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Abstract

The role of family and social support networks on grief experiences following the death of family member in a road traffic crash is explored. Twenty one bereaved informants were interviewed and the data were analysed using grounded theory methodology. We outline the ways in which a crash fatality impacts on familial and social relationships. The data clearly demonstrate that although the death of a loved one precipitated closer familial and social bonds in some instances, it was more common that those relationships deteriorated and collapsed. Implications for service delivery, grief education, and research are discussed.

Family and Social Networks after Bereavement: Experiences of Support, Change, and Isolation

The experience of grief is unique to each individual yet is influenced by many factors, including the circumstances of the death; the relationship to the deceased; the characteristics of the bereaved individual; the availability, type, and extent of support received by the bereaved, and whether or not the support is perceived as helpful by them. There is also an assortment of socio-cultural factors that affect grief, including the presence and perceived relevance of mourning rituals, customs, and traditions, attitudes toward death and dying, and the impact of the professionals who are related to death and grief (Center for the Advancement of Health, 2004; W. Stroebe & Schut, 2001). Despite the wealth of research supporting the range of variables that influence the grief experience, much of the literature has focussed on grief as an individual and intrapsychic phenomenon and there is a dearth of research that examines the impact of the wider context of grief experiences (Breen & O'Connor, 2007a; Center for the Advancement of Health, 2004; Neimeyer & Hogan, 2001; Valentine, 2006). In particular, there is little research on the impact of bereavement on the family unit, and the role of social support from family, friends, work colleagues, and extended family.

Social Support Following Bereavement

Social support is generally defined as the perception and/or experience of support that indicates one is valued and cared for and is generally classified into three types: informational, which consists of the provision of guidance and advice; instrumental, which comprises the provision of tangible assistance including goods, services, and money; and emotional, which includes the provision of warmth and empathy (Taylor, 2007). For support to be provided, the need for the support must be recognised; the support must be available, sufficient, extended (Rando, 1993); and the support must be perceived as helpful by those receiving it for it to be beneficial (Kaunonen, Tarkka, Paunonen, & Laippala, 1999; Stylianos & Vachon, 1993).

Primary sources of social support are partners, family members, friends, colleagues, and the wider social and community networks (Taylor, 2007) and the support they provide is crucial in times of crisis. The majority of significant losses throughout our lives occur within the context of the family unit; as such these losses potentially disrupt the existing balance within it (Kissane et al., 1996; Moss & Moss, 2001; Riches & Dawson, 1996a, 2000; Walsh & McGoldrick, 2004). The dynamics between family members can serve to help or hinder the individual's experiences of grief, and are dependent upon the roles/responsibilities of each member (including the deceased), the extent to which the family members are close to one another, and the family's emotional expression and communication patterns.

As a part of a larger study devoted to grief experiences following road traffic crashes, in this paper we explore the role of family and social support networks on grief experiences following the death of family member in a crash. Crash deaths are not natural deaths and their characteristics are significantly different to those circumstances of death that underpin much of the grief literature (i.e., North American or British, middle-aged women grieving the loss of their spouses, usually after a long illness; Breen & O'Connor, 2007a; Center for the Advancement of Health, 2004; M. Stroebe, Stroebe, & Schut, 2003). Indeed, crash deaths are sudden, unexpected, violent, and are usually preventable, and those that die in crashes are usually young in age (World Health Organization, 2004). The psychosocial burden of crash fatalities and importantly, the social contexts within which those experiences are housed remains appreciably under-studied.

Methodology

Grounded theory was utilised because the research aims were exploratory, applied, and situated within a non-manipulated context (Glaser & Strauss, 1967; Strauss & Corbin, 1990, 1998). Interviews were the primary source of data.

Informants

The informants were 21 adults aged 24 to 71 years ($M = 47.95$, $SD = 10.83$) from 16 families bereaved through the death of a family member in a crash. Sixteen were women and five were men. The time that had passed since the deaths of their loved ones ranged from 13 months to 23 years ($M = 6.84$ years, $SD = 6.64$). The age of their deceased loved ones ranged from 6 to 73 years ($M = 30.17$, $SD = 20.64$) and were predominantly children, followed by siblings, parents, a spouse, and a grandparent. All informants resided across the metropolitan area of Perth, Western Australia. Demographic data are presented Table 1.

