WALKING WITH THE BEREAVED:

A PHENOMENOLOGICAL INVESTIGATION OF

THE EXPERIENCE OF THE COMPANION IN GRIEF

by

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ABSTRACT

This research study sought to respond to the question; what is the meaning of the experience of the companion to a grieving person? This was accomplished through using a phenomenological method of research. The researcher was guided by dramatic form in creating a common story of the experience and its structural meanings.

This study included three co-researchers, who were selected on the basis that they had each been a companion to a mother who had grieved the loss of her child through death. The co-researchers were interviewed and asked to give detailed descriptions of their experience, which were taperecorded and transcribed, and the transcripts or protocols were analyzed by the researcher. A Phenomenological protocol analysis was used to extract meaning units and common themes from the three protocols. The themes were woven into an integrated narrative description, which was condensed into the essential structure or meaning of the experience. At each stage of the analysis, the researcher and co-researchers cooperated so that all the results were validated by the final interview.

The results of the study included a list of twenty-four themes, a narrative description of the experience being investigated, and the essential structure, which presented the meaning of the experience as concisely as possible. It was posited in the discussion that the study had particular implications for practice.

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CHAPTER 1

INTRODUCTION

What is the experience of the companion to a grieving person? The intention of this research study is to gain a deeper understanding of the meaning of the multidimensional aspects of the experience of the companion in grief as it is lived.

For the purpose of this study, the person who offers her presence and support to another grieving person is addressed by the selected title of 'companion'. The person who is grieving the loss of a loved one, particularly one grieving the devastating and untimely loss of a child, is essentially a person on a journey. For most, the journey is a fearful one, into unknown and previously unfathomed depths of pain. What bereaved parents most desire is that this unforeseen thing should not be happening to them, that it should turn out to be a bad dream. But since this cannot be, what they need and desire from those who seek to offer comfort is someone to walk with them into the unknown. To receive comfort, they need a companion. It is the role

and experience of the companion in grief that the researcher seeks to explore by listening to the stories of three women who became companions to their three friends, each of whom had lost a child through death.

Exploring the word 'companion' offers a deeper insight into the role and experience of the person who accompanies the bereaved on their journey of grief. The Pocket Oxford Dictionary includes in its definition of the word companion, "Person with whom one spends much time, comrade, mate, person with one on a journey "(Fowler & Fowler, 1973, p. 161). To be a companion in grief, one walks alongside, listening, being present, watchful, available, sometimes just sitting empty handed when she would rather run away. Those who become companions to bereaved parents, like those who are companions to the dying,

> must enter into their darkness, go with them at least part way along their lonely and frightening road. This is the meaning of compassion: to enter into the suffering of another, to share in some small way in their

pain, confusion and desolation (Cassidy, 1988, p. 5).

In our present-day culture which has become experientially ignorant about dying and grief, there are few role models for the compassionate friend or companion in grief. Although people have been experiencing loss for thousands of years, grief and bereavement have traditionally been worked out and resolved within the supportive religious and social structures of family, church and community networks. In today's society, however, excessive mobility and the secularization of the age have brought about an increasing breakdown of these structures and the sense of community and shared values they provide. When friends and family are available to offer comfort and support to the bereaved in their grief, they often feel confused and unclear as to what may be expected of them, and ill-equipped to respond to the needs of their bereaved friend. The need for a resource or guide to equip companions to grieving persons is more pressing in light of these cultural changes. By studying the nature and meaning of the experience, its problems,

pitfalls and rewards, professionals will be in a better position to guide and train companions to grieving persons in the future.

The search for the meaning (or essential structure) of the experience of the companion in grief is accomplished by studying human experience. One method suitable for investigating the experience of the companion within the context of lived experience is phenomenology. The phenomenological researcher interviews those who have experienced the phenomenon under study, and through careful analysis constructs a descriptive account of the experience which is true to each individual description. This narrative description is then condensed to its essential structure, which presents the meaning of the experience as it is lived. By conducting a study with the aim of capturing the raw experience of laypersons who have become companions to grieving persons, and doing so within the context of dramatic form so as to capture the dramatic power and the nuances of the phenomenon, it is hoped that the results of this study will penetrate to the core of the experience being investigated.

The body of grief literature has expanded over the past twenty years to cover formerly neglected aspects of the loss and grief experience. While the present body of grief literature is a growing resource, there is still very little which directly addresses the phenomenon of the companion in grief. There is a need for written resources reflecting the knowledge gained from the experience as it was lived by laypersons, without the interference of clearly devolped prior assumptions about facilitating the grief process, which is often evident in the work of professionals in the field of bereavement counseling.

In the opening chapter of this study, the researcher introduces the reader to the objectives and the overall significance of the study. The second chapter is a review of the literature which addresses the phenomenon of the participatory grief of the companion to the bereaved and the experiential process of the person who accompanies a bereaved person through their grieving process. The significance of the role of the companion to the bereaved is clearly established by consensus

In the literature to date. The questions of what constitute the qualities or common features of the companion, and the components of the companion's experience in facilitating the grief process are addressed in the work of the major grief theorists to varying degrees. The third chapter outlines the methods of phenomenological research, which has been selected as the most appropriate research method to gain an understanding of human experience as lived. A rationale is presented which underlines that the explanatory methods of empirical psychology, concerned as they are with laws of causality and measurement, are inadquate to the task of understanding human experience and the qualities inherent in the individuals participating in the experience being investigated. The analysis follows the descriptive methods outlined by Giorgi in Duquesne Studies in Phenomenological Psychology II (Giorgi, 1975) and by Colaizzi in Existential-Phenomenological Alternatives for Psychology(Colaizzi, 1978) and The Meaning of Grief: A Dramaturgical Approach to Understanding Emotion (Cochran & Claspell, 1987). Issues

arising from the selected methodology are discussed. The fourth chapter is a desciption of the results of the study; it includes the list of common themes, the narrative description and the essential structure of the experience. The fifth and final chapter is a discussion of the results. Included is a brief overview of what the study has produced, the possible qualifications which apply to the study, the theoretical and practical implications, and the implications for further research.

Researcher's Personal Explication of Assumptions

In accordance with the phenomenological method, the researcher makes her own presuppositions and assumptions explicit about the phenomenon being investigated. By making her own prior thoughts, expectations, and beliefs known, it then becomes possible to suspend judgement so that the reader can see the phenomenon as presented by the co-researchers in the study, without the interference of bias. This process of making background expectancies explicit also clarifies how preformulated questions which have been posed by the researcher at the end of the

co-researchers' descriptions of experience, have been derived. This process will be elaborated upon in Chapter 3.

Like the co-researchers in this study, the researcher has attempted to be a companion to grieving persons. The process of learning through personal experience provides the existential starting point for the initial assumptions regarding the experience. Dialogue with others, both professional caregivers and lay companions who have shared what they have learned from their experience, and the researcher's reading of literature about the phenomenon, have been additional sources which have contributed to initial expectations of the experience.

The first assumption about the experience is that becoming a companion in grief requires commitment, that once made, cannot be withdrawn without causing further pain and distress to an already vulnerable bereaved person. The second assumption regarding the question about length of the process, is that the experience shared by the companion and bereaved is intense and long-lasting, longer than societal expectations

set forth. Thirdly, there are particular qualities inherent in the companion which will facilitate the grieving process of the bereaved, and a primary attribute is the capacity for empathy. Fourthly, there are particular components to the experience which correspond to the beginning, middle, and end of the grieving experience of the bereaved. And finally, the role of the companion, though demanding, is an experience that has rewards and benefits which exceed the costly nature of the commitment.

CHAPTER 2

LITERATURE REVIEW

In this chapter, various aspects of the experience of the companion to the bereaved, as presented in the works of the major grief theorists and in current research studies, are reviewed. The purpose of this literature review is firstly, to establish the significance of the companion to the bereaved in the literature. Secondly, the intent is to explore the role of the companion in accordance with needs assessments of the bereaved in facilitating the grief process. Inherent in this exploration of the role of the companion is the need to review how components of the companion's experience in facilitating the griever's journey towards healthy resolution of the grief process correspond to the various theories of the phases or components of the grief process.

The particular focus of this study of the experience of the companion in grief is on the experience of the woman, who, by virtue of prior relationship, becomes the companion to a mother who has lost a child through death. The current

research into this phenomenon is very limited. Therefore, research studies that are relevant to the wider topic of the companion in grief will be included. The literature review will include an overview of those aspects about the experience that have been explored in the work of the major grief theorists in treating the themes of loss and grief, and bereavement counselling (Lindemann, 1945; Bowlby, 1960-63; Kubler-Ross, 1969; Parkes, 1983; Raphael, 1982; Rando, 1984; Schneider, 1984; Worden, 1982).

In accordance with the phenomenological method, the basic theoretical assumptions that emerge in the literature will be made explicit, as these assumptions in addition to assumptions emerging from personal experience, have guided this study. The reason for making both theoretical and personal assumptions explicit is to eliminate potential bias at the stage of interviewing.

The bulk of the grief literature consistently stresses the crucial role that social network plays in grief resolution. "The process by which laypersons support one another in times of stress

is a generally recognized phenomenon.... However, as a phenomenon, participatory grief, that is, the compassion that we experience when we empathize with a friend who has suffered a loss, has not received much attention. Yet the feelings of sadness are real, and so is the confusion that results from being placed in a position in which it is unclear what is (or may be) expected" (Schoenberg, 1970, p. 243). Because the research into the phenomenon remains limited, the following two areas addressed in the literature which contribute to an understanding of the experience of the companion to a bereaved person will provide the structure for reviewing the literature:

1. The significance of the companion in grief, whether layperson, trained volunteer, or professional
2. The components of the companion's experience in facilitating resolution of the grief process for the bereaved

Significance of the Companion

> Two are better than one... for if one falls down, his friend can help him up. But pity the man who falls and has no one to help him up (Ecclesiastes 4:9-10).

Although the actual role and experience of the companion remains to be explored in the growing body of grief literature, the significance of a companion to a grieving person is clearly established. The evidence in the literature suggests that everyone needs support and reassurance following bereavement (Osterweiss, Solomon & Green, 1984). There are three general categories of care that are recognized in the literature as providing the bereaved with a companion in their grief. Firstly, informal support may be provided by friends, relatives or clergy or by laypeople in similar circumstances. The companions in this study are friends of the bereaved and represent this level of care. Secondly, formal support may be provided by laypeople who receive training and supervision by a professional, and such support is offered on a

one-to-one basis or in the context of a mutual self-help group. Thirdly, professional support includes grief counseling and grief therapy. (Worden, 1982; Raphael, 1982; Parkes, 1983). The evidence in the literature is indisputable that the presence of the person who is equipped to support the bereaved is of critical importance. The absence or inappropriateness of some forms of support is also evident in studies on perceived social support. Therese Rando, one of the most current and relevant grief theorists to address the phenomenon of facilitating the grief process states,

> Social support is critical throughout the entire grief process. It enables the bereaved person to tolerate the pain of loss and provides the acceptance and assistance necessary for completion of grief work and reintegration back into the social community. Research repeatedly confirms that one of the most significant factors contributing to the failure to appropriately resolve grief is the absence and or inappropriateness of social support and interaction. Nothing is more

> therapeutic in the process of grief than the presence of an accepting and non-judgemental caring other (Rando, 1984, p. 82).

The suggestion in the literature is that where family and close friends are available, the support and interaction they provide is generally sufficient in facilitating healthy grieving, and is counter-productive only when such qualities as empathy and non-judgemental acceptance are sorely lacking. Due to cultural changes, people have turned increasingly in their bereavement to the professional caregiver. There is some controversy which is addressed in this review as to who is best suited to the task; the layperson, the trained and supervised volunteer, or the professional caregiver.

The work of each of the major grief theorists emphasizes the significance of the companion in grief. The following historical overview clarifies their agreement that the social support that a companion in grief provides, is a crucial factor contributing to healthy grieving.

The proponents of the medical model view grief as having distinct clinical features

requiring treatment. Erich Lindemann, a psychiatrist, was one of the pioneering researchers in the study of crisis intervention with the bereaved and the earliest grief theorist to look at normal grief reactions in any systematic way. In his classic paper based upon his observations of the acute grief reactions of 101 recently bereaved family members of the victims of a fire, he points to the significance of the psychiatrist whose role he specifies is to "share the patient's work" (Lindemann, 1945, p. 74). He views the psychiatrist as the optimim choice of companion in 'treating the symptomatology of grief' with the aim of preventing maladjustment and disease. This is reflected in his conclusion that "psychiatric management of grief reactions may prevent prolonged and serious alterations in the patient's social adjustment, as well as potential medical disease" (Lindemann, 1945, p. 74). His personal view that the professional rather than lay companion is better suited to the task is underlined in his statement that,

> Since it is obvious that not all bereaved persons...can have the benefit of expert psychiatric help, much of this knowledge will have to be passed on to auxiliary workers. Social workers and ministers will have to be on the lookout for the more ominous pictures, referring these to the psychiatrist while assisting the more normal reactions themselves (Lindemann, 1945, p. 75-76).

This view is challenged by later grief theorists (Kubler-Ross, 1975; Raphael, 1983; Worden, 1982; Parkes, 1983). The strength of Lindemann's contribution is his systematic study of normal grief reactions, but it is the clinical orientation in his medical model that causes him to discount what others view as a valuable contribution of laypeople in providing companions to grieving people.

Elizabeth Kubler-Ross, also a psychiatrist, but a proponent of the stage model of grieving, stimulated popular interest in issues related to death and dying. Through her work with the dying, she outlined stages common to grieving one's own imminent loss of life (Kubler-Ross, 1969).

Although the major focus and contribution of her work has been to bring to public awareness the much avoided subject of death and dying, she has also contributed to an understanding of grief and bereavement. In her book, Death; The Final Stage of Growth, she points to the significance of the companion in grief, whether layperson or professional. She emphasizes the need of the bereaved to be accompanied rather than abandondoned, in spite of her view that people in our society and age are often ill equipped to do so. She states,

> The reality of what works is the reverse of what we expect. We routinely shield the bereaved from coming face to face with the reality of the death of their loved one; we take over for them and invite them only to observe. And in doing this, we force them to submerge their grief, extending and expanding their pain and making it increasingly difficult for them to come to grips with the death. ... In the following selection, the authors offer an alternative to this kind of well-meaning deception. I only wish we could

> all be fortunate enough to find such loving, understanding human beings to help us when death comes to our families. (Kubler-Ross, 1975, p. 87).

John Bowlby, a British psychiatrist and grief theorist, drawing from a biological perspective influenced by psychoanalysis, presented a developmental model of grieving which emphasized the adaptive value of grief. The focus of his work is in the area of attachment and loss, and the strength of his work is in his theoretical orientation, which provided a platform for the work of such later theorists as Parkes and Raphael. Bowlby inferred that a companion in grief was significant to the extent that the process of grief that was outlined in his theory was encouraged and not blocked. He viewed grief as a biological phenomenon which began with the initial shock of loss. He saw the companion as significant in encouraging the emotional expression of protest and despair which was a necessary and healthy part of instinctual behaviour required to bring about detachment from

the loss so that reattachment and reinvestment was possible.

Colin Murray Parkes, a more recent proponent of the developmental model of grief, pointed to the importance of social support in deciding the course of grief and the likelihood that the individual would return to effective functioning. Parkes, in his paper, "Bereavement Counseling: Does it Work?", reviewed a number of research studies in an attempt to compare the three categories of companion referred to earlier in this chapter. He concluded that support and counseling for the bereaved was offered as effectively by properly trained volunteers as by professional workers. Parkes evaluated that professional and professionally supported services and self-help services were capable of reducing the risk of post-bereavement morbidity. A later study (Cameron & Parkes, 1983) confirmed these findings that counseling could reduce the incidence of lasting maladjustment. His criteria in evaluating the significance of various types of support was based on prevention of disease and social maladjustment, like Lindemann. He saw that

professionals should function not as examples to be imitated or as instructors of psychotherapy. Rather, they should encourage volunteers to develop their own latent skills in supporting the bereaved. He suggested that such services should not be seen as necessary for all people. He viewed grief as a normal response not necessarily requiring outside intervention, provided that bereaved individuals had supportive people around them. His work confirmed that all three levels of care were significant, but services were most beneficial for those who perceived their families and friends as unsupportive or who, for other reasons were thought to be at special risk (Parkes, 1980, p. 9).

