhood bereavement service funding (Rolls and Payne, 2003).

This mixed economy of funds came from national or local sources, and included corporate and local donations, national and local fundraising, and income generation. Income generation, apart from fundraising, came from charging for staff activities such as training, and from the sale of their own publications.

Staffing of services

Within the services, staff who worked *directly* with children and their families were either paid or unpaid. Ten (11%) services relied entirely on paid staff, whilst 13 (14%) services relied entirely on unpaid workers. The remaining 66 (73%) services had a mixture of both paid and unpaid staff, making 87% (79) of services reliant to some degree on unpaid staffing. Data were missing from 2 responses. Services 'employed' people with a range of professional backgrounds within their workforce. Tables A6 and A7 show the types of paid and unpaid staff respectively.

Type of paid staff	% of services	n =
Counsellors	46	42
Nurses	42	38
Social Workers	39	35
Others, including play, art and occupational therapists	33	30
Doctors	23	21
Psychologists	9.9	9

Table A6: The types of paid staff (Rolls and Payne, 2003).

Types of unpaid staff	% of service	n =
Trained volunteers	71	65
Qualified counsellors	41	37
Trained professionals	34	31
Befrienders	14	13
Others	7.7	7

Table A7: The types of unpaid staff (Rolls and Payne, 2003).

The focus of the study was mainly on the work of paid and unpaid, operational, core and support staff, and there were four types of staffing in operation across the case study sites, two found in the charity sector (Types 1 and 2) and two in the statutory sector (Types 3 and 4), with Type 5, evident from the national postal survey, found mostly – but not exclusively – within the charity sector, and these are shown in Table A8:

Charity Sector Services	Statutory Sector Services
<p>Model 1: Paid core members of staff with support from unpaid staff who either ran activities alone, ran activities alongside paid members, raised funds, or supported office work.</p> <p>Model 3: Unpaid core member(s) with support from other unpaid (mostly professional) staff, both of whom undertook a range of activities.</p>	<p>Model 2: Paid core members of staff with unpaid trainee professionals on placement, or other unpaid staff who worked with children or supported the paid staff to do so.</p> <p>Model 4: 'Unpaid' core members with support from 'unpaid' professional members of service staff, all of whom were paid via their statutory employer.</p>
<p>Model 5: Mostly situated within the charity sector, some services were run entirely by paid core members of staff.</p>	

Table A8: Models of staffing

Although the overall size of the respective workforce between the 8 services varied, the numbers of core staff who actually worked directly with children or their families was very similar; the remaining staff members being accounted for as support 'volunteers', fundraisers, and service managers or administrators

Support to staff

Support to staff came from three sources:

Supervision

Services placed different emphasis on the importance of regular supervision, with some providing regular supervision for their staff, others offering staff access to a supervisor on an 'as and when' basis determined by the staff themselves, whilst another had only relatively recently developed a formal supervision structure. Part of the difference in emphasis in the value and importance of supervision appeared to be related to a range of factors, including the level of work with which the service felt it was engaged; the regularity with – and mode in – which children were seen; and the nature of the children and the types of deaths they were experiencing.

Where services used an external supervisor, these ranged across a counsellor; someone experienced in working with children, for example, a child psychotherapist; or a person with the same professional background as the supervisee. In cases where a line manager was acting as a supervisor to paid or unpaid staff, regular supervision was in place to monitor both their own practice and their supervision of staff.

Education and Training

Whilst paid or unpaid staff were professionally qualified, they may still have needed additional training in a range of skills, for example telephone counselling with distressed children or adults; organising and running groups and family days; or understanding relevant theories of bereavement and child development. Services appeared to have a commitment to educate and train particularly their unpaid staff as Table A9 indicates, although their capacity to do so was often limited by the funds available to them.

Received training from	Own service	Another childhood bereavement service	Elsewhere
Training on:			
Understanding bereavement in children	81% (n=60)	10% (n=7)	14% (n=10)
Working with children	55% (n=41)		28% (n=21)
Working 1:1 with children	42% (n=31)	7% (n=5)	24% (n=18)
Understanding bereavement in adults	41% (n=30)	8% (n=6)	18% (n=13)
Working with play, art or music	32% (n=24)	3% (n=3)	20% (n=15)
Working 1:1 with adults	20% (n=15)	5% (n=4)	20% (n=15)
Working with groups of adults	19% (n=14)	4% (n=3)	19% (n=14)

Table A9: Training received by unpaid staff (Rolls and Payne, in press)

Staff satisfaction with opportunities for training varied. Some services formalised their commitment to training by 'closing' their service for periods of staff development or renewal. Others, in hosting or providing training for others, were able to 'piggy back' their own staff development on these events.