[Insert Table 1 here]

Materials

An interview guide (see Appendix) consisting of topics and issues facilitated the exploration of the informants' grief experiences. The wording and order of the questions derived from the guide were constructed 'in the moment' (Minichiello, Aroni, Timewell, & Alexander, 1995; Strauss & Corbin, 1990) and attention was paid to avoiding leading questions. The semi-structured approach provided some consistency in topics covered while allowing each interview to be adapted to each informant, and this also facilitated the development of rapport.

Procedure

Ethical clearance was granted in July 2002 and the interviews occurred between July 2002 and November 2003. The first author conducted all the interviews and analysed the data. Informants were recruited from a mutual-help group, a road safety activist group, and a media release published in community newspapers, which is a recognised as an effective method of obtain participants for bereavement research (Schlernitzauer et al., 1998). Snowball sampling was useful in accessing three additional informants.

The interviews occurred in the informants' homes, which encouraged each informant to remain relaxed, facilitated open communication, and aided the understanding of their behavioural

responses, surroundings, and in some cases, their family members. Each interview was tape recorded to provide accurate records for analysis. After the completion of each interview, information about relevant support services was provided. All informants received a thank you letter for their participation within a few days of the interview.

Data Analysis

Analysis began as soon as possible after each interview and incorporated coding, memoing, and diagramming (Strauss & Corbin, 1990, 1998). The coding process enabled the discovery and naming and linking of categories. Memo writing aided the exploration of commonalities and differences in the data and diagramming assisted the identification of relationships between concepts and categories as well as underdeveloped sections.

Data collection and analysis occurred concurrently until no new information was uncovered, as identified via the recurrence and verification of data and themes from the informants (Strauss & Corbin, 1998). All of the informants received a summary of the findings and were invited to provide comments and clarification; three participated in a short second interview to clarify interpretations of the data. The analysis processes were aided by the comparison between the data and the existing literature, enabling a data-driven approach to interpretation and ensuring the substantive nature of the findings (Strauss & Corbin, 1990, 1998).

Findings and Interpretations

The results are divided into four sections. All informants and their family members are referred to using pseudonyms to protect their identities.

Family Relationships: Development and Deterioration of Bonds

Initially, the informants' immediate families worked together and supported each other. Some of the informants spoke of supporting the different ways individuals within the same family dealt with their grief because they quickly realised that grief is an individual experience

that differs from person to person. However, the majority reported that the different ways of grieving continued to be issues of contention, especially in terms of emotional expression, remembering and talking about the deceased loved one, and seeking professional help, and the informants more easily recalled instances where their families were not supportive. There are a number of reasons why this was the case: First, it was difficult for the informants to find support from within their families, as they were grieving too (Riches & Dawson, 2000). The surviving siblings reported being overlooked, excluded, and unheard, leading to feelings of resentment. Riches and Dawson (2000) described the death of a sibling and the associated 'loss' of their parents to grief as a "double jeopardy" (p. 13) and an "invisible" grief (p. 78). Debra reflected on the difficulty of supporting her grieving son while she was also in the midst of grief:

George and I have asked each other, 'did we help Nick enough?'. 'Cause you're trying to keep everyone together, yourself together and then different personalities and with children, and what they're feeling, and they're just sort of in the background...suffering in their own way or [they'll] switch off and just will leave when people are talking about it...and they have different reactions, for one, because they're the brother or the sister and we're the parents.