Beverley Raphael, a psychiatrist and proponent of the psychoanalytic model (which presents grief as an intrapsychic process) stressed the significant role that a companion in grief played in facilitation of the grief process. She, like Parkes, advocated that knowledge of bereavement patterns and associated dynamics was very crucial in educating volunteers and training them in the skills required to support bereaved

individuals who were specifically identified as high-risk. She confirmed in one study that perceived lack of social support was a predictor of poor bereavement outcome (Raphael, 1977, p. 1454). She saw bereaved individuals identified as high risk requiring the skills of a well-trained volunteer or professional counselor, but those considered low-risk as requiring support by one who demonstrated the core attribute of empathy. In the low risk bereaved, she found that the common features of non-judgemental support, compassion, and a wish to help the bereaved to resume adequate functioning and a sense of well-being, were significant in facilitating resolution of the grief process. Raphael, unlike Lindemann before her, emphasized that with uncomplicated grief and with the low risk bereaved, regardless of who provided the support, perceived social support was significant to the healthy resolution of the grief process. She inferred that the presence and support that friends and family gave to the bereaved contributed to healthy grieving, when she stated,

> The comfort and consolation human beings offer to each other at such times (of bereavement) are powerful reinforcers of the bonds so essential for family and community life. Much of the healing of bereavement takes place in the warmth of family life and friendship (Raphael, 1983, p. 352).

Raphael also focused upon the unique aspects of parental loss, and the particular need for support, when she stated,

> Through the crisis of prolonged illness and death, or sudden death, the family is likely to need not only one another's support but also that of the extended family and social network. Friends are needed for tangible practical assistance as well as emotional support. The greatest support often comes from sharing with other parents experiencing the same crisis (Raphael, 1983).

She saw the parent losing not only the relationship but a part of the self and a hope for the future. She emphasized the need for support from outside the marital relationship at a time

when both parents were simultaneously struck by overwhelming loss when she stated,

> Outsiders, be they therapists, other members of the caregiving professions, or simply friends and neighbours, because they are not caught up in the family, are sometimes able to give support at the very moment when the family is most incapacitated.... These outsiders can reintroduce safety and order into what has become for the family, an unsafe and chaotic world (Raphael, 1983, p. 245).

Therese Rando, a psychologist, focused on the particular need for the support of the companion in parental loss of a child, given the emotional implications of such a loss. She pointed out some of the unique psychological and sociological issues that made parental bereavement particularly difficult to resolve; the unexpectedness of a child's dying before a parent, negative social reactions, loss of support from spouses, and the need for caring for surviving children. She felt that the significance of a compassionate and understanding companion was heightened in a

society "which has a strangely callous response to the bereaved parent, who often experiences avoidance, rejection and anger at a time when the person to whom one would normally turn for support is also deeply involved in his or her own grief"(Rando, 1984, p. 167). She underlines the particular need for a companion from outside the marital relationship in parental loss as each person's most therapeutic resource is removed with this loss. She also points out that the closeness that characterizes the marriage relationship also makes partners particularly vulnerable to the feelings of blame and anger that grievers often displace to those nearest them. Rando highlighted the need for a companion to a bereaved parent to offer support both practically and emotionally, but she addressed the particular difficulties in receiving that much needed support in her address to the bereaved parent;

> The problems that you as a bereaved parent have in getting social support from others can intensify your difficulties. While society values the parent-child relationship above all others, it does little to assist

> you as bereaved parent.... This is because you represent the very worst fears of every parent.... As a result, bereaved parents are avoided more than most other mourners and are victims of social ostracism and unrealistic expectations" (Rando, 1984, p. 169)

John Schneider, a psychologist and advocate of a wholistic stage model of grieving, underlined the significance of supportive relationships for the facilitation of the grief process. He traced the changing attitudes toward facilitators in grieving, when he stated,

> Although the pervasive philosophy of many mental health professionals was that grief and the process of mourning was a natural process and therefore not amenable to traditional psychotherapeutic intervention (Averill, 1969; Freud, 1917), it is now considered to be a legitimate focus for those in helping roles. This change in view is at least in part attributable to the awareness that facilitation of health and growth are as legitimate a function for the health professional as intervention in pathology and

> disease. In addition, those in helping roles are increasingly aware that people often have difficulty with aspects of the process of mourning. This difficulty is at least partially attributable to the absence of supportive relationships or effective rituals to facilitate the process. Cultural changes, which have brought about increased mobility and less reliance on organized religion, have contributed to these absences (Schneider, 1984, p. 60).

William Worden, in his handbook on grief counseling and grief therapy, stressed that the companion in grief is sought by many bereaved people who acknowledge the significant role a companion can play in facilitating the grief process. He stressed that people increasingly turn to the health care system and the mental health system, seeking from professional caregivers the support and care that previously would have come from alternate sources in a religiously based extended community network. He addressed his book to those in traditional professions including the clergy, funeral

directors, family therapists, nurses, social workers, and physicians, who are already in a position to extend care to the bereaved and who have the knowledge and skills required to do effective intervention and in some cases, preventive mental health work. Worden emphasized the varying degrees of need in the bereaved for support through their grieving process.

> The loss of a significant other causes a broad range of reactions which we have now seen are normal after such an experience. Most people are able to cope with these reactions and work through the four tasks of grieving on their own, thereby seeing grief to its conclusion. Some people find, however that they have trouble resolving their feelings about the loss and this can hinder their ability to complete the grief tasks and thus to resume a normal life. In these cases, counseling will often help them bring their grief to an effective conclusion.... Counseling involves helping people facilitate uncomplicated or normal grief to a healthy completion of the tasks of grieving within a

> reasonable time frame. I reserve the term grief therapy for those specialized techniques...used to help people with abnormal or complicated grief reactions (Worden, 1982, p. 35).

Although there is a diversity of views about the nature of grief and different perspectives for viewing the grief process represented in the work of the major grief theorists, there is agreement that the role of the companion is a significant one. The literature strongly suggests that for people who experience normal reactions and who are not seen as being at potentially high risk for adverse consequences of bereavement, the support of family and friends, perhaps augmented by some type of mutual support intervention is both significant and generally sufficient.

Current Research Studies

Parkes reported on the significant role of the companion in a longitudinal study he conducted at St. Christopher's Hospice in London. Lay volunteers were trained to provide support and practical advice to a predetermined 'high-risk' group of survivors whose relative or close friend

died at the Hospice. One hundred and eighty-one recently bereaved individuals were divided into three groups of imperative need, high-risk, and low risk. The high-risk group was then further divided into an intervention or non-intervention group by random assignment. At twenty months postbereavement, the groups were compared on a number of measures, including physical symptoms, depression, habit changes, an index of worry, and a general health index. Significant differences were found between the two high-risk groups and those in the intervention group of high-risk survivors had become like the low-risk individuals (Parkes, 1981). In the Harvard Bereavement Study, Parkes collected data early in bereavement to establish significant predictors of the high-risk population, which was defined by absence of a support network. Results of this study confirmed Parkes' hypothesis that trained lay companions in grief contributed in a significant way to the healthy resolution of the grieving process of bereaved persons.

Raphael conducted a study similar to the Parkes' study. She interviewed widows and

widowers at regular intervals. She provided brief supportive psychotherapeutic interventions for widows at high risk for morbidity in the postbereavement period. Factors contributing to the 'high-risk' status of these women were perceived lack of social support and ambivalence in their marital relationship, both confirmed as predictors of poor bereavement outcomes from a previous study (Raphael, 1977, p. 1454). Thirty-one high-risk widows were randomly allocated to an intervention group while thirty-three received no intervention. Low-risk widows formed a control group. The interviews offered during the first three months post-bereavement were designed to support and facilitate the grieving process and review the marital relationship. Results of a self-administered general health questionnaire indicated that supportive interventions resulted in a significant reduction in the level of risk. Significant differences were reported in health status between the experimental and control group in physical symptoms, physician's visits, weight loss, smoking, drinking, medications usage,

depression, and ability to work. The high-risk group, as in Parkes' study, had similar outcomes to the low-risk group (Raphael, 1977).

The results of these two studies suggest that bereavement intervention, whether provided by trained volunteers or by a professional, facilitates healthy grieving in a significant way with bereaved individuals considered to be high-risk for poor bereavement outcome.

Gerber conducted a similar study with one hundred and sixty-nine aged, bereaved spouses. The subjects were randomly assigned to a group where one-to-one support with emotional expression and practical assistance was offered by psychiatric social workers and nurses, or to a control group. Results showed significant differences at 5 and 8 months post-bereavement. By 15 months, the differences were reduced to a non-significant level.

Vachon demonstrated similar findings in a study in which one hundred and sixty-two newly bereaved widows were randomly allocated to an intervention or non-intervention group. The intervention group received one-to-one support and

practical assistance from trained widow helpers which was followed by participation in a mutual support group. Perceived social support was the key predictor in the significant differences in adjustment on a self-administered health questionnaire and on interview at 6, 12 and 24 months post-bereavement (Vachon et al., 1980). The results of these two studies reflect similar findings to the Gerber and Vachon study, which underline that perceived social support is shown to be associated with emotional adjustment among the bereaved. Results of other studies demonstrate this same correlation between emotional adjustment and perceived social support, regardless of the source of support offered, whether by a trained layperson or professional (Borstein et al., 1973; Cary, 1974; Clayton, Halikas & Maurice, 1972; Jamison, Wellish &Pasnov, 1978; Weisman, 1976). Wellish, & Pasnov, 1978; Weisman, 1976).

Yet research findings also suggest that the kind and quality of support needed is often not available. In one such study of perceived social support of widows, less than half of the sample

were able to express their grief freely with at least one other person (Glick et al., 1974).In comparing bereavements for widows, Sheskin & Wallace concluded that there were few good listeners available to bereaved persons (Sheskin & Wallace, 1978).

The degree and particular quality of support offered during the bereavement was found to affect the extent to which the grief process was successfully completed. Ball concluded in a study on what constituted support during the bereavement of widows, that one's children, friends, and relatives were the most helpful support. The consensus of the widows' advice to others to contribute to their adjustment to loss was to maintain a social life with good, loyal and trusting friends (Ball, 1977). Ball suggests further research should isolate the social and psychological factors that produce strong, independent emotionally stable survivors who carry out grief work and to establish criteria of how the layperson can assist friends, and relatives. In these studies of perceived social support by widows, the consistent theme is that the most

helpful support was provided by those who were trusting, available, and compassionate listeners, and that social support facilitates the coping process.

Current Studies on Parental Grief Support

The grief of parents is particularly severe when compared with other bereaved individuals (Clayton et al, 1968; Schwab et al, 1975; Sanders, 1979-80). Relatively little thanatological literature, however, is devoted to the topic of parental loss of a child as compared to other losses. Physiologically, psychologically, and socially, the relationship that exists between parents and their children may well be the most intense that life can generate. Obviously, then, vulnerability to loss through death is most acute when one's child dies. In comparing adult bereavement of a spouse, a child, and a parent, Sanders reported significantly higher intensities of grief reaction and the widest range of reaction in parents surviving the loss of their child. (Sanders, 1980, p. 303).

Only two reports were found of controlled studies on the effects of psychotherapeutic

support for parents whose child has died or is dying. The first was a study of sixty-four families with children dying of leukemia, who were allocated to one of three groups; intense support, moderate, and no support (offered by social workers and master's level counselors). The varying levels of support were offered at various periods post-diagnosis, prior to the actual death of their child during the anticipatory grieving stage. No major differences were found between the groups on self-reports or professional ratings at 3, 6, 12, or 24 months after the initial diagnosis (Kupst et al, 1982). The results suggest that support offered to the families had no significant effect on adjustment. These results are questionable given the absence of information regarding the progression of the child's illness or possible death, a possible confounding variable in this study. In order to be meaningful, intervention research must be specific to the age and sex of the survivor, the nature and time of death, and consequent phase of bereavement.

In a study conducted by Forrest et al., immediate support and counseling was offered for

up to six weeks to parents who lost babies due to stillbirth (which legally refers to a baby of 28 or more weeks of gestation) or perinatal death (babies who died within a week of birth). Fifty bereaved mothers were randomly assigned to two groups, one that received planned support and counseling (up to four hours counseling over six weeks) and one that received routine hospital care immediately following the death of their infant. The social and emotional functioning of the supported (experimental) group was significantly better than that of the unsupported control group at six months post-bereavement. By fourteen months, there were no significant differences between the groups.

Maternal grief has been found to be the same for miscarriage as for a stillborn child or the death of a neonate (Peppers and Knapp, 1980; Worden, 1982; Stack, 1980).

Theoretical Assumptions: The Significance of the Companion in Grief:

1. The presence and support that a companion in grief offers to the bereaved is significant in facilitating their grief

process, unless the support is sorely lacking in the core qualities of empathy and compassionate listening

2. Everyone needs support and reassurance following bereavement. There are three general categories of care which are recognized in the literature as a potential source of support; informal support by untrained laypeople, formalized support by laypeople trained and supervised by a professional, and professional supportive counseling or grief therapy
3. For bereaved persons who perceive their family or friends as supportive, the informal support is sufficient and significant in facilitating healthy grieving. The most helpful support is provided by those who are trustworthy, available, and compassionate listeners
4. For bereaved persons who perceive their family or friends as unsupportive, formal support services offered by trained volunteers or by professionals are

beneficial to prevent poor bereavement outcomes

5. Trained lay companions in grief contribute in a significant way to the facilitation of the grieving process of bereaved persons. Volunteers educated in bereavement patterns and associated dynamics and trained in the skills required to deal with them provide just as effective support as professional practitioners.
6. A potential role for professionals is to educate and equip selected volunteer companions
7. The significantly higher intensities and wider range of grief reaction in the parental loss of a child heightens the need for a companion in grief to provide support.

Role of the Companion in Facilitation of the Grieving Process:

"Give sorrow words. The grief that does not speak knits up the o'erwrought heart and bids it break."

The role of the companion in the work of the major grief theorists is explicitly addressed in some cases and is otherwise implied in accordance with needs assessments of the bereaved. The companion's role is similarly explored in current research studies on the facilitation of the grief process. The suggested guidelines for facilitating healthy grieving, either as a means to prevent pathology or to promote growth, emerge in the literature and are presented in this review. It is assumed for the purpose of this study that the role and the experience of the companion in facilitating resolution of the grieving process, will arise as a composite picture of all that is cited in the literature as constituting the most appropriate overall response to the needs of the bereaved.

The major commonalities represented in the guidelines for facilitating healthy grieving in the work of the major grief theorists include:

1. giving concrete assistance with necessary tasks early in the bereavement
2. being present and consistently available
3. listening with acceptance as the bereaved reviews their relationship and the details and implications of the loss
4. offering reassurance to normalize the intensity and fluctuations of the feelings associated with the loss
5. encouraging reintegration and formation of new relationships

The major differences in presuppositions of the grief theorists are in the orientation to health or disease. The goals of all interventions include the facilitation of the grieving process and, implicitly or explicitly, the prevention or alleviation of the detrimental consequences of bereavement. However, there is a spectrum represented in the following overview that ranges

from Schneider's emphasis on the promotion of growth through loss to Lindemann's focus on preventing medical disease as a result of loss.

Erich Lindemann identifies the needs of the bereaved in his classic paper on "Symptomatology and Management of Acute Grief" (Lindemann, 1945). He implies that there are corresponding responses on the part of the companion in grief, whose role it is to assist in the grief work of the bereaved;

> He has to accept the pain of the bereavement. He has to review his relationships with the deceased, and he has to become acquainted with the alterations in his own modes of emotional reaction. His fear of insanity and his fear of accepting the surprising changes in his feeling, especially the overflow of hostility, must be worked through. He will have to express his sorrow and sense of loss. He will have to find an acceptable formulation of his future relationship to the deceased. He will have to verbalize his feelings of guilt, and he will have to find persons around him whom he can use as

> 'primers' for the acquisition of new patterns of conduct (Lindemann, 1945, p. 75).

Lindemann outlined the main tasks of grief as he viewed them: emancipation from the bondage of the deceased and finding new patterns of rewarding interaction with the formation of new relationships. He stressed that religious agencies had led in providing comfort for the bereaved, in developing supportive and meaningful rituals, and in counteracting guilt feelings with the offer of divine forgiveness, but he emphasized that additional assistance was required in facilitating the grief work of the bereaved. Lindemann implies that the companion's role, in responding to these identified needs of the bereaved, consists of encouraging the expression of pain, listening with acceptance as the bereaved reviews his relationship with the deceased, of being present and offering reassurance as the bereaved comes to accept the normality of the intensity and fluctuations of his emotional state, and assisting with social reintegration in encouraging the formation of new relationships.

John Bowlby presented a developmental model of grief based on his theory that human beings develop strong affectional bonds or attachments, and they seek to maintain these bonds out of their need for safety and security. Situations of loss endanger these bonds and give rise to very specific reactions. Bowlby outlined four major reactions or phases of the grief process. An initial phase of shock and numbness is followed by a second phase of angry protest, and then a phase of despair and disorganization. The process culminates in a phase of reorganization with the reconstruction of new attachments in life. Bowlby's phases of the grief process form the basis for the grief recovery mutual support groups begun by Larry Yeagley. Helpers have definite tasks to perform during each phase of grief. During the numbness phase, when the bereaved needs emotional distance for protection from feeling the impact of loss, the companion can be present to be leaned upon and to offer concrete assistance with managing necessary chores. During the phase of angry protest and disorganization, characterized as it is by painful feelings of loneliness,

sorrow, anger and weeping, the helper must provide sanction when the bereaved needs intimacy and ventilation of feelings in order to acknowledge the reality and impact of the loss. The companion can be present and listen with acceptance to permit the bereaved to express feelings and details of the loss. During the final phase of reorganization, when the feelings of the berreaved are less intense and there is a beginning shift in desire to reenter life's mainstream, the corresponding helping role of the companion is to encourage the bereaved to expand their social network, and begin to reintegrate socially.

In her stage model of grief, Elisabeth Kubler-Ross describes the stages that persons typically go through in anticipatory grieving (and applies parallel stages to the grief process). Individuals move from denial through rage and anger to bargaining, and then to depression and on toward a final stage of acceptance. This model, like Bowlby's model, is concerned with the adaptive value of grief (Kubler-Ross, 1975). Kubler-Ross's great legacy to the field was her advocacy for open communication about grief.

Implicit in her approach is an understanding of the role of the companion. Such a person is to be sensitively present, willing to accept without judgement whatever release of feeling or verbal expression is necessary to encourage them towards acceptance of the loss.

Colin Murray Parkes describes phases of grief. He characterizes the first phase of grief as one of alarm and a high state of arousal, restless movement, preoccupation with thoughts of the lost person, loss of interest in personal appearance, and directing of attention towards those parts of the environment in which the lost person is likely to be and calling for the lost person. This searching behaviour occurs while the bereaved individual still cannot believe what has happened. In this initial stage of bereavement, bereaved individuals need the companion's offer of support and understanding and a refraining from impressing the reality of the situation before the bereaved is ready to begin to cope with it. When the bereaved becomes aware of the reality of the loss, a sense of disorganization and meaninglessness result. At

this point, the companion can respond by helping the bereaved talk about the beginning recognition and about her new situation. It is helpful for the companion to recognize the anger and hostility of the bereaved towards the anonymous social world. The subsequent phase of reorganization follows as the sense of confusion and meaninglessness diminishes. The companion helps the bereaved to relinquish the lost person, and when there is recognition that the former world has been destroyed, the companion can encourage the rebuilding of a new world on the basis of new relationships. This can best be achieved when the idlvidual's identity is confirmed and developed in interaction with the helper.

John Schneider proposes a more wholistic version of stage theory in which six distinct phases are defined to trace the movement in grief from awareness of the loss towards transformation through the loss. His concern is with growth rather than the potential pathology in resolving loss. The six phases which Schneider outlines for the bereaved to resolve their loss are:

1. awareness of loss

2. limiting awareness or focus on the loss
3. gaining perspective
4. resolving loss
5. reformulating loss
6. transforming loss

He sees acceptance and resolution of loss as phases of the process which become the means through which one is enabled to go beyond grief to new commitments and investments, and a greater sense of balance and wholeness in life. Schneider proposes the view that "growth occurs in the context of an ongoing, supportive relationship. Without such support and permission, grief can be blocked" (Frears & Schneider, 1981, p. 341). He emphasizes therefore the importance of social sanctions in loss recognition and eventual resolution. Schneider directly addresses the components of the companion's journey in facilitating the grief process as he views it. He prefaces his chapter on facilitating the grief process with the sobering statement that "it is pretentious to assume anyone can really be the facilitator of another's grief, particularly if they are not invited in some way or another by the

bereaved to do so" (Schneider, 1984, p. 251). He presents the view that there is an underlying process of healing and growth inherent in grieving, and facilitating grief begins by respecting this natural healing process. For both the professional counselor and the lay companion, the natural inclination to do something has to be turned to doing nothing, in Schneider's view; "nothing, perhaps other than listening, being available, turning off their clinical role, and simply feeling along with the bereaved individuals the pain, helplessness, and loneliness while knowing that feeling with them does not really replace their need to experience it for themselves" (Schneider, 1987, p. 253). Schneider presents guidelines for assisting in the course of bereavement, which correspond to the phases in his model. Suggested guidelines include:

1. Initially offering practical assistance to alleviate the exhaustion of grieving
2. Facilitating awareness of the loss by helping the bereaved to identify the exact implications of the loss

3. Reassuring the bereaved of their ongoing relationship by being present and available and being an active listener, allowing the bereaved the safety to explore the loss and gain perspective
4. Giving the bereaved the opportunity to tell the story of the event to one who can be trusted to listen with unquestioning acceptance (which is both a privilege and an entry into deep levels of pain and awareness of the fragility of life which may trigger personal issues)
5. Giving permission to grieve and assisting the griever in discovering the extent of the loss and the subsequent process of discovering what was not lost and can then take place

William Worden's model of grief is that grieving creates a series of tasks that need to be accomplished. Whereas the stage theorists present a linear sequence of predictable stages that the griever moves through, and others like Bowlby, Parkes and Schnelder present phases of grief that the griever passes through, Worden's approach,

reflective of Freud's concept of grief work, implies that the griever needs to take action and can do something. The four tasks of grief as outlined by Worden are:

1. To accept the reality of the loss
2. To experience the pain of grief
3. To adjust to an environment in which the deceased is missing
4. To withdraw emotional energy and reinvest it in another relationship

The corresponding goals of the companion, as outlined by Worden, and the guidelines for facilitating the grief process include:

1. To increase the reality of the loss, the companion can encourage the actualization of the loss by listening as the bereaved talks about the loss and circumstances surrounding the death, repeatedly, if necessary
2. To help the bereaved deal with both expressed and latent affect, the companion can help the bereaved identify and express their feelings about the

loss; their anger, guilt, anxiety, and helplessness

3. To help the bereaved overcome various impediments to readjusting to their loss, the companion can encourage the bereaved to identify the implications of the loss and use a problem-solving approach to assist in new roles in living without the deceased
4. To encourage a healthy emotional withdrawal from the deceased and a reinvestment of emotion in another relationship, the companion can encourage reintegration and formation of new relationships

Other guidelines presented by Worden include encouraging adequate time to grieve and being sensitive to critical points like anniversaries and birthdays, offering reassurance by providing understanding and interpretation of what constitutes the wide range of normal grief behaviour, allowing for individual differences, providing continuing support, highlighting coping styles and helping the bereaved evaluate their

effectiveness. Finally, it is important to identify, in the event of the loss having given rise to pathology, the need for professional referral.

Raphael, in a book, Anatomy of Bereavement, outlines a therapeutic assessment used with grievers to provide a framework for specific preventive intervention for those assessed to be at high risk of malresolution. The format is of short-term psychotherapy, offered between two weeks postbereavement to eight or twelve weeks. The goals of intervention are:

1. To encourage the expression of grieving affects and to promote the mourning process and the full expression of sadness, rage, shame, and guilt
2. To encourage the ventilation of anger at the desertion that the death and loss seems to represent
3. To encourage review of the lost relationship with an opening up of negative factors if these are denied

Raphael emphasizes that intervention, if offered at this optimum time, will aid in the facilitation of the grief process later, when she states;

> With the counselor's communication of his recognition of the pain involved, with some opportunities provided to express the affects involved and the beginnings of review of the relationship, the first steps have been taken toward an adaptive as opposed to maladaptive resolution. Much of the further work of relinquishing the relationship will continue beyond the early crisis months, yet its adaptive course can be set at this early time and a high-risk maladaptive course averted (Raphael, 1982, p. 377).

Rando presents a model of grief which, as in the foregoing models, underlines the importance of facilitating the affective expression of grief. She identifies the primary needs of the bereaved as a need for acceptance and non-judgmental support which will facilitate the cathartic expression of emotions. Rando, like Raphael, also stresses the importance of the more neglected intrapsychic and cognitive processes, the changes

in the inner world, which she believes deserve as much attention as those very necessary emotional responses to the actual loss of the loved one in the external world. She identifies a primary need of the bereaved for decathexis or the withdrawal of energy from the loss of the loved one within one's inner world. Rando draws upon the early psychoanalytic theorists in establishing this as a crucial intrapsychic procedure that must be undertaken in order for the bereaved to successfully resolve the loss and to subsequently reinvest in other relationships. Secondly, she stresses the need for the cognitive process of developing a new relationship with the deceased as the griever's life is reorganized in the absence of the deceased and a new relationship is structured, one based largely on recollection, memory, and past experience. Thirdly, Rando identifies the need for the bereaved to form a new identity based on recognizing what roles and interactional parts of the self have changed and what needs to be affirmed and what is new and needs to be accommodated. Rando, like Schneider,

focuses upon the potential growth inherent in grief.

Rando suggests guidelines for the companion in grief to facilitate the process of grief. She suggests that the caregiver or companion encourage the bereaved to participate actively in the work of mourning by:

1. Taking initiative to be present and offering concrete assistance in accordance with the felt or expressed needs of the bereaved
2. Being consistently available physically as well as emotionally to render the griever security and support
3. Giving the griever permission to grieve by demonstrating verbally and through non-judgemental attitudes and behaviours that expressing grief is both appropriate and essential
4. Maintaining a family systems perspective in dealing with the griever by recognizing her loss of the special relationship through death and of the family as she has known it

5. Making sure that the griever has appropriate medical evaluation and treatment when symptoms warrant
6. Maintaining a realistic and therapeutic perspective in acknowledging one's own realistic limitations
7. Encouraging verbalization of feelings and recollections of the deceased, by helping the bereaved recognize, actualize and accept the loss
8. Helping the griever identify and resolve secondary losses
9. Supporting the griever in coping with the grief process by providing normative data about the grief process
10. Assisting the griever to discover psychological and social roles that must be assumed or relinquished, and helping her identify those beliefs and actions that will provide a renewed sense of purpose in life
11. Working with the griever to reinvest in a new life, by being sensitive to the

griever's readiness to begin a process of reintegration

Rando helpfully addresses the ending or resolution of the grief process by reassuring the griever and the one who supports her, that grief is not usually resolved in the sense of being finished and completely settled forever. She offers assurance that certain aspects of the loss will continue throughout one's life, and brief upsurges of grief will be reexperienced. She describes resolution of grief as a term indicating that the processes of grief have been addressed and completed as much as possible at a given point so that the loss is appropriately integrated into the rest of one's life (Rando, 1984).

Assumptions of the Companion's Role in Grief

The assumptions which emerge in the literature of what constitutes the most appropriate overall response of the companion in grief include:

1. Taking initiative to be present
2. Giving concrete assistance early in bereavement (informing designated friends and relatives of the loss, assisting in

funeral preparations, meals, and childcare)

3. Listening with non-judgemental acceptance to encourage release and verbalization of the full range of feelings of the bereaved (sadness, rage, hostility, guilt, shame)
4. Offering reassurance and sanction for the bereaved, to assist in normalizing the intensity of grief reactions and fluctuations of feeling
5. Encouraging repeated review of the loss and its implications in giving the bereaved the opportunity to tell the story of the event and its continuing impact
6. Working with the griever to begin a process of reinvestment and reintegration in new phases of life

CHAPTER III

METHOD

Rationale

In the phenomenological method of research, the emphasis is on the study of experience. Experience is investigated descriptively rather than by the explanatory methods of empirical psychology. The methods of the natural sciences, based as they are on the laws of causality, are inadequate to the task of studying life as lived. Phenomenological research, "a method which allows us to contact phenomena as we actually live them out and experience them" (Valle & King, 1978, p. 7), has been selected as the most appropriate research method to apply to this study. This method, drawn as it is from the philosophical discipline of phenomenology, implies an existential view of the phenomenon being investigated in that existentialism "seeks to understand the human condition as it manifests itself in our concrete, lived situations" (Valle & King, 1978, p. 6). It has become conventional to refer to the psychology of existential

phenomenology simply as phenomenological psychology (Colaizzi, 1973, p. 4).

Overview of Research Method

The concern of the phenomenological researcher in this study is to understand the meaning of the lived experience of the companion in grief. In this method of research, the researcher and subjects are partners, and the subjects will be referred to as co-researchers (Colaizzi, 1978). The experience of each co-researcher is elicited in a dialogue with the researcher as together they seek to understand the experience as lived. The researcher tape-records individual descriptions and constructs a common account that is faithful to each individual one. By thoroughly studying the co-researchers' descriptions or protocols of their experience, and cross-referencing them, the researcher extracts common themes which are interwoven to create the phenomenological account. This phenomenological approach to understanding experience can be combined with a dramaturgical perspective, resulting in descriptions of experience as lived, contained within the dramatic or narrative form.

Elements of the dramatic form can be applied to phenomenological accounts of experience, to preserve the multidimensional aspects of the story. The researcher, using this combined approach, is guided by dramatic form when eliciting the story or individual descriptions of the companions to grieving persons in the study, by attending to and drawing forth what constitutes the beginning, middle, and end of the experience under study, and by capturing the pivotal points in the story. The dramatic form captures the dynamic description which involves change over time with an emergent understanding of relationship between events and alignment of characters. The researcher can also be guided by dramatic form in the reconstruction of the common account by making explicit what is implicitly present beyond the words in a description. It is this phenomenological method combined with a dramaturgical approach which is capable of formulating a common structure of experience drawing from diverse individual patterns of experience (Cochran & Claspell, 1987).

Co-Researchers

It was assumed for the purpose of this study that those who were companions to a bereaved person through their grieving process were the source of knowledge for understanding the companioning experience under study. For this reason, the companions participating in this study were referred to as co-researchers rather than subjects. By inviting the full participation of the co-researchers to share their experience, the researcher collaborated with them in a combined attempt to arrive at an emergent sense of meaning of the phenomenon. The researcher introduced to each of the co-researchers the phenomenon under study, and the co-researchers were invited to share the meaning of this phenomenon through detailed descriptions of individual experience and their reflections on that experience. The dialogue proceeded on the basis of trust, and the relationship between the researcher and co-researcher was a respectful and egalitarian one.

The criteria for selection of the co-researchers included the following:

1. The co-researchers were adults. Because the method of research is based upon the articulation, elaboration, and reflection of an experience of emotional depth, it was necessary that the individual was able to communicate in a mature and clear manner with the researcher in a detailed interview. The co-researchers were also women. Because the phenomenon under study is the experience of the companion to a bereaved mother, women companions were selected, as there were major gender differences between male and female companions to the bereaved in the background literature.
2. The co-researchers were representatives of the Western culture, with an adequate command of the English language so that language was not a barrier to articulating the experience that they were asked to describe. Because the nature of the personal relationship between companion and grieving person is a culture-bound experience, the study was

confined within the bounds of the Western culture.

3. The co-researchers were selected from among those who were companions to a bereaved parent whose loss took place in the range of one to three years prior to the time of interview. This designated time frame was in an attempt to ensure that the co-researcher was sufficiently removed in time from the loss of the bereaved person so as not to be immersed in it, but able to reflect upon it, as meaning tends to emerge upon reflection. It was also important that the co-researchers not be too removed from the experience as their reflection would then be lacking in immediacy. It was assumed that this optimum distancing in time enabled the companions to reflect more fully and impactfully, and enabled them to provide a more comprehensive picture of the experience.

The co-researchers were identified and selected through a network of personal contacts. By raising the proposed research topic with people

in the personal and professional network of the researcher, three potential co-researchers were identified. One woman was identified by a social worker who ran a Bereaved Parents' group and was aware of the supportive role this woman had played for her friend. The second was identified by mutual friends of the bereaved parents and the third woman was identified by bereaved parents who had received counseling from the researcher. The three women were companions to bereaved mothers in that they made themselves available to a mother who had suffered the loss of her child through death, one to two and a half years before the time of the interview. The ages of the women who participated in the study were 41, 42, and 31 years. Their occupations included a Community College Professor of Psychology, a High School Counselor, and a Travel Agent. One woman was remarried with no children, one was single with no children, and one was married with two children, aged 5 years and 2.5 years. All assessed themselves as middle class. All became companions to a bereaved mother by virtue of a preexisting close friendship with the bereaved mother.

Procedures:

The Interview:

Each of the three co-researchers was interviewed three times and the interviews were audio-taped and transcribed. The aim of the first interview was to gain a detailed description of the experience of being a companion in grief. The aim of the second interview was to validate the themes derived from the original story. The purpose of the final interview was for validating the narrative description or common story of the experience. The three interviews were from three to nine months apart.