All staff were given some form of induction, including to the theory or theories of bereavement to which the service subscribed. These included the 'task' model (Worden, 1998), the dual process model (Stroebe & Schut, 1995) and the 'continuing bonds' model (Klass et al., 1996). Other approaches on which services drew included those of Bowlby (1961; 1998), Dyregrov (1991) and Klein (1940). Induction also involved staff engaging in the experience of undertaking the activities that children and their parents were being given to do.

Other aspects of induction included an introduction to the relevant policies and work practices of the service. The types of continuing professional development varied, between the development of skills – for example, in the use of puppetry – and the development of theoretical knowledge, for example through conference and course attendance. Service staff also welcomed the opportunity to meet other childhood bereavement service providers and to share ideas. This was sometimes problematic, however, where there was felt to be elements of competition between services.

Informal support

As well as the formal support to staff provided through supervision or staff development, service providers relied heavily on – and themselves provided – other forms of support to their colleagues. This informal support included: getting together for social events; being available to colleagues to debrief after particularly difficult sessions; creating structures to manage the briefing and debriefing process; being an 'expert' on whom others could draw; and acknowledging the grief involved in the work they do, in some cases formalising this through events such as *staff* 'remembrance days'.

2. THE USERS OF CHILDHOOD BEREAVEMENT SERVICES

Service users

Interventions were offered to children *and* young people between the ages of 0 and 18 by 78 (86%) of the services. Of the remaining services, 8 (8.8%) offered a service specifically to children and young people under the age of 14, with one of these restricting the lower age limit to 8, whilst 3 (3.3%) services work only with those between the ages of 11 and 18. Of the 27 services that have begun offering childhood bereavement support during the period 1998–2000, 25 (93%) are for children from 0–18 years. Interventions were offered to both children *and* their families by 87 (96%) of the services, whilst 3 (3.3%) stated that they provided a service to the child only. In addition, whilst all services provide a range of services to their 'primary users' - the bereaved children who have lost a parent or sibling – 67 (74%) of services provided support to 'secondary users'. Sixty (66%) services provided a service to schools, 57 (63%) to other professionals, 25 (28%) to the emergency services, 11 (12%) to the media and 4 (4.4%) to others such as the private sector, other voluntary organisations or the general public.

User numbers

Thirty-two (35%) services saw less than 25 children per annum, whilst 17 (19%) saw between 26 and 49, 14 (15%) saw between 50 and 99, and 12 (13%) saw over a 100 children a year. There was an 18% non-response to this question with several services indicating that they had insufficient data to answer it. As a result, it was not possible to identify the child/staff ratio and analyse the relationship of this ratio to service activity.

Access to services

'Open' or 'restricted' access depended on three factors which operate as a form of entry criteria: the type of death, how children were referred to a services, and the loss relationship that services accepted.

The type of death

Children were accepted by 65 (71%) of the services irrespective of the nature of the death of their relative, including murder and suicide, whereas 26 (29%) services only accepted children who were related to a now deceased user of their service. This was most often the case with hospice bereavement services where the bereaved child was a relative (the child or the sibling) of a hospice user who had died from a life limiting illness, including AIDS, cancer or Motor Neurone Disease. Twenty-two (85%) of the services that restricted their work to specific causes of death were hospices. A number of the services restricted users on the basis of the timing of death. Eighteen (20%) services only worked with children whose bereavement had been anticipated, 16 (89%) of these services being within the hospice sector. Seven (7.7%) services – spread evenly across all types of service – appeared to work exclusively with children where the death was sudden, whilst 66 (73%) offered a service to children irrespective of the sudden or anticipated timing of the death, and of these, 23 (35%) were hospices.

Referral to services

Access also related to how potential users gain *referral to the service*. An open referral system was operated by 65 (71%) of the services, taking referrals from either families or professionals. A smaller number of services were limited to specific referral agents, with 'professional referrals only' being accepted by 3 (3.3%) services, 'existing service users only' by 14 (15%) or 'self-referral only' by 9 (9.9%).

The loss relationship

Children who had experienced any significant loss – particularly that of a parent, caretaker or significant relative – were accepted by 43 (47%) services, whilst 5 (5.5%) services worked with children experiencing 'any loss' including a sibling, and 16 (18%) worked exclusively with children who had lost a sibling only. Of the 16 services that offer support with respect to the death of a sibling only, 14 (88%) of these were hospices. A small minority of 8 (8.8%) services worked only with children who have lost a parent or significant caregiver.

3. UK CHILDHOOD BEREAVEMENT SERVICE PROVISION

The focus of service provision

While all services offered bereavement support to a child, there were differences amongst the services in the emphasis they placed on the inclusion of the parent or family. Three types emerged in the study.

- 'Child focussed' services were those whose remit was to meet the bereavement needs of the child. The bereavement needs of the parent were not met by the service and so parent focussed activities were not included in their work.
- 'Family-focussed' services were designed to meet the bereavement needs of the child and the parent, as well as support the parent with the parenting of the child through this period.
- Adult focussed were those services where, for example, an adult bereavement service provider or an adult specialist palliative care service was beginning to focus on the children of their existing adult service users.

Whilst the 'child-focus' of services did not exclude the providers from talking to the parent, this was in connection with the *child's* needs, even if it was concerned with helping the parent support the child more effectively by acknowledging the bereavement needs of the parent. These parents were often referred to adult bereavement services for their own bereavement support. Even if the service was 'family focussed', none were engaged in solely 'family work' in the sense of the children and parents being worked with together as a family. Rather, the children and adults took part in separate though similar activities, and came together for brief periods or activities, especially at the end of a series of individual sessions or the programme.

Types of childhood bereavement service provision

Work with primary users was offered by all services within the study and included pre-bereavement support, individual work with the family, individual work with the child only, groupwork with a number of families or groupwork with a number of children. Other services offered included a 'drop in' service, 'outreach' services and onward referral to other forms of help. Interventions such as information and advice giving and providing resources were offered to primary and secondary users, and training was offered to a range of secondary service users, including schools, other professionals, emergency services and the media. These activities are shown in Table A10.

Type of Activity	% of services	n=
Information and advice	95	86
Resources	88	80
Individual family work	86	78
Refer onwards	70	63
Pre-bereavement support	64	58
Individual child work	62	56
Groupwork with families	53	48
Groupwork with children	45	41
Training	32	29
Outreach	30	27
Drop-in service	17	15

Table A10: Types of service activity, as a % of all services (Rolls and Payne, 2003).

How provision was organised

Whether for children and/or adults, services were offered in one of two ways: either directly through personal contact in face-to-face or telephone encounters; or indirectly, through a service Website, Newsletter or Magazine or in the provision of resources such as books. Direct service provision was also organised in one of two ways: either individually or in groups. Whilst the provision of some services focussed mainly on individual work or on groupwork, most services offered levels of both provision.

Individual work

Individual work was offered to a child as part of assessment, a one-off session, pre- or post-group, a programme of time limited work – usually between 6–10 sessions, or as on-going long-term work. Although all activities had a therapeutic and educational purpose, staff approached the work differently, with the type of individual work undertaken appearing to be related to the professional background of the staff. Furthermore, there seemed to be a greater flexibility to respond to the specific needs of a child within a series of individual sessions, in which staff could contextualise and respond to the particular issues and problems that a child was raising; this type of service provision was more resource intensive.

Group activities

The organisation of groups differed between services. Four models of group activity emerged in the study:

1. 'Closed' groups which were arranged over a period of time, either organised as a residential weekend or offered on a weekly basis either as an 'after school club' type of meeting, or later in the evening.
2. 'Open' groups, which were held three or four times a year – usually on a Saturday – that any parent or child could attend as frequently as they wished for as long after the bereavement as they wanted. This provision included support activities that helped with difficulties a family may be experiencing, as well as remembering activities.
3. An annual 'Remembrance' event.
4. 'Reunion' fun type days.

Service provision through a 'closed' group usually followed a set programme, with individual members of staff supporting and responding to children's needs and responses within this, whilst in the open groups, families were canvassed to find out what activity or theme they might like at the next group day. Open groups had more family-based activities, related to the time of year. The format of the formal ending of a programme varied between services, but all included a ceremony that acknowledged the end of the sessions, as well as a symbolic 'letting go' of the person who had died. When children were grouped together, attempts were made to organise them into discrete age groups, and some services were trying to increase their group work provision with teenagers. For those services that worked with parents, separate groups were organised for them, with a 'coming together' of parents and children at the end of the session or programme. Services that offered group activities offered either model 1 or 2, but some services offered other group activities as well. The Remembrance Day was usually arranged around a non-faith specific service to which children and parents were asked to contribute, for example by writing poems or memoirs of the person who died. The 'reunion' fun days included activities such as theatre trips, and were mainly social events.

The purpose of activities

The services undertook a wide range of activities with the children and adults, irrespective of whether these were with individuals or in groups. Many of these activities were common to all services, whilst others were idiosyncratic. Nevertheless, and although not couched in these terms, a set of common objectives underpinning the activities was identified. These were to:

- provide a secure place for exploration
- access unspoken and unconscious feelings
- help make sense of what had happened and how the users felt
- help users manage these feelings
- improve communication between family members
- create memory and story

- reduce feelings of isolation
- hold the possibility of hope for the future.

Although the activities were concerned with helping the children access and manage their feelings of – for example, worry, anger, guilt and sadness – all services emphasised the need for a child to enjoy and ‘have fun’. The services used a wide range of techniques with all age groups, including adults. Some services used bereavement specific resources and workbooks, whereas others created their own activities. The activities included puppetry, making pictures, collages, ‘Memory boxes’ and salt sculptures, as well as a range of experiential activities which contributed to naming feelings, thinking about the person who had died, about what had happened, and how users could help and support themselves in the future.

What differed between services was the ‘level’ of the work that was undertaken, and this ranged from educational and supportive work through to more psychotherapeutic work, including the use of ‘free association’, and the ‘transference’ and ‘counter-transference’. All services recognised the special needs of those children who had been bereaved through murder or suicide, and in some cases special groups were organised for these families, or individual work was undertaken with them, prior to their joining a group. In cases of a child being bereaved through a ‘traumatic’ death, described by services as those deaths which the child had witnessed or where the child had found the dead person, specialist support was given, or children were referred to specialist services before returning to the service to undertake their own programme of support.

Participants: The case study services

Service Details		User profile		Location		Staffing		Other information	
Name	Category of Age	No p.a. (Approx)	Ages	Referrals	Geographical	Structural	Paid	Unpaid	
1	Established	Difficult to calculate. There are (approx) 21 deaths a year.	0-18	Restricted to the siblings of the child who has used the hospice.	Small rural town, whose catchment area includes an extensive rural area and large urban conurbations	Part of a children's hospice within a charitable organisation	1	See info	One member of staff is formally paid to co-ordinate bereavement support. Pre-bereavement support is provided by the care team of the child, as well as other members of the hospice staff. Bereavement support provided by the family's key worker, as well as through co-ordinated activities.
2	Established	45-60	8-12	Open	City in a large rural catchment area	Within a voluntary community with charitable status	0	10	All unpaid staff work directly with children or their caretakers, depending on staff preference.
3	New	14 and increasing	5-18	Open	A densely populated, culturally and socially layered urban setting	Originally as part of the NHS. Now a 'freestanding' charity in the non-statutory sector.	3	12	The family bereavement service also provides support to children. It is coordinated by a paid children's worker who is supported by two other paid members of the team, and a number of unpaid staff. All work directly with children.
4	Established	30	4-18	Open	Town in a large socially stable rural area	Statutory sector partnership between a single unitary authority (education & social services) and the NHS. Service has charitable status	0	15-19	Staff are paid employees of the statutory services, and are 'gifted' in to work within the service as part of their work commitments. The service is co-ordinated by a retired member of staff. All staff work directly with children or their caretakers.

5	Established	100	5-18	Open	Town within a moderately rural catchment area.	Originally within the NHS, now one of the 14% of 'freestanding' independent charity services in the non-statutory sector.	20*	50	* The majority of the paid staff are managers, administrators or fundraisers. Six to eight paid staff work directly with children and their caretakers. Some of the other paid staff also work as unpaid volunteers, with other support coming from unpaid staff
6	New	65	3-18	Open	On split sites between a city centre and a small town, both with a large rural catchment area	Locally based joint initiative between two national charities, one of which is concerned with bereavement and the other with the broader needs of children	2	8-10	A paid co-ordinator and one other member of paid staff work individually with children, supported by a number of unpaid staff. Parents are referred to adult bereavement services. The service plans to run a weekend group for children when funding is available. All staff work directly with children.
7	Beginning	See info	See info	See info	Town in a large socially stable rural area	Statutory service, in a jointly funded partnership between two Unitary authorities and the NHS	1	6-8	This is an adult based service. As with Service 4, staff are 'gifted' in to support parents receiving difficult news, and they also train professionals. One member of staff is formally paid to co-ordinate the service. Recently, a few members of staff within the service have begun to respond to an increasing need to provide a service to bereaved children.
8	Established	60-100	0-11 and 12-18	Open	A densely populated, culturally and socially layered urban setting	A Trust wide statutory service attached to an NHS adult specialist palliative care unit	3	16	The bereavement service is divided into three sections: a Children's, a Young People's and an Adult service. Each section has its own co-ordinator, and the overall service is co-ordinated by the Adult service co-ordinator.

Key to Category of Age:

Established: More than three years old at the time of the study
New: Started within three years of the beginning of the study
Beginning: Was just beginning a service for children

Participants: Service users

Interview Families		Age at time of death	Age at interview	Who died	How they died
Parents	Child(ren)				
Jerry Alice	Josh Jonathan	3 6	6 9	Their paternal grandfather – Jerry had been unable to open his condolence cards for three years.	Heart Attack
Barbara	Theresa William	9½ 11½	11 13	Their paternal grandfather Barbara's supportive father-in-law following her separation from her partner	Heart Attack
Claire	Kevin Alistair	5 7½	11 14	Father	Road traffic accident
Helen	Kathleen	8½	11	Father	Heart Attack
Larry	Deirdre	8½	11	Mother	Suicide
Gill	Lydia Kieran Lynne Andrew	9 11 14 16	11 13 16 18	Father	Heart Attack
Dymphna Matthew	Fiona	5	7	Younger sister	Life-limiting illness
Sophie	Nina Michael	5 13	8 16		Life-limiting illness
Natasha	Neil Stuart	3 5	5 7	Father	Suicide
Frank	Brother Mandy Nathan	6ms 5½ 7½	18ms 7 9	Mother: All the family were in the car when she died	Road traffic accident
Ann	Catherine Belinda	3 6	4 7	Father: The children were alone in the house with him at the time of his death	Suicide.
Ron	Charlie Brian	8 11	9 12	Mother: Estranged from Ron at the time of her illness. She came back to live with the family until her death	Breast Cancer.
Milly	Sister Nicki	5 7	9 11	Father	Heart Attack
Peggy	Geoff	8	10	Father	Pneumonia

Participant observation families

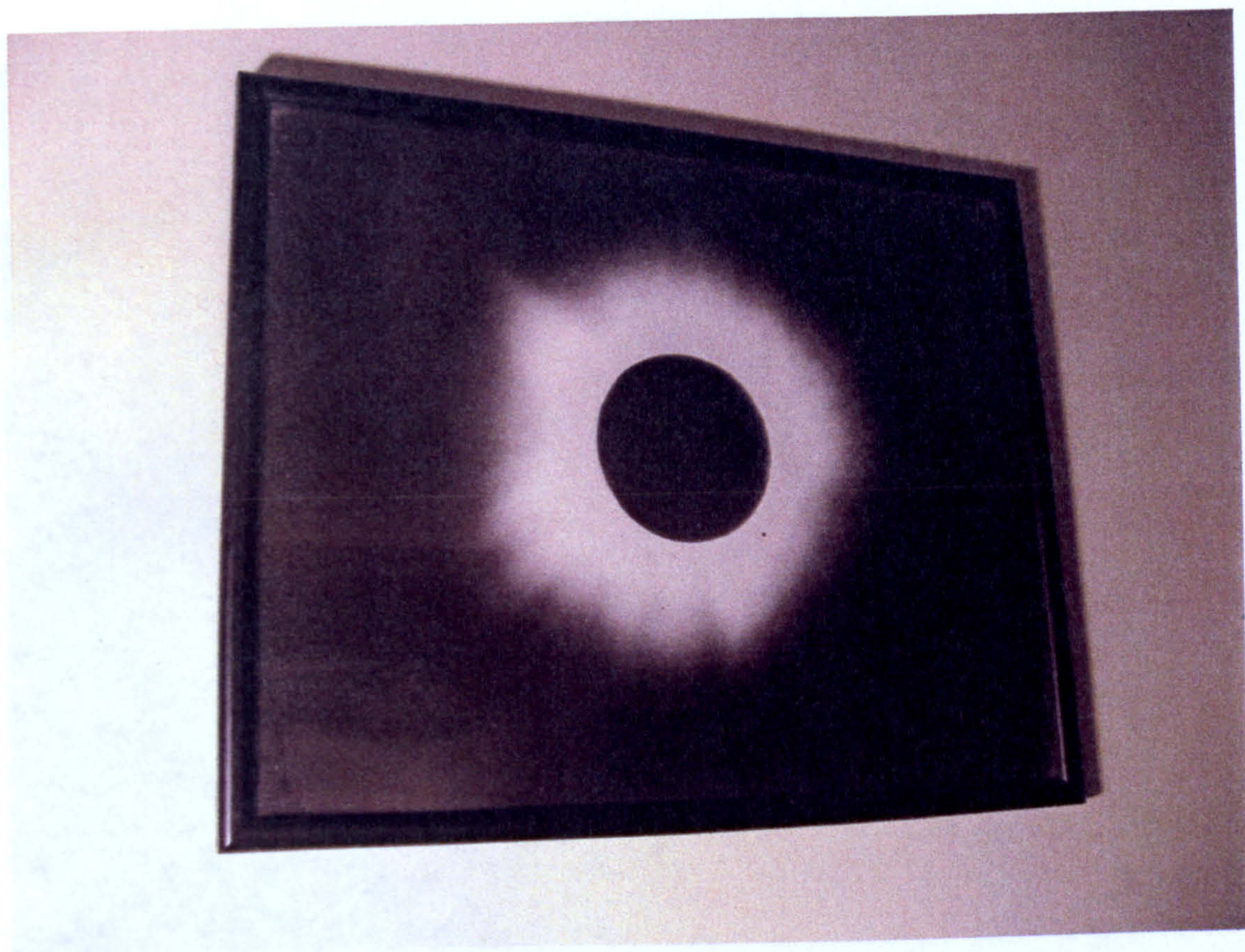
Jamie and his mother
Mark (parent)

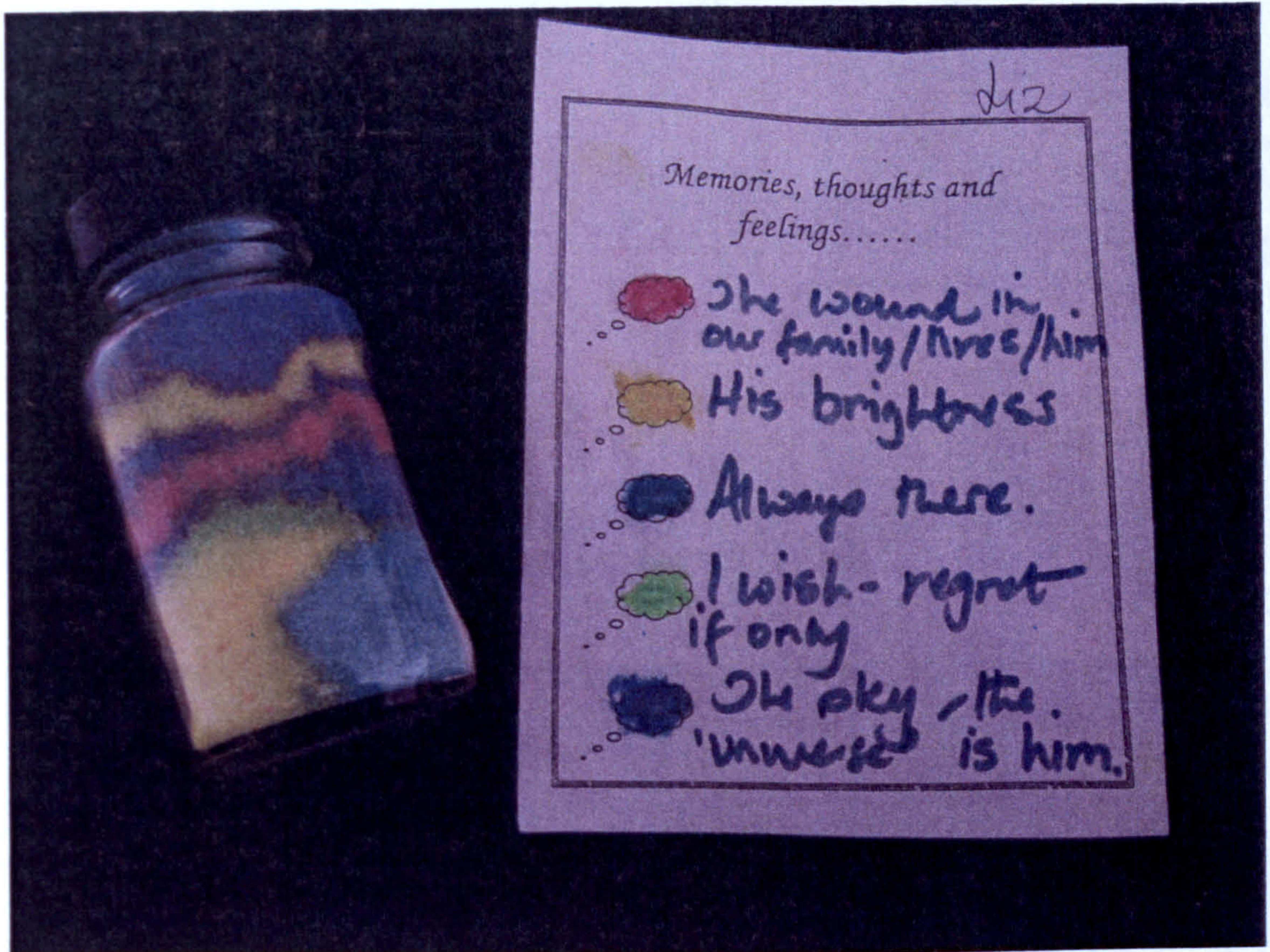
The School participants

Paul
Phyllis
Deborah
Pam
Amelia
Pauline
Caroline

The framework arising from Bloch's ecological systems model of emotion

Ecological system of Emotion	Childhood bereavement services	Users	Researcher	Related Acts/ Scenes	Key
Structural	Social context of services	Social Context of <ul style="list-style-type: none"> • Bereavement • Children 	Social Context of the research	Act 1 Scenes 1–4	Blue text: Background theory and narrative
Social relations: the emotional culture	Services as organisations <i>(How organised?)</i> <i>(What is emotional labour?)</i> <i>(What is the container)</i>	What is the emotion of bereavement	Researcher relations <i>(What needs to be contained)</i>	Act 2, Scene 5; Act 3 Scenes 6-8	Black text: Bold: The original study Not bold: Analysis of the empirical data
Lived experience	Of service providers as providers and as people <i>(Who is containing– and what do they have to contain in themselves?)</i>	Of children and families of grief <i>(What needs to be contained)</i>	Field relations	Act 2, Scene 5; Acts 5 Scenes 12–14	Red italic text: The discussion
Lived experience	Of context of service provision and what the provide <i>(How they contain)</i>	Of service use: <i>(Experience of containment)</i>	Fieldwork – Participant observation Bracketing Interviews	Act 5, Scene 12 Discussion; Act 6–7 Scene 15–19; Act 8	
Social relations: the emotional culture	Containment of providers	Containment of grief	Containment of the researcher	Act 8/Epilogue	
Structural conditions	Containment of grief:	Containment of grief	Bracketing as a model of 'researcher containment'	Act 8/Eplogue	





Participant observation artefacts: The three of us under the laurel tree