Second, some of the informants (all women) reported that they had taken on a key supportive role, in order to maintain a semblance of normality in the extended family unit. Some took on the support role voluntarily, while others had it forced upon them by others within their family. For example, Kelly felt she was forced to replace the nurturing role of her deceased mother, a process referred to as parentification (Bowlby-West, 1983):

I'd have [my grandmother] crying on my shoulder one minute, and the next she'd be saying to me 'get it together and sort out the family, look after the boys (her older brothers). The boys are the worry, you're alright' so that was not helpful at

all... That was so hard, so hard, 'cause I was forever trying to fight for them to see that I was who I was and that I wasn't mum, even though the messages were very clearly that I now had to do the mum kind of things. It was a huge burden.

Third, although at first the tragedy usually brought the families together, in many cases, the death(s) precipitated long-term estrangements between the informants and their family members. For some informants, the death of a loved one was the catalyst for marital/spousal troubles, whereas for others, the death of a loved one served to exacerbate existing issues and problems. The informants candidly described instances where they fought, usually verbally but sometimes physically, with their spouses because they felt they were not supported or understood by them, or they blamed each other for the circumstances that led to their loved one's death.

At the time of their children's deaths, Iris, Joan, and Maggie were all in long-term relationships with men who were not the fathers of their deceased children. Their grief was disenfranchised as a consequence of their partner appearing unable to understand and unwilling to talk about the deceased child or their partner's experiences of grief (Gerrard, 2002). As Maggie stated:

He feels like he's lost his two girls [from divorce], so he sees his situation as having lost his daughters but I don't see that because they're still alive. I feel he feels he's on par with me but I know he's not (exasperated laugh) and it's very difficult sometimes. I find now that I don't say a great deal.

This phenomenon was also documented by Farnsworth and Allen (1996) and Riches and Dawson (1998), with the latter noting, "for single parents who lose a child, or for remarried parents who lose the child of a former marriage, there is less likelihood of them finding social settings in which they can comfortably hold these conversations" (p. 134).

The marital relationships of some of the informants were tested to the point that they collapsed, either temporarily or permanently, while others reported that their relationships had strengthened since the deaths. Whether or not the death of a child is a catalyst for marital separation and divorce is subject to debate (Dijkstra & Stroebe, 1998; Schwab, 1998); however, the notion that marriages are likely either to strengthen or dissolve following the death of a child has been referred to as a “polarization effect” (Lehman, Lang, Wortman, & Sorenson, 1989, p. 344).

The informants’ relationships with their family members were not necessarily characterised by strong connections and open lines of communication prior to the deaths, and the deaths and subsequent grief served to emphasise existing tensions. Although in some instances, the death brought the family closer, it was more common that relationship issues within the family were magnified. As a consequence, most familial relationships were irrevocably changed and some did not survive the death, a finding which contrasts with previous reports of mostly positive family functioning following bereavement (e.g., Moss & Moss, 2001). In the following section, we discuss the support the informants reported receiving from their social networks.

The Provision of Support from Social Networks: Colleagues, Family, and Friends

The informants recalled numerous supportive behaviours that were helpful, particularly in the days, weeks, and months following their loved ones’ deaths, and these included telephoning, visiting, sending cards and flowers, bringing prepared meals, doing household chores, helping with organising funeral services and death notices for the newspaper, and providing financial assistance. The informants really appreciated when people listened and allowed them to talk openly about their feelings and their deceased loved ones, or were ‘just there’ for them. Maggie asserted; “it’s really difficult to bring up... That’s why when they do ask you and they are actually interested in listening, it’s really good. It does you the world of good”. Talking about

their loss and being asked questions was much better than being ignored, as it meant that their feelings were legitimised rather than disregarded or judged.

The informants cited examples where other people remembered their deceased loved ones, including talking about them with the bereaved, organising memorial services and the planting of memorial gardens. The informants also commented positively on the number of people attending the funeral, the kind comments about the deceased that were said at the funeral, and regular contact from the friends of the deceased. Sylvia commented that, “you appreciate it because you know your loved ones are being thought of with joy”. Having others remember the deceased was also considered supportive by bereaved parents in Rosenblatt’s (2000) study. Indeed, remembering the deceased, acknowledging important dates and anniversaries, and listening to stories about the deceased, are the “most thoughtful and affirming gestures a good friend can make” (Riches & Dawson, 2000, p. 162). However, these mentions of the deceased usually subsided with time.