First Interview

The first interview took the form of a dialogue with the researcher orienting each co-researcher to the study and then using the sample format that follows to begin eliciting the experience of the companions in the study:

> I am trying to understand the experience of being a companion to a grieving person. I am interested in what your experience has been as you made yourself available to your friend through her loss. I would appreciate it if

you would describe your experience in as much detail as possible as if you were telling me a story; that is, how your experience began, what occurred in the midst of it, and how it ended, if it has. I will be asking you some questions of what it was like to be a companion to your friend in her grief, but I'll reserve any questions until later. Can you tell me about the beginning, how you got involved in being there for your friend when she lost her child?

The intention at this point in the initial interview was to encourage the co-researcher to begin to recount the story of her experience, starting at what she perceived to be the beginning of the story. By active listening and empathic responding with simple reflection of content and of feeling, the intent of the researcher was to encourage the uninterrupted flow of the story. A list of preformulated questions was on hand to further investigate the assumptions underlying the study.

Included were the following:

1. In what ways did you make yourself available to your friend and what kind of things did you do when you were together?
2. Did you do any formal contracting? How did you make clear to each other in what ways and for how long you would be able to be available to your friend; what her needs were and perhaps yours as well?
3. What experiences of your own, if any, did you find yourself drawing upon to give you an understanding of what the grieving process was like or what you might expect?
4. Did you find yourself doing things to set the pace or would you say you tended to go with the flow?
5. Sometimes, when a bereaved person shares her pain, it has a way of stirring up your own pain or memories of your own losses or grief or even your vulnerability to a potential loss? How was it for you?
6. In the midst of your friend's grieving process, in what ways, if any, did you

feel she should change the way she was grieving?

7. In what ways was your manner of being with your friend through her grieving process congruent with the way you were before?
8. What key moments, if any, would you identify when you experienced changes in who initiated contact, where you met or how often you were together, what you did when you were together, or what was talked about?
9. How would you describe your role? I have described it as companion.
10. In what ways, if any, has your role as companion come to an end? (For example, was there a ritual closure; a way of formalizing that there had been closure? Or was there a significant event?)
11. Knowing what you know now, would you have started? Can you tell me about some of the benefits, if any ?
12. Can you tell me about some of the obstacles; some of the things that might

have made you feel like quitting, when it just seemed too much?

13. What awkward dynamics, if any, did you experience with your friend's spouse? In what ways did you see your role as helpful for the marriage?

14. As you reflect on your own experience now, can you describe what was helpful to you, and what might have helped you?

15. I don't have any other specific questions to ask you, but I wonder if you have anything to add that I haven't asked or we haven't addressed?

These questions which related to the experience were only included if not touched upon in the recounting of the story. They were raised only at appropriate junctures to encourage the co-researcher to explore these aspects of the experience in more depth when they naturally seemed to touch upon the issues encompassed by the questions. The interview was intentionally open-ended to allow for an uninterrupted flow and a reliving of experience. The establishment of rapport through active listening was crucial to

the co-researcher's recounting of her experience. The dialogue could then proceed on the basis of trust. The primary concern of the researcher was to be present to the person sharing her story. When raised sensitively, the questions seemed to stimulate the dialogue and at times to add depth or fulness of meaning.

Second Interview

The second interview was arranged within one month of the first interview. This interview was scheduled several days after the co-researchers received a typed transcript of the first interview for their perusal and reflection. The aim of the second interview was to continue exploring the experience of the companion, through discussing general impressions of the transcript. Co-researchers were asked for clarification and modifications to the transcript, elaborations or necessary deletions, and for validation of the dialogue up to this point. In addition, the co-researchers were presented with final meaning units (see Analysis and Interpretation of Protocols) and were asked to check, elaborate, and

verify meaning units, and suggest any modifications.

Third Interview

The third interview was scheduled after the researcher had composed the phenomenological account in narrative form by weaving together the common themes. The aim of this interview was to present the co-researchers with the common themes, and the narrative description of the experience of the companion in grief for validation of accuracy and possible additions. The co-researchers were told that this phenomenological description was intended to reflect their experience as given in their individual descriptions.

Procedure:

The researcher initially invited the participation of the identified women informally through third person contacts from the researcher's network. In each case, interest was expressed in becoming a participant in the study, and a description of the research study was given by mail. The interviews were arranged at the convenience of the co-researchers. They took place in the researcher's home or designated

office. Both verbally and by written consent, the co-researchers were informed of the overview of the research study, and that they would be asked to describe in detail their experience of being a companion to a grieving person. In order not to interrupt the flow of the story, the researcher intentionally kept most of her responses to reflection of the co-researcher's feelings and content of the account. The time of the interviews varied in length between two and two and a half hours. The initial interviews were semi-structured. Incorporated within an open-ended approach were a list of preformulated questions, created to further explore the researcher's assumptions about the experience. The phenomenological researcher must give up the ""position of disinterested spectator and become actively and personally involved in the phenomenon. The phenomenological psychologist is seen as starting out his investigation into a phenomenon with a pre-comprehension of the meaning of the phenomenon... from his own existence or participation in the everyday world" (Colaizzi, 1973, p. 187). The interviews were taperecorded

and then transcribed, which yielded the descriptions or protocols of the experience of each companion. The analysis of the data was done by means of a protocol analysis (see Analysis and Interpretation of Protocols). The second interviews were scheduled and conducted. The co-researchers were asked for verification of the researcher's delineation of protocols into coded meaning units. The third interviews were scheduled after the researcher had composed the phenomenological account in narrative form, and during the interview, the co-researchers were asked to validate or introduce changes into the description. The researcher then rewrote the concise description or fundamental structure of the experience incorporating all necessary modifications.

Analysis and Interpretation of Protocols

The data, consisting of the protocols or typed transcripts of the co-researchers' descriptions of experience, were analyzed phenomenologically using methods outlined by Colaizzi (Colaizzi, 1973, 1978) and Giorgi (Giorgi, 1970, 1975), and Cochran & Claspell

(Cochran & Claspell, 1987). It was the task of the researcher to transform the descriptive protocols through a process of reflection, descriptive reduction and delineation into their structural meaning. First, the protocols were read and reread in order for the researcher to reflect upon the descriptions of the experience and to gain a sense of the totality of experience. Secondly, the protocols were delineated (by making a dividing line on the protocol) each time there was a transition in meaning into natural meaning units. Natural meaning units are statements within the transcipt which sum up or make known a particular idea, theme, concept or description without regard to the major question posed within the reasearch (Giorgi, 1975). For example, in one of the protocols, the first natural meaning unit points to W's entering into the companion role, through her sharing of the joy of the birth of the son of her friends before the grief of his subsequent death.

> I was there at the birth. I was there with them before they lost him. I think I can live that part, the happy part of that memory for

> that little bit of time before the grief came. So that was really important.

The following quote from the interview indicates a shift or transition in meaning from the companion's participation in the joy of the birth of the friends' baby to participation in the fear of losing him. The delineation to the next natural meaning unit is made when W. begins to describe the events which led to her being present at the labour and delivery of the baby, when the fear for his survival began.

> That morning, when A. went into labour, I was at school so I left shcool when A. called. I was supposed to be able to go with them, then the doctor didn't think that was very smart. I don't think he trusted that I'd be able to be a support. But that morning, the doctor said you can come in, we'll give you a call, so the hope we'd had, then no you can't, and then at the last minute, yes, you can. So when he was born, his colour was blue. There was fear right away.

In this example, the co-researcher initially focuses on the fact that there was an element of

joy in her experience that was important to her, yet there is a shift to the experience of fear, which marks the transition in meaning. In one sense, these are not clearly separate, as the momentary reflection on the joy is accompanied by a foreshadowing of the grief to come. The two interdepend and it is logical to include part of one when talking of the other. There is a need on the part of the researcher to be alert to shifts in emphasis, and to inferences, rather than to explicit shifts in topic. The intention here is to capture what the co-researcher meant, and to discriminate between meaning shifts in the relating of a total experience. Thus, the shift in emphasis from participating in a joyful experience, to participating in what has become a fearful experience is the meaning shift detected in this instance. The first meaning unit contains an acknowledgement of the grief to come, and the second meaning unit contains an acknowledgmenet of the potential of being robbed of the joyful focus of the preceding unit. The next transition in meaning comes with W.'s description of being present and available to her friends in the

anticipatory period when C.'s condition is life-threatening, until she receives the news confirming his death.

> So he went into I.C.U. right away. So I stuck with them that whole day; B. being even more afraid for his death than A... I went into the office and D. was on the phone to tell me.

This method of delineating natural meaning units, while clearly described by Giorgi in theory, is challenging in practice. People tend to speak configuratively, often with a free association of thoughts, memories and reflections, so that strands of one unit of thought are picked up and woven into a subsequent unit. The task of deciding whether aspects have been integrated into a unit that would be better separated, and if aspects have been neglected and subsumed in a unit that is too large; these are the challenges integral to analyzing protocols. It is possible to reduce some of this uncertainty in three major ways:

1. People often refer back to an aspect of meaning. It is possible to refine meaning

by examining and reexamining the meaning units, by making note when a strand of meaning recurs, and including those aspects of meaning which recur, in one unit.

2. Co-researchers can be directly asked to clarify and elaborate intended meanings in order to refine meaning units.
3. Colaizzi's (Colaizzi, 1975) method of extracting significant or key statements can be used to further verify the results arrived at using Giorgi's method.

The second step of protocol analysis is to code each natural meaning unit according to similarity of meaning, in order to avoid redundancies within a particular protocol.

The next step of protocol analysis is to formulate a series of final meaning units. This is achieved by first separating natural meaning units directly concerned with the experience of the companion in grief from those that were incidental. Then each of the relevant coded natural meaning units is reflected upon, and a statement of meaning is constructed, using the co-researcher's words as much as possible. The

procedure often involves restating in the third person what is given in the protocol. It also involves some changes from what was actually said to what was inferred or presumably meant by the co-reseacher; that is, a movement from what is explicit to what is implicit. These final meaning units are recorded on the 5" x 8" index cards. It is for this reason that the second interview is so vital to the process of verification, when the co-researcher is invited to validate these formulated meanings.

The next step is to compare each of the three sets of final meaning units. The essential task of the researcher is to go beyond individual meaning units in a set to a statement of their common meaning, which can be referred to as a theme. The task can be best imagined as one of laying out the three sets of index cards for each of the three co-researchers in three columns. By perusing the three sets of index cards, the similarities between meaning units can be discerned. The researcher's task is to match cards so that each row contains similar meaning units. As one co-researcher might expand upon one

aspect of experiencce and another might only touch upon it or ignore this aspect altogether, there may be some rows with a gap; that is, with one person having no comparable unit to two other persons. The difficulties of arriving at the common list of themes can be reduced in three ways:

1. Each of the common themes are referred back to the protocols to verify that each theme reflected what was there and added nothing.
2. In the third interview, the themes, along with a brief description of each, are presented to the co-researcchers for validation to determine whether they fitted their actual experience. Validation is achieved by "asking whether there is anything contained in the original protocols that isn't accounted for in the cluster of themes and whether the clusters of themes propose anything which isn't implied in the original protocols" (Colaizzi, 1978, p.59).

3. If the common theme accurately reflects the meaning units on which it is based, the theme is confirmed to be a generalized statement of the meaning of a set of descriptions.

For each theme, a researcher can refer back to portions of actual protocols, the set of meaning units, and the confirmation by the co-researchers.

Writing a Description

In writing a description of the experience of the companion in grief, the intent is to weave a list of themes into the exhaustive phenomenological description to be referred to as the narrative description. The aim of the narrative description is to illuminate the experience of the companion in grief in a way that is fully present to the phenomenon. By condensing the narrative description into an integrated structure, the final aim is achieved; it is this essential structure of the experience of the companion in grief which answers the question: what is the meaning of the experience of the companion in grief? The procedure for writing

both the description and the structure began with the researcher's open-ended questioning of the co-researchers when they were asked to tell their story, as it was in the beginning, in the middle, and at the end. The story form provided a vehicle which in turn formed the basis for analysis. Then, in the process of extracting meaning units and formulating themes, it was possible to separate finer differentiations of the whole. The third step was to determine the sequence of themes; to discern which themes reflected the beginning of the story, which were in the middle or midst of the experience, and which were concerned with the end. This ordering of themes in terms of the way they interrelated over time, helped to determine the role of the companion as it would appear in story form. This step was a very general attempt to order events in time, but it was not intended to suggest that the story form reduced the experience to one of linearity. Rather, the intent of the researcher was to incorporate the configurational and multidimensional aspects of the experience within the vehicle of the story form. Some themes

diminished and ended, but others did not. Some strands of a theme were introduced into the story and continued throughout. Once the researcher had a sense of the comprehensive story, it was necessary to return to the original protocols for confirmation and validation. In this fourth step, the researcher attempted to be sensitive to whether the common story actually reflected the stories told. It was crucial that the researcher become attuned to the complexity of the phenomenon being explored, and appreciate the nuances of meaning in the descriptions. It was at this point that the writing of the story began. Finally, after writing and revising the narrative description, it was condensed to its essential structure. The story could then be checked in two ways. Firstly, the researcher returned to the original protocols to verify that it was a true reflection of the individual descriptions. Secondly, the co-researchers were asked to read the narrative description and the essential structure of the experience. Each was asked to verify if the description and the essential structure fit her experience, to find how the

story might be altered to most accurately reflect the experience. If changes were necessary, in that aspects did not fit for one co-researcher, the other co-researchers were consulted before changes would be introduced.

Issues

The issues of reliability, validity, and generalizability must be viewed from the perspective of phenomenological research, which concerns itself with understanding the meaning of lived experience and behaviour and structuring that meaning in a descriptive way. Reliability, a construct drawn from traditional empirical psychology, instead takes on the meaning of trustworthiness. That is, how accurately do the research results reflect the individuals' experience? Because this research method is one in which the biases and assumptions of the researcher are made explicit, it is essential that to understand and honestly evaluate phenomenological research, the attitudes and criteria which are made explicit by the researcher must be taken into account.

Validity, another construct drawn from traditional empirical research, assumes the meaning of trueness to a person's experience as a companion in grief. The various steps leading to obtaining final results, included validation by the co-researchers throughout, to substantiate the accuracy of the interpretation of her experience. It was only through such dialogue that the essential structure of the experience was derived. Generalizability, takes on the meaning of a continuing dialectic on the experience of the companion in grief as lived. It is assumed within this methodological approach, that the co-researchers, or those who companion a bereaved person through their grieving process are the source of knowledge for understanding the experience under study. It is not the intent of this research method to generalize to groups of people who companion another, but these particular co-researchers selected using particular criteria, are considered cultural representatives of people who are companions in grief. This study, then, provides a definite starting point for understanding the phenomenon of the companion in

grief, and is intended as an invitation for further refinement.

CHAPTER IV

RESULTS

To provide a context for viewing the themes listed in this chapter, a brief synopsis of each co-researcher's experience is presented. The list of themes which are common to the three separate accounts are categorized in three clusters; Beginning, Middle, and Ending. Each theme is then described briefly. The narrative description which weaves the themes together to form an exhaustive account of the experience of the companion in grief is presented. The concise version of this description reveals the essential structure of the experience, which concludes the chapter.

Summary of the Co-Researchers' Experiences

The following summaries provide the reader with an overview of three diverse experiences in the lives of the women who became companions in grief to a close friend. The stories illustrate the individuality of the women, the variations in relationship to the bereaved friend, and the particular loss incurred.

Co-Researcher L

L, a 41 year old woman, remarried without children, was completing her doctorate in Social Psychology when she became a companion in grief to her friend. It was May, 1987, that her friend of many years gave birth prematurely (at 23 weeks gestation) to twin boys. One son died after 17 hours and the second son survived in the Special Care Nursery. He died nine months later, never having returned home. L was consistently available to her friend throughout the months of visiting in hospital and during her friend's anticipatory grieving and for ten months after the loss. She also accompanied the parents and their three year old daughter as they said their final goodbyes before giving consent to removing their son from life support. L was present to her friend practically and emotionally whenever she was needed, and was given the official title of support person, which granted her visiting privileges in the Special Care Nursery during the hospitalization. It was close to a year after the death of the second twin that the frequency and type of contact in their relationship changed with

subsequent life events, a demanding new teaching position for L, and the preparation for the birth of a new child for her friend. L felt that the broad, all-encompassing experience had resumed a manageable portion in her life. It was one part of her relationship to her friend but the experience had found its place. L and her friend mutually acknowledged they would always be able to talk about the loss and their shared experience would always remain a part of them.

Co-Researcher W

W, a 42 year old single woman with no children, was employed as a high school counsellor when she accepted the invitation of long-time friends to be present at the birth of their eagerly awaited first child. It was January, 1989, that the joy of the birth was turned to fear at the time of delivery, and then to sharing in the pain of the death of her friends' firstborn son twenty-four hours later. W was present with her friends at the birth, was with them in his death, and then was invited to live with them for five days while they together planned his funeral. She became a companion in grief equally to both

the bereaved parents as she shared a history of friendship with each of them individually and as a couple. She was consistently available to them for the five months that her friends remained in the same city. She has remained open and available to them by phone, by mail, and by frequent visits in spite of a one thousand mile distance between them imposed by a move. She has continued as a companion in grief to the present time, and joined them in celebrating the birth of their daughter, her namesake, one and a half years after the death of their son.

Co-Researcher T

T, a 31 year old married woman with two children, aged one and three years at the time of her friend's loss, was employed part-time as a Travel Agent. T became a companion in grief to her friend of twelve years. It was an April evening of 1989, when she was returning with a mutual friend from an Aerobics class. They came upon the scene of an accident near her friend's home to discover her friend's two year old son had been hit by a truck and was en route to Emergency. T made herself immediately available with the

mutual friend, giving practical support, informing friends and relatives and caring for her friend's five year old daughter. The child never recovered from his coma and died in hospital the following day. T's physical presence and emotional support was openly received up to the time of the funeral. After the funeral, in spite of her continued availability and offers of support, her friend shared with her that she found herself needing to turn to the mutual friend in her grief rather than to T. Although T was feeling hurt by the rejection of her offers of support, she persisted in making daily phone contact. Within six months, their relationship began to grow closer and she became the primary companion in her friend's grief, as the relationship with the other woman had become strained due to the demands of the role. The loyal support and the unconditional acceptance that T offered in spite of initial feelings of personal rejection earned her the trust implicit in this role. T continues to be a companion to her friend one and a half years following this tragic death, as her friend moves into the early stages of a subsequent pregnancy. T is aware of markers

pointing to significant movement in the grieving process although the pain of the loss continues to be a consuming reality.

Clusters of Themes

The common themes presented in this chapter have been given short titles for convenience so that they can be listed in three clusters or categories. The themes are divided into three clusters; Beginning, Middle, and Ending of the Experience. The Beginning includes all that sets the scene for becoming a companion and the initial experience of sharing the loss. The Middle takes in the bulk of the experience of being a companion, and includes the elements of the role and the participation with the bereaved in the midst of the grief process. The Ending includes aspects of the experience indicating movement toward closure for the companion. There are 24 themes listed, and each will be given a fuller description in the following section.

Beginning of the Experience

1. A Preexisting Loyalty of Relationship
2. Sharing the Anticipation of Loss
3. Being Moved by the News of Death

4. Participating in the Pain of Loss

Middle of the Experience

5. Being Present
6. Practical Support
7. Listening
8. Mediating
9. Facilitating
10. Encouraging
11. Self-Reflection
12. Participating in Ritual Events
13. Identifying With the Loss
14. Owning Personal Needs
15. Sense of Personal Support
16. Deeper Sense of the Spiritual Dimension of Life
17. Need for Normalcy
18. Reflecting on the Grieving Process
19. Overcoming Obstacles to Companioning
20. Sense of Impact on the Marriage
21. Empathy for Surviving or Prospective Children
22. Recognition of the Changing Self

Ending of the Experience

23. Restoring Mutuality in Changing Relationship

24. Looking to the Future

III. Description of the Themes

Beginning of Experience

1. A Preexisting Loyalty of Relationship

One's preexisting friendship with the bereaved has a history of mutual loyalty, which has withstood a test of time. The friendship exists within the context of a common circle of friends. Within the particular friendship, there is regular contact varying from a daily phonecall to at least a weekly encounter. For L, she is part of a circle of friends who meet regularly for Saturday morning coffee, and her friendship is rooted in that circle and weekly contact. For W, she lived and worked with her friend for four years before her marriage. She knew her friend's husband even longer, so they are a threesome who share a trusting mutual openness. T and her friend knew each other twelve years before when their husbands were roommates in college. In the year preceding the loss, they weathered a crisis in their friendship after a breach of trust

threatened to sever their bond. T acknowledges that without a deep commitment to reconciling the relationship and a perseverance that proved her loyalty, the friendship would not have been restored when her friend needed her to grieve the death of her son.

2. Sharing the Anticipation of the Loss

The experience of the companion in grief begins with the first hint of fear that intrudes into the life of the friend when an unexpected turn of events occurs. This initial fear and dread of potential loss reverberates to the companion. L had been visiting her friend in hospital during a problem pregnancy and while on holiday, her friend gave birth prematurely to twins. L returned from holiday to receive the news of the death of one son, and she accompanied her friend through several months of anticipating the death of the second twin, who died nine months later. When one is given an extended time to anticipate the loss, there is opportunity for the companion to participate in the anticipatory grieving of her friend as they together resign themselves to the inevitability that this child

will die. Resigning oneself to this possibility happens in conjunction with a willingness to remain open to a turn of events so as to share as fully as possible in the vacillating hopes and fears of this uncertain time, until it becomes clear that death is imminent. For W, attending at the birth of her friend's first baby, she felt the first pangs of fear when the baby showed signs of being traumatized after the momentary exhilaration of the delivery. Her joy was replaced with fear as the Special Care Team whisked the baby to Intensive Care. He survived only one day. T felt fear and dread on approaching the scene of an accident when she heard a child had been hit and knew it could be her friend's child. Her first words were, "Oh God, please don't let it be G", only to have her fears confirmed. He was rushed to Emergency in a coma and he died the next day. With sudden trauma, there is no preparation. One is gripped by fear and a sick feeling of dread that this could go either way. One joins one's friend in a consuming sense of powerlessness in the realization that all the hope and denial in

the world will not change the possibility they are facing.

3. Being Moved by the News of Death

When one receives the news of the death, most markedly in sudden death, one responds immediately with an outflowing of the deep feeling one has been holding within. For L, who had the opportunity to prepare for the death and participate with the family in saying their goodbyes, she was flooded with the feeling of relief and gratitude with a sense that the death was timely, and that the baby died in his parents' arms. She felt there was dignity in his death, and she never felt angry but rather grateful for his short life. For W and T, who had no such preparation, they each responded to the news over the phone with an immediate release of sobbing and tears of anguish. One, who experiences the loss as sudden and unexpected, feels numb and dazed. Then through the surface numbness and daze, arises a pressing, angry protest, "No!, this cannot be happening", a sense that this terrible nightmare cannot be real. One has a pressing need to see one's friend face to face.

4. Participating in the Pain of Loss

One feels one's own deep pain at how this loss is touching her, but feels a deeper participation in all that one's friend must feel. For W, she went to her friend and her husband and all she could do was hug them as they held the baby who had died. As she held them and cried with them, they were joined in the shock and disbelief that this baby they'd waited for with such expectation, was now dead. After a long time, her friend began to share her story. For T, she arrived at the home of her friend, who took her aside, and they just held each other, and cried. After some time, her friend poured out her story, and T felt the pain and horror of the events leading to the death of her friend's son. One feels the depth of one's own hurt, and imagines the ever deeper place of pain as she aches for the parents in this unfathomable place.

Middle of the Experience

5. Being Present

Because of the empathic sharing of the sorrow, the hurt, the pain, one desires to be present to the bereaved friend. One makes clear

to one's friend one's ready availability and willingness to respond by her physical and emotional presence. One is hesitant at times, unsure of when to be fully present, and when to fade into the background, in one's attempt to be sensitive to the needs of the bereaved. L made herself readily available, initially by phone and then in person. L knew that when her friend needed her, she would phone, and because L was a student, she was able to structure her time to assure her friend she was welcome to call at any time. L accompanied her friend on regular hospital visits, and for a year after the death, she and her friend talked daily and did things together. W went directly to the hospital to be present to her friend in sharing her loss, and then returned home to be with the bereaved parents in preparing for the funeral. There were moments, as when her friend woke from a dream, holding her baby and rocking him only to realize he was gone, when W sensitively discerned her need to enter in and be present, to hold her friend and share the tears. It was appropriate at other times to allow her friend space. W recognized, after five intense

days of being present in her friends' home, her need for some separation to refocus for herself on her job and her life. W remained present to her friend in a new pattern of frequent contact with mutual initiation and this pattern continued until her friends moved five months later. For T, she was clearly available to her friend and was openly relied upon at the outset but then her willingness to be present was rejected, and her friend withdrew as in a previous time of conflict between them. T's persistance in initiating daily phone contact won her friend's trust and she began to respond to T's openness to being present for her. If T sensed her friend's need to talk, she made herself present giving her permission to do so. And T was there for her friend, not on her own terms, but available whether the calls came in the middle of dinner or the middle of the night. One's openness to being present, without expectation of mutuality in the relationship is fundamental to the role of the companion.

6. Practical Support

In the early stages of the loss, a vital role one assumes is anticipating what is needed, and

specifically offering to take on some of the practical functions. One takes on such difficult but pressing tasks of phoning designated relatives and friends to inform them that the death has occurred. When there are surviving siblings, one sensitively reaches out to care for them and their own needs. For both L and T, this was a vitally important function at the time of the death, and was an ongoing role, providing babysitting and empathic attending to the child's need to grieve. One also assists in funeral arrangements and with the everyday tasks of meals, management of the house, and as a resource for information for such things as the funeral, reading material to normalize the grief process, and counseling information. Essential as these tasks are, one recognizes that it is more difficult but even more important to be rather than to do for her friend.

7. Listening

One becomes aware of how vitally important it is for the friend to express what she is feeling at any given time. One makes oneself available as a listener, day or night, to hear from her friend, whatever she may be feeling. By actively

listening, one attempts to help the friend tell and retell her story. The friend can say the same things a hundred times and the companion can be trusted not to reject her. One enables one's friend to talk as her need dictates, which corresponds to the friend's realization of her own need to connect with one who allows her to freely and repetitively express her grief. One's role as listener changes over time with changing circumstances from hearing the initial outpouring, to providing a safe place for the friend to give voice to the aspects of the experience that she herself fears facing, feelings of guilt, of anger, and of despair. One attempts to set aside competing demands wherever possible to reassure the friend that she is attempting to listen without interruption. As the year progresses, one becomes sensitive to particular markers (birthdays, Christmas, anniversary dates) which give rise to a heightened need for the friend to express herself. The context for listening also changes with changing circumstances, from phone conversations, to shared mealtimes and activities. For W, who had to come to terms with the effects

of her friends' move, easy access for being a listener was removed, and she had to rely on letters, long distance calls and visits. But once deep trust is established in the relationship, the particular context is secondary. Through the letters and calls, W continued to hear her friend's deepest sadnesses and longings and her own story of her difficulties adjusting to her loss in a new situation.

8. Mediating

One sees oneself as an approachable channel between the bereaved and those more peripherally involved; the person through whom others feel a sense of connection with the bereaved. In the early stages, this role takes the form of being available to be approached by those who feel unable to approach the bereaved person directly. It also involves becoming a buffer between the bereaved and the larger world as one screens phonecalls, answers questions, and relays information in accordance with the friend's readiness to take over these functions. This conduit role changes over time as it becomes more important for others to initiate contact directly

and for the bereaved to begin the painful reintegration process with larger networks of people. One finds oneself offering protection to one's friend while most vulnerable and subsequent freedom to widen circles of contact corresponding to personal readiness rather than societal expectations. One finds others choosing this channel of communication for months after the loss due to personal discomfort with the bereaved friend, or because of having children who might be seen as painful reminders. As time elapses and through dialogue with the bereaved friend, one progressively encourages others to approach the friend directly, regardless whether they have children, in the interests of the friend's need to reintegrate with the larger community.

9. Facilitating

One becomes a catalyst for the bereaved to help her to accept and validate her experience. One reflects and names for the friend what one hears and observes, often underlying her words and actions, and seeks always to validate her feelings. One tries to discern what her friend is trying to express, and refrains from suggesting

how she 'should' feel. For L, she discerned that within her friend was an intuitive sense, "something inside her that was more measured and knowing than her wild swings of mood would indicate", so she validated that sense and the trust she had in her friend's process. She normalized her friend's resentment toward her parents, who showed no support or understanding and was a catalyst for the legitimate anger her friend felt and needed to acknowledge and express. For W, she would name and identify the unique way she saw her friend experiencing her loss, and by spending time with her friend's husband, would identify their different ways of grieving, thereby helping her friend to accept those differences. W saw her role as catalyst as enabling her friend and her husband to hear one another yet be freed to grieve in their own way. For T, it meant reflecting the strength she saw and heard in her friend, who gave expression to her grief, and in doing so, appeared to T as the healthiest person in her family.

10. Encouraging

By unconditionally accepting one's friend's expression of sadness, longings, fears, anger, of her need to work out personal meaning for herself, and ambivalence at moving into new phases of life, one implicitly encourages the friend to grieve. For L and W, by explicitly referring to this process, they offered encouragement. For T, she affirmed her friend's expression of feelings in a daily way and pointed out the markers indicating how far she'd come by taking one day at a time, and she encouraged her to take breaks occasionally as a way of caring for herself. One is hesitant at times to include the friend in former activities and opportunites to resume former social avenues, but with time and signs of readiness in the friend, one begins to invite the friend to reintegrate socially.

11. Self-Reflection

One sees oneself on reflection, as available in spite of competing demands (of children, studies, and work), as unconditional in one's support, a non-judgemental listener, and a safe and approachable conduit for others to approach the bereaved friend. One accepts the part one

plays as integral to the process of accompanying one's friend on her journey. One pictures one's role not as a job or professional thing, nor as an obligation, but what lies dormant awaiting to be called upon as part of friendship as determined by the needs of the moment. L imagined herself as "the beanbag chair, so if her friend fell into it, she would take her shape, but she would be firm enough that her friend would never hit the floor". L felt the role was what a husband and wife are to one another in some emotional sense, like a best friend in offering non-judgemental support, and like a mother in one's concern that the bereaved make decisions that would not hurt her, and that she be protected from those not sensitive to her needs. W reflected on the role as a spirituality of presence, of being present when the tears needed sharing, the story needed telling, and being there to receive and record the unfolding story. She pictured herself as another set of eyes and ears, and as a voice that let her friend's voice be heard through her when appropriate, as at the funeral and in her conduit role. For T, "if someone said, what would you do,

how would you do it; you've done it, my advice would be; make no demands, sit back, listen, try not to judge, take breaks, look after yourself, and just don't give up."

12. Participating in Ritual Events

One participates with the bereaved in the pain intensified in ritual events and markers, beginning with the funeral or memorial and then throughout the months, marked as they are by special days such as birthdays, Christmas, the anniversary of the death. One who is invited to speak at the memorial or funeral joins in grieving anew, for the parents and the loss of their shared future and dreams. For W, she experienced gratitude in helping to prepare the funeral service which she felt offered spiritual comfort as the community entered, through the words and the music, a time of consolation mingled with the pain. One is aware of each marker as it approaches and searches for ways to be especially sensitive to the friend. L knew that her friend was very conscious of special days, not the predictable markers, but the anniversary of the baby's conception, or New Year's Day when the

beginning of the end was indicated by a spike in temperature recorded in a memo book. L became receptive to her friend linking her periodic depressions with one of these markers, and she would listen with compassion as her friend relived the event which retriggered the loss. For W, she acknowledged the images she had as Christmas approached and by doing so, gave permission to her friend to share her own images and loss of dreams. For T, she learned by her friend's response six months after the loss, that Christmas was as painful as her child's dying. L felt empathy as she discovered that for her friend, Christmas, like the birthday, was a day that intensified her child's absence. It was a day that he too was missing in contrast to the anniversary date of his death, which was a day on which one was not expected to be happy. So T's phonecall on the birthday of her friend's son, thirteen months after his death, was received with deep gratitude. One becomes attuned to the particular significance of these special days, by remaining open and receptive, and sensitive to the friend's experience.

13. Identifying With the Loss

One enters so fully into the friend's loss that one lives the pain and experiences that one's own life is irretrievably changed as a result of the loss. So intense is the identification with the friend's loss that associations and connections are made. To varying degrees, one's own pain associated with memories of past losses of significance are triggered, as well as the fear for potential losses. This stirring up of memories and fears varies from a reflective pondering to a consuming preoccupation. For L, the death of her friend's child stirred up memories of previous deaths from the expected loss of her grandmother to the intense experience of losing a close friend through suicide. For W too, there were memories of previous losses including another stillborn child and the recent death of her mother, but her focus of attention was so fixed on her friend in her loss that her own personal losses were as background ponderings. She was aware that if she herself had a child or plans for children, her friend's loss would have touched her potential motherhood. She observed

that each new parent in their circle of friends were identifying with the potential loss of their own children. For T, herself a mother of two young children, the impact of her friend's loss triggered for her an all-pervasive fear and a shattering of all that had seemed secure in her life. She awoke each morning with this "sunken brick feeling" that a child had died, and like ripples in a pond, the fear evoked in her spread to a fear for the health and safety of her own children, her spouse, her own health, her parents, and her friends in ever widening circles. For her, this powerful sense of identification was a consuming reality and the hardest part of the whole experience. T said, "it scares all of us. We all have children around the same age. And for me, it's the unknown. It's going to happen. That terrible heavy brick sick feeling. I know I'm going to feel that way again. I don't want to. I'm going to feel that sad and that horrible, and it's just out there waiting and I don't like it".

14. Owning Personal Needs

One commits oneself, in taking on this role, to giving endlessly from one's own gracious but

albeit limited resources. One enters into an unspoken agreement with one's friend that a shift has taken place; that one's needs have been voluntarily set aside in favour of the needs of the bereaved who is weathering personal crisis and attempting to survive. For L, she acknowledged her personal needs, for example, when she was aware that her friend had called at an inopportune time and she was sensitive not to cut her off but felt the need to acknowledge that she was in the middle of something but would call right back. For W, when she was asked to speak at the Memorial, she was initially uncertain and fearful as to whether she would find the emotional resources to do justice to fulfilling this request, as she had given her emotional resources without reservation. After acknowledging her needs and personal limitations, she was then able to fulfill the request. For T, she too acknowledged her own personal limits when asked to speak publicly, and in so doing was able to invite the participation of her husband, who she in turn supported.

15. Sense of Personal Support

One recognizes one's own need for support, someone to turn to when one needs to express all that has been suppressed in one's own experience, as the focus has been on the friend's experience. This need dawns with the realization that one has given up mutuality in relation to the friend since the time of the loss. But one's own needs remain. For L and T, their husbands were a primary source of support; they provided a place of refuge where one could be held or could speak without reservation. For L and W, a close woman friend and confidante offered support. T was more reticent to share openly with another woman friend because of a recent breaking of a confidence that hurt her deeply. One tended to gravitate to others whose comfort zone about death and loss and grief was wider due to their own experience. There was a pastor and a male companion in grief for W, a friend who worked in Palliative Care for L, and T's mother. For W, the faith experience that she and her friend shared provided a source of support and comfort, and within that shared faith experience, she felt refreshed and supported by the love of her friend and her friend's

husband. She acknowledged that for her, it wasn't all one way.

16. Deeper Sense of the Spiritual Dimension

Regardless of one's experience of religious faith, one experienced a deepened sense of goodness in the midst of tragic circumstances, which lent clarity to one's own spiritual experience. For L, she was touched by the experience of a vulnerable dying child who had nothing to give to her and yet in some mysterious way called forth a sense of compassion in her, enabling her to give to this child who could never give back, strengthening her so that she could in turn strengthen his mother, and even find anew the love for her own father. For W, she had an incarnational view of God present in her experience of events. She experienced a deepening of faith in God, and shared with her friend a sense of God's presence in the midst of the darkness that had come through the tragic circumstances. She experienced a deeper sense of accepting the mystery of God sharing this darkness, which strengthened her resolve to accept God's presence in her own places of pain and

hard-heartedness, no longer asking, 'where are you or who are you to be allowing this' as she might have done in the past. Her words were, "You are indeed a powerful God when you can touch hearts that are so, that are shattered, smushed into the ground, and you can still touch them and love them and acknowledge the pain, you're not a God to be denied....It's more an acknowledging that there is God's darkness, I mean he created night, there is God's darkness but not that hasn't got God in it". T's experience was also one of deepening personal faith in God, with a greater acceptance of the mystery of God which was humbling for her. She experienced a renewed sense of gratitude for all that was precious in her own life, all that was still untouched, still intact though imbued with a new fragility. Although this seemed the worst and most senseless thing to touch her life, she accepted her own lack of understanding and was receptive to finding the goodness in this experience; she believed it was not for naught.

17. Need for Normalcy

One is drawn into an experience so intense in nature that one recognizes the need for glimpses

of normalcy. One finds the need for comic relief, and for normalizing and lightening the experience with humour. L said, "they did laugh together; I felt you just can't go through life being serious about every serious thing". L's friend and her husband related to her how they released the container containing their son's ashes into the river and how it kept floating back. For T's friend and her friend's husband, they were able to laugh with T about the only thing they had to look forward to, according to statistics, was their marriage falling apart in the first year after the loss. One sensed the need for glimpses of the fun side of life and relationship, the occasional frivolity and superficialities. One deals with the intensity, also by situations of familiarity. For W, she and a mutual friend went to the place where they were accustomed to beginning their morning jog to talk over funeral arrangements. Glimpses of the former patterns of being and doing things are reassuring reminders that although an irretrievable change has taken place, that what is familiar in the relationship will one day return.

18. Reflecting on the Grieving Process

One acquires beliefs and notions about the grieving process and one's place in it from several sources. One's own experience of significant losses leads one to realize that every loss and one's response to loss is unique. But one also realizes from experience that there are aspects of grieving that are common; the need to talk and to express one's feelings and to find another who will listen with acceptance, the need to set the pace, and the awareness that grieving is an intense and potentially consuming experience. L learned that the response to loss is unique early in her life when an understanding aunt accepted her hysterical laughter as a response to loss, while en route to her grandmother's burial. W learned through her own experience of losing a parent and watching her friends' each lose a parent that loss is unique and there are acceptable differences in how one grieves. In studying Psychology, both L and W learned that loss and grief are undeniable parts of life, and there is a need to express the feelings and talk about the process. L learned through her previous loss of a friend by suicide

that grief could be ever-present, powerful and intense, and could not be set aside, and yet it was also necessary to take occasional breaks because of its consuming nature.

L learned through considerable experience in supporting others in grief that there are certain components to doing so; that once committed, you don't withdraw, however painful and time-consuming is the process, and that in setting aside your own agenda to be available to your friend, you had the resources and in fact your own "spiritual reservoirs were refilled", enabling you to return to your own agenda, refreshed.

T learned by being empathically present to her friend, by putting herself in her friend's shoes, that healthy grieving involved getting it out, expressing one's feelings, however unacceptable, whereas she observed that the stoicism of her friend's husband was proving detrimental to himself and in his relationships. She learned early on, her own need for support as one means of taking care of herself, and acknowledged that need as legitimate and healthy.

Each discovered that there are some helpful written resources, but the particularly helpful resources were discovered in retrospect. L, for example found that her own experience did not fit what she had read about stage models of grief, "that there are emotions that you know will be present, but they come in different places and are manifested differently". One draws from one's own personal experience of having grieved, one's experience of having walked with others who have grieved, and from one's own empathy for the needs of the friend who acts as a guide in the grief process.

19. Overcoming Obstacles to Companioning

One who voluntarily becomes a comapanion in grief to another, is confronted by inevitable obstacles which must be overcome if one is to remain committed. The major obstacle is how demanding this non-sanctioned role is in terms of time, energy, and commitment. For L and T, they found they willingly set aside competing demands (children, husband, and dissertations), and although their priorities were to remain available, there were times when the task was

draining and they were tired and abrupt with others. In L's words, "here was this large chunk, this large amount of energy and time and because it wasn't my son dying or my family, it was often discounted". T found at the end of a year that she desperately needed a holiday; that once she had a thorough battery of medical tests to alleviate her fears for her health, she took the needed holiday on the recommendation of her doctor. W felt the draining nature of the role only at the outset when she realized her need to reorient herself to her own life and work after the particular intensity of living with her friends for the week after the loss. One also felt that one consequence of giving up mutuality in the relationship was a reticence to challenge or confront the friend on issues and concerns. One perceived the friend as fragile and avoided or was hesitant to explore aspects of the relationship or concerns that might raise conflict. The degree to which one ventured to explore concerns depended upon the security one felt in the relationship. For example, W, who felt very secure with her friend, risked exploring

her friend's resistance to bonding with the baby she was carrying and the effect her understandable self-protectiveness was having on her marriage. L, whose relationship with her friend was less secure due to a previous misunderstanding, was more hesitant to explore her concerns about the effect of the loss on her friend's marriage.

20. Sense of Impact on the Marriage

By becoming a companion in grief to one parent, one by implication is also supporting the spouse. By bearing some of the pain with the bereaved mother, or as an accepted part of a threesome with both bereaved parents, the burden on the bereaved father is lightened. One feels that the friend's spouse is grateful for one's presence. For L, she discovered that she was viewed as this special third party adult, who had some role and it was important, and her friend's husband knew it and her friend knew it and she herself knew it. W, who was friends equally with both partners in the marriage, felt that her presence was helpful in encouraging their acceptance of their unique ways of grieving, and in facing the fears with each other that they'd

expressed independently to her. Whether one was assured of the benefits of one's presence explicitly, one felt welcome by both partners and that one's role was appreciated as helpful to the marriage.

21. Empathy for Surviving or Prospective Children

One is primarily present to the bereaved mother, but there is a special role one plays with the surviving children and with the preparation for subsequent children. For L, she was a special adult friend to the three year old daughter of her friend, accompanying her on hospital visits, and on the night of her final goodbye to her baby brother. L, like T, with the five year old daughter of her friend, helped the surviving child to grapple with dying and the loss of their younger sibling by being prepared and sensitive to help the child express their feelings and any fears surrounding the loss.

22. The Changing Self

One is surprised to gain unexpected benefits through one's experience. One feels a deeper bond with the friend, and discovers a deeper capacity

to enter into the pain of others, to show love and develop more meaningful relationships generally. One finds oneself more willing to risk openness in expressing one's own feelings and to be vulnerable. W spoke of "opening up a part inside herself, a part that has broken, the pain of the pain". She found that she had a wider comfort zone when faced with the pain of others. For L, her compassion for her friend and previously for her dying son, freed her to cherish her own father in all his imperfection. She described her experience as learning and accepting a gift of giving, which brought joy in knowing that she was lightening the load of another. For T, she became more patiently accepting of others and more self-accepting and stronger within herself; her experience matured her.

23. Restoring Mutuality and Change in Relationship

One experiences changes in the relationship to the bereaved friend because of the intensity of experience they have shared. Whereas one voluntarily gives up any expectation of mutuality in the relationship in the beginning with the

crisis in the friend's life, the signs of resuming aspects of the former relationship indicate a movement toward an ending of the experience of the companion. One finds a gradual movement to other concerns besides the loss, giving new focus for time spent together. Inevitable life changes, both personally and professionally, contribute to this shifting focus. For L, she moved from being a student to a full-time teaching position while her friend moved toward having a new baby. For W, she and her friend were separated by her friend's move, and the focus also shifted with the advent of a new baby. For T, her friend, also pregnant with a new child, began to reciprocate in the relationship by begining to share in T's joys and concerns and in offering exchanges of childcare. T moved from tiptoeing around her friend in acknowledgement of her fragility to a more honest and mutual communication of needs. The frequency of contact began to resume former patterns, there was more mutual initiation taken and the new commitments brought about a shift in focus in the content of the exchanges.

24. Looking to Future

One becomes aware of a subtle shift of focus from the present moment to a concern for the future of the bereaved friend. The degree to which one's focus shifts toward future concerns varies with the elapsed time since the loss. For L, "the experience for her had resumed a manageable portion rather than an all-consuming place in her life. This broad all-encompassing thing had come down to something quite specific; it was one part of her friend's life but the experience had found its place". As L looked to the future, she found both she and her friend moving into new and separate phases of life. Although she knew they would always be able to talk of the loss and would continue their friendship with their shared experience a part of them, L feared for her friend's tendency to overfocus on her immediate world, causing her to lose touch with larger issues and concerns. For T, she experienced a beginning shift toward future concerns, but the focus was still on present implications of the loss. For example, T's friend had just had her pregnancy confirmed but T feared that her friend and husband had not yet

sufficiently come to terms with their son being gone. She was concerned too with the impact the loss had on their marriage and as she looked to the future, she longed for them to have a good solid family after all they had suffered. For W, she felt the process of being a companion to her friend had changed but in no way had ended. She looked to the future with the impending birth of a healthy child and all the changes that would bring for her friends and her relationship to them. She foresaw a change where the pain would continue to lessen with them having a child they didn't previously have, but she projected that "the loss would be relived for a long time". She compared her feelings about looking ahead to what she experienced in her own grief process following her mother's death; "the intensity isn't there, there are the triggers, but somehow the intensity is less".

Narrative Description

The themes of the experience were integrated and interwoven to form a descriptive account of the meaning of the experience of the companion in grief.

Description

The experience of the companion in grief begins when one makes oneself available to a friend faced with the potential of a significant loss. At the first hint of fear that intrudes into the life of one's friend when an unexpected turn of events occurs, one becomes present and available to her. One's ready availability stems from a preexisting friendship characterized by a mutual loyalty which has stood the test of time. With the initial fear and dread that overtakes the friend when faced with the possibility of impending death of a loved one, her feelings reverberate to the companion. One shares the friend's bewilderment at this uncertain time and all her vacillating hopes and fears about the outcome. With sudden trauma at birth or in the event of an accident, there is no time to prepare oneself. One is gripped by fear and a sick nauseating feeling of dread that this could go either way. One joins one's friend in the dawning realization that all the hope and denial in the world will not change the possibility that faces them. When one is given an extended time to

anticipate the death, it is as if one has entered the scene of an Emergency Room but in slow motion. One resigns oneself to the possibility of death while willingly remaining open to a miraculous turn of events, until it becomes patently clear that death is imminent. When there is preparation, one has the opportunity to participate in the friend's anticipatory grieving as together they resign themselves to the inevitability of death. In the moment that news is received confirming the death, one responds with an outflowing of the deep feeling that has been held in check. One who has had the opportunity to prepare for the death and participate with the family in saying their goodbyes, is flooded with a feeling of relief and gratitude to have shared in the life and even the dignity of the death of this child. One who experiences the death as sudden and unexpected, after an initial outpouring of feeling, is numb and dazed. Then, through the surface shock and numbness arises a pressing, angry protest; No! This cannot be happening! This apparent nightmare cannot be real.

One has a pressing need to see one's friend face to face, to hold her and be held, to cry together, to share in the friend's shattered reality and pain, to enter in by one's presence. Because of the empathic sharing of the sorrow, the hurt, the pain, one assures one's friend of her availability. One becomes sensitive to the friend's immediate needs, struggling to discern when to be present to respond to her need to talk and share her feelings, and when to allow the appropriate distance. New patterns of more frequent contact than is usual in their relationship emerge, and it becomes mutually understood how initiative will be taken. One sets aside competing demands as far as is possible to assure the friend of one's availability whether the calls come in the middle of dinner or the middle of the night. One's openness to being present, without expectation of mutuality in the relationship is discovered to be fundamental to the role of the companion.

One finds oneself from the outset, anticipating the needs of the bereaved person, and responding with specific offers of assistance, by

taking on such practical functions as childcare, phoning to inform a designated circle of friends of the loss, assisting with the funeral or memorial, and the everyday tasks of meals. Essential as these tasks are, one becomes aware that doing for the friend is less important than being there for her. One is available, actively listening to her friend in an attempt to encourage her to tell and retell her story, as repetitively as necessary. One demonstrates a non-judgemental acceptance which assures the friend she will not be rejected. One provides a safe place for the friend to share aspects of the experience that she herself fears facing, feelings of guilt, of anger, and despair. Once deep trust is established in the relationship, the particular context for listening to one's friend is immaterial, whether it be in person, by phone, during mealtimes or activities, or even by mail and long-distance calling. One facilitates the friend's grieving experience as she names and identifies for the friend what she hears and observes, often underlying her words and actions as she seeks to validate her feelings. One learns to refrain from

suggesting how she 'should' feel. By helping to identify that the friend's way of grieving her loss is unique, one implicitly or explicitly communicates to the friend's partner an acceptance of how one grieves, thereby encouraging each to grieve in their own way. One not only encourages the friend's expression of sadness, longings, fears, anger, and recognizes her need to work out personal meaning, but she also offers encouragement by pointing out markers in the grieving process indicating to her that movement is taking place in what seems to her to be an all-consuming and endless process. One uses sensitivity to the friend's readiness to be included in former pursuits and social outlets. Through dialogue with her, one provides avenues to encourage the friend to begin the process of reintegrating socially. The friend sets the pace. The necessity for breaks becomes apparent, and one encourages the friend to take breaks occasionally, as well as recognizing one's own need to take breaks as a way of caring for oneself.

As one pauses to reflect, one sees oneself as available in spite of competing demands of

children, studies, and work, as unconditional in one's support as a non-judgemental listener, as a safe and approachable conduit for others to approach the bereaved friend and as a protective buffer between the friend and the larger world. There is a sense that this is not an obligation or in any way a professional service one is rendering, but rather is an integral part of what it means to accompany one's friend on her journey. As one person expressed it, "she was the beanbag chair, so if her friend fell into it, she would take her shape, but she would be firm enough that her friend would never hit the floor". One person imagined herself as another set of eyes and ears that received and recorded the unfolding story and as a voice that let her friend's voice be heard through her as appropriate, as at the funeral or in her conduit role. The advice one person suggested offering to another in this role would be, "make no demands, sit back, listen, try not to judge, take breaks, look after yourself, and just don't give up!".

As one accompanies the friend on her journey, there is an awareness that the pain of loss is

retriggered and intensified in ritual events and markers. This begins with one's participation in the funeral or memorial and continues throughout the succeeding months as each significant marker approaches, such special days as birthdays, Christmas and the anniversary of the death. One enters into the loss of future hopes and dreams by sharing one's own images at these times and releasing the friend to share her own images of what might have been. One searches for ways to be sensitive to the friend's reliving the loss and all its implications at these times of heightened intensity. One companion learned that for her friend, Christmas, which came six months after the loss, was as painful as the death of her child. One becomes open and receptive to the particular significance to the friend of these special days, which for some, include unpredictable markers.

One who becomes a companion to a friend grieving a significant loss lives the pain with her and identifies with her loss to the extent that memories of one's own past losses as well as the fear for potential losses are triggered. This stirring up of memories and fears varies from a

reflective pondering to a consuming preoccupation with the realization that one's own life is irretrievably changed. One's foundations as a person may be profoundly shaken. When the loss one's friend is suffering can be imagined as one's own, as for example if a child has died and one has children of one's own, this powerful sense of identification can evoke such fears that all that is precious in one's life is imbued with a new fragility.

Because of the intensity of the experience of being a companion in grief, one acknowledges one's own personal needs. One sees herself as a person with legitimate emotional, spiritual, and social needs that have been voluntarily set aside in the relationship with the bereaved friend. One needs to replenish oneself and seeks a support network of one's own, a place of refuge, whether with one's husband or close friend, where it is possible to release one's feelings and to talk without reservation. Sometimes, one gravitates towards those whose comfort zone about death and loss is wide due to their life experience.

Being a companion in grief takes one close to the heart of life, which lends clarity to one's spiritual outlook. Regardless of one's experience of religious faith, one discovers inner qualities of compassion, patience, self-forgivenesss, self-acceptance, and acceptance of others, which are spiritual in nature. One assumes a transcendent perspective and is open to finding meaning, purpose, and goodness in the suffering that has come in the wake of tragic circumstances. There is a deepened sense of the mystery of life and of God and one is open and receptive to being moved by this experience to explore one's own spiritual beliefs. One person was moved by the experience of a vulnerable, dying child who in his utter defenselessness, called forth a sense of compassion in her so deep that she had the empathy to strengthen the child's mother as he died and to find anew the love for her own father. One person whose experience of God was incarnational and present in the events of her life, discovered God compassionately sharing the darkness where she walked with her friend. This strengthened her own faith in trusting the compassionate presence of

God with her in her own places of pain and hardness. There is an overwhelming sense of gratitude that life is a gift and all that is still intact and untouched in one's own life is precious.

One is drawn into an experience of emotional and spiritual depth that is so intense that one recognizes some need for levity. One finds that humour and glimpses of what was familiar in the relationship tends to lighten the experience. One deals with the intensity by sharing humourous moments and by returning occasionally to situations of familiarity and superficialities as reassuring reminders that life will again resume its normal course.

One learns about the grieving process and one's place in it by drawing from one's own personal experience of having grieved, of having walked with others who have grieved, and from one's own empathy with the friend who acts as a guide to what one needs in the grieving process. One is confronted by inevitable obstacles which must be overcome if one is to remain committed to being a companion in grief. The major obstacle is

the demanding nature of this non-sanctioned role in terms of time, energy, and commitment that is often discounted by others who may call upon one's depleted resources. Another obstacle is a new fragility in the relationship. One who perceives the bereaved friend as fragile may be reticent to explore aspects of the relationship or concerns that could raise conflict. One who consistently refrains from exploring issues of concern finds there is strain placed on the relationship. This tiptoeing out of concern for the friend varies depending on the sense of security one feels within the relationship.

One is sensitive to the impact one's presence has on the friend's partner in the marriage, but is reassured to discover the gratitude that one's presence actually lightens the burden on the spouse. One who is friends equally with both partners in a marriage has the unique position of facilitating communication between them.
There is also a special role one plays with the surviving children and with the preparation for subsequent children. One is the special adult friend who cares for and anticipates the needs of

the children who are also grappling with a loss but one they do not understand. By reading books on death and loss at the appropriate level of understanding, and helping her with her own feelings, and by being there to listen and help with the inevitable questions and need for reassurance, one assists the surviving child. One also walks with the bereaved person through a subsequent pregnancy, anticipating the need for the friend to face the fears of bonding and to relive memories triggered by this new life transition.

One gains unexpected benefits of a deepened bond with one's friend through the experience, a deeper capacity for compassion and understanding in other relationships, and a new openness to risk being vulnerable and expressive of one's own feelings. One has a wider comfort zone when faced with painful experiences of one's own and others. One finds a new confidence in one's own strength and resources to stay vulnerable and continue growing. One discovers that one has matured.

There is a change in relationship with the bereaved friend over time. There are signs of

resuming aspects of the former relationship and a restoring of some mutuality, a gradual movement to other concerns including the loss, and a shift in focus through inevitable life changes that come with time both personally and professionally. This shift in focus indicates a movement toward the ending of the experience of the companion, giving new focus for time spent together within new and less frequent patterns of contact where the initiative which is taken is shared. One also experiences a subtle shift in focus from concern for the immediate moment to concern for the future. The degree to which one's focus shifts toward future concerns varies with the elapsed time since the loss. One person described that "the experience for her had resumed a manageable portion rather than an all-consuming place in her life. This broad all-encompassing thing had come down to something quite specific; it was one part of her friend's life but the experience had found its place". Even in acknowledging that the all-consuming aspect of the experience of walking with one's friend on her journey had changed, one accepts that the loss will be remembered for a

long time, and the mourning goes on but the intensity grows less. One will continue one's friendship to the bereaved friend with their shared experience an integral part of them and their relationship, but there is a recognition that new and separate phases of life lie ahead.

The Essential Structure

The essential structure is a condensed version of the narrative description. It is comprised of the basic elements of the narrative and forms a framework that presents the core of the experience. The purpose of the essential structure is to present the meaning of the experience as concisely as possible.

The Structure

The experience of the companion in grief begins when one becomes present and available to a friend who is faced with the potential of a significant loss through death. One feels the reverberations of fear and dread mingled with the vacillating hope of the friend who awaits the outcome after an unexpected turn of events. When death is not immediate, one joins in the friend's

anticipatory grieving, as together they resign themselves to the impending death.

When the news of the death is confirmed, one is deeply moved. When there has been an extended time of anticipation, one feels relief tinged with the sadness, whereas in sudden death, one responds with an initial outpouring of intense sadness and empathy for the parents. A numbness descends and through the surface shock, arises an angry protest in an attempt to deny that this nightmarish reality is true.

One feels a need to make direct contact, to be present to one's friend. Because of the empathic sharing of the sorrow, the hurt and the pain, one assures the friend of one's availability and sensitivity to her immediate needs. One anticipates the friend's need to be heard, to be held, and to be practically supported with concrete offers of assistance, childcare, phoning of friends and relatives, and assistance with the funeral or memorial. Essential as these tasks are, one becomes aware that doing for one's friend is less important than being there for her.

There is an often unspoken agreement that former expectations of mutuality in the relationship are set aside and new patterns of contact emerge. Contact is more frequent than is usual in their longstanding relationship, and the focus is on the friend in her loss.

Through one's willingness to listen, one demonstrates a non-judgmental acceptance, and creates for the friend a safe place to share her experience without reservation. One encourages the friend's expression of sadness, her longings, fears, anger, guilt, and her need to work out personal meaning. One mediates between the friend and others, offering the friend a protective buffer to the outside world, and providing those more peripherally involved a channel through which to approach the bereaved person indirectly. Although the friend sets the pace in the grieving process, one facilitates this process by naming and identifying what one hears and observes, seeking always to validate her feelings and experience. One encourages gradual reintegration into a wider social network in accordance with the friend expressing her readiness. On

self-reflection, one sees oneself as available in spite of competing demands of children, work, and studies, and as an unconditionally accepting listener, and mediator to others. One accepts one's role of companion as an integral part of being a friend.

As one accompanies one's friend on her painful journey of grieving her loss, there is an awareness of the impact of ritual events and markers such as the funeral, birthday of the deceased, Christmas, and the anniversary date of the death. These special days intensify the pain of separation, releasing images and lost dreams, calling forth in the companion a need for one's presence and sensitivity.

One lives the pain with the friend and identifies with her loss to a varying degree, as memories of one's own past losses as well as fear for potential losses are triggered. With the loss of a child when one has children of one's own, the identification is profound so that all that once seemed secure is imbued with a new fragility.

Because of the intensity of the experience of being a companion, one comes to accept and

legitimize one's personal needs for replenishment. One seeks a support network and relies upon one's spouse or close friends to provide a place of refuge to release one's own feelings and to talk without reservation.

Being a companion in grief takes one close to the heart of life, which lends clarity and depth to one's spiritual outlook and beliefs. One is aware of the coming to fruition of inner qualities which are spiritual in nature; compassion, patience, self-acceptance, unconditional acceptance of others as well as a new receptivity to finding meaning, purpose, and goodness even in suffering and in tragic circumstances. There is an appreciation for the mystery of life, and for some, a deeper faith in God. One experiences a compassionate presence in the midst of events, described variously as a mysterious release of empathy with the capacity to touch oneself and others, or as "God sharing the darkness" both in the moment and in trust for one's future places of pain and hardness. One views life and all that remains intact and untouched as precious.

One is drawn into an experience of emotional and spiritual depth. There is need for humour and glimpses of the familiar and the superficial to give levity and perspective, and as reassuring reminders that life will again resume its normal course, despite the irretrievable change that has taken place.

One learns about the grieving process and one's role within it by calling upon one's own personal experiences of having grieved, by having walked with others who have grieved, and by letting the needs of one's friend act as a guide to the grief process. One is challenged by inevitable obstacles to remaining committed. The demands on one's time, energy and commitment that are part of this non-sanctioned role are often discounted by others calling upon one's depleted resources. Another obstacle is the potential strain on the relationship when one who perceives her friend as fragile refrains from exploring issues and concerns, which can contribute to an accumulation of unresolved tension in the friendship. One's tiptoeing around the friend out of concern for her varies with the time elapsed

since the loss and with the sense of security one feels within the relationship. One is sensitive to the impact one's presence has on the friend's partner in the marriage, but is reassured to discover one is a welcome rather than an intrusive presence, and may even ease communication between the partners. One may also be the special adult friend, caregiver, and confidante to surviving children, anticipating their need to grieve. One may help to prepare the way for subsequent children in encouraging healthy bonding by acknowledging the fears and memories a prosprective child evokes in the parents.

One discovers unexpected benefits from being a companion; a deepening relationship with the friend through the experience, a deeper capacity for empathy and compassion which extends to others, an openness to risk being vulnerable while growing in strength as a person with a wider comfort zone with one's own and others' pain. One experiences a growing maturity and awareness of one's resources.

There is a changed relationship with the bereaved friend over time as this broad,

all-encompassing experience they have shared begins to involve only a portion of one's life. There are signs of resuming former patterns of contact with a shift to the inclusion of other concerns as well as the loss and its implications. There is a mutual acknowledgement of life transitions, both personally and professionally with new jobs and subsequent pregnancies, providing additional focuses for time spent together. There is some shift toward reintegrating into a wider social network which varies with the time elapsed since the loss. One acknowledges that the loss will be remembered, that the mourning will continue but the intensity lessens. One continues in one's friendship to the bereaved friend with their shared experience an integral part of them, bonding them in their relationship. But new and separate phases of life lie ahead.

Chapter V

Discussion

The thorough description of the results of the study, presented in the previous chapter, provide the context for a discussion of the researcher's personal explication of assumptions and those arising from the literature. This study yielded 24 themes common to three individual accounts of the experience of companioning a grieving person. The themes were interwoven using a dramatic form to create a common story of the experience. This narrative description was condensed to the essential structure, which presented the meaning of the experience as concisely as possible. The discussion presented in this chapter is based on the researcher's reflective process of how these results support, do not support, or tend to extend or qualify prior expectancies about the experience, as outlined in the opening two chapters. Included in the discussion are the theoretical and practical implications and the questions posed for further research arising out of this study.

The essential structure highlighted certain commonalities between the experiences of the three women co-researchers in the study. Each woman had a pre-existing history of relationship with the grieving person which accounted for an underlying loyalty. An individual could presumably become a companion by virture of having experienced a common loss, and have no preexisting friendship. The particular loss being grieved was the death of the friend's child in each case. The companions in grief outlined their experiences of participatory grieving; the compassion they experienced as they empathized with a friend who had suffered the devastating loss of a child, their particular feelings and their confusion at times being in a position where there was no guide map. They each reflected upon aspects of the role and common elements emerged including being present and readily available, extend practical and concrete support most prevalent in the early stages, listening with non-judgemental acceptance regardless of the context, mediating and relaying information to as well as on behalf of the friend, facilitating the expression of grief, and

encouraging the bereaved friend on her journey in recognition of the friend's need to set the pace and eventually begin to integrate the loss into her own future direction. Each woman reflected on the impact that her experience of being a companion had on the relationship with her friend, and on her own life and personal and spiritual growth. There were common challenges to be overcome in each case. The inevitably demanding nature of the role in terms of one's time, energy, and commitment was willingly accepted but required legitimizing personal needs for replenishment including the need for one's own support network. There were also commonly recognized benefits that were unexpected; deeper capacity for relationship, discovery of personal resources, and a clarity of spiritual experience, which exceeded the costly nature of the commitment.

As these commonalities of experience emerged in the essential stuctural meaning of the experience, it was found that the researcher's prior assumptions were congruent with and supported the results. However, these initial assumptions were unfocused glimpses of what

emerged with greater clarity and fullness through the results of the study. For example, the commitment required of the lay companion is not only long-lasting and intense, but may involve levels of self-sacrifice in terms of time, physical and emotional energy, and loss of mutuality in relationship, that pose challenges for prospective companions in grief to contemplate the cost of commitment in assuming the role at the outset. The length of the process is longer than societal expectations set forth. In the event of the particularly devastating loss of a child, there is some recession of grief after the first anniversary date of the child's death, but the need for the supportive presence of the companion continues well into the second year, particularly as special markers approach, retriggering the pain of loss. The issue of what constitutes appropriate closure of the experience of the companion is unanswered by the results of the study. There are particular qualities common to the companion in grief which are clearly reflected in the structure of the experience. One wonders if these qualities pre-existed in the lives of

each co-researcher, qualifying them for the experience, and to what extent these qualities came to fruition as a result of the experience. Included among these qualities are loyalty, empathy, patience, humour, spiritual receptivity, and perseverance.

Qualifications

It is the goal of phenomenological research to identify the common elements of a phenomenon that expresses itself in a diversification of experience. The phenomenological method takes account of the active individuality of each person who participates in the experience and what is unique in each experience. It is for this reason that included with the presentation of the results is a synopsis of each individual co-researcher and an outline of their particular story. These brief descriptions highlight what is unique to each experience. It must be understood that the essential structure, as it presently stands, provides a starting point for incorporating an ever wider diversity of experience into a more inclusive structural understanding of the phenomenon. The results have meaning for the

three co-researchers participating in this study, and what is unique to each individual is accounted for in the results. For example, Co-Researcher L related her experience of being a companion in grief to her friend whose one twin died at birth, but it became clear at the interview that the focus of the companioning experience was on the loss of the second twin, who died nine months later. In contrast to the other two co-researchers, whose experience of anticipating the loss was no more than twenty-four hours, the common theme of "Sharing the Anticipation of the Loss" extended over nine months for L. Consequently, her experience of the theme, "Being Moved by the News of Death" was one of peaceful resignation and even relief and gratitude in contrast to the others who experienced intense pain and angry protest at what was tragic and unforeseen. The wide range of experience subsumed under a single theme is accounted for in the full description of the theme, and to a lesser extent in the essential structure. Another example in which a diversity of experience is represented as

a single theme is that of "Identifying With the Loss". Both Co-Researcher L and Co-Researcher W are trained and employed in the helping profession; L with her PhD in Clinical Psychology and teaching at a Community College level, and W as a Master's level counselor at the High School level. Both L and W had also experienced significant personal losses through death in the recent past. Neither had raised children. Co-Researcher T is employed as a Travel Agent and has never received training or education in psychology. Apart from the death of one grand-parent she had not experienced the death of anyone close to her until after her friend's two year old son died. At that time she, like her friend, was parenting two pre-school aged children. L and W, because of their life experience had a wider comfort zone around death and loss and grief. T's identification with the loss of her friend's child was more profound because of her more limited comfort zone with death and grief and because she was a mother of young children and feared for a loss that she was

continually reminded could have been her own. The theme of identifying was common to all three women but the degree of identification covered a spectrum from moderate to extreme. Although such diversity of experience is accounted for in the results, it is noted as a possible qualification in this type of research. The researcher acknowledges that the essential structure is in flux as it appears in this study. That is, by specifying additional criteria for the selection of co-researchers, it is possible to incorporate particular manifestations of the phenomenon. For example the researcher could design a study to determine the essential structure of the experience of the companion to parents of leukemic children with a life-threatening illness to investigate the phenomen of being a companion in anticipatory grieving. The researcher thus clarifies her intention at the outset, as the essential structure is not intended to generalize universally, but is presented as a starting point,

and is capable of being made broader to create an increasingly inclusive structure.

Theoretical Implications

The aim of this research study is primarily practical but the theoretical implications arise from the fact that the study provides a descriptive basis for a theory of companioning a grieving person. Firstly, the narrative description and essential structure seem to indicate that the social support provided by a companion in grief is significant in contributing to a healthy and unblocked grieving process, which would support the consensus in the grief literature, and specifically as is confirmed by intervention studies. Due to the fact that the results of this study are drawn from subjective experiences based on dialogue with the co-researchers, and not upon self-reports by the bereaved persons they supported, the significance of the companion's support role, though strongly indicated, cannot be clearly established. However, Rando's statement underlines the consensus in the literature of the significant

role of social support; "nothing is more therapeutic in the process of grief than the presence of an accepting and non-judgemental caring other" (Rando, 1984, p. 82). The companions in this study clearly demonstrated the qualities named as essential to this therapeutic presence. Additional qualities and common features of the companion identified in the literature as significant factors in facilitating healthy grieving which are supported by the results of the study include the following; consistent availability, compassionate listening, trustworthiness, awareness of some of the dynamics of the normal grieving process, awareness of one's human limitations, and a desire to help the bereaved resume adequate functioning and social reintegration. Secondly, the role of the companion in facilitating the grief process which emerges in the description of the experience in the study is congruent with various needs assessments reviewed in the literature. The assumptions in the literature regarding guidelines for facilitating healthy grieving and helping with completion of grief work fall into two basic

categories; those drawn from a medical model which aim at prevention of pathology and post-bereavement morbidity, and those drawn from a more wholistic model which aim at p romoting growth. Components of the role of companion or facilitator of healthy grieving which emerge in this study support the theoretical role requirements which correspond to the needs assessments outlined in the literature. These requirements include giving concrete assistance with tasks in the early stages, encouraging the ventilation of the pain of loss, listening with acceptance as the bereaved repetitively reviews details and implications of the loss, and offering intimacy and reassurance to normalize the fluctuating and intense emotional reactions (Lindemann, 1945; Bowlby, 1961; Parkes, 1983; Raphael, 1983; Rando, 1984; Schneider, 1984; Worden, 1982). The wholistic model, most clearly exemplified by Schneider, also includes an emphasis on an underlying respect for the process of healing and growth so that the natural inclination to do something requires shifting to

providing a compassionate presence to allow social sanction so that grieving is not blocked. In addition, the safe place that is provided by the companion, permitting the expression of grief and allowing the necessary review, is seen as a place to review not only what is lost, but also what was not lost, providing for new growth and a foundation to build upon (Worden, 1982; Schneider, 1984; and Rando, 1984). The aims of preventing pathology and of promoting growth are seen to be mutually achieved by the role of the companion as it emerges in the results of the study. The stage model of grief is referred to by one co-researcher in the study and is perceived as constraining for the companion by the inferred sequence of stages. There is the need to acknowledge, from the results of the study, that particular aspects of the grief process will be present but the particular manifestation of the grieving person, which in turn affects the role of the companion, will be unique to each individual and situation.

Practical Implications

The results of this study have implications for counseling and practice. The meaning of the

experience of the companion revealed through the study can help practitioners in the helping professions to orient and to equip laypersons who are called upon to be companions to grieving persons. In a culture which has become experientially ignorant of dying and grief, the professional caregiver is increasingly turned to by bereaved persons who feel isolated in their experience of grief, and by those who find themselves ill-equipped to offer appropriate support. One implication of this study is to provide a resource for professionals from which to develop a guide to offer to lay companions seeking guidance to equip them for the experience. The meaning revealed through this study can contribute to guidelines regarding expectations and demands of the role, time and course expectations of the grief process, attitudes and skills which facilitate healthy grieving and ways and means to ensure self-care of the companion. Such a guide would help to normalize the grief process for those who surround the bereaved in their grief and would assist in sanctioning the role of the lay

companion. The value of providing social sanctioning for the role is expressed clearly in the words of one co-researcher at the completion of her first interview with the researcher;

> I think this process is very very useful. I like the idea of the debriefing. Who debriefs the debriefer? I was the debriefer for my friend, and who helps me unload? Now my friends listened to me but they're my friends and here you are, a concerned third party, anonymous in a way. And what you're doing is asking questions in a caring way, you're asking the right questions and you're helping me put some structure, and you're helping me place in perspective what I've gone through. And I never had, that is, I've always downplayed what I've done, because there is no role, it's a non-sanctioned role, even though it got me into the Special Care Nursery and it got me out of half a class, but it's not really anything recognizable; there is no formal structure for it. Like housewives and like women's work, we downplay

> it; we don't get paid for this. So I am now learning and have been learning over the last few years that just because it is not recognized by a number of ofther people, or at least not recognized by society as a useful thing; society can benefit from it and I can now give myself credit for having done it.

A guide to the companion would provide bereaved persons with an alternative to the expense and formality of seeking professional counseling for uncomplicated grief. The professional could turn more attention to the role of 'coach' to companions in preparing and supporting them in undertaking this journey. The role of 'coach' could take the form of distributing guides to prospective companions seeking guidance from a professional or through counseling offices to bereaved persons who wish to make their needs known to those in their support network. The role of 'coach' could also be employed in setting up programs to train volunteer 'companions' in hospice work and grief recovery,

and within the context of mutual self-help groups like The Compassionate Friends. These training programs would provide information-sharing to normalize the grief process and to present the appropriate guidelines for the companion, but would also provide a context for developing latent qualities of prospective companions and for teaching the skills of active listening, appropriate self-disclosure, and the withholding of a primarily problem-solving approach. The programs would legitimize the needs of the companion and help them to gain the tools for self-sustaining self-nurturance. An issue that this study raises for the researcher is the need for a screening process to be used by professionals in programs for training volunteers to clarify the self-motivation for prospective trainees. People who seek to become companions may be doing so out of unresolved co-dependency needs, or before sufficient time has elapsed following their own personal grief experience. In such identified cases, a professional could provide redirection until a later time after these personal issues have been addressed. The

professional could thus assist bereaved persons by screening their potential companions, to redirect those who could, albeit unintentionally, exploit the needs of the bereaved.

Implications for Research

Because the essential structure or meaning articulated in the study is perceived as a starting point for understanding the experience of the companion, it can be used as a foundation for building upon. There are several related areas and questions which are posed by this study that are yet to be explored. For example, what is the experience of the male companion to a grieving person? Implicit in this question is whether there are distinctly male patterns of friendship which influence the experience of being a companion in grief to another male. What is the experience of the "collective" companion to a grieving person? Underlying this question is whether various collective forms of taking on the companion role such as mutual self-help groups, (Bereaved Parents Groups), the extended family operating as a unit, or an organized collective of friends, should be encouraged and developed. What

is the experience of the companion to the bereaved in different bereavement situations, such as the loss of a spouse or the loss of a parent in childhood grief? What is the impact of the loss of a child on the parents' marriage in the absence of outside support? What were the historical analogues to the companion in Western literature? What is the experience of the companion in grief in other non-Western cultures? In what ways do rituals in grief facilitate the grieving process? This is a small sample of questions posed by this study that remain to be explored in further research studies.

Conclusions

This research study responds to the question; what is the experience of the companion to a grieving person? Understanding the multidimensional aspects of the experience of the companion in grief is a subject for qualitative research. This was accomplished through employing a phenomenological method of research. The researcher was guided by dramatic form in creating a common story and structural meaning of the experience.

It is widely recognized that the presence and appropriate support that friends and family give to the bereaved is a factor in facilitating healthy grieving. There is little attention given in the growing body of literature to the phenomenon of participatory grieving and the journey undertaken by the companion, who chooses to be available to a bereaved person.

This study included three women co-researchers, each of whom was able to articulate her experience of being a companion to a mother who had grieved the loss of her child through death. The co-researchers were asked to give detailed descriptions of their experience as if they were telling a story; how it began, what happened in the midst of the experience, and how it ended (if it had). The descriptions were tape-recorded and transcribed and the transcripts or protocols were analyzed by the researcher who delineated meaning units and extracted themes common to all three protocols. The themes were woven into an integrated narrative description, which in turn was condensed into the essential structure or meaning of the experience. The

co-researchers were interviewed three times, and at each stage of the analysis, the researcher and co-researchers cooperated so that all the results were validated by the final interview.

From the meaning of the experience revealed in the study, a discussion on prior expectations and assumptions drawn from the researcher's personal experience and reading of the literature was possible. In the discussion, it was posited that the study contributed to theory development, to suggested implications for practice and to new directions for further research.

By studying the nature and meaning as lived of the experience of being a companion to a grieving person, its problems, pitfalls, and rewards, professionals are provided with a theoretical basis for the education and training of prospective companions to grieving persons.

BIBLIOGRAPHY

Averill, J.R. "Grief: Its Nature and Significance." Psychological Bulletin, 70, No. 6 (1969), pp. 721-748.

Ball, J.F. "Widow's Grief: The Impact of Age and Mode of Death." Omega: Journal of Death and Dying, 7, No. 4(1977) pps 1976-1977.

Borstein, P.E., P.J. Clayton, J.A. Halikas, W.L. Maurice, and E. Robins. "The Depression of Widowhood." British Journal of Psychiatry, 122 (1973), 561-566.

Bowlby, J. "Processes of Mourning." International Journal of Psychoanalysis, XLII (1961), 317-339.

----------. "Separation and Loss Within the Family." In The Child in His Family. Ed. E.J. Anthony and C. Koupernik. New York: Wiley-Interscience, 1970, pp. 197-216.

----------. Attachment and Loss. Vols. I, II, and III. Middlesex: Penguin Books, 1978.

Cameron, J. and C.M. Parkes. "Terminal Care: Evaluation of Effects of Surviving Family of Care Before and After Bereavement." Postgraduate Medical Journal, 59 (1983), 73-78.

Cary, R. "Weathering Widowhood: Problems and Adjustment During the First Year." Omega, 10 (1980), 163-173.

Cassidy, Sheila. Sharing the Darkness: The Spirituality of Caring. London: Darton, Longman and Todd, 1988.

Clayton, P.J. "The Effects of Living Alone on Bereavement Symptons." American Journal of Psychiatry, 132 (1975), 133-137.

Cochran, Larry and Emily Claspell. The Meaning of Grief: A Dramaturgical Approach to Understanding Emotion, Westport: Greenwood Press, 1987.

Colaizzi, P.F. Reflection and Research in Psychology: A Phenomenological Study of Learning. Dubuque: Kendall-Hunt, 1973.

Colaizzi, P.F. "Psychological Research as the Phenomenologist Views It." In Existential-Phenomenological Alternatives for Psychology, Ed. R.S. Valle and M. King. New York: Oxford University Press, 1978, pp. 48-71.

Forrest, G.C., E. Standish, and J.O. Baum. "Support After Perinatal Death." British Medical Journal, 285 (1982), 1475-1479.

Fowler, S.G. and H.W. Fowler. Pocket Oxford Dictionary. Oxford: Oxford University Press, 1973.

Freud, Sigmund. Mourning and Melancholia. London: Hogarth Press, 1957.

Gerber, I., A. Wiener, D. Battin, and A.M. Arkin. "Brief Therapy to the Aged Bereaved." In Bereavement: Its Psychological Aspects. Ed. B.M. Schoenberg and I. Gerber. New York: Columbia University Press, 1975.

Glick, I. R.S. Weiss, and C.M. Parkes. The First Year of Bereavement. New York: John Wiley & Sons, 1974.

Giorgi, A. Psychology as a Human Science: A Phenomenologically Based Approach. New York: Harper and Row, 1970.

----------. "An Application of Phenomenological Method in Psychology." In Duquesne Studies in Phenomenological Psychology II. Ed. A. Giorgi, G.T. Fischer, E.L. Murray. Pittsburg: Duquesne University Press, 1975.

Grollman, E. What Helped Me When My Loved One Died. Lexington: Beacon Press, 1981.

Jamieson, K.R., Wellisch, D.K., and R.D. Pasnov. "Psychosocial Aspects of Mastectomy." American Journal of Psychiatry, 135 (1978), 432-436.

Kubler-Ross, Elisabeth. On Death and Dying. New York: MacMillan, 1969.

----------. Death: The Final Stage of Growth. New Jersey: Prentice-Hall, 1975.

Kupst, M.J., Tylk, L., L Thomas, M.E. Mudd, C. Richardson, and J.L. Schulman. "Strategies of Intervention with Families of Pediatric Leukemic Patients: A Longitudinal Perspective." Social Work in Health Care, 8 (1982), 31-47.

Lewis, C.S. A Grief Observed. New York: Bantam Books, 1976.

Lindemann, E. "Symptomatology and Management of Acute Grief." American Journal of Psychiatry, 101 (1945), 141-148.

Nouwen, H. Compassion. Garden City: Doubleday & Co., 1982.

Osterweiss, M., Frederic Solomon, and Morris Green, eds. Bereavement: Reactions, Consequences and Care. Washington: National Academy Press, 1984.

Parkes, C.M. "The Nature of Grief." International Journal of Psychiatry, 3 (1967), 435-438.

Parkes, C.M. Bereavement: Studies of Grief in Adult Life. New York: International Universities Press, 1972.

----------. "Bereavement Counseling: Does it Work?" British Medical Journal, 281 (1980), 3-6.

----------. Recovery from Bereavement. New York: Basic Books, 1983.

Rando, T. Grief, Dying and Death: Clinical Interventions for Caregivers. Champagne: Research Press, 1984.

----------. Parental Loss of a Child. Champagne: Research Press, 1986.

----------. Grieving: How to Go On Living When Someone You Love Dies. Toronto: Lexington Books, 1988.

Raphael, Beverley. "Preventive Intervention with the Recently Bereaved." Archives of General Psychiatry, 34 (1977), 1450-1454.

----------. " A Primary Prevention Action Program: Psychiatric Involvement Following a Major Rail Disaster." Omega: Journal of Death and Dying, 10 (1979-1980), 211-226.

----------. The Anatomy of Bereavement. New York: Basic Books, 1983.

Sanders, C.M. "A Comparison of Adult Bereavement in the Death of a Spouse, Child, and Parent." Omega: Journal of Death and Dying, 10, No. 4 (1979-1980), pp. 303-320.

Schiff, H. The Bereaved Parent. Middlesex: Penguin Books, 1978.

Schneider, J. "Growth from Bereavement." Proceedings from the 1980 International Congress on Death and Dying. London: Pittman Medical Publishers, 1980.

----------. Stress, Loss and Grief. New York: University Park Press, 1984.

Schoenberg, B. Mark. "When a Friend is in Mourning." Loss and Grief: Psychological Management in Medical Practice. New York: Columbia University Press, 1970.

Schoenberg, B. Mark, A.C. Carr, A.H. Kutscher, O. Peretz, eds. Bereavement: Its Psychological Aspects. New York: Columbia University Press, 1974.

Schowalter, J.E., P.R. Patterson, M. Tallmer, A.H. Kutscher, S.V. Gullo, and D. Peretz, eds. The Child and Death. New York: Columbia University Press, 1983.

Schwab, J.J., J.M. Chalmers, S.J. Conroy, P.B. Farris, and R.C. Markush. "Studies in Grief: A Preliminary Report." In Psychological Aspects of Bereavement. Ed. B. Schoenberg, I. Gerber, A. Wiener, A.H. Kutscher, D. Peretz, and A. Carr. New York: Columbia University Press, 1975.

Valle, R.S. and M. King, eds. Existential-Phenomenological Alternatives for Psychology. New York: Oxford University Press, 1978.

Weisman, A.D. "Early Diagnosis of Vulnerability in Cancer Patients." American Journal of the Medical Sciences, 271 (1976), 187-196.

Worden, W. J. Grief Counseling and Grief Therapy: A Handbook for the Mental Health Professional. New York: Springer Publishing, 1982.

Yeagley, Larry. Grief Recovery Keene,Texas: Published by author, 1984.