THE SOCIAL CONSTRUCTION OF BEREAVEMENT SUPPORT IN VOLUNTARY ORGANISATIONS

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ABSTRACT

This qualitative, phenomenological study focuses on the social construction of bereavement support in voluntary organisations. Three organisations were selected for the research project. These were an adult hospice, a local branch of Cruse, and PEAL (Parents Experiencing Adult Loss); an organisation unique to the locale at the time that the research for this study was conducted. Grounded theory research methodology was used to identify how these organisations construct their services. A key feature of this is their use of volunteers as bereavement supporters.

The prime objective of the study was identification of the social construction of these three agencies. In particular the intention was to reveal features contributing to the shaping of their service provision. To this end the research design was developed with the aim of allowing respondents scope for self-expression.

Twenty, one-to-one, face-to-face semi-structured interviews were conducted and audio-taped with self-selected respondents from the three agencies. The core category to emerge from the data was 'boundaries' which was further divisible into commonly held properties classifiable as personal, professional, organisational and societal. Each of these were sub dividable, forming what might be referred to as a family tree. Underpinning this framework of boundaries is a common psychological approach to service provision which draws on the Freudian tradition in counselling. A further feature in their commonality is that of the profile of the volunteer workforce which is drawn largely from a mono-cultural, middle class sector of the community.

The central contention of the thesis is that in this instance, boundaries have become a significant influence on the shaping of service provision. It is argued that an overriding individualist perspective can serve to ensure that traditional boundaries are established and maintained, making a more diverse approach to service provision difficult to attain.

 Key words: boundaries (personal, professional, organisational, societal); social construction; bereavement support; grounded theory; individualism; power; culture; volunteer motivation.

ACKNOWLEDGEMENTS

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CHAPTER ONE

Overview of the Research Project

"… You do after a year or two get over the death; but you have to learn
to live in another country in which you are an unwilling refugee."

(Katherine Whitehorn, 2007: 263)

INTRODUCTION

The essence of the alien experience which grief can impose on the newly bereaved is captured in this quotation from Katherine Whitehorn's autobiography *'Selective Memory.'* This notion of bereavement as strange and unfamiliar is contained too in the common term 'survivors,' now often used to define those left behind (Curer 2001a: 90, 92; Seale, 1998a: 194). In contemporary western society it is noted that death and bereavement are no longer familiar and commonplace experiences as was the case in earlier times. Clark (1993) views this as a change that has occurred in industrialised society. Death now more usually takes place among the elderly rather than in younger groups (Clark 1993: 31). Hockey (1990) states that death before the onset of old age is regarded as 'aberrant.' Society is now less familiar with death due in part to infrequent experience of it, (Hockey, 1990: 37). It is for reasons such as these that the death of a loved one is likely to be experienced as emotionally traumatic by those that are left behind.

People may need to make fundamental adjustments to life-changing experiences involving loss (Parkes 1998). Parkes conceives of this as a 'psychosocial transition' whereby individuals must revise their 'assumptive world' (Parkes 1998: 56). On becoming a widow or a widower, a spouse acquires a new and possibly lasting status, causing familiar habits and practices to be left behind while new skills and routines have yet to be learned. Further, we are reminded that it is the deceased spouse who was the person most likely to provide solace in hard times, making the pain of grief and the prospect of major personal change that much more burdensome (Parkes 1998: 57). It is factors such as these that can be said to have contributed to the development of formal bereavement support in western societies during the latter half of the twentieth century.

In this first chapter, the intention is to provide an introduction to the research study. This includes an outline of its nature; the rationale for undertaking it; the background to the research; its aims and purposes; introductions to the selected research methodology, the research format, relevant ethical issues and also the academic framework. The relationship of the study to the literature is briefly considered as are the scope of the study and the use of specific terminology.

THE NATURE OF THE RESEARCH STUDY

This is a phenomenological study which originally derives from the ideas of the German philosopher, Husserl, (1859-1938), who studied subjective consciousness as opposed to objective existence. Schutz later developed phenomenological sociology (1932) which was concerned with the study of everyday life. He explored how subjective experience came to be constructed in a specific way and taken for granted by those who are like-minded. It is this idea of the inter-subjective construction of bereavement support that forms the basis of this research study.

RATIONALE

Various reasons can be distinguished for believing that research on this topic may be of value in increasing understanding of the construction of bereavement support. Firstly, the separatist nature of bereavement support services in the voluntary sector is notable in the light of the contemporary multi-cultural society of the UK. Services appear to be organised along mono-cultural, mono-faith lines. This may be unintentional or for reasons of expediency. Likewise, there exists a notable division along the lines of specific group interests such as sexual orientation or type of loss, although this too may be for pragmatic reasons connected with specialised service delivery.

Secondly, bereavement support is provided within the context of a rising demand for counselling services in the UK in the latter half of the twentieth century (McLeod 1998: 24; Sherrard 1993: 53). Arnason (2001) states, that in the 1990s, counselling became 'an industry and an institution of great importance in British society' (Arnason, 2001:

300). Hence, I would argue that there is potential value in studying the influence that bereavement support, which derives from counselling, may have on people's lives.

Thirdly, there is a continuing debate concerning the efficacy of bereavement support for those experiencing 'normal' grief (Stroebe and Stroebe 1991; Stroebe and Schut, 2005).

Fourthly, counselling has been criticised for its focus on the individual to the detriment of attention to the social context in which people live their lives (Feltham, 1995: 134, 135). There is thus likely to be benefit in drawing attention to the impact of this deficit.

Finally, although there is an extensive literature on issues relating to death, there is as Payne, (2006) notes, surprisingly little sociological research on bereavement and bereavement support. This opens up the possibility of adding to the literature in this field.

THE ORIGINS OF THE RESEARCH PROJECT

Oliver (2008: 84) indicates that the origins of the research can be of interest in enabling the reader to gain insight into the motives of the researcher and to understand the context in which the research was developed. A background in nursing in the 1950s initially sparked the interest of this researcher into the way in which death, dying and its aftermath was handled by the medical professions. At that time, the tradition in medicine, of viewing death as a clinical failure, was already embedded in the culture. Since then, the medicalisation of death and dying has been extensively documented (Illich 1976, Biswas 1993, Clark 2002), as has the medicalisation of bereavement (Currer 2001a: 85: 123; 2001b: 49-60; Wimpenny et al. 2006). Then, during the late 1990s, while undertaking a training programme to become a volunteer bereavement supporter at the local adult hospice, it became apparent to me that the theoretical framework on which bereavement support methodology was founded was largely that of the Freudian school of psychotherapy and counselling. The focus was the individual as a psychological entity, distinct from the social context that influences people's lives. It was this issue that I then chose to explore in an assignment for the award of a diploma

by the University of Central England in 1997. These matters will be expanded in later chapters.

THE PURPOSE AND AIMS OF THE STUDY

The intention was to conduct a sociological analysis of the social construction of bereavement support as it is provided by volunteers in three local charitable organisations. Quinn (2005), records that there is a lack of knowledge 'about the nature of bereavement support.' She finds this 'surprising' given the extent to which practitioners discuss their work (Quinn 2005: 6). A central aim of this project was to reveal how the social construction of such agencies contributes to the nature of their service provision. The study, as it was expected to, yielded a socially constructed framework common to all three agencies, which could be described as a map of their *modus operandi* and underpinning ethos. Managerial insight can be gained from such a mapping process which may potentially lead either to change or to a conscious decision to remain the same.

With this background in mind, a small-scale qualitative study was conducted in three local agencies. These included an adult hospice, a local branch of Cruse[1] – which is a well-known national charity – and a unique organisation entitled Parents Experiencing Adult Loss (PEAL). Unfortunately, following this research, PEAL was disbanded in 2006 due to lack of funds. Respondents for this study were for the most part volunteer bereavement supporters working in these agencies. The Cruse sample included several supervisors.

THE RESEARCH METHODOLOGY

A **qualitative** research methodology is used to reflect the phenomenological nature of the study and as an appropriate means of focussing on the subjective experience of volunteer bereavement supporters. Bryman defines qualitative research as: 'an approach to the social world which seeks to describe and analyse the culture and

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[1] The name 'Cruse' is derived from the widow's cruse of oil in the Old Testament which never ran out, indicating that support is given for as long as it is needed (Cruse Bereavement Care 2008).

behaviour of humans and their groups from the point of view of those being studied' (Bryman, 1988: 46).

While there are criticisms of qualitative research, which will be discussed in a later chapter, qualitative methods, as Hammersley (1989: 1) observes, have come to be regarded as acceptable. Likewise, Seale, (1999: 3) outlines Denzin's (1994) argument that 'modernist' assumptions of an 'empirical world' which can be studied objectively can no longer be upheld. As Denzin (1988: 432) argues, the constraints imposed upon qualitative data by the requirements of scientific discipline, do not sit easily with the subjective nature of interaction between people.

To further facilitate this entering into the social world of the bereavement supporter, **grounded theory** has been employed in this study as the means of collecting, analysing and managing the data. Bryman (2001: 390) notes that grounded theory has become a widely used methodology. Bartlett and Payne state that; '…. Grounded theory adds to the toolkit of the social scientist by allowing the investigation to enter the life-world of participants own understandings…..' (Bartlett and Payne, 1997: 178). It is, perhaps, as a 'tool' or methodology that the usefulness of grounded theory has become established rather than from any properties that might distinguish it as a theory. The particular attraction of its use for this study is the essence of it as an inductive research method by which 'theory' is derived from the data.

In summary, the purpose in this section has been to indicate the thinking of the researcher in relation to the selected methodology. These ideas will be developed more fully in subsequent chapters.

THE RESEARCH PROJECT

The method selected was that of the interview. As Bryman (2001: 327) notes, the interview and participant observation predominate in qualitative research. In this instance, participant observation was not a possibility due to ethical issues of privacy and confidentiality. Participant observation would also be likely to distort the nature of the client-bereavement supporter interaction by the presence of a silent observer. While the benefit of 'seeing through others eyes' (Bryman 2001: 328) is lost, the interview enables wider coverage and a more specific focus (Bryman 2001: 331).

Twenty one-to-one, face-to-face, semi-structured, audio-taped interviews were carried out during the summers of 2003 and 2005 in three local voluntary agencies. These included seven interviews at St. Richard's Hospice, Worcester; eight at the Worcester and Redditch branch of Cruse and five at PEAL, (Parents Experiencing Adult Loss), Worcester. Each interview took about an hour and took place either at the home of the respondent or of the researcher.

The arising **data was transcribed** verbatim by the researcher for reasons of authenticity. Anyone else was likely to lack the necessary familiarity with the context of the interviews which could lead to inappropriate adjustments to the text. Following transcription, each interview was studied on a line-by-line basis for purposes of identifying emerging categories. As Glaser and Strauss (1967) observe, the core category emerged quickly. Categories were then aggregated for each data set and comparisons drawn between them. For example, 'personal values' emerged as a key category in six of the seven hospice interviews but does not feature to anything like the same extent for the other two sets of data (Cruse and PEAL), albeit that this may be happenstance.

ETHICS

Ethics have been central during all phases of the research. The deontological principles followed were those of Beauchamp and Childress (1979) which are widely practised in the field of health care and will be explained in detail in a forthcoming chapter. Suffice it to say here that ethical practice is intended to protect respondents from harm and preserve their autonomy, if not overtly to benefit them.

There are also issues concerning the integrity of the research as a whole. McLeod (1994: 166) notes that it is not possible to design research that is ethically neutral. It may also be assumed that ethical principles should be followed and not broken, although this may not always be as straightforward as it might at first appear, due, perhaps, to inadvertent omissions or transgressions or to research priorities, anticipated or otherwise. However, throughout this project, every effort has been made to maintain high standards of integrity in relation to both research design and practice.

THE ACADEMIC FRAMEWORK

It is argued here that Social Constructionism[2] is a useful academic framework for the sociological analysis of bereavement support services as offered by the voluntary sector. This is because, for example, the psychiatric medical paradigm of grief, forming the tradition of 'grief work,' offers a unitary concept that neglects the social and cultural context of bereavement. Rosenblatt, (2001: 286) argues that from a social constructionist perspective, everything that we may say as social scientists about grief is shaped by our current socio-cultural environment. Likewise, Valentine (2006: 59, 61) refers to the psychologising of grief and to its 'medicalising and pathologising.' The academic framework within which bereavement has been researched and bereavement support practised can be said to arise from an 'essentialist' perspective deriving from scientific theory which has allowed assumptions that are taken for granted to go unchallenged. Social constructionism provides an opportunity to contest the prevailing paradigm.

Fundamental to the concept of constructionism is the use of language. What people say and how they say it can be viewed as a reflection of social culture. For example, metaphors may be used as a shortcut in a common social discourse such as bereavement. Kenneth Gergen (1999: 65) refers to Lakoff and Johnson's (1980) epithet, 'metaphors we live by.' Words are appropriated from one context to another and used to aid our understanding of the social world. Respondents for this research project tended to describe their work with clients as 'walking alongside,' and their clients as 'going on a journey.' Likewise, euphemisms are used such as 'lost,' for the death of a 'loved one,' or to give it its sociological epithet – 'significant other.' A further emerging euphemism is 'passed away.' Rarely are the words 'died' or 'deceased' employed. Such analysis can serve to inform us that bereavement supporters use language that reflects a wider social view of death as taboo, or as needing in some way to be veiled from view.

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[2] Social Construction is a sociological term that gives emphasis to the socially determined characteristics of social life. It was first coined by Berger and Luckman in 1966.

It is not the intention here to undertake an analysis of the discourse involved, because the social interaction between the bereavement supporter and the client could not be observed. However, it is important to note that language forms an element in developing our understanding of how, in the case of this research, bereavement support appears to be constructed.

Further examples of how voluntary bereavement support services are constructed are indicated by the profile of volunteer supporters as evidenced in this study. Generally, but not always, they are older women who, if asked, might well describe themselves as middle-class, albeit that that is not an issue to be explored here. The entire sample of respondents for this research project was white and presumed to be ethnically indigenous to the UK. However, all three agencies professed an open access policy to all sections of the community. There would seem to be a contradiction here between what the organisation avows and what happens in practice.

McLeod remarks that 'multi-cultural counselling does not fit easily into mainstream counselling approaches' (McLeod 1998: 175). As an example, he cites the 'person centred' approach derived from Carl Rogers' work in the mid-twentieth century which can be said to assume cultural homogeneity within western society. The predominance of the person-centred model as a framework for bereavement support in this type of voluntary agency was certainly evident in the data of the research study under discussion here. It would be too simplistic to conclude, particularly at such an early stage of this research project, that this factor has substantially contributed to a mono-cultural service delivery in these agencies, although it is reasonable to surmise that it has a bearing.

As social constructionism enables discourses intrinsic to counselling to be analysed, so there are other aspects of the social fabric that can also be explained as social constructs. One of these is grief which it is argued, by Thompson (1997), can be viewed as 'a social construct (which) is shaped by dominant gender expectations.' Thompson argues that gender should be taken into account because it can 'shape social institutions' and 'patterns' of behaviour (Thompson, 1997: 76, 78).

The concept of social constructionism is challenged by some in terms both of overuse and lack of meaning due to its generic application. Sociologists deem it to be present wherever the context can be construed as social. Rowe (1982) argues that the notion of social construction obviates the possibility of knowing 'the truth' (Rowe 1982: 27). Craib (1997) suggests that while social constructionism is a widely used concept in sociology and psychology, it can also be said to allow us to assert that we lack the power needed to take action: all that is necessary is explanation. With some degree of irony, Craib jokingly invites us to regard social constructionism as a 'social psychosis,' because an extreme view of it might conclude that individuals are entirely socially constructed and so have no inner being. Burr, (1995: 3), on the other hand, notes that, central to the concept of social constructionism is the revelation of that which is taken for granted. Hence we are provoked to criticise concepts which might otherwise be accepted without question. An example which might be given is what Seale (1998: 199) terms 'the social shaping of grief.' Seale (1998a: 200) refers to the culture-bound character of grief in western society as manifested by 'stage theory' and epitomised in the work of Kübler-Ross in 1970. More specifically, the term 'social construction,' refers to the process whereby people construct their social world rather than having it imposed upon them. It is in this last sense that the concept is used in this study.

THE RELATIONSHIP OF THE RESEARCH TO THE LITERATURE

The main body of literature on bereavement support derives from the western cultural tradition in counselling. This is rooted in psychiatry, psychoanalysis, psychotherapy and psychology – what might be termed the sciences of the mind. In the case of bereavement, the underpinning notion is that of 'grief work' outlined by Freud in his essay on *Mourning and Melancholia.* The emotions of grief must be worked through lest recovery is inhibited and the grief becomes pathological. Working through the grief enables the emotional bond with the deceased to be relinquished and the energy re-invested in a new relationship (Freud, 1917). Contemporary studies within this tradition continue to focus on grief as a physical and mental health issue.

However, more recent studies propound the concept of a *'continuing bond'* with the deceased (Klass et al. 1996). Also, contemporaneously, psychological studies have

questioned the effectiveness of bereavement support for those experiencing 'normal' grief (Stroebe and Stroebe 1991). Parkes (1988), likewise, considers psychosocial aspects of loss affecting the bereaved, namely that of their 'assumptive world' which may be radically changed following a significant bereavement.

While there is a body of anthropological literature focussing on cultural aspects of bereavement and grief, there is, as has already been indicated, surprisingly little sociological research (Payne 2006). Walter's 'biological model' of grief draws on the work of Giddens (1991) whose theory of the social construction of identity refers to detachment from traditional roles and relationship patterns. Walter (1996) argues that the bereaved want to construct a 'biography' of the deceased to enable a positive continuing relationship to be formed. Other relevant areas of literature concern cultural differences in bereavement practice (Laungani 1996).

There is too, a considerable body of literature comprising a critique of counselling. For example, Lago and Thompson (1996) refer to a lack of 'structural awareness' in counselling practice, particularly in relation to 'race,' while, Feltham (1995) notes a want of clarity about what counselling actually is. He cites Houston (1991), a counsellor therapist, who says that 'what we are engaged in is for the most part guesswork,' (Houston, 1991, cited in Feltham, 1995: 12). Feltham also questions where informal, secular support in the local community ends and counselling begins. He considers too the possible decline in the role of religion in providing guidance to congregations. Feltham, like Halmos, (1965) argues that there is much religion in the form of spirituality in counselling (Feltham 1995: 93). Halmos (1965) entitled his book, *'The Faith of the Counsellors.'* Masson, (1988) is sceptical of the efficacy of therapy. He goes so far as to say that, while he agrees that people believe themselves to be helped 'in therapy,' it is questionable whether they are helped 'by therapy' (Masson 1988: 39).

Counselling does of course have its supporters. For example, McLaren (1998), herself a counsellor, contends that while the Freudian tradition has been pervasive, there are a number of schools of counselling. She has herself, adopted the person-centred approach derived from Carl Rogers in the 1950s and referred to earlier (McLaren 1988: 276).

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A further body of literature to be considered for this study is that on social constructionism. The more general explanatory and critical literature on this is extensive. Gergen (1999) provides a conceptual framework and Burr (1995) offers a clear explanatory text for students of psychology. These are but two of a number of core references. To add to this there is a complementary group of specialist publications relating to the social construction of grief, bereavement and counselling the bereaved. Seale (1998: 198) argues that counselling support can be viewed as a mourning ritual facilitating re-construction of self-identity, in that those who grieve can turn away from death and towards life. Neimyer (1998) also writes on social construction in the context of counselling.

THE SCOPE OF THE STUDY

It seems important to indicate the scope of the research study at this early stage. The prime focus of the project is that of volunteer service provision to bereaved adults in the UK, by organisations having charitable status.

A decision not to include children's services was taken at an early stage of the research planning in order to maintain the focus of the study. This was also because support for bereaved children has itself become a specialist area of service provision in the last few years due to the perceived need for particular skills and expertise. Specialist training courses have been established for those working with children and there is a sizeable body of literature concerning bereaved children. There are also a number of organisations dedicated to working with children experiencing loss, notably Winston's Wish and Noah's Ark and, of course, a growing number of children's hospices. Some respondents for this research study were working with bereaved children, although not usually exclusively so. This applies to both the hospice and PEAL but less so to Cruse who, at the time of this research, focused mainly on adult grief. PEAL worked with families including the siblings of deceased adult children (age 18 and above) as well as the parents experiencing adult loss. The hospice provides services to the dying patient and his or her family. This includes bereavement support to all members of the immediate family.

Further, the decision to focus on the UK and not to broaden the study to include other western nations was taken because of the specificity of this research.

Another factor considered in relation to the focus of the research, was that of a multi-cultural comparison. This was deemed impractical for a small-scale study. It is also the case that the intention of the project was to focus on the social construction of three specific agencies. A broader comparison might dilute and complicate this objective.

TERMINOLOGY

Specific terminology used in the study is delineated here as follows:

The research subjects are mainly referred to as 'interviewees.' Oliver, (2003: 7), suggests that this term paired with 'interviewer' avoids the value connotations and the assumptions of power imbalance which may be attributed to some of the other epithets commonly in use. The terms indicated here imply equal status and also serve as an accurate description of the methodology employed in the study. However, the word 'respondent' is used where it seems more appropriate to do so.

'Bereavement supporter' is used as a neutral term and one that indicates both the role and the function of volunteers working in these agencies. Each of the three agencies were having some difficulty finding an appropriate label, both for the work itself and for the volunteers undertaking the role. For example, in the early days of Cruse, client support workers were called 'counsellors.' This was no longer appropriate when counselling became more aware of its status, because, for the most part, volunteer supporters, while trained, were not qualified counsellors who were eligible to register as members of the British Association of Counselling and Psychotherapy (BACP). Later, Cruse volunteers were referred to as 'befrienders.' However, this also caused difficulties due to the increasing professionalisation of their role. The hospice initially referred to their volunteer support workers as, 'bereavement visitors,' but this needed to change as the role of volunteers expanded to include group work and pre-death work with clients and patients. Bereavement support workers there are now called, 'family support workers,' to reflect their expanding role with the whole family during the terminal

stages of the illness and following the death of the patient. PEAL always referred to its volunteer workers as, 'bereavement supporters.'

Likewise, the term bereavement support reflects the terminology employed by academics and practitioners working in this field. For these reasons the terms, 'bereavement support,' and 'bereavement supporter,' is used throughout this study.

CHAPTER SUMMARY AND CONCLUSIONS

The intention in this initial chapter has been to raise a number of key issues and to introduce an early discussion which will be developed in later chapters. The nature of this research project and its origins has been introduced. While bereavement is viewed as an ordinary human experience, the rise in formal support since the end of World War II is a new phenomenon and as such merits investigation. The aim in this study is to reveal the social constructions underpinning the provision of such services. The social constructionist perspective enables that which is taken for granted by specific service providers to be highlighted. Hence, this mapping of the territory can indicate areas for possible change. Using a broadly hermeneutic approach, the study employs a qualitative methodology - that of grounded theory- to examine how bereavement support is constructed in voluntary organisations. At this early stage, an indication is given of the relevant literature as being rooted in psychology and the counselling tradition derived from the work of Freud. This is the subject of Chapter Three.

Finally, the prime aim of the study is to model the current *modus operandi* of bereavement support in these particular voluntary agencies with a view to highlighting possible routes for change.

Chapter Two is concerned with sketching out the researcher's methods in relation to the selection of study sites, respondents, data collection and analysis.

CHAPTER TWO

Methods

"Do not go where the path may lead, go instead where there
is no path and leave a trail." (Ralph Waldo Emerson, 1803–82)

INTRODUCTION

From my research on the internet, it is clear that many authors have recently cited this quotation from Emerson, a nineteenth century philosopher, essayist and poet: but none that I have found has reiterated either the date of its authorship or its source amongst Emerson's writings. That the quotation is so popular, however, suggests that people in abundance aspire to follow Emerson's exhortation.

Indeed, it may be argued that the essence of research is to break new ground for others to follow. In this instance, it may be considered to be unusual for the researcher's methods chapter to precede both the literature reviews and discussion of the academic and research frameworks that form the basis of this study. This exception to the rule is accounted for here by the early placing of excerpts from the research data within the text of the initial chapters. This is done to elucidate, enhance and sometimes to affirm points of knowledge, principle and argument that are being made in relation to the subject matter of the thesis. There is too, it has to be said, a sense in which it can be viewed as useful for samples of data to be captured and appreciated for what they can contribute to the discussion, rather than becoming lost amongst unused material due perhaps, to an apparent lack of mainstream relevance. More particularly, a key reason for what may be considered a premature revelation of data is its centrality to certain sub-themes which either emerge directly from it, such as volunteer motivation, or are notably and interestingly missing from it, as is the case with the topic of power as an aspect of the counsellor–client relationship.

It is, therefore, for purposes of clarity and explanation that the methods chapter is included here rather than, as is more traditional, following the literature review, research methodology and academic framework chapters. The remainder of this chapter is

concerned with details of the aims of the study, the research questions and explanations of the methods by which the study was carried out.

THE AIMS OF THE RESEARCH AND THE RESEARCH QUESTIONS

A brief outline of the purpose and aims of the study was given in Chapter One which provided an introduction to the study. The intention here is to expand on this by providing a more detailed exposition. The prime objective of the research was the identification of the social construction of three voluntary organisations (an adult hospice, a branch of Cruse and PEAL). In particular, the intention was to reveal features deemed to be contributing to the shaping of their service provision. To this end the research design was developed with the aim of encouraging respondents self-expression and thus to avoid influencing the responses of interviewees.

An early decision in the research design was to focus on volunteer bereavement supporters rather than managerial personnel. This was due to a perceivable possible gap between management's discernment of coal–face activity and volunteer bereavement supporter's perception of their service delivery practice.

Research Questions

The main focus of my enquiry was to find answers to the question, 'Why do agencies such as these present a mono–cultural face to their world?' This was followed by a second question asking, 'Why is bereavement support characterised by a psychological approach?' And finally, 'Why is the social context in which people experience bereavement largely ignored by those offering support?' It is with these questions in mind that I approached the research design. This chapter is concerned with its delineation.

SELECTION OF THE RESEARCH METHODOLOGY

Early in the process the research methodology decided upon for this study was the qualitative approach of grounded theory. The full rationale for selecting this approach is discussed in the research methodology Chapter Five. The intention here is to briefly note the thinking that lay behind this choice. In particular, as the researcher, I wanted to uncover, or more excitingly, discover what lay behind the presenting face of these three

organisations. Hence, a bottom-up rather than a top-down approach to the research seemed to be the most appropriate means of achieving the outcome I wanted as it would allow theory to emerge from the data. Further, I had no pre-suppositions about how the organisations might be constructed thus ruling out the option of posing a hypothesis which could be tested. Also germane was the issue of capturing a wide range of perceptions from the respondents as opposed to seeking more focused and specific information. In sum, grounded theory allowed the data to flow in all its richness.

STUDY SITES

Three local sites were selected for their commonality in providing bereavement support using volunteers. That they were local was a matter of expediency. There was, also, no particular reason for seeking out study sites that were further afield. There was, though, a possible benefit in the commonality of the local population from whom their volunteers were recruited. The sites included an adult hospice, a local branch of Cruse and Parents Experiencing Adult Loss (PEAL). This last was unique as a local agency and so had no national managing body. There follows a profile of each of these organisations. Comparisons are then drawn between them in terms of their funding, ethos, nature of the organisation, their services and client access to these.

PROFILE OF THE ORGANISATIONS

A Hospice for Adults

The idea for this research was derived from a post–retirement activity as a volunteer at a local hospice for adults in the late 1990s. The need for a hospice had been identified by a group of local notables in 1984. A small enterprise emerged from this initiative and following extensive fund raising efforts, larger premises were opened a few years later. These were replaced in 2006 with a sixteen - bedded purpose built hospice.

Field et al. (2007: 431) observe that in the UK, it is customary for the hospice care of the family to continue following the death of the patient. This notion of offering support to the family as well as caring for the dying patient derives from the concept of 'total pain,' a term attributed to Dame Cicely Saunders (1918 – 2005) who was considered to be the founder of the modern hospice movement. Saunders conceived of

pain in the terminally ill as physical, psychosocial and spiritual. Pain relief was needed to address each of these (Bains, 1990: 26, 27). For those who are dying, care of their family can be as important as care of themselves. Bereavement care is considered as 'integral' to hospice services (Field et al. 2007: 431).

The concept of bereavement care at my local hospice has evolved over the years. The work of the psychosocial support team now includes the provision of both pre and post death support to patients and their families. The hospice follows what Field et al. (2007: 437) found to be the usual pattern for the UK in using a combination of paid staff and volunteers to provide bereavement support services. Volunteer 'Family Support Workers' are supervised, trained and provided with clerical support by a small team of qualified paid staff. These include a social worker, qualified counsellors and supervisors, and a Citizen's Advice Bureau (CAB) worker as well as clerical staff and volunteers who visit clients at home, or see them at the hospice on a one–to-one basis. Volunteers also facilitate or lead groups which meet twice monthly over a period of four months. Group participation, less favoured by clients in earlier years, is now popular. Older clients who have experienced spouse loss say that the group provides companionship with those who share a similar experience.

Parents Experiencing Adult Loss (PEAL)

PEAL was founded in the mid nineteen nineties by Diana Williams who recognised a specialist need that was not catered for at the time. Funding for the enterprise was always precarious and slim. It ultimately ran out following the failure of the organisation to gain a lottery grant. This led to the closure of PEAL about ten years after its inception. As with other such organisations, volunteers were supported by, in this case, just one member of paid staff. Volunteers received their training either from the local hospice or, more generally from Cruse, alongside their own voluntary workers. This basic training was supported by an on-going in-house programme. Supervision was bought in on a sessional basis. Clients needing specialist help were referred on to other organisations. Client bereavement support was provided in the first instance by volunteer 'befrienders' on a one-to-one basis. There followed a sequence of groups which were initially facilitated by trained volunteers. Subsequently, clients moved on

to join self-support groups. Siblings of the deceased would sometimes join one group while their parents joined another. PEAL was unique in the service it provided.

Cruse Bereavement Care

Cruse is probably the best known provider of bereavement care in the UK. It was founded by Margaret Torrie (1912-1999) in 1959 and originally provided bereavement support to widows (Stott, 1999). The meaning of the name 'Cruse' was explained to me by an interviewee for this study. He said that 'Cruse' was a biblical reference to a vessel used by a widow as a receptacle for oil (Interview 10: 10, lines 3, 4). The Old Testament term (1 Kings Ch.17 v. 12) has been retained although Cruse now offers its services to all those who are bereaved.

Cruse has become a national leader in its provision of training and in the dissemination of new research by means of regular national and international conferences. It also publishes a journal for practitioners three times a year (Cruse website 2010).

COMPARISONS BETWEEN THE HOSPICE, PEAL AND CRUSE

Funding

Each of the three organisations is heavily reliant upon charitable donations although some statutory funding is received by the hospice. All three organisations are registered charities. The collapse of PEAL indicates how hard it can be for a small charity to raise sufficient funds to establish and sustain a quality service over time. An excessive amount of effort may need to be put into fund raising. Larger organisations may be in a better position to employ professional fund raisers. Certainly its Appeal Team raises a large sum each year for the running of the hospice. The fund raising operation there is highly sophisticated. There is, for example, a separate section of sporting activities aimed at enthusiastic young fund raisers which runs alongside more traditional events. Advice and support is also offered to those engaged in personal fund raising activities for the hospice. In this way, hospice fundraising has developed a momentum of its own bringing much satisfaction to those who take part in it (St Richard's Hospice website 2010).

Ethos

An underpinning ethos common to all these agencies is an assumed need for the bereaved to engage in 'grief work' or the processing of their emotions concerning the loss of a loved one. A further commonality and standard prevails concerning bereavement support practice. The overarching principles and methodology applied here are those of the Rogerian person-centred approach which will be described in a later chapter (Rogers, 1951). In respect of this, the code of practice followed is that set down for its members by the British Association of Counselling and Psychotherapy which is updated annually.

The Nature of the Organisations

Here there are some notable differences between the organisations in relation to their religious affiliations and to the services they provide. While PEAL is secular in outlook and practice, Cruse and the hospice have a religious basis. Margaret Torrie, the founder of Cruse in 1956, was herself a devout Quaker and it was on those principles that Cruse was founded, albeit that the organisation now presents a largely secular persona. The religious basis of the hospice is noted by Field et al. (1993a: 199). On the Continent and in the UK, hospices have a strong religious tradition in the provision of care to the dying. This was consolidated in the modern hospice movement with the 1967 opening of St. Christopher's hospice in London. The religiosity of hospices is now often down-played by them in the context of a secularised western society although their origins may still be exemplified by their name and the retention of chaplaincy services. This type of hospice continues to exist alongside those of an overtly secular nature, St, Richard's hospice aims to strike a balance between acknowledgement of its Christian foundations and the perceived need to respond to those of other or indeed of no faith.

Services

While Cruse offers its services to all those who are bereaved, PEAL and the hospice bereavement services are specialised, as noted earlier. In particular, Quinn (2005: 5) observes that in specialist palliative care services, bereavement support may be offered before the death of a patient. Although a formalised service of this kind was not available when I conducted my research, 'pre-death' work is now a feature of psycho-social support there. Some of this work is undertaken by trained volunteers with

specialised support provided by qualified counsellors who are on the hospice pay roll. Quinn (2005: 6) further comments that there is evidence that 'good palliative care,' of which support to the family is a part, affects subsequent grief reactions and so bereavement care must be viewed as integral to palliative care.

Access to Bereavement Care Services

All three institutions considered in this study offer access to their services in accordance with the relevant legislation relating to race and creed. This open-door policy applies also in respect of sexual orientation.

A restriction to access for hospice services stems from its prime focus on providing palliative care for cancer patients and their families. This limitation to the availability of hospice care for those who are dying has received considerable criticism. While Field and Addington-Hall acknowledge that hospices do care for a small number of terminal neurological patients, they also argue that hospice care should be extended on grounds of both equity and need to all those requiring end-of-life care (Field and Addington-Hall 1999: 1273, 1274). While it is now the case that a wider range of terminal illnesses is beginning to be catered for by hospices, only 4% of the dying receive hospice care (Stevens et al. 2009: 29). This is not the place to engage in a critique of hospice service provision; suffice it to say that the holistic model of care for the dying that it offers, may now be coveted by some statutory health care services and that those who receive it may both feel, and be regarded as, privileged.

A further concern in relation to access to bereavement support is the paradox that exists between the open door policies of these agencies and the reality of their clientele and volunteer profile, each of which must impact on the other in terms of agency accessibility. In this study, a number of interviewees from Cruse and PEAL confirmed lack of take-up of their services by local ethnic minority groups or by those of same sex orientation (Interviews 10, 11, 14, 16, 20). Interestingly, PEAL, at this time was running an initiative to attract more men to the organisation, both as service users and as volunteer service providers. Lack of take-up of hospice services by ethnic minorities continues to be a matter of concern nationwide (Stevens et al. 2009: 25, 26; Heller and Woodthorpe, 2009: 82). A Cruse interviewee for this study, who was a supervisor with

them and a mental health clinical psychologist, thought that non take-up by the local ethnic communities, was due to both differences in cultural outlook and practices and their perceptions of Cruse as a homogenous, indigenous entity. She also thought that Cruse worked 'on the assumption of heterosexuality' (Interview 14: 13, 14). This perhaps unwitting, mono-racial, mono-cultural service delivery raises questions about the nature of charitable service provision which need to be considered. This issue will be raised in a later chapter.

Selection of the Organisations

These organisations can be said to be representative and characteristic of those in the UK offering bereavement support at this time. Cruse has a long tradition in bereavement care; Payne (2001a: 114) observes that hospice bereavement care has been less well developed than their other patient care services. However, this is now changing with the Department of Health's end-of-life care strategy in 2008 which has been taken up by the Help the Hospices organisation and includes a focus on bereavement (The Department of Health, 2008).

There are numerous other agencies offering help lines as well as or instead of face-to-face services. Some of these are statutory services; most are voluntary organisations such as the Compassionate Friends (TCF) which provides support for bereaved families by those who have been 'similarly bereaved' (TCF website). Many services are faith based, as for example the Muslim Youth Help Line which supports young bereaved people. Other services make local provision. Colin Murray Parkes (1996: 237) lists some bereavement services in the UK. These include specialist services such as that of the Lesbian and Gay Bereavement Project in London which provides a telephone help line. Of the three organisations selected for this project, two – the hospice and a local branch of Cruse – are part of institutions which play a key role in the current provision of bereavement support in the UK. PEAL provides an example of a small local, specialist service.

Researcher Access to the Agencies

Access to organisations can present difficulties, especially for student researchers working alone. Policy may prohibit access or there may be ethical considerations

involving an appearance before an ethics committee. This may be a long and drawn out process. Perhaps surprisingly there were no such difficulties in this case. A significant reason for this was probably that neither patients nor clients were directly involved. A further reason, as far as the hospice was concerned, was that I was already working there as a volunteer and it was up to my fellow volunteers to decide whether to put their names forward as participants in the research or not.

The local branch of Cruse was less easy to contact. They had no premises or office of their own so contact was initiated, with various delays, through the client help line. Once that was achieved, the local chairman contacted me. PEAL was more readily accessed, initially by telephone and then by way of a meeting with the service organiser.

In all three organisations, permission to carry out research in them was sought and was verbally granted by the Operational Manager and additionally, in the case of the hospice by the Care Services Director. The arrangements in each case were quite informal but may not have been so in other types of organisation. The hospice agreed to a brief explanatory presentation to relevant staff and volunteers at a quarterly meeting early in 2003. Neither Cruse nor PEAL took up the offer of an explanatory meeting. Such explanations were undertaken on a one-to-one basis with prospective interviewees.

Selection of Participants and Recruitment Procedures

As indicated by the title of this study, the prime purpose of the research was to study the social construction of voluntary agencies providing bereavement support. It follows, therefore, that the initial step was the selection of the organisations. This led to an inevitability about the recruitment of respondents, who were necessarily drawn from an existing pool of volunteer bereavement supporters.

Decisions about the size of the sample were of necessity influenced by the requirements of the research degree. In this connection, Miles and Huberman (1994: 27) indicate the importance of setting limits for sampling within the available resources. Even a sample of as few as twenty respondents, yielding as many interviews of an hour each, can generate a seemingly unmanageable amount of qualitative data, although there may, even at this level, be sufficient data for saturation, thus encouraging endorsement of the

findings. Certainly here twenty interviews were deemed enough to enable comparison within a social constructionist framework.

In further justification, it has also to be said that results must, in any case, be regarded as indicative: as with a non-substantive grounded theory study, claims of generalisability would be unrealistic. Rather the intention in applying a social constructionist framework is to hold up a mirror to enable agencies to gain insight into the nature and efficacy of their service provision. Qualitative research can be said to lie more in the realm of verisimilitude than of veracity.

Within the given population pool, respondents from each organisation, while self-selected, achieved this by slightly different means. At the hospice, with the permission of the chairperson, I asked for volunteer respondents at a routine meeting. Those wishing to take part then contacted me by phone. For Cruse there was no central place to visit, so their local chairman approached volunteers whom he regarded as potential recruits. Clearly, self-selection was compromised here. In the case of PEAL, the service manager circulated the volunteers and invited them to contact me if they were interested. By these means twenty respondents were recruited. I didn't turn anyone down. There were seven people from the hospice, eight from Cruse and five from PEAL. A profile of the respondents for each agency appears elsewhere in the thesis. For reasons of anonymity and confidentiality the management of each organisation were unaware of who among their volunteer bereavement supporters were in the final sample.

It was at this stage that confirmatory letters were sent to all those who had agreed to participate. This was followed up with a phone call to arrange a date for the interview. The appointment was confirmed by me in writing and an explanatory note about the interview, together with the university's consent form, were also sent. A contact name was given at the university in case of complaint. (See the appendices for examples of the documents referred to in this paragraph).

Format and Arrangements

Twenty semi-structured interviews were undertaken and completed between the summer of 2003 and that of 2005. Manual, verbatim transcriptions were also carried out over this period. Audio-taped face-to-face, hour long interviews took place, most usually at either the home of the interviewee or that of the researcher. In two cases, the interview was recorded in the interviewee's home office and in another, in the summer house at the hospice. Apart from the offices, these interview conditions were not ideal, given the interruptions that can occur in domestic surroundings. There was also the difficulty of finding a suitable location in the house for recording, together with the impact of the surroundings on both the interviewee and the researcher. Soft furnishings tend to absorb sound and can be overly conducive to an almost Freudian, therapeutic style of relaxation. Indeed one interviewee lay stretched out on her recliner with her cat on her lap on a summer Sunday afternoon! The contrived character of such a setting may increase rapport between the persons involved, but it can also lead to a lack of focus and concentration. This may be one scenario over which the researcher has only limited personal control.

As a slight digression, but in this connection, Holstein and Gubrium (2003: 14) cite Pool (1957: 193) who saw the interview as an 'interpersonal drama with a developing plot.' Pool goes on to argue that 'the social milieu in which communication takes place, modifies not only what a person dares to say, but even what he thinks he chooses to say' (Pool, 1957: 192). Here, as Fontana and Frey (2000) indicate, Holstein and Gubrium are focussing on the 'how' rather than the 'what' of the interview. The context in which the interaction occurs also plays a part in our understanding of the interview experience. On the earlier point of interviewer control, Fontana and Frey (2000: 658) argue that, in general, a social order can be detected in the interview, in which the interviewee is deemed to be the lesser being. These writers see rapport building as a 'ruse' to gain the confidence of the interviewee (Fontana and Frey, 2000: 658).

To return now to the researcher's methods of **data collection:** in the pre interview period, respondents were sent a brief proforma indicating the topics I wished to cover in the interview. These included the respondent's personal background and motivation for

becoming a bereavement supporter, their experience of the role, their training, their bereavement work and their own understanding of death, dying and bereavement. This early introduction was designed to give interviewees an opportunity to reflect on their responses beforehand. It was these rather than spontaneous responses that were sought, for reasons of depth and quality. (See the appendices for a sample of the document referred to in this paragraph).

DATA COLLECTION METHODS

Following the initial preparations described above, the first step in the collection of the data was the interview. The process undertaken in this respect is outlined below.

The Interview

It is for its revelatory capacity that the interview was decided upon as an appropriate research tool for this study. The interview offers the possibility of gaining insight into the volunteer's own perception of bereavement support and their explicit and implicit understanding of the role they occupy in its provision. Notably also it should be pointed out here that the interview is itself a social construction which Kvale (1988) argues should be acknowledged (Kvale 1988 cited in Poland 2002: 635).

At the outset of each interview, it soon became clear that interviewees expected me as the researcher, to set the process going. The approximately one hour long, semi-structured interview covered the topic areas referred to in an earlier paragraph. The style adopted for the interviews was what is termed by Hollway and Jefferson, (2000: 30) as 'traditional.' This approach is described in more detail in the chapter on the research methodology. Since, in line with Hollway and Jefferson's model, this research aims to employ a 'good technique,' the interviews started with an easy question to develop rapport. Likewise, the interviewer aimed to be a sympathetic listener and to follow-up openings left by the interviewee. The starting point for the interview was invariably the interviewee's background and why she or he wanted to take up this work. This was perceivably a straightforward and non-threatening start, aimed at enabling interviewees to get into their stride early on and to develop rapport between us. The topic of their training followed on. Then the subject of their supervision arose when we were talking about working with clients in the middle section of the interview. The

meaning of bereavement work to themselves tended to emerge while they were talking about their client work. Lastly, I asked them about their own understanding of death, dying and bereavement. I assumed that towards the end of the interview, participants would talk more readily about a potentially difficult and intrusive subject.

No set questions were asked of interviewees. Their response to the topic was invited eliciting a wide range of reactions. For example, death and dying might be understood in terms of its inevitability; spiritual and religious understanding ('biblical understanding,' as one interviewee put it); uncertainty and not-knowing; our fear of death or otherwise; or our changing perception of it. The topic might also be side-stepped, as occurred with several interviewees, in favour of talking about self-management of their own grief (See table 2.1 in this chapter for a breakdown of interviewee's responses). This focus on bereavement and grief may represent denial, a turning away from death or it may reflect a greater experience of the aftermath and consequences of it than with any direct contact with the process of dying.

The lack of confinement that can be induced by non-specific questioning can lead to some immensely rich data. As, for example, the nurse who wished she could choose how she might die because, 'there are some awful ways to go' (Interview 17: 22, lines 9-11), or the interviewee who saw the body as a 'discarded heap of clothes. At the end of the day you throw them on the floor. They're lifeless; they've got no form. But when you put them on, the suit, the suit looks fantastic. You look fantastic. The suit makes you!' This interviewee believes that the soul lives on and that one day his soul will be reunited with theirs (Interview 15: 8, lines 25-27; 9, line 1)

These two pieces of data illustrate very different perceptions of death and dying. The first one expresses a wish to have choice and control. This nurse goes on to talk about the importance to her of having a 'well managed death' (Interview 17: 22, lines 9 and 10). The second piece can be said to be reflective of 'Cartesian Dualism' – René Descartes' (1596-1650) notion of the separation of mind from matter or body from soul. Here death is accepted as a social fact. The dead body is discarded while the soul lives on. There will be more detailed discussion of issues such as this in the chapter concerned with the research findings (See table 2.1 which follows).

TABLE 2.1 – RESPONDENTS' OWN UNDERSTANDING OF DEATH, DYING AND BEREAVEMENT

ORGANISATION	PART OF LIFE, NOT AN ISSUE	RELIGIOUS/BIBLICAL UNDERSTANDING	FOCUS ON GRIEF	UNCERTAINTY/ NOT KNOWING/ DEATH CANNOT BE KNOWN	THE MEANING CHANGES AS YOU GO THROUGH LIFE	FEAR OF DYING	NOT AFRAID	OPEN DISCUSSION OF IT IN THE FAMILY
HOSPICE	Int. 7	Int. 2 Int. 5 Int. 6	Int. 1 Int.3			Int. 6		
CRUSE	Int. 9 Int. 10 Int. 11	Int. 15		Int. 10 Int. 14	Int. 12	Int. 14		Int. 13
PEAL	Int. 16 Int. 17 Int. 18		Int. 18				Int. 17	
TOTALS	**7**	4	**3**	**2**	**1**	**2**	**1**	**1**

(This part of the tape was lost for interview 19)

INTERVIEWER QUESTIONS

Each topic area was opened up with what Kvale (2007: 60) refers to as an 'introductory question.' This was an open question designed to encourage the interviewee to talk about the topic. As, for example, 'Can you tell me how you got into this work?' My aim was to interject as little as possible in order to avoid leading the answer. Follow-up or probe questions were asked in order to elicit further information or focus the answer more specifically. For example, 'So what is it you get out of it personally?' (Interview 1: 3, line 19). Closed questions were avoided except for purposes of factual information or confirmation of a point. For example, 'So you've been involved for over twenty years?' (Interview 9: 2, line 12). The confirmatory answer was that, yes she had, but there was no expansion of the point by the interviewee. Leading questions are to be avoided because they suggest an answer. A trip of the tongue can result, though in the occasional one being asked. For instance, the interviewee said that she was working with the client 'in more depth.' She then floundered a bit, so to help out I said, 'It was quite focussed.' The reply I received was, 'It was very focussed.' The exchange represented an opportunity missed; 'focussed' may not have been at all what she meant by 'more depth.' Further, English was not her first language so she may have been seeking the right words which, after my intervention, were not forthcoming (Interview 13: 2, lines 12 and 13). Probing questions can be the most useful in taking the interview to greater depths. In this case, the interviewee was telling me about her deeply distressed client whose sister had died and whose parents were not allowing her to express her grief. In response, the interviewee told her client that her reactions to this were 'natural.' At this point I intervened to ask her what she meant by the term 'natural.' She replied that, 'There's nothing wrong with crying. There's nothing wrong with feeling angry, guilty or what have you. There's nothing wrong with these emotions. They're natural emotions that human beings – you know, this is what we experience in life. It's perfectly normal to feel these emotions. It's how you deal with it' (Interview 12: 3, 4: lines 10-13). This answer threw light on the empathetic approach adopted by this bereavement supporter and her capacity to reach out to her clients. My role as both researcher and interviewer was to maintain a light touch and intervene as little as possible. It was usually sufficient by way of encouragement to continue to use

what is commonly referred to as 'the social worker's grunt.' The expression of an 'um' or an

'ah' indicates that the interviewer is listening and a nod of the head can act as an invitation to continue. On occasion, the absence of such encouragement would, for this study, cause an interviewee to look wildly in my direction for confirmation that they should carry on.

ETHICS

The matter of ethics was referred to in Chapter One and is discussed in more detail in Chapter Five in the section on qualitative research. As mentioned there the ethical principles adopted for this project were those of the deontological framework propounded by Beauchamp and Childress (1979, 1983) who identified four principles of biomedical ethics: beneficence, non-maleficence, autonomy and justice. In line with these principles, interviewees were assured of anonymity and confidentiality. Host organisations were not told the names of those who had agreed to be interviewed. Neither were they given or offered specific feedback, although a general discussion following the interviews was offered but not taken-up by any of the participating organisations. Further, participants were told that their audio-tape would ultimately be destroyed. A copy of their transcript was offered and requested by six interviewees. No identifying information was included on either the audio-tapes or the transcripts. For the sake of simplicity, each interviewee was allocated a number from one to twenty: hospice interviews had numbers from one to seven, Cruse from eight to fifteen and PEAL from sixteen to twenty.

In the briefing which preceded the interview, interviewees were given verbal and written safeguards entitling them to halt the interview or stop the audio-tape at any time. Each participant was also given contact details for a university academic staff member in case of complaint.

DATA ANALYSIS

Transcription and 'Cleaning' of the Data

Transcription can be regarded as an initial stage of the data analysis which is the reason for its inclusion here. A fuller discussion of issues related to transcription can be found

in Chapter Five in the section on qualitative research. Here, the purpose is to explain the process as it was undertaken for this research project.

As indicated in the introductory chapter, the twenty audio-taped interviews were all transcribed verbatim by the researcher. A partial reason for this was a lack of resources to fund anyone else to carry out the transcription. In the event, however, this turned out to be an advantage in terms of helping to ensure data authenticity and veracity. That the researcher both collects and transcribes the data must surely reduce the potential for error: or at least limit the type of errors that may be expected.   Easton, McCormish and Greenberg (2000: 707) note that errors can compound an essential lack of trust. Likewise, the presence of the researcher throughout the interviews can be viewed as an additional asset because body language can be observed and written-up in field notes later. Data transcription is enormously time consuming and the work is painstaking, particularly, as in this case, if specialist equipment is not available. However, the end result in terms of contribution to the quality of the research provides its own justification.

There was no attempt to **'clean'** the data. Every effort was made to ensure a verbatim transcription which included the 'errs' and 'ums' of colloquial spoken English. Likewise, interviewees' verbal sentence construction was retained in the transcript. Having conducted the interview, it seems probable that the researcher is less likely to misconstrue the sense of it than someone who was not there due to the additional clues afforded by body posture and the surrounding environment. Transcription, though, whoever does it, can present problems of punctuation. Where does the sentence end, for example? For these reasons and for purposes of authenticity, nothing was done to tidy up interviewee responses either in their transcription or in their presentation in the text of the thesis.

Error can also arise from **equipment failure** (Easton et al. 2000: 704, 705). In this study, a large part of two interviews was lost in this way. Rather than relying on memory to fill the gap, I decided to include in the analysis only the material that had successfully recorded. Within the successfully recorded interviews there were also a number of small intermittent sections of tape that were inaudible. This type of error in

research studies seems almost unavoidable. In the interests of authenticity and plausibility, I decided to work only with the data that was there and not to try and reconstruct that which was lost.

Coding and Categorisation of the Data

The grounded theory approach to the coding of data is outlined in Chapter Five on the research methodology, and its application is briefly discussed in Chapter Seven which is concerned with more general issues in relation to the collection and categorisation of data. Here the purpose is to outline the procedures adopted for this project. The grounded theory method involves a circular analytical process in which discernible theory emerges from the data, is segmented and then related back to the data for verification. The process for this research began with pin boards, thumbtacks and a heap of differently coloured post-it-notes (One board and a separate colour for each organisation).

Following the verbatim transcription of the data, described above, the initial step in the process was to read the data line by line and then to classify it under broad headings. These are what Charmaz (1983: 111) refers to as 'topical' or subject-based categories. Under these headings, each post-it-note held a named item of data together with its evidential source. 'Motivation,' for example, emerged as a property of, 'About the Bereavement Supporter' for each of the three agencies. Likewise, 'Control' emerged as a 'conceptual,' (ibid) property of 'Boundaries.'

At this early stage of categorisation and coding, the intention was to gain a sense of what was in the data, of differences between the agencies and of their commonalities. The information derived by these means was compiled into initial category sets for each agency. From this a compilation of categories common to all data sets was drawn up. Much of this information was fairly obvious in that it showed immediately observable shared features, such as their common usage of volunteer bereavement supporters who were trained, supervised and monitored in a similar way.

From this process of initial coding the core category quickly emerged from which an index could be compiled. (See this document in the appendices). It was from this index of the core category that axial coding took place and cascades or family trees of related properties were developed. This is discussed more fully in the chapter concerned with the analysis of the data.

Researcher Reflexivity

Reflexivity on the part of the researcher when conducting a qualitative study is intrinsic to the process, if only to countermand any suggestion that he or she might view the results as objective, or that the subjectiveness of human experience goes unrecognised. Alvesson and Skolderg (2009: 1) cite Steedman (1991: 53) who argues that 'knowledge cannot be separated from the knower.' They further observe that data are constructed by means of their interpretation. Flick (1998: 6) asserts that, unlike quantitative research, in qualitative studies, researcher involvement should be regarded as core to the findings. Researcher subjectivity is part of the process.

In this vein, it is appropriate to state here that this researcher was more involved than might have been expected. This was due to having a volunteer bereavement supporter role with the hospice that participated in the study. This privileged position gave rise to insider knowledge which would have been unavailable to an outsider. This included knowledge of the counselling framework within which the support of the bereaved is practised. This, for example, enabled me to confront an interviewee about his supervision for working with clients. The realisation that this was not in place, together with other indicators, alerted me to the possibility of this being an aberrant representation of bereavement support practice which may require separate consideration. The use of an interviewer with no knowledge of the field could lead to key issues such as this being overlooked. However, as Easton et al (2000: 704) indicate, there is also the risk for the researcher, particularly one as potentially involved as myself, of 'going native.' Researcher reflexivity can be a safeguard, although an insider perspective is certain to exert some measure of influence, however slim, over the thinking of the researcher.

On a less personal note, there is also the wider issue of researcher involvement in the interview. May (2002: 2) observes that the researcher nowadays is deemed to be involved in the process and can no longer be seen as an objective observer looking in from the outside. This notion of the researcher as a participant in the investigative process has, in recent years, become an established tenet of qualitative research methodology. May argues that it is the researcher who is the 'knower.' At least, where the data is derived from interviews, this perception may be disputed. It is necessarily the interviewee who is privileged in his or her knowledge of the story. Payne (1997:107) argues in this connection that respondents choose what to relate and may tell a differing story depending upon the person with whom they are talking.

QUALITY ASSURANCE

Assurance of the quality of this research arises from three main sources: namely, veracity of the data, the ethical framework and researcher reflexivity.

Veracity of the Data

Data veracity is discussed in more general terms in Chapter Seven which is concerned with data-related issues. Here, the aim is to explain how data veracity contributes to quality assurance for this research project.

Veracity or truth in relation to qualitative research such as this, is concerned with the answer to questions about the 'authenticity' or 'genuineness' and 'plausibility' of the data (Golden-Biddle and Locke, 1999: 372-374). Is the researcher's interpretation believable? Has the social world of the respondents been understood? Does the researcher make links between the setting from which the data was derived, the 'world' portrayed in the data and the meaning he or she attributes to it?

In answer to some of these questions, a key consideration for me in this research has been to allow the voices of my respondents to come through. My interpretation, although important to the research outcomes, is secondary to their own account, which is one reason for an abundance of citations from the raw data. Hence, the links made between the data and my interpretations of it are clearly visible. An example of this is

given in Chapter Seven and involves the issue of boundaries in relation to personal privacy which is a matter of concern for four interviewees.

The Ethical Framework

The issue of ethics in research is now a key concern for those engaged in it. Long gone are the days of scientific experiment, such as those of Stanley Milgram (1974), who many believed, even at the time, stretched ethical standards in research beyond acceptable limits, for reasons of its unrevealed purpose to those participating in his 'Obedience to Authority' studies. It is now usual for universities to have mechanisms in place for the supervision and monitoring of the ethical implications of their authorised research studies. The University of Worcester, for example, requires students writing their research proposals to complete an 'Ethics Checklist' as part of the process. This provides a safeguard for both the university and the student. It has too the additional benefit of encouraging researchers to consider the issue of ethics as part of their research design.

As indicated earlier in this chapter and referred to in chapter one, a deontological framework has been adopted for this research project. This has required consideration of ethical issues such as respondents' autonomy, their anonymity, their well-being and their entitlement to confidentiality. The mechanism for achieving this was explained earlier in the chapter.

Linked to these ideas of ethical principles, are those of **openness.** This has applied to respondents, their managers and to issues relating to the research itself. It is open curiosity that has driven the research; there have been no hidden agendas.

Reflexivity of the Researcher

Researcher reflexivity, discussed, earlier in the chapter, can also be viewed as an inbuilt mechanism for monitoring quality. Self- regulation is a product of the reflexive process which involves a critique of performance, both in relation to the self and the research process as a whole. It is measures such as data veracity, ethics, openness and reflexivity that have contributed to ensuring the quality of this research project.

SUMMARY OF THE CHAPTER

The intention in this chapter has been to outline the way in which the research was conducted in order to enable the reader to set that which follows in context. This, perhaps precipitate approach, as opposed to the more usual later disclosure of data, is justified here on the grounds that the quantity and richness of the data necessarily tempts earlier revelation as a means of illustration, or as points of interest and argument.

In summary, the research process has been delineated here in relation to the selection of the research methodology, sites of study; selection of participants; format and arrangements; the collection and analysis of the data; researcher reflexivity and quality assurance measures. The aims of the study and the research questions have likewise been introduced in this chapter. These matters are also pursued elsewhere in the thesis, in relation to their connection to the literature and more particularly in exposition of the data, its analysis and the research findings.

Chapter Three, which follows, traces the chronology of the development of the psychiatric and psychological tradition in counselling throughout the twentieth century followed by a review of more recent social theories specifically associated with bereavement.

CHAPTER THREE

Grief: From Freudian Tradition to Contemporary Social Context: A Review of the Literature.

> "I thought that it sometimes seems as if all our lives we are trying to cope with loss: either the fear of it or the memory of it or its raw immediate presence."
>
> (Maureen Oswin 1991: 15)

INTRODUCTION

Here, Oswin captures the essence of human concern in society with our perceived proximity to loss and our potential dispossession of that which we hold dear and those we most love and cherish. Colin Murray Parkes, (1972, 1996, 2006) is also concerned with the 'cost of commitment.' He said that, 'for most of us, the fact that one day we shall lose the ones we love, and they us, draws us closer to them but remains a bell that wakes us in the night' (Colin Murray Parkes 2006:1).

Given the intensity of grief and the compelling nature of loss as expressed by Oswin and Parkes, the lack of a sociological focus on bereavement and grief until quite recently seems surprising. This paucity of sociological literature in the field of thanatology receives comment from a number of writers including Walter (1993: 264, 265: 1998: 85), Currer (2001a: 49) and Payne (2006). Instead the locus of attention has lain with a scientific approach borne of modernist doctrine and derived from the psychotherapeutic 'grief work hypothesis' developed by Freud in the early nineteen hundreds.

It is this view of grief, based on the seminal works of Freud (1917) and later of Lindemann, (1944) that has remained dominant throughout the twentieth century. (Payne et al. 1999: 58; Currer 2001b: 94; Genevro 2003: 8) Field, Hockey and Small (1997: 20) argue that this focus on a psychodynamic approach implies an assumption that human needs and drives are biologically formed in early childhood and endure for life. Further, that the individual is assumed to be a 'closed homeostatic entity' responding to critical life events in pre-patterned ways. These reactions are understood

in terms of the individual rather than in the social context in which they occurred. (Field, Hockey and Small, 1997: 24)

This psychodynamic tradition in the study of grief, referred to by Valentine (2006: 59), as the 'psychologising of grief' has precluded attention to the social context in which people live their lives. This phenomenon has been commented upon in recent years by both anthropologists and sociologists. Field et al. (1997: 20) indicate that, rather than the social context, the psychotherapeutic approach seeks answers within the individual. Likewise, Prior (1989: 137) argues that grief is an outcome of culture as well as of psychology. Further, Thompson (1997: 74) contends that grief is socially constructed and patterned according to prevailing cultural expectations of gender attitudes and behaviour. It can thus be concluded that sociologists have come to the table late in respect of the study of bereavement and grief. This has occasioned a lack of counterbalance in the academic literature due to the lesser attention paid to the social dimension of a prevalent and painful experience.

Having established the composition and status of the literature in relation to this aspect of thanatology, the aim now is to conduct a review of the existing literature. This involves undertaking a chronological scrutiny of the historical development of the study of bereavement and grief in western societies from the early twentieth century until the present day. There follows a résumé of contemporary literature focusing on social theories in this field. A later chapter will give a critical account of the literature relating to the counselling practice which underpins contemporary theory and practice in bereavement support. At this point the literature concerned with bereavement support will also be considered.

THE HISTORICAL CHRONOLOGY OF THE PSYCHIATRIC FOCUS ON THE STUDY OF BEREAVEMENT AND GRIEF

The Scientific Study of Bereavement

Hockey (1996) cited in Valentine (2006: 59) argues that the emphasis on psychology in the study of bereavement and grief is reflective of a scientific discourse characteristic of modernity. While 'scientific' cannot here be solely attributed to psychology among the

disciplines of the social sciences, this approach, concerned with scientific rationality and universalism became a central and enduring feature of western societies over the course of the late nineteenth and twentieth centuries. Parkes (2001: 26) traces the development of the 'scientific study of bereavement' back to the first quarter of the seventeenth century. He further notes that Darwin (1872) wrote about grief and its attributes in humans as well as in animals; thus reinforcing ideas of it as biologically determined.

It is in this context, in which grief is understood as a natural phenomenon of the inner psyche, that the history of the psychiatric and psychological focus on grief and bereavement is dwelt upon here in its chronological sequence.

Sigmund Freud

Parkes sets Freud's influential paper on *'Mourning and Melancholia' (1917)* in its context of World War I which led to a 'western world wracked by grief' (Parkes 2001: 27). He further notes that Freud's 'clinical observations' caused him to link mourning with depression or 'melancholia.' It was, Parkes observes, Freud who coined the term 'grief work.' This will be discussed more fully in a later chapter concerned with bereavement support. Freud coupled this notion of 'grief work' with that of 'letting go.' The bond with the deceased must be broken for the bereaved person to be able to move forward with his or her life. However, Silverman (2005: 22) points out that Freud's letters to family and friends indicate that he himself was unable to achieve this in relation to his own grief.

Freud's thesis on grief held sway, largely unchallenged, for the remainder of the twentieth century. The essence of the debate in relation to Freud's psycho-analytic approach concerns his contention that the purpose of grief is the separation of the ego from attachment to the deceased. Critics, such as Silverman (2005: 22) and Silverman and Klass (1996: 45) state that Freud assumed that prime personal relationships could only be entered into one at a time. Hence, following the death of someone close, detachment must occur, so that the potency of that relationship could dissipate and be re-invested in another. This, despite Freud's personal experience of grief, which served

to countermand the idea, thus suggesting that in reality the bond with the deceased tends to remain. Small takes issue with this view, arguing that verity cannot be attributed to anecdotal evidence derived from personal correspondence. Thus, Small contends that the Freudian tradition has been perpetuated by two other traditions in psychotherapy. One of these he refers to as Klein's 'projective identification theory' and the other as Bowlby's 'attachment theory' (Small, 2001: 24, 25).

Melanie Klein (1882-1960), an Austrian psychiatrist, was a follower of Freud and worked with children in the UK, although she appears in the literature less frequently than he does. Sidell (2001) observes that Klein differs from Freud in her contention that a major task of 'grief work' is to 'internalise' the 'lost object.' Sidell asserts that Klein adheres to the view that effective internalisation of loss in childhood leads to the successful management of bereavement and loss as an adult (Sidell, 2001: 16). Interestingly enough, Small (2001) makes no reference to this aspect of Klein's theoretical position.

Erich Lindemann

A further seminal text was written by Lindemann, also a psychiatrist, who studied grief among survivors of the Cocoanut Grove night club fire in Boston. Parkes (2001: 27) observes that it was Lindemann's work on acute grief that contributed to current understanding of the characteristics of 'normal' grief by identifying deviant forms of it. In this respect, Lindemann (1944: 141) refers to such features of 'normal' grief as 'somatic distress occurring in waves lasting from twenty minutes to an hour at a time.' He also identifies 'striking features' of grief as, for example, 'sighing respirations' and 'universal' reports of physical weakness and weariness. Problems too with 'digestive symptoms' are identified. Parkes (2001: 27, 28) notes that Lindemann also identified some divergence from normal grief. This included 'delay' or the postponement of grief (1944: 144). Lindemann's article is short and, while detailed, includes only one example of an interview (Archer 1999: 67). Despite this, Lindemann's pervasive influence on the psychoanalytic or traditional school on the study of grief has been noted widely among academics (Archer 1999: 18, Payne et al. 1999: 58, Parkes 2001: 28, Currer 2001b: 54).

Within the same text Lindemann (1944: 1480), provides a surprisingly brief exposition of what he terms 'anticipatory grief.' As an example he cites the 'symptoms' of grief as evinced by wives whose husbands were serving in the Second World War. Lindemann argued that the threat of death could cause 'grief reactions.' He cites the case of a wartime widow who had worked through her grief for the potential death of her husband to the point where she had become free from it; a contention that is likely nowadays to be challenged.

The obvious weaknesses in Lindemann's claim include the singularity of his focus on women and potential survivors, not on the dying themselves. Fulton et al. cited Rosenbaum, (1943), who indicated that there may also have been other reasons for the desertion of a wife in wartime (Fulton, et al. 1996: 1351). They go on to note that despite the flaws in Lindemann's research, the concept of anticipatory grief became widely accepted as a 'classic:' the authority of the common orthodoxy was viewed as sacrosanct. Although this explanation may be regarded as inadequate, Fulton et al. (1996: 1352) note that it was for this reason that the concept of anticipatory grief remained both unchallenged and empirically untested for a long time. Furthermore, Fulton et al. contend that recent research has focused on the usefulness of anticipatory grief in mitigating the pain of loss rather than in questioning whether it exists at all. An exception to this is Parkes (1996: 78), who does consider whether anticipatory grief occurs. His review of various studies such as Levy (1992) and Wortman and Silver (1989), led to his conclusion that grieving in advance of the death could act as a pointer to future difficulties in adjusting to the loss. However, Parkes draws the conclusion that spouses who support each other give their survivors a lasting sense of calm (Parkes, 1996: 131). This view is endorsed by Exley, (1999) who cites an example of a group of young women with a terminal illness who felt that the post-death grief of their families would be lessened by anticipatory grief. Likewise, Currer, (2001a: 93), suggests that grieving in advance may be 'helpful.' Walter, (1999: 50), however, contends that the notion of anticipatory death is 'mistaken.' He argues that the person is grieving for a loss that has already happened. Along these lines, Fulton et al. cite Rando, (1986: 3), who rejects the notion of anticipatory grief because while anticipated loss is indicated, past or current losses are not.

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Fulton et al. go on to offer a social constructionist perspective on anticipatory grief. The idea, they state, is based on a biomedical model rather than other social scientific models (Fulton et al. 1996: 1349). They further argue that anticipatory grief has become institutionalised in healthcare. Small and Hockey (2001: 101) note an example of this, saying that professionals offering bereavement support may actively facilitate anticipatory grieving if this hasn't occurred. They contend that in this way intervention encourages a 'rehearsal' of the anticipated grief. Fulton et al. (1996: 1353) argue that instead of assuming that 'post mortem' grief can be reduced in advance, attempts should be made to understand the person who is dying and the experience of those who are close to them.

For the future, Fulton et al. (1996: 1355) suggest that the social constructionist approach indicates that grief can be understood as a reaction to the loss of meaning. They cite Marris (1974), who argued that meaning is of central importance to human-beings. The bereaved grieve for the loss of meaning in their lives rather than for the person they have lost. Adjustment to loss involves the reconstruction of meaning and seeking for new meaning. However, surely Marris makes an artificial distinction here. Can it not be concluded that the loss of meaning and the loss of the person are inextricable in terms of how grief is understood?

John Bowlby

John Bowlby (1907-1990) was, Small (2001: 25) asserted, another strong and pervasive influence on the perpetuation of the psychoanalytical approach to the study of grief and mourning derived from Freud. Bowlby views loss and grief as a 'trauma.' He says that 'loss of a loved person is one of the most intensely painful experiences any human being can suffer.' Bowlby, likewise, observes that loss is painful to onlookers 'if only because we are so impotent to help' (Bowlby, 1980: 7).

Bowlby's thesis on loss subscribes to the 'phase' or stage conception of grieving or of 'mourning' as Bowlby refers to it. As a social construction of grief, stage theory is further discussed in Chapter Four which is concerned with the academic framework applied in this research study. Bowlby identifies four 'phases of mourning.' These he describes as 'numbing, yearning and searching, disorganisation and despair, and

reorganisation,' which he views as occurring to some extent. Bowlby contends that the phase of feeling numb may last for a few hours or a week, while yearning and searching for the person who is 'lost' may continue for months or years (Bowlby, 1980: 86).

Many of the criticisms applied to stage theory, are discussed in Chapter Four as indicated earlier and again in Chapter Five which is concerned with bereavement support, apply also to these phases of loss described by Bowlby, although it is important to note that he stated they may not occur sequentially and that there may be fluctuation between the phases (Bowlby, 1980: 85).

Bowlby (1980:39) bases his conceptual understanding of loss on his own observations of 'attachment behaviour.' By this he means that, 'affectional bonds' are made with people who matter to us. It is the breaking of these affectional bonds through separation or loss that causes such deep emotional distress. Bowlby provides an explanation of his attachment theory, as that which gains closeness to the person selected by an individual. The growth of an 'affectional bond' then develops between the parent and child, or the two adults involved. The bond endures, but attachment behaviour is only used in unfamiliar situations or when the attachment connection is threatened. On separation, happiness is expressed when the person returns and the bond is renewed. Bowlby argues that attachment behaviour is characteristic of many species because of its importance to the survival of the individual. Attachment elicits complementary caring and nurturing behaviour from the other person. Attachment behaviour is viewed by Bowlby as a fundamental, enduring and normal biological response (Bowlby, 1980: 39, 40, 41).

In line with other followers of the Freudian school, Bowlby puts forward a thesis of 'pathological grief' which, he argues, may occur in response to deviant attachment behaviours. For example, 'fixation' or 'regression' may be manifested in attachment behaviours, as can such factors as 'anxious attachment' which requires reassurance (Bowlby, 1980: 44). The concept of pathological or complicated grief is addressed in more detail in Chapter Four when the medicalisation of grief is considered. For now, it is enough to say that it is this notion of attachment behaviour as essential to human survival that has come to underpin the Freudian concept of grief.

Grief and mourning, it is argued, are also gendered. Jalland, (1996: 251) cites Bowlby who came to the conclusion from his perusal of Parkes' (1972) study of Boston widowers under the age of forty-five, that they were more prone than widows to partition their grief. They were also more likely to consider re-marriage; often fairly soon after being bereaved of their spouse (Bowlby, 1980: 103-105).

Bowlby's highly influential and widely accepted theory of attachment, separation and loss is rooted in Darwinian biology which had a strong influence on him (Archer 1999: 13). As Payne et al. (1999: 69) comment, Bowlby's contention was that successful attachment helps to ensure that the young of the species survive. Bowlby's thinking on attachment was, as Payne et al. (1999: 62) remind us, also influenced by the ethology of Konrad Lorenz (1966) whose observation of the behaviour of greylag goslings led to his thesis of 'imprinting.' Lorenz noted that the imprinting attachment to the mother goose occurred within twenty four hours of hatching. Hence Bowlby concluded that human attachment occurred in what he regarded as the optimum period from birth until the age of five years. Bowlby also believed that mental health in adulthood depended upon the acquisition of attachment strategies in childhood. Separation from or loss of the attachment figure can produce deep distress and even hostility in adults, children and 'social animals' (Archer 1999: 55).

The current last word on Bowlby can go to Parkes who contends that 'no serious student of bereavement or of child development can afford to ignore this major work whose influence continues today' (Parkes, 2001: 37).

Freud, Lindemann and Bowlby are often viewed as the key contributors to the development of the classical tradition in the study of bereavement and grief. Others, less well known, include Anderson (1949) whose work was overshadowed by that of Lindemann. Parkes (2001) observes that it was Anderson who first gave an account of 'chronic' grief as an extreme and enduring reaction to bereavement. While the phenomenon was noted by Lindemann, he failed to recognise its importance. (Parkes, 2001: 28). Mary Ainsworth was also of considerable importance. She was a student of Bowlby's and later developed a way of studying parent-child relationships (Ainsworth 1978) by which she was able to study secure and insecure attachments in children (Parkes 2001: 37, 38).

Geoffrey Gorer

Contributors to thanatological studies in the mid twentieth century included Geoffrey Gorer, an anthropologist and a sociologist; one of very few writers at this time from a social scientific discipline. Gorer's seminal works on *'Death, Grief and Mourning' (1965)* and his earlier article on *'The Pornography of Death' (1955)* are still the subject of frequent citation. Due to ill health, Gorer was unable to study tribal societies abroad, which were the traditional focus of anthropological study at this time. Instead he turned to an investigation of death and mourning in his native Britain. Gorer's research, conducted on a regional basis, was widespread throughout the country. His sample consisted of 359 people who had been bereaved of a close family member in the past five years. Gorer used quantitative research methods which included a questionnaire to the whole sample, followed by 80 face-to-face interviews. Walter (1998) observes that a major strength of Gorer's research was his broad focus on all types of bereavement, whereas other studies had tended to focus on a single kind of loss, such as that of spouse loss, or had been limited to one area of the country. Walter feels that Gorer's study gives a more representative view which is able to depict regional differences. He points out that there has not been another study of this type since (Walter, 1998: 83).

Gorer indicates features of mid-twentieth century dying that had not been noted by other writers of the time. For example, Gorer (1965: 17) observes that the deaths of the relations of half his sample occurred in hospital. This must have represented a shift from earlier in the century when it is likely that most deaths would have occurred at home. He also notes the lack of overt signs of mourning: 'social recognition of mourning has practically disappeared' (Gorer, 1965: 113). He regards this as denial; there is 'squeamishness about references to death, pain or mourning ...' (1965: 114). In particular, Gorer contends that writers other than Marris, a sociologist, seemed to assume that the bereaved were separate entities, isolated from social contact and entirely pre-occupied and engaged in their grief work (Gorer, 1965: 130). Walter (1998: 83) endorses this view, arguing that the situation continues much the same in contemporary times. A further pertinent aspect of Gorer's observation is that of non-disclosure of their condition to those dying of conditions such as cancer. The burden for this was placed on a relative. Gorer concluded that the aim was to prevent the lack of hope

which might lead to the suicide of the patient. Gorer found this lack of respect for autonomy 'degrading' because relatives were required to lie, which promoted a falsehood in the relationship. Gorer's research also revealed that half his respondents didn't tell the children about the death of a near relative. Others were given euphemisms such as 'gone to Jesus,' 'gone to heaven,' 'gone to sleep' or 'gone on a long holiday and won't be coming back.' Gorer found that very few children were told that their mother or father had died (1965: 23).

Gorer comments on Freud's (1917) essay on *Mourning and Melancholia,* noting that this brief exposition 'dominates all the psycho-analytical and most of the psychiatric and sociological studies of grief and mourning written since that date.' (Gorer, 1965: 118)

In criticism of Gorer's study, Walter provides an interesting assessment of what he refers to as 'anomic grief.' Walter observes that Gorer makes no reference to Durkheim, yet describes the state of 'anomie' identified by him. (Walter 1999: 142) In this respect, Gorer tells us that the end of conventional and 'time-limited' mourning practices, rather than easing distress, led instead to confusion and a sense of loss. Walter argues that Gorer felt that the passing of Victorian ways of mourning had left a void which people were unable to fill for themselves. Anomie is identified by Durkheim as a contributory factor in suicide. Walter is severely critical of this lack in Gorer's thesis which he believes greatly detracts from the sociological significance of the study (Walter, 1999: 142).

A further criticism of Gorer's study made by Walter is the underpinning assumption that the mourning rituals, characteristic of tribal societies, are 'functional' and serve, for example, to consolidate the community, while those in westernised Britain are the opposite. While agreeing that such rituals may have a sociological role, Walter argues that this cannot be said of their psychological function for those who grieve. Such rituals may, for example, serve to control behaviour (Walter, 1998: 84).

Two other important aspects of Gorer's study to which Walter (1998, 1999) refers are those of 'private grief' and 'time-limited' grief. Private grief is characterised both by keeping grief to oneself and by the sensitivity of others who do not intrude upon it.

Gorer views it as the responsibility of the mourner not to cause offence to others (1965: 113) by weeping in public. It is interesting to note that this practice seems to be changing with the advent of the phenomenon of public grief expressed particularly in relation to traumatic multiple loss as, for example, the Hillsborough disaster of 1989 in which 96 fans died at the football ground. Likewise, the death of Diana, Princess of Wales, in 1997 has also become a point of reference for public expressions of grief.

On 'time-limited' grief, Gorer suggested that grieving should not be overly prolonged. Walter (1999: 146) notes that Gorer saw time-limited grieving as a feature of traditional societies, but less so in Britain. Walter disagrees with this view, arguing that grieving for a specified time period is usual in Britain. Certainly in Britain in Victorian times the length of the mourning period was specified in the higher echelons of society. Likewise, the notion of a two-year grieving period became commonly accepted at a colloquial level of society until relatively recently.

Finally, it can be said that Gorer's book has been strongly influential in raising awareness of the social aspects of grief and mourning. Valentine (2006: 63) states, for example, that Gorer noticed what she refers to as 'the privileging of emotionality' in the study of bereavement at the expense of a focus on traditional cultural ritual, the predominant view being that the experience of grief is emotionally shaped. However, Valentine contests this view of emotional precedence in respect of the anthropological literature where she finds that social issues tend to dominate.

Peter Marris

A further contributor at this time is Peter Marris, who is variously described as a sociologist (Currer 2001a: 94) and a psychologist by training (Archer 1999: 19). It was perhaps this disciplinary combination that enabled Marris to link the psychological and the social in ways that earlier writers had not done. Valentine (2006: 70) comments that while the Marris' (1958) study of seventy-two young widows in the east end of London was founded on the 'prevailing psychological orthodoxy,' Marris related aspects of his discussion of grief to social facets of bereavement. Currer identifies three concepts which provide the cornerstone of Marris' work: the 'conservative impulse,' 'structure of meaning' and the 'psychological process of grieving' (Currer, 2001a: 97). It was in

this last respect that Marris built on the concepts of attachment, separation and loss developed by Bowlby (1969; 1971; 1973; 1980). It was the early attachment of the child to the parent that occasioned the excessive pain experienced on permanent separation or loss, both in childhood and in adult life. Marris (1996) notes that the evidence shows that we are unable to make sense of our lives without attachments and that 'in the grief of losing them, nothing else can compensate.' Further, he argues that 'losing someone you love is more like losing the crucial premise which sustains a vital set of beliefs than losing a very valuable and irreplaceable possession.' Marris takes the view that such a loss occasions the 'disintegration of the whole structure of meaning dependent on this relationship rather than to the absence of the person lost.' Instead of solace being derived from their beliefs, the response of the bereaved may be the rebuttal of faith (Marris, 1996: 47).

Marris (1974: 4) defines his term 'structures of meaning' as the 'organised structures of understanding and emotional attachments by which grown people interpret and assimilate their environment.' He argues that it is our initial childhood attachment which forms the basis of our individual construction of a survivable social domain for ourselves. The death of an attachment figure causes grief due to the disruption of meaning (Marris, 1996: 43, 125).

Marris explains his central tenet of the 'conservative impulse,' as an individual's adaptation to change by assimilating the new reality into the 'existing structure' of meaning, rather than by undertaking a re-organisation of his or her stable framework. This idea links with Colin Murray Parkes' concept of psycho-social transition to which we shall return later in this chapter. The tendency towards a 'conservative impulse' is concerned with predictability, continuity and stability in order to avoid disorder. Marris goes on to argue that 'the need for attachment ... is the single most compelling motive behind the construction of meaning' (Marris 1996: 4).

A particular point of interest in Marris' work is his recognition of what is now referred to as the 'continuing bond' with the deceased (Klass et al. 1996). Marris (1996) contends that the grief work process is concerned with 'retrieving, consolidating and transforming the meaning of their relationship to the person they have lost, not by abandoning it' (Marris, 1996: 4). Rosenblatt (1996) notes that Marris (1974) argued

that to jettison the investment of meaning in a central relationship would create a barrier against an outlay in any future relationship, thus rendering life 'meaningless' (Rosenblatt, 1996: 53). This notion of a continuing bond with the deceased militates against the idea of 'recovery' from bereavement. Payne, Horn and Relf (1999: 80) observe that there is now persuasive evidence which endorses Marris' presumptions about the significance of the bereaved person's continuing association with their loved one. Payne et al. identify ways in which this association is maintained. These examples include identification with the person, perpetuation of their work and memories. This would seem to indicate that the period of grief does not finish. The bereaved do not get better or let go, instead they adjust to their new situation by incorporating the meaning of their loss and by 'constructing new connections with the deceased' (Payne et al. 1999: 81). This topic on the building of a continuing bond with the deceased will be revisited later in the chapter.

In criticism of Marris' work, Archer (1999: 20, 67) notes the limitation, as with Gorer, of the 'single interview' which provides a 'snapshot' view of a particular bereavement. On the other hand, Marris' contribution must be said to include the connection he made in the research between psychology and sociology, a point which he himself argued (Marris 1991: 77). He observes that 'for lack of this crucial theoretical link, we have never developed within psychology a strong tradition of social criticism, while our sociology and economics have often been psychologically naive and insensitive.' Marris goes on to argue that John Bowlby's attachment theory provides the link between 'social and psychological aspects of human behaviour.' This is because the basis of personality development is the 'primary attachment' made with the parent during infancy. It is by means of this attachment relationship that we gain a 'sense of order.' Marris views society as a 'structure of meanings' personified by 'patterns of relationships,' of which the attachment relationship can be seen as an exemplification of that wider social system. Marris further argues that we are not acquiescent recipients of social values, but develop our own meaning arising from our personal experience of attachment within a specific culture. To remain whole, the organisation of this must feature both continuity and predictability. Our motivational and goal-directed behaviours arise from this customised attachment relationship and we manipulate situations to maintain this preferred system of meanings with a view to perpetuating this

certainty. Since the state of certainty cannot be taken as a given, Marris further argues that we attempt to enhance our own by reducing that of others. This leads to friction between the need to sustain social order for ourselves and our recognition that the insecurity of uncertainty is not eradicable. Disruption of this personal system of social order by means of separation and loss may not be avoidable and the pain of grief may seem inevitable (Marris, 1991: 77, 88).

Colin Murray Parkes

Colin Murray Parkes, a psychiatrist, is regarded as a leading and highly influential member of the scientific psychologising tradition in the study of grief and bereavement (Field et al. 1997: 9; Stroebe 1997a: 163-164; Archer 1999: 46; Currer 2001a: 94; Hockey et al. 2001: 7). Parkes developed his understanding of bereavement and grief within the classical framework building on the work of Freud and Bowlby. Silverman (2005: 20) observes that contemporarily it is 'the voice of psychologists and health care professionals that we hear,' this being within the context of western individualist culture in which human behaviour is understood in scientific terms. Parkes' early seminal work entitled *'Bereavement: Studies of Grief in Adult Life'* has seen four editions in 1972, 1986, 1996 and 2009. Stroebe remarks that, 'this is a book that every student (in the broadest sense of the word) of bereavement should read' (Stroebe, 1997a: 164). Parkes uses the book to discuss three studies: the Bethlem Study (1965), the London Study (1970) and then the Harvard Study. Parkes was interested in identifying characteristics of what he refers to as 'normal' grief (1996: 27). The Bethlem Study, Parkes observes (1996: 28, 29), was conducted with twenty one bereaved 'patients' at the Bethlem Royal and Maudsley Hospitals. Four of these interviews were conducted with male 'patients;' the others were all female. These were recently referred psychiatric patients who had been bereaved, on average, within seventy-two weeks. The London Study (Parkes 1970) was of widows under the age of sixty five because Parkes felt that older widows were presented with different bereavement issues where the death may be viewed as more 'timely' than would be the case for a younger widow. Twenty two unselected widows under the age of sixty five were interviewed. They were interviewed by Parkes initially a month after their bereavement and on four subsequent occasions. The final interview was conducted thirteen months after the bereavement (Parkes, 1996: 125).

The Harvard Study consisted of forty-one widows and nineteen widowers, each of whom was interviewed three times. Findings indicated that both the British and the American widows experienced bereavement in similar ways. The purpose here was to identify reasons for the recovery of some from the stress of bereavement while others suffered a physical or mental breakdown of their health (Parkes 1996: 29). The focus of the study on widows below the age of forty five was due to their identification in earlier research as being more vulnerable to a collapse in their health.

Stroebe, (1997a: 164), notes, as does Raphael (1984) that this early work of Parkes is rooted in Bowlby's attachment theory. Stroebe views attachment theory as central to the psychological perspective on grief. Albeit that she observes that the first edition of Parkes' book precedes Bowlby's seminal work of 1980 *(Attachment and Loss: Vol. III, Loss, Sadness and Depression).* Stroebe also states that Parkes and Bowlby worked together and could not always clearly establish which of them had contributed a particular idea. Stroebe feels that it may have been Parkes who predominantly influenced John Bowlby (Stroebe, 1997a: 164). Parkes also worked with Marris on a minor scale (Marris 1982, Parkes et al. 1991) whose contribution was discussed earlier in this chapter.

Parkes defines grief as a 'process and not as a state' (Parkes 1972: 21). Parkes argues that grief does not present as a 'set of symptoms' which later decline and disappear. Instead, Parkes depicts grief as a 'process' through which the bereaved progress towards 'recovery.' In common with other stage theorists (Kübler-Ross 1970, Raphael 1984), Parkes identifies phases or stages through which the mourner must pass in order to be able to 'let go' of the deceased and move on with life. These stages Parkes identifies as 'numbness,' 'pining' and 'depression' before finally the goal of 'recovery' is reached. While each stage is individually experienced, there are also commonalities between them (Parkes 1972: 21). Valentine describes this progressive construction of grief as 'goal directed.' The purpose is to detach from the deceased so that 'recovery' can occur and the bereaved person is able to return to 'normal.' Valentine (2006) points out that this is not reflective of Freud's thesis which was concerned with the study of grief in relation to depression. However, Valentine notes that this prescriptive sequential paradigm became the prevailing lay and professional discourse at the centre of

bereavement support for many years (Valentine, 2006: 60). The idea of undertaking grief work as a move towards 'recovery' is now widely questioned. Currer (2001a: 100) argues that sociologists view this approach as a means of regulating grief in British society. Walter puts this more strongly in his discussion of 'policing grief' (Walter 1999: 119-126).

Parkes himself, in later years when writing on *'Recovery from Bereavement'* in conjunction with Weiss in 1983, acknowledges that the bereaved do not 'recover' from their grief: 'you don't get over it, you get used to it.' There is no going back to how it was before. The need for change is accepted. Parkes and Weiss identify three tasks of 'recovery.' Firstly there has to be intellectual acceptance of the loss. Secondly, emotional acceptance of the loss is necessary. Thirdly, the bereaved person's 'model of the world' and of self must change to match the 'new reality' (Parkes and Weiss, 1983: 155).

This brings us to Parkes' (1971) concept of 'psychosocial transition.' Parkes cites Rahe (1979) who argued that in the event of a traumatic life-changing loss, people must make mental changes to their 'assumptions about the world.' This is particularly the case where the change is enduring and has happened suddenly (Parkes 1988: 55). The usual 'assumptive world' is negated by traumatic loss. As Parkes (1988: 56) explains, we assume that we can get out of bed in the morning and go to the bathroom without bumping into the furniture because we are familiar with the layout of the room. In the event of the loss of a bodily capacity such as eyesight, our understanding of our 'assumptive world' must undergo radical change. For those bereaved of a significant attachment, the habits of life together are instantly invalidated and must alter if there is to be an adjustment to the new 'reality.' This upheaval in our perception of our 'inner world' is necessarily a source of anguish and possible resistance (Parkes, 1988: 56). Payne et al. (1999) note that the notion of psychosocial transition is based on Parkes' assumption that people do develop for themselves a stable 'assumptive world' which can be taken for granted. It is for this reason that adaptations have to be made (Payne et al. 1999: 67).

Currer (2001a: 30) contends that Parkes' concept of psychosocial transition shares similarities with Gidden's ideas concerning 'practical consciousness' by which we

assume customary routines. These enable us to feel safe and secure. Currer argues that since consciousness is embodied, we are also concerned with our self-presentation and so, for example, we develop customary patterns of grooming. Our inner image of self differs according to age and, it needs to be added here, gender. The bodily self image of a younger person is not the same as that of someone who is old. She notes that management of the presentation of self can become a matter of self absorption in old age due to a person's concern that their body may fail them. She links Gidden's 'practical level of consciousness' with Parkes' 'assumptive worlds' and the 'structures of meaning' depicted by Marris. Currer observes that Marris' 'structure of meaning' can be taken as another way of presenting the 'assumptive world' concept developed by Parkes. (Currer, 2001b: 97) In essence, all these ways of understanding how human beings construct meaning in their lives are concerned with the daily patterns and conventions which we adopt. At a deeper level, Marris explains the 'structure of meaning' in terms of 'organised structures of understanding and emotional attachments' (Marris 1986: 4). Currer views bereavement as an 'enormous upheaval' that causes people to re-appraise the way in which they live their lives. This involves adjusting to 'new roles, skills and identities' (Walter 1999: 104). The concept of psychosocial transition developed by Parkes, as well as the related theoretical frameworks of Giddens (1991) and Marris (1986), provide an illuminating insight into the connections that human beings make between their inner and their external world.

In summary, any assessment of the contribution made by Colin Murray Parkes must highlight the usefulness of his development of attachment theory in collaboration with Bowlby together with his concept of psychosocial transition which ventures to link the psychological with the social.

In his most recent large scale study, Parkes (2006) explores the *'Roots of Grief.'* Here he also, perhaps somewhat riskily, 'threads (his) way through into the labyrinths of love' (Oyebode 2007). In this study, Parkes tells us that he aims to 'link together the field of Attachment and the separate but related fields of Loss and Trauma' (Parkes 2006:5). The initial stage of his research was a questionnaire completed by eighty-three men and one hundred and ninety-five women who were referred to him at the Royal London Hospital. Of these, one hundred and eighty-one had been bereaved. Parkes

explains that he is at the end of a long system in which 'patients' have received perhaps several medical referrals before reaching him.

Parkes himself identifies 'technical limitations' of the study (Parkes, 2006: 273) which are endorsed by Oyebode (2007) in her review of the book.

Further criticisms of Parkes include one that he himself acknowledges. That is, that his research is conducted with psychiatric patients. Parkes (1996: 27) remarks that critics indicate that psychiatrists may get a 'distorted view of life' because they work with people who have mental health disorders. Hence Parkes explains that for the London Study (Parkes 1970) he used a group of twenty-four 'unselected' London widows under the age of sixty-five with a view to establishing how they managed their bereavement. Some, though, might question the efficacy of generalising from research drawn from an unrepresentative section of the population. Archer (1999: 2) notes the current ambivalence towards the conjunction of psychiatry with grief. Archer comments that a large number of grief studies are undertaken by psychiatrists, although grief has never been regarded as a psychiatric condition. Archer, however, contends that grief which occasions post-traumatic stress or severe depression may result in psychiatric intervention.

Comment has also been made that much of the research on grief has been focused on widows. Field et al. (1997: 9) observe that both Parkes (1972) and Bowlby (1981) carried out research on widows. From this, 'models of bereavement' were derived which they deemed to have an all-embracing application. Field et al. argue that it could thus be assumed that their 'general model' may reveal only the bereavement experience of married women. Currer (2001b: 26, 27) argues that while this early research can be regarded as valid, it emphasised 'white widows.' Currer makes the point that attributes such as gender; sexual orientation and culture are not explored. In relation to culture, she cites Walter (1994: 127) who observes that while middle-class women can find socialising without a male partner unacceptable, that may not be the case for working class women who are used to going out with their women friends. Further, Currer notes that in many other countries the custom is for men and women to socialise separately (Currer 2001a: 113).

Field et al. (1997) are particularly critical of the focus of Parkes' (1972) study on widows. They argue that claims were being made for the universality of Parkes' work on bereavement which carried an endorsement from Bowlby in the foreword. The study though, made no distinctions between respondents on the basis of social categories. Extrapolation from widows to 'grief in adult life' is not substantiated by the study, and hence, generalisation to the stages of grief identified by Parkes and referred to earlier in this chapter 'are in fact highly gendered' (Field et al. 1997: 95, 96).

While Parkes, as we have seen here, comes under fire for his culturally homogenous approach to the study of grief and bereavement, Currer (2001a: 51) suggests that Parkes' collaboration with sociologists means that he takes cultural variation seriously. She cites his co-authored work with Glick and Weiss (1974: 11) in which they state that 'cultural emphasis can produce somewhat different expressions of grief, even though the experience of grief is nearly universal' (Glick et al. 1974: 11).

More importantly, in 1997, Parkes co-authored a book with Laungani and Young entitled *'Death and Bereavement across Cultures*,' a new edition of which is currently in preparation.   Here, as Currer notes, the authors exhibit their discomposure when realising the poor fit between their own psychological approach to bereavement and grief and matters concerning culture. (Currer, 2001b: 51) Parkes et al. (1997: 6-7) do however acknowledge the need for these issues to be discussed for the benefit of increased cultural awareness in professional practice. However, while recognising the significance of culture to the way that grief is expressed, Parkes et al. argue that some uniformity between cultures is apparent (Parkes et al. 1997: 6 cited in Currer 2001b: 51).

Critique of the Psychoanalytic Perspective

Field et al. (1997) are critical of the psychoanalytic perspective on dying and grief. They argue that this approach views the individual as a 'closed homeostatic' entity. Within this perspective, explanations for the way that people respond to death and bereavement are sought within the person and not the social circumstances in which their life is lived. Field et al. contend that this 'individualistic and determinist model' lacks credibility, even when there is a nod in the direction of the social aspects of lived

experience. They argue further that the 'ethnocentric and masculinist framework' of the psychoanalytic approach is an unacceptable means of interpreting either female responses or those of non-western cultures (Field et al. 1997: 24).

In writing about models of grief, Payne et al. (1999: 82) observe that their widespread application throughout English-speaking western societies fails to take note of 'ethnic difference.' Also, contemporary research findings of contributors such as Stroebe et al. (1993) and Klass et al. (1996) must not be assumed to have universal application, even within western societies.

In summary, the singular stronghold of the psychoanalytic approach to bereavement and grief is now challenged by alternative disciplines within which are recognised the limitations of a mono-cultural perspective propounded within a framework of dominant cultural values.

The Contribution of the Utrecht School

Further influential contributors, to this period of 'late modernity' in the study of bereavement and grief, (Hockey et al 2001: 8) are the Stroebes (Margaret and Wolfgang) and their colleagues at the University of Utrecht, Department of Psychology in the Netherlands. The prolific Utrecht team have studied aspects of the classical tradition and of conventional wisdom concerning our understanding of grief. They have asked questions such as *'Does grief work work?'* (Stroebe and Stroebe 1991) and *'Can 'disclosure and counselling' help the bereaved?'* (Stroebe W, Schut and Stroebe, 2005) These are questions that Archer (1999) indicates have gone largely untested due to acceptance of Freudian assumptions and an absence of the necessary research techniques. Archer comments on an 'abundance of established folklore going way beyond the evidence' because grief has been studied within the context of an 'interpretive discipline' (Archer, 1999: 23).

Stroebe et al. while working broadly within the modernist framework, have challenged long-held traditional beliefs such as the need for the bereaved to engage in 'grief work' or that the resolution of grief must also involve 'letting go' or breaking the attachment bond to the deceased. The Utrecht school have conducted numerous empirical studies on issues such as these. Notably, their Tübingen Longitudinal Study which sought to

assess the efficacy of bereavement support (Stroebe and Stroebe 1996, Stroebe et al. 1996, Stroebe et al. 2002, Stroebe et al. 2005).

Stroebe et al. (2005) define 'grief work' in terms of its derivation from Freud (1917) who originated it. While 'grief work' may hold slightly different connotations, Stroebe and Stroebe (1991: 479) state that the concept 'implies a cognitive process of confronting the reality of loss, of going over events that occurred before and at the time of death, and of focussing on memories' (Stroebe, W. et al. 2005: 396).

This notion of grieving as work is identified by Anderson (2001: 139) as a metaphor. Grief is to be 'worked through' (Stroebe et al. in Klass et al. 1996: 32). By some, for example Worden, (1982, 1991) grief work is seen as a number of 'tasks' that need to be undertaken. At times, grief may be viewed as 'inappropriate' or in some way unable to 'start' due to the 'denial' of the griever. Further, Anderson (2001: 140) depicts grief work as a metaphor of 'plumbing.' The grief has to be 'flushed out.' The griever needs to 'let out' the emotion. In case of blockage, the 'emotional plumber' – the counsellor – is called upon to 'unblock' the grief. In describing grief work as a metaphor in this way, Anderson depicts what might be described as a cultural microcosm of the grief work process as it has traditionally been viewed in western societies.

The conclusions of Stroebe and Stroebe (1991), concerning the findings of their empirical study on thirty each of widows and widowers, led to the view that there was a partial confirmation of the grief work hypothesis for widowers avoiding their grief. That this did not apply to the widows in the study led to their conclusion that the widespread view that everybody needs to undertake grief work is an 'oversimplification' (Stroebe and Stroebe, 1991: 483). Here, Archer (1999: 121) suggests that there may be cultural reasons for this in a traditional western society where social mores dictate that, while women may express their emotions, men should not, and where men may have more opportunities at work and leisure to 'distract' them from their grief.

 Criticism of the Grief Work Hypothesis

Payne et al. (1999), in criticism of the grief work hypothesis, identify difficulties with the concept. That it is necessary to 'work through' grief is defined by Wortman and

Silver (1989) as 'clinical lore.' They viewed the grief work hypotheses as questionable Wortman and Silver, cited in Payne et al. (1999: 79). More recently, however, Wortman and Silver (2001: 405) have revisited the 'myths' they previously identified in 'coping with loss.' Here, they find a number of studies which disprove the grief work hypothesis and a few others which provide evidence for the benefit of 'working through' the loss in some situations. In this context, Wortman and Silver refer to a study by Stroebe and Stroebe (1991) already discussed in these pages (Wortman and Silver, 2001: 413).

In relation to those in receipt of grief therapy or bereavement support, Wortman and Silver note that the beneficial effects of this are generally accepted. Their review of the literature, however, throws doubt on this belief; Neimeyer, (2000), for example, whose study showed a small, albeit significant, effect. Wortman and Silver conclude that there is a lack of evidence that 'confrontative' approaches work better than 'avoidant' ones and, indeed, that the former may in some cases cause problems for the bereaved. In summary, they conclude that intervention is ineffective. (Wortman and Silver, 2001: 413). This view is endorsed by Stroebe et al. whose findings indicate that grief counselling is ineffective for those experiencing only bereavement. This, they argue, is due to the 'emotional loneliness commonly experienced by the bereaved' (Stroebe, W. et al. 2005: 409).

The purpose of grief work is 'letting go' of the attachment to the deceased in order to 'move on' and re-invest that energy in a new relationship. Stroebe, Gergen, Gergen and Stroebe (1996) refer to this as the 'modernist approach to life' which, in psychology, is manifested in utilitarian terms. Hence those who grieve are expected to 'recover from their state of intense emotionality and return to normal functioning and effectiveness as quickly and efficiently as possible' (Stroebe et al. in Klass et al 1996: 32).

The Post-Modern Perspective

The modernist perception of grief in western society is then contrasted by Margaret Stroebe et al. (1996) with other cultures, some of which – such as Japan – are given as examples of maintaining continuing ties with their deceased. An interesting comparison to the modernist perspective made by Margaret Stroebe et al. is that of the romanticising

of grief in nineteenth century England. This was characterised by means of poetry which expressed the syndrome of a broken heart. Rosenblatt (1983) is cited as promoting this view together with evidence indicating that spiritualism was used as a way of retaining links with the dead both in the nineteenth century and later in the twentieth century. Margaret Stroebe et al. (1996), argue that romanticism can also be identified in the modernist culture of the twentieth century. They see this in terms of popular culture represented by music and television. (Stroebe, Gergen, Gergen and Stroebe, 1996: 35, 38) Wolfgang Stroebe et al. (1988) found evidence of romanticism in their study of young widows and widowers who, in a number of cases, aimed to maintain their previous way of life.

These perspectives of modernism, of mores in other cultures and of romanticism, are contrasted by Stroebe et al. in Klass et al. (1996) with a post modern perspective on bereavement. This, the authors view in relativist terms, recognising that patterns of grief may vary between one culture and another. In particular, that differing perspectives such as modernism or romanticism reduce the dominant power of modernism and allow for multiple perspectives to become a possibility. In relation to the study of grief, the authors argue that there are three possible options within a post-modern perspective. The first they term 'conceptual integration' which involves synthesising conceptions of grief that are currently viewed as being separate. An example is Rosenblatt and Meyer's (1986) ideas on the engagement of the bereaved in an 'internal dialogue' with the deceased. Certainly, in my work with the bereaved, I have found instances of this. The second is 'culturally embedded practices;' an approach that appreciates the variation of bereavement. Finally, Margaret Stroebe et al. (1996) identify the importance of an 'expansion of responsibility' in psychology whereby a romanticist or a modernist takes on a sense of social and moral responsibility in relation to their perspective (Stroebe, Gergen, Gergen and Stroebe, 1996: 40, 41, 42).

The expression of such ideas in psychology can be said to indicate the growing maturity of the discipline in relation to the psychological study of bereavement and grief. There is a move here to dilute the dominance and authority of modernism and to consider the contribution of alternative approaches. What is highlighted, here, is the need for the researcher to personally accept a moral obligation in relation to any perspective which

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he or she may propound. In this context also, recognition of cultural variation is advocated.

The Dual Process Model

Since Parkes (1972: 21) identified grief as a 'process' rather than a state, this is how it has commonly come to be seen and is now taken for granted by contemporary writers. In this regard, Stroebe and Schut (1999: 204) describe their Dual Process Model (DPM). They characterise it as 'taxonomy' to describe ways that people come to terms with the loss of a person who is close to them. It has now developed in this way from its original conception concerning the death of a partner. Stroebe and Schut consider it to be more widely applicable, although this remained untested at that time. Their model refutes what they and others regard as the prescriptive, rigid and oversimplified typology of stage theory. The DPM involves two orientations; that of loss and that of restoration. It is sometimes referred to as the 'oscillating model' because grievers move between the orientations of loss and restoration. While orientated towards loss, the griever is immersed in grief. The loss mode involves 'grief work' and the breaking of emotional ties. There may also be denial and resistance to the changes that have come about due to the death of a loved one. The restoration orientation serves to distract the bereaved from their grief. There may be denial and avoidance of grief. New activities, roles, identities and relationships are taken up. Grief is seen here as a 'dynamic' process in which the bereaved person 'oscillates' between engaging with their grief and then with restorative activities necessary to the re-building of their life.

Stroebe and Schut (1999), argue that their Dual Process Model is also applicable to various forms of 'complicated' grief which can be indicated within the framework of 'loss orientation.' These are concerned with both the relationship that is lost and the continued attachment of the bereaved to the deceased. Aspects of complicated grief, such as its denial or inhibition, come into the category of an orientation towards 'restoration.' The reality of the death is ignored and the person who is bereaved continues with 'normal' activities. There is little or no oscillation in this situation.

They also argue that their model pertains to gendered divisions in grieving. In support they cite evidence (Schut et al. 1997) which indicates that widows are more open in the

expression of emotions than widowers who were focused on problem-solving in relation to their bereavement. (Stroebe and Schut, 1999: 206, 207)

Finally, there is the matter of the cultural context of grieving, which the authors assert is accommodated by their Dual Process Model. In particular they cite their research (1998) which indicates that the model could take account of cultural difference. Stroebe et al. (2001:75) call for the 'cross-cultural expansion of bereavement research' outside the context of western societies. They state that there is also a need for studies of varying ethnic groups within western cultures.

The Dual Process Model, as Stroebe and Schut (1999: 205) indicate, links with Worden's (1991) Task Model. Stroebe and Schut identify additions to each of Worden's specified tasks. For example, to the acceptance of loss (task one), the griever has also to accept that their world has undergone fundamental change. Likewise, with the need to experience the pain of grief (task 2), time also needs to be spent away from that pain. In addition to the third task of adjusting to circumstances in which the deceased person is absent, there are internal and spiritual adjustments to be made as well as the external ones implied by the terms of the task. Finally, to Worden's fourth task which involves 'relocating' the deceased and moving on, Stroebe and Schut add that the bereaved need to create for themselves 'new roles, identities and relationships.'

Stroebe and Schut (1999) also draw comparisons between Parkes' (1993) thesis on psychosocial transitions and their Dual Process Model. They note that in Parkes' model, as in others, there is an absence of reference to the 'cognitive processes' involved. This they describe in terms of the griever's 'oscillation' between confrontation with their loss and their avoidance of this or distraction from it.

The Dual Process Model has been broadly welcomed by academics. In general it is viewed as more flexible and culturally sensitive than other models (Sidell 2001: 19). Sidell, however, goes on to argue that the model concerns the individual's management of their grief. The underlying assumption is of the bereaved coping with 'normal' not 'pathological' grief. 'Coping' is viewed in terms of managing the emotions. Sidell (2001: 19) Connected with this, Payne et al. (1999: 86) state, as a limitation of the model, that DPM concentrates on psychological aspects of grief and not on the social

context within which grief occurs. Thompson (1997) shows considerable enthusiasm for the DPM model, viewing it as offering 'exciting possibilities.' Thompson believes that DPM provides a useful framework for future development particularly in relation to 'masculinity and loss.' He highlights the time dimension of the DPM, whereby loss orientation is concerned with the past and restoration with the future. The lack of continuity between these constitutes a disjuncture due to effects of the loss (Thompson, 1997: 84).

Walter (1999) speculates as to whether the DPM is likely to feature as a model for bereavement support practice. He suggests that 'clinical lore' practitioners may be too accustomed to the notion of a specifiable grief trajectory which, like dying, comes to a definite end (Walter, 1999: 163, 164). Currer, (2001a: 103), takes a different view to that of Walter. She thinks that the DPM is likely to be of help to 'social care practitioners' in part, due to issues of culture and gender for which the DPM allows. For social workers who provide practical rather than emotional help, the restoration orientation provides a useful focus (Currer, 2001a: 103).

Archer (1999) views the strength of the DPM as its challenge to the grief work hypothesis and its provision of an alternative. He does, however, argue that the diversion offered by restoration may be insufficient to disengage the bereaved from their grief. Archer notes that 'it usually requires much effort to distract oneself from the influence of the loss' (Archer, 1999: 109).

To conclude this section, the prolific and intensive work of the University of Tübingen and now of the Utrecht University Department of Psychology provides a strong indication of how academic thinking is changing in relation to the grief work hypothesis. Stroebe et al. (2001), note that grief work has been a significant and key concept in the scientific study of bereavement. They now question its efficacy and validity because they view it as 'too broadly defined in theoretical and empirical terms.' Stroebe et al. go on to identify more focussed aspects of coping such as 'rumination', 'dissociation' and 'confrontation-avoidance' (Stroebe et al. 2001: 757). There still remains, however, the question of the social context in which bereavement and its attendant grief takes place.

Summary of the Psychiatric Focus on the Study of Bereavement and Grief

In summary, until recently, the predominance of the psychological framework concerning the study of bereavement and grief has tended towards a view of it as universally experienced and homogenous in its manifestation, occurring, in the case of 'normal' grief, for a time-limited duration. Initially grief was viewed as a 'condition' rather than as a 'process.' The focus has been on the inner-being of the individual as distinct from their social environment. Empirical research has been centred within the disciplines of psychology and medicine, leading, it may be argued, to a focus on health outcomes and the pathologising of grief. The lengthy continuation of this aetiological paradigm of human grief would seem extraordinary in its singularity. Now the veracity of this approach has been challenged, both within the disciplines of psychology and medicine and from without by other social scientific disciplines, for example, anthropology and sociology.

It would appear that the psycho-medical school may have been seeking an 'integrative theory of grief and bereavement,' which Stroebe et al. (1993) acknowledges has not been achieved: there is no 'grand theory.' Certainly, they argue that a 'narrow interpretation of grief' as a clinical condition of mind and body now lacks credibility. (Stroebe et al. 1993:458) It is Bowlby (1961: 335) who refers to the 'painfulness of new ideas and our habitual resistance to them.' So, it is to new ideas that we must now turn our attention.

SOCIAL THEORIES OF GRIEF

The Continuing Bond

Silverman and Klass (1996: 3, 22) begin Klass et al.'s book on the *'Continuing Bond'* by indicating their intention to put forward an alternative model in opposition to the traditional treatise which requires the bereaved to 'sever the bond' with the deceased. This notion of breaking the attachment in order to re-invest the libido in another relationship was derived from Freud (1917) and retained its influence over mainstream western thinking on grief as though it had been, in Archer's words (1999: 251) a 'straight jacket.' Silverman and Klass (1996: 5) argue that this idea of dissolving

attachment to the deceased is relatively new and a feature of the twentieth century which did not exist in Victorian or earlier times.

Following bereavement, Silverman and Klass (1996: 18) explain, there is a 'process of adaptation and change in the post-death relationship ...' This is a time for the construction of 'new connections' with the deceased. Further, while mourning may be profound at first, feelings of grief may decrease in time as the bereaved become more focussed on the future than the past. It is, though, mistaken to assume that grieving comes to an end and recovery occurs. The notion of 'recovery' is incompatible with that of the continuing bond. In offering an explanation of the continuing bond, Klass, Silverman and Nickman, (1996), promote the idea that 'survivors construct a sense of the deceased and develop an inner representation of that person.' This may involve some level of identification with the dead person which is viewed by some as 'pathological' but as 'normal' by others (Silverman and Klass 1996: 18, 19). The authors assert, however, that the measure of this cannot be decided on the basis of whether or not a person is alive. Furthermore, it is quite common for living people to identify with each other. Klass et al. argue that the experience of bereavement should be regarded holistically rather than as only an emotional process. It is also cognitive and in addition occurs within the 'social context' from which the bereaved person derives. There is no 'end' to the process of grieving; time-limited ideas in relation to grieving are fallacious. Instead of terms such as 'recovery, closure or resolution,' Silverman and Klass suggest that the word 'accommodation' is more appropriate. This allows for the idea of continuation, a feature of 'meaning-making.' The bereaved, like the non-bereaved, continually strive to make sense of their changing world (Silverman and Klass, 1996: 19).

In defining the continuing bond, the authors state that their intention is to enlarge our understanding of bereavement by highlighting that those who grieve hold within them their precious memories of the deceased for a very long time and sometimes for the rest of their lives. Their thesis of the continuing bond is supported by the other contributors to the book who view a continuing relationship with the deceased as helpful and as common practice (Silverman and Nickman 1996: 349). In relation to the grief work hypothesis, Silverman and Klass, (1996: 12, 14) contend that some proponents have

themselves observed a continuing bond with the deceased. In particular, they refer to Parkes who, writing with Glick and Weiss in 1974, identified in their study of widows the unexpected phenomenon of their awareness of a continued connection with their husbands. While noting the repeated occurrence of this in their study, Glick et al. as Silverman and Klass observe, made no alteration to their theory (1996: 12). As a further example they cite Worden who revised his fourth task of bereavement in the second edition of his book in 1991. They refer to further studies in which a continuing bond was observed. This included, in particular, Rosenblatt and Elde (1990) who found that families continued to preserve memories of their deceased member (Silverman and Klass, 1996: 17, 18).

Klass et al. criticise the grief work hypothesis on a number of counts. Firstly, they observe that it was Freud's initial concept, rather than his personal experience of grief that 'took on a life of its own.' Then Freud developed a 'separatist' notion of grief which saw people as individuals distinct from one another. This bounded and mechanistic view of human activity fails to take account of the inter-connectedness of relationships. These, in western cultures, are 'stylised' and it is assumed that prime connections such as those of 'mother' or 'lover' can only occur one at a time. The contention is that there is no room for a child to have more than one mother. Silverman and Klass argue that this singularity in relationships is epitomised by the practice of adoption which requires the birth parents to permanently relinquish their child (1996: 15, 17).

It is argued by Klass et al. that much of the difficulty concerning the grief work hypothesis can be put down to the reductionism of empirical research which fails to take account of the complexities of the social and historical context in which life events occur. In this connection, the authors note that the studies undertaken by contributors to their book employ a non-positivist research paradigm using qualitative rather than quantitative methodology (Silverman and Klass, 1996: 17, 15, 20, 22).

So what do other writers say about the major contribution of Klass, Silverman and Nickman (1996) to the development of our understanding of bereavement and grief? To begin with, there is the matter of definition. Silverman and Klass (1996: 19) offer an explanation of their thesis that the bond with the deceased is not dissolved by their

'survivor.' The bond is continued within the inner being of the bereaved by means of memories and continued identification with the dead person. Nigel Field and Gal-oz (2003: 110) observe that such bonds may be outwardly manifested by such means as keeping the deceased's possessions just as they used to be. Beyond this, Silverman and Klass (1996: 23; Klass 2006: 843) invite discussion of their concept; perhaps in order to see what this might open up in relation to the advancement of their initial concept. Stroebe and Schut (2005) offer a more specific definition:

> 'Continuing bond is generally understood in the scientific community
> as denoting the presence of an ongoing inner relationship with the
> deceased person by the bereaved individual.'
>
> (M. Stroebe and H. Schut, 2005: 477)

In a further brief account of Klass' concept of the continuing bond, Archer (1999) notes that the essence of Klass' theory is the pivotal importance he accords to identification. Archer observes that Klass (1988) views identification as a synthesis of the mourner's perception of the deceased with the self. This gives comfort and an enhanced sense of self to the bereaved (Archer 1999: 200).

Stroebe and Schut (2005) offer an appraisal of the continuing bond thesis. They note that the main ideas are set out by Klass and his colleagues in the introductory chapter of their edited book (Stroebe and Schut, 2005: 484, 485). They also outline evidence for the continuing bond claim drawn mainly from cultural observation. Evidence is cited from Klass and Walter (2001), Klass (1996) and Silverman and Nickman (1996). Stroebe and Schut (2005: 485) argue that this notion of continuing bonds as equating to 'healthy' grieving, while commonly observed to occur cannot be shown to exhibit 'healthy adjustment.' There is in Stroebe and Schut's (2005: 488, 489) view 'no sound empirical foundation for the claim that continuing bonds serve a generally adaptive function in coming to terms with bereavement.' Further, they seem quite put out by Klass et al.'s (1996) refutation of quantitative methodology deriving from the 'logical positivism of modernity' (Stroebe and Schut, 2005: 486). Instead, Stroebe and Schut advocate a complementary approach involving both quantitative and qualitative methodology (Stroebe and Schut, 2005: 486).

In appraising the contribution of Klass and his colleagues to our further understanding of the grief process, Neil Small (2001: 24, 25) criticises them for 'privileging' their reading of Freud's personal correspondence over his academic writings. Freud's letters, Small contends, reveal discrepancies between his theoretical position on the nature of grief and his actual experience of it. Small argues that Silverman and Klass (1996) accept Freud's personal account of his experienced emotions as 'truth' over and above his cognitive understanding of grief as a condition to be overcome by means of grief work and detachment from the bond with the deceased. Small indicates that this suggests that, 'what we say we feel is more truthful than what we say we think.' (2001: 24). So, in essence, Small is saying here that Silverman and Klass favour the validity of the emotions arising from life experience over the theoretical output derived from cognitive reasoning. Small suggests that this would be challenged by Foucault (1977) who would ask why one is preferred over the other, and whose interests are being served by that. Small goes on to defend Freud by emphasising his contribution to our understanding of grief. In Small's view, Freud's critics, including Silverman and Klass (1996), have presented an overly simplistic explanation of Freud's theory in relation to 'letting go' of the deceased and moving on. Complexities such as those of the 'enrichment of self' have been overlooked (Small, 2001: 24, 25). While this largely philosophical analysis may be unfamiliar territory to some, Small's rigorous critique can serve as a reminder of the potential perils of drawing conclusions from those underpinning assumptions that we may have learned to take for granted.

Despite these criticisms, Small (2001) acknowledges that a 'new model for understanding bereavement is emerging.' This focuses on the continuation of the bond with the deceased rather than detachment from it. Small indicates that the presence of a continuing bond has been observed by others, discussed here earlier. In particular, Small identifies recent examples in the literature, for example, Corr et al. (1997) and Stroebe and associates. Small notes that while Klass et al. (1996) assert that the continuation of a bond with the deceased was unnoticed by earlier researchers; it is more that it conflicted with the 'prevailing orthodoxy' and so remained unacknowledged (Small 2001: 33).

In approbation of Klass et al.'s approach, Small commends the 'reflexivity' which enables them to recognise that there is a contradiction in eschewing the modernism that limited the scope of earlier models, while at the same time promoting an 'alternative overriding theory' themselves. Nonetheless, Neil Small is in praise of the challenge that Klass et al.'s model of grief poses to the conventional scholarly wisdom. Small notes that Klass and associates recognise that those involved in the study of bereavement agree that it is necessary to enlarge our knowledge and understanding of grief. This relates to their recognition that current models lack cultural sensitivity. In particular, Small sees the contribution of Klass et al. as 'far reaching.' He endorses their argument that researchers should study society's perception of relationships instead of testing out normative understandings of how people should live their lives (Small, 2001:35, 36).

Small links the contribution of Klass et al. with that of Walter; their strengths being to urge researchers to reflect on and take ownership of their position, together with their stimulation of a debate on the received academic wisdom concerning our understanding of the grief process; whereas Small breaks with Klass et al. and Walter in his concern that their model may become the 'new orthodoxy.' 'Healthy' grieving may be viewed as the construction of a continuing bond and a 'durable biography' of the deceased. (Small, 2001: 34, 35, 36). This may well be so. It is however to be hoped that this time-rigid conformity to the model will not become the *modus operandi* for researchers following in their footsteps.

The Contribution of Tony Walter

Walter, a sociologist, was inspired to develop his *'new model of grief,' (1996),* in response to the contemporary dominant Freudian orthodoxy which was rooted in psychology and a scientific framework. Like others, Walter contested the classical model. His alternative model, in which an 'endurable biography' was created by those who had known the deceased, was compatible with Klass et al.'s continuing bond. Walter based his new model on his own grief following the death of his father and of a female friend. He found that talking about the deceased with family and friends brought comfort and relief from the pain of grief. More particularly, a consensual and 'enduring biography' of the deceased was developed through these discussions. For Walter, the end of the grief process was not 'working through feelings, but through talking about

(his) father' (Walter 1996: 9). Indeed, following the death of his friend Corina, Walter states that he avoided the company of those who hadn't known her in favour of talking with those who had (1996: 13). Walter does however acknowledge that in western society some mourners may find it difficult to talk about the deceased. He gives various reasons for this: the death may have been unexpected or inexplicable; family members experience the death differently; work colleagues may feel awkward talking about it; religious or cultural differences can cause doubt about how to respond; or, in contemporary times, the physical distances between those involved may be too great. In these circumstances, professional help may be sought.

Walter (1996: 20) cites Giddens as the theoretical source of his ideas in constructing an 'endurable biography' of the deceased. Giddens (1991: 2) argues that the 'self' is not a quiescent organism influenced by external factors; individuals are themselves agents in the construction of their 'self-identity.' This happens in an organised way by means of self-reflection. As Giddens (1991: 5) describes it, the reflexive self maintains a 'coherent, yet continuously revised biographical narrative.' In late modern western society, the reflexive self enables the individual to 'make sense of their existence' (Walter 1996: 20). Walter views this as a central activity for the bereaved who engage in the process of re-constructing their autobiography by means of their development of a continuing biographical narrative of the deceased. As Giddens argues, in late modernity, social change has caused people to be increasingly divorced from a tradition in which fixed roles are adopted. Likewise, society is now more mobile and so ties of kinship are not as strong. In a predominantly secular society, religion is no longer at the centre of developing and maintaining community cohesion. Since self identity is no longer socially prescribed, individuals construct and reconstruct their own identity in the context of their social world. Verbal interaction with others is a means of achieving this, albeit that the very people who could take part in that may nowadays not be available due to such factors as social mobility (Payne et al. 1999: 87).

It could be argued that traditional stable communities in western societies held within them the necessary knowledge of members, so making the active construction of their biography redundant. The individual could be said to live on in the collective memory of the group whereas in a contemporary, individualist culture, the need to construct and

maintain an 'enduring biography' becomes an imperative if the notion of the past ancestors as a continuous link with the present and the future is to be preserved. How, we might ask, is it possible to make sense of our existence if the social context of our experience is limited to now? So, without a template of social patterns and mores to which we can adhere and which inform the way we live, we construct our own identities. This lack of direction as to how we should act allows us the personal freedom to do as we see fit.

A major criticism of Walter's model, which he himself acknowledges, is that it is not based on empirical research and concerns only his observations of two bereavement situations in which he himself was involved (Stroebe 1997(b): 258). Also, in the context of the continuing bond hypothesis, Walter appreciates that his model may be 'supplementary' rather than new (Walter 1996: 20). This view is endorsed by others (Stroebe 1997 (b): 259, Arnason 2000: 189). Central criticisms relating to biography stem from the discipline of counselling which focuses on the 'emotion work' undertaken by the bereaved rather than the biographical story of the deceased. In this connection, Arnason (2000: 189, 190) suggests that it is the 'story' of those who grieve that should be heard.

In support of Walter's thesis, Stroebe observes that he highlights a facet of the grief process that has previously been overlooked due to the research emphasis on health factors over many years. Walter has 'broaden(ed) our perspective' and caused researchers to look critically at the medical model of bereavement (Stroebe, 1997 (b): 256).

As noted earlier, the development of a continuing bond with the deceased by constructing an enduring biography seems set to become as Small puts it, 'the new orthodoxy' (Small 1996: 3).

The Contribution of Anthropology to the Continuing Bond Debate

In partial response perhaps to this perception of a possible new orthodoxy, the concept of the continuing bond has been questioned in the context of anthropology. For example, while accepting the authority of the continuing bond and acknowledging that there is a good deal of evidence to indicate that in western society, many bereaved

people 'feel and maintain a bond with a deceased person who was close to them,' Arnason, himself an anthropologist, contends that Klass et al. (1996) lack the necessary cultural sensitivity to draw comparisons between western and non-western societies (Arnason 2009: 26, 27).

Klass, for example, contrasts grief ritual in Japan, where ancestor worship is central to the culture, with contemporary western practices where he argues 'social forms of grief are similarly connected to the nuclear family and serial monogamy.' Klass regards the commonality between these as 'An expression of the human community that cannot be separated by death' (Klass, 1996: 70, 61, 59).

In reply, Arnason contends that Klass distinguishes too sharply between western society and 'the rest of the world.' In particular, Arnason is concerned that Klass implies that the west can learn from the east. Here, Arnason argues that, in attempting to draw parallels between Japanese and western culture in this way, Klass imposes western cultural values on the east (Arnason 2009: 26). Arnason concedes that Klass (1996: 59-70) recognises the importance of understanding rather than judging the historical and cultural context of Japanese grieving practices and that he does not seek to impose these practices on western society. However, while a full discussion cannot be entered into here, Arnason contests the suggestion of Klass that Japanese and western cultures are comparable in relation to the practice of mourning rituals (Arnason, 2009: 28).

A further contention that Arnason (2009) makes in relation to the continuing bond thesis is that the concept is embedded in assumptions of individualism, a prevailing ideology central to western cultures. Characteristic of individualism is the assumption of personal autonomy. This is a central feature of democracy and assumes that adults are capable of taking responsibility for themselves and are entitled to make their own decisions. As Arnason notes, personal autonomy is 'the cornerstone of the justice system and the political system' (2009: 27). However, as he also indicates, there is ethnographic evidence indicating that this degree of autonomy is only claimed and experienced by some sectors of the population in western societies. These tend to be professionals and the better off; possibly men of sound financial means and without the responsibility of caring for others. Women, on the other hand, tend to be less affluent than men and often take up a caring role within the family. Arnason (2009: 27)

contends that for these reasons, women perceive themselves as 'interdependent' rather than independent. Paradoxically, we can say that bereavement support, which is so often supplied by women, is underpinned by notions of individual choice and personal autonomy.

Additionally, Arnason evaluates the meaning of the term 'bond.' He concludes that the sense in which it is used by Klass (1996) is based on western assumptions about the way in which individuals connect. This perception of people as separate entities cannot be said to be characteristic of most non-western cultures. 'Bonds,' Arnason suggests, are more intricate and complex than the term itself would seem to denote (Arnason 2009: 29).

In connection with Arnason's analysis, it is noteworthy that contemporary theoretical explanations of the grief process, such as the continuing bond, share a common misunderstanding with earlier psychological expositions as, for example, the grief work hypothesis and phase or stage theories of grief, which assumed universal applicability and cultural homogeneity. While this cannot be said of the continuing bond thesis, cultural comparisons drawn by Klass (1996) indicate a misconception in relation to the ideological and philosophical underpinnings of non-western cultures. This scenario would seem to suggest both a surprising recurrent blindness in western societies to cultural difference and also, perhaps, an enduring research imperative towards the establishment of general principles. Future multi-disciplinary approaches to the study of the grief process could facilitate an improved understanding of cultural difference.

'Cultural Scripts'

Both Walter, (1999) and Valentine, (2008), refer to the importance of 'cultural scripts' in relation to our social understanding of bereavement and grief in western society. Walter identifies a number of such 'cultural scripts,' (1999: 141- 150). In particular he refers to 'forbidden grief' (1999: 146), or as Doka, (1989), termed it, 'disenfranchised grief.' Doka defined this as the unrecognised relationships of bereavement. Walter classifies 'covert' relationships among these. He identifies gay relationships and illicit attachments among these as well as the affinity of medical staff for their patients. Sidell, (2001), suggests that the parents of 'adopted' children may come into this category as,

of course, may foster parents. Other losses that go unrecognised may be those related to 'reproductive grief:' stillbirths, miscarriages and abortions. Sidell further refers to the loss of a child who is adopted and the sense of loss experienced on the 'social death' of a partner having a dementia. A key loss that can go unrecognised is that of a pet. Importantly, Sidell notes the 'unrecognised grief 'of children, of the mentally handicapped and the elderly care home resident whose companion there has died. (Sidell, 2001: 55).   Impermissible grief may be attributable to misunderstanding, ignorance or social disapproval. Walter, (1999: 146), argues that this is now changing and gives as an example of new and sympathetic hospital protocols in relation to reproductive deaths. It can also be said here that, through organisations such as Noah's Ark, bereavement care is now offered to children facing or having experienced the loss of a parent. Such services are now also available to those with learning difficulties.

'Anomic' grief is viewed by Walter, (1999: 142, 143), as a contemporary 'cultural script' in England. The term 'anomie' derives from the sociological work of Emile Durkheim (1858-1917). 'Anomie' describes a disconnection from social norms. In the case of 'anomic grief,' Walter contends that the bereaved are at a loss and don't know how they should behave. Mourning rituals may be absent or out of step with current cultural values. In a secular society, for example, religious ceremonies may not be regarded as appropriate by non believers.

Valentine, like other contemporary sociologists, focuses on the 'social shaping' of bereavement and grief (Valentine, 2008: 2). In her narrative research with the bereaved, Valentine aims to discover the different ways in which the bereaved maintain a continuing bond with the deceased. She seeks to show how 'cultural scripts' are used by the bereaved to construct meanings which they find personally relevant to themselves. In relation to the continuing bond Valentine contends that the biologically dead may still continue as a 'social presence in the lives of the living.' She cites as an example, widows who continue a connection with their dead husbands (Valentine, 2008: 1, 2, 3). Evidence of this was also manifest in my data, as reported to me by bereavement support workers. Valentine goes on to argue that the continuation of the bond may be 'initiated by the dead themselves.' The survivor would, for instance, feel the touch of her spouse or sense his presence. In common with other writers, Valentine is concerned

that the continuing bond thesis may become the new conventional wisdom. To minimise the chance of this she suggests that a sociological emphasis should focus on how people make sense of their world and 'engage' with it rather than on what is construed as either 'imaginary' or 'real'(Valentine, 2008: 4). In this connection, we can conclude that there has been a shift away from a normative conception of bereavement and grief which focuses on how these ought to be expressed and enacted towards a framework in which researchers are seeking to discover how such an experience 'reflects the norms, values and beliefs of contemporary British society' (Valentine, 2008: 1).

CHAPTER SUMMARY AND CONCLUSIONS

In summary of this chapter, the purpose has been to follow the historical literature trail concerning the study of grief and bereavement. This overview depicts the way in which the grief process has been studied from its inception with the work of Freud in his paper on *'Mourning and Melancholia' (1917)* until the present study of it in the early twenty first century.

This can only be counted as one of many such reviews, which include Walter (1996, 1999), Stroebe (1997) and Valentine (2006; 2008) to name but a very few of those who have contributed their thoughts on the academic study of grief and bereavement. Any such review tends to focus on the debate concerning the twin hypotheses of grief work and letting go, initially derived from Freud. There is also, as here, consistent reference to the work of Bowlby on 'attachment theory' in relation to loss. It is this that is thought to underpin the phenomenon of grief (Archer 1999: 65). Parkes, Stevenson and Marris (1991) make links between attachment to the primary figure and the inevitability of grief which is experienced on separation or permanent loss. The psychologising of grief over many years meant that researchers tended to develop their ideas around this paradigm of grief. Medicalised perceptions of grief led to it becoming pathologised, whereby manifestations of grief that lay outside the accepted paradigm were regarded as abnormal and in need of intervention.

More recently, this normative model of grief has been widely contested, both within the disciplines of psychology and the medical sciences and by contributors from other disciplines such as anthropology and sociology. This has served to reveal some of the

misconceptions of the grief work model and to uncover some of the taken-for-granted assumptions which underpin it. The notion of a continuing bond with the deceased, perhaps by the construction of the 'enduring biography' suggested by Walter (1996), is replacing the earlier emphasis on working through grief in order to relinquish the bond with the deceased and move on to form a new relationship. The wider issue of researching cultural difference is a key avenue for future research.

In relation to this research project, the significance of tracing the historical chronology of the psychiatric focus on the study of bereavement and grief has been to gain understanding of what may underpin the social construction of bereavement support in those voluntary organisations that were the subject matter of the investigation.

Chapter Four will focus on Social Constructionism, the academic framework to be used for this research study. Section one is concerned with the literature for social constructionism while section two focuses on the social construction of death, grief and bereavement.

CHAPTER FOUR

Social Construction: the Academic Framework

Section one:

The Particularity, Role and Limitations of Social Constructionism

> " … Social constructionism invites the creation of new, more
> inhabitable ways of going on together."
>
> (Kenneth Gergen, 1999: 5)

INTRODUCTION

An air of anticipation and possibility is conveyed by this quotation from Gergen's introduction to his book *'An Invitation to Social Construction.'* The concept of social constructionism as expressed here gives us permission to move away from the tradition of empirical research and objective reality to occupy instead a position that is more compatible with our role as qualitative researchers concerned with people's subjective experience. It is with this in mind that social construction is applied here as an academic framework suited to the study of bereavement support in three voluntary organisations.

WHAT IS SOCIAL CONSTRUCTIONISM?

Social constructionism originates from Berger and Luckman's (1966) concept of 'reality.' This challenges essentialist[3] ideas about scientific truth and focuses instead on social processes as a means of understanding subjective experience. Berger and Luckman argue that 'reality' is socially constructed…' They define 'reality' as 'a quality appertaining to phenomena that we recognise as having a being independent of our own volition (we cannot wish them away),' (1966: 13). We could, for instance, cite grief as an example of such a social phenomenon. Of Berger and Luckman's treatise, Gergen (1994: 43) states that they effectively removed objectivity as the basis of social science and replaced it with an institutionalised conception of social knowledge as subjective. Burr (1998: 13) relates that her introduction to social constructionism (SC) was based on what she refers to as 'the liberatory promise of its anti-essentialism.' Burr

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[3] Essentialism is a philosophical idea concerning the essence of social phenomena. In science the term is used to refer to the scientific practice of establishing definitive truth by means of empirical research.

(1995: 6-8), as a social psychologist and a teacher, identifies characteristics of social constructionism as drawn from Gergen, (1985: 266). She reiterates these for her students in straightforward terms and highlights other prime characteristics of social constructionism. She refers to the way in which knowledge is viewed in the context of history and culture within the social constructionist framework. Explanations of events refer to a specific point in time and are 'culture-bound' so cannot be regarded as universally applicable. People are seen and understood as an integral part of their time and culture.

Then, social constructionism, in line with its central stance in opposition to essentialism, denies any suggestion that there can be 'absolute truths' which can be determined by means of objective empirical research. Multiple realities are apparent even within a single culture and these reflect a variety of differing perspectives.

Language is a significant feature of the way in which people construct their lives. Burr states that language derives from both the past and present cultural influences to which individuals and groups are exposed. She further argues that language provides the framework for the formation of thought and can also be understood in terms of 'social action.' Customary interaction by means of conversation forges knowledge that comes to be taken for granted. Burr asserts that this construction of a 'social world' by talking can be considered as 'action' (1995: 6, 7).

Burr, (2003: 2) further observes that social constructionism is concerned with revealing assumptions that are taken for granted. As an example, she refers to assumptions that may be made about gender. Gendered behaviour was an issue for some of the interviewees who engaged in this research project. A female respondent, for example, was concerned to preserve an appropriate physical distance between herself and her male clients. She saw this as particularly important, 'If you're supporting a man.' (Interview 7: 13, lines 11and 12) She was concerned not to sit too close to him. The underlying assumption would seem to involve conventional etiquette and decorum concerning social mores of propriety in formal social relations between men and women in British society.

While Burr identifies language as a core component of constructionism, this has not been a prime feature of this study since the conversational interaction between the bereavement supporters and their clients was not observed. However, some discussion of euphemisms and metaphors employed by bereavement supporters is included in Chapter Seven on the collection and categorisation of the data.

Finally, Burr indicates that it is the interaction between individuals that is a feature of social constructionism instead of the more traditional sociological concern with social structure such as the economy or the institution of marriage or those of psychology with internal mental processes such as attitudes or motivation (Burr 1995: 7, 2003). This research study is, however, concerned with the subjective experience of volunteer bereavement support workers rather than the interaction between them and their clients. In line with Burr, though, it is the underpinning social processes that are the focus of this study. Thus, a key area of interest is that of the assumptions made and taken for granted by bereavement supporters working in these charitable organisations.

DEFINITIONS OF SOCIAL CONSTRUCTIONISM

Burr, (1995: 2), indicates that there is no one distinct definition of social constructionism. Instead, she delineates key features of the concept drawn from Gergen, (1985), as constituting a coherent approach upon which the social constructionist may base research analysis, if it is founded on one or more of these characteristics. Burr argues that it is not necessary to be a complete convert or a faithful disciple of all these tenets of the concept in order to call oneself a social constructionist.

Gergen, (1985: 266), as a preamble to his discussion of assumptions on which social constructionism is founded, gives what might well be regarded as a definition of 'the social constructionist orientation.' In this connection, Gergen contends that:

> 'Social constructionist inquiry is principally concerned with explicating
> processes by which people come to describe, explain or otherwise
> account for the world (including themselves) in which they live. It
> attempts to articulate common forms of understanding as they now
> exist, as they have existed in prior historical periods and as they might
> exist should creative attention be so directed.' (K.J. Gergen, 1985: 226)

THE CONTROVERSIAL NATURE OF SOCIAL CONSTRUCTIONISM

Holstein and Miller (1993: 5) comment on the controversial nature of social constructionism. The concept has broken with tradition by analysing social problems as a 'social process of definition.' Social problems are no longer viewed as 'objective conditions to be studied.' Instead, they are regarded as an 'interpretative process.' In this connection, Gergen, (1994: 30), argues that social constructionism doesn't have to mean that conventional approaches are cast aside; rather, these are moved into a different frame. The result is a change of focus and priorities, (1994: 3). An example of this, outlined by Gergen, is an interdisciplinary move away from the pre-occupation of western culture with individualism towards a social constructionist conception of knowledge. Gergen argues that the colonial assumptions, by which non-western cultures are viewed as inferior, are no longer sustainable in a global society. An alternative to this is a conception of knowledge that is centred in 'the sphere of social relations.' Traditional dogma concerning truth and rationality are viewed by Gergen, (1994: 4), as limiting and 'parochial.' In the contemporary worldwide social context, Gergen views social constructionism as a way forward. His discussion of this, (1985, 1994, 1999), could be said to provide a creative and at the same time a viable justification of constructionism. In respect of my own study, it can be argued that there is evidence to support the idea that bereavement intervention as offered by these particular agencies, is founded on notions of individualism manifested, for example, in the attention given to client autonomy. Hence, in line with the ideas of Gergen, outlined above, it can be argued that such a stance may act to deter a global view of bereavement support in which cultural differences are taken into account.

CRITICISM OF SOCIAL CONSTRUCTIONISM

The concept of social constructionism, however, has been subject to criticism from numerous quarters. Traditional empiricists may have felt a sense of threat at the initial advent of social constructionism and its continuous hold on the interest and imagination of qualitative researchers. Others may view the concept as overly, or inadequately, deployed, or both.

Gergen, (1999: 221), argues that the 'social constructionist orientation' must come under scrutiny. He implies that this may need to happen almost for its own sake. Some of the reasons he details include the variability of constructions and their interpretation. There is too, the matter raised by many critics concerning the perceived immorality of some constructions upon which constructionists themselves make no value judgement. This issue will be addressed again shortly when relativism is discussed.

Importantly, Gergen contends that by determining certain specifics in relation to what we know about something, we close down other options. As he puts it 'we are compelled to make meaning together, but each movement in meaning is also a death, a potential death to the alternatives.' Gergen raises these points in the context of a discussion of 'social reality.' He states that 'if something is viewed as real,' other possibilities go unnoticed. If, for example, grief is perceived to be an illness, other ideas are not explored and grief may become medicalised. Gergen further explains that for social constructionists, 'what is is;' the existence of social reality is neither denied nor is it asserted, it just is. Death happens and people are bereaved in consequence, (Gergen, 1999: 223, 224, 222).

In this connection, Rowe writes on the 'construction of life and death' from the perspective of a psychologist. She accepts the notion of constructions of reality. Rowe notes that 'construction implies pattern.' She argues that it is patterns that allow individuals to make sense of reality. We construct reality by means of our senses, using language. It is language that enables us to construct our past, present and future. Rowe claims that it is these meanings that we construct ourselves that enhance our lives. Discourses develop from shared patterns and language; 'shared ways of patterning reality,' (Rowe, 1982: 18). Hence, Rowe argues that these shared patterns of reality are a reflection of the group of which the individual is a member. Rowe goes on to state that individuals have the freedom and the ability to create their own worlds. This, however, she views as a disadvantage because 'It robs us of the superiority of knowing that we are in possession of the truth and other people are wrong' (Rowe, 1982: 22). Here, Rowe appears to follow non-constructionists by seeming to make an assumption that 'the truth' is there to be found.

This brings us to a key debate in the constructionist world concerning realism versus relativism. Burr (1998: 13, 14) suggests that critics are foiled by social constructionists in respect of their relativist views because these tend to lead down a road to nowhere. This is because, firstly, the notion of reality is abandoned in favour of an acceptance of multiple realities or perspectives. This brings difficulties in deciding between alternatives if they all have a claim to truth. Secondly, similar problems arise with the notion of personal 'agency.' If people don't choose, why do we try and persuade them to do so? Burr takes the view that without any conception of 'reality,' 'how can we justify advocating one view of the world over another?' Burr queries whether moral relativism can be avoided by academics taking a relativist position. She suggests that some kind of realist stance might need to be adopted if constructionists are to justify their moral choices of one social construction rather than another. Gergen (1998: 231) goes further by arguing that a social constructionist critique involving both scientific fact and values 'invites' an emphasis on that which is 'good,' while social constructionism invites us to challenge the 'truth' of whatever tradition. It is in this way that social constructionism can be viewed as relativist; all standpoints are deemed 'legitimate.' Gergen strongly argues that this does not mean that constructionism embraces relativism since it does not maintain a stance permitting it to discuss relative qualities without pronouncing on values. What constructionism does is to take a reflexive position in relation to something that is already value-laden. Constructionism comments on what is, and not on what should or ought to be. To express an opinion on the value of a specific construction would be to adopt a moral stance. Instead, the role of the constructionist is to reveal the meaning and values that underpin particular perspectives. A useful alternative to making value judgements themselves is for constructionists to engage in what Gergen refers to as 'appreciative inquiry.' It is this that facilitates the exploration of opposing or unacceptable value constructions in order to determine a satisfactory way forward. To do otherwise, in Gergen's view, would mean that constructionists would be thrust into the unwelcome role of pronouncing on moral values (Gergen, 1998: 231-233).

In summary, it could be argued that the pressure on social constructionists to become moralists is both unrealistic and undesirable. Their role in uncovering what is happening would seem to be more appropriate. Gergen (1994: 65) argues that constructionists view involvement in such moral debates as meaningless since the critiques themselves involve contentions which constructionists deem to be flawed.

As a constructionist researcher, I may be less likely to make the moral judgements that, as a member of a social cultural group; I might arrive at quite quickly. Burr contends that relativists are no more likely than realists to advocate an 'anything goes' morality. The 'radical scepticism' that relativists engage in is viewed by Burr as 'indispensable' (Burr, 1998: 22). Burr goes on to question the usefulness of the debate in terms of the dichotomy which is drawn between realism and relativism. That something is socially constructed does not by definition mean that it is not real. Nor, she suggests, does the constructionist have to be a realist to sustain the notion of 'personal agency' (Burr, 1998: 15).

The issue of 'personal agency' constitutes another area of debate. Gergen, (1999: 225), contends that if our social world is constructed it raises questions over the matter of personal choice. We saw earlier in this chapter that Rowe, (1982), identifies a dichotomy between free will and social construction. Her argument is that our freedom of agency is eroded by social constructionist thinking. Gergen concedes that   mental health practitioners are compromised by social constructionism. This is because the therapist works (as do all counsellors) towards achieving change in the attitudes and behaviour of their clients. If social constructionism obviates 'personal agency,' then, Gergen asks, where does that leave mental health therapists, whose clients do not then have the power to change the way they function as members of society?   However, as Gergen indicates, social constructionism does not concern itself with changing taken-for- granted assumptions, but rather seeks to reveal them, (1999: 225). In relation to moral relativism and change, Burr, (1998: 15, 16), cites Willig, (1998), who argues that realism is concerned with being, not with change, while relativism provides the possibility of change. Willig argues that it shows a lack of courage on the part of social constructionists to deconstruct without providing an alternative. Further, Burr (1998: 20) cites Brown and Pujol with Curt (1998) who argue that, if the concept of agency is

integral to the culture, this will be reflected in the 'social and psychological construction of reality.'

A broad phenomenological approach to the question of 'human agency' is propounded by Giddens, (1982, 1984, 1991), within the context of his 'theory of structuration.' Seale, (1998a: 22), indicates that Giddens is here constructing meaning through social actions. Giddens argues that neither 'human agency' as subject, nor 'social institutions,' as object, take precedence over the other, but act together. This, Giddens contends, is how 'social practices take place.' Each human interaction, however fleeting or however small, is connected with 'social institutions.' Moreover, current practice, in terms of human agency, is affected by the 'pre-existence' of such social institutions (Giddens, 1982: 8 -11). Hence, Giddens asserts:

> 'The self is not a passive entity determined by external influences; in forging
> their self- identities, no matter how local their specific contexts of action,
> individuals contribute to and directly promote social influences that are global
> in their consequences and implications' (Giddens, 1991: 2).

At a more parochial level, we can say that individuals are able to take action in various ways within a given setting (Seale, 1998a: 23). In the context of the research study being discussed on these pages, it may be that those engaged in bereavement support are able to function individually in various ways within the framework of social mores pertaining to their host organisation.

A further issue of importance in relation to this critique of social constructionism concerns the sociological perspective of which little has been said until now. To begin with, there is the question of terminology. Holstein and Miller's (1993) book, *Reconsidering Social Constructionism,* is concerned with the sociological analysis and interpretation of what they term 'social problems.' In this respect, however, it could be argued that, for the research study under discussion here, the term 'social phenomena' may be regarded as more appropriate. In the context of Holstein and Miller's book, the term 'social problem' appears to be used as a generic sociological term referring to issues commonly assumed to be problems, such as poverty or crime. The construction of bereavement support on the other hand may be less readily construed as a 'social problem.' Rather, this may fall more easily into a category such as 'social

phenomenon' which is not characterised by the value judgement of assuming it to be a problem.

Among contemporary debates and controversies in sociology about social constructionism, Miller and Holstein, (1993: 8, 9), raise an issue concerning a selective 'objectivism.' By this means the processes of social constructionism are discernible and occur apart from the constructionist depiction of them. Hence, social constructionists themselves operate as 'objective' researchers of the 'real' social processes by which social problems are constructed. This has led critics such as Woolgar and Pawluch (1985) to refer to social constructionism as 'ontological gerrymandering.' Miller and Holstein further note, that Woolgar and Pawluch regard this seemingly unfair fixing, as an inevitable feature of social constructionism which serves to separate constructionism from other interpretive methodologies (Miller and Holstein, 1993: 9). Miller and Holstein indicate that Woolgar and Pawluch propose that constructionists should look for a way of breaching the current deadlock between those who advocate objectivism vis-à-vis those propounding relativism. Critics of Woolgar and Pawluch include 'contextual constructionists' who regard 'ontological gerrymandering' as helpful in explaining social problems in their 'socio-historical' context. Miller and Holstein observe that contextual constructionists should be in a position to provide comment and new understandings of social problems. Certainly, contextual construction would seem to be of value in contributing to a developed understanding of bereavement support provision and services. Knowledge of the historical context of bereavement support, for example, is likely to be of value in explaining its current construction (1993: 10, 11).

SUMMARY AND CONCLUSIONS

In conclusion, social constructionism is viewed here as an appropriate basis for my research because it is in line with my perception of how we should be thinking about bereavement support. This section of the chapter regarding the academic framework employed in this study has focussed on the provision of a brief explanation of social constructionism and some discussion of its advantages and limitations, as observed by both proponents and critics. It has not been the intention here to offer either a comprehensive literature review or a full exposition. Rather, the purpose has been to provide an outline of social constructionism as a basis for informing this research study.

Section Two:

The Social Construction of Death, Bereavement and Grief

> "… Loving and grieving are two sides of the same coin: we cannot
> have one without risking the other." (Colin Murray Parkes; 2006: Foreword)

THE SOCIAL CONSTRUCTION OF DEATH

Colin Murray Parkes, expresses this dichotomy with elegance: that is, the inevitability of grief as the consequence of the loss of the attachment of one human being to another. The overwhelming sense of grief that significant loss can bring has, in recent years, become a focus for both academic and general interest. A partial explanation for this may be that in western societies in the twenty first century, the death of someone close is no longer the familiar experience it once was when disease, epidemics, famine and war were more prevalent in this part of the world. As Thomas Hobbes (1588-1679), an English philosopher said: '… the life of man (is) solitary, poor, nasty, brutish and short (Hobbes, 1651, Leviathan, PT.1, Chap. 13). Not so nowadays in the developed world, when life expectancy in England for those born between 2004 and 2006 is calculated to be 77.2 years for males and 81.5 for females (National statistics, 2007, (b) cited in Beaumont, 2009: 62). For many people this may mean that they are not touched by death until they reach their fifties when their first close experience of it is the death of their parents. Indeed, this is currently happening in the western world where death, may be viewed as an unwarranted and inappropriate intrusion causing gross disruption to the usual rhythm of people's lives. This spectre of death as the grim reaper has become almost a central feature of contemporary western culture. Seale, a sociologist, argues that: 'social and cultural life involves turning away from the inevitability of death which is contained in the fact of our embodiment and towards life' (Seale, 1998a: 1).

This depicted polarity between life and death as opposites appears to have been less of a key feature for earlier generations. Indeed, several interviewees for this study - who were also, perhaps coincidentally, older - regarded death as a part of life rather than as its antithesis. Interestingly, this view was portrayed in each of my three data sets, albeit that there might be a greater likelihood of volunteer bereavement supporters holding

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these views, than their counterparts among the lay public. To give examples, one person said that 'death has always been a part of my life' (Interview 7:1, line 10): She had become an orphan at the age of six. This interviewee said that later, when she was doing her nursing training, 'somehow the death part of it all caught up with me' (Interview 7: 1, line 15). A Cruse interviewee described death as a 'natural progression' (Interview 9: 15, line 23). A PEAL interviewee also took this view: 'I do think death is a natural part of life, the vast majority of people deal with it (Interview16: 20, line19). A supervisor with Cruse, who also ran her own counselling consultancy said, 'I immediately think that if somebody said to me, death isn't part of life…I would be thinking in terms of you know, what is being denied here?' (Interview 11: 14, lines 6 and 7)

The denial of death, or death as a taboo topic in social conversation, may contribute to the feelings of isolation that the bereaved can experience. Philip Ariès, a French historian and philosopher, describes this as the 'beginning of the lie' (Ariès, 1981: 561-567). Over time, during the twentieth century, death became hidden away and unmentionable. Ariès regarded the contemporary model of death as 'invisible' and typified by 'privacy' (1981: 557-601,609). 'Dirty' death had become medicalised and society became 'ashamed' of death responding 'as if death did not exist' (Ariès 1981: 568-570, 613).

The sociologist Howard Becker, (1973: 3) argues that 'narcissism' is at the root of our denial of death. Our self-love and our need for self-esteem lead each of us to regard ourselves as 'an object of primary value.' Hence, Becker contends that the fundamental need of human beings is to be liberated from their anxiety and fear of their own death – their end (Becker 1973: 66).

In noting the pace of change in our attitudes and practices regarding the way that death is constructed, Ariès has observed that change was slow, almost imperceptible for 'a thousand years' and then, in the twentieth century, gathered a momentum which led to radical change in, for example, mourning practices, within a generation. Ariès argues that 'the very rapidity and suddenness of the change have made us take stock of it.' Suddenly, Ariès claims, death is now being discussed and has become the subject of

media programmes, research and medical and other debates (Ariès 1981: 560). This view of death as not 'taboo' but as openly discussed in our individualised western culture is endorsed by Walter (1991, 1994: 1) who, likewise, cites examples from academe and the media. Walter states that 'death is more and more talked of…' (Walter 1991; 1994: 1) Far from being 'taboo', talking about death has become the 'new radical ethic' (Walter 1994: 2). It is in Walter's view at the level of the individual and not at the societal level that death is denied (Walter 1991).

Certainly, individualism, as expressed in British society, has given us some interesting changes in mourning rituals of late; roadside memorials and 'themed' funerals being cases in point. There is also the contemporary example of public mourning at the roadside, as hearses carrying our dead soldiers returned to RAF Lyneham (from Iraq and now Afghanistan), are driven slowly through the streets of the now Royal Wootten Basset. This represents a move away from the self-aggrandised memorials of Victorian times towards a more personalised style of memorial and customised funerals. Death and grief can now be said to be both private at the level of the individual and public as a means of expressing collective sorrow. A public display of grief may in some circumstances be almost expected as occurred, (perhaps for the first time), on the occasion of the death and funeral of Diana Princess of Wales in September 1997.

It is not the intention here to provide a comprehensive review of constructions of death, but rather to highlight certain aspects that have a bearing on contemporary experience of bereavement and grief. The notion of death as unfamiliar and denied is a historical thread that can be traced through the academic writings of the twentieth century. In the section that follows, the focus is on the social construction of grief and bereavement. While the event of death is clearly a 'biological fact' how it is viewed and managed by society is a social construct. This can be said to apply also to the shaping of bereavement and grief.

DEFINITIONS OF GRIEF
Parkes (2006: 29) observes that an agreed definition of grief is lacking, but that it is usually defined as a reaction to bereavement. Parkes (1996: 7) argues that 'grief is a process not a state… it is a reaction to loss, usually of a person' (Cited in Currer 2001a:

91). Currer notes that defining grief is not simple because each definition reflects the perspective and understanding of its author. In addition to the definition given by Parkes (1996), as indicated above, Currer identifies two more that highlight grief as a process. Both Currer (2001a: 91) and Parkes (2006:29) cite Fahlberg (1991: 141) who states that 'grief is the process through which one passes in order to recover from a loss.' Currer also cites Marris who refers to grief as '…the psychological process of adjustment to loss' (Marris 1986: 4 cited in Currer, 2001a: 91). As Currer observes, while all three definitions identify grief as a 'process,' they differ in other respects. Fahlberg refers to 'recovery' while Marris talks about 'adjustment' to loss. Each of these, as Currer notes, indicates a different debate (Currer 2001a: 91).

The possibility of 'recovery,' as suggested by Fahlberg implies that grief is an illness for which there is a cure. This concept of grief, as Currer (2001a: 91) reminds us and as referred to in Chapter Three, is now strongly questioned. The bereaved often contest the idea that they can 'get over' their loss and make a 'recovery' from their grief. This sense of perpetual loss was also reflected in the data for this study. As an interviewee who worked with PEAL noted, 'You don't get over the loss of a child. No, I don't think so.' (Interview 18: 9, line 6). Most respondents felt that the best that could be expected was that the client would 'come to terms with the loss' (Interview 9: 9, line 5). Other bereavement supporters talked about clients 'moving on' with their lives and taking the memories with them; one person spoke about clients not being 'cured,' not being 'over their grief' after an eight week programme of group meetings … 'they are a little further along the line and that's good' (Interview18: 9, lines 2-4).   One person still experienced grief for the loss of her sister twenty years earlier (Interview 3: 14, lines 18, 19). A supervisor indicated that, in times gone by, Cruse took the view that 'the normal process of grief or of bereavement would take two to three years' (Interview 10: 5, line 10). However, another supervisor from Cruse indicated that over the last few years there had been a move away from the final task of adjustment '… The task now was to 'move forward, taking representation of the person who'd died with you.' (Interview14: 11, lines 12-14).

Marris' (1986: 4) view of the process of grief as an 'adjustment' is the one that is most in evidence in my data. Indeed a supervisor for Cruse uses the word 'adjustment'

(Interview 14: 11, line 12). Other terms such as 'coming to terms with their loss' or 'moving on' or 'forward' would suggest an expectation on the part of bereavement supporters, that clients would make a gradual adaptation to their changed circumstances. Currer (2001a: 91, 92) further cites Stroebe and Schut (1998: 7) who view grief as an 'emotional reaction' to the death of someone close. Stroebe and Schut (1998: 7) depict this in terms of physical and psychological symptoms, which may adversely affect health. Usefully, Currer then highlights two differing approaches to the definition of grief. These are the psychological approach, as typified by Stroebe and Schut, and sociological explanations such as those of Klass, Silverman and Nickman (1996: 20) for whom grief involves: '…construction and reconstruction of a world and of our relationships with significant others' (Klass, Silverman and Nickman 1996 cited in Currer 2001a: 92). Currer's useful exposition allows us to distinguish between psychological and sociological perspectives on how grief can be defined. The former tends to focus on the inner, individual human being while the latter is more concerned with social explanation.

In discussing the difficulties of defining grief, Payne, Horn and Relf (1999: 2), while not entering into the debate, argue that there are particular problems with terminology where grief is deemed to 'go wrong.' This kind of grief may be viewed as 'difficult' or 'complicated.' Other terms indicating that the grieving process is not right include 'abnormal' and 'pathological.' Such terms imply that grief may be or may become an illness or that it may be deemed to be unacceptable. The implication is that there is a right or normal way to grieve and that this acts as a yardstick by which we can measure other kinds of grief. Payne, Horn and Relf summarise by arguing that there is 'variability in patterns of grieving' and that some of these give cause for concern to the bereaved and others (Payne et al. 1999: 2).

In these pages, bereavement is defined as the loss of someone who has died. It is recognised that there are many other kinds of loss, such as divorce, or the loss of a job or home, or even the loss of a much-loved pet. All of these can occasion grief, which is severely felt, but these are topics that lie outside the range of the current discussion.

THE SOCIAL CONSTRUCTION OF BEREAVEMENT AND GRIEF

A number of sociological constructions of bereavement and grief in western social culture relevant to this study are identified by Valentine (2006). These include, firstly, the medicalisation and secondly, the psychologising of grief. Thirdly, I will also discuss a construction, which I will refer to as the homogenisation of grief, which is germane to my later discussion of bereavement support.

1. The Medicalisation of Grief

There is a close link between this and the medicalisation of death and dying which, over the course of the twentieth century has culminated in an extensive and established academic dialogue: Illich, (1976); Walter, (1994); Seale, (1998a); Clarke, (2002), to name but a few who have made contributions to this much aired discussion.

It is Illich (1976) who in general is thought to be the first to have drawn attention to increasing medicalisation. He refers to the way in which medicine is replacing social means of managing disease and life stages. An example given is that of the medicalisation of death. He observes too that there are an increasing number of medical institutions such as hospitals and also an over abundance of drugs. Illich seems generally to be regarded as the founder of the idea that medicalisation is pervasive and controlling and that it takes power away from people to direct their own affairs − that as a society in the UK we are 'overmedicalised' (Illich 1976: 35, 39, 61).

Engel (1961) was an early contributor to the debate, considering whether grief could be said to be a disease. He begins his paper by acknowledging that this might initially seem an unusual way of viewing grief. He then, as Walter (2000: 97) notes, goes on to reveal what he regards as commonalities between the symptoms of depression and the characteristics of grief. Engel (1961) describes this as 'acute grief.' Lindemann (1944: 141) shares Engel's view that it is more likely that grief would be viewed as 'a normal reaction to a distressing situation.' He then lists features which he deems to be 'symptoms of acute grief' (Lindemann 1944: 141). However, Payne, Horn and Relf (1999: 77) indicate that many of these symptoms or characteristics are now deemed to be usual for those experiencing grief. Lindemann, like Engel, was a psychiatrist. In

noting this, Walter observes that most theories of grief derive from this discipline. Further, that medicine being concerned with cure looks for this as an outcome of grief (Walter 2000: 97). Although Parkes (1994: 17) appears to have said that grief is not a mental illness (cited in Walter 2000: 97). However, a medicalised view of grief may lead to the treatment of it as an illness.

An interviewee for this study, a chartered counselling psychologist in independent practice, worked with people on prescribed drugs from which she was trying to help them to withdraw. She and her research team found that about one fifth of their sample had been prescribed drugs following their bereavement. She argued that the medical model entails the pursuit of symptoms and diagnosis without establishing cause. Hence, drugs are prescribed to alleviate symptoms. Her research indicated that this did not happen; rather symptoms were suppressed and, following the withdrawal of the drugs, grief was still present even after many years. Gradually, these people were able to grieve as the withdrawal of drugs took effect. For the interviewee, this was her doctoral research. She presented a conference paper and subsequently ran workshops throughout the UK for therapists and counsellors. She also wrote a book, the details of which cannot be divulged here in order that her anonymity may be preserved (Interview 11: 2, lines 23-27 and: 3 lines 5-23).

The dichotomous notion of grief as 'normal' or 'abnormal' has characterised medical perceptions since the time of Freud (1917) who was instrumental in defining pathological grief. The use of terms such as 'pathological' or 'complicated' imply, as noted by Payne, Horn and Relf (1999: 2), a deviation from an expected pattern, or, as they describe it, ' grief that appears to go wrong.' Payne et al. observe that doubt is expressed about terms such as 'pathological' or 'abnormal' grief because of their implication that it is possible to grieve normally or experience a 'normal' bereavement (Payne et al. 1999: 2). 'Complicated grief' is now perhaps the more usual term given to non-conforming patterns of grieving. Prigerson (2005) identifies criteria for the diagnosis of complicated grief, indicating such factors as 'chronic and persistent yearning.' On the other hand, Walter (2006: 71) argues that the notion of complicated grief as pathological in its differentiation from 'normal' grief is an over- simplification. He contends that this view of grief is concerned with the inner psychology of the person

who grieves. Walter questions the veracity of this binary separation of the pathological from the normal and argues instead that complicated grief is constructed in a variety of ways of which the 'psycho-pathology of the individual mourner' may be one. Another construct referred to by Walter is that of a 'normalising medicine' derived from psychiatry. Walter (2006) discusses a number of other constructions of grief, concluding that complicated grief is extant, but that it is a 'multi-dimensional phenomenon' negotiated through power relationships between the different players, for example clinicians and clients (Walter 2006: 77).

Now, concerns are being expressed by medical professionals themselves and others about this medical stronghold in relation to the management of grief. Rose (2007) argues that 'medicalisation has become a cliché of critical social analysis.' Further, that these critiques of medicalisation have contributed to a 'deprofessionalisation' of medicine caused by such factors as a recent focus on patient autonomy (Rose 2007: 700). Rose contends that there is no distinct medical model; rather that medicine has been pervasive and fundamental, in what he refers to as 'making up people.' In developed countries, people alive today are what might be described as products of medicine. One example Rose gives of this is medicine's role in the history of public health which has given us purified water and sewerage systems, or, as Rose describes it, 'the general sanitisation of human existence' (Rose, 2007: 700). Rose goes on to argue that medicine has made us 'the kinds of people we have become.' Rose, it appears, takes the view that the usual medicalisation critique is both crude and narrow. He suggests that we need 'more refined and conceptual methods' in order to better evaluate 'our thoroughly medical form of life' (Rose, 2007: 702). Rose would seem to be arguing here that medicine has defined who we are; hence a limited critique in relation to a specific social phenomenon, such as grief, provides an insufficient and simplistic explanation. While accepting this wider view of medicalisation, it would also seem almost naïve to side-step a critique comprising the medicalisation of grief: to do so would be to ignore, or at least to dilute, an identifiable social construction of human experience.

Valentine (2006: 61) argues that the terminology used in relation to grief represents a manifestation of its medicalisation. Terms such as 'morbid,' 'unresolved,' 'abnormal,' 'complicated,' 'chronic,' 'prolonged,' tend to convey the idea of grief as a medical

condition. Valentine further contends that this way of speaking about grief indicates an emphasis on the 'internal world' of the individual to the exclusion of the social context in which people live out their lives. This accentuation of grief as a medical condition carries with it connotations of 'cure' or 'recovery.' (Valentine 2006: 61) That grief comes to an end is a perception that has now been largely replaced by an appreciation that there may instead be a 'continuing bond' with the deceased (Klass, Silverman and Nickman, 1996).

2. The 'Psychologising of Grief'

Valentine (2006) separates the 'psychologising of grief' from its medicalisation although there are manifestly some common threads. Valentine (2006: 59) identifies characteristics of the 'psychologising of grief.' The principal feature is seen as a prime emphasis on the internal psychology of the individual disassociated from their social environment. A further feature is the way in which psychologised grief is embedded in the scientific model prevailing during the twentieth century. This dominant characteristic of modernity was concerned with reductionism, measurement and deductive analytic reasoning, the overall concern of the scientific model being rationality. From empirical research; generalisations, theory and prescribed actions are derived from the scientific data. The underpinning assumption is that of 'universalism:' a 'one-size fits' all view of society. Prior (1997: 189) argues that this has occasioned grief to be viewed in 'actuarial' terms. Grief is regulatable and 'calculable' (Prior 1997: 189 and cited in Valentine 2006: 59).

Prior (1989: 133) argues that during the twentieth century, grief was characterised by what she terms 'normalising psychology.' As with our earlier discussion of the medicalisation of grief, the implied binary opposite of 'normal' is 'abnormal.' Howarth (2000: 129) identifies this dualist perception as a given of this period in the history of western societies. Life and death, good and evil are examples of binary opposites. Howarth, in addition, identifies 'moral and immoral, sane and insane, deviant and non-deviant' as instances of this taken-for-granted view of our social world. She goes on to argue that polarities of this kind are now being questioned. She contends that, in this post-modern era, it is more usual to regard expressions of grief as an individual reaction which requires an individual response (Howarth 2000: 130).

However, it is interesting to note that the scientific normalising model of grief identified by Prior (1989) and Valentine (2006), among others, derives from Freudian psychotherapy in the same way as the 'pathologising' of grief referred to earlier. Likewise, it can be said that the 'psychologising of grief' stems from Freud's (1917) *'Mourning and Melancholia'* in which he explores the links between grief and depression. It was from this work that the twin ideas of 'grief work' and 'letting go' were derived which were, until recently, a bedrock of bereavement support intervention. Sigmund Freud (1856-1939), as mentioned in Chapter Three, is commonly considered to be the founding father of the psychological tradition in counselling. It is from this established convention that contemporary bereavement support in western societies has developed. There is a large body of literature connected with the emergence and growth of counselling as it affects the practice of bereavement support, which is reviewed in Chapter Six. Here, the purpose has been to signal the 'psychologising of grief' as a social construction relevant to this study.

3. The Homogenisation of Grief

The intention here is to illustrate the homogenisation of grief and bereavement in western cultures during the twentieth century within the context of what Valentine refers to as 'the impact of the increasing fragmentation, individualism and multi-culturalism of current western society' (Valentine 2006: 58). The basis of this construction of a uniform response to bereavement and grief may rest on assumptions of a universal manifestation. There are two aspects to this concept of the universality of grief. The first of these applies to the question of whether grief is universally experienced (Lofland 1985: 173). The second concerns the way in which responses to the grief of the bereaved seem to have assumed cultural homogeneity. That grief is universally experienced is now commonly accepted (Stroebe and Schut 1998: 9; Archer 1999: 1; Walter 1999: 75). In this context, Archer observes that 'grief can be described as a natural human reaction, since it is a universal feature of human experience irrespective of culture …' (1991: 1). Archer goes on to explain that some animals can also exhibit grief in respect of a separation whether temporary or one made permanent by death. This last resonates with a personal experience many years ago when I witnessed the apparently harrowing grief of a hedgehog whose mate had been run over

by a car. Unable to contain himself and oblivious to his surroundings and the dangers of traffic, he ran for some distance up the middle of the road, loudly crying out his anguish: the raw appearance and voice of grief can be said to be commonly experienced.

However, that grief is experienced in the same way, both within and across cultures, appears to have been a common assumption which was taken for granted in largely homogenous western cultures during the twentieth century. Here it seems plausible to suggest that reasons for this may include the *locus-standi* position of contributors to the dialogue who have stemmed from the academic framework of what might be termed the sciences of the mind. Psychiatry, psychoanalysis, psychotherapy and psychology, as noted earlier, are concerned with the inner being of the individual in isolation from social influences such as culture. In this connection, Walter suggests that 'the feelings of grief are universal but they are expressed differently according to culture' (Walter 1999: 75). This would seem to support Lofland's (1985: 171) view that emotions in relation to grief are 'socially shaped.' She contends that 'grief may be profoundly socially shaped and thus highly particularised across time and space' (Lofland 1985: 173). Importantly, Walter argues that a distinction must be made between the individual experience of loss and that of the group. As mentioned earlier, the loss of a social icon such as Princess Diana, for example, can occasion collective manifestations of grief (Walter1999: 75). This would seem to support Lofland's (1985: 171) view that emotions in relation to grief are 'socially shaped.' She contends that 'grief may be profoundly socially shaped and thus highly particularised across time and space' (Lofland1985: 173).

Lofland remarks on the narrowness of the data relating to grief. This was, for the most part, drawn from white British and American society. Much of the research was based on what Hockey (2001: 198) refers to as 'clinical encounters.' Other interviews and 'first person accounts' were western -orientated data which has no comparison. Lofland notes that there is a considerable amount of cross-cultural data on mourning rituals and that the terms 'grief' and 'mourning' are often used interchangeably. She contends that academics have found it necessary to distinguish between them. 'Grief refers to what is felt, mourning is what is done' (Lofland, 1985: 173). Hence it seems clear that

Lofland's argument stands concerning the paucity and narrowness of the research data at this time.

There are other ways in which cultural homogeneity appears to have been assumed. This includes what Valentine (2006: 60) refers to as 'prescriptions for grief.' 'The stage or phase view of grief' (Archer 1999: 24) has been a prevailing thread throughout the twentieth century. Freud's (1917) early ideas on the links between grief and depression have led to 'prescriptions' in relation to the 'normal' pattern or process of grief. Bowlby, as indicated in Chapter Three, identified phases of grief which have their basis in his attachment theory. A bond is formed which, when broken through separation or loss, occasions grief. Raphael notes that most authors agree that shock, numbness and denial are usually the first reaction of the bereaved. There follows a phase of consuming grief characterised by pining and including emotions such as guilt and anger. The final stage she identifies as re-organisation and recovery.

Other stage theorists include Worden and Kübler-Ross. Worden (1982) indicates four tasks of mourning as follows:

- To accept the reality of the loss
- To experience the pain of grief
- To adjust to an environment in which the deceased is missing
- To withdraw emotional energy from the lost one and to reinvest it in another relationship

This last task of 'letting go' of the deceased in order to 'move on' originated with Freud (1917) and was commonly thought to be a necessity by many of those writing on grief in twentieth century western societies. At the time, there was reportedly a strong reaction, by those who were widowed, to Worden's fourth task because people thought he was suggesting that they forget their deceased spouse and re-engage with another partner. That, and a change of thinking in relation to the 'letting go' and 'moving on' thesis, occasioned Worden to amend the fourth task in the second edition of his book. It now reads 'to emotionally relocate the deceased and move on with life' (Worden, 1991: 16). Worden's task theory is designed for practitioners and has been strongly influential

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and extensively used in bereavement support (Payne, Horn, Relf, 1999: 74). This, however, was not borne out in the case of my own research where only three interviewees made reference to Worden (Interviews 4, 6 and 14) although it may be that my data is not characteristic of bereavement support practice. Kübler-Ross is the most commonly recognised stage-theorist. A medical practitioner and a psychiatrist, Kübler-Ross undertook her research with dying patients. Chabin (2000: 18) observes that her extensive influence was unquestioned for over twenty-five years. In addition to its widespread use in palliative care (Chabin 2000: 8) her five-stage model has been extensively applied in bereavement support. It is almost surprising to hear some longer-serving bereavement supporters still referring to 'the stages of grief' as something of a blueprint for understanding the grief of a client. Dr Kübler-Ross argued that patients experience five stages in coming to terms with their feelings about their terminal illness and impending death. These, she identified as 'denial, anger, bargaining, depression and acceptance' (Kübler-Ross 1970: 34, 44, 72, 75). While practitioners have tended to view these stages as progressive and sequential this was not the intention of Kübler-Ross. Patients moved backwards and forwards through the stages and in no particular order. Nonetheless, stage theory has been criticised for being prescriptive and inflexible. Chabin (2000: 26) also notes that stage theory critics view it as 'overly simplistic.' There have been numerous criticisms of Kübler-Ross' work. For example, Chabin (2000: 28) argues that the reductionist nature of her paradigm is due to her training in medicine and in science, which favours the separation of components into parts. At the same time, her work is 'subjective.' This inconsistency provides a basis for criticism. Chabin (2000: 112) gives a detailed critique of the flawed research undertaken by Kübler-Ross. While this cannot be pursued here, it does need to be noted that Chabin concludes that it is 'disturbing' that for a quarter of a century, an erroneous construction of death has been perpetuated. She finds it deplorable that this 'false' concept has continued to be imposed upon the dying and their families (Chabin 2000: 347). On a more positive note, Chabin observes that Kübler-Ross was responsible for putting the previously hidden topic of death into the spot light. It was this that facilitated change in the health -care profession. At a commonly accepted level, her stage theory was accessible to health- care workers and their families (Chabin 2000: 347, 79). This last may be deemed to be of limited value given the earlier criticism of stage theory,

albeit that it could be said to have provided a framework for the expression of thoughts and feelings previously kept hidden.

For this study, of particular relevance is the wider criticism of stage theory and other approaches to grief mentioned earlier, which have failed to take into account the part played by the social environment in the way that grief is experienced and expressed. In this connection, Chabin (2000: 309) argues that Kübler-Ross appears to assume that, since the 'universality' of death is a 'fact,' this must also apply to the process of dying. In this vein, it can also be said that the concept of individualism is an assumed feature of the historical tradition in the development of a psychiatric and psychological understanding of the nature of grief. I would contend that it is these twin underpinning conceptual perspectives of individualism and notions of universality that have strongly contributed to assumptions of cultural homogeneity in relation to the process of grief. Rosenblatt (1993: 110) refers to 'two contradictory perspectives' holding sway in psychology and the sciences. One of these views human beings as much the same and the other as widely different from each other. Where bereavement is concerned, this leads people to view the process of grief as broadly similar, while individuals' response to grief is based on their social and cultural context and the extent of their attachment to the deceased.

Rosenblatt argues that each position is valid. Culture is for Rosenblatt 'a crucial part of the context of bereavement.' He goes on to suggest that:

'Attending to cultural differences in how grief is defined and expressed will help
 prevent ethnocentric assumptions that one's own culture provides a valid baseline
 for understanding the grief of somebody from another culture.'
(Rosenblatt, 1993: 104)

Returning briefly to the dichotomy between universal and cultural difference in our understanding of the process of grief, Currer (2001a) provides a useful review of the extent to which specific leading authors in the field have taken the cultural component into account. Of 'the conventional wisdom' authors, Currer lists Worden, Raphael and Parkes. Currer briefly reviews the work of each of these. She finds that despite his wide appeal to practitioners, Worden makes only one brief reference to culture in a

1962 publication. Hence, Currer concludes that Worden is blind to cultural difference. Raphael (1984), Currer concludes, takes heed of cultural variation but views this as confirmation of the universality of bereavement. Currer notes (2000a) that Raphael fails to consider whether cultural differences in bereavement give rise to questions about the 'conventional wisdom.' Currer's review of the work of Colin Murray Parkes, whom she acknowledges as highly influential, concludes that he takes 'cultural variation seriously.' She refers to his collaboration with Laungani and Young in their 1997 publication, *'Death and Bereavement Across Cultures'* for which a new edition is currently in preparation. While Parkes' work derives from Bowlby, he, as Currer notes, has also worked with sociologists – Marris for example. (Currer, 2001a) In summary, Currer cites Field, Hockey and Small (1997: 24) who note that such work on culture seeks explanations in terms of individual internal experience instead of the external social context.

SUMMARY AND CONCLUSION

To summarise, we can say that whilst the psychological tradition does now aim to take culture into account, the inner being of the individual continues to take precedence over the social context in our understanding of grief and bereavement. This must have an impact on the construction of bereavement support and will be discussed in a future chapter.

In conclusion of this chapter, I have argued that death, bereavement and grief have been socially constructed in ways that exclude the social dimension of human experience and view the individual as a separate entity, able to function according to the dictate of his or her inner being. The importance of recognising the cultural and social environment, of which the individual is an integral part, is now beginning to be understood. As Rosenblatt (1993: 102) indicates in citing Averill (1968), 'Grief is shaped by the social context in which it occurs.'

We move now to Chapter Five which is concerned with the research methodology for this study.

CHAPTER FIVE

The Research Methodology

Section One:

The Case for Qualitative Research

> "All our interior world is reality – and that perhaps more so than our apparent world"
>
> (Marc Chagall, 1897-1985)

THE EMERGENCE OF QUALITATIVE RESEARCH METHODOLOGY

A twentieth century surrealist artist of distinction, Chagall was pre-occupied with the activities of the subconscious mind as they related to the phenomenon of dreams. These representations of humankind's subconscious reality were, at that time, manifest in the art and literature of the surrealist movement. On the other hand, slightly earlier in the century, Husserl concluded from his studies of the conscious mind that people only exist in terms of their subjective experience of social reality: what Husserl referred to as the 'natural attitude.' Bryman (1988: 50, 51) explains that this mass of subjective knowledge must be filtered so that it can be properly understood. Husserl (1927) advocated 'bracketing' or 'phenomenological reduction' as a means of understanding the processes by which our conscious knowledge was acquired. Schutz, a pupil of Husserl, further developed these ideas in the context of sociology. Schutz (1932) argued that individuals construct their understanding and knowledge of the social world to which they belong in order to make it personally meaningful. Bryman notes that it was this individual construction of meaning that formed the foundation of a social science 'grounded in phenomenology' (1988: 51). Marshal (1998), explains that we must make sense of our personal experience by constructing the taken-for-granted knowledge and understanding of our everyday lives in terms of what is characteristic of them. Models such as these have become part of the fabric of our social environment. Marshall states that 'phenomenology became a resource for sociologists in the late 1960s with the publication of Berger and Luckman's book *The Social Construction of Reality* (Marshall 1998: 493). However, this notion of separating objective science from subjective experience was hotly contested by those of a more positivist outlook

who stemmed from the empiricist tradition. Bryman (1988: 51) observes that these ideas concerning subjective experience link with those of Weber on 'verstehen,' meaning understanding. Weber argued that sociological study should be concerned with the 'meaningful action' of individuals rather than with an external objective understanding of their intentional actions. It was this consolidation of ideas concerning the construction of subjective meaning that provided the momentum in the mid-twentieth century for a rising critique of positivism as the foundation of scientific study. Consequentially, there developed a rationale for the advent of a qualitative approach to social scientific research.

In this chapter I put the case for employing qualitative research and using grounded theory methodology as a means of investigating the social construction of bereavement support in voluntary organisations.

WHAT IS QUALITATIVE RESEARCH?

Miles and Huberman (1994) refer to qualitative data as originating from 'naturally occurring events in natural settings.' The purpose of such research is to uncover what happens in reality. They refer to qualitative data collection in terms of its 'local groundedness,' by which they mean that the data is collected in situ rather than by more distant means. The local context is taken into account which gives 'rich' (ness) to the data and allows its complexity to be revealed. This, in common with Geertz (1975), they refer to as 'thick description' (Miles and Huberman, 1994: 10). By the term 'thick description' Geertz meant a small-scale dense description of observed social life from which interpretations can be derived.

Field et al. (2001: 6) state that, as an interpretative approach, qualitative research acknowledges the experience of research subjects. This inductive research method seeks to explain and identify underlying social processes and to connect these to the social contexts in which people live their lives. (Field et al. 2001: 7) Silverman (2000: 8) suggests that qualitative researchers are certain that it is they, rather than quantitative researchers, who evince the more profound understanding of social phenomena. In the view of Hammersley (1989: 1), qualitative research has become accepted over the past

thirty years. He regards the methodology as having become 'institutionalised' now that it has its own body of literature.

It is though, as Flick (2007) ventures increasingly difficult to settle on a definition acceptable to most qualitative researchers, although Denzin and Lincoln (2000: 3) give one:

> 'Qualitative research is a situated activity that locates the observer in the world. It consists of a set of interpretive material practices that make the world visible. These practices transform the world. They turn the world into a series of representations including field notes, interviews, conversations, photographs, recordings and memos to the self. At this level, qualitative research involves an interpretive, naturalistic approach to the world.'

While this definition says nothing about the philosophical origins of qualitative research in phenomenology, in other respects it is a comprehensive description. In summary, it seems that as Flick (2007:12) indicates, various strands of qualitative research, which include hermeneutics, can be identified.

THE HISTORY OF QUALITATIVE RESEARCH

To pursue Flick's comment on the various strands in the emergence of qualitative research, he traces one aspect of its history from the German tradition in psychology. For example, Wundt is cited as using a descriptive approach as well as scientific experiment. Flick states that German sociology also used methods of induction. There was a 'renaissance' of qualitative research methodology in the social science of German sociologists during the 1970s (Flick 1998: 7).

Alternatively, Denzin and Lincoln (2000: 2) draw attention to the advent of qualitative research by means of anthropology as well as sociology in order to study what is sometimes referred to in those disciplines as 'the other.' This could mean the colonial study of foreign native cultures which might well be viewed as inferior.

Hammersley (1989: 2) suggests that qualitative methodology derived from the Chicago School of Sociology in the 1920's and 1930s. At this time the School was responding to a sudden rise in social problems due to industrialisation. Hammersley argues that it was from this that sociology emerged in the late nineteenth century. Early on, the focus

of the Chicago School was on the development of an empirical scientific approach rooted in positivist ideas derived from Auguste Comte (Hammersley 1989: 66). Hammersley further relates that it was William Thomas, an anthropologist at the Chicago School in the nineteen twenties and thirties, who first distinguished between an objective view of events and the subjective experience of individuals by saying: 'We must put ourselves in the position of the subject who tries to find his way in the world' (Thomas and Znaniek 1918-20/1927 cited in Hammersley 1989: 69). Thomas and Znaniek used an inductive approach in their study of Polish immigrant adjustment to life in the United States. Inductive research involves focussing on the data derived from the subjects of the study as opposed to deductive methods, which are concerned with testing pre-conceived hypotheses. As Hammersley notes, inductive methodology is a key characteristic of qualitative approaches to research. An early form of qualitative methodology was developed by Blumer, an influential sociologist at the Chicago School, in the second quarter of the twentieth century. Blumer termed his approach 'naturalistic research' which became an alternative to survey methods (Hammersley 1989: 3).

THE RELEVANCE OF QUALITATIVE RESEARCH

Flick argues that, changes in social lifestyles and social context makes the use of qualitative research particularly relevant. He cites Beck (1986) as arguing that western society is increasingly 'individualised' in the way that people live their lives. Post modernism suggests that grounded theory, concerned with abstract concepts, is yielding to smaller-scale local studies concerned with subjective experience. The increasing pace of social change and lifestyle diversity calls for new approaches to the research of social topics (Flick 1998: 2).

Silverman indicates that a major strength of qualitative research is its focus on what is actually happening in a particular situation. Qualitative research has a different function than quantitative methodology and hence is not its rival. While quantitative methods focus on causes and outcomes, qualitative approaches are concerned with events and the processes by which these occur (Silverman 2006: 351). This view is endorsed by Miles and Huberman (1994: 10) who comment that qualitative data focuses on 'naturally

occurring ordinary events in natural settings.' They argue that the purpose of this is to gain understanding of local, real-life occurrences.

THE LIMITATIONS OF QUALITATIVE RESEARCH

Bryman (2001: 282) summarises criticisms of qualitative research. He indicates that it may be regarded as too subjective. In particular, there may be difficulties involving researcher interpretation of the data and possible over-involvement with their human subjects. This may be said to apply to this study due to the researcher's role as a bereavement supporter with one of the participating agencies. Giddens (1993) refers to this as 'double hermeneutics:' that is a twofold interpretation involving both the researcher and the researched. In this connection, Hammersley and Atkinson (1983: 11) argue that 'naturalistic' methods may be 'ecologically invalid' due to researcher participation. This can give rise to questions about the validity of the data. They further argue that in common with quantitative approaches, qualitative researchers may erroneously assume that researcher bias can be overcome by means of partitioning. Such notions of 'neutrality' are now viewed as unachievable (Hammersley and Atkinson 1983: 14, Flick 1998: 3, Seale 1999: 3). All research involves both selection and interpretation. Researchers need to be 'reflective,' in that they need to recognise that they are participants in their own research (Hammersley and Atkinson, 1983: 13). The importance of 'self-reflexivity' is endorsed by Field et al. (2001: 6) who point to the need to include the subjective experience of the researcher as an integral part of the research process. Flick (1998: 6) goes so far as to say that the opinions and emotions of the researcher are embedded in the data and as such are integral to its interpretation.

Qualitative research methodology has been open to criticism in terms of its lack of rigour in relation to quantitative approaches. In this connection validity concerns the extent to which the study can be regarded as a reflection of the truth (Denscombe, 1998: 241). With this in mind, Lincoln and Guba (1989) suggest that research should be judged on the basis of its 'trustworthiness.' They identify four aspects which include 'credibility,' 'transferability,' 'dependability' and 'confirmability.' These criteria are noted by Lincoln and Guba as relating to quantitative research concerning external and internal validity (Lincoln and Guba, 1989, cited in McLeod, 1994: 97). This issue of

'trustworthiness' is endorsed by Flick (1998: 227, 231, 232, 247). The issue of trust and authenticity is also extensively discussed by Seale (1999).

A further issue of concern identified by Bryman is that of reliability: to what extent can the research be viewed as consistent and repeatable? He further notes that for quantitative researchers, consistency of measurement is the prime factor (2001: 282). Flick (1998: 224), however, refers to the importance of 'explication' in qualitative research: explanations that serve to clarify the distinction between data and interpretation. Flick advocates the clear explanation and documentation of research procedures. He observes that in qualitative research, reliability receives considerably less attention in comparison to validity. We can note here, however, that it has to do with accurate recording and transcription.

Also noted by Bryman (2001: 283) is the matter of a lack of transparency in qualitative research. This can occur not only during analysis, but also in connection with selection of the research sample and with procedures generally. Ladkin (2004) refers to the impossibility of 'complete transparency.' She understands 'transparency' to mean 'truthfulness' (Ladkin, 2004 in Seale et al. 546). Flick advocates attainment of transparency by means of documentation about 'how the quality management in the project was planned and realised' (Flick 2007: 137, 138).

The matter of 'generalisation' can also be viewed as problematic in qualitative research. This concerns 'external validity,' the extent to which research results are confirmed using different methods and participants. It needs to be noted, however, that the capacity to generalise from the results may not be the purpose of most qualitative researchers, who instead may be more interested in points of context (Bryman, 2001:285). Flick (1998:70) observes with practicality that, for example, random sampling may not be feasible due to access barriers. He further comments that for generalisability to be possible, a direct connection would need to be established between grounded theory and the data (Flick 1998: 186). He also argues that if qualitative research findings are to be generalisable, their link with context would have to be relinquished in order to establish their independent validity (Flick 1998: 233). Flick appears to be suggesting here that there is a high degree of incompatibility between qualitative research findings and the prospect of generalising from them. Seale (1999)

states that theory derived from data may initially be 'substantive' or explicable in terms of the context of the study. He goes on to argue that findings may be generalisable where similar 'settings' are concerned (Seale: 97).

IN DEFENCE OF QUALITATIVE RESEARCH

There are benefits in terms of 'rich' data which allows for complex social situations to be studied. Likewise, a degree of equivocacy can be accepted. Some might also regard it as a benefit that the data may be open to more than one interpretation if studied by another researcher. The particular strength of qualitative data is that it is 'grounded.' As Denscombe puts it: (grounded) in the conditions of social existence' (Denscombe, 1998:220). Charmaz (2000) notes, this has the benefit of taking researchers away from the positivism referred to in Chapter One towards a constructivist approach which accepts 'natural settings' for studying people. As Schwardt argues, to understand the social world in which individuals live their lives it is necessary to interpret it: meanings are constructed and interpretations constructed from meanings (Schwardt, 1994: 125). Charmaz further suggests that constructivism adopts a relativist perspective which assumes 'multiple social realities' (Charmaz 2000: 511).

ETHICAL ISSUES IN QUALITATIVE RESEARCH

Oliver (2004: 117) observes that research ethics are becoming increasingly important. A number of theoretical frameworks have been developed to guide qualitative researchers and explain their stance. Miles and Hubermann (1994: 289) identify four underpinning theories advocated by Deyle, Hess and LeComte (1992). These theories are 'teleological,' which concern judging actions according to their outcome; 'utilitarian,' by which actions are judged according to their consequences; 'deontological,' which invokes universal rules; and 'critical,' which assesses the benefit of actions. Finally, a 'covenant' view seeks to establish the extent to which the research is 'congruent' with similar attitudes of trust. It could be argued that these ethical positions may not be mutually exclusive. The research project under discussion in these pages would appear to be underpinned by more than one of these ethical frameworks. It could be said that, 'utilitarian,' 'critical' and deontological stances are most obviously in evidence.

Miles and Hubermann (1994: 289) cite Flinders who propounds the notion of 'relational ethics' which emphasises concepts of 'attachment,' 'care' and 'respect.' Flinders (1992) and Deyhle (1992) are both cited by Miles and Hubermann (1994) as contending that ethical meaning is connected to the theory expounded by the researcher. As an example, they cite researchers who adopt a utilitarian perspective as being careful to gain informed consent from their respondents and avoiding harm by maintaining confidentiality and anonymity in order to ensure that respondents as well as researchers benefit. Sieber (1992: 18) is cited by Miles and Hubermann (1994: 289) as advocating 'beneficence' or maximising what is good, while avoiding harm; 'respect' is shown by guarding the autonomy of respondents and valuing them as individuals. Justice is expressed by not exploiting respondents and by fair management practice. These ideas of beneficence, non-maleficence, autonomy and justice are advocated by Beauchamp and Childress (1983) in relation to 'principles of biomedical ethics.' Within these four principles of ethical practice, are subsumed the notions of respondent anonymity, informed consent, confidentiality, privacy, together with honesty and trust. These are listed by Miles and Hubermann (1994: 291, 292) as underlying features of ethical research. In this respect, they refer to the 'worthiness of the project,' 'competence of the researcher' and the 'integrity' and 'quality' of the research. In terms of informed consent, Hollway and Jefferson (2000: 86) indicate a possible dilemma in providing respondents with either too much or too little information. The former may reach beyond respondents' understanding and for the latter it may be deemed that there is a lack of informed consent. Flick (2007: 126) advocates a written contract or a verbal agreement which also gives respondents the opportunity to refuse to participate. It needs here also to be noted that many organisations have established their own codes of ethical practice. An example pertinent to this study is that of the British Association of Counselling and Psychotherapy (BACP) whose ethical code of practice, was at the time of writing, most recently revised in February 2010.

INTERVIEWS

Interviews have been selected as the data collection method for this project as an appropriate means of gaining subjective understanding of the nature of bereavement support in voluntary organisations. For ethical and practical reasons, participant

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observation was not deemed feasible. One-to-one, face-to-face interviews gave respondents the opportunity to reflect on their work and perhaps also to derive some pleasure from talking to someone about what they do as a means of making a voluntary contribution to society.

Interviews are commonly regarded as the most widely used method of qualitative research (McLeod, 1994: 79; Bryman, 2001: 312). Rapley points out that our society now has a culture of interviews – 'Interviews seem central to making sense of our lives' (2004: 15). Kvale (2007: xvi) observes that the interview is a prime means of data collection in qualitative research. Hollway and Jefferson (2000: 10) are more specific in suggesting that face-to-face interviews are the most commonplace method of qualitative research used to investigate subjective experiences and their meanings within their social context.

Hollway and Jefferson (2000: 30, 31) identify four approaches to interviewing, of which two could be said to be features of the research study discussed here. The 'traditional' approach is described as demonstrating 'good technique.' For example, rapport is developed by means of an initial 'safe' question. Other features of a 'good technique' include being a sympathetic listener and not missing opportunities or openings left by the interviewee. In the parlance of counselling practice, this kind of follow-up question is referred to as 'probing.' The second approach described by Hollway and Jefferson and relevant to this study, is the 'narrative,' or 'story' told by the interviewee and listened to by the interviewer (2000: 30, 31). In some sense the narrative approach can be viewed as a feature of this study, albeit that interviewees were invited to relate their story within the confines of certain pre-set topics. There has also been an attempt to follow the practice of 'good techniques' as relevant to putting interviewees at their ease and enabling them to talk freely.

Silverman (2006: 117) identifies three variants of interview data. Positivists are interested in deriving valid and reliable 'facts' from interview data by means of random selection and the use of standardised questions. This is not the pattern followed with this research project. Kvale (1996: 59, 60, 61) discusses the scientific status of the interview. He contests the positivist claim that qualitative research is unscientific and argues that the qualitative research interview can yield new scientific knowledge that is

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both 'systematic and methodological.' Kvale further contends that the interview simply appears as unscientific due to its focus on 'interpersonal interaction.' He concludes that the interview is neither objective nor subjective, but can be described as 'intersubjective interaction' (Kvale 1996: 62, 66).

'Emotionalists,' Silverman (2006: 123) observes, are also concerned with facts, although their *raison d'être* is to evoke 'authentic accounts of subjective experience.' Emotionalists want to gain rapport with respondents as a means of encouraging their openness. This occurred to some extent in the voluntary agency interviews conducted for this study. Some interviewees apparently talked openly about their experience of death. However, provisos include those of Hammersley and Atkinson (1983: 110, 111) who argue that even non-directive, open-ended interviewing is in itself a form of 'social control' and that this influences what respondents say. Likewise, a 'humanistic' perspective may be influenced by a cultural text typified by that which is anticipated and socially recognisable (Silverman, 2006: 125, 126). In addition, there are 'common sense' doubts about claims of authenticity in relation to the emotions. Holstein and Gubrium (1997: 74) cited in Silverman (2006: 128) question whether there is or can be evidence of emotions.

In his discussion of constructionism as a perspective on qualitative research interviewing, Silverman (2006: 129) observes that constructionists regard the interview as a 'topic,' unlike the proponents of the other two perspectives referred to above. In this connection, Silverman cites Hammersley and Atkinson (1983: 107) who argue that 'accounts' are not only representations of peoples 'worlds,' they are their 'world,' or certainly part of it. Silverman goes on to cite Kitzinger who denies the idea that the talk that people engage in can be appraised for 'accuracy, reliability or validity.' What people say cannot be regarded as factual evidence of their experience. It is only their version of events. There are no 'absolute truths' or realities to be revealed (Kitzinger 2004: 128). While it may be tempting to leave the discussion here at what might be regarded as a credible point of argument, Silverman (2006: 131) records some criticism of constructionism. In this regard, he cites Cicourel (1964) who takes the view that in ethno-methodological research, the interview can only be considered in terms of itself, thus narrowing the research frame. In response, Holstein and Gubrium (1997) ask

'how' and 'what' questions within a framework of what they term 'active interviews.' As Silverman (2006: 132) observes, this leaves further questions about the separation, or otherwise, of constructionism from positivist and emotionalist perspectives. However, a post-modern approach to interviews is, as Kvale (1996: 38) indicates, concerned with the interaction occurring within the interview. Social construction would seem to fit with the post-modern perspective.

In connection with issues concerning 'reality' in relation to the interview, Seale (1998 b: 204, 206, 209) specifies two ways in which interview data can be viewed: either it is seen as a 'resource' or as a 'topic.' When viewed as a 'resource' the data is deemed to reflect the reality of the interviewee; when viewed as a 'topic,' it is seen as reflecting the combined construction of the interviewee and the interviewer. It would be difficult to say that in this research project the data could be entirely regarded as a 'resource.' This would be to deny the impact of the interaction between the interviewer and the interviewee and to regard the interviewer as somehow outside the interview, rather than as a contributing participant. Also potentially disregarded is the extent to which respondents may seek to represent themselves as laudable interviewees. These points are put forward by Rapley (2006: 16) as a summary of the critique of interview data as a 'resource,' advanced by Seale (1998b: 209). Rapley further argues that the interview data may be 'more a reflection of the social encounter between the interviewer and the interviewee, than it is about the actual topic itself' (Rapley, 2004: 16).

ADVANTAGES AND DISADVANTAGES OF INTERVIEWS

Interviews are commonly regarded as a flexible way of collecting qualitative data (McLeod, 1994: 79; Denscombe, 1998: 136; Bryman, 2001: 312). McLeod emphasises the importance of the researcher's presence at the interview session (as occurred for my interviews), so that relevance can be monitored and understanding of the points made by the interviewee can be checked. Further, as noted by Silverman (2006: 113), the interview, in common with other forms of qualitative research, provides access to what is actually happening by enabling researchers to ask people about what they do. In this connection, Silverman (2001: 286), states that the interview is a means of helping researchers to understand behaviour. A further advantage indicated by Denscome (1998: 136) is that of insights gained by the researcher due to the depth of information

yielded by the interview. There is also a possible satisfaction for the interviewee due to the personal contact and the opportunity provided to be listened to without being judged.

Disadvantages of interviews can be broadly divided into operational and qualitative difficulties. Operational difficulties include what Bryman (2001: 338) refers to as the 'overwhelming' amount of data that can be generated by an interview. Both McLeod (1994: 79) and Bryman (2001: 388) indicate that setting-up and running interview sessions can be time consuming. There may also be difficulties due to a failure of the audio equipment, which in the case of this research led to a loss of data from two interviews. The **transcription** of interview data seems to produce the most adverse comment from writers. McLeod (1994: 32) advocates an allocation of four hours for every hour of audio recording while Bryman (2001: 322) suggests that five or six hours will be needed. This number was exceeded for this research project due both to inexperience and a lack of sophisticated equipment. Bryman also comments that transcription yields a lot of paper which then has to be 'waded through' during the data analysis (Bryman 2001: 322).

In relation to issues of quality in transcription, Poland (1999: 14) emphasises the importance of 'verbatim' transcriptions while acknowledging that for audio recordings, both the emotional content and non-verbal communication remain unrecorded, thus the term 'verbatim' has to be used in a qualified sense. While intonation may give an indication of emotions, all that is visual is omitted, including body posture, facial expression, attire, physical setting and so on. Poland (1999: 14) highlights the 'impoverished' nature of verbatim speech which may come across as untidy and incoherent when compared with pre-prepared and polished speech. He cites Kvale (1997: 27) who asks 'what is a valid translation from oral to written language?' Poland (1999: 15) further argues that it is problematic to attribute accuracy to transcriptions due to the subjectivity of the interview and the interpretation inherent in the activity of transcription. He points to the importance of researcher reflexivity here in acknowledging the research interview as a social construct of a 'co-authored conversation.' In other words, Poland could be said to view the interview as a 'topic,' in line with Seale (1998b: 210) as discussed here earlier. Poland also notes that there

may be more than one interpretation of the interview data. Importantly, he concludes that the quality and accuracy of the transcription is an indication of the 'trustworthiness' of the data (Poland 1999: 15, 16). Poor transcription could lead to a conclusion of dubious quality. Easton et al. (2000: 703) argue that researchers need to take responsibility for establishing the 'trustworthiness' of their qualitative research by reducing potential errors. They identify transcription error as a basis for criticism. Errors include mistyping that changes the meaning of the sentence. They give some telling examples of these: for example 'adapt' is typed as 'adopt.' Words may also be misheard as, for example, 'poor' instead of 'core.' Silverman (2006: 46) observes that the reliability of the data may be affected by 'failure' to observe small but 'crucial' pauses and overlaps. For example, he notes that 'mm' might mean that the information has been noted by the respondent, while that fact is overlooked by the transcriber.

A further source of transcription difficulty can be that of punctuation. As noted by Easton et al. (2000: 706), the meaning of a sentence can be altered by a misplaced comma. Poland (1999: 20) states that decisions may need to be taken about where a sentence ends and another begins. That posed a difficulty for this research study, because in speech, sentences tend to run into each other. Poland (1999: 24), directs that interview transcripts should not be 'edited or otherwise tidied up to make them sound better.' He further argues that, 'at best, (interview transcripts) are written records, partial accounts of a much richer interactive experience …' (Poland 1999: 24, 29).

Overall, it can be said that the benefits of verbatim transcription outweigh the disbenefits. Silverman (2006: 204) lists three advantages: transcripts provide a 'public record'; they can be played over again and 'improved'; and they maintain the order in which things were said. Silverman argues that transcripts provide an 'excellent record of "naturally occurring" interaction,' as compared to field notes. Transcriptions can provide a 'reliable record' of what occurred (Silverman 2006: 20).

TYPE OF INTERVIEW

Of those types available, the one adopted for this research was that of the semi-structured interview. This, according to Kvale (2007: 65), is usual for qualitative research. The semi-structured interview tends to be characterised by topics or themes.

The topics identified for this project were: the motivation of the interviewee for becoming and continuing to be a bereavement supporter with their particular agency; their training; supervision; their work with clients; and their own understanding of death and dying. This, it was felt, provided a wide canvas for the interview. Kvale goes on to suggest that there may be some prepared questions as well, although this was not the case for this study due to a desire to keep the interview as 'open' as possible. McLeod (1994:80) refers to these as 'open ended' interviews. Denscome (1998: 113) endorses this idea of openness. Kvale (2007: 65) defines semi-structured interviews as open to 'change' so that the sequence of topics and the questions can be altered in order to facilitate a flexible response to issues raised by the interviewee. McLeod (1994: 80) suggests that researchers may not want to make presumptions about the topics to be covered, but instead encourage interviewees to express themselves freely. However, experience with this research indicated that too little structure left interviewees floundering and not knowing what to say, while too much in the way of interviewer preparation inhibited respondents' flow of ideas. A list of topics provided a focus for interviewees while providing them with the scope to express their own thoughts on a particular theme. As Fontana and Frey (2000: 660) observe, 'unstructured interviews vary widely.'

Section Two:

Grounded Theory Methodology

> "It is a capital mistake to theorise before one has data. Insensibly one begins to twist facts to suit theories instead of theories to suit facts." (Sir Arthur Conan Doyle, 1893)

INTRODUCTION

This quotation would seem to suggest that it was Sherlock Holmes who discovered grounded theory rather than Barney Glaser and Anselm Strauss who first wrote about their 'discovery' of Grounded Theory in 1967, over seventy years after Sir Arthur Conan Doyle put the words into the mouth of his famous fictional character.

The aim here is to briefly delineate the nature and purposes of grounded theory within the tradition of qualitative research methodology and to indicate reasons for its use in this research into the social construction of bereavement counselling in voluntary organisations.

THE ORIGINS AND NATURE OF GROUNDED THEORY

The initial idea of Grounded Theory derived from the research of Glaser and Strauss into the treatment of the dying in American hospitals during the 1960's. (Their book, *The Discovery of Grounded Theory,* was published in 1967.) Their research at this time yielded a theoretical framework that indicated the awareness contexts of the dying in relation to their own demise. The grounded theory approach stemmed from the traditional and strong positivist research culture embedded in quantitative methodology. In contrast to the deductive nature of quantitative research, grounded theory – with its roots in qualitative research – is characterised by an inductive approach by which means theory is generated from the data. Most recently, grounded theory has been defined as:

> 'Theory that has been derived from data systematically gathered and analysed through the research process. In this method, data collection, analysis and eventual theory stand in close relationship to one another.'
> (Strauss and Corbin, 1998: 12)

Central to the grounded theory approach is the notion of 'constant comparison' which involves maintaining close links between the data and the concepts emerging from it.

Seale (2004b) indicates that constant comparison should not be seen as an *ad hoc* approach by which researchers give a general sense of comparison by means of anecdotal evidence derived from the data. Rather, he promotes the idea of constant comparison as 'a systematic tool for developing and refining theoretical categories and their properties.' Seale goes on to argue that the meticulous application of constant comparison can take a research study beyond a commonplace account of the data, to an authentic and germane exposition of theory (Seale, 2004b: 241). It has here to be acknowledged that this small-scale research project cannot be said to match the rigour advocated by Seale, due in large part to the limited size and scope of the study. Such a situation may transpire where self-funded research is undertaken for purposes of personal education and qualification. Nonetheless, comparison has yielded noteworthy distinctions and similarities for discussion in a later chapter.

In relation to the concept of constant comparison devised by Glaser and Strauss, Bartlett and Payne (1997: 179) have observed that they were seeking to 'legitimise' as well as to prompt the generation of theory. Grounded theory emerged from a positivist paradigm in which empiricism ruled. It was within this context that Glaser and Strauss developed the concept of grounded theory - a new methodology by which the authenticity and veracity of qualitative evidence might be established. Other features of grounded theory include theoretical sampling, coding and theoretical saturation. Theoretical sampling was viewed by Glaser and Strauss as an alternative to the statistical approach of qualitative research methodology. The process of data collection is continuous, the researcher deciding where and what data should be collected next on the basis of the early analysis of that which had been collected previously. Theoretical saturation occurs when no pertinent new data emerges in relation to a specific category. For example, the core category emerged early in my research analysis permeating through all three data sets and manifested throughout in all but one interview. This 'saturation' suggested that there would be nothing further to gain from the collection of additional data.

A key device in the analysis of grounded theory data is that of coding by which the data is broken down into fragments. Initially the data is trawled and code names given to items that appear to be of possible theoretical importance. An example of this from my

own research data was that of 'staying with bereavement' which was manifested both at the level of the organisation and of bereavement support practice. This first stage was referred to by Strauss and Corbin (1990: 61) as 'open coding.' Their next step – 'axial coding' – involves putting these fragments of data back together again by linking codes to their contexts and their outcomes. Strauss and Corbin (1998: 120) refer to 'axial' in terms of the 'axis' of a category by which it is linked to properties. They state that the function of axial coding is to start the process of reassembling the data that was fragmented during open coding. In axial coding, categories are linked to their sub-categories. For example, my core category is linked to various subcategories. Such links help to explain how the core category is important.

The third type of coding identified by Strauss and Corbin (1998) is that of 'selective coding.' This concerns the process of selecting the core category and relating it to other categories in a systematic way. The 'core category' becomes the central focus around which other categories are incorporated. Strauss and Corbin refer to selective coding as 'the process of integrating and refining categories.' They go on to indicate a number of criteria for choosing a core category. These include the centrality of the category whereby all the main categories are linked to it. It must also be manifested frequently throughout the data and its presence must be reasonable, inherent to the data and not forced. (Strauss and Corbin, 1998: 143) In summary, as Bartlett and Payne (1997) express it, 'Grounded theory adds to the tool kit of the social scientist ….' In this way, social researchers are enabled to enter the social world of individuals while at the same time maintaining a credible scientific position (Bartlett and Payne 1997: 178).

THE RATIONALE FOR USING GROUNDED THEORY

That grounded theory may be given less 'respect' than quantitative methods is noted by Bartlett and Payne (1997: 173) who cite Berg (1989) as explaining that the reason for this may be the high regard given to the traditional empirical methods of quantitative research (Berg 1989: 2). However, Charmaz (2000) observes that grounded theory was brought into being by Glaser and Strauss at what she describes as 'a critical point in social science history.' The emergence of grounded theory at this time provided a defence of qualitative research and further served to contest the prevailing view that quantitative research could be the only basis for the empirical study of social science. It

was though, Charmaz avers, Glaser whose stance evinced the closest proximity to the traditional positivist concept of 'an objective social reality' (Charmaz 2000: 509). She further argues that while Strauss and Corbin (1990, 1998) maintain a similar position, they also put forward suggestions for the application of certain practical techniques. Their main point of departure from Glaser's methodology is their post-positivist position, which is concerned with allowing their respondents to tell their own story. This also involves accurate representation of respondents, recognition of views that may differ from those of the researcher together with a broader understanding of research as an 'art as well as a science …' (Charmaz 2000: 510).

Following on from the post-positive stance of Strauss and Corbin (1990, 1998), Charmaz (2000: 510) seeks to secure and consolidate a central position for respondent voices by promoting her concept of 'constructivist' grounded theory. This she explains in terms of its opposition to objectivism. Constructivism is placed midway between post-modernism and positivism and is, as she sees it, leading qualitative research into a new century. Constructionism, Charmaz argues, is rooted in the premise of relativism and an acceptance of the existence of 'multiple social realities' (Charmaz 2000: 510). Hence the researcher becomes engaged in the interpretation of subjective meaning. It is this, Charmaz argues, which gives constructivist grounded theory a considerable edge over objectivism and the positivist school. 'We can use grounded theory methods as flexible, heuristic strategies rather than as formulaic procedures' (Charmaz 2000:510). However, Charmaz also urges caution. As she observes elsewhere in her paper, the idea in grounded theory, that relative and not objective social reality obtains, may be overly optimistic. She cites Richardson (1994) who argues that researchers may choose their evidence selectively and 'clean up subject's statements' (Charmaz, 2000: 521).

Bryman (2001: 397) takes issue with Charmaz over her 'constructivist position,'[1] viewing her argument as a contradiction. On the one hand Charmaz contends that 'social reality does not exist independent of human action' (Charmaz 2000: 521) while on the other it is implied that in grounded theory, concepts emerge from the data (Bryman 2001: 397). Bryman concludes that there is a lack of clarity concerning grounded theory. Nonetheless, grounded theory is widely used by researchers and

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[1] Bryman (2001:397) refers to this as a 'constructionist' position

regarded as an influential qualitative research methodology (Bryman 2001: 397; McLeod 1994: 96; Silverman 2006: 95).

STRENGTHS AND LIMITATIONS OF GROUNDED THEORY

Bryman (2001: 397) doubts that grounded theory research results in theory. He argues that while concepts are produced, it is unclear how far these can be described as theory that is able to explain particular social occurrences. In most instances, the theory generated is substantive rather than formal; that is, 'specific social phenomena' are explained but it isn't possible to generalise from these results. This can be said of the outcome of my research. However, such a small-scale research study would surely need to be repeated on a larger scale for purposes of generalisation. Importantly, also, qualitative researchers may be more interested in subjective meaning than in positivist intentions of proof.

A question also arises over whether researchers can suspend pre-judgment of theory until an advanced stage of the analysis. Bryman (2001: 395) cites Bulmer (1979) on this. Bryman argues that researchers are pre-conditioned by what they already know about society and the topic of their research. Further, there is a post-modern acceptance that 'theory-neutral observation' is unattainable' (Bryman 2001: 395).

A further limitation of grounded theory methodology is considered to be its fragmentation in the initial stage of coding which can lead to a loss of the context from which the theory is generated (Coffey and Atkinson 1996: 27). They argue that codes should not only be regarded as a means of segmenting the data but can also be used to study the interconnections between codes with a view to gaining a broader perspective. For example, in my own research, links can be deciphered between the core category and identifiable sub categories. This serves to yield a wider view of the way that bereavement support practice is constructed. Coffey and Atkinson (1996) are also cited by Seale (1999) with reference to coding. They argue, in post-modern vein, that a strong dependence on initial coding results in 'a narrow analytic strategy.' This, they suggest, is further exacerbated by the use of computer software (Coffey and Atkinson 1996, cited in Seale 1999: 103).

A further criticism of researcher coding is that it may be 'forced.' Seale cites Kelle (1997) who indicates that coding may be 'forced' by the 'imposition of singular interpretations.' Kelle takes the view that an index system might be preferable due to the capacity for 'cross referencing,' as occurs in the Bible (Kelle 1997, cited in Seale 1999: 103, 104). This situation became apparent in my data. Initial coding resulted in a list that emerged from my core category. While listing these as an index provided opportunities for cross-referencing, there were difficulties in ordering the list. Was this to be in alphabetical order, in relation to a hierarchy of priorities, or with reference to other – at that stage – unidentified criteria? Glaser (1998: 83) identifies various ways in which 'social structuring' of the data may occur. He is, however, clear that theory should emerge from the data, 'not to tell people what to find or force' (Glaser 1998: 41).

Nevertheless, to some, grounded theory appears to be viewed as either abused or overused. Silverman (2006) hardly extols its virtues. He avers that grounded theory is 'clearer about the generation of theories than about their test.' He goes so far as to say that it is 'a trite and mistaken technique,' unless it is used to develop theory emerging from certain paradigms derived from social reality (Silverman 2006: 96).
In defence of grounded theory, Seale (1999: 91) comments that the intention of Glaser and Strauss was to jettison the positivist model with its focus on 'truth' and develop instead an inductionist model that was capable of generating theory from data. This view is endorsed by Denscombe (1998: 214, 215) who asserts that Glaser and Strauss whose approach was 'pragmatic,' emphasised analysis and strongly believed that theory needs to be founded on empirical reality. Denscombe further asserts that Glaser and Strauss intended their approach to qualitative research to be rigorous and would have been less than approving of any that was 'loose' or 'sloppy' (Denscombe: 217). Seale (1999: 91) goes on to say that grounding theory in data is important in any quest to support claims with 'credible evidence.' Seale states that this is achieved by the use of sound illustrative examples drawn from the data. 'Grounded theorising' involves separating theory from data. 'Strong 'research texts' are 'influenced and constrained by a reality that exists independently of the test.' Grounded theory provides the link between theory and data and indicates their 'interdependence.' It also works the other way around, whereby theory is typified by examples from the data that demonstrate real life experience credibility (Seale 1999: 88). Seale goes on to remind us that this entails

examples of central concepts that are both 'good' and 'plentiful.' As well as this, assertions about theory need to be clearly linked to observations made by the researcher (Seale 1999: 89).

In further mitigation, if that were needed, Denscombe (1998: 214) observes that the intention of Glaser and Strauss was to offer guidance as opposed to rules. The extent of the pre-occupation of social scientists with, *'The Discovery of Grounded Theory,'* 1967 is remarked upon by Denscombe (1998: 214) and by Bryman (2001: 390) who both observe that this must be the most frequently cited book within that discipline.

In connection with the evaluation of grounded theory methodology, there is one further issue that is noteworthy here, that which is referred to by Flick (1998: 41) as 'the concept or process in grounded theory research.' Precedence is given to the data rather than to 'theoretical assumptions.' Theories are 'discovered' and then 'formulated' as they emerge from the empirical data. Flick observes that it is the pertinence of the sample to the subject of the research that occasions its selection and not its representativeness. The purpose is to include context and so increase complexity as opposed to the reductionist approach of traditional quantitative methodology. Underpinning this is the assumption that the formation of theory is deferred until the respondent's formulation of the issue emanates from the data. Flick (1998: 41) regards this idea as misconstrued and primarily applied to the task of hypothesising rather than to the research question. It is this thread from past involvement in quantitative methodology that can lead to an erroneous focus for qualitative researchers who may be unaware of what is really happening. It is this, Flick argues, that causes researchers to perhaps overlook the unusual and unexpected. The methodological steps in the process of grounded theory are concerned with the interpretation of the data no matter how they were gathered. As an example, he observes that the only way theoretical sampling works is if the interpretation of the data is not begun until the interviewing is completed rather than the usual procedure where interpretation is conducted alongside interviewing as part of an ongoing process. Flick observes that Glaser and Strauss gathered their data and interpreted it before making a decision about what to collect next or from where (Flick 1998: 41-43). Since the process followed in my own research did not allow for the continuous collection of data and interpretive analysis, it is particularly useful to be

apprised of this aspect of Glaser and Strauss's proforma for grounded theory research. Flick (1998: 43) views this 'circularity' of the grounded theory process as a strength because the researcher has continually to reflect on the research process as a whole rather than engaging in what he or she regards as the traditional linear approach of quantitative methodology. In general qualitative research is only partly suited to a linear approach, while the grounded theory circular model links each step in the process. It is this that leads to 'discovery.' It allows for a greater 'sensitivity' or 'verstehen' of interpretation than is possible for linear research (Flick 1998: 44).

Further, Flick does not see theories as absolute or static. Rather they are representations, a socially constructed way of viewing aspects of the social world (Goodman 1978 cited in Flick 1998: 43, 44). Theories derived from grounded theory can be regarded as an initial or 'preliminary' version that is subject to change and amendment. Accordingly, it is important to recognise that reality is both constructed and relative (Kleining 1982: 231 cited in Flick 1998: 44).

In summary of this section on grounded theory, while it is important to recognise limitations – in particular the extent to which the concept can be said to have become debased as a credible qualitative research methodology – it can also be said that there are considerable benefits deriving from the creativity of the model developed by Glaser and Strauss. It would seem now almost unimaginable not to have access to this bottom-up approach whereby theory is derived from the data, as opposed to the long established top-down methodology of traditional empirical research, which seeks to test pre-conceived hypotheses. Doubtless, problems arising from misconceptions or lack of research rigour will continue to be manifest, but the overall perception must surely be that of a richly diverse and acceptable alternative.

DIFFERENCES BETWEEN GLASER AND STRAUSS

Reference to this is important because as Dey (2004: 80) puts it 'there is no such thing as grounded theory.' Due to the acrimonious split between Glaser and Strauss, there isn't 'a single, unified (grounded theory) methodology.' Dey observes that we now have varying interpretations of grounded theory that include 'the early version or the late' (Dey 2004:80). Early versions included those of Glaser (1978) and Strauss (1987); later

versions include Strauss and Corbin (1990) and Charmaz (1990) as the main proponents of differing variations of grounded theory. The division between Glaser and Strauss was methodological according to Walker and Myrick (2006: 547). They give a detailed explanation of Glaserian and Straussian approaches to grounded theory. The difference is seen in terms of the variation in this approach towards the analysis of the data. This is epitomised in their varying texts on the subject: *'Theoretical sensitivity,'* Glaser (1978) and *'Qualitative Analysis for Social Scientists,'* Strauss (1987). Strauss and Corbin jointly wrote *'Basics of Qualitative Research'* as a means of explaining Strauss's variant of grounded theory (1990: 548). Walker and Myrick (2006) find much that is similar in the two versions of grounded theory advanced by Glaser and Strauss, both in terms of process and commonality of language (Walker and Myrick 2006: 550). They observe that the differences lie in the way that procedures are conducted. For example, Glaser's coding is characterised by two phases while Strauss writing with Corbin (1990) includes three stages. Heath and Cowley (2004) do however take the view that there are also philosophical differences between Glaser and Strauss in terms of how theory is generated. There is a divergence of focus in relation to induction and deduction. This concerns the extent to which inductive understanding is heightened by early stage consultation of the literature as opposed to deductive pre-speculation (Heath and Cowley 2004: 144). Charmaz (2000) draws a distinction between the backgrounds of Glaser and Strauss and what it was that they each brought to the development of grounded theory. Glaser's early training had been in the 'rigorous positivist' school from which quantitative research emerged while Strauss emerged from the Chicago school and the social interactionist influence of Herbert Blumer. It was the pragmatic approach of Strauss that led to his more readily understood written texts on grounded theory (Charmaz 2000: 512). It is Walker and Myrick, (226: 558) who describe the differences between Glaser and Strauss with the most elegance and in terms of perspective. They state that: 'perhaps it is simply more of a science with Strauss and more of an art with Glaser.'

USING GROUNDED THEORY AS A RESEARCH METHODOLOGY

It seems necessary to start with a disclaimer; it has not been the intention here to offer a systematic or comprehensive review of the literature on grounded theory due to the almost overwhelming volume of it. Instead, features that have relevance for the research study under discussion are highlighted. Much of the literature is highly detailed in its examination of differences between Glaser and Strauss and of later developments by Corbin and Strauss. These have been followed more recently by numerous writers, among them Charmaz (1983, 1990, 2000) who seeks both to explain the approaches of Glaser and Strauss and to advance academic thinking in relation to grounded theory as a contemporary qualitative research methodology. Had I anticipated the complexity of this qualitative research methodology at an earlier stage, I might have changed my mind about its use. It could have fallen out of favour with me for reasons of its initial strong, positivist leanings in the face of the post-modernist perspective, to which I subscribe, concerning rejection of universalism and absolute empirical truths. The later, constructivist, revision of grounded theory propounded by Charmaz (2000) moves away from objectivist ideas of external empirical truths and focuses instead upon the perceptions individuals have of their own social reality as well as recognising the researcher's participation in that.

In addition, the time-consuming nature of using grounded theory is recognised by authors such as Bartlett and Payne (1997: 194) and Bryman (2001: 395). Bryman refers to the time involved in verbatim transcription. Other time consuming aspects of this mode of research includes data collection: in this instance by means of one-to-one, face-to-face interviews. Then there are the following steps of analysis by means of coding based on a line-by-line study of the interview data. Computer software, which can speed up this process, was deemed inappropriate for this study due to the complexity of the system and the small size of the research sample. Hence, the analysis of the data involved an extensive paper trail.

With such obstacles in mind, it is pertinent to question the choice of grounded theory as an appropriate methodology for the lone student researcher. Part of the answer concerns the excitement of discovering that which is hidden in the data. Then, at the outset of this research there were no pre-conceived ideas about how bereavement support in

voluntary organisations might be constructed. There were, though, two points of interest in this connection. Firstly, that service delivery in voluntary agencies offering bereavement support was manifestly mono-cultural, and secondly that the prevailing use of a psychotherapeutic model of counselling appeared to disallow attention to the social influences that may have been affecting clients. It was these observations that raised the interest of the researcher. In mitigation it can be said that it might be unrealistic to suppose that the mind of the researcher has the capacity to become a *tabla rasa* before the research begins.

A further and key reason for using grounded theory is what Strauss and Corbin (1998) refer to as the 'nature of the research problem.' They particularly specify 'substantive areas'[4] where the researcher needs to enter the field in order to establish how people experience their situation i.e. what it is that they 'are doing and thinking' (Strauss and Corbin 1998: 11). For this study, the point of focus was what bereavement supporters said they were doing, since for reasons of privacy and confidentiality, it was not possible for the researcher to attend meetings between the bereavement supporter and the client.

In conclusion of this discussion of the use of grounded theory, it is important to justify its use as a valid qualitative research methodology. Bartlett and Payne (1997: 194) in particular conclude that 'grounded theory provides a powerful and robust method for constructing theory.' They argue that it provides the means for researchers to generate theory that is 'true to the data' and, as an inductive method, to close what they term the 'theory-data gap.'

We move on now to Chapter Six to consider the basis of volunteerism and also the social construction of bereavement support as it has emerged from a Rogerian counselling perspective.

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[4] Substantive theory arises from an empirical area of social enquiry (Glaser and Strauss 1967:32-34)

CHAPTER SIX

Volunteerism and the Derivation of Bereavement Support from a Counselling Framework

INTRODUCTION

Some confusion was indicated in my research, even by volunteer bereavement supporters themselves, about what it is that they do or are supposed to do when working with clients. This gave rise to a number of questions. For example, are bereavement supporters listeners or are they something more? Are they counsellors or are they instead 'befrienders,' more like a good neighbour? The intention here is to address these questions by considering the ethos and philosophy – the perspectives that underpin bereavement support as it is provided by volunteers in these agencies. To this end the ensuing chapter will be presented in three sections; the first one is concerned with volunteering, the second with counselling and the third with bereavement support.

Section One:

Volunteers and Volunteering

>"When you cease to make a contribution you begin to die."

>(Eleanor Roosevelt)

The Voluntary Contribution

'The contribution of volunteering in the UK is enormous,' state Rolls and Payne (2008: 258). Field and Johnson (1993a: 2004), cite the Volunteer Centre UK, who note that 31% of the adult population in the UK regularly volunteer in various organisations. Payne (2001a: 108) advances evidence to show that the use of volunteers is 'cost effective.' Given the lengthy list of roles, including bereavement support, that is undertaken by volunteers in palliative care and listed by Cummings (1998: 1221), this hardly seems surprising. Field and Johnson (1993a: 1998) comment that in British hospices, great reliance is placed on the use of volunteers, or as they put it, 'the use of unpaid voluntary labour.' This dependence upon volunteers as the main providers of bereavement support is characteristic also of both Cruse and PEAL.

Volunteer Profiles

Field and Johnson (1993a: 204) observe that hospice volunteers tend to be from 'higher social groups;' that is they are affluent white women who are middle aged or older and not in full time employment. This profile is endorsed by the New Zealand study (Payne 2001a: 114). In part it is also borne out by my study, although there are some interesting deviations which suggest that this pattern may be beginning to change. The issue is discussed fully in the data analysis chapter. There the volunteer profile is examined in relation to difference as a boundary. Here a table is included which depicts the background of respondents as evidenced in the data. (See table 6.1 on the next page)

In relation to the characteristics required of volunteers, Cummings (1998: 1221) contends that they need 'commitment, enthusiasm and caring' although she cites no evidence for the presence of these qualities. However, as noted by Field and Johnson, (1993a: 210), 'screening' is necessary to ensure that volunteers are suited to the work. Further, that people who are ineligible due to recent bereavement or other emotional upset which might affect their client interaction, are not selected. The common characteristics of the volunteer bereavement supporter that emerged from my data can be classified under six main headings. These are self-awareness, humanity, personal values and ethos, ethical principles, people skills, personal qualities and characteristics (See table 6.2). Further research might be required to establish the extent to which these typify the bereavement supporter.

TABLE 6.1: RESPONDENTS' BACKGROUND – as emerging from the data

Professional & Working	No:	Other Voluntary work	No:	Family Carer	No:	Leisure Activities	No:	Other Hospice Voluntary Work
Teaching: Special needs	2	Another BS Agency	3	Caring for elderly parents	1	Painting	1	Day Hospice
Psychologist	3	The Red Cross	1	Nursing her dying mother	1	Photography	1	Bath Nurse
Psychotherapist	1	Working with the blind	1					Driving
Counselling	1							Sitting
Nursing	3	Family Planning Association	1					Hand care
Civil Service	1					Additional Studies		Diversional therapy
Secretarial	1	British Pregnancy Advisory Service	1					
Home Help	1	Fund raising	1			Psychology	1	
		Cruse Supervision	4			Counselling	3	
Housekeeper	1							
Church	1							
Careers Officer	1							
Probation: Accommodation Officer	1							

TABLE 6.2 -CLASSIFICATION OF THE CHARACTERISTICS OF BEREAVEMENT SUPPORTERS AS DERIVED FROM THE DATA

Self awareness
- knowing one's own limitations
- awareness of one's own personal flaws
- having a sense of being privileged to enter the client's world

Humanity
- having compassion
- wanting to help
- caring
- empathy
- sympathy

Personal values and ethos
- being oneself
- being honest
- being genuine
- having humility
- valuing human life
- having a sense of humanity
- having a 'Samaritan outlook on life' – altruism
- holding 'Rogerian' principles of empathy, congruence and unconditional positive regard

Ethical principles
- being respectful
- being non-judgemental
- maintaining confidentiality
- being safe for the client
- integrity

People skills
- liking people
- seeing people as individuals
- ability to defuse a situation
- active listening skills
- able to build rapport with the client
- communication skills
- being a facilitator
- taking people seriously
- having warmth
- being friendly
- ability to gain the trust of the client
- making people feel special
- giving time

Personal qualities and characteristics
- ability not to become emotionally involved
- having confidence in one's ability to do the job
- ability to rise to the challenge
- self-awareness

TABLE 6.2 (continued)

- being mentally active
- enjoying the work
- having personal experience of bereavement
- being safe for the client
- being comfortable to talk about death and dying
- using an intuitive rather than a theoretical approach
- sometimes lacking confidence and feeling a sense of failure
- being professional
- having a sense of humour

Anti-characteristics and indicators

- self-centredness
- bringing too much of ourselves
- being a 'do-gooder'
- giving advice

Motivation of Volunteers

A further factor in the use of volunteers is their motivation for becoming one and for their continuation in that role. In my research the top three in sequential order were: wanting to help others, personal experience of bereavement and personal satisfaction. A few volunteers reported such factors as having time on their hands, knowing a hospice patient or having a religious motivation. These results mirror those of Field and Johnson (1993a: 204) who cite their (1993) Leicestershire Hospice Organisation Study (LOROS) which found that helping others and a personal bereavement were the top two reasons given for hospice volunteering. They reported that 83% of the LOROS study volunteers had had an experience of bereavement.

Field and Johnson (1993a: 205) observe that the reasons for becoming a volunteer and those for continuing in the role differ. While they may have given altruistic motives as their initial reason for joining, other types of reward sustained the continuing motivation of volunteers. These included the sense of satisfaction derived from the work, along with various factors contributing to a sense of belonging (Field and Johnson 1993b cited in Field and Johnson 1993a: 205).

In my research, the issue of motivation could be regarded as an aspect of the social construction of bereavement support in these agencies, whereby a link could be assumed to exist between motivation type and volunteer *modus operandi*. For example,

somewhat disturbingly, one interviewee expressed the mechanistic motivation to 'fix-it' for which he sought the rewards of recognition and thanks (Interview 15: 5, lines 19-21, 23, 24: 11, lines 12-14, 17-22).

My data yielded sixteen different motivations for undertaking volunteer bereavement support which were classifiable into seven category types (See tables 6.3 and 6.4). Some interviewees were motivated by more than one category and some categories include more than one item of data from an interviewee. The most frequently cited motivation was personal experience of bereavement, although this reason was weighted towards hospice volunteer bereavement supporters. Next and equally cited was that of an ethic of voluntarism alongside the meeting of social needs and interests (See table 6.3). There were also a couple of anti-motivators for some volunteers. These included the wish not to be self-centred and not wanting others to feel the sense of isolation they themselves had experienced when they were bereaved. Some made reference to de-motivators which left them feeling inadequate. One volunteer spoke of a 'terrible' meeting with her client. 'I didn't handle that very well. I think this work's not for me. I'm going to give it up now. I'm out of my depth' (Interview 3: 2, lines 10 and 11). In this situation, supervision and a better meeting next time served to counteract this sense of failure.

Finally there was an implicit assumption in some of the data that for the older non-working women in the sample, their voluntary work was viewed by them as a career.

In terms of distribution of motivators, Cruse and PEAL were more diversely motivated than hospice volunteers. Four Cruse interviewees were supervisors and not engaged in frontline bereavement support. Three other bereavement supporters were in paid employment. In PEAL, one interviewee was undertaking a placement for her Diploma in Counselling. Two others were in full-time employment. One person had a pastoral role with her Church and one had transferred from Cruse. There were only five PEAL interviewees as compared to seven from the hospice and eight from Cruse. Motivators for this study are classified under seven subheadings: functional, personal, social and mechanistic drives, anti- and de-motivators, and finally motivators that are implicit (See table 6.4)

The organisation of the data encourages the viewing of motivators in terms of their function to the volunteer. While all these types of motivational drive can be seen as characteristic of human behaviour, in the context of bereavement support, the presence of some may be regarded as unexpected: mechanistic drives, for example, which in the context of bereavement support, may be seen at best as idiosyncratic or at worst as aberrant. Likewise the presence of anti-motivators as a factor may be a point of interest for volunteer retention.

We move on now to section two where we consider the counselling framework underpinning bereavement support.

RESPONDENT MOTIVATORS

Table 6.3

	Personal Ex-perience	Satisfac-tion & Reward	Empathy	Voluntary Ethic	Social Needs & Interests	Career & Personal Develop-ment	Enhance-ment of Job Skills	Part of My Work	A Challenge/ worthwhile	Through a Friend or Colleague	Want-ing to 'fix-it'	Contribut ing to society	Don't know	DATA SOURCE
			Int 1	Int 1	Int 1									
		Int 2		Int 2	Int 2	Int 2			Int 2			Int 2		
	Int 3	Int 3			Int 3									HOSPICE
	Int 4	Int 4		Int 4										
	Int 5				Int 5									
	Int 6													
	Int 7									Int 7				
							Int 8							
													Int 9	
					Int 10	Int 10								
	Int 11													CRUSE
			Int 12				Int 12							
	Int 13				Int 13									

				Int 14				Int 14						
										Int 15	Int 15			
		Int 16												
							Int 17	Int 17						
	Int 18			Int 18										P.E.A.L
							Int 19							
	Int 20			Int 20										
TOTALS **(No. of respondents)**	**9**	**3**	**2**	**6**	**6**	**2**	**4**	**2**	**1**	**2**	**1**	**1**	**1**	

TABLE 6.4

PROPERTIES OF MOTIVATION AS EVINCED BY VOLUNTEER BEREAVEMENT SUPPORTERS IN THREE LOCAL AGENCIES

FUNCTIONAL MOTIVATORS	- enhancement of job-related skills - career and personal development - part of an existing work role
PERSONAL DRIVES	- personal experience of bereavement - satisfaction and a sense of reward; being thanked by the client - voluntarism; altruistic goals of doing good and helping - personal challenge - personal social needs and interests - worthwhile and a challenge - helping others helps us to help ourselves - seeing people 'blossom' and 'coming through' - expectations of helping people; making a difference
SOCIAL DRIVES	- empathy with those experiencing bereavement - an interest in people - influences of a friend or colleague - contributing to society
MECHANISTIC DRIVES	- wanting to 'fix it'
ANTI-MOTIVATORS	- not wanting others to feel the isolation they experienced. - not being self-centred
DE-MOTIVATORS	- a sense of failure - feeling inadequate
IMPLICIT MOTIVATORS	- making a career of voluntary work

The Counselling Framework: A Review of Relevant Literature:

Section Two:

"The more I am open to the realities in me and in the other person, the less
do I find myself wanting to 'fix things' " (Carl Rogers, 1990: 23)

INTRODUCTION

By means of this quotation Carl Rogers spells out the potential dilemma for counsellors who may be unable as well as unwilling to rectify the emotional ills of their clients, but who, nonetheless, may be expected by their clientele to do just that. Despite this apparent shortfall in public expectation, counselling has, in recent years become an established means of therapeutic remedy in UK society; a panacea for all that people deem to be wrong with their lives. The intention for this chapter, within the scope of the present research study, is to trace the literary roots of counselling in contemporary western society while also considering both its shortcomings and its future directions. The importance of following this trail is that counselling methodology is the underpinning on which bereavement support practice is based.

THE COUNSELLING TRADITION

McLeod (1998:14) states that counselling originated from the eighteenth century construction of 'madness' which he refers to as the 'trade in lunacy.' This development, McLeod argues was a response to the advent of the industrial revolution and the attendant increasing influence of capitalism, which is characterised by the need for the rationality, borne of emotional control. Counselling, as noted in Chapter Three, arose also from psychiatry, emerging from medicine and from psychotherapy during the nineteenth century. McLeod contends that this occurred as a reaction to increasing urbanisation and the move away from the small agrarian community in which all the members of it were familiar with each other and the personal shame of the miscreant was a prime mechanism of social control. This local means of social control gave way to anonymity in the towns and cities leading to a requirement for more regulated methods. Hence, McLeod argues, the conditions were established for the management of the 'inner life' of individuals (McLeod 1998: 14, 15).

In the latter part of the nineteenth century, psychotherapy, as noted earlier, was dominated by Sigmund Freud (1856-1939) who was a powerful influence on the western development of psychiatric practice. As we have seen, Freud also commanded intellectual thinking in relation to the management of grief. As the generally acknowledged founding father of psychoanalysis and psychotherapy, Freud can be said to have been the spur for the later development of the counselling tradition. McLeod (1998:23) states that counselling became a 'distinct profession' in the 1950s. While counselling can, to some extent, be viewed as an adjunct of psychotherapy, it was in the mid-twentieth century that it became differentiated and began, as McLeod notes, to serve wider social interests in the UK such as schools and in particular, for our purposes here, the voluntary sector. It was the growth in the voluntary sector provision of counselling that led to the founding of organisations such as Cruse in 1958. McLeod further argues that this expansion widened counselling provision to a social arena outside that of the prevailing traditional medical, psychotherapeutic approach. Thus the base of counselling was extended within the non-professional sector and this also involved the use of volunteer counselling practitioners (McLeod, 1998: 23, 24).

THE INCREASING DEMAND FOR COUNSELLING

It was in this context of widening provision that the demand for counselling grew. The main organisation for counselling in Britain at that time was the Marriage Guidance Council (MGC), later to be re-named 'Relate.' The MGC was established in the 1940's in response to post-World War II concerns about the stability of marriages following the return of the troops to domestic life.

McLeod lists various reasons for the continuing groundswell in the demand for counselling in post- war Britain. Among these is that of the social changes occurring at that time. Sherrard (1993:54) refers here to increasing secularisation and a decline in traditional social values as an aspect of mid-twentieth century modernism. Substantial social fragmentation has led to what McLeod (1998: 24) refers to as a lack of 'emotional and social support systems.' He also points to changes in the social structure in the UK occurring as a result of more extensive migration to these shores. This has contributed to the growth of our now multi-cultural society which in turn has altered the

nature of social cohesion at the level of the local community as well as more widely in society.

The traditional cultural homogeneity more typical of society in the UK following world war II has given way to a diversity of customs and mores. This issue will be addressed more fully later in the chapter.

A further influence on the rising demand for counselling, Sherrard (1993: 54) contends, is that of 'new age aspiration.' It is this that has occasioned an increase in therapy groups for the realisation of 'human potential' (Wallis, 1984 cited in Sherrard 1993: 54). The self becomes a 'project' for reflection and for development (Giddens, 1991). There is too, as McLeod (1998: 24) reminds us, a sense in which counselling can be said to have become a victim of its own success, due to the effective marketing of its services and the promotion of a positive media image.

DEFINITIONS OF COUNSELLING

McLeod (1998: 23) notes that there are numerous definitions of counselling, all carrying slightly different meanings. Most writers point to the difficulty of providing a clear definition of the term. Feltham (1995: 6) regards counselling as a not 'unambiguous' concept. In particular, he refers to the problem of confusing counselling with other similar activities such as 'helping,' or being friendly.

Bond (1993: 15,16) gives examples of encompassing definitions such as that of the American Counselling Association (ACA) and the International Round Table for the Advancement of Counselling (IRTAC). Bond notes that comprehensive definitions can cause difficulties when trying to establish standards although, as he argues, there is a benefit in the inclusion of a range of people who undertake counselling roles as, for example, teachers and nurses. Bond further refers to definitions that may be too narrow and cites that given by the Concise Oxford Dictionary (1982).

McLeod reiterates the definition given by Burkes and Stefflre (1979) which focuses on the 'professional relationship and the importance of self-determined goals' (McLeod, 1998: 3). He goes on to cite Feltham and Dryden's definition of 1993 which highlights

the overlap between counselling and other forms of help such as nursing, social work and friendship.

Feltham (1995: 12) observes that counselling has also been defined by its critics. He cites Houghton (1990), herself a therapist, who regards counselling as 'for the most part guess work.' Raimy too (1950) gives a cynical definition of therapy as 'an unidentified technique applied to unspecified problems with unpredictable outcomes.' These Feltham (1995: 12) refers to as 'negative definitions.'

Dryden et al. (1989: 4) note that counselling is a deliberate activity. It is planned and not spontaneous. They also point out that there is no copyright on the use of the word 'counselling,' of which the colloquial meaning is 'advice giving.' The term is in everyday use which makes its explanation difficult.

The current definition used by the British Association for Counselling and Psychotherapy (BACP) spells out the relationship which the counsellor is expected to foster with the client. This does not involve giving advice or being directive. Neither is the client to be 'exploit(ed)' in any way. The meeting takes place in private and is confidential. An opportunity is afforded for the client to explore feelings and concerns. The meeting is instigated by the client who is regarded as autonomous. The counsellor is an 'active listener,' non-judgemental and shows respect for and acceptance of the client. Trust should develop along with the relationship, enabling the client to explore his or her life and possible changes that could be made to it.

McLeod (1998: 23) and Bond (1993: 32) note that counselling is a relatively young 'profession,' especially when compared to medicine, the law or the church. Counselling, as McLeod (1998: 23) indicates, became notable as a profession in the UK during the 1950s. Bond (1993: 32) observes that this has meant that counselling has not had as long to develop standards of practice and ethics. He also notes that Carl Rogers, an American Psychologist from the 1920s to the 1950s, was probably the first to refer to himself as a 'counsellor.' This was because he was not permitted to term himself 'Psychotherapist' due to his lack of medical qualification (Bond 1993: 17, 18).

AIMS OF COUNSELLING

McLeod (1998:8) identifies the aims of counselling as follows: 'insight, self-awareness, self-acceptance, individuation, enlightenment, problem-solving, psychological education, acquisition of social skills, cognitive change, behavioural change, systemic change (e.g. family functioning), empowerment and restitution.' As McLeod notes, no one counsellor will seek to achieve all of these. For example, while psychodynamic counsellors focus on the client's increasing self-insight, humanist counsellors are concerned with self-acceptance and personal autonomy and then again, cognitive behaviourists aim to help their clients to manage their behaviour.

It is interesting here to note that there appears to be a scarcity of literature on the specific aims or purposes of counselling. Just what is it that counsellors seek to achieve with their clients? A respondent for this study, an experienced and qualified psychotherapist, asked about his aims when working with a client said:

> 'I would not be too happy with that. In so much as I had an aim, it would be to open up the bereavement: seeing the bereavement as a container for a lot of other material: a container which could be opened up, so that somebody could explore it with me. So that is the aim I have, I think, to open something up' (Interview 10: 7, lines 18, 20, 22-26: 8, lines 1 and 2).

This respondent saw the aim of counselling as being outside his own jurisdiction but within the scope of the client, whose autonomy he respected. This issue of aims in counselling also presented difficulties for another respondent who replied that '... you go in at their level.' (Interview 20: 7, line 15). The implication appeared again to be that it is the client and not the counsellor who sets the agenda for working together. Among other interviewees who addressed this issue, one respondent said: 'I want them to be able to grieve for the people they miss. And I want them to move on with their lives' (Interview 12: 6, lines 9 and 10).

Another respondent hesitated and then said that it was about 'helping them to get back out into the wide world ... helping them cope with everyday life' (Interviews 18: 6, lines 26 and 27: 7, lines 2 and 3). An atypical respondent revealed that he found it difficult to resist the temptation to 'fix it' (Interview 15: 5, lines 21, 24 and 26).

The foregoing suggests, somewhat surprisingly, perhaps, that these respondents had not given too much thought to the purpose of their intervention. Neither was it possible for this research study to undertake any investigation of the reverse situation by asking clients about their aims for counselling. It is the focus of client-counsellor interaction that is of interest here. It was at this level that the bereavement supporters, I saw, were responding when asked about the aims of their intervention with clients. However, there is also a societal level to consider. McLeod refers to this as 'the social meaning of counselling.' He goes on to note that, in the early years of psychiatry, 'control' of the patient was an issue. Even now, psychiatrists have the legal power of restraint by means of mental health section and hospitalisation of patients who are mentally disturbed and socially disruptive (McLeod, 1998: 24, 25). McLeod further argues that, while 'self-actualisation' is an aim of counselling, there is a tendency in practice towards the encouragement of social conformity. Counselling values encompass the notion of 'socially acceptable' behaviour. McLeod reminds us that there may also be an issue for those organisations paying for counselling such as voluntary agencies and educational establishments (1998: 25).

The counselling profession has, it can be argued, adopted a conservative stance almost as an underpinning ethic. The researcher gets the feeling that any idea that counselling might become a vehicle for social change would be anathema to most counsellors, whether professionally qualified or not. It could therefore be concluded that a significant role of counselling is regarded as the maintenance of the *status quo*. This then brings us to the matter of power in the context of counselling and the counselling relationship.

COUNSELLING AND POWER

Lukes (2005: 12) observes that the concept of power is contested and that there is no definition on which there is general agreement. He explains that in pluralist mid-twentieth century America, power was thought to be evenly distributed between numerous differing groups in that society. Subsequently, it was realised that there existed instead an established set of 'values, beliefs, rituals and institutional procedures' (Bachrach and Baratz, 1970: 43, 44) that operate in favour of certain groups to the detriment of others (Lukes (1974), 2005: 21).

Lukes refers to 'social power' which may either be individual or collective. This kind of power is more confined than wider political power which involves having power over others. There are two concepts of power; either to have 'power to ... or to have power over ...' Here Lukes cites Locke (1975-1650): 111 cited in Lukes 2005: 69). This, Lukes asserts, fits in with Wartenberg (1990) who points out that 'power over' can be divided into 'domination' and 'beneficent' power as occurs in paternalism (Lukes, 2005: 73,74). It is in this latter sense that the power dynamics in the counselling relationship may be viewed.

Rogers (1978) observes that he had not initially realised that there was what he refers to as a 'political' aspect to his concept of 'client-centred therapy.' He had not seen his clinical practice as in any way 'political' until he read something about 'power' and became aware that the author was indicating that, 'power rests, not in my mind, but in his organism.' It was then that Carl Rogers understood that interpersonal relationships did indeed involve an element of the political. It needs to be said here that Rogers's conception of 'politics' was that it concerned 'power and control' (1978: 3, 4).

It is perhaps unsurprising that Rogers had been unaware of the dimensions of power as intrinsic to the counsellor-client relationship. There seems at that time to have been little in the literature concerning the perceivable imbalance in power relations between the professional and those who seek their expertise. A partial explanation for the lack of attention to the issue of power in the field of counselling may be that it has been regarded more as a topic of sociological study rather than that of psychology which has traditionally been the substance of counselling.

It was later in 1989: 402, 403 that Dryden et al. sought to discuss the meaning of the term 'professional' in the context of counselling. They saw this in terms of appreciation gained by the achievement of 'high standards' arrived at by means of education and training in counselling. Professionals were also marked out and distinguished from volunteer amateurs by means of their remuneration. However, they recognised that there was tension on this point from volunteer 'amateur' counsellors who resented any implication that they were lacking in training and expertise. All that was missing, in their view, was the status that came with being paid to do the job. Likewise, paid professional counsellors feared that it could be thought that anyone could undertake

their role (Dryden et al. 1989: 402,403). While Dryden et al. made no connection between power and professionalism, Chaplin, writing in the same publication on 'Counselling and Gender,' discussed the inherent power imbalance embedded in gender difference. She argues that 'in any unequal power relationship, those on the 'bottom' are far more limited by the differences than those on the 'top.' In remedy, Chaplin suggests approaches for 'gender aware' counselling (Chaplin 1989: 223,226).

McLeod (1998) contends that power is intrinsic to the social construction of the client-counsellor relationship which he argues is modelled on other professional/lay pairings, such as that of doctor/patient or priest/parishioner. Like Dryden et al. (1989), McLeod views counsellors as having social standing within the community. This status accords them credibility, enhancing their self-respect which is reflected onto the client. The conferred respectability of the "counsellor" epithet reassures most clients although those who are less self-confident could be intimidated by this aura of professionalism (McLeod, 1998: 27, 26). Rogers's (1951) concept of the person-centred approach to counselling seeks to 'empower' the client by developing the skills needed for managing social situations, or, as McLeod (1998: 109) puts it, 'giving people the power to change their lives.' However, as McLeod also points out, this may be a misnomer since the meeting with the client is likely to take place in the counsellor's working environment and on the counsellor's terms. Further, while the counsellor is in possession of information about the client, the reverse is unlikely to be the case (McLeod, 1998: 26).

More recently, the concept of patient or client autonomy has come to the fore as a central feature of ethical principles in professional practice. The principle of autonomy is described by Beauchamp and Childress (1983: 59). Personal autonomy concerns the power of 'self-governance- and 'self-determination.' This underpinning philosophy of Kant and Mill, as suggested in Beauchamp and Childress 1983: 60, 61), indicates that people should treat others as autonomous individuals. Kant's 'principle of respect' for the person provides the basis for autonomy as one of four principles of biomedical ethics described by Beauchamp and Childress (1983: 60, 61). Hence it can be argued that the notion of client empowerment is reinforced by the principle of autonomy as now practised in the medical and allied professions. This key element of respect for client self-determination is emphasised in counsellor training and practice and is listed

in the BACP 'Ethical Framework for Good Practice in Counselling and Psychotherapy' (BACP, 2010).

McLeod (1998: 240) argues that it is the way in which power has been socially constructed historically that forms the basis of jurisdiction. The actions of particular individuals are legitimised because the 'social system' accords them authority: counsellors are among these authority figures. Conversely, McLeod goes on to note that the person-centred approach, by seeking to empower the client, requires the counsellor to relinquish command. This concept of power is referred to by Carl Rogers (1978) as 'personal power.' Certainly the research data for this project, while yielding little reference to power as an issue in bereavement support, often conferred a sense of power being given up by the respondent, or at least that there was a desire to equalise power between the bereavement supporter and the client. This was evidenced, for example, by respecting the client's wishes to withdraw from further support. 'When I 'phoned her back a couple of months later, she said 'no, I don't want to see anybody. I just want to be with my husband on the mantelpiece.' (Interview 13: 5, line 27; 6, line 1). Another respondent referred to her preference for the model 'where you help people to help themselves.' (Interview 7: 4, line 14). The respondent is referring here to the 'helping model' devised by Egan (1986). However, since individual expressions of power are socially embedded in institutional structures such as race, gender, age, social class and so on, it seems unlikely that the concept and practice of power within the counselling relationship can be so readily re-constructed. Indeed, as McLeod (1998: 240) observes, the power the counsellor is able to exert depends upon such factors as 'their gender, social class, ethnicity, age or role.' In this vein, members of an ethnic minority may be construed as inferior. McLeod further notes that 'racism, sexism and ageism' is commonplace in western society (1998: 240).

A disturbing aspect of power is that of its abuse. The counselling profession has sought to counteract this possibility with the development of ethical codes and standards of practice. The British Association of Counselling and Psychotherapy (BACP) have produced an ethical framework (2010), which specifies ethical standards for the avoidance of the exploitation and abuse of clients. As an example, BACP asserts that

'the principles of autonomy oppose the manipulation of clients against their will, even for beneficial social ends.' (BACP, 2010: 3).

Masson (1988) is a major critic of counselling. He argues that 'psychotherapy of any kind is wrong.' No matter how well intentioned and beneficent the counsellor, he or she 'diminishes the dignity, autonomy and freedom of the person who comes for help.' Masson further asserts that 'the very idea of psychotherapy is wrong' (1988: 24) Masson is so strongly opposed to psychotherapy that he himself withdrew as a therapist because it is 'so artificial and so basically flawed' (1988: 299). He believes that rather than being therapeutic, the counselling relationship has embedded within it a great risk of causing harm to the client.

> 'Recognising the lives, the flaws, the harm, the potential for harm, the imbalance in power, the arrogance, the condescension, the pretentiousness, may be the first step in the abolition of psychotherapy…..'   (Masson, 1988: 299)

While such strong views may be regarded as excessive by some it must be said that Masson builds up a notable dossier of evidence which it might be difficult to dismiss. Masson sees the abuse of power in the therapeutic relationship in two ways. Firstly, that abuse occurs as an unintended consequence of the construction of that relationship. There is always an imbalance of power due to the existence of professional expertise and status on the one side and the supplicant nature of the client persona on the other. This is coupled with what Masson sees as the 'falsity' of the situation, in which the client is viewed as a discrete entity divorced from his or her social world. Masson argues that the circumstances are 'artificial.' For example, the therapist only sees the client for one hour a week. The situation lacks reality in that he or she relates to the client outside the context of his or her social environment. Masson goes on to explain that using Rogers' person-centred approach which includes 'unconditional acceptance, empathetic understanding' of the client and 'therapist congruence' serves to create an unreal situation. Masson describes it as 'play acting' which he notes is the opposite of the 'genuine' therapist advocated by Rogers (Masson 1988: 232). Moreover, 'no psychotherapy is value free.' It is 'merely an extension of the views of dominant society' (Masson 1988: 294, 295).

The second way in which the abuse of power in the therapeutic relationship can occur is more direct and may include sexual abuse or, as in the case of John Rosen, pornographic sex, kidnapping and even physical violence. As a consequence of such treatment, publicly raised through his patients by a journalist, Rosen surrendered his licence to practise in 1983. Masson questions whether this was an isolated case, or whether the intrinsic nature of psychotherapy invites such abuse, since Rosen's colleagues, who were aware of his abuse of clients, failed to give voice to their concerns. Masson asserts that John Rosen was one of many therapists who maltreat their patients 'under the guise of their greater wisdom.' It just so happened, that Rosen was apprehended (Masson, 1988: 166, 189, 190). With the exception of feminist and radical therapies, Masson (1988: 285) deplores the lack of concern among therapists for the 'social justice' which, were it present, would not permit such abuse to be denied. He argues that therapy tends to disassociate itself from the social world. Further, that the problems of individuals are viewed by therapists in the context of what they already know.

Overall, Masson argues that we should be encouraging leaderless self-help groups as an alternative to psychotherapy. 'What we need are more kindly friends and fewer professionals' (Masson 1988: 30). This viewpoint may be seen as a justification for the employment of volunteer 'befrienders' by bereavement support agencies for both individuals and groups, as opposed to the use of qualified professional counsellors.

Masson's attack on psychotherapy and counselling, in which he denounces them as intrinsically corrupt, is undoubtedly savage and perhaps, to some, disproportionate. However, McLeod (1998: 26) contends that the large body of evidence presented by Masson dictates, in itself, that these issues must give the profession serious pause for thought, even where the extent of his criticism may be regarded as excessive.

It could thus be concluded from the foregoing, that counselling is constructed by the profession without regard to the issue of power as a central feature of the counsellor-client relationship. Indeed, the research data for this project yielded minimal reference to it and my use of the word 'power' created, in some cases, a mild impasse in the interview. One respondent said that she had 'never thought of it.' She didn't think her clients saw her as having power (Interview 7: 10, lines 20, 23: 10, line 1). Another

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respondent, after a pause, said that she thought she had the power to control the meeting with the client: 'If it got out of control (she) would have the power to bring it back in line again' (Interview 18: 15, lines 17 and 20). One respondent said that she had only become aware of the issue of power in the client-counsellor relationship when she herself had been made to feel small by her supervisor. 'It felt like being back at school.' (Interview, 17: 13, lines 6 and 7) She was the only respondent in the sample to raise the issue of a power imbalance without any prompt from me. She saw it as her responsibility to check back with the client ... 'how does that make you feel? Just to make sure that I'm not inadvertently abusing my power' (Interview, 17: 12, lines 17 and 18).

However, in common with other agencies, such as the health services, formal measures have been established by the professional body for psychotherapy and counselling, the British Association of Counselling and Psychotherapy (BACP). Ethical standards and codes of practice specify criteria both for expected principles and behaviour and for that which is deemed unacceptable. On the one hand the principle of beneficence requires that the counsellor acts 'in the best interests of the client ...' On the other hand that non-maleficence expects the counsellor to avoid harm to the client. This includes 'sexual, financial, emotional or any other form of client exploitation ... or malpractice.' (BACP, 2010:3). Such measures serve to specify and publicise anticipated standards or practice and offer guidance to the well- intentioned. They may be said to go some way towards putting the issues of counsellor power and influence on the agenda of the profession. However, it would seem pertinent that the sociological study of power as intrinsic to the counselling relationship and to the social context in which it occurs, should be highlighted in both practice and training. Indeed, Lago and Thompson (1989, 1996) adjure that counsellors require a 'structural awareness of society.' (1989: 207). A lack of such awareness can impoverish counselling practice (Lago and Thompson, 1996: 17)

In addition, it needs to be recognised that the client may have to learn how to be a client. Ethno-methodology, a branch of sociology initiated by Garfinkel in the 1970s, seeks to explain how people construct their world. This can include the taking up of certain, sometimes unfamiliar, roles, in this case, that of being a client. While this method of sociological analysis may be viewed by some as insignificant, it can, nonetheless, serve

to inform on pertinent constructions of a particular role. Clients, for example, may be assumed by the counsellor to understand their role as a client. It is expected that clients will conform to certain behavioural patterns. These may include adherence to logistical arrangements such as that of meeting on the counsellor's territory and keeping to a fixed schedule for a meeting that lasts one hour. Behavioural markers may also involve expectations about how the client should behave towards the counsellor. This may include viewing the counsellor as a professional and not as a friend. Hidden rules are also likely to require that the client does not make demands that lie outside the role of the counsellor, such as that of giving advice or problem solving. Such expectations are likely to restrict the social nature of the client base.

As noted by McLeod (1998: 238, 239), while the imbalance in power is endemic in the counselling relationship, there is a counter drive towards client empowerment. It can also be said that there is a further tension here between the notion of empowerment and that of the social framework in which counselling takes place, with its inbuilt expectations of client compliance with the format and nature of the counselling experience.

This friction between the professional organisation and control of counselling practice on the one hand, and the need and desire to respect client autonomy on the other, gives rise to two thoughts. Firstly, that this professional bounding of the counselling relationship serves to limit possible freedoms within it, both for the counsellor and the client. It becomes more difficult for the pair of individuals within that relationship to rid themselves of power inequalities. Secondly, and more fundamentally, it needs to be asked why there is such a pre-occupation with the issue of inequality in the counselling relationship. Laungani (1997: 346) argues that there is an underpinning assumption in counselling that the relationship between the counsellor and the client must be equal. Laungani goes on to point out that the notion of equality stems from the concept of individualism as a central characteristic of western society. The assumption that lies behind this concept is that the individual is 'unique;' their individuality and self-determination is respected. People are deemed to be responsible for their own actions. As a reflection of these social values, the counselling profession is concerned to conserve and show respect for the autonomy of the individual. It is this dichotomy,

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between the drive in counselling to cede power to the client and the counter social influences embedded in the counselling relationship that causes disquiet in the profession. While there is a commitment to the development of a 'non-hierarchical' counselling relationship, this is rooted within a 'hierarchical structure' in which, however unintentionally, the counsellor nonetheless has the upper hand (Laungani, 1997: 346).

COUNSELLING AND MULTICULURALISM

Central to the issue of multiculturalism in counselling is this notion of power, which was discussed in the previous section. Lago with Thompson (1996: 59) observe that the way that language is used denotes power. They cite, for example, the use of received English which, they argue, is seen as 'superior' and used by those who have power. This may include counsellors who, in the UK, are viewed as part of a powerful, articulate, white middle class. This sense of inbred power can reduce the client to silence and may be compounded by a legacy of white cultural predominance. In this regard, Lago with Thompson (1996: 34) cite Katz who states that: 'White culture is such a dominant norm that it acts as an invisible veil that prevents people from seeing counselling as a potentially biased system' (Katz 1985: 615-24).

This strong contention gives rise to the thought that the, now generally acknowledged, intrinsic imbalance of power in the counselling relationship is further intensified in the context of multicultural practice. Cultural differences in relation to power can also be considered as the dimension of power distance, one of four cross cultural dimensions identified by Hofstede (1991) in relation to attitudes to work. The concept of power distance is based on a cultural dichotomy between individualist and collectivist societies. Draguns (2002: 35) argues that individualism is a feature of societies in which connections between people are 'loose', while collectivism is characterised by societies in which individuals are members of a closely fused group. Draguns (2002: 35) cites Triandis (1995) who developed Hofstede's ideas. He concluded that collectivist cultures function best in small family groups or teams, while the impersonal relationships characteristic of large organisations are more suited to individualist cultures, albeit at the price of 'loneliness and alienation.' (Draguns, 2002: 35).

Draguns provides an explanation of Hofstede's power distance dimension: collectivist societies which are typified by group cohesion, exhibit low power distance relationships; here it is affiliation to members of the group that provides the basis for self regard. Hence, Draguns notes, relationships veer towards egalitarianism. High power distance relationships feature in individualist societies and these are likely to be hierarchical. Draguns cites Katz (1985) who observes that in individualist societies it is the individual that is targeted for intervention (Draguns, 2002: 35, 37).

Draguns goes on to identify the implications of power distance for counselling. It is the status, expertise and accreditation of the counsellor that are characteristic of high power distance western societies. Accordingly, the 'social distance' between the counsellor and the client is more extensive, whereas, in low power distance cultures, it is the attributes of the counsellor that are valued as they affect the quality of the 'human interaction' engendered (Draguns, 2002: 35).

This explanation of power distance in relation to counselling carries the appearance of credibility. Draguns (2002: 37, 38) however, is at pains to point out that Hofstede's concept of power distance remains untested in the counselling context. We can though conclude that cultural differences are a key consideration for counselling.

Before proceeding further, it is necessary to define such central terms as 'culture' and 'race.' Pope-Davis (1998: 152) sees 'race' as an issue that needs to be addressed in counselling. He argues that the construct of race is contested and may be construed differently by counsellors and clients. Pope-Davis argues that race is often defined in homogenous terms as a 'singular concept.' Lay people may view race in stereotypical terms. Assumptions of homogeneity overlook the heterogeneity within as well as between races. This focus on race as a singular construct excludes related facets such as gender, sexuality, social class, ethnicity and culture. In terms of this definition, race is viewed as a 'mutually exclusive' category (Helms, 1994 cited in Pope-Davis, 1998: 152). Pope-Davis (1998: 156) cites Helms (1994) who argues that race is constructed in three varying but overlapping ways. Firstly, a 'quasi-biological' construction concerns that which is observable, such as skin colour. Secondly, a 'socio-political' construction

includes the quasi biological and widens it to encompass the history of racial domination and 'subjugation.' The third construct is that of 'cultural race' which refers to the cultural customs and values of a race. As Pope-Davis notes (1998: 156) there is an underlying assumption that each of these definitions is distinguished from 'whites' as a race. Pope-Davis (1998: 156) goes on to cite Lyddon (1995: 581) and Freedman and Combs (1996) who argue that in the constructionist context, race may be defined by the counsellor and the client in terms of that which is socially accepted rather than their own subjective understanding of it. Freedman and Combs (1996) argue that it is how the client interprets race within his or her social milieu that is relevant. Hence, the counsellor needs to make a point of understanding the client's perception (Pope-Davis, 1998: 156).

'Culture,' is defined by Locke as 'a construct that captures a socially transmitted system of ideas that shape behaviour, categorises perceptions and gives names to selected aspects of experience' (Locke, 1998: 3). Fuertes and Gretchen (2001: 523) see this as 'one of the clearest explanations of culture (they) have come across.' Hofstede (1980) defines culture as 'the collective mental programming of a people in an environment.' Later, the Hofstedes (2005) refer to this as 'software of the mind.' Pedersen (1991: 6) refers to 'broad' and 'narrow' definitions of culture and sets these in the context of multicultural approaches to counselling. A 'narrow' definition is culture-specific and refers to such attributes as ethnicity and nationality. A broad definition of the term encompasses demographic features of culture, 'status variables' in terms of class, education and economic status. Affiliations are included, the ethnographic features identified as 'narrow' together with language and religion. Pedersen argues that a narrow definition restricts multiculturalism to what is ethnic or national about culture. It is concerned with cultural similarities of history, ancestry and religion. These are matters of importance, but culture encompasses more than that. A broad definition is not confined to national and ethnic boundaries. Heterogeneity within an ethnic or national group is recognised.

Pedersen goes on to identify the benefits to counselling of a broad definition of culture. He argues, firstly, that counsellors are more likely to consider the client's cultural

experience as reflected by his or her behaviour. Then, due to this broad focus, counsellors become more aware of their own cultural identity and how this leads them towards particular conclusions. Thirdly, counsellors develop a better understanding of cultural complexity, going beyond observable ethnicity and nationality. Finally, a broad definition prompts counsellors to take heed of the differing cultural personae that may be presented by the client during the course of an interview. This intensive focus on culture deepens counsellors' perception both of themselves and of other people. Counsellors cannot then gloss over the issue of cultural difference (Pedersen, 1991: 11).

Further, 'culture-centred' counselling is dependent upon a broad, inclusive definition of culture. Pedersen (1991: 3) contends that encompassed in the notion of 'professional excellence' in counselling is the concept of 'multi-cultural competence.' Pedersen et al. (2002: 422) argues that culture needs to become central, not marginal, to the teaching and practice of counselling; 'Multiculturalism is a pervasive force in modern society that acknowledges the complexity of culture' (Pedersen, 1991: 1). He argues that, over the last two decades, multi-culturalism has gained the status of a theory rather than a method in counselling. Multiculturalism has become a 'generic' discipline of counselling, not an 'exotic' one. It is this enhanced status of multiculturalism that has altered the way that counselling is now viewed in society (Pedersen, 1991: 6).

It could indeed be said that the ground that has been gained in recent years in the improved position of multiculturalism as a notable force in counselling is, in part at least, due to the broad definition of counselling.

However, Pedersen (1991: 8) refers to an argument against broad definition. He cites Lee (1991) who argues that the term multiculturalism could become so 'inclusive' as to render it largely meaningless. Pedersen (1991: 8) himself notes that the use of the term 'multiculturalism' has continually expanded until it now includes any group that thinks of itself as different. He further argues however that a narrow definition can be useful in identifying culturally specific differences that need to be noted while the broad definition is more comprehensive. Pedersen (1991: 9) sees a problem in defining culture either too 'narrowly' or too 'broadly' or in 'polarising' these definitions of culture in a way that suggests a choice must be made between them. Pedersen contends

that there is no need for multicultural counselling to make relativist assumptions that cultures are each 'unique' and of 'equal value.' Rather, each culture should be perceived in the context of its own cultural mores and beliefs. Conversely, universalism assumes that 'psychological processes' are a commonality among human beings whatever the cultural context. From the perspective of universalism, counsellors are criticised for adapting their approach to 'fit' differing cultures (Patterson, 1978, 1986 cited in Pedersen, 1991: 9). In this connection, Pedersen, (1991: 9) and Draguns (1989) state that Patterson's argument raises the issue of whether counselling can be adapted to take account of cultural difference. There is insufficient space to pursue these issues here; suffice it to say that, as yet, there is no unified concept of multicultural counselling.

While multiculturalism continues to develop as a theoretical discipline in counselling, Pedersen (2002: 5) observes that western psychology is underpinned by assumptions of universalism together with ideas about what constitutes 'normative behaviour.' From this perspective, counsellors tend to assume behavioural homogeneity and to overlook the cultural context in which people live their lives. This leads to 'culturally biased' practice. Here, Pedersen (1991: 10) notes a further contradiction. While 'cultural awareness' in counselling has been viewed as important for a long time, it has a history of 'moral exclusion.' This is applied to those who fail to conform to expected social norms and so are deemed to be 'undeserving.'

THE 'ENCAPSULATED' COUNSELLOR

Pedersen (1991: 10) observes that 'moral exclusion' is viewed as 'encapsulation.' It was Wrenn (1962, 1985) who, it appears, first coined the phrase in an article in 1962 entitled *'The Culturally Encapsulated Counsellor'* and revisited the issue in 1985. Pedersen (2002: 6, 7) explains the concept and identifies five characteristics outlined by Wrenn. Firstly, people use one set of cultural assumptions against which they define reality. Secondly, people are unaware of cultural nuance and believe that their own view is the right one. Thirdly, individuals' assumptions are irrational and not based on evidence. Fourthly, people seek quick remedies that are easy and based on techniques. Fifthly, people judge others by the yardstick of their own 'self-referenced' criteria. Here, Pedersen (2002: 7) cites his (2000a) list of ten examples of cultural encapsulation

apparent in the counselling literature. Among these there are several that are particularly interesting to note. For example, that individualism rather than collectivism is the preferred perspective. He notes too that professional boundaries are 'defined narrowly' and interdisciplinary working is not favoured. Also, dependency is frowned upon and people are expected to conform. Neither, the person's background, history, nor social support network is considered to be relevant. Then, the prevailing scientific model of cause and effect is deemed most appropriate. Finally, the counsellor deems him or herself to be non-racist and culturally unbiased, however unrealistic that might seem. Pedersen (1991: 11) observes that encapsulation is dangerous in counselling. The counsellor is entrapped in a singular mode of thinking and is resistant to alternatives. It is a 'broader' view that frees the counsellor from encapsulation. When counselling is used restrictively, prejudice and discrimination result, whether this is overt or covert. Pedersen goes on to cite Ponterotto and Casas (1991: 7, 8) who comment that most traditionally trained counsellors work from a 'culturally biased and encapsulated framework.'

A further analysis of 'culture-bound' assumptions in counselling, which, in this case underpins mental health in North America, is put forward by Lewis-Fernandez and Kleinman (1994) and cited in Pedersen (2002: 5). The first assumption is that individuals are autonomous and driven from within. Secondly, there is an assumption of dualism between mind and body. This dichotomy is also seen as a key feature of the medical model in mental illness (Johnson and Nadinshaw, 1993: 2). Thirdly, culture is 'super-imposed' on to the observable biological attributes of the person.

In the UK, little time is given to cultural and racial matters on counsellor training programmes. In the context of the UK as a multiracial society, this is indefensible, albeit that it may be regarded as understandable given the extent of the knowledge and skills that need to be acquired (Lago with Thompson, 1996: 133)). This lack of multiracial and multicultural training at a professional level transmits also to the training of volunteers working in the field of counselling as a listening and empathetic ear. Their training is likely to pay marginal heed to such issues. While the willingness to develop 'cultural competence' may be manifest in those involved, the opportunity to do so may be disappointingly absent. The necessary resources to mount such training

may be unavailable and more particularly, the providing organisation may lack the appropriate ethos and cultural orientation.

In this connection, Lago with Thompson (1996: 86) identify the philosophical assumptions that underpin various cultural perspectives. Jackson and Meadows (1991), as cited in Lago with Thompson (1996: 86), refer to these philosophical assumptions as 'underlying world views' on 'the deep structures of culture.' They identify three propositions for each of the European, Asian and African cultures. Jackson and Meadows (1991), state that European cultural systems accentuate a 'material ontology' in which the acquisition of material possessions is valued. The Asian ontology, which is termed 'cosmic unity,' values group cohesion and integration of the mind, the body and the spirit. The African ontology places value on inter-gender relationships, the spiritual and the material and on knowledge of self as the foundation of epistemological development.

Here it may be said that Lago with Thompson (1996) address issues of separateness between cultures. However, these strong distinctions may be less of a feature in the UK where a pattern of ethnic diversity has developed over several generations during the twentieth and early twenty-first centuries. Members of ethnic minorities born in the UK may hold both the materialist values of western society and principles derived from parents and grandparents indigenous to another part of the world. Contemporaneously, the traditional indigenous UK population is likely to maintain a western viewpoint. This may contribute to an encapsulation which becomes hardcore when faced with an emergent co-existing and alternative culture.

'CULTURAL COMPETENCE'

Pedersen (2002: 12) contends that 'multi-cultural competence' is dependent upon the foundation of a theory that is 'culture-centred.' For this to happen, psychology needs to take a stance that is intrinsically cultural. Pedersen cites Sue, Ivey and Pedersen (1996) who put forward six tenets of a multicultural theory. These may be briefly summarised here. Firstly, western and non-western 'world views,' are fundamentally different. Secondly, counselling must pay attention to complexity and contextual change in the client-counsellor relationship. Thirdly, it is acknowledged that racial identity influences

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the counselling process. Fourthly, the culture-centred approach is aimed at encouraging a wider role for counsellors. Fifthly, there are alternatives to traditional counselling roles and these stem from a diversity of cultures. Finally, all counselling formats (individual, family or group) should take account of 'contextual orientation' (Sue, Ivey and Pedersen, 1996).

Constantine and Ladany (2001: 490-92) identify six precepts of multicultural competent counselling. These are as follows: the counsellor's awareness of self; counsellor knowledge of multiculturalism; multicultural competence; understanding of the client's cultural differences; the existence of a mutual agreement between the counsellor and the client for the way in which they will work together. Finally, the counsellor should possess multicultural skills.

Lago with Thompson (1996: 137) cite Sue et al. (1996) who have produced a sequence of multicultural competencies of which Lago and Thompson give an abbreviated version (1996: 136). Here, to knowledge and skills, Sue et al. add a section on 'beliefs and attitudes' which extends the counsellor self awareness dimension specified by Constantine and Ladany (2002). For example, Sue et al. advocate that counsellors should be aware of their own limits.

The raw data for this research gave no indication that volunteer bereavement support workers had, or were expected to have, any level of multicultural competence. As noted earlier, counsellors themselves have been observed to receive little training to equip them for working with clients who are culturally and racially different (Lago with Thompson, 1996: 133).

In the case of this research, volunteers appeared to have been given minimal training in developing their understanding of other cultures. A number of interviewees for this research referred to one session on their basic training programme relating to cultural and religious difference, and another which was concerned with sexual orientation. This research data would, therefore, seem to indicate a marked marginalisation of difference despite the professed 'open door' policy commonly operated by the organisations concerned.

Interestingly, these sessions on perceived marginal topics such as race, culture, religious difference and sexuality, appeared to capture the imagination of trainee volunteers. One PEAL (Parents Experiencing Adult Loss) volunteer contributing to this study was particularly enthusiastic about the session on culture that she attended on a course run by Cruse. The session was taken by three 'ladies': a Muslim, an Afro-Caribbean and a Jewish lady. This interviewee had been impressed by the 'affection that oozed from them for each other and the respect they had for each other and each other's culture was fantastic' (Interview 16: 10, lines 11-15).

SERVICE PROVISION

There is an observable tension for these charities between the legislative requirement to provide equal opportunities and the reality that their services are not accessed by members of ethnic minority groups. Neither do people from this section of British society apply to work as volunteers in these agencies. Hence, more than minimal multicultural training for their volunteers may be viewed by them as a misplaced use of resources.

On the one hand, there is a drive in British society towards multiculturalism, while on the other hand, as Lago and Thompson (1989: 209), note, there is a lack of equal opportunity and provision for those who are black. This point is noted also by Smarje and Field (1997: 142) in relation to palliative care and services for the dying. Lago and Thompson further contend that for counselling this means that an element of racism must be deemed to exist. They state too that 'white people are already self-evidently rooted in white culture' (Lago and Thompson, 1989: 210,208).

Multicultural and multiracial service provision in mental health in Britain is also of concern to Johnson and Nadinshaw (1993: 20). They contend that 'services are often discriminatory, culturally insensitive and inappropriate.' This is an accusation that they also level at counselling. From this, we might conclude that the road to intercultural understanding is a long one.

EMERGING THEORIES OF COUNSELLING

Fuertes and Gretchen (2001: 509-541) give a review of emerging theories of counselling. Among these are included the social constructionist approach multicultural counselling and multicultural counselling theory (MCT). In relation to the last mentioned, Sue et al. (1996) depict six propositions described here earlier. In their critique of this theory, Fuertes and Gretchen (2001: 510) state that Sue et al. have caught the essence of the multicultural drive in counselling and highlight the idea that culture is rooted in human consciousness and so is pivotal to psychological performance. People are viewed as 'cultural beings' and so the essence of the client-counsellor therapeutic relationship is their cultural interaction. A further point to commend in relation to their theory is that the importance of context is recognised in relation to human psychological functioning and within the counselling situation. Fuertes and Gretchen, (2001: 514), view Sue et al.'s multicultural theory of counselling as a 'meta theory' which requires a fundamental change in the way that counselling is thought about and practised. Fuertes and Gretchen (2001: 515) cite Casas and Mann (1996) and others, who indicate a difficulty with MCT, in that, the definition of a term, such as 'culture' is not made clear. Since there are numerous definitions of terms such as 'culture,' 'racism' etc, it is necessary to clarify which one is being used. A further criticism made by Casas and Mann (1996) is that the underpinning philosophical assumptions are not identified, thus disregarding the foundations on which culture is based.

The social constructionist approach, as explained by Gonzalez, Biever and Gardner (1994), links to MCT and serves as an informative framework for it. Gonzalez et al. suggest that knowledge of how clients construct their racial and cultural identity can facilitate the counsellor's understanding of the client and encompasses the idea of the counsellor as a learner in the therapeutic process.
The social constructionist approach in MCT also raises several factors for the counsellor to consider. Firstly, the client's ideas should be accommodated, even when they lie outside the current literature. Secondly, the therapist must relinquish the role of 'expert'

in the therapeutic relationship, and thirdly, counsellors should not depend upon pre-prepared diagnostic tools (Gonzalez et al., 1994 cited by Fuertes and Gretchen, 2001: 515,516). Fuertes and Gretchen (2001: 516) note that the contribution of Gonzalez et al.could serve to encourage the non-judgmental attitudes needed in multicultural counselling and for this reason, be helpful in counsellor training. They argue, however, that the counsellor needs cultural self-awareness for this to work effectively, together with the ability to view things from the client's perspective. However, Fuertes and Gretchen (2001: 516) view the social constructionist approach as somewhat simplistic in its apparent view that it can equip counsellors to work with clients from any culture without themselves having detailed knowledge of it. They assert that the complexity of people's lives makes this level of versatility in the model unlikely. They further observe that the model assumes that clients are self-aware and articulate, which may not be the case. Fuertes and Gretchen finally note that the model depicts the counsellor as passive, which may be seen as a drawback by members of some ethnic and racial groups who expect a more directive approach (2001: 516).

THE FUTURE OF COUNSELLING

Pedersen et al. (2002: 425) advocate multi-culturalism as the way forward for counselling. They contend that a pluralist approach, where cultural commonalities and differences are accepted and understood, is the desired goal. They note also that the literature in psychology indicates that changes are occurring in counselling. They further argue that counselling is fortified where culture is a central rather than a marginal focus. The complexity of multicultural counselling is acknowledged but is viewed as a 'friend not an enemy' (Pedersen et al, 2002: 421, 422).

This view is to some extent contested by Laungani (1997: 343-352), who takes a pragmatic approach to some of the difficulties he advances in replacing 'client-centred counselling' with 'culture-centred counselling.' Laungani notes in particular that effective communication lies at the heart of the counselling relationship. Laungani argues that three conditions are needed if communicative rapport between the client and the counsellor is to take place. He identifies these as firstly, that the counsellor and

client should share a group of common assumptions, for example language and non-verbal communication signals. They also need to share a common cultural ideology. While Laungani does not advocate the relativist position that this condition implies, he points to the difficulty of cultural ideological difference in terms of culture-specific values and such factors as the difference between individualist and collectivist cultures. Finally, there needs to be a shared acceptance of the underpinning theoretical assumptions in the counselling process. For example, the Rogerian client-centred approach is the contemporary counselling *modus operandi* in British society. The self-determinatory nature of this approach is at odds with eastern understandings of helping relationships (Laungani, 1997: 344-346).

These opposing positions on the efficacy of taking a multicultural stance in counselling again indicate tensions underpinning counselling in contemporary Britain. As outlined here, the alternative to the adoption of a multicultural approach to counselling would seem to indicate the separation of services along cultural lines. To many, this is unlikely to be viewed as a tolerable option. Multiculturalist counselling may generally be regarded as the preferable model on grounds of social health alone. However, inhibiting factors such as resistance to fundamental change in the prevailing psychological paradigm may cause the road to be a long one.

CONCLUSION

It has only been possible here to review the literature in relation to those central tenets and issues in counselling which are of significance to this research project. The intention has been to trace the development of counselling briefly and to raise current issues with a view to illustrating some of the pressures that the traditional psychological model of counselling is confronting. The matter of power in the counselling relationship and the connecting issue of multiculturalism are particularly pertinent to this research. The endemic power imbalance in the client-counsellor relationship was an area that caused difficulties for some respondents who said that they were unaware of this as a matter of relevance to themselves. It appears that multiculturalism was, at the time of my interviews (2003-2005) perceived to be of marginal concern to the

organisations for whom these volunteer bereavement supporters worked, perhaps due to the lack of service take-up by local ethnic groups.

Section Three:

Bereavement Support: An Exposition and a Review of the Literature

"…back {in} 1976… I was searching for the answer to the question,
do bereaved people die of a broken heart? " (M.S. Stroebe, 1997: 163)

"My counsellor heard my tears." (Anon)

INTRODUCTION

The ideas encapsulated in these quotations form the basis of this section. Not so much the question of whether the bereaved die of a broken heart, but rather, what is being done to mend it. Indeed, in recent years, Margaret Stroebe, a psychologist, first with the University of Tübingen and now the University of Utrecht, is a central player in the more recent controversy concerning the question, 'does grief work work?' (Stroebe and Stroebe 1991, W. Stroebe et al. 2005)

The growth in bereavement support is noted by Raphael et al. (1993: 428). Certainly this can be said to have been a feature of British society since the end of World War II: running alongside the increased demand for counselling over the same period and referred to in the previous section (Sherrard 1993: 54, McLeod 1998: 24, Arnason 2001: 299).

Bereavement support practice and services in the three agencies with which this study is concerned, are manifestly built on the counselling tradition described in Chapter Three and in the previous section. Having reviewed the literature on counselling in relation to key issues such as power and multiculturalism, in section one of this chapter, the intention here is to do the same in respect of matters relevant to bereavement support, with a view to gaining understanding of how such services are constructed in these organisations.

Sheila Payne (2001b: 108) notes that 'coping with bereavement can be extremely challenging.' Likewise, W. Stroebe et al. (2005: 408) cite their earlier work of 1996 in which it was found that the most usual emotional problem experienced by the bereaved was 'the feeling of being utterly alone, even when in the company of family and friends' (Stroebe et al. 1996, Stroebe W. 2005: 408). Hence, it appears unsurprising that in an

era when counselling has become almost *de rigueur* for emotional and relationship problems, both large and small, that the use of counselling for bereavement has become so widespread in the UK (Raphael 1993: 428). Bereavement support services are now almost routinely provided by professionals within and outside the NHS as well as less formally by voluntary organisations, the best known of which is probably Cruse.

The term 'bereavement support' has been adopted throughout this study to denote the type of service provision under discussion here. Although, in the literature a distinction is not always drawn between the professional intervention of psychiatrists, psychotherapists and qualified counsellors, with the listening ear provided by trained volunteers. It is this last group that is the focus of attention here.

THE ETHOS UNDERPINNING BEREAVEMENT SUPPORT

1. Social Support

The ethos of bereavement support and the techniques of its practice have derived from, and are underpinned by, on the one hand, it's counselling roots and, on the other, a notion of what constitutes 'social support.' In an early article, Vachon and Stylianos (1988) considered the role of social support in bereavement. They noted that the most helpful 'support' was found by Lehman et al. (1986) to be contact with other bereaved people. This provided the opportunity for the bereaved to say how they felt and to have those feelings accepted and understood (Vachon and Stylianos 1988: 181).

'Social support' is defined as a 'transactional process' which, to be effective, must be equally reciprocated between participating parties (Vachon and Stylianos 1988: 176). They go on to cite House (1981) who identifies four tenets of social support: 'emotional support' involves heightening the bereaved person's sense of self-worth; 'appraisal' is concerned with feedback on attitudes and behaviour; 'information' enables problem solving and advice giving; and lastly, 'instrumental support' denotes practical help (House 1981 cited in Vachon and Stylianos 1988: 176). Of these, emotional support can be said to be most evident in bereavement counselling nowadays. Advice-giving is discouraged. On the matter of emotional support, W. Stroebe et al. (2005: 406) cite Raphael and Nunn (1988) who argue that a prime purpose of counselling is to aid emotional release.

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Here it needs to be noted that Vachon and Stylianos (1988) discuss bereavement support as deriving from personal social networks and not from professional sources. It is the social support of the community as well as family and friends that they consider. At times, this type of support may be ineffective due to an absence of skill on the part of would-be supporters (Wortman and Lehman 1985). It could be argued that the aim of training volunteers to provide bereavement support is in order to constitute an enhanced and more formal version of social network support.

2. The Roots of Counselling

As well as reflecting those community values embedded in the concept of social support, the ethos and methodology underlying bereavement intervention, is rooted in the Freudian tradition which, until recently, has characterised the theory and practice of counselling. This has been discussed more fully elsewhere in this thesis so a reminder here will suffice. Freud's contention in relation to the handling of bereavement was that 'grief work' must be accomplished so that the mourner was released from the attachment bond with the deceased and that emotional energy could be re-invested in a new relationship. As W. Stroebe et al. (2005: 396) note, this 'has had a lasting impact on scientific thinking in the area of bereavement.' It is this grief work hypothesis that has underpinned bereavement counselling ideology.

3. The Rogerian Approach to Counselling

In addition to these principles, there is a third prong to the philosophy that guides volunteer bereavement supporters working with charitable foundations such as Cruse, or a hospice. Most commonly adopted is the Rogerian approach to counselling which derives from the humanistic school of psychology. This developed as a reaction to the scientific approaches adopted by mainstream theorists such as Freud, and Skinner, who was a central figure in the behaviourist school of psychology. Humanist psychology is focussed on the individual as the central agent of his or her own destiny. The Rogerian approach is these days more commonly referred to as 'person-centred.' Carl Rogers himself termed his *modus operandi* 'client-centred' (Rogers 1951: 19). He viewed this approach as more than a 'method' because the counsellor needs to hold an appropriate set of beliefs in order to use it effectively. The counsellor needs to have a deep-seated philosophical belief in the value and dignity of the individual. This idea in relation to

'self-concept' is at the heart of the person-centred approach (McLeod 1998: 95).
Uppermost in the mind of the counsellor must be respect for the individual, his or her
autonomy and entitlement to self-direction (Rogers 1951: 20).

A further core element of the person-centred approach is the notion of 'non-directive'
counselling. Rogers, however, recognised that critics might equate this with passivity
on the part of the counsellor. He argues that, on the contrary, this is not the case. The
counsellor needs to be an 'active listener' and must take pains not to impose his or her
personal values on the client (Rogers 1951: 27).

As central to the humanist school of psychology, which also included Maslow in
relation to human needs and motivation, the person-centred approach represented a
breakthrough for counselling and psychotherapy. Indeed, as McLeod (1998: 88) states,
Rogerian counselling is not only widespread but has also been incorporated into other
approaches. This extensive growth seems, in part at least, to be attributable to the
expansion of individualist values throughout the western world during the twentieth and
early twenty first centuries.

Rogers identified three essential and equally important tenets of person-centred
counselling. These include, firstly 'unconditional positive regard' or in other words, the
non-judgmental acceptance of the client. Secondly, the 'counsellor' should have an
'empathetic' understanding of the client. That is, the counsellor should be aware of
how the client might be feeling. Thirdly, the counsellor must be genuine or 'congruent.'
Namely, there should be harmony between the way that the counsellor relates to the
client and his or her own values and beliefs (Mearns and Thorne 1998: 14, 15). It is
these three tenets of 'positive regard,' 'empathy' and 'congruence' that characterise the
Rogerian approach, albeit that 'unconditional positive regard' may not always be
reconcilable with counsellor congruence.

The Rogerian methodology continues to be much in evidence as the *modus operandi* in
volunteer bereavement support provision. Arnason, who observed Cruse training
programmes in the late 1990s, states that the Rogerian approach had been adopted by
Cruse. He goes on to explain that in Cruse, it is the client and not the counsellor who is

regarded as 'the expert' because it can only be the client who has personal knowledge of his or her own situation (Arnason 2001: 300).

In my own research, explicit reference to the Rogerian or person-centred approach was less evident where volunteer bereavement supporters were concerned. It was expressly referred to as being in use in Cruse by three respondents, all of whom were supervisors with the agency. Among volunteer bereavement supporters however, there seemed to be an implied understanding of the approach. For example, a PEAL volunteer who was on placement with the organisation said, during her discussion of theoretical approaches, that '... they don't <u>have</u> to be anywhere. They can be wherever they want to be' (Interview 17: 7, lines 14, 15). The general tenor from volunteer bereavement supporters in all three organisations in which I conducted interviews (Cruse, PEAL, a hospice) seemed to be an implicit understanding that the client is in charge, as, for example, in the earlier quotation from interview seventeen. This tacit understanding may have derived from training, or from the culturally taken-for-granted assumptions of an individualist society which self-evidently values personal autonomy and self-direction. In any event, putting a name to a theoretical framework seemed something of a difficulty for volunteer bereavement supporters who may have been making an intuitive response to clients rather than one based on cognitive knowledge and understanding. In essence, it can be concluded here that the ethos underpinning bereavement support reflects both social values and more specific counselling values.

THE USE OF THEORY IN BEREAVEMENT SUPPORT

Volunteers' use of Theoretical Models of Counselling and Bereavement

In the New Zealand study (Payne 2001a: 111), service co-ordinators were asked which theoretical models were used in bereavement support and in volunteer training. Payne observes that co-ordinators found this a 'difficult question.' A number of them didn't use models and two were opposed to using theoretical models, reporting that they saw people as individuals. Payne lists the sources that were mentioned. The better known of these were Kübler-Ross, Worden, Klass and Neimyer. Payne goes on to comment that stage theories such as those of Kübler-Ross were used even though co-ordinators were aware that these had been criticised. Payne found that assumptions that the

bereaved moved through stages of grieving were implicit in the collected data for her study (Payne 2001a: 111).

A notable absence in Payne's list of theoretical models used by hospice volunteer co-ordinators in her New Zealand study is that of the Dual Process Model put forward by Stroebe and Schut in 1999. It may, though, have been too early in its dissemination for this model to have yet reached hospice bereavement support volunteer training and practice at the time at the time of Payne's study.

In my study when I asked interviewees about their use of theoretical models, no distinction was made between counselling models and those used in bereavement support. The counselling theoretical frameworks most often referred to by interviewees were those of Rogers' (1951) person centred approach and Bowlby's thesis of attachment and loss. A popular stage model of counselling was that of the 'skilled helper' advanced by Egan in 1986. This was described by one interviewee as the 'one where you help people to help themselves' (Interview 7: 4, line 14). Egan saw this as a three stage approach to counselling in which the situation or problem was explained, (Stage I), goals were set (Stage П) and then strategies developed for attaining them (Stage Ш). The book was written for members of the 'helping professions' who needed to develop what is broadly referred to as a 'pastoral role' (Egan 1986: 3)

Interviewees taking part in my research were divided over their use of bereavement models and so, for example, no overt recognition of the difference between stage models and process models was made. Bereavement models, where they were used, appeared to be employed as a template without any real understanding of them, although one supervisor said that she encouraged the use of Worden's model because she felt that a task-based approach could be a helpful way of viewing the grieving process. This interviewee did refer to the Cruse training as 'very' lightweight compared to what they (the volunteer bereavement supporters) would have learned elsewhere (Interview 14:11, lines 7-9: 10, lines 12, 13). This does rather beg the question of how much or little training is needed for a 'befriending' role. The one model that did seem to be deeply entrenched in the psyche of volunteer bereavement supporters was that of Rogers' (1981) person centred approach to counselling. Apart from this, most

interviewees for this research study professed to eschew theoretical models in favour of following their intuition about what mattered to the client.

Stage Theory

In the latter part of the twentieth century it was 'stage theory' that held sway as the guiding framework in bereavement support. This approach was raised earlier in the main literature review and in the chapter on the social construction of bereavement.

An additional prime theorist of the genre is Kübler-Ross whose concept of 'stage theory' was the prevailing influence in bereavement support throughout the last quarter of the twentieth century. Dr. Kübler-Ross undertook her observations with dying patients and her stage theory model came to be widely used by therapists working with the bereaved. Chabin (2000: 8) cites Davidson (1985: 167) who, at that time, stated that 'hospices practice theory was based on Kübler Ross's staging paradigm.' This would seem to be a strong indication, at that time, of the extent to which her model had become embedded in the medical and social care of the dying and the bereaved. Indeed, Chabin, writing many years later, notes that the five stages delineated by Kübler-Ross (denial, anger, bargaining, depression, acceptance) had become integrated into health care practice in the United States of America (Chabin 2000: 17).

In my own research interviews conducted between the summers of 2003 and 2005, seven out of twenty respondents made specific reference to stage theory. Three of these were hospice respondents; three were from Cruse and one was from PEAL. Of the hospice interviews there were minimal references by two respondents to both Kübler-Ross and Worden which might almost be termed name dropping. There was no discussion of these theories by either respondent. The third hospice respondent referred to 'phases' as delineated by Bowlby (1980: 85) and itemised in Chapter Three. The respondent said that she disagreed with the idea of 'phases' because she believed that people tended to move non-sequentially between them (Interview 2: 7, lines 12-14). Two of the Cruse respondents were supervisors. One of these, a psychologist in independent practice, was 'comfortable' with stage theory because she saw it as part of the conceptual framework of psychology. The other supervisor, a mental health psychologist who taught on the Cruse volunteer's training programmes, used Worden's

tasks of grieving because these are easily understood (Interview11: 6, lines 5 and 6; interview 14: 11, lines 7-9). The third Cruse interviewee using stage theory was a volunteer bereavement supporter. She reiterated three stages: 'shock', 'grieving' and 'learning to live without the deceased person.' This could be said to link with Raphael's (1984) concept of stage theory. She identified 'shock and denial', 'pining' and also 'reorganisation and recovery' as the three stages of grief (Interview 8: 9, lines 12-17). Finally, the PEAL respondent raised the issue of the bereaved being expected to go through 'stages.' She asserted that, of course, they don't (Interview 17: 7, lines 10 and 11).

Stage theory has now been superseded by other more contemporary theoretical frameworks and models of grief such as the Continuing Bond (Klass et al. 1996) and the Dual Process Model (Stroebe and Schut 1999) both of which were discussed in earlier chapters. Nonetheless, it is interesting to note that there is some evidence that the memory of stage theory still lingers in the minds and even in the practice of some volunteer supporters. It may be that the continuing training offered to long-standing volunteers has not included re-training and updating on these matters. Alternatively, volunteers may themselves find it difficult to shed long held traditions in their ways of working. In relation to her critique of the stage theory model depicted by Dr Kübler-Ross, Chabin (2000: 28) observes that the basis of it was the 'reductive paradigm' characteristic of medical science. Contemporary postmodern research now includes qualitative methodologies.

TIME-LIMITED GRIEF

Linked to the concept of stage theory is the notion of 'time-limited' grief. As indicated above, Raphael (1984) refers to 'recovery', thus presupposing that grief comes to an end. A common colloquial myth is that people do 'get over' their grief, usually in about two years. This idea is borne out in my own research by a PEAL respondent. She refers to a client whose husband had died more than twelve months previously. Her boss had told her, 'Well, you should be over that by now.' (Interview 17: 7, lines 8, 9)

The time-limited concept of grief was not specifically raised by most of my respondents. Perhaps because, as people who had experienced significant personal loss

themselves, they know that grief doesn't come to an end. Or maybe the notion of time-limited grief is so embedded in the social psyche that it is also taken for granted by bereavement supporters. Certainly in many of my interviews there was an implication that grief moved towards some kind of a resolution. Some respondents allied grief with being on a journey. Phrases that were used included 'moving on', 'moving forwards' or 'making progress.' Conversely, clients were also referred to as being 'stuck' or 'making no progress.'

Walter (1999: 146) states that Gorer (1965) believed that 'healthy' grief was time-limited. As an anthropologist, Gorer saw time-limited grief as a characteristic of many cultures but less so of England. Walter further reminds us that the purpose of putting a time-limit on grief is that the bereaved should return to their usual lives and emotional state as soon as possible. This, as Parkes and Weiss (1983: 155) acknowledge, cannot occur. Following bereavement the situation has totally changed. There can be no return to how things were when the deceased person was still alive.

CONTEMPORARY MODELS OF GRIEF

Bereavement support has now moved away from this earlier, largely normative taxonomy to encompass contemporary models more reflective of the grief experience. In this context, the Dual-Process Model of grief (DPM) developed by Stroebe and Schut (1999) is a prime example. This approach was outlined in Chapter Three. Volunteer bereavement supporters can find it useful in explaining how at times clients may present as grief-stricken, while at others they are occupied with restoration activities such as a new hobby or going on holiday. One volunteer said that she uses the 'oscillating model,' to which she was introduced on her training programme. 'It's quite nice as well,' she remarked (Interview 5: 4, lines 18 and 19). Another respondent referred to 'the two circles model' by which the client moves from one orientation to the other (Interview 17: 6, lines 14-17). Neither respondent remembered the name of the model or of its authors. Indeed, a number of respondents said that their approach to working with clients tended towards the intuitive (Interviews 1, 3, 4 and 16). On the whole, theory seemed to take a low priority for bereavement supporters. However, Servaty-Seib (2004: 128) asserts that mental health counsellors, focussing on a Rogerian approach, may find DPM a useful model when working with bereaved clients. The

authors also cite Schut et al. (1997) as arguing that DPM could be used by counsellors to encourage clients to focus on their less preferred orientation (Schut et al. 1997: 5).

An example of a contemporary social theory of grief which may be applied to bereavement support is that of the continuing bond thesis propounded by Klass, Silverman and Nickman (1996). While the concept has its critics, as identified in Chapter Three, examples of a continuing bond are manifest in my data. One respondent in particular thought that it was a benefit '... to take that person (the deceased) forward with you ... I think that's quite good, 'cause you don't want to lose those memories do you?' This respondent went on to say that when the client leaves the house she turns to a photograph of her husband and says, jokingly, 'Look after the house Ed ... bye.' (Interview 8: 9, 10 lines 1-2, 13-14).

CONNECTIONS: CONTEMPORARY THEORIES OF GRIEF; PSYCHOLOGICAL AND COUNSELLING THEORIES AND THE RECONSTRUCTION OF MEANING

In making connections between theories of counselling and contemporary theories of grief, Servaty-Seib (2004) considers Bowlby's attachment theory and its links to the grieving process. The classical Freudian position on this has been the withdrawal of emotional energy from the deceased so that this energy then becomes available for investment in a new relationship. In contradiction to this thesis of detachment, Servaty-Seib (2004: 132) points out that current thinking indicates that the adaptive process of grief concerns the formation of a 'continuing bond' with the deceased as suggested by Klass et al (1996). The authors further note that this possibility of a 'maintained connection' was recognised by Bowlby, who observed that this may not always be a positive connection. A negative attachment may lead to the perpetuation of unwelcome memories.

Further, Servaty-Seib (2004: 132) cites Fraley and Shaver (1999) as arguing that adaptation to the death of a loved one is similar to the process adopted in following detachment from parents or other 'primary care-giver.' Some people find it easier to form new adult relationships than others. In terms of bereavement support, it may be concluded, as the authors have here, that 'healthy' grieving may be envisaged differently for each individual (Servaty-Seib 2004: 132).

A further connection made to counselling by Servaty-Seib (2004: 129-131) concerns the reconstruction of meaning in relation to loss. Here the author cites Neimyer who views meaning-making and reconstruction as central to the process of grieving. This is done by means of story-making or the building of a narrative. By these means, the bereaved individual integrates their loss into their life story. It can be said here that there is a perceivable link between Neimyer's idea of storytelling and Walter's (1998) notion of a 'durable biography' which is created by those who knew the deceased and based on Giddens concept of identity in contemporary capitalist society (Walter 1996: 7, 20). Certainly, there was indirect anecdotal evidence of biography and narrative in my research whereby most respondents summarised clients' stories of their bereavement.

Servaty-Seib (2004: 130) cites Wortman and Silver (2001) who argue that meaning reconstruction is concerned with creating a new meaning of life without the deceased. Where the ties were close, the life of the bereaved person is thrown into turmoil following the death of someone close. This may lead them to question the nature of their future identity and role in life (Servaty-Seib 2004: 130).

Neimyer (2005: 28) proposes 'a new paradigm of grief' that views 'meaning reconstruction' as the main 'task' of grieving. Neimyer sees people as habitual meaning- makers by means of narrative. He refers to the disruption for the bereaved of the assumptions about their personal world which hitherto they had taken for granted. While Neimyer does not himself make the point here, there is a connection with Colin Murray Parkes' (1975) concept of a psychosocial transition which must be undergone, taking the bereaved from the 'assumptive world' of their old life to a new one, eventually also to be assumed.

Neimyer (2005: 28) notes that people who are able to find meaning in their bereavement adapt to their new situation more readily than those who can find no sense in their loss. The importance of finding meaning in loss is introduced by Marris who argues that individuals assimilate new experiences within the context of a 'familiar, reliable construction of reality.' Marris refers to this as the 'conservative impulse' (Marris 1986: vii, 6) which can be said to link to Neimyer's (2004: 14) 'constructivist' approach towards understanding the grief of individuals and making a therapeutic intervention in that process.

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THE CONSTRUCTIVIST APPROACH TO GRIEF THERAPY

'Constructivism' in psychology is concerned with the idea that people are actively involved in creating their own mental structure rather than this being passively acquired. There is also a connection here with the sociological concept of social construction, which likewise emphasises the notion of 'the social construction of reality' as propounded by Berger and Luckman (1966) and briefly delineated here in Chapter Four. The complexity of a constructivist approach to intervention in the grief process makes it the province of qualified and experienced psychotherapists rather than lying within the remit of volunteer bereavement supporters. However, I did notice in my research data a trend towards an intuitive perception that clients want time to tell and retell their story before re-engaging with their life in its new format.

A SOCIAL CONSTRUCTIONIST APPROACH TO GRIEF THERAPY

A tentative social constructionist approach to therapy has developed in recent years. Lynn Hoffman (1992:8) notes that social constructionism in therapy may become entangled with social constructivism. Hoffman (1992:8) explains that social constructivists see knowledge as deriving from social interaction by which means individuals develop their sense of identity. Social constructionists on the other hand, take a post-modern stance which draws on Foucault's (1975) study of power relations, which Hoffman argues, views the issue of power as one of 'dominance and submission embedded in social discourse' (Hoffman 1992:8).

Hoffman goes on to identify tenets of social constructionism as these apply to therapy. There can, for example, be no single objective truth. There can only be diverse interpretations of it. Hoffman then cites Gergen (1985) who argues that 'the self' is a social construction, hence imposing limits on individual options for action that lie outside the confines of personal culture, history and experience (Hoffman 1992: 9,10). As might also be expected, social constructionists refute notions of universalism, thus ruling out the concept of stages in bereavement and grief. Then, continuing within the context of therapy, social constructionists view emotions as integral to the complexity of social interaction rather than as existing universally within individuals (Hoffman 1992: 11, 12)

Hoffman (1992: 13) sees institutional mental health in terms of 'colonialism.' She cites Foucault's (1975) work on discourse in relation to professional groups that inhabit institutions. Foucault argued that such groups develop a particular discourse. The talk the discourse generates, gains legitimacy within the institution, becoming embedded in the psyche and taken for granted. This idea of a shared discourse within a group is endorsed by Andersen and Goolisham (1992: 26, 27) who argue that people's lives are characterised by 'socially constructed narrative realities' typified by the language of a particular discourse.

There was evidence of this in my research data where particular catchphrases were regularly used by bereavement supporters in relation to the grief process. These included metaphors depicting a 'journey' or of 'walking alongside.' Andersen (1992: 64) cites Leary (1984) who argues that all of our 'talk' is constructed in terms of metaphors. This may be going a bit far, but certainly my research data yielded quite a rich seam of metaphors which were, seemingly, used by bereavement supporters to consolidate the authenticity of their role and practice. Metaphors may also have been used as a shared language by bereavement supporters to enhance their sense of belonging to that particular group

In this context, Hoffman (1992: 14) notes that 'colonialism' as manifested in some institutions may shift from 'benign' to repressive therapist. Patriarchy might be seen as an example of this, however well-intentioned the oppression of women. Discourses have arisen to counter this as, for example, that of feminist therapists. Hoffman (1992: 14) argues that this kind of discourse places the feminist therapist, for example, in the role of 'saviour' while the client is cast as the submissive supplicant. There is a sense in which this analogy may be said to apply to volunteer bereavement supporters who, as the 'therapist,' could be depicted as the rescuer of a client who might be deemed to be in a sorrowful situation.

In summary, Fruggeri (1992: 8) argues that 'psychotherapy can be theoretically redefined from a constructionist perspective. Perhaps where volunteer bereavement support is concerned, a social constructionist perspective can be most helpful in holding up a mirror to the practices of 'befrienders' working in charitable organisations.

Given the defining links between social constructivism and social construction, it may seem unsurprising that ways of using them in the counselling context in a complementary capacity have been identified. Despite differences, for example, in terms of the theoretical interpretation of the meaning of self and that of the role of language in the social engagement of counselling, Neimyer (1998: 140) suggests that an element of 'bridging' between the two approaches could be of use to practising counsellors. Neimyer outlines several possibilities, not reiterated here, which he deems could contribute to the development of a 'more personal form of constructivism' (Neimyer 1998: 140-144, 135).

Likewise Lyddon (1998: 217, 218), in his critique of social construction in the counselling context, notes the likely benefits to multi-cultural counselling of applying the concept of social constructionism. Lyddon further comments, that by using this frame of reference, counsellors may develop their cultural competence by increasing their self-awareness in relation to their own perspective on matters of race, as well as gaining insight into the racial and cultural constructs of their clients. Lyddon argues that this immersion in multiculturalism may lead to an eye-opening experience for counsellors in relation to the way in which 'social groups both reward and marginalise people' according to such factors as race (Lyddon 1998: 218). On the basis of this, we might promote the idea that bereavement support agencies that seemingly have their roots embedded in mono-cultural society might see such an approach as a way forward in developing and encouraging access to their services across the social spectrum.

AN INTEGRATED PSYCHOLOGICAL APPROACH TO COUNSELLING

While some intermingling between constructivist and social constructionist approaches to counselling are suggested, Bonanno and Kaltman (1999) propose a more integrated psychological perspective on bereavement. They note (1999: 761, 2001:719) that it was Stroebe and Stroebe (1987) who first raised the issue of the lack of empirical evidence to support the traditional belief that grief work needed to be undertaken by those who are bereaved. This, Bonanno (2001: 719) points out was also endorsed by Workman and Silver (1989). This questioning of the grief work hypothesis has led to a 'theoretical vacuum' (Bonanno and Kaltman 1999: 765, Bonanno 2001: 720). Bonanno

and Kaltman (1999: 784) conclude, at this time, that the predominance of the grief work hypothesis precluded a search for other perspectives.

In terms of developing an integrated perspective, Bonanno and Kaltman (1999: 768) make links to attachment theory and the continuing bond as well as to other approaches less relevant here. In relation to attachment theory, Bonanno and Kaltman (1999: 768) indicate that it is based on the premise that attachment is a biological feature of human behaviour and can be attributed to both infant and adult responses. Adult grief is thought to replicate the behaviour of infants on separation from their primary carer. This can include pining or yearning, searching and also 'protest.' This may be followed by 'despair' and disorganisation as the realisation of permanent loss begins to sink in. While the traditional links have been made between attachment theory and the grief work hypothesis, Bonanno and Kaltman remind us that it was Bowlby (1980) who referred to the possibility of a continuing bond with the dead person. They further cite Fraley and Shaver (1999) who argued that Bowlby had thought that it was the sorrow of grief that led both to the re-modelling of 'internal representations' and a new way of relating to the deceased person. Bowlby, it is argued, thought that the continuing attachment to the deceased had 'too long gone unrecognised' (Bowlby 1980: 98). Bowlby had identified the 'adaptive value' in remaining attached to their dead loved one. This was in the face of the seemingly prevailing wisdom, that to do so signified a pathological response to grief. Furthermore, this concept of maintaining a relationship with the deceased is well documented in anthropology and is integral to the culture of many non-western societies. Bonanno and Kaltman (1999: 768, 769) cite Chinese reverence of the ancestors. Likewise, Klass (1996: 60, 61) refers to the traditional practice of ancestor worship in Japan.

COUNSELLING DISENFRANCHISED GRIEVERS

Doka (2008: 224) refers to his own definition of disenfranchised grief (1985b) as 'grief that results when a person experiences a significant loss and the resultant grief is not openly acknowledged, socially validated or publicly mourned.' Disenfranchised grievers may include non-kin relationships such as carers or a residential care companion. Doka refers to some losses that may not be 'socially validated' such as the loss of a much loved pet. In particular, he refers to those who are deemed to be

'socially dead' as it was termed by Sudnow (1967). This may include those in residential care, people in a continuous unconscious state and those who are no longer recognisable to their loved ones due to a dementia. Here there may be a deep sense of loss which is not acknowledged because the person is still alive. Further, grievers who may remain unacknowledged or 'excluded' are those deemed incapable of understanding the death or of grieving; the very young, the very old and those with learning difficulties are cited as examples (Doka 2008: 231,232).

Doka observes that the concept of disenfranchised grief involves an interdisciplinary perspective on grief and loss which includes the psychological, the biological and the sociological, albeit that the social aspect of grief is apt to receive less attention than the others (Doka 2008: 274). Doka sees the 'social aspect of grief' as important. Societies tend to adopt norms that 'govern' feelings as well as behaviour. He cites Hochschild (1979) as writing about 'feeling rules.' In respect of grief, the social structure includes expected behaviours and feelings. More particularly, Doka (2008: 225) notes that this framework may include the losses that can be grieved and how they may be grieved, as well as who may grieve and how other people should react to the loss. With the legitimacy to grieve comes entitlement, such as the right to take time away from work. Stroebe et al. (2008:590) observe that types of disenfranchised grief have changed and that there is now, for example, greater acceptance of cohabiters as legitimate grievers.

Counselling may take the form of probing the part that the disenfranchised griever is taking, in what Neimyer and Jordan (2002) term, his or her own 'empathetic failure.' Doka thinks that bereavement counsellors will have more cases of disenfranchised grief because these people will seek support.

There was minimal evidence in my research of respondents' awareness of disenfranchised grief despite the 'enormous impact' that Stroebe et al. (2008: 16), describe it as having in the field of bereavement. One respondent, a psychotherapist as well as a volunteer with Cruse said, in relation to a client who had been bereaved of his gay partner, that it was 'an absolute eye opener to me as to the difficulties that can arise.' He remembered that his client's 'partner had been separated from his family on account of his admission of his homosexuality. Come his death, and the family moved centre stage and the partner wasn't allowed near them.' This respondent also

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commented that, counter to his own views on the matter, he didn't think that Cruse acknowledged bereavement of an animal as a basis for counselling (Interview 10: 10, lines 10, 11, 12, 15, 16, 17).

Another respondent said that she had 'lost' her 'little dog' the previous summer '... I was grieving dreadfully. Some people might say he was only a dog. Not to me. He's part of my family.' As we spoke she indicated the dog's ashes which had been placed in an urn on the dining-room table which lay between us. The dog's collar adorned the neck of the casket (Interview 12: 13, lines 6, 13, 14).

This scant reference to excluded grief in my research data could reflect a lack of awareness on the part of bereavement support workers who may not have received training in this area. Certainly it would have been uncommon at that time (2003-2005) for organisations such as these to accommodate, for example, animal loss within their terms of reference for service provision. It seems likely however, that these particular voluntary organisations are more accustomed to specific population groups. PEAL has a specific target group; parents experiencing adult loss. The hospice provides bereavement services to the families of their patients and Cruse, which has widened access in recent years, may still be associated with widows in the public mind. There is also the issue of charitable funding which, whether overtly or covertly, may perhaps encourage observance of traditional social norms and values in respect of relationship roles. Whatever the reason, clients seen by my respondents came into the following role types: spouse, parents of children or adult children, children, siblings, teenagers and daughters, mostly of mothers rather than fathers. Interestingly, there were neither grandparents nor were there adult sons being supported for the loss of a parent at the time. Only one client had had a homosexual partner and there was one extra-marital affair mentioned.

This pattern of family role bereavement support may be coincidental, or it may be that organisational structure and policy is a reflection of wider societal values. Certainly the underlying assumption here seemed to be tacit support for permissible grief.

INTERNET COUNSELLING

Doka (2008: 230) observes that there has been very little research as yet on the impact of the internet on the experience of grief, despite the extensive use of it by the bereaved. He comments in particular that the internet is being used in some cultures by those in illicit relationships such as extra-marital affairs for which there may be a price to pay but for which, none the less, there is some acceptance and sympathy by the general public.

Stroebe et al. (2008: 551) indicate that 'experts' forecast greater use of the internet as it becomes an integral part of our social existence. There are a considerable number of 'bereavement related activities' now occurring on the internet, including those that could be described as bereavement support. Many websites are run by volunteers and there are chat rooms and e-mail support groups as well as internet fora. (Stroebe et al. 2008: 552, 553, 554). For now, Stroebe et al. (2008: 556) regard internet bereavement support as a form of 'social support' provided by a community network. This they liken to the support provided by family, friends and the local community. Bereavement support on the internet may either be used to complement or replace these traditional forms of support. The authors have some concerns that internet support could 'damage' the bereaved, either by giving wrong information or by 'misguiding' them in such a way as to lead to self-harm (Stroebe et al. 2008: 555). Their other concerns about internet intervention include an excessive focus on grief to the exclusion of other aspects of life. Their especial concern is for the possible abuse of the bereaved many of whom may be lonely and vulnerable and so more prone to accepting advances from those seeking financial or sexual gain. Here the authors show concern for the quality of internet intervention which needs to be addressed for the future (Stroebe et al. 2008: 558, 571).

To conclude this section, the prospective choice for the bereaved may lie between traditional face-to-face intervention in a one-to-one situation, or in a group and, for reasons perhaps of convenience or anonymity, the internet.

HOW EFFECTIVE IS BEREAVEMENT SUPPORT?

Questions about the effectiveness of bereavement support have been a key feature of research since the grief work hypothesis first came under scrutiny. Stroebe et al. (2008:

20) ask whether bereavement intervention is helpful and necessary. If so, then which bereaved people derive benefit from it? Can intervention alleviate the pain of grief? Much of the literature concerning the effectiveness of bereavement support derives from psychological research in thanatology which is focussed on the purpose of grief work as adaptation to the new situation in which the bereaved must learn to live without the deceased person. Stroebe and Schut (2008: 375) refer to this as 'adaptive coping.' By this they mean the ability of the bereaved person to manage their situation both mentally and behaviourally (Stroebe and Schut 2008: 376). Stroebe et al. (2002: 169) remark that the idea that the bereaved must face up to their grief in order to come to terms with their loss is firmly established in western society. The emotion of grief must be addressed for adaptation to be assured and non-adaptation avoided (Stroebe et al. 2002: 169). It is against this background that the debate about the effectiveness of grief work intervention was opened up.

The contention that grief counselling is ineffective is set out in a paper published by Neimyer in 2000 in which he asserts that research has indicated that intervention for normal grief doesn't work and may even be harmful (Neimyer 2000: 541). In this regard, Neimyer refers to a major review carried out by Fortner and himself in 1999 in which they found, as noted by Larson and Hoyt (2007a: 153) that just under a half of clients were 'worse off' as a result of counselling. Such iatrogenic or treatment-induced deterioration effects (TIDE) have become well known in the literature on bereavement and have been published as 'scientific fact' (Larson and Hoyt 2007a: 158).

However, Larson and Hoyt (2007a: 159) contend that Neimyer's findings are not empirically robust. They had been drawn from Fortner's (1999) unpublished thesis which had not been peer reviewed. It was, though, this that became the basis of what Larson and Hoyt (2007a: 157) refer to as 'the new pessimism.' It was even endorsed by Genevero et al. (2003) in their report on bereavement and grief research for the Centre for the Advancement of Health (CFAH). This refers to 'well conducted studies of intervention' which contest the effectiveness of counselling for those experiencing normal grief (Genevero 2003: 72). For practitioners, this struck at the heart of their belief in what they do. To realise that clients were not being helped and may even be harmed by counselling was, in the words of Larson and Hoyt, 'deeply disquieting'

(2007a: 158). Certainly this was the situation in the hospice where I am a volunteer, which briefly at this time questioned the efficacy of putting charitable funding into bereavement support.

While recognising that 'researchers are only human,' Larson and Hoyt, in an article published later in the same year, gave a detailed evaluation of the new pessimism claim in which they effectively debunk the research and publication practices of those involved (Larson and Hoyt 2007b: 353).

Following their 'deconstruction' of the new pessimism, Larson and Hoyt (2007a: 161; 2007b: 353, 354) go on to 'reconstruct' bereavement intervention with what they refer to as 'cautious optimism' (2007a: 162, 2007b: 354). In this respect, the authors emphasise the 'good news' on 'the bright side of grief counselling' (2007b: 354; 2007a: 157). They now unequivocally state that there is no empirical evidence for these claims (Larson and Hoyt 2007b: 354). 'Bereavement professionals can enjoy a more realistic and positive view of their helping efforts' (Larson and Hoyt 2007a: 161).

However, there are strong indications that clients for bereavement counselling should self-refer (Allumbaugh and Hoyt 1999; Schut et al. 2001). Larson and Hoyt (2007a: 162) report that for both these studies, outcomes were more auspicious for self-referred clients than for those who had been 'recruited for intervention' (Larson and Hoyt 2007a: 162). Some may believe it to be self-evident that those taking an active part in their rehabilitation by referring themselves are likely to be more susceptible to changes that lead to a positive outcome than others more passively accepting of intervention.

A further watch point for bereavement intervention, delineated by Larson and Hoyt (2007a: 163) is that of timing. Although there is no evidence for an optimum time, Larson and Hoyt conclude that earlier rather than later intervention would be more successful. It may therefore be important for support services to be offered early in the bereavement. Larson and Hoyt suggest that 'counselling can and should be offered to all bereaved persons who seek it' (Larson and Hoyt 2007a: 164). The authors were dismayed by the impact of the widespread media coverage propounding the view that bereavement support doesn't work. This might result in people who would benefit not coming forward. They state that 'we need to reframe grief counselling as a positive and

supportive resource that is available to all bereaved persons' (Larson and Hoyt 2007a: 165).

BEREAVEMENT INTERVENTION IN A SOCIAL CONTEXT

Bereavement intervention has attracted a psychological focus due in part to its psychotherapeutic origins and partly because of the strong emphasis on emotion work as a basis for the resolution of grief. Rosenblatt (2008: 213) goes so far as to say that 'in English, grief is an emotion.' He notes that this may differ in some other cultures where there may be a closer link between 'feeling-thought' (Rosenblatt 2008: 213). In western societies, this concentration on grief work has included assumptions of universality in relation to the experience of grief and the basis of our understanding of it within the English culture.

Rosenblatt (2008: 207) contends that 'no knowledge about grief is culture-free.' It is only in recent years that the impact of social factors on our comprehension of bereavement and grief has begun to be taken into account. One contemporary cultural expression of grief is the practice of erecting an informal memorial at the site of a death, particularly of a violent death. This could be said to have had a ripple effect in shifting hitherto private grief into the public arena. It may be this that has contributed to what now seems to be a wider acknowledgment of the grief which in the past would have been more likely to be confined to the family circle. Grief, we might claim, is being returned to the wider social community in contemporary Britain. The nature of our grieving and the way we grieve may be, 'undergoing transformation,' as Kastenbaum puts it. (2008: 71).

Surely, it should be deemed important for bereavement support to be practised with regard to the social context in which grief occurs. It is this, in conjunction with 'emotion work' that enables an effective response to be made.

SUMMARY

In summary, bereavement support has traditionally been underpinned in western society by the psychological imperative to undertake grief work. In voluntary organisations

such as those studied for this research project, the prevailing method of counselling employed has been the Rogerian or person-centred approach.

There has, over time, been an almost seismic shift from stage or phase theory approaches towards recognition of the desire among mourners to create and maintain a continuing bond with their deceased, as well as recognition of the importance of meaning-making in coming to terms with grief.

A social constructionist approach, in which grief is understood in terms of social discourses concerning personal and institutional power relations, has been gaining ground, as have integrated approaches, also being propounded within the framework of that links the psychological with the sociological.

Those who are otherwise socially marginalised may also be disenfranchised of their grief. These groups may be more likely to come forward for counselling in the future. A further growth area is likely to be that of internet bereavement support. This poses concerns in terms of its regulation.

Whether bereavement support can be deemed effective is of importance to funding bodies. Pessimistic empirical research has been found to be flawed, leaving a knowledge gap. However, self-selection for counselling has been found to yield better results than enlistment, as has early rather than later intervention.

A longstanding, overemphasis on the psychological impact of bereavement on the individual has contributed to essential social factors being overlooked. The effects of culture, race and institutional influences such as power and social condition are gradually becoming more widely recognised due to the influence of anthropological perspectives and methodologies. Social constructionism has a role to play here in enhancing social understanding of grief and bereavement. As Rosenblatt puts it 'death, grief, gender, feelings, emotion, culture, cognition, society, evidence, religion ... etc is socially constructed and could be validly and usefully understood in ways that are alien to the western culture version of modern psychology' (Rosenblatt 2008: 208).

The ensuing chapter is concerned with data collection and its categorisation.

CHAPTER SEVEN

The Collection of the Data and its Categorisation

"Data is not just collected it is derived from the researcher's
transactions with other people" (Coffey and Atkinson, 1996: 108).

INTRODUCTION

Here Coffey and Atkinson indicate firstly that data, as May (2002: 2) puts it 'are produced and not collected.' Secondly, that the production of data is a reciprocal process. This is endorsed by Kvale (2007: 1, 16) who views the research interview as a 'conversation' between 'partners' rather than adversaries.

The intention here is to expand on the more general discussion relating to the research methodology outlined in Chapter Five by identifying key issues in the collection of qualitative data within a grounded theory framework and delineating the process of coding and categorisation of the data for this research project.

KEY ISSUES FOR THE COLLECTION OF QUALITATIVE DATA

Veracity of the Data

As indicated in Chapter Two in relation to my approach to data collection, a major issue in the collection of qualitative data is that of its 'authenticity' and 'plausibility.' Golden-Biddle and Locke (1999: 372-374) refer to 'authenticity' meaning that the data is 'genuine.' In this study for example, as indicated in Chapter Two, I collected, transcribed and analysed the data myself as the sole researcher. Golden-Biddle and Locke warn that 'authenticity' is not the same as 'accuracy.' 'Authenticity' means that the researcher has 'grasped and understood the members' world as much as possible' (Golden-Biddle and Locke (1999: 373). They also point to the 'plausibility' of the data. By this they mean, is the 'story' told by the researcher credible in terms of the links it makes between the setting from which the data was derived, the 'world' portrayed in the data, and the researcher's interpretation of it?

An example from my research is the concern which four interviewees showed for their privacy. This was an important issue for each of these volunteers. One bereavement supporter felt that her privacy had been invaded by a client who asked her questions about her family life: '... she started to ask where I lived and what my name was and all of my ... the warning signals, that was the worst ... it got too personal' (Interview 3: 8, lines 29, 30 and 9: lines 7, 8). This personal boundary concerning her privacy raised disclosure issues for the bereavement supporter as well as for three other volunteers. That the respondent's privacy was preserved was a matter of consequence for her. A threat to her privacy evoked the word 'warning.' Transgression of the boundary by the client was to be averted. She refers to deflecting the discussion back to the client's own issues. Such a self-protection strategy may derive from personal experience of formal social roles and be reinforced by the training undertaken by volunteer bereavement support workers. A professional relationship is deemed to require a degree of impersonality between the bereavement supporter and the client. Attempts to personalise the relationship are resisted. There is an issue here too about who is deemed responsible for maintaining personal boundaries which included, within the data evidence, safety and personal territory. In this example, the interviewee took responsibility, but the edge in her voice suggested that she felt her client should also hold herself responsible for staying within the perimeters of permissible client behaviour.

To return briefly to Golden-Biddle and Locke's argument concerning the importance of demonstrating the authenticity and plausibility of the data, the foregoing example from my data aims to illustrate this as follows. Firstly, the citation from Interview Three serves as an example of categories and their properties which are grounded in the data. As in this case, for example, the reference made to personal boundaries relating to privacy and non-disclosure. Secondly, the discussion is located within the context of the interview by means of a direct quotation and also a comment on the interviewee's tone of voice when referring to a 'warning.' Thirdly, the researcher offers an interpretation of the breach of personal privacy event, connecting this instance to the rest of the data and thence to wider client relationship issues. The matter could be pursued further with a wider discussion of the significance of personal privacy as a social boundary and the influence this may have on the way that volunteer bereavement

supporters act out their roles. Links can also be made in this vein to other types of personal boundary derived from the data, such as gender issues for example (See table 7.1 on the next page).

Table 7.1

B O U N D A R I E S

PERSONAL AND TERRITORIAL

Personal	Place	Seating	Gender issues

Safety   Privacy

Self   Client   Disclosure/non-disclosure
to clients

196
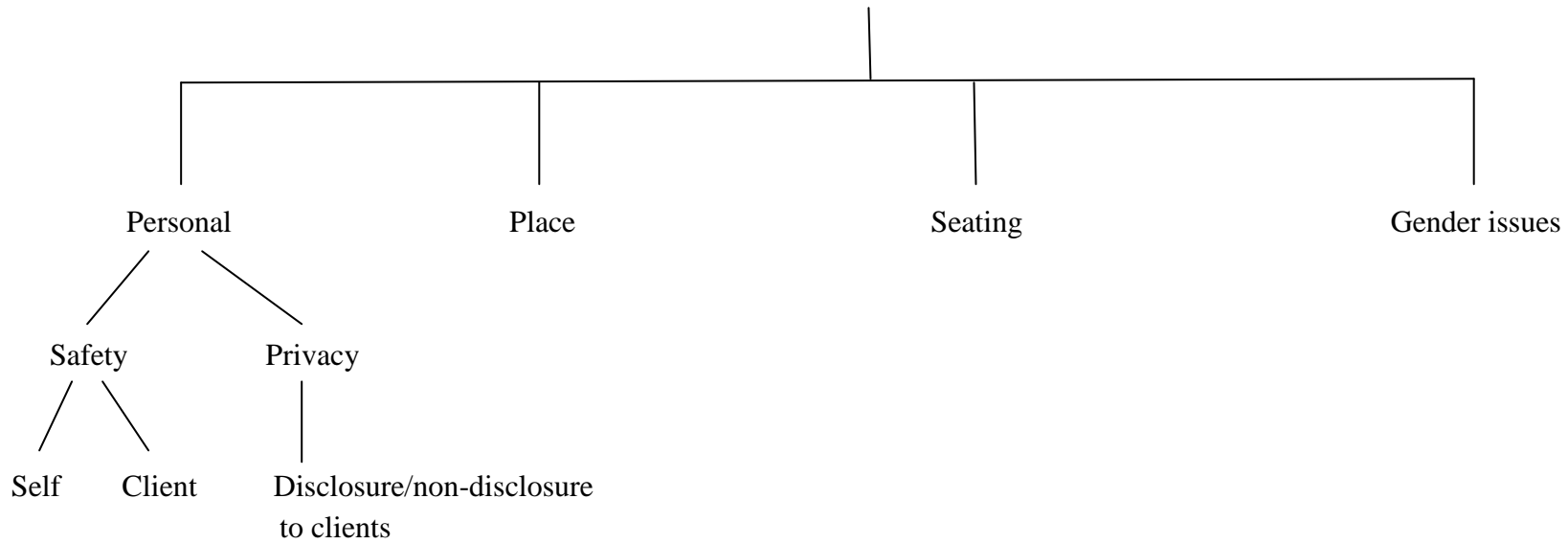
Mullen (1978) cited in Glaser (1993: 46) refers to grounded theory as a 'process model' which can be diversely applied. Assuredly, grounded theory is a progressive activity central to the data collection and analysis of the data rather than a hypothetical model against which 'best fit' is determined.

A principal tenet of grounded theory as it was initially envisaged by Glaser and Strauss (1967) was that theory should emerge from the data. In their case study examples of grounded theory research (1993), they state that these illustrate how theory could not have been predicted in advance. Theory, they assert, emerged as the data was collected, analysed and 'integrated to saturation.' Bryman (1988: 84) on the other hand refers to Bulmer (1979) who questions whether it is possible for the researcher to suspend awareness of theory in the initial stages of the process. Bryman goes on to argue that it is doubtful that research can be undertaken in a 'theoretically neutral' way. Miles and Huberman (1994: 17) argue that inductive researchers necessarily have preconceived ideas even if those are only formulated by their academic discipline.

My own quest to discover how bereavement support was constructed in these three local agencies was not tinged by hypotheses about the theory (if any) that might emerge from the data. As a sociologist, however, I am predisposed towards the social context. In this connection there were various plainly observable manifestations that contributed to my initial interest in this research. These included firstly, the mono-cultural visage of all three agencies which was reflected also in their service provision. Secondly, the emphasis in bereavement support was clearly directed towards the psychological needs of individuals while the social context of bereavement was overlooked. It was these factors that provided an initial focus for this research study. Hence, for this reason alone, the researcher could not be regarded as neutral or free from preconceived ideas. At this time however, the questions that I was more interested in were how and why bereavement support services delivered by these agencies came to be constructed in this way. Inevitably there was some prior speculation about that. For example, the part played in their construction by westernised British cultural tradition. This might be expected to be a factor in Cruse and the hospice, both of which were founded on

Christian traditions and had emerged following the turmoil of the second World War when people were wearied by grief and mourning. PEAL however, was a contemporary agency founded during the 1990s. Had its founder, who had links with the other two agencies, brought the template with her? Or did the construction of bereavement support in PEAL stem from wider cultural influences?

A further factor in the suspension of awareness is that of the literature search which Glaser (1998:67) advocates should be held in abeyance until the grounded theory process is almost at an end. This can pose a minor dilemma for the novice researcher learning the trade, who may be steered towards a literature search early in the proceedings before the research design has been finalised. This clean slate scenario also assumes the researcher to be innocent of previous knowledge of the topic. Since many researchers build on preceding work, the supposition of no prior knowledge seems unrealistic. In this case, for example, the role of psychotherapy in the historical development of bereavement support was already known to the researcher.

It is clear, from the forgoing, that the authors of grounded theory – Glaser and Strauss – viewed the process as a methodical and orderly one. Strauss and Corbin (1998: 12) refer to data as being 'systematically gathered.' They further note that it is by these means that data collection analysis and theory are closely linked. 'Systematic' refers to the complete process of data collection beginning with 'theoretical sampling,' the selection of groups relevant to the discovery of germane categories (Glaser and Strauss, 1967: 49). In connection with this research, 'theoretical sampling' meant selecting individuals who were providing bereavement support under the auspices of a supplying agencies which had in common their charitable status and their use of volunteers as front line service providers.

In relation to the achievement of a systematic process in grounded theory data collection, various authors provide a sequential list. Bryman (1988: 83, 84) for example, cites Turner's (1981) nine-point list. Further, Bartlett and Payne (1997: 183) give a ten- point summary table of grounded theory 'procedures.' In the same publication, Payne (1997: 106) provides a five-point summary of the 'main stages of analysis.' These are all of help to the researcher trying to weave a clear path through the complexities of the grounded theory process.

In Chapter Two, broad comparisons were drawn between the agencies central to this study. At the heart of the grounded theory process, though, is the concept of constant comparison, which was raised in Chapter Five, section two on grounded theory research methodology. Glaser and Strauss (1967: 102) argue that the constant comparative method 'allows theory to be generated systematically.' Theory is 'grounded in systematic data' (Glaser and Strauss 1968: xii). This authenticating process serves to establish the trustworthiness of the connection between the data and the theory arising from it.

Glaser and Strauss (1967: 105) describe four stages in the 'constant comparison method.' The first of these draws comparisons between what happens within particular categories. For example, 'staying with bereavement' was a prevalent property of 'organisational boundaries' and had the function of maintaining the integrity of the organisation, as a voluntary agency concerned with offering support to the bereaved.

This could be tested by studying the data from each of the three organisations for 'incidents' of 'staying with bereavement.' In the hospice data there were three of the seven interviews where the importance of 'staying with bereavement' was emphasised: Interview One provided four references to it; Interview Seven, two, and one evidential piece of data was given in Interview Six. This interviewee said, 'I have to be careful of not swerving off the bereavement path if people's bereavement is complicated by other problems' (Interview 6: 6, lines 15-20). The Cruse data yielded nine instances of 'staying with bereavement' as a matter of importance to the organisation. These were evidenced in interviews Eight, Ten, Eleven, Twelve, Thirteen and Fourteen – that is six of the eight interviews conducted with this agency. Clearly, staying with bereavement and not straying into other areas of support was highly important to Cruse, which was established with the express purpose of caring for the bereaved. One interviewee talked about the bereavement group she helped to facilitate: 'Unfortunately we stopped because it was just a club ... which is fine 'cause every lonely people need clubs don't they? But we needed to focus more on the people who were just bereaved' (Interview 8: 3, lines 25, 26: 4, lines 1 and 2). I subsequently learned that members of this group were offered places in a locally run long term group.

In contrast, PEAL interviewees made only one reference to staying with bereavement. The concern here was drug addiction together with a mental illness. 'We've just got to refer them on because we're not capable of dealing with that' (Interview 18: 13, line 1). This interviewee, however, expressed concern about the client's bereavement, now given second place. She felt there was a likelihood that the other conditions would endure in the face of his loss, which should, perhaps, have received attention first. Here, the organisations seem more concerned with their lack of expertise in unrelated fields. We can surmise that to go wrong in these matters might leave the organisation open to criticism and a negative press. The purpose of staying with bereavement in this instance appears to have been more a matter of playing safe within professional counselling boundaries than of organisational function.

In making comparisons between these incidents, we can conclude that the hospice and Cruse transmit a strong message to their volunteer bereavement supporters that they should not stray beyond their prescribed role. Indeed, Peters and Waterman (1982) advocate that businesses should 'stick to the knitting' or, in other words, focus on their core activity. Clearly, it is likely to be more a matter of certainty than of conjecture that a charitably-funded body will be less prone to diversification than would be the case nowadays for a commercial enterprise. In relation to the PEAL data, all we are able to say is that it lacks evidence of the same functional criterion. The data provides evidence that Cruse also draws the line in relation to mental health issues. An interviewee who is also a psychologist with a mental health team argues that 'mental health staff should be equipped to deal with issues around bereavement and should not be using the voluntary organisations for problems they can't solve' (Interview 14: 7, lines 1 and 2).

Another Cruse interviewee, a supervisor with the organisation and an independent psychotherapist, challenges their staying with bereavement policy. For him, the matter is not so clear cut and issues are intertwined. Was he to say to a client '... ah, well, we can't deal with any of that, we're here to deal with bereavement?' For him, such a boundary, while it may be efficacious to the organisation, makes no professional sense. '...If I did say that, um, how does that square with the client-centred approach? And furthermore, who is going to deal with all that stuff that he is obviously wanting to bring up, if I don't?' (Interview 10: 5, lines 24-27: 6, lines 2 and 3).

This interviewee was leaning forwards as he declaimed these words in a loud, indignant voice. It seems reasonable to conclude, therefore, that his ethical sensibilities as a counsellor had been offended. This can be inferred from his reference to the client-centred approach which Cruse employs in bereavement support. Detectable also is an implicit assumption that it is the moral responsibility of himself, and hence of Cruse, to work more broadly with the client because he felt that there were 'other areas that were much wider than just bereavement ... it seemed to me had been brought to a head by bereavement' (Interview 10: 6, lines 4 and 5).

This data-based evidence provides an example of the complexity of the boundary issue which appears to have gone unrecognised by the agency. The first point that we can make about the concept of boundaries is that they may be perverse when arbitrarily applied. A boundary efficacious to the performance of the social community as a whole may, simultaneously, be dysfunctional for a section of the same community.

DATA CATEGORISATION

On the topic of categorisation, Dey (2004: 81) cites Lakoff and Johnson (1980: 122) who argue that categorisation is merely a means of marshalling the research data in order to gain understanding of what is happening in the social world being studied. Dey goes on to cite Lakoff (1987) who indicates that categories cannot be viewed as an exact depiction but may be epitomised as a metaphorical construction. He further notes that 'categories are never simple representations' because they are dependent upon underlying conceptual assumptions. For example, in the case of this research, the identified core category 'boundaries' is underpinned by notions of acceptable versus unacceptable limits to behaviour and bereavement support practice in relation to self (personal boundaries), the client (professional boundaries) and service provision (organisational boundaries).

The term 'boundaries' being concerned with limits, invites such binary distinctions. For example, personal boundaries are likely to involve issues of safety or otherwise for both the client and the bereavement supporter, while a factor in professional boundaries is that of ethical versus unethical behaviour and practice on the part of the volunteer worker.

Bartlett and Payne (1997: 185) note that grounded theory methodology requires data collection and its analysis to occur simultaneously. It is the emerging theory that informs the next stage of the data collection. A pertinent example arose from my own research. This saw the early emergence from the data of a sub-theme, characterising volunteers' self-perception in relation to their bereavement supporter role and whether this constituted counselling or something else. This issue arose in the context of a wider discussion that involved the professionalisation of counselling. While trained, these volunteers for the most part did not hold a professional qualification in counselling. Noticing some uncertainty about this issue, I was able to pursue it as a line of enquiry in subsequent interviews. Most volunteers were clear that they were not counsellors although sometimes clients referred to them as such. In response to this, one interviewee said to me, 'But I do tell them I'm not a counsellor, just a trained bereavement supporter' (Interview 18: 13, lines 10 and 11). Another made a clear distinction between her professional role as a clinical psychologist and her self-perceived remit as a volunteer bereavement supporter. 'When I'm actually there with people [clients] I do NOT, I do NOT assume a professional role .... I think you have to know when to hand it on' (Interview 5: 2, line 24: 3, line 2).

Two interviewees did regard themselves as counsellors. One had worked in that capacity for a long time. '...I think inside I am a counsellor, that's what I feel deep down' (Interview 1: 11, lines 13 and 14). When working with another organisation she was termed a 'counsellor' but, while at the hospice she had become a 'bereavement visitor.' 'I am quite happy about that, it's just a label' (Interview 1: 11, line 15).

The other volunteer who viewed himself as a 'counsellor' was a much more recent recruit to the role. 'I do see myself as a counsellor ... At work I do a lot with young people. I do a lot with training. So, probably, with this 'fix-it attitude' and with this 'like to-teach attitude, that's sort of coming in on the counselling side' (Interview 15: 11, lines 25-27).

For some, there was an element of confusion. One interviewee said, 'I find this really difficult. Why is there all this bother about whether you're a counsellor or a visitor? You're just someone who has skills that allow you to communicate with someone on their level. You do have to be a good listener' (Interview 4: 5, line 13-15).

One interviewee distinguished between what she saw as her 'professional' role with a client and a 'befriender' in a non-professional role. 'If you're a befriender you can go in there to keep them company. You may help them with chores or what have you. A befriender is someone they would see once a week. P'raps they would build a friendship, I don't know. I see myself; I see it as a professional job' (Interview 12: 8, lines 12-14, 16, 17). This theme, running through all three data sets, provided early indication of the possible importance of boundary issues to the research outcome. From this it may be inferred that volunteer bereavement supporters view the function of boundaries in various ways. In the context of their role as counsellor versus that of befriender, boundaries are interpreted as a matter of certainty, as arbitrary or artificial, as a point of confusion, as a potential source of tension and as a possible site of resistance (See table 7.2 on the following page).

Table 7.2
THE FUNCTION OF BOUNDARIES
(Counsellor versus Befriender Role)

Can be
arbitrary

or
artificial

Can be a
source of
tension

Can provide a
point of resistance

Can provide certainty
and hence reassurance

May be
confusing

May be transgressed
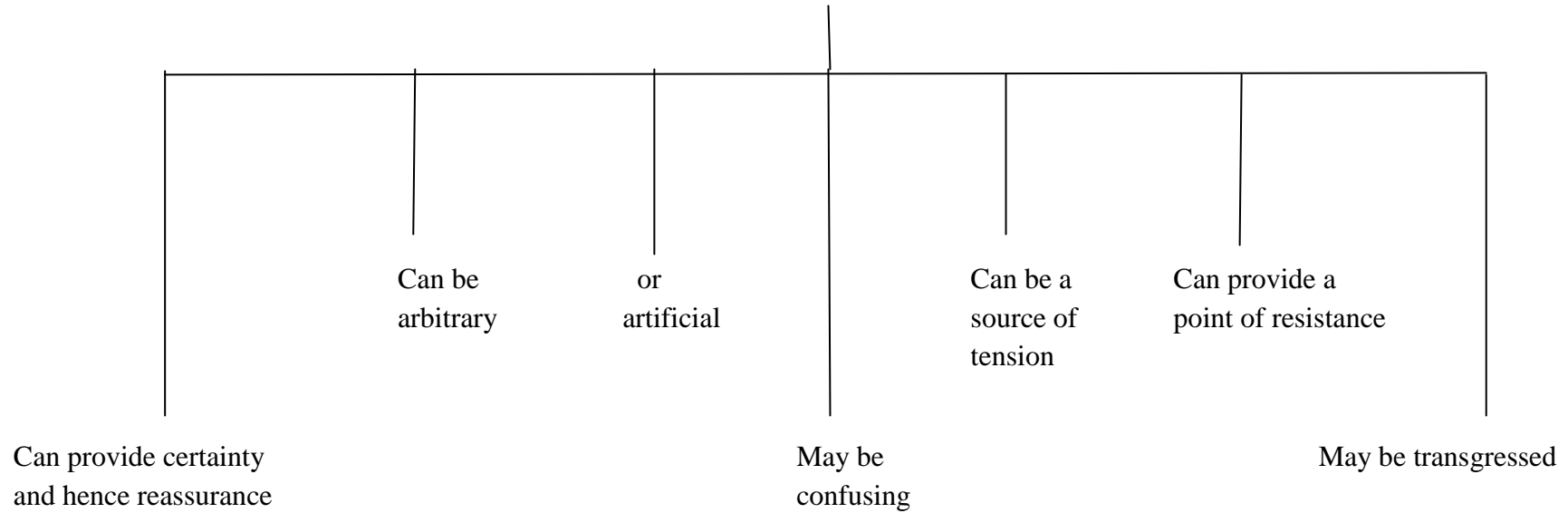
(as derived from the data)

In addition, some interviewees made reference to boundaries in terms of a line that could not be crossed. This applied in particular to the relationship between the bereavement supporter and the client. Volunteers demonstrated an almost innate understanding that the supporter – counsellor relationship should be bounded within the confines of professionalism. Within this context, the development of a personal relationship between them would constitute transgression of a key professional boundary. One interviewee for this research said, '... they want you socially after a while and you know that actually that's not your role, so you must be careful ... Afterwards, it may well be that after you have finished seeing a person, that you can have a friendship' (Interview 1: 12, lines 20 and 21: 13, lines 1 and 2). One volunteer admitted to me that a client had become a 'good friend' after their professional relationship had ended. 'She actually became a friend of the whole family' (Interview 4: 11, lines 21 and 22).

CODING OF THE DATA

Bartlett and Payne argue that the development of categories is 'at the heart of the grounded theory method' (1997: 185). Coding is viewed as the systematic process by which this is achieved. Abounding in the literature on grounded theory methodology are theoretical expositions of coding, together with guidance to researchers on their application to the data. These contributors include Glaser and Strauss (1967), Charmaz (1983), Strauss (1987), Corbin and Strauss (1990), Bartlett and Payne (1997) and Seale (2004b).

Glaser and Strauss, as the initiators of grounded theory, depict two kinds of code. There are those which are generated from the data by the researcher, as, for example 'staying with bereavement' which, for this project, I extrapolated from the data myself. The other type of code identified by Glaser and Strauss is derived directly from the data. These they describe as 'labels' for processes and behaviours occurring in the data (1967: 107). An instance of this manifested in my research is that of euphemisms which are expressed by bereavement supporters to describe their interaction with the client. The language they used to depict the process of their intervention with the client was that of a 'journey.' Phrases such as 'walking alongside' and 'going [or moving] forward' were evident especially, although not exclusively, in the hospice data. During

an audio-taped meeting with hospice bereavement supporters in November 2003, catch phrases such as these were generated by members of the group and also appeared in the data. The discussion at the meeting indicated that clients had 'no choice' but to take this 'journey' because of their bereavement. 'We go on this journey with them. We walk alongside them. We're walking forward ... we try to act in the most professional way we can within the boundaries of the work that we do.' For this group, 'walking alongside' was about 'companionship,' being empathetic, getting inside what is really being said. 'Going forward' was viewed as something 'positive,' giving a sense of movement. 'It's about the future, we can't go back.'

Some might question the metaphor of grief and bereavement as a journey. Progress through sequential stages is implied. The term 'journey' implies there can be an end to grief, a notion that is now contested and a point that was discussed in more detail in Chapter Six in the section on Bereavement Support.

The foregoing provides an example of how coding takes place in practice and of the kinds of codes identified by Glaser and Strauss (1967). Since that time systematic coding of grounded theory data has been developed by others. Strauss (1987: 30-33) refers to 'open coding,' 'axial coding' and 'selective coding.' Seale (2004b: 243) sees these as sequential. Open coding involves labelling pieces of data according to emerging themes; boundaries for example. Axial coding is concerned with identifying 'interconnections' within and between coding categories. Strauss (1987: 32) refers to this phase as 'axial' because the pivot of analysis is the development of 'cumulative knowledge' about each emergent category and its interconnections (Strauss 1987: 32).

An instance of this derived from my study was 'boundaries.' This quickly emergent core category from my data demonstrates how knowledge is accumulated using axial coding. Firstly, it soon became clear that 'boundaries' were classifiable under four headings. These were labelled: personal, professional, organisational and societal. A closer inspection of these revealed, among others, a property or a sub-category called 'control.' This could be linked to the issue of 'power' which was extensively discussed in Chapter Six, in relation both to the wider context of counselling practice and to the specific focus of my data. As noted then, explicit references to power were scarce in the

data. A closer inspection of the four boundary groupings however, revealed implicit inferences in relation to issues of 'control.'

Personal control, for example, was exerted over privacy, safety, occupation of territory, gender-related boundaries and in some cases self-imposed social boundaries to do with etiquette.

Professional control was exerted by specifying a prescribed role for volunteer bereavement supporters to which they were trained and for the performance of which they were monitored and supervised. Most of the interviewees in the study mentioned professional boundaries, thus indicating the extent to which such practices had become incorporated into their performance of their role.

Likewise, there was evidence in the data of organisational control in relation to policy. An example of this concerned how soon bereaved clients would be seen. Manifestly, the dominant control issue for the organisations was their policy of 'staying with bereavement.' Eleven of twenty interviewees referred to this.

Finally, where the societal grouping was concerned, implicit and almost certainly unwitting evidence of wider societal influence was exhibited in the data by way of the clearly visible profile of volunteer bereavement supporters as universally white and predominantly female. The word 'influence' is used here as a constituent of 'power.' 'Control' implies intention of which there was no evidence in this study. Such a pronounced similarity of physical profile for each of these three organisations does, nonetheless, graphically illustrate the pervasiveness of the wider social influences to which our institutions are subject. Hence, it can be concluded that organisational service provision, from these three agencies at least, is fashioned from the fabric of society. This construction of social groupings, we may conclude, is based on assumptions that are taken for granted and not at all for reasons of expediency. That these agencies continue to mirror a bygone, non-multicultural age must surely give rise to questions concerning our understanding of social structure and its influence on the way we live our lives (See tables 7.3 and 7.4 on the following two pages).

The previous analysis, demonstrates how axial coding can be used to develop both knowledge and understanding of the emerging theory.

TABLE 7.3

BOUNDARIES
(Explicit and implicit in the data)

CONTROL FACTORS   SOCIAL INFLUENCING FACTORS

1. PERSONAL	2. PROFESSIONAL	3. ORGANISATIONAL	4. SOCIETAL
Safety	Role	Policy	Cultural & ethnic volunteer profile
Territorial	Training	'Gate keeping'	Social structure & systems
Privacy	Supervision	Client access (hospice)	Social values & behaviour
Gender issues	Monitoring	Staying with bereavement	
Social etiquette			

FUNCTIONAL DRIVES

| Maintenance | Establish & maintain | Establish & maintain organisational integrity & social welfare role | Maintenance of a cohesive social structure & value system Maintenance of civilising social welfare goals |

CASCADE OF FACTORS & THEIR FUNCTION IN BOUNDARY CONTROL & THEIR SOCIAL INFLUENCES FOR FOUR
CLASSIFICATIONS (as derived from the data)

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TABLE 7.4

EVIDENCE FROM THE DATA FOR FACTORS IN BOUNDARY CONTROL AS ITEMISED IN TABLE 7.2

CLASSIFICATION	BOUNDARY	INTERVIEW SOURCES
PERSONAL	Safety	1, 2, 14, 15, 20
	Territorial	6, 7, 10, 11, 13
	Privacy	3, 13, 18, 19
	Gender issues	7
	Social etiquette	1, 7
PROFESSIONAL	Role	4, 7, 11, 16, 17, 18, 20
	Training	All
	Supervision	1, 2, 3, 6, 7, 13, 15, 16, 17, 18
	Performance monitoring	10, 11, 12, 14
ORGANISATIONAL	Policy	9, 10, 11, 13, 14
	Staying with bereavement	1, 6, 7, 8, 9, 10, 11, 12, 13, 14, 18
SOCIETAL	Cultural and ethnic volunteer profile implicit throughout the data	
	Social structure & systems	
	Social values & behaviour	

To return to the broader topic of coding, Seale (2004b: 243) refers to 'selective coding' as the third stage, which is concerned with the identification of core categories. Seale views this classification of coding into three types as synthetic since the second two are extensions of the first. Seale regards the entire process as 'formulaic' (2004b: 244). Such an approach may, however, encourage the researcher to look beyond the merely observable, thus gaining insight into the modus operandi of the core category; as Strauss and Corbin (1990: 76) put it, the researcher needs to 'see with analytical depth what is there.'

A further issue for consideration in grounded theory methodology is that of guarding against the **'forcing'** of the data. Here, Bartlett and Payne (1997: 181) cite Glaser (1978: 31) who discussed forcing in relation to the literature which he felt, if studied too early, might unduly influence the research. Another way, in which the data may be forced, as noted by Charmaz (1983: 125), is that the data is 'forced' into the codes rather than codes being designed to fit the data. In this study, care has been taken to ensure that theory is grounded in the data.

CATEGORISING THE DATA

Charmaz (1983: 111) notes that categories may be either 'topical,' in other words subject based, or they may be 'conceptual' and arrived at by means of analysis. The researcher 'defines them, delineates their properties, explicates their causes, demonstrates the conditions under which they operate and spells out their consequences' (Charmaz 1983: 111). The process was demonstrated in relation to this research project in the previous section of this chapter when 'control' as a property of 'boundaries' was discussed.

The data for each agency was initially categorised under broad 'topical' headings. Each post-it-note held an item of data and its evidential source and these were grouped under the relevant heading. 'Motivation' for example emerged as property of 'about the bereavement supporter' for each of the three agencies. At this early stage of categorisation and coding the purpose was to gain a sense of what was in the data,

commonalities between the agencies and some of the differences between them. The information derived by these means was compiled into initial category sets for each

agency. From this a compilation of categories common to all data sets was drawn up. Much of this information was fairly obvious in that it showed commonality of activity between the three agencies. For example, all of them employed volunteers as bereavement supporters who were trained, supervised and monitored in a similar way. Other commonalities included the volunteer profile which has been discussed elsewhere in these pages. What was however, far less apparent, was how these similarities and commonalities had come about. A further review of the data yielded themes such as motivation and in particular boundaries. This last ran across all three data sets and was apparent in each 'topical category' of the data. It is this that will be the topic of the ensuing chapter.

CONCLUSION

This chapter has focussed on the collection and categorisation of the data for this research project. In this connection, grounded theory methodology has been explained in relation to the collection of data and its categorisation. Prime issues have been raised in relation to this such as researcher involvement and that of data authenticity. The process for the categorisation of my data was explained.

The focus of Chapter Eight is on the analysis of the data, in particular that of the core category, which came as totally unexpected, although perhaps it should not have done so given its centrality to the practice of counselling.

CHAPTER EIGHT

Analysis of the Data

> ".. we multiply distinctions, then deem that our own puny
> boundaries are things that we perceive and not that which
> we have made."
> (William Wordsworth, The Prelude: Book II, line 217)

INTRODUCTION

'Boundaries' emerged as the core category from my research data. These were found to be classifiable within four headings: personal, professional, organisational and societal (See table 8.1 on the next page). This chapter is concerned with the analysis of the boundaries data, while the previous chapter focussed on its collection and categorisation. This arbitrary division is for convenience, since grounded theory methodology dictates that the analysis is undertaken as the data is collected (Strauss and Corbin 1990: 12, Bartlett and Payne 1997: 185, Charmaz 2000: 515, Bryman 2001: 390)

BOUNDARIES IN THE CONTEXT OF COUNSELLING

Boundaries, Hermansson (1997: 133) observes, have become an issue in counselling in recent years and were also the subject of an international conference in 1993. Hermansson further notes that there has been a commensurate increase in the literature relating to boundaries in consequence of the enhanced interest in it within the fields of counselling and psychotherapy. To this can be added a group of articles published in 1997 of which Hermansson's article is one. Within the field of counselling the term 'boundary' has now come into common usage. In this connection, Hermansson goes on to observe that the concept of boundaries in counselling is 'problem orientated.' The trigger for this has been extensive concern about instances of sexual abuse and exploitation of clients by Counsellors. This phenomenon is termed by Hermansson 'boundary violation' (1997: 133). While there was some disquiet expressed about boundary transgression in the raw data for my research study, there was no evidence of boundary desecration in the way that Hermansson describes.

TABLE 8.1

BOUNDARIES EMERGING FROM THE DATA

CLASSIFICATION	TYPE	FUNCTION
PERSONAL	Self-imposed boundaries: - safety - territorial - privacy - gender issues - self-disclosure - detachment: physical, emotional, social	To establish and maintain own personal boundaries
PROFESSIONAL	Specifies volunteers role Sets ethical standards Establishes means of control: - training - monitoring - supervision	To establish and maintain the quality of professional practice
ORGANISATIONAL	-Shapes the service -Controls service provision -Establishes & maintains boundaries: - specifies type of loss - staying with bereavement - sets and maintains policy - influences client access	To establish & maintain the organisation's purpose and function
SOCIETAL	Volunteer profile: - racially white British - predominantly female -predominantly older Volunteer cultural and social profile: - Christian - heterosexual - professional class (predominantly) - homogenous social group	Perpetuates the existing social system Reflects traditional British cultural and social values Founded on Western individualist values

BOUNDARIES AS A WIDER SOCIAL CONCEPT

The Social Context

The issue of boundaries, however, is not confined to counselling. As Webb (1997: 178) observes, boundaries have a wider 'social context.' Webb argues that boundaries are forged by the history and culture of the specific context in which they occur. She further observes that it is necessary to understand this and also to recognise that boundaries are determined within particular circumstances. Rules emerge that apply to differing sets of relationships. In the counsellor-client relationship for example, there are usually unwritten rules about how each should behave towards the other (Webb 1997: 176, 177). An example emerging from my data was that of an interviewee who became ruffled when a client asked her to 'do this for me and do that for me and could you just take me here.' She felt that she should have avoided the situation where she was being asked to be 'the general dog's body or the errand runner' rather than a 'bereavement visitor.' (Interview 7: 12, lines 14-17) Conversely, this interviewee felt that some 'counsellors' (meaning some of her colleagues) go 'the way they think it should all go: they're not actually going with the individual.' She preferred to 'find the empathy with people' (Interview 7: 8, lines, 14-17). Webb further argues that it is the person with the most power in the relationship, who bears the responsibility for managing its boundaries (1997: 177). In the case referred to above, the interviewee refused the client's request for her to take on tasks other than those of bereavement support.

DEFINITIONS OF BOUNDARIES

Webb (1997: 176) notes that while there is extensive reference to boundaries, its definition is problematic and so explanations of the term tend to be avoided in the literature. Further, that in the field of counselling, the word 'boundary' may be variously interpreted by those engaged in differing therapies. Dictionary definitions, Webb observes, refer to a 'line' being drawn or a 'limit' being set (1997: 176).

Bondi, a geographer and a counsellor, identifies with Fewell (2003: 537) that boundaries exist in terms of 'space' and 'temporality' and that these may be applied to counselling. They assert that counselling is bounded by its location, the direction of the

session and the lapse of time between sessions. They argue that while 'space' 'contains' in the way that boundaries do, it can also 'liberate' by providing a sanctum free from the interruptions and pressures of daily life. (Bondi with Fewell 2003: 537, 543).

Hartman also defines boundaries in terms of 'space.' Counselling is described as a 'space with thick boundaries around it.' Counselling can safely take place in this 'thickly' bounded space (Hartman 1997: 153). It seems possible however that Hartman might view bereavement support in the context of my research as 'thinly' bounded. As mentioned in Chapter Seven, there is, for example, scope for permeation between the role of the volunteer as 'befriender' and that of the client as would-be friend. The respondent for interview four might be considered to be a case in point. She and her client became friends, albeit that this followed the closure of the case (Interview 4: 11, lines 18-22) Earlier in the interview this volunteer bereavement supporter had indicated the tension she had experienced as a consequence of this dilemma: 'It's quite hard to detach yourself…it's a very difficult path you walk to keep your boundaries and to stay within those boundaries' (Interview 4: 2, lines 21-23).

THE IMPACT OF BOUNDARIES IN COUNSELLING

Hermansson (1997: 137) argues that boundary matters are now ubiquitous to counselling and can have a serious impact on the way that counselling is managed. While the potential vulnerability of clients at risk of violation can be viewed as a valid reason their imposition, their rigidity and seeming immovability may be perceived as an over reaction to the situation.

Boundaries may indeed be viewed as a negative force in counselling. Here, Hermansson refers to the possible loss of empathy in the therapeutic relationship that may occur as a result of the 'distancing' of the counsellor from the client (1997: 137). In this respect, Gale (1999: 125) goes further and suggests that 'strict boundaries encourage infantalisation of the client.' A tightly bounded framework makes it difficult for the client to 'grow up.' Gale refers to boundaries as 'rules' designed to keep clients 'in their place.' In this and other senses he sees boundaries as 'restrictive.'

THE EMPATHETIC RELATIONSHIP AS BOUNDED

Where the volunteer bereavement supporter is concerned, the 'empathy' that Hermansson (1997: 137) refers to is central to what might be described as a listening relationship. One interviewee in my research describes her empathetic relationship with the client as follows: 'I have had bereavement and dreams and traumas in my life, so I know what it's like to go through, so I have empathy, sympathy. They (clients) just seem to tell me their things and I seem to find the right things to say back!' (Interview 1: 3, lines 13-16).

This notion of empathising with the client was variously termed by interviewees as 'rapport,' 'friendliness,' 'responsiveness,' 'making clients feel special' and 'not putting up barriers.' Hermansson (1997: 137) argues that empathy for the client inevitably involves the counsellor crossing the boundary into 'the life space of the client.' It is, however, an equivocal crossing in that it is a partial move into the client's domain while the counsellor continues to retain a foothold in his or her personal terrain. Hence, 'empathy' as a feature of the counselling relationship is at once viewed both as an asset and as a transgression of the boundary between them. We may conclude that the issue of boundaries in counselling is less than straightforward.

PERSONAL BOUNDARIES AS EMBODIMENT

More narrowly, boundaries specify the behavioural requirements that professional bodies have for the ethical behaviour of counsellors. More widely, as Owen (1997: 163) argues, 'boundary is a metaphor for the actual experience of relating to others.' This, Owen asserts, concerns our embodiment and our sense of self in relation to others.

By way of explaining 'embodiment' we might apply the term 'encasement' as a way of capturing the notion of the body as a separate and contained entity. Personal boundaries can be linked to the idea of embodiment. For example, Owen (1997: 163) refers to types of physical contact within the therapeutic relationship. Also, Hermansson (1997: 135) cites Hartman (1991, 1997) who identifies 'body boundaries' and 'interpersonal boundaries' in relation to the functioning of personality. Here, Hartman (1997: 159) refers to the skin as a 'body boundary' which constitutes a barrier to the unwanted infringements of others, such as touching or the invasion of personal space. This

construction of an embodied personal boundary serves as a self-protection mechanism against transgression or violation by others and may be taken for granted until exposed to threat.

In my research study 'body boundaries' were exemplified by concerns for personal safety. This particularly applied to Cruse bereavement supporters, perhaps because their clients were previously unknown to the organisation, unlike hospice clients who had been referred through the system. One Cruse interviewee said, 'you've got to think of the safety of yourself as well. My husband's not very keen on me going into people's houses' (she giggles). This sentiment applied also to the branch chairman who booked an interview room at a hotel for her meeting with the client and sent a Cruse representative as chaperone (Interview 12: 7, lines 7, 8, 14, 15).

In sum the notion of embodiment can provide a useful framework which enables us to observe, as in this case, bereavement supporters in relation to their awareness of self. An example evidenced in my data related to gender differences in which an interviewee was mindful of the need to distance herself from male clients. 'The boundaries if you're supporting a man, um, he can rely very much on another woman.' (Interview 7: 13, lines 11and 12) The embodiment framework serves to reveal hidden underpinning assumptions about how the counselling relationship is being conducted here.

In essence, personal boundaries as exemplified by the concept of embodiment can be seen as a cornerstone of bereavement support as it is provided by these voluntary organisations. Personal boundaries can be said to lie at the root of their professional practice, stemming, as they do from early life socialisation.

BOUNDARIES DENOTING DIFFERENCE

As Owen (1997: 163) argues, boundaries can be used to denote difference, whether this is race, gender, age, disability, sexual orientation or socio-cultural disparities. These, mainly binary distinctions can be linked, as Owen suggests, with notions of 'exclusion and inclusion' (1997: 164). Within the context of my own research, this raises questions about, for example, who has access to services and the nature of their provision. Matters such as these have ethical and social implications concerning entitlements and

privileges in relation to the giving and receiving of services that go beyond the relatively more straightforward issue of boundaries.

Race

Evident from the profile of my research sample is the fact that all my interviewees were white. While there is no suggestion that this is in any way intentional, such whiteness is likely to act as a deterrent to potential recruits from the local non-white community. In turn this can be predicted to affect perceptions of the service and hence to contribute to shaping its take-up. Thus, this depicted, albeit unwitting, cycle of exclusion can be said to form the basis of the way that service provision is constructed by these agencies.

One piece of evidence in particular from my research data reinforced the idea that services such as these were not viewed by local ethnic communities as relevant to their needs. This interviewee, herself a clinical psychologist as well as a supervisor with Cruse, said '…all our counsellors are white. And I can't think of a non-white referral that we've ever had in the branch. I suppose to a certain extent that probably reflects the population that we serve and also cultural views of bereavement. Even in B… where I work, in terms of demography in older people's services, we're still not looking at huge numbers of black and ethnic minority elderly people although the numbers are increasing' (Interview 14: 12, lines 15-21)

Perhaps in justification of this situation, the interviewee went on to say 'emotional distress' is not viewed as a 'health problem' in these communities. For this reason, bereavement is not taken to the GP and hence is not referred to the Mental Health Services (Interview 14: 12, lines 23-25). These, perhaps mitigating factors, that bereavement and grief are not perceived as a health issue by non-white communities and that the service is irrelevant to their needs, carry at least some longstanding colloquial credence among statutory and voluntary service providers. Thus, despite the interviewee's proviso that it may 'depend on the ethnic minority community,' she explains that in B… 'The largest ethnic community is Irish.' She refers here to the difficulty of making 'huge generalisations' (Interview 14: 13, lines 3, 4, 6). She goes on to observe that there is a 'high rate of religious observance and church membership' among older African-Caribbean women from which she deduces their bereavement

support is derived. She is 'tempted' therefore to see the issue as Asian. This is 'challenging' due to 'the language aspect' (Interview 14: 13, lines 9-14). The interviewee appeared to be making two key points here: firstly that the term 'ethnic minority' is misleading because it seeks to encompass all such groups whatever their ethnic origin, and secondly that assumptions of cultural homogeneity within and between such groups is likely to be erroneous. While this issue was not followed up in the interview it could be concluded here that this respondent might regard recognition of racial and cultural diversity in UK society as the more appropriate response.

Gender

A further aspect of difference as a boundary noted by Owen (1997: 163) is that of gender. Notably, just two of my total sample of interviewees was male, while eighteen of them were female. At the time that the interviews took place – between 2003 and 2005 – there was only one male hospice volunteer working in bereavement support and he was not a respondent for this research. A PEAL interviewee said that the organisation had just one male bereavement supporter (Interview 17: 18, lines 21 and 22). She commented that he was the only one she had come across. She also noted that earlier a drive had been initiated in PEAL to attract more male clients to the service (Interview 17: 18, lines 12-19).

Age

Age is another boundary of difference relevant to my data. Although respondents were not asked for their age, of the total data set, half were observably over fifty years of age and the other half were younger. Of the hospice volunteers, four were older and three were younger. Only one of the three younger bereavement supporters was in paid employment. In Cruse, the balance was in favour of younger volunteers of whom there were five in my sample. One of these had retired early from district nursing. The others were all in employment. The three older Cruse volunteers were supervisors for the branch and two of these were not in employment. Of the five volunteers from PEAL, three were in the younger age group. Two of them were in employment and the other was undertaking a placement with PEAL in connection with her college degree in counselling. The other two volunteer bereavement supporters for PEAL were in the

older age range. One was a church minister, the other, a retiree, who had previously been a Cruse volunteer elsewhere, and had recently, moved to the area.

This profile is of interest because it indicates a possible shifting trend. There were younger volunteer bereavement supporters in the Cruse and PEAL samples, while for the hospice older volunteers exceeded those who were younger by just one. Both Field and Johnson (1993a: 204) and Payne (2001a: 111) suggest that hospice volunteers are more likely to be older. This would certainly seem to be the general perception of this type of volunteering. A factor may have been that the younger volunteers throughout the sample had all experienced bereavement. There were also those who were volunteering in bereavement support to enhance their performance at work. It might be too that there are fewer older, non-working women available to take up a volunteering role in the community.

SECTION SUMMARY AND CONCLUSIONS

In summary of this section, the significance and expansion of boundaries in counselling has been noted, together with their social context and their impact on counselling. Definitions of the term, while problematic, have been put forward in relation to space, temporality, embodiment and difference. This was discussed in relation to the effect of boundaries on the empathetic therapeutic relationship on which the model of volunteer bereavement support in these agencies appears to be based. This example serves also to indicate an aspect of the negative face of boundaries in counselling. Furthermore, on the other hand, boundaries may be said to 'liberate' (Bondi with Fewell 2003: 537) and so provide a safe place in which the counselling can take place.

Evidence of this freedom to act within a bounded framework was plentiful in my research data. In particular it was manifested in the imaginative work that volunteers undertook with children. One interviewee, for example, explained the death of the child's grandmother by giving her a walnut to hold in her hand. 'If you look at this walnut, it's got a wrinkly, crinkly outside, which is like our bodies really, because the older we get, we get more lines, so we're not all nice and smooth. We've got just a shell like this, but the thing that matters is that bit inside. So there are a lot of walnuts that I have donated!' (Interview 1: 9, lines 9-12)

In conclusion, it came as a surprise to me to realise the extent to which, in this study, volunteer bereavement support appears to be underpinned by compatibility of personal boundaries which it may be supposed, have been acquired through childhood cultural exposure and socialisation. This would appear to suggest a likeminded approach to recruitment onto which desired qualities of bereavement support may be grafted. These issues will be explored in more depth in the next section, which concerns professional boundaries.

PROFESSIONAL BOUNDARIES (See table 8.2 below)

'Professional' is used here as a classificatory term denoting boundaries relating to the role and counselling activity of the volunteer bereavement supporter. While unpaid, the knowledge and practice base of such personnel is derived from counselling. In this sense their relationship with the client is distinguishable from that of friends engaged in everyday conversation and so might be regarded as quasi professional.

'Professional boundaries' as one of four main properties stemming from the core category of 'boundaries' emerging from my research data, are further divisible under four headings.   These are namely role, professional practice, the grieving process and performance. Each of these can then be divided into its own constituent parts. (See table 8.2 below)

TABLE 8.2

PROFESSIONAL BOUNDARIES

ROLE:
- Volunteer characteristics
- Professional role: (counsellor or befriender)
- Client's perception of the role
- Gender
- Staying with bereavement

PROFESSIONAL PRACTICE:
- Ethics: respect, confidentiality, client autonomy
- A bounded relationship: distancing and detachment
- Power relations: equalising/neutralising/empowering/manipulation: client or
   volunteer control of the meeting
- Objectification of clients: (i.e. use of: my/ us/them/difficult/easy/best)
- Format: one-to-one or group work, telephone contact
- Meetings: place/frequency/duration/number/structure/1st meeting/closing the case

-Client progress: moving on/moving forward etc.

THE GRIEF PROCESS:
-Timeliness
-Duration
- Type: normal/complicated/ unresolved/disenfranchised/mismanaged/pathological
- Assumptions about the need to grieve

PERFORMANCE
- Training
- Supervision and monitoring

———————————————

In this next section table 8.2 will be followed sequentially to provide a more detailed explanation and analysis of these points derived from the data.

ROLE (See table 8.2)

The role of the volunteer bereavement supporter in these agencies can reasonably be said to be underpinned by personal characteristics although not necessarily by those evidenced in the research data. (See table 8.3 on the following page) These may instead depict a normative desirability rather than the actuality. It has to be said here that personal characteristics emerged randomly from the topic- based discussion which was a feature of all the interviews. No systematic study of personal characteristics was intended or undertaken.

Verification of the presence of any particular personal traits among volunteer bereavement supporters must be left to future research. Their interest and value here is the picture they portray of a perceivable commonality of disposition, character and ethos among those enacting the role of volunteer bereavement supporter in these particular agencies. Immediately observable from table 8.3, for instance, is the tenor of the people-centred and client- focussed traits which depict an unmistakable ethos of beneficence towards the client which is characterised by acceptance and goodwill. This model of what it is to be a volunteer bereavement supporter in these agencies may be distinctive or a derivative of counselling or social work. What it indicates here is uniformity rather than diversity of personnel type. This may be viewed as intentionally necessary or possibly as an unintentional building block in the construction of such

services to the community which may view them as exclusive provision for a particular social section of it.

TABLE 8.3

CLASSIFICATION OF BEREAVEMENT SUPPORTER CHARACTERISTICS

(As derived from the data)

Self awareness	-Knowing ones own limitations
	-Awareness of one's own personal flaws
	-Having a sense of privilege to enter the client's world
Humanity	-Wanting to help
	-Caring
	-Empathy and sympathy
Personal values & ethos	-Being oneself
	-Being honest
	-Being genuine
	-Having humility
	-Valuing life & having a sense of humanity
	-Having a 'Samaritan outlook on life'
	-Holding 'Rogerian' principles (empathy, congruence & unconditional positive regard)
Ethical Principles	-Being respectful
	-Being non –judgemental
	-Maintaining confidentiality
	-Being safe for the client
	-Having integrity
	-Respecting autonomy
People Skills	-Liking people
	-Seeing people as individuals
	-Ability to defuse a situation
	-Active listening skills
	-Able to build rapport with the client
	-Communication skills
	-Being a facilitator
	-Taking people seriously
	-Having warmth
	-Being friendly
	-Ability to gain the trust of the client
	-Making people feel special
	-Giving time
Personal Qualities & Characteristics	-Ability not to become personally involved
	-Confidence in ones ability to do the job
	-Ability to rise to the challenge
	-Self awareness

	-Being mentally active -Enjoying the work -Having personal experience of bereavement -Being safe -Being safe for the client
Anti – Characteristics	-Being comfortable to talk about death & dying -Using an intuitive rather than a theoretical approach -Being professional -Having a sense of humour -Being self –centred -Bringing too much of ourselves -Being a 'do-gooder' -Giving advice

A further aspect of the role of the volunteer bereavement supporter to comment upon here and discussed in more detail in Chapter Seven, is whether the volunteers consider themselves to be a 'counsellor' or a 'befriender.' This emerged in the data as a frequently recurring topic. Evidence suggested mixed views. One respondent said, 'I always called myself a counsellor…when I got to the hospice, I found I wasn't a counsellor, I was a bereavement visitor. Inside I'm a counsellor, that's what I feel deep down, but if they wish to call me a bereavement visitor, I am happy with that. It's just a label!' (Interview 1: 11, lines 11-15). Another respondent saw herself as, 'just a supporter,' but her clients tended to view her as a counsellor. 'I told her (the client) umpteen times that I'm not a counsellor but a bereavement supporter.'(Interview 18: 13, lines 5, 7-12)

The term 'counsellor' has now fallen into disuse in organisations using unqualified volunteers in favour of a lay connotation of the term. Bondi with Fewell (2003: 532) note that the Marriage Guidance Council (MGC), now Relate; as a pioneer of the recruitment and training of volunteers, did not intend them to become 'experts.' They were trained as 'lay' practitioners. This notion of lay peer support is now inherent to the type of service provision being studied here. That the sense of themselves as 'counsellors' lingers in the minds of some volunteer supporters, may be indicative of self-aggrandisement or a matter of custom and tradition. The lay role is closely allied to the person-centred counselling model developed by Carl Rogers in the 1950s. This

approach emphasises a 'non-judgemental, non- hierarchical and egalitarian' practitioner-client relationship (Bondi with Fewell 2003: 532)

Following on in table 8.2, the **client's perception's** of the bereavement supporter's role was not greatly apparent in the data. Those few who referred to this thought that it might depend upon the client. 'If you ask them to look very deeply, to face up to things they prefer to keep buried, you're not going to be Mrs Popular at the end of that session' (Interview 16: 16, lines 12-14). One interviewee said that while you 'don't really look for feedback what you get is usually very, very positive.' (Interview 3: 10, line 31: 11, and line 2) The overall impression gained was that not much thought had been given to this. It must also be noted that clients of these agencies are self-selecting so may be expected either to be appreciative or to end their involvement.

Gender issues in relation to role were a minor factor in the evidence. One respondent expressed concerns about etiquette when working with a male client. She didn't wish to transgress boundaries in this respect. (Interview 7: 13, lines 11, 12, 14, 16)

Finally in this section of table 8.2, **staying with bereavement,** as important to the organisation has been discussed elsewhere. It is perhaps for reasons of its importance to the organisation that over half the respondents made reference to it and saw it as a professional boundary not to be transgressed. One said that she needed to be 'careful not to swerve off the bereavement path.' If the discussion with the client is 'complicated by other problems,' so be it, but she would always 'come back to the brief,' (Interview 6: 6, lines 15-18). Another respondent acknowledged that 'other family issues come out.' She said that she had been 'swept' into the threatened suicide of a teenager which turned out to be about her relationship with her mother rather than the death of her grandmother. 'Now that is not my role.' (Interview 7: 12 lines 8-26) One respondent said that 'Cruse says no, we do not deal with other things. We're here to talk to you about your bereavement.' She indicated that other issues would be referred on. (Interview 13: 4, lines 21-25) It may be that Cruse and other such organisations fear that their volunteers may find themselves trying to cope with complexities for which they are not trained. Staying with bereavement serves as a focus for the organisation's activity which is then containable within the bounds of its remit.

Professional Practice (See table 8.2)

Ethics may serve to contain the actions of both the bereavement supporter and the client. How each treats the other is bounded by an intuitive or, in some instances an explicit understanding of what is permissible. Perhaps somewhat surprisingly, the research data here yielded little specific reference to ethics, although their practice was implied in terms, for example, of bereavement supporter's concern for and care of their clients. As one interviewee put it '…getting people (clients) to see that you really care and that you want to listen to them.' (Interview 12: 16, lines 3 and 4) This and other such examples imply an intuitive sense of beneficence: of doing good and not doing harm (maleficence). These are indicative of deontological ethical principles as identified by Beauchamp and Childress (1983) and discussed elsewhere in the thesis.

Explicit reference was made in some few instances to respect for the client and confidentiality. This last was discussed in terms of limited confidentiality in relation to situations such as suicide or drugs which might need to be referred onwards (Interview 12: 2, lines 11-17). Another interviewee saw onward referral as a necessary part of her role as a clinical psychologist but this was distinguishable from that of the bereavement supporter (Interview 14: 2, lines 17-21). Interestingly, the respondent from Interview 12 also held a professional position as a teacher. This suggests that bounded confidentiality was uppermost in the minds of those who, as professionals, perceived that they have a duty to both their client and their employing authority.

A further aspect of bounded confidentiality was referred to by an interviewee who was concerned with what she regarded as a breach of confidentiality as a consequence of group rather than one-to-one supervision (Interview 20: 10, lines 8-11).

Finally, the ethical matter of client autonomy, while not explicitly referred to in the data, was implied by many interviewees who, for example, recognised the right of the client to foreclose on further meetings. It would appear that, based on this data, ethical practice is an intuitive process for bereavement supporters rather than a cognitive one. Although it didn't emerge in the data, it is likely that basic ethical practice does feature in the training of volunteers and also in the recruitment and selection screening of these organisations. This is likely to be the case for the reason that ethical practice is a key element in counselling (McLeod 1998: 263). Likewise, that bereavement support, as

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delivered by the agencies engaged in this research project, is rooted in the counselling tradition. It may be that an ethical ethos is so ingrained in bereavement support practice that its presence is taken for granted, putting it beyond the necessity of discussion, thus leaving the coast clear to talk about matters that are less self-evident.

A further aspect of the bounded relationship identified earlier in this chapter, with regard to empathy, also applies in relation to the practice of **distancing and detachment** behaviours in counselling. These may also be regarded as integral to the professional persona of a bereavement supporter. Although these issues tended to be referred to separately in the data, they are perceivably linked in that one is dependent upon the other. To be emotionally detached involves setting oneself apart, one indication of which is physical distancing. These matters were touched upon in the previous section concerning the role of the bereavement supporter as primarily social or as predominantly professional in orientation and practice. Interviewees for this research project tended to see **distancing and detachment** as a way of preserving the integrity of their bereavement supporter status and role (Interviews 6, 7, 10).

Power relations (See table 8.2) in counselling were discussed in Chapter Six. There was also mention there of power in relation to volunteer bereavement support. It is however the case, as noted there, that there was surprisingly little reference to the issue of power in my data. In addition, no reference was made to it as a component of volunteer training. Power, it seems, is the silent and unseen boundary in the work that these agencies do with their clients. Customarily, power as an issue in counselling was overlooked by the psychiatric tradition, in which the client-counsellor relationship was predicated on the medical format of doctor as expert and the client or patient as passive recipient. While Rogers's person-centred model sought to redress this imbalance by 'empowering' the client, there is an intrinsic inequality in the relationship due to the privileged position of the counsellor as 'expert knower' of the client (McLeod 1998:26). Interestingly, at the time of my research, volunteer bereavement supporters in all three agencies, for reasons of expediency, visited clients in their own homes, thus perhaps unwittingly conferring territorial power on service recipients. For the hospice, this situation has now changed since moving into larger premises. Most clients are now seen at the hospice, reportedly leading to more impersonal consultation.

While the issue of power is only minimally evident in the data, there is evidence of an intuitive recognition of its presence. Interviewees either sought to empower their clients (Interview 7) or to neutralise or equalise power relations. In this respect, one interviewee used minimal self-disclosure to build rapport with the client. The implication appeared to be that allowing clients a personal glimpse of herself would put them on an equal footing (Interview 13: 7, lines 21, 22). This attempt to equalise power between them seemed to underpin much of this interviewee's work with her clients. She constantly listens to what they want and considers their viewpoint. There seems too some willingness to act as something of a punch bag for the client by accepting their anger – '... It's fine to have anger directed towards yourself.' (Interview 13: 9, line 12) Yet another interviewee, who was aware of the issue, similarly used the tactic of continually checking back with the client, '... just to make sure that I'm not inadvertently abusing any power' (Interview 17: 12, line 18).

In sum, the inclusion of a sociological input in addition to the more traditional psychological approach to training and practice would surely enhance understanding of the social structural influences on clients' lives.

The 'Objectification' of the Client: The Client as 'Other' (See table 8.2)
A noteworthy indication of the way in which this data reflects how bereavement support is constructed in these agencies is the emergence of the client as **'object.'** One way in which this can happen is a perception, in this case, of the client, as **'other.'** This idea can be said to derive from Sumner's (1906) concept of ethnocentricism in relation to social group membership. Sumner argues that people favour their own group (the 'in-group') rather than other groups ('out-groups') which are regarded as competing or in opposition to their own group. Sumner wrote from a relativist perspective arguing that each group develops its own institutional mores, or 'folkways' as he termed them. Mores common to the three agencies which are the subject of this research are identifiable in my data and include factors such as the desirable characteristics of a bereavement supporter discussed earlier in this chapter. Likewise, a similar counselling tenet based on being person-centred is apparent, as are shared values relating to voluntarism. In terms of a single agency, such factors could be said to consolidate a sense of oneness in its bereavement supporters. This perception of belonging to an 'in-

group' may be further enhanced by the language that bereavement supporters use in relation to their clients who are perhaps unknowingly viewed as belonging to an 'out-group.' As such, clients are referred to as 'they,' implying a coherent group that is **'other'** and existing outside the in-group which is referred to in terms of 'we' or 'us.' One interviewee referred to the client impersonally as 'this person' (Interview 5: 2, line 14). In contradiction of this idea, one interviewee used inclusive language when referring to clients who were children: 'we drew the spiders' and 'we filled balloons with water' (Interview 1: 7, line 25: 9, line 1). Interestingly, however, this interviewee used exclusive language when making reference to adult clients. What might be termed 'mitigating inclusive language' was used by an interviewee who said, 'I'm alongside them' (Interview 1: 14, line 7), suggesting, perhaps, that the boundary of **'other'** can be crossed.

A further way of identifying clients as 'other' was in terms of particular characteristics. She was a 'nice client' or my 'hardest client' (Interview 13: 4, lines 12, 14). Two interviewees described clients as 'cases' - this was a 'difficult case' (Interview 15: 10, line 3; Interview 17: 10, line 8). In this respect too, clients were referred to by one interviewee in terms of the activity involved: 'I deal with children, but if I'm dealing with adults ...' (Interview 5: 3, line 9, 10). The term 'dealing with' suggests that clients are deemed to be in need of management. Finally, the language used by some interviewees in relation to clients implied their ownership – 'My client' and 'I had two families ...' (Interview 7: 5, line 9). This notion of client as a possession may be said to be indicative of their '**objectification.'**

Then, as **'object'** the client is expected to inhabit the role in a way that indicates that this person understands that she or he is a client. This includes, for example, appreciation of customary etiquette in relation to the format of meetings and appointment arrangements. Likewise, at a more intuitive level of understanding, behavioural norms are observed in respect of social mores and rituals relating to greetings and goodbyes.

Another indication that a client is able to define herself as such includes tacit respect for the role and status of the bereavement supporter. This may not occur, or be misunderstood, as for instance when clients seek the friendship of the bereavement

supporter or encroach on her personal privacy as discussed earlier in this chapter. The relationship between the two participants – client and bereavement supporter – is reciprocal with each accepting and supporting the role of the other. Where the role boundary is transgressed by either party, the relationship is likely to become dysfunctional and no longer understood by the parties concerned because the rules of engagement have changed or been broken.

The Grief Process (See table 8.2)

The academic framework in relation to the **grief process** was delineated in the main literature review in Chapter Three and to an extent in Chapter Six where bereavement support is discussed. Here, the intention is to examine the bereavement supporter's conception of the grief process as it relates to her or his work with clients. Prevailing evidence from the data indicated that the grief process was viewed as bounded, possibly a reflection of a wider social understanding of grief in the UK derived from the Freudian tradition and still prevalent at a colloquial level of society in the very early years of the twenty-first century.

At the time that this research was undertaken, between the summers of 2003 and 2005, the habitual academic view of the grief process was undergoing fundamental change, partly in response to new research findings from the field of psychology, much of which stemmed from the University of Utrecht. In conjunction with this a singular development from the nineteen nineties onwards was the emergence of anthropological and sociological contributions to the study of thanatology in western society. Customarily, anthropologists had researched tribal societies and, as noted in Chapters One and Three, input from sociology to the study of grief had been thin. Ground breaking changes delivered by these new insights into the grief process had for the most part not yet filtered through to volunteer bereavement support practice. In all likelihood, it is for this reason that my data yielded a largely time honoured view of the grief process which focussed, for example, on phases or stages as discussed in Chapters Three and Six.

In relation to the grief process, the **timeliness** of death or otherwise, was an issue referred to by some. One interviewee said that there were 'a lot of issues' for bereaved parents, 'seeing other people's children growing up and yours not growing up.' It was

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'the wrong way round' because 'you die before your child' (Interview 8: 12, lines 10, 11). Another interviewee noted that 'so many losses (were) flagged up as well as the initial loss of the child. They (the parents) realise they've lost their child's future.' (Interview 17: 21, lines 14-16). This sentiment is in line with the assumption in contemporary western society that the children will all grow up and it is they who will ultimately bury their parents. In this example, social expectation is bounded by what is possible.

A further factor within the traditional framework in which grief was understood is the concept of **'time-limited'** grief. One interviewee for this research project disagreed with his girlfriend who contended that it had been 'proven' that 'you had to grieve for two years' (Interview 15: 7, lines 17, 18). While it is unclear where this notion originated, there seemed still in the late twentieth century, to be a perception of this as the recognised duration of grief at least at an anecdotal level in society. Certainly the frequent use of the term 'moving on' or 'moving forward' seemed to imply that the destination of the grief process was deemed to be 'recovery' from it. The potential trap here was recognised by one interviewee who said, 'there is a sort of behavioural display which is regarded as getting over it (but) no, we don't get over it in the sense that we don't get back to where we were before the bereavement happened' (Interview 10: 11, lines 6-8). Other interviewees tended to see 'moving on' or 'moving forward' not as recovery but as 'acceptance' or 'adjustment' to the new situation. One person referred to the more recent concept of taking the deceased person 'forward with you' (Interview 8: 9, line 26: 10, line 1). This notion of the 'continuing bond' with the deceased person was discussed in Chapter Three. While this approach, propounded by Klass and Silverman (1996) has its critics, it also serves to indicate that there is no cut off point for grief.

Grief is also bounded in the data in relation to how it is **typified.** The words that interviewees used in this respect were 'normal,' 'complicated,' 'unresolved,' 'pathologised,' 'mismanaged,' 'medical model' and 'disenfranchised.' Disenfranchised grief was referred to by a Cruse supervisor in relation to single sex relationships (Interview 10: 10, lines 9-12). No reference was made to it by other respondents who may either have lacked experience of it or may have been unaware of it as an issue in

bereavement. The only respondent to use the term 'pathological' or 'sectionable' was himself a psychotherapist who envisaged a continuum from 'normal' to 'pathological' grief (Interview 10: 9, lines 19-24, lines 26, 27). Other interviewees who overtly recognised that the grief experienced may not always be viewed as 'normal' tended to use the term 'complicated'. Clients who made no progress with their lives following bereavement tended to be viewed in these terms. Such clients were sometimes deemed to be 'stuck.' In one case the bereavement supporter withdrew because no observable progress was being made (Interview 13: 5, lines 26, 27: 6, line 1). Here there seemed to be an expectation that bereavement had to be accepted and adjustments made to accommodate this reality, within what might be regarded as a reasonable period of time.

Overall, the research data suggests that the grief process was largely understood by bereavement supporters as bounded in terms of its duration and manifestation. Type of death had an impact on the severity of grief. There was however a clear expectation among my interviewees that their bereaved clients would 'move on' from grief by adjusting to the new reality so that they could get on with their lives. Not to do so indicated failure to work through their grief. It was this processing of grief related emotion that was viewed as the essence of 'grief work.' A successful client was one who engaged in the process with the bereavement supporter. Lack of success legitimised the withdrawal of the bereavement supporter.

Performance (See table 8.2)

Key aspects of establishing and maintaining performance include the training of volunteer bereavement supporters, their supervision and the monitoring of their practice with clients. These activities are relevant both to the 'professional' and the 'organisational' research categories listed in table 8.1. Here they are being considered under the heading of 'professional boundaries' (table 8.2), because of their central importance to counselling practice.

Training, (See table 8.2), serves to establish boundaries at the outset by transmitting the professional and organisational ethos and instilling a preferred client practice ideology. In the case of these three organisations, the data indicates a strong bias towards what might be regarded as a prevailing counselling practice framework for volunteers engaged in client work. At its core is the use of the person-centred approach

(Rogers 1951), outlined earlier in Chapter Six. Central to this concept is the idea of autonomy and respect for the client.

Confidentiality as an aspect of ethics can be seen as a very strong thread running through the training of all three agencies. Cruse interviewees in particular made reference to this (Interviews 9, 12, 13, 14, 15). It must however be said in this connection, that a lack of specific reference to topics such as confidentiality, which might be regarded as central to the counselling ethic, may be more attributable to the direction taken in the interview than to a want of attention to the matter by the bereavement supporter. Training also serves to transmit what may be regarded as important organisational boundaries such as staying with bereavement, a key sub-category referred to earlier in the thesis.

In essence, training could be said to serve the purpose of inculcating professional and organisational values and mores in the minds and practice of volunteer bereavement supporters. Interestingly such ideas, disseminated in early training programmes, tended to remain in the psyche of volunteers despite later changes in conceptual thinking and practice. An example of this manifest in my data concerns a number of references to 'stages' of grief (Interviews 6, 8, 11, 14). Stage theory was a prevailing concept of the late twentieth century and delineated in Chapters Three and Six, and also in relation to this research, in Chapter Seven. This approach held that grief was bounded by phases or stages, not necessarily sequential, which had to be worked through before acceptance of a life lived without the deceased could be achieved. Stage theory tends now to be understood in terms of features of grief which can include shock, denial and pining (Raphael 1984) and anger (Kübler-Ross 1971). The more recent concept of the 'continuing bond' (Klass and Silverman 1996) was referred to by only one of my interviewees (Interview 8: 9, line 26: 10, lines 1 and 2). This perhaps suggests that new ideas can take a considerable time to filter down through the system.

Supervision and Monitoring (See table 8.2)

If the measure of the significance of supervision is the number of respondents who made reference to it and the strength of their emphasis upon it, then the guidance it offers is regarded as a critical factor in these agencies. The research data revealed the

extent of its importance both in terms of professional and organisational performance. Supervision as a professional and organisational activity was referred to by sixteen out of twenty respondents. Of these, one bereavement supporter was waiting for a supervisor to be appointed (Interview 15) while another indicated strong dissatisfaction with the supervision she received (Interview 20). One person was so concerned that she had not mentioned supervision during the interview that she recorded a codicil following its completion (Interview 1). Four interviewees were themselves supervisors for Cruse and so talked about their role in relation to bereavement supporters.

The prime role of supervision would seem to be the establishment and maintenance of boundaries in terms of bereavement support practice. This is perhaps viewed rather differently by supervisors and their supervisees (See tables 8.4 I and 8.4 II at the end of this section). According to one interviewee who is a supervisor with Cruse, her prime role is to ensure 'client safety.' She argues that counselling is not always 'a benign activity. I think it can be very destructive. So it's making sure that she (the bereavement supporter) is doing no harm. It may be doing no good (laughs) but that's the first thing, doing no harm: so, safety for the client and safety for the counsellor.' (Interview 14: 11, lines 19-23) Here, she describes 'safety' in terms of the 'vulnerability' of both the client and the counsellor. The counsellor may have particular skills or insight, which make her vulnerable in her bereavement work with clients. For this supervisor, a further factor in her supervision of bereavement supporters is, perhaps unusually, 'creativity.' She sees it as important to 'free them up' by 'giving them ideas about what they could try.' Here supervision is described as a 'sandpit in which to play, not a corner in which to be judged.' (Interview 14: 12, lines 6-8) as noted earlier in this chapter this accords with Bondi and Fewell's (2003) suggestion that boundaries can be 'liberating.'

Another supervisor saw ensuring that bereavement supporters are not working beyond their 'competence' as part of her role. This was connected to her concern that volunteers were not being 'dumped on,' a gate-keeping role in relation to the type of work referred to Cruse by health care professionals (HCPs). That the client has also been bereaved doesn't make it an appropriate referral. Are the problems more 'complex' leaving the counsellor out of her or his depth? She sees this as an 'evaluative' role (Interview 11:5,

lines 12-17). There is also for this supervisor, a role in 'monitoring the process of grieving and how the client is moving through their grief work.' (Interview 11: 5, lines 19-20) There is too an educational role in terms of acting as 'expert' and developing the skills of the bereavement supporter by means of 'role play' for example (Interview 11:5, lines 2, 3, 4).

Another supervisor identifies his role in terms of representation of the organisation. He is the face of the organisation and 'what is being done needs to be justified in terms of that.' (Interview 10: 9, lines 4-7)

Finally, a further supervisor I interviewed thought her role was to act as a sounding board for bereavement supporters. She, while not 'advising', could advance a 'different perspective' and help them to resolve issues for themselves (Interview 9: 19, line 25: 20, lines 1-3).

The way that supervision is seen by bereavement supporters is broadly similar to that of supervisors. The necessity for a firm centre within the soft external approach of the supervisor is recognised by both parties. There is a protective role which is matched by the need also to monitor and, if necessary, to criticise or even admonish. One supervisee said that she felt she had 'a shield around her' (Interview 1: 21, lines 8 and 9). Another person acknowledged that her supervisor was checking whether she was 'doing it right' (Interview 12: 7, lines 5-7). One supervisee recognises both roles; 'She's very, very supportive' but 'there's a monitoring role too. She takes little notes' (Interview 17: 3, line 20: 4, lines 4 and 6).

A number of bereavement supporters extol their supervisor's supportive role. She is 'an anchor' (Interview 3: 7 line 8). She is 'role affirming' when she tells you you're doing a 'good job, its wonderful' (Interview 6: 10, lines 22 and 25). 'She gave me my confidence back' (Interview 16: 17, line 3). Supervisees look for 'reassurance' from their supervisor (Interview 13: 11, line 25) and for approval. 'She lavishes praise on you if she thinks you're doing well' (Interview 16: 17, line 7). 'She'll say though if she thinks what you have done is inappropriate' (Interview 16: 17, lines 9 and 10).

Other functions of supervision remarked upon by supervisees were the opportunity provided to 'off load' (Interview 2: 16, line 14). This interviewee also felt that she

gained 'an awful lot' from her peers within the supervision group (Interview 2: 16, lines 14-16). 'Honesty' within her supervision group was also a factor valued by one interviewee (Interview 3: 7, lines 8 and 9). One interviewee was emphatic about the necessity for supervision. It would be 'wrong' if bereavement supporters 'were allowed to go on (their) own sweet way' (Interview 1: 21, lines 16 and 17). That would be 'disastrous.'

Countermanding this view of the importance of supervision was that of one interviewee who, as mentioned earlier in this chapter, was highly critical of her supervision. She disapproved of group supervision for reasons of confidentiality, which she felt was compromised by it (Interview 20: 9, line 16, 25: 10, lines 2, 3, 4)

She also seems to have been unhappy with the amount of self-disclosure expected by her supervisor. She felt she was 'digging too deep.' She had to say on one occasion 'that's as much as I want to tell you' (Interview 20: 16, line 21: 8, lines 13 and 14: 9, line 13). She feels that her supervisor expects too much of 'supporters,' we're 'not counsellors' (Interview 20: 8, lines 25 and 26). She was particularly concerned that her supervisor wanted her to undertake counselling herself (Interview 20: 10, line 23). This interviewee was not against supervision per se. She felt 'safer' having supervision (Interview 20: 9, line 16). She was comparing this experience of supervision with an earlier one when she worked with a different organisation.

While it might be said that interviewees in extolling the virtues of supervision were on message, it is clear that it was valued by most supervisees who saw it as a measure of their acceptance by their host organisation. The data demonstrates the key role that supervision is deemed to play in directing and maintaining the quality of the work performed by these agencies. In organisations such as these, it can be said that it is the professional function that takes precedence over the managerial one in establishing and maintaining quality of service provision. In this case, these are derived from the professional association for counselling, the British Association of Counselling and Psychotherapy (BACP).

TABLE 8.4 I

BOUNDARIES
(Family Tree)

ESTABLISHING AND MAINTAINING BOUNDARIES

SUPERVISION
(As perceived by Supervisors)

Monitors	Gate keeping	Educative Role	Acts as a sounding board for the resolution of problems	Provides the public face of the organisation and safeguards its reputation
Client Counsellor's safety safety	Assesses appropriateness of referrals	Encourages creativity		
	Assesses competence of the B.S to work with the client	Offers expertise		
		Develops skills		
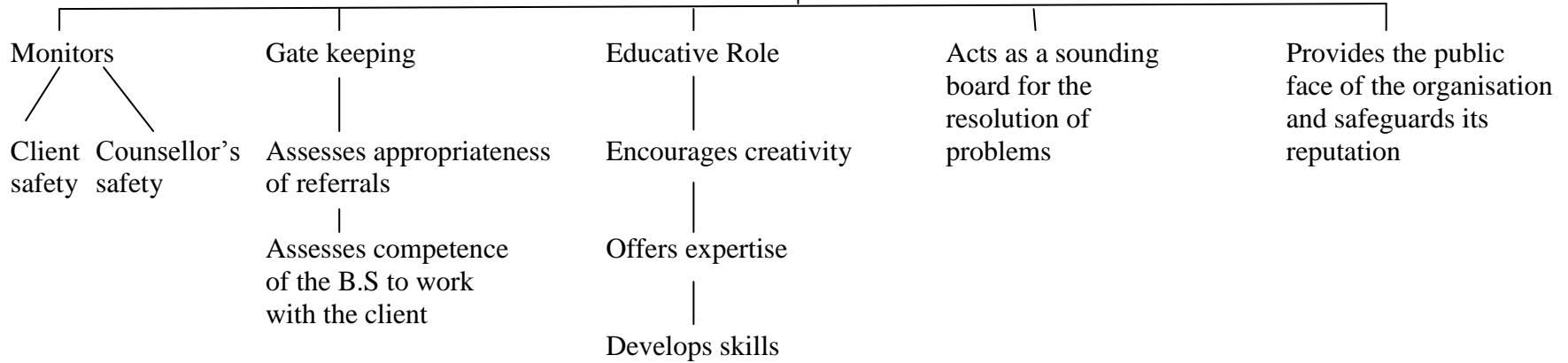
TABLE 8.4 II

BOUNDARIES
(Family Tree)

|

Establishing and Maintaining Boundaries

|

SUPERVISION
(As perceived by Bereavement Supporters)

Monitors performance   Guides progress   Source of help and advice   Safety net   Learn from others (group supervision)   Engenders sense of being valued and of not being valued   Engenders team spirit

Corrects mistakes   Prevents mistakes

Reproves inappropriate behaviour   Rewards with praise   Support   Reassurance

Affirmation

Teaches   Educates
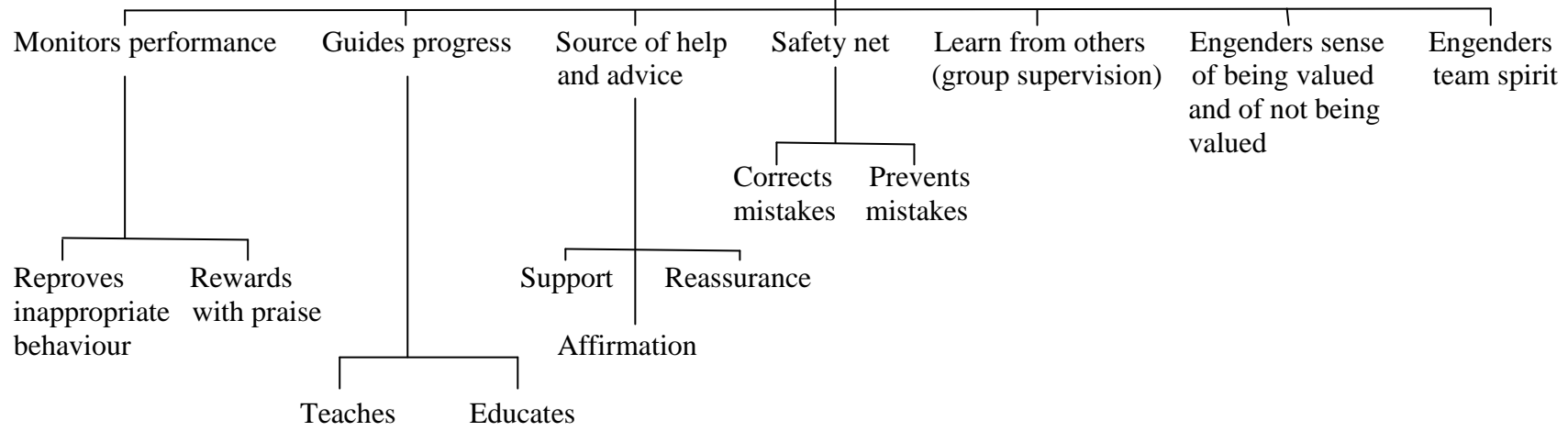
ORGANISATIONAL BOUNDARIES (See table 8.1)

The organisational boundaries emerging from the data are listed in table 8.1 which is to be found earlier in this chapter. The property arising as key in terms of its prevalence was that of gate-keeping. These organisations evince concern about staying within the parameters of their core activity, bereavement support. It is clear also that the importance of remaining within the bounds of the organisation's remit is strongly transmitted to volunteer bereavement supporters and their supervisors.

Staying with Bereavement

As noted earlier in the chapter, staying with bereavement has become embedded in the professional standards and practice of these three voluntary organisations. Wider counselling issues involving matters unrelated to bereavement are regarded by them as outside their jurisdiction and so are resisted. This applied particularly to Cruse where concerns were expressed by supervisors about 'dumping', particularly from the mental health services as a means of resolving intractable cases (Interview 11: 5, line 8; Interview 14: 6, lines 24-26). This view still pertains and was reiterated by a symposium member at the Cruse National Conference, 2010.

Staying with bereavement was discussed in more detail under the heading of 'Professional Boundaries' earlier in this chapter as well as elsewhere in the thesis. While it is clearly a managerial and organisational issue, in essence it emerges from the data as a matter concerning the counselling competence of bereavement supporters. Volunteers are trained to listen but are not BACP registered and so cannot be regarded as equipped to work with other, perhaps more complex, counselling issues.

Client Access

A further organisational boundary which emerged from the data as significant for reasons of its influence on the social construction of these agencies was that of client access. For the hospice, this is restricted to the patient and immediate family members. It is a matter of hospice policy that bereavement support services are not offered more widely. In part at least, this may be attributable to dedicated, local, charitable funding (Field and Addington-Hall, 1999: 1286).

While for the other agencies access was open to all bereaved people, take up from various sections of the community was non-existent. This included bereaved people in homosexual relationships, members of the admittedly small, local ethnic communities and of non-Christian faiths and men. At the time that the interviews were being undertaken, PEAL was about to launch a drive to attract more men to take up the service. In respect of those in homosexual relationships, a Cruse supervisor felt they would be likely to deem the service offered inappropriate to their needs. Interestingly, this interviewee also referred to one of her supervisees as being in a single sex relationship (Interview 14: 13, lines 24-26: 14 lines 1-8). In respect of local ethnic minorities this interviewee referred to the challenging nature of providing services to the Asian community because of language barriers. She contended also that culturally the Asian community doesn't see bereavement as a health problem, while older African-Caribbean women, as strongly religious observers receive support from their church. This interviewee went on to observe that her branch of Cruse was made up of 'counsellors' who 'are middle-aged and older women'. This, the respondent felt, is 'how Cruse is seen by the wider community'. The interviewee reflected that it was this that was likely to determine the type of people who approached Cruse, albeit that 'somewhere along the line there'll be lip service paid to it' (Interview 14: 13, lines 9-14, Interview 16: lines 20-22: 14, line 4).

Interestingly, this was the only interviewee in my research study who openly reflected on the construction of the organisation. The remaining data lacks unprompted reference to the absence of service use by local ethnic communities. This might suggest that their western indigenous population cultural construction is taken for granted by these agencies.

In reality, there may be more than 'lip service' (Interview 14: 4, line 4) paid to the matter of equal access, at least in terms of managerial intent. Organisational policy is in place, as is introductory awareness training for volunteer bereavement supporters, albeit that these might be viewed as a nod in the right direction. However, the impression they made was such that this training was mentioned in the interviews given by all the Cruse and PEAL respondents in the sample. PEAL, as noted earlier, also sought to encourage more men to take up its services. It was though reportedly the case that

ethnic minority utilisation of local Cruse and PEAL services was non-existent. One PEAL respondent said, 'It's a strange thing, but I've yet to see anybody who wasn't Caucasian ...' (Interview 16: 11, line 10).

The situation differed in the case of the hospice for which the point of access was the medical referral of patients (Gaffin, Hill and Penso 1996: 51). At the time that this research was taking place between 2003 and 2005, the local ethnic communities, albeit small, notably lacked any representation in the hospice profile, whether as patients and their families, as volunteer service providers, or as staff members. A partial but perhaps unsatisfactory explanation for this might be that, at this time, the local adult hospice offered a restricted service which comprised community and day care. Expansion to include in-patient care occurred in 2006.

The national utilisation of hospice services by ethnic minorities is also, however, observably low. Gunaratnam (2006 :4) notes that the House of Commons Health Committee 2003-04 'found gross inequity' in access to both hospice and specialist palliative care services for ethnic minorities among other groups. Factors contributing to low take-up were thought by Smarje and Field (1996: 159,160) to include 'ethnocentricism or perhaps racism in the provision of services.' Gunaratnam (2006: 5) puts this differently by suggesting that 'social exclusion' may be a factor in the disadvantaging of the 'black and minority ethnic community.' She goes on to argue that 'social exclusion' from main stream services may be due to a combination of social circumstances which can include discrimination.

Other factors affecting access include language barriers (Gunaratnam 2006: 4). There is also the fact that hospices are often located in middle class areas (Gaffin, Hill and Penso 1996: 52). A further explanation for the absence of minorities from hospice and other services has been the general professional and public perception that 'they look after their own' (Gaffin et al. 1996: 52). These authors argue that this may indeed be a factor because members of the ethnic minorities are less likely to have met anyone who has been to a hospice or to ask their GP for a referral there (Gaffin et al. 1996: 52).

There are, though, counter explanations for the absence of ethnic minorities from hospice and palliative care services. The National Council for Hospice and Specialist

Palliative Services (1993) found that incidence of cancer was lower for the black and Asian communities than for the wider population. Gaffin et al. also note that there are relatively fewer old people in these communities. Since cancer is the predominant focus of hospices and primarily an illness of the old, we might expect to see fewer ethnic minorities receiving hospice care than is the case for the indigenous population. Smarje and Field (1996: 152) however, urge caution in drawing broad conclusions. While it may be possible to conclude that palliative care services are not 'under-utilised' by ethnic communities, it is conceivable that they are when considering both need and other factors such as residence density. Hence, these authors advocate that health care professionals receive adequate 'support and guidance' (Smarje and Field 1996: 152). Information should also be available to ethnic communities themselves (Gaffin et al 1996: 52). Likewise, these authors advise that hospices should provide 'culturally sensitive services.'

In this connection, Dr Heather Richardson, Clinical Director at St Joseph's Hospice, London, when speaking at the tenth annual Worcestershire Palliative Care Conference in April 2010, described how the hospice had widened local access to their services. St Joseph's hospice is situated in Hackney and provides services for densely diverse communities such as Camden and Tower Hamlets which lie beyond its doors. Richardson (2010) described St Joseph's 'social action' initiative which sought to overcome poor links with the community and poor take-up of hospice services as due in part to an inadequate understanding of their service provision. On the part of the hospice, she noted that there had been a traditional focus on the individual rather than on the wider population. St Joseph's had shifted their focus by building relationships with the local communities and by recruiting from them. This led to the discovery that lack of take-up of their services was about 'preferences' rather than 'need.' As Richardson (2010) put it, 'we didn't know how to care for them.' The dialogue that developed between the hospice and their local ethnic communities led to an 'amended power base: theirs not ours.' The hospice had learned the importance of providing their services within the context of an interaction that involved 'engaging meaningfully with people.' (Richardson 2010).

Policy (See table 8.1)

Matters of policy can be regarded as central to the governance of any organisation. Policy here is also set down as a clear way of denoting the expected professional standards for volunteer bereavement supporters to abide by in their client practice. As previously indicated in this chapter, staying with bereavement emerged as a key boundary and as an important policy issue, in particular for Cruse and PEAL. Reference is again made to it here because of its dominance in the data.

Each of the organisations studied emphasised other policy issues which were regarded as a central requirement for their modus operandi. Reportedly Cruse initially had a policy of a two year wait before offering bereavement support which was mentioned by two interviewees. A volunteer bereavement supporter thought that the rule was six months or maybe a year. She observed, 'It tends to be people that have problems' (Interview 13: 12, line 18). A supervisor said, 'It used to be the rule with Cruse that the normal process of bereavement would take two to three years. ... If something was still going on after that period it was then appropriate to bring in a counsellor' (Interview 10: 5, line 10-12). He went on to say that the rule was already beginning to change at the time that he first became a 'counsellor' with Cruse. Subsequent to these interviews, informal encounters with members of Cruse indicated that the two year rule reflected professional thinking at that time, about customary social expectations for the duration of grief. It appears then, that the policy for Cruse was non-interference in what was perceived to be the normal grief process. Their intervention occurred later if grief was still manifest and was causing problems. There is though, it seems, still an issue of policy for all these organisations concerning intervention that is deemed too early. In relation to this, one interviewee said, '... somebody's died, there's all the hubbub going on ... a little later, a bit further down the line, that's when you start getting ready for somebody coming in ... whereas this lady, it had only been a matter of weeks. Clearly she wasn't ready ...' (Interview 20: 6, lines 7-10).

Finally, on the matter of policy, there were regulations concerning counsellor-client friendship. This was discussed in the chapter on data collection and categorisation.

SOCIETAL **(See table 8.1)**

It is social factors that may be said to underpin what these three agencies do and how it is that they do it. As indicated in table 8.1, their volunteer profile is undoubtedly narrow. This, it may be assumed, is due more to history than to intention. The effect however, albeit unintentional, is the exclusion of parts of the local community for whom the service provided is viewed as inappropriate to their needs. This issue of limited access is discussed earlier in this chapter. That both the hospice and Cruse were founded on Christian principles may be a further factor influencing perceptions of these agencies as service providers for a restricted section of the local community. Such ideas have been discussed in more detail in this chapter and elsewhere in these pages. The purpose in drawing attention to them here is to underline the extent of the influence that taken for granted social assumptions can have on the way that agencies construct their service provision. Realisation of this can lead to change.

CHAPTER SUMMARY

The focus of this chapter has been the analysis of the core category 'boundaries' which has emerged from the research data. This overarching category is classifiable into four properties or groups as listed in table 8.1 early in this chapter: personal, professional, organisation and societal influences. Each of these was shown to be sub-dividable as indicated in table 8.1. Professional boundaries were then in turn apportioned under the headings of role, the grief process, professional practice, and performance.

The chapter began with a discussion of boundaries in the context of counselling and as a wider concept. Definitions of the term boundary were identified. The impact of boundaries on counselling practice was considered as was the notion of the bounded counselling relationship. There followed a discussion of personal boundaries as 'embodied'. Also considered were boundaries denoting difference, such as race, ethnicity, gender and age. Ethical issues were similarly discussed in the context of professional boundaries. In the context of both professional and organisation boundaries, the matter of 'staying with bereavement' was raised as a 'gate-keeping' concern. Issues of policy in relation to organisation boundaries were also briefly discussed. Finally, the limitations to client access to these agencies imposed by their

construction was delineated and comparisons drawn between them. A way forward was identified in the multi-cultural model developed by St Joseph's Hospice in London.

CHAPTER NINE

Discussion and Conclusions

"In the absence of science, opinion prevails."
(Nathan and Gorman, 2007)

INTRODUCTION

With this quotation, Nathan and Gorman seek to encapsulate the necessity for gaining the substantive knowledge and academic understanding that scientific research is able to yield. There ensues a painstaking quest for verification which strives to reach beyond the scope of mere opinion to provide scholarly insight.

The intention of this final chapter is six-fold. Firstly to delineate the research findings and draw some tentative conclusions from them; secondly to summarise key points that have been made in relation to contemporary bereavement support services as offered by these three voluntary organisations (a hospice, Cruse, PEAL); thirdly to assess the contribution the research makes to existing knowledge; fourthly, to evaluate the limitations of the study; fifthly, to consider the issue of policy implications and finally to outline possible approaches to further research.

THE RESEARCH FINDINGS

To recap briefly; the aim of the research project was to identify how voluntary organisations such as a hospice, a branch of Cruse and PEAL were constructed and what this might mean for the services they provide. The frame of reference for the research was that of adult bereavement support services within the context of the westernised UK.

The qualitative research methodology employed was that of grounded theory, devised by Glaser and Strauss (1967). Face-to-face, audio-taped, semi-structured interviews of an hour's duration were conducted by the researcher with a small sample of twenty self-selected volunteer bereavement supporters and supervisors from the three organisations referred to earlier. The sample included seven respondents from the hospice, eight from the local branch of Cruse and five from PEAL (Parents Experiencing Adult Loss). As indicated in Chapter Two, in which the research methods were outlined, the interviews

were semi-structured using a framework of four topics (See the 'letter to the respondents' which is included in the appendices). Following the interviews, the tapes were transcribed verbatim by the researcher. Using grounded theory analysis, initial coding of the data quickly revealed the predominance and prevalence of 'boundaries' as the core category. This could then be subdivided into four properties: personal, professional, organisational and societal. In turn, each of these was divisible resulting in what might be termed a family tree or a cascade of 'boundaries' (See table 8.1 in Chapter Eight).

These research findings came as a complete surprise to the researcher, rather like the unexpected birthday gift. As indicated in Chapter Five, which was concerned with the research methodology, grounded theory is an inductive process whereby the theory emerges from the data and there is no pre-conceived hypothesis or speculation about what the data might reveal. Further, my own knowledge of the counselling process was, at that time, insufficient to have led me to expect any such outcome. A subsequent keyword search of 'counselling and boundaries' yielded surprisingly little literature, although it can be said that there is anecdotal evidence of boundaries being raised in counselling circles as an issue of some importance. Indeed, in my research data, all the hospice interviewees referred to 'boundaries,' suggesting perhaps that the subject may have been emphasised in volunteer training and in their supervision. Two interviewees from Cruse and the same number from PEAL also used the term 'boundaries.' Although the word 'boundaries' was not used by them, most of the remaining interviewees implied their awareness of the boundary issue by talking about such matters as focussing on bereavement with their clients; non-disclosure of personal details, personal safety and preservation of personal distance in the counselling relationship.

Boundaries as a mechanism in the social construction of these agencies can hardly be regarded as in any way unusual. They are, instead, a pervasive feature of our social lives. They can be said to frame our institutions, our cultural environment, our relationships and our personhood. They can be instrumental in establishing and maintaining the scope and limits of our social agency. In the context of this research, for example, boundaries can serve to constrain the actions of volunteer bereavement

supporters within the framework of the agencies' own specialist field of expertise, in this case bereavement support. Boundaries can also provide points of demarcation as, for example, between the designated roles of those who give and those who receive support. Likewise, the research data yielded evidence of the social boundaries used to mark out the parameters of acceptable behaviours and modes of interaction between various participants, such as those of volunteer bereavement supporter and client, or supervisor and volunteer. Further, we can say that the counselling practice of volunteer bereavement supporters is bounded both by their training and by the use of the professionally favoured Rogerian or person-centred approach discussed in Chapter Six. The evidence from the research data indicated that boundaries such as these were common to all three agencies, a comparison which indicates a strong similarity of organisational profile.

In sum, it can be argued that these three organisations have come to be characterised by boundaries which typify their *modus operandi*. They offer a support service to the bereaved which is largely provided by volunteers who are trained in basic counselling skills using a person-centred approach. That they profess open access to their services is a further commonality between them, as is the reality that these agencies are mainly accessed by what has now become a relatively small section of the community. This issue is reviewed in more detail later in this chapter.

We could conclude from the foregoing that these organisations are to a considerable extent shaped by the boundaries that they establish and maintain for themselves. Organisations can be largely defined by their boundaries, whether these are intentional or not and they can send out a sometimes strong message about the nature of the service they provide.

In order to discover the impact that such boundaries may be having on both service provision and access to it, it is first of all necessary to unpack and then to unpick them. It is this that the data analysis for this research project has sought to achieve. For instance, the data indicates the bounded nature of the very similar volunteer profile that emerged for each of these agencies. Field and Johnson (1993a: 204) observe that volunteers are more usually drawn from 'higher social groups.' From my data, the respondents' occupational background tends to support this view (See table 9.1 later in

this chapter). Also, as noted in an earlier chapter, the respondents were all white and predominantly female (See table 9.2). While it certainly cannot be said that recruitment by these agencies is specifically aimed at this social group, it does seem to be the case that these organisations tend to attract white, female, middle-class volunteers. A partial and possible explanation for this may lie in the very nature of volunteering which calls for people who have time and who are already adequately resourced financially. It appears that, traditionally, the recruitment pool for volunteers in the UK was the white, middle-class, married woman who had no need of paid employment and was seeking an opportunity to undertake charitable work. It could then be argued that the cultural values of this group in UK society have become embedded in voluntary organisations which still often rely heavily on the services of unpaid personnel who are customarily drawn from a now declining social group. A narrow personnel profile such as this may be said to contribute to a low take-up of services by other social groups who are likely to view them as having little relevance for themselves. This pattern of recruitment may now be beginning to change. The question, to what extent is this so, still needs to be addressed. At the Cruse National Conference for 2010 for example, there were a few black and Asian faces to be seen among the audience and as contributors to the event. A more detailed discussion of these issues is included in an earlier chapter where examples from the data are also given.

In sum, we can say that voluntary organisations such as these could, perhaps unwittingly, have come to be characterised by boundaries that are more reflective of values from what may now be considered to be a 'by-gone age.' This group, it can be argued, typifies a homogenous society which has now been superceded by one that is diverse and multi-cultural. Hence, while notionally open to all, the focus of the service tends to exclude rather than to include other groups of potential service users. One possible route to the wider take-up of such services may lie in a more inclusive participation in its provision. Within the process of intervention itself, Constantine and Erickson (1998: 190) cite Richardson (1993) who argues that the use of a social constructionist approach in counselling could create a shift from this narrow mono-cultural mono-class approach to counselling towards a wider social perspective. This might or might not be deemed an appropriate way forward for volunteer bereavement supporters. For this reason it is not being pursued here.

TABLE 9.1

RESPONDENTS' OCCUPATIONAL BACKGROUND – as emerging from the

data

Professional & Working	No.	Other voluntary work	No.	Family Carer	No.	Leisure a
Special needs teaching	2	Another BS Agency	3	Caring for elderly parents	1	Painting
Psychologist	3	The Red Cross	1			Photography
Psychotherapist	1	Working with the blind	1	Nursing her dying mother	1	
Counselling	1		1			
Nursing	3	Family Planning Association	1			Additiona
Civil Service	1	British Pregnancy Advisory Service	1			Psychology
Secretarial	1					
Home help	1	Fund raising	4			Counselling
Housekeeper	1	Cruse Supervisors				
Church	1					
Careers Officer	1					
Accommodation Officer	1					

TABLE 9.2

RESPONDENT PROFILE

St Richard's Hospice	Local Branch of Cruse	P.E.A.L (Parents Experiencing Adult Loss)
All respondents were white	All respondents were white	All respondents were white
All appeared to be British but were not asked to state their nationality or ethnicity	All appeared to be British but were not asked to state their nationality or ethnicity	All appeared to be British but were not asked to state their nationality or ethnicity
All respondents were female	Two respondents were male	All respondents were female
Most Bereavement Supporters are female	Most Bereavement Supporters are female	Most Bereavement Supporters are female
The age of respondents appeared to range from mid 30's to late 60's or early 70's but they were not asked to state their age	The age of respondents appeared to range from mid 30's to late 60's or early 70's but they were not asked to state their age	The age of respondents appeared to range from mid 30's to late 60's or early 70's but they were not asked to state their age
All Bereavement Supporters are volunteers	All Bereavement Supporters are volunteers	All Bereavement Supporters are volunteers

A further means of understanding how these agencies are constructed is to uncover relevant underpinning social perspectives and to connect these to the patterns of agency performance. In this respect, individualism is widely acknowledged as a fundamental basis of our westernised culture in the UK. The term 'individualism' is used here to explain an underpinning social perspective that emphasises the interests of the individual in society, as opposed to those of the 'collective' or the group, which may require the individual to forego personal autonomy for the benefit of the whole. It may appear as self-evident that western individualism should form the basis of the way in which voluntary, charitably funded organisations offering bereavement support are constructed. Indeed, as noted in an earlier chapter, counselling is itself a manifestation of an individualist society. As McLeod (1998: 337) puts it, 'the growth of individualism and the growth of counselling and psychotherapy have gone hand in hand.' Further, McLeod goes on to observe that the notion of personal autonomy underpins counselling practice which itself is characterised by one-to-one intervention (McLeod 1998: 377). He might also have added that this therapeutic model has been central to the counselling tradition since the time of Freud. It might well be said that individualism is so much taken for granted in contemporary UK society, that it has become our default position for dealing with almost any situation. Organisational culture derives from the wider society in which such agencies are located. It follows, therefore, that perspectives such as individualism can act sometimes as an almost unconscious brake on organisations, thus inadvertently determining how services are delivered. The organisation is a microcosm of the wider society of which it is a part.

In conclusion of this section, the research findings in relation to the core category of boundaries have been summarised as has their impact on service provision. The intention has been to gain greater understanding of the way that these three local voluntary organisations providing bereavement support are constructed. It is argued that service provision is affected both by the boundaries the organisation establishes and by social values inherent in the wider society. This is manifested in these organisations' recruitment of volunteers who are themselves a reflection of individualist, middle-class English values. Broadening the appeal of the service to other potential user groups is likely to depend upon the extent to which these organisations are able to identify and employ more responsive ways of working or, indeed, their wish to do so.

SUMMARY OF KEY POINTS MADE IN THE THESIS

The intention here is to summarise the main threads in the argument and to indicate how the key points made in the thesis contribute to the discussion.

Firstly, the main literature review presented in Chapter Three traces the twentieth century **historical development** of the psychotherapeutic approach to understanding bereavement, from Freud's (1917) paper on *Mourning and Melancholia* and his psychoanalytical approach to the understanding of grief to Colin Murray Parkes, whose long career as a psychiatrist continues to focus on bereavement. Parkes worked also with Bowlby whose mid-twentieth century work on attachment has become a central focus in understanding the phenomenon of loss.

A major contention concerning the psychodynamic approach to bereavement and grief is the singularity of its focus on the individual as distinct from the social and cultural context in which people live their lives. It may also be regarded as particularly surprising that the position on this remained largely unchallenged throughout most of the twentieth century. As noted in Chapter Three, the advent of sociology and anthropology to the study of grief and bereavement in the UK has come relatively recently. In part, this may be as a consequence of the growth of a now multi-cultural and diverse society in the UK. Also, since the end of World War II, the social dimension of personal experience has gained wider recognition. This focus on the individual, as opposed to the social, in bereavement care was a factor in my own investigation. A question which arose for me concerned the extent to which this might be revealed as a feature of the way that voluntary organisations proffering bereavement support were constructed.

Secondly, linked to the individualised focus of the psychodynamic approach to understanding bereavement is the similar way in which counselling is constructed. As noted earlier in this chapter, counselling is, likewise, a product of **individualism** and is the methodology which is used by these agencies to deliver bereavement support. This is reinforced by the use of the person-centred approach to counselling which is characterised by respect for the autonomy of the client. In both of these cases, it would seem that individualism is taken for granted as a means of providing care for the

bereaved. When Cruse was established in the mid-twentieth century, the organisation adopted the traditional model of one-to-one intervention and this was followed by the agencies that came afterwards, such as the hospice movement and specialist providers, of which PEAL was one. For these agencies there appears to have been little reason to change, given the take-up of their services from the section of the community they habitually served. However, it can be said that boundaries may serve to restrict and thus limit possibilities for change. A foundation of individualist social values and counselling practice may make it difficult for an organisation to give a broader social response. **Boundaries** can serve to maintain the *status quo* even where the intention was otherwise. The 'encapsulated' (Wrenn 1962) organisation, to use the term that Wrenn employed in relation to counsellors, may not, therefore, attract the recruits it needs to change the service.

A change in recruitment practice may, however, in itself be insufficient to attract a wider section of the community to take up the services offered. This is, of course, based on the assumption that these organisations do hold a positive intention to achieve more inclusive access. It seems likely that this is so given the contradiction between their equal access policies, as expressed by a number of my research respondents, and the reality of low or non-existent take-up of services by some sections of their local communities.

In this event, the individualist focus of the organisation may also need to be addressed, although once again, it cannot be assumed that it is this that deters some groups from accessing these services. We can, for example, speculate that many members of ethnic minority groups who have been born in Britain and have grown up here may well have imbibed values that are fundamental to UK society. This is likely to apply also to homosexual people bereaved of a partner. Their main concern may be the possible lack of an understanding ear from an organisation that has a pronounced heterosexual orientation. Hopefully, this may now be beginning to change, albeit slowly. Certainly a respondent for this research, who is a supervisor with Cruse, stated to me that one of her supervisees working as a volunteer with clients was a homosexual (Interview 14: 13 lines 24-26: 14 lines 1, 2). Likewise, there tends to be a low take-up of their services by men as reported by interviewees for this study. A partial explanation for men not

coming forward for 'counselling' is popularly believed to lie in gender socialisation which holds that men contain their emotions. Interestingly, Stroebe et al. (1997) found that while men prefer problem-solving approaches to the management of their grief and women prefer to focus on their emotions, men did better when focussing on their emotions and women when using a problem-solving approach. From this the authors concluded that it was more efficacious to give bereaved people what they need rather than what they want.

In summary of this second key point, we can conclude that while individualist ideology may not inhibit take up of services for men or those of homosexual orientation, it may act as a deterrent to some potential service users. The efforts of St Joseph's Hospice in London to address this issue are further discussed in the previous chapter. In order to attract their local ethnic minority communities to take-up hospice services on their doorsteps they concluded that they needed to address issues of 'preference' rather than of 'need.' This meant changing their routine practice to allow, for example, for different cultural practices such as family members staying overnight (Richardson 2010). Societal values serve to underpin the boundaries that organisations establish. Here it is clear that the personal, professional and organisational boundaries, discussed in the analysis chapter, reflect a western world individualist perspective. This in itself may make it difficult for organisations to be responsive to change.

The third key point made in the thesis concerns **power** which, as indicated in Chapter Six, is viewed as endemic to the counselling relationship (McLeod 1998: 379, 26). While, as noted there, each party is privy to knowledge of the client (McLeod 1998: 26), it is the counsellor who has the power to set or indeed to abuse the boundaries within which the relationship is conducted. These include territorial aspects of their meeting and those relating to the professional regulation of their behaviour such as the nature of their discourse and the methodological framework within which the counselling takes place. In this way, the work of the volunteer bereavement supporter is bounded and can be monitored and supervised. Underpinning this bounded professional practice lie the cultural roots from which it springs-the individualist perspective referred to earlier. Alongside this there may also be a perhaps now residual perception of

cultural dominance (Lago and Thompson 1996: 59) which may deter some sections of the community from accessing services.

The significance of power as an issue which underpins bereavement support provision by these agencies is central, particularly in the light of the scant reference to it made by respondents for this study, where it is more notable as absent than present. In psychology, power may be considered as an aspect of individual agency and not as a mechanism of social influence. However, as we have noted here, power can exhibit an invisible force in determining the shape of service provision.

A further point of interest arising from the data was that of the **motivation** that volunteers expressed for undertaking bereavement support in these agencies. These findings were discussed in more detail in Chapter Six. Here, it was noted that motivation could be classified under seven headings (See table 6.4, Chapter Six). It is perhaps unsurprising that a strong personal drive for a number of respondents was their own experience of bereavement. It may also be deemed reasonable to expect that potential volunteers would be attracted to culturally compatible agencies, although this was not specifically evident in the data. It seems likely too that agencies expounding the cultural value of a particular organisational and professional framework in which to practise bereavement support would be welcomed by volunteers accustomed to such boundaries within their own lives: it may be commonly thought that people tend to be drawn to what they know.

From the foregoing it can be concluded that **culture** is a key factor in shaping the ethos and *modus operandi* of these three local agencies. Close links are observable between these facets of western culture. Boundaries, as the end point, serve to frame and consolidate professional practice orthodoxy and service delivery. This conventionality can be said to arise from a strongly held western individualism in which power, whether knowingly or unknowingly, is ceded to the dominant culture. Additionally, while volunteer motivation may have shown itself to be somewhat surprisingly diverse in these agencies, it is nonetheless, oriented towards the familiar. Four features of the culture of these agencies - namely boundaries, individualism, power and volunteer motivation – can be viewed as intrinsically linked (See table 9.3 on the next page).

TABLE 9.3

**CULTURAL LINKS IN BEREAVEMENT SUPPORT IN THREE LOCAL
AGENCIES**

Boundaries

Motivation

Culture

Power

Individualism
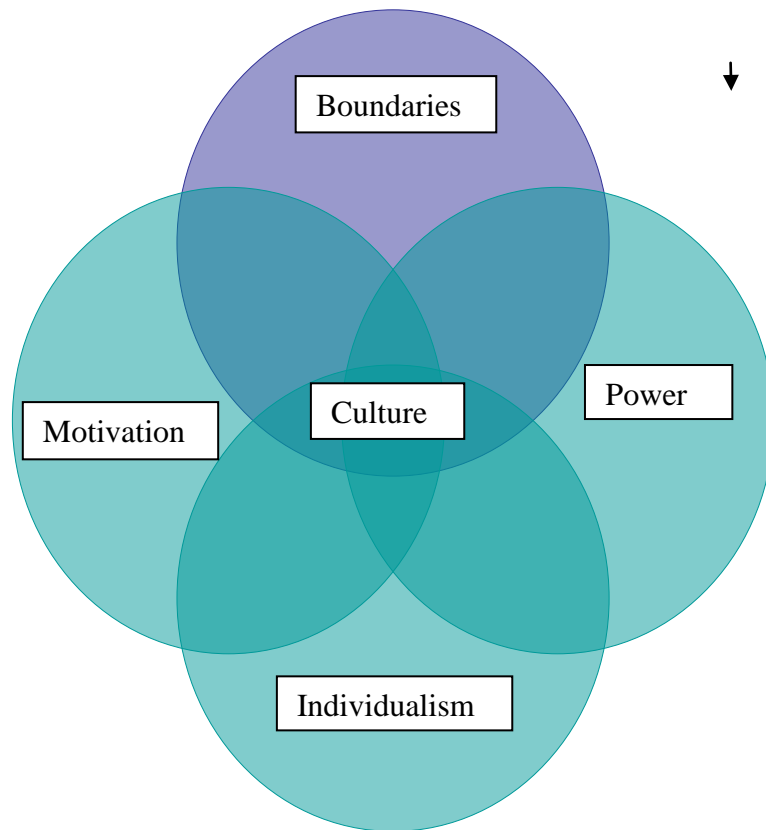
My central argument is that it is the strength of this cultural dependence that makes change so difficult in these agencies and inhibits a responsive approach to other potential user groups. In other words, to cite Shakespeare, 'the fault, dear Brutus, is not in our stars but in ourselves ...' (Shakespeare 1599). The onus is surely on the organisation to apprise itself of its own construction and to have regard for the impact that may have on service delivery. To know is to aid understanding, and to understand is to invite the possibility of change.

On the other hand, while boundaries may inhibit change, they can also serve to guard against abuse by restricting human action within acceptable parameters. Earlier, we saw how one interviewee for this study lacked supervision for his client intervention and succumbed to his inner desire to 'fix it' (Interview 15: 5, lines 21, 26). As noted in Chapter Six on counselling, Masson was concerned about the extent to which abuse was possible in counselling and advocated the radical solution of its abolition (Masson 1988: 24).

It is not the intention here to pronounce on the possibility or the efficacy of change, rather the purpose is to hold up a mirror thus revealing how these agencies are socially constructed with a view to providing pause for thought. The evident tendency towards the maintenance of cultural homogeneity may thus come to be questioned rather than taken for granted.

CONTRIBUTION TO EXISTING KNOWLEDGE

As an inductive approach to qualitative research, grounded theory inhibits advance speculation about what may be contributed to existing knowledge. So, when 'boundaries' emerged from my research data as the core category – the key element in the social construction of three local voluntary agencies (a hospice, a branch of Cruse and PEAL), all delivering bereavement support services – the addition to scholarship was already a *fait accompli*. As it happens the literature yields little on **boundaries** as the basis of the social construction of organisations. An exception to this is Schneider (1987: 380) who, correspondingly with my study, identifies various categories or 'levels' of boundary in organisations. She argues that the way the interconnections between boundaries are managed affects the functioning of the organisation. It is, she

states, that 'boundaries need to be defined but flexible' (Schneider 1987: 379, 380). Schneider clearly views boundaries as a cornerstone of the way that organisations are constructed, albeit that she doesn't use that terminology. I would argue that my study goes further than that of Schneider in that it illustrates how boundaries can serve to restrict expansion and militate against change as well as containing and maintaining existing practice in the way that she indicates. For the 'effective functioning' of the organisation as depicted by Schneider (1987: 379), I would further contend that contemporary organisations may need to move outside the box; namely 'flexibility' may be of more significance than definition. In my own study, the crux of the issue has been the lack of flexibility that boundaries provide, thus restricting the adaptability of the organisation in the light of a changing and socially diverse society. This then can be said to indicate that studies examining the construction of the organisation can make a useful contribution to existing knowledge, both by adding to the literature and revealing the possible necessity for change. In this situation, the organisation takes an additional measure of control over its own destiny. Certainly, the organisations of which this research study was the subject would appear to take their **cultural background** for granted and to lack awareness of the extent to which the bounded construction of the agency can act to prohibit their responsiveness to a wider range of potential client groups. Realisation of the way the agency is constructed could provide the opportunity to consider the possibility of change.

A further aspect in the contribution to existing knowledge is that of **bereavement support,** particularly in relation to new knowledge. In respect of this the study has aimed to bring together a range of ideas, both historical and contemporary, to illustrate how bereavement support is constructed in the UK. Silverman, (2005: 18), in common with other academics whom she cites as Charmaz, (1994), Stroebe et al, (1996), Walter, (1999) and Rosenblatt, (2001), argues that by studying the social construction of grief, we gain insight into the way our conceptions and assumptions have changed and been affected by history and our culture.

This issue of the **social construction** of grief in western societies was raised here in Chapter Four. In particular it was discussed in relation to the medicalisation of grief, the psychologising of both grief and bereavement support and the cultural

homogenisation of it. We saw there how grief and bereavement support have been constructed in ways that have excluded the social dimension of human experience. Silverman (2005: 18-36) also traces this pattern, noting that mourning rituals and behaviours reflect both past practices and 'the values and attitudes of the time, place and context' in which they happen.

This study aims to connect with such ideas by analysing the way in which bereavement support is constructed in voluntary organisations. The emergence of **boundaries** as the core category, indicate their role as a feature of these organisations at managerial and service delivery level. As noted elsewhere, they are integral to counselling practice in terms of proscribed ethical and professional practice within the client-counsellor relationship, in particular. Boundaries may thus serve to maintain existing counselling practice, making change difficult to achieve. In this way, the study serves to highlight an aspect of bereavement support that has not received attention before.

Additionally, in recent years, there has been a move away from the earlier preoccupation with grief and bereavement support as **psychological** phenomena towards a **social model** that focuses on such factors as the development of a 'continuing bond' with the deceased (Klass et al, 1996). Likewise, Walter's (1999) model of an 'enduring biography,' outlined in Chapter Three, fits in with this concept, as does Silverman's (2005: 26) 'changing sense of self', which follows a significant loss. In this context it is clear that personal, professional and organisational boundaries may require re-appraisal.

Overall this study can be said to add to the sociological voice now emerging to complement, if not to supersede, the psychological perspective which has held sway for so long.

LIMITATIONS OF THE RESEARCH STUDY

In examining the limitations of this research there is no intention to talk down the findings but rather to indicate that even in the light of these, there is value in having selected grounded theory research methodology as a useful way of revealing how these voluntary organisations offering bereavement support are constructed. All research methodologies can be found wanting in some respects. A key limitation of **grounded**

theory concerns the issue of the transferability of research outcomes. Since theory is said to emanate from the data, the findings can only be regarded as applicable to the context from which they arose, namely, in this case, three specific local agencies. Neither are the findings transferable to any other hospice, or branch of Cruse. Likewise, it cannot be said that **'boundaries'** constitute a core feature of the construction of other such organisations offering bereavement support. In essence, this research could be viewed as a case study example of how particular agencies who offer similar services may be constructed. Despite lack of transferability, these research findings can be regarded as indicative of how boundaries can serve to maintain an existing ethos and organisational and professional cultural practices.

A further linked issue in relation to grounded theory methodology is whether 'theory' is generated at all. Given that the capacity for **generalisation** is a key aspect of it, the inability to generalise from theory would seem to detract from its status. Likewise, in accordance with the thesis of Glaser and Strauss (1967: 79), the specificity of my research suggests **'substantive' rather than 'formal' theory** as the outcome of these research findings. Nonetheless, it remains the case that, whether typical or not, these findings do apply to these three organisations and so can be viewed as worthy of consideration in their own right.

A further drawback to the study has been the small size of the sample. A more lavishly resourced research project would have enabled the researcher to obtain a much larger and more widespread data set on which to base an analysis. The additional benefit of this would have been the increased opportunity provided for 'comparative analysis,' a means by which the typicality of the core category can be ascertained across the data set (Glaser and Strauss 1967: 1, 21, 24, 32).

WHAT COULD HAVE BEEN DONE DIFFERENTLY?

At the outset, the most obvious point is that the starting point could have been different. Many of those undertaking a doctorate seek to build on what has gone before rather than starting from scratch as happened here. Often there may be previous research and literature reviews as well as experience of appropriate research methodologies. However, as a recently retired lecturer and newly recruited volunteer to a hospice

offering bereavement support, I was instead embarking on another and totally unfamiliar career, the tenets of which called for fresh knowledge and understanding. In essence, the paper was blank. The subject of bereavement and the support of those suffering this ultimate loss was to me unexplored academic territory while qualitative research and grounded theory methodology were in another country yet to be visited. It was a new beginning. This led to some interesting anomalies in the research process, as for example the sequencing of events whereby the research design evolved synonymously with my expanding knowledge of its methodology. Hence, early interviews took place in something of a vacuum of understanding concerning grounded theory. This led to missed opportunities for further exploration such as respondents' lack of reference to power issues, a point which was picked up in the later interviews. Likewise, with hindsight, it might have been more fruitful in terms of comparative analysis to have interspersed the agency interviews instead of concentrating on each one in turn.

Secondly, it could be argued that an alternative approach to grounded theory might have been employed within the qualitative phenomenological framework. Early on in the research proceedings, a supervisor suggested looking for themes in the data as a basis for analysis. To some extent this did occur since ultimately, the issues of boundaries, volunteer motivation and the absence of reference to power emerged as key themes. However, it was the grounded theory methodology that led to the emergence of boundaries as the core category. Since it was their bounded nature that provided the key to the cultural construction of these agencies, the use of grounded theory can be said to be justified. An examination of themes might instead have re-directed attention away from the predominance of the core category, so side-stepping the central issue of cultural construction and thus allowing the major conclusion from the data that boundaries have a prime 'gate-keeping' role in preserving existing culture and resisting change.

THE CONTRIBUTION OF THE STUDY TO POLICY DEVELOPMENT

INTRODUCTION

The intention in this section is to identify implications for policy development arising from the study and to relate these to the research findings.

Policy Implications: the Context

Some implications for policy development can be said to arise from the **separatist provision** of bereavement support by these voluntary agencies. An example of how this occurs is that of their volunteer profile which indicates a homogenous racial and cultural group arguably typifying specific social strata in the UK (See Chapter Six for a more detailed account). Further, such organisations are charitable foundations mainly funded by donations from members of the general public who may often have a vested interest in the nature of the service provided. For example, Hospice Care for terminal cancer patients and their families. Until recently such provision tended to lie largely outside mainstream public health care.

Moreover, bereavement support in the voluntary sector tends to be provided on the basis of specialist groupings such as Parents Experiencing Adult Loss (PEAL) or by other defining characteristics such as religious affiliation; ethnicity, or sexual orientation. While this has recently changed, Cruse, as its name indicates, initially provided bereavement support to widows. This suggests that, in the light of **integrated provision** in public sector health care, the voluntary sector would appear to be out of step: a situation that must raise questions. For example, is the segregated provision of bereavement support in the voluntary sector a planned response or is it happenstance? Does it occur for reasons of need or as a matter of expediency? Is separate provision deemed more appropriate for some reason or has it arisen to fill a gap in mainstream provision? Finally and importantly, to what extent, if at all, does the issue of **diversity** feature on the agenda of these voluntary organisations in the provision of their bereavement care services? Certainly there is recent evidence of approaching change in Cruse. Their Chief Executive, Debbie Kerslake, speaking at their conference in 2010, stated that there had been large increases in numbers supported from black and minority

ethnic groups. She cited this as an increase of 55% of adults and 17% of children and young people.

In relation to hospice bereavement care, Quinn (2005) cites Desai and Bevan (2002) who note that:

> 'It is only relatively recently that it has been recognised that there is a need for an anti-racist (rather than simply ethnically sensitive) approach to be established in order to do justice to the complexities of the experience of loss on the part of people who have to contend with the pressures of racism in addition to the pain of their particular loss or losses.'
> (Desai and Bevan, 2002: 60)

In the light of this salient contention, I would argue that Desai and Bevan's point can be applied not only, albeit importantly, to the field of client intervention, but also to the ethos and governance of the organisation. To further endorse Quinn's argument, there is a need for voluntary agencies to move beyond the perhaps softer model of sensitivity in client intervention towards one that recognises the need for the whole organisation to develop anti-racist strategies and policies. The very word 'anti' has a hard edge to it that may carry connotations of confrontation and reproach which management may prefer to avoid. However, it is likely to be policies and strategies driven by the need to strive against that which requires to be changed in the existing culture that can bring about wider take-up and participation in these services. Policies here also need to include attention to organisational, professional and personal boundaries which, as found in this research study, can serve to **restrict access** to services, however unintentionally. Softer change models may only serve to entrench the *status quo,* or at best foster marginal change. In part at least, it is this managerial dilemma that may account for agencies that use volunteer labour, shying away from the radical change that alters the face of the organisation, in favour of a more cautious and incremental approach deemed less likely to cause disaffection among workers who give freely of their time and expertise.

While, it is accepted here that there may well be a case for some separatist provision of bereavement support, it is also difficult not to conclude that both managerial and professional resistance to change lies at the core of what may be viewed by some as internal racism, whether or not this is intentional. A well known case in point is that of

the black teenage boy, Stephen Lawrence who was murdered in London in 1993. In that example, institutional racism within the police force was deemed by the subsequent enquiry to have impeded their investigations. That such misvalues may also be found to underpin some charitably funded voluntary services is likely to appal the organisations themselves, who take pride in the quality of the service they deliver. Further, this adverse perception of their service counteracts their own view of a beneficent ethos, traditional to their service provision. The boundaries operated at organisational, professional and personal levels in these agencies and discussed elsewhere in this thesis, may simply serve as a mechanism to reinforce existing norms and values. Boundaries can usefully construct and maintain standards, but may also intentionally or unwittingly preserve an existing culture which, in essence, is perceived as hostile to some potential service users.

Widening Access to Services: Policy Issues

Widening access to services is surely the key to the provision of an **inclusive service.** There have been calls for this in relation to hospice services which have been the subject of discussion elsewhere in this thesis. Writing for Help the Hospices, Gunaratnam, (2006:5) identifies 'four components of fair access.' She identifies these as 'service availability; service use; service relevance and responsiveness and quality.' While insuffient space disallows a fuller discussion here, Gunaratnam contends that these four components involve addressing issues of social disadvantage, reducing social and other barriers to access, providing services relevant to specific needs and service evaluation. Underpinning these four components is the essential recognition of equality and diversity, the practice of equality, being dependent upon the recognition and valuing of diversity in society. In this connection Gunaratnam notes that the National Health Service has increasingly recognised that fair access to services depends upon the **integration** of equality and diversity initiatives into organisational processes such as recruitment practices and governance (Gunaratnam, 2006: 7). Where personal service delivery is concerned, this must certainly include professional services involving client intervention.

Measures to Achieve Wider Access

The issue of **inclusive** policies and practices has already been raised here. Recognition of **diversity** is key to achieving this. Gunaratnam, (2006: 7) cites the government's six bullet points: age, disability, ethnicity and culture, gender, religion and belief and sexual orientation. Organisational policies need to address each of these.

The issue of **integration within** services was raised here earlier. Quinn (2005: 10) also raises the issue of integration **between** services as for example health and social care. Quinn sees this as essential for quality end-of-life care provision and argues for integration of voluntary services providing palliative care. Traditionally voluntary service provision has tended to stand alone. Services integrated between agencies as well as within them could surely offer much in terms of widening access.

Likewise**, co-ordinating bodies** can aid the development of across-the-board initiatives. Such bodies can originate and synchronise activity as occurs with Help the Hospices which has, for example, commissioned the 2006 paper by Yasmin Gunaratnam which is cited at several points in this thesis. There appears to be no such body in relation to bereavement support. The approach is more fragmented. Bereavement support falls under the government's End-of-Life Care initiative of 2008 (The Department of Health, 2008). It is enshrined too in the holistic approach to terminal care adopted by the hospice movement. It can also be said that, while Cruse Bereavement Care is not a co-ordinating body as such, it does provide some of those functions by acting as a focal point and model for other organisations offering bereavement support. This may be due to its widespread influence in the UK and more particularly, its dissemination of research through conferences, training and publication. This wider role is now also taken up by some universities, notably the fairly recently established Centre for Death Studies at the University of Bath, for example.

Fundamental to the process of widening access is the development of **anti-racist** practices at every level of the organisation, as discussed earlier in this section. The reduction of barriers to service access also applies in relation to age, gender, disability and sexual orientation. While voluntary organisations offering bereavement support present a welcoming face to such groups, their ethos may in fact reflect a homogenous

cultural profile that is the very antithesis of this and may be perceived by potential clients as alien to their needs. It may also be that it is this aspect of the service that is the most difficult to change. To put it plainly, voluntary organisations providing bereavement support, may view their existing ethos and philosophy as the core of their being thus, perhaps, occasioning their reluctance to embrace radical change for fear of losing the essence of themselves. As this study has indicated, the existence of **boundaries** at every level of the organisation's operations would seem to reinforce the perpetuation of the traditional culture.

Finally, the issue of **'cultural competence'** was raised in an earlier chapter in relation to counselling practice. Clearly this is a term that can also be applied to the *modus operandi* and governance of the organisation itself. O'Hagan (2001: 213) suggests that cultural competence needs to be an organisational policy objective.

In summary, I have argued in this section that voluntary organisations delivering bereavement support services and seeking to widen access to these need to put policy adjustment at the heart of their strategy for change. Anti-racist policies in particular need to be central to any such initiative. Further, 'cultural competence' encompasses managerial activities such as recruitment in addition to counselling practice. Closer inter-agency integration with public sector and other relevant services and the development of a co-ordinating body for the delivery of bereavement care services are likely to foster wider access. It would be beneficial also to pay particular attention to the role that boundaries play in perpetuating the existing *modus operandi* of these organisations.

FURTHER RESEARCH

Verification of the Findings from this Study

As indicated earlier in this chapter when the limitations of the study were discussed, the findings from it cannot be regarded as definitive. This is because firstly, the scale of the study is too small for absolute confidence to be expressed in the results. A larger project is required in terms of both a wider spread of participating organisations and an increase in the number of respondents. Secondly, as also noted earlier, the transferability of grounded theory outcomes is open to question since these are discoverable only in a

specific context causing generalisability of the findings to be viewed as problematic. Hence a further study is needed for purposes of verification. This might take the form of a widespread qualitative study such as that conducted by Glaser and Strauss (1967) in relation to the awareness contexts of the dying. Alternatively, a hypothesis might be posed concerning the extent to which boundaries influence service delivery in voluntary agencies such as these. Possibly this could employ a triangulated approach, combining quantitative and qualitative methodology in which interviews might derive from an initial questionnaire. Either way, verification of the findings in this study needs to precede attempts to build on them with further research.

Additional Research

Additional research designed to build on the findings of this and other studies, would need to include a tiered approach in which, unlike this study, results are obtained from differing levels of the participating organisations (Board, executive, professional, volunteer, client), and comparisons drawn between them. This would allow for a more rounded view than the present study has been able to achieve, thus in all likelihood, increasing confidence in the findings. In any such study it may also be useful, following the data analysis, to return to the respondents for discussion and confirmation of their earlier contribution.

Other ways of identifying the extent or otherwise of the influence of boundaries on service delivery, must surely also include a comparative cross-cultural study.

Key questions to ask in any further research include the following:

Are the findings of this present study confirmed?

Do the findings hold good across voluntary organisations of the type studied here?

Have these agencies changed since this research was undertaken in 2003-2005?

Are results comparable across a range of voluntary organisations offering bereavement support or do they apply to a specific section of the community?

If these results are upheld what is their significance for both for the wider community and for bereavement support services?

THE WAY FORWARD

The usual approach towards considering the way forward is that of making recommendations. Here, as indicated earlier in this chapter, such a measure is deemed inappropriate due to the nature of the study which has sought to reveal how these three agencies are constructed and to identify the impact of this on service provision. Likewise, since the results lack transferability, any recommendations could only be made in respect of these specific organisations. The key issue here is the extent to which these organisations desire change or regard it as expedient. They may see a case for the provision of a more diverse service to a wider section of their social population or alternatively for the continuation of their existing ethos and cultural practice in their delivery of amenities. The main benefit of an analysis such as this is its capacity to reflect a reality that might otherwise remain invisible to the executive staff of the organisation and its members.

CONCLUSION

Here it is that we reach the end. The writing of this thesis has been a journey during which I have met many erudite and interesting people, both in person and on the written page. For the enlightenment they have brought me I am thankful: they have contributed much to the excitement of the expedition. So, let the last words go to a group of notable qualitative researchers:

"Qualitative research claims to describe the life world from the inside out….
It makes use of the unusual or deviant and unexpected as a source of insight."
(Flick, Von Kordorff, Steinke, 2004: 8)

APPENDICES

INDEX OF BOUNDARIES

(Evidence that Emerged from the Data)

ACCESS:

- effects of Bereavement Supporter's profile on client access *(Int. 14)*
- ethnicity, culture, faith *(Int. 10,13,14,17,18,20)*
- gender *(Int. 7)*
- sexual orientation *(Int. 10,13,14,15,17,18,20)*

APPROPRIATE/INAPPROPRIATE REFERRAL TO THE AGENCY: *(Int. 14)*

BARRIERS:
- to clients 'moving on' *(Int. 2,8)*

CLIENT MEETING FORMAT: *(Int. 1, 11, 15, 18)*

- number of meetings - may or may not be pre-set
- length
- frequency
- structure
- first session
- second session
- closing with the client

CLIENT AS 'OBJECT':

- 'my'/'I have a …'
- us/them
- difficult/easy, best

CONTROL:

- of control: Bereavement Supporter keeping clients on track *(Int. 20)*
- as control: monitoring performance *(Int. 10,11,14)*

DEATH AND DYING: *(Int. 14)*

- being 'comfortable' with it

DETACHMENT AND DISTANCING *(Int.6, 7, 11, 13)*

- physical: territorial distance – not sitting too close to the client
- emotional: remaining emotionally detached. Not becoming emotionally involved
- social: being friendly, but not becoming a friend.

ETHICS:

- confidentiality *(Int. 12,14)*
- client autonomy
- respect for the client

GRIEF:

- assumptions about the need to grieve *(Int. 18)*
- 'complicated' grief *(Int. 12,16)*
- disenfranchised grief *(Int. 10)*
- 'having' to grieve for two years *(Int. 15)(Grieving Protocol)*
- medical model ('unhealthy grief') *(Int. 11)*
- 'normal' grief
- unresolved grief *(Int.1)*
- mismanaged grief *(Int. 4)*

LIMITS:

- imposing limits (number of sessions)
- negotiating limits (dates of and frequency of meetings, closing the case etc.)

ORGANISATIONAL:

- Bereavement Supporter as representative of their agency *(Int. 10)*
- 'gate keeping' *(Int. 11)*
- performance monitoring: competence *(Int. 12)*
- policy: client contact when Bereavement Supporter recently bereaved *(Int.   )*
- service provision *(Int. 14)*
- type of loss *(Int. 9,10,17)*

'PARTIONING OF SERVICES' *(Int. 14)*

PERSONAL BOUNDARIES OF BEREAVEMEBT SUPPORTER:

- gender *(Int. 7)*
- knowing one's own limitations *(Int. 12)*
- privacy: disclosure/non-disclosure to clients *(Int. 3,13,18,19)*
- safety (Bereavement Supporter and client) *(Int. 12,14,15,20)*

POWER:

- Bereavement Supporter/client relationship *(Int. 17)*
- territorial *(Int. 10)*
- 'empowerment' of clients *(Int.2,3,7)*

ROLE OF THE BEREAVEMENT SUPPORTER:

- clients' perception *(Int. 16,17,18)*
- detachment: physical *(Int.7)*; emotional *(Int.7)*; social *(Int. 4)*
- role differences: counsellor/ 'befriender' *(Int. 12);* professional/volunteer *(Int. 14)*; volunteer/office holder *(Int. 11)*
- professional *(Int. 20)*

ROLE OF SUPERVISION: *(Int. 10, 14)*

SOCIAL BOUNDARIES (implicit in the data)**:**

- class (middle)
- culture (white)
- ethnicity (British)
- religion (Christian)
- gender (predominantly female)
- sexual orientation (heterosexual)

SOCIALLY IMPOSED BOUNDARIES:

- some topics are off limits – sex, spiritual matters, unless raised by the client. *(Int. 2, 8)*

SPECIFICATION OF BOUNDARIES BY THE:

- organisation: staying with bereavement, policy, etc.
- profession: supervision, ethics, practice guidelines, etc.

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- bereavement supporter: personal, professional, volunteer, role etc.
- client: personal, territorial, autonomy, etc.

STAYING WITH BEREAVEMENT: *(Int. 1,6,7,8,9,10,11,12,13,14,18)*

STRETCHING THE BOUNDARIES (clients'): *(Int. 7, 18)*

SUPERVISION: *(Int. 1,2,3,6,7,1,13,15,16,17,18)*

TERRITORIAL:

- place, seating *(Int. 10)*

TIME: *(Int. 1, 15, 18)*

- frequency of meetings with the client
- length of meetings
- number of meetings with the client

THE BOUNDED RELATIONSHIP: BEREAVEMENT SUPPORTER/CLIENT:

- 'we're here for you within professional limits' *(Int.20)*

TRAINING: *(all)*

TRANSGRESSION OF BOUNDARIES (breaching boundaries)

By the: - Bereavement Supporter *(Int. 1, 2, 4)*
        - Client *(Int.3, 7)*
        - Organisation *(Int.15)*

SAMPLE LETTER TO RESPONDENTS

Dear _____

Counselling: Death, Dying and Bereavement

(Doctoral Research Project)

I am writing to ask if you would be willing to participate in this doctoral research project by undertaking an interview about your work.

In my thesis I am exploring interpretations of counselling and the values and beliefs underpinning the work and motivation of individual practitioners such as yourself.

The face to face interview takes an hour and a half and forms part of the data for a doctoral degree. For reasons of accuracy it will be necessary to record the interview on tape. However, confidentiality is assured and no personal details will be recorded or used in the thesis. The tape will ultimately be destroyed.

The interview is unstructured and I am particularly interested in the following areas:

-your personal background and what led you to become a counsellor.

-your experience of counselling and of your training.

-what counselling means for you and the values and beliefs you hold which underpin it.

-your own understanding death, dying and grief.

My own background was initially in nursing and later as a teaching specialist in management education and training. Now, retired, I am a bereavement visitor and day hospice helper at St. Richard's Hospice, Worcester as well as a part-time, external student in the Department of Health and Social Welfare at the Open University.

I hope that you feel you would like to take part and that you will gain some benefit for yourself from the opportunity to reflect on your counselling practice in this way.

Thank you for your time and attention.   Please contact me if there is any thing else you wish to know. Please complete the enclosed response form and return it to me in the s.a.e provided.

Yours sincerely,

SAMPLE RESPONDENT CONSENT FORM

The School of Xxxxxxxxxxxxxxxxxx. The Xxxxxxxxxxx University

Name of Project:

Agreement to Participate: _____ (Please print name)

I agree to take part in this research project.

I have had the purposes of the research project explained to me.

I have been informed that I may refuse to participate at any point by simply saying so.

I have been assured that my confidentiality will be protected as specified in the letter/leaflet.

I agree that the information that I provide can be used for educational or research purposes, including publication.

I understand that if I have concerns or difficulties I can contact: _____

At: _____

If I wish to complain about any aspect of my participation in this project, I can contact_____ at _____

I assign the copyright for my contribution to the School for use in education, research and publication.

Signed_____   Date _____

Interview Topics

- Personal background and why you became involved in this work

- Your experience of being a Bereavement Supporter

- Your training and what you derived from it

- What bereavement work means for you

- Your own understanding of death, dying and the process of grief

The Interview

The interview is not structured. I am not looking for answers to particular questions. The time taken is expected to be no more than an hour and a half. Please feel safe and secure at all times during the recording of the interview. This may mean asking for the tape to be switched off on occasion. Likewise, there may also be areas you do not wish to be asked about or further pursued. The tape and the manuscript will remain anonymous and you personal details will remain confidential.

Thank you for you participation and I hope that you will enjoy and derive benefit from talking about your work.

Signed

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