Some of the informants thought that there were gender differences in giving and receiving support, with men being more reticent to do so. Pieter remarked that women seemed more comfortable talking about their feelings, whereas men were more comfortable talking about the mechanics and ‘facts’ of the crash. On the other hand, other informants said gender was not an issue. Instead, they thought support was more likely to come from people who were willing and able to be compassionate, regardless of gender. George asserted that men often hid their feelings and acted like they were not as emotionally affected as women, because it is more socially acceptable for women to show their emotions. He stated, “It’s all outside. Inside they’re hurting, well you know they’re hurting as much... It’s a sense of bravado”. Sex-role conditioning means that the open expression of emotion may be particularly incompatible with society’s expectations of men (Martin & Doka, 2000).

For many informants, an immediate concern following the deaths of their loved ones was getting time off from paid work. Heather, Brooke, Debra, and Maggie reported that their employers allowed them to take time off. However, decisions to return to work was significantly influenced by financial need, and most commenced work within a few weeks of the deaths. It is common for the workplace culture to avoid, ignore, and disenfranchise grief by promoting the notion that grief in the workplace is inappropriate or unacceptable (Eyetsmitan, 1998; Lattanzi-Licht, 2002). As Kugelmann (1992) stated, in a society “where time is money, grief cannot occur” (p. 44). George and Dawn both owned and operated their own businesses, and Nick worked for his father George. Being self-employed, and relying on that income, they could not afford to take time off from work and consequently returned to work within days of their daughters’ and sister’s deaths. On the whole, consistent with the notion that work colleagues are instrumental providers of social support during stressful times (Goldsmith, 2007) the informants reported that their work colleagues were supportive. Colleagues demonstrated their support by making cups of tea, acknowledging feelings, and attending the funeral. An explanation for the provision of support from individual colleagues, regardless of the workplace culture, was provided by Riches and Dawson (1996b) who argued, “bereavement discourses may be found in the workplace, but they are not *of* the workplace” (p. 154, italics in original).

Support from within social networks usually came from friends or work colleagues. The informants discussed many different types of support they received from the time immediately following their loved ones’ deaths through to many months and years later. Those in the social support network provided both instrumental and emotional support. However, in most cases, the support from most people within the informants’ social support networks diminished with time.

Social Networks: Imposing and Enforcing the Dominant Grief Narrative

There are a number of key assumptions encompassed by the dominant discourse concerning the experience of grief (Breen & O'Connor, 2007a; Center for the Advancement of Health, 2004; Rothaupt & Becker, 2007; Valentine, 2006; Wortman & Boerner, 2007). The first assumption is that grief follows a relatively distinct pattern regardless of the circumstances of the loss, as though 'grief is grief'. Instead of being empathic, these comments showed they did not understand the unique grief experience of the informants.

Second, the assumption that grief is short-term and finite was also encountered on a regular basis, and again, these comments were considered hurtful. The informants heard numerous platitudes like, "you'll get over this, you will be okay" (Dawn), "time's the great healer" (Dawn and Sharon), "come on, chin up" (Dawn), "you should be over that by now, that was three months ago" (Iris), "get over it, you've got a life to live" (Jelena), "are you still crying? It's been six months, hasn't it?" (Natasha), "haven't you gotten over that yet?" (George), and "just get on with it" (Nicola and Dawn). Sometimes these comments were said within a short timeframe after their loved ones' deaths. For example, two days after her daughter died, Natasha recalled being told, "it's water under [the bridge]".

Third, the informants reported encountering the assumption that grief is a linear process characterised by stages of shock, yearning, and recovery, despite describing their grief as an oscillating rather than linear process, which is consistent with the Dual-Process Model (M. Stroebe & Schut, 1999) and the Two-Track Model (Rubin, 1999). For example Kelly reported that, "sometimes people caught you smiling and you felt that you weren't supposed to do that."

Fourth, the assumption that grief is a process that needs to be 'worked through', which entails grieving in a certain way with the appropriate emotional expression, was met by the informants. Some informants reported being judged because their experience of grief did not match what those around them expected. For example, Sylvia stated that, "my daughter-in-law

suggested [I see] a clinical psychologist... The family felt that I should go to someone, because initially I couldn't cry." Emotional expression following grief remains the prevailing normative expectation concerning the 'proper' way to respond to loss, despite the absence of evidence to support such a claim (Bonanno & Kaltman, 2000; M. Stroebe, Stroebe, Schut, Zech, & van den Bout, 2002).

The fifth and sixth assumptions are that grief culminates in the detachment from the deceased loved one and the continued attachment to the deceased is abnormal, even pathological (M. Stroebe & Schut, 2005). The informants came across both of these related assumptions when people in their families and social networks advised on or questioned their decisions and actions in relation to their continued grief and/or gave the impression that the informants should 'get over it'. Natasha and Maggie both had work colleagues telling them to remove photos from their work desks, and Natasha's sister attempted to remove the photos of Jess from Natasha and Jim's own home. Photographs and belongings of the deceased play an important role in grief, because they facilitate the continued bonds with the deceased and are the catalyst for talking about the deceased with others (Riches & Dawson, 1998). By suggesting the removal of photographs, they were actually implying that the informants should forget about their loved ones and move on.

Finally, despite evidence disputing the efficacy of meaning-making following bereavement (Davis, Wortman, Lehman, & Silver, 2000), the informants also encountered the assumption that there is meaning in the death that can and should be found. The notion of meaning came in different forms; first, that the deaths of the loved ones were a part of God's plan. Both the religious and non-religious informants considered the religious clichés and analogies offensive. As Natasha explained:

[People have said] a lot of religious things, 'she's in a better place', 'she's in God's hands', 'it was all for the best', [and] 'it was meant to be'. No it wasn't, if

some frigging chap hadn't have drunk drove and rushed home that night, that wouldn't have meant to be, so don't give me that.

Second, some of the informants were advised to focus on the positives from the deaths of their loved ones, which they also considered to be extraordinarily insensitive and offensive. They reported hearing various comments such as, "he'll never grow old, he'll always be young" (Jelena) and "well aren't you lucky you had him for 20 years" (Sharon). Natasha, Jim, Sharon, and Joan reported being told to focus on their remaining children, but, as Joan explained, "at that time, the initial time, you don't care [that you have other children]".

Third, the notion that there was a 'reason' for the deaths was also considered to be offensive. Sharon, who at the time of the interview was involved at the executive level in a bereavement mutual-help group and had in the past advocated for changes in the coronial process, spoke of people telling her, "Alex was meant to die so you could help others" and "make a difference". Likewise, Dawn stated that the idea her daughter died for a reason is, "almost like she's being used as a sacrifice, and I can't cope with that, to me that's just not what it is about."

Fourth, those in the social networks appeared to want to believe there is a reason, and therefore assign blame for the deaths. One meaning is that the loved one's actions potentially contributed to their deaths and thus they 'deserved' to die, while another is that the informants 'deserved' the deaths of their loved ones. Karen said that, on a number of occasions, people have intimated or explicitly blamed her and her husband for Mikey's death. Dawn recalled that a woman had alluded that her daughter died because she is a strong person and could cope. Finally, some people seemed to believe that bad luck caused the deaths and appeared to develop superstitions regarding the informants, especially in terms of the misfortune being catching or contagious (Holmberg, 2007; Riches & Dawson, 1997; Rosenblatt, 2000).

From within their social networks, the informants faced all of the assumptions of the dominant grief discourse, especially those concerned with the length of grief and finding meaning in death. Some of these comments occurred many years prior to the interviews, but were still considered extremely upsetting and were easily recalled. Their effect was long-lasting and particularly hurtful especially as they came from people the informants thought would be helpful in their time of need. In the following section, we discuss how the informants' social networks changed following the deaths of their loved ones.

Social Support Networks: Deterioration and Collapse

The informants reported significant and permanent changes in their social support networks after the deaths of their loved ones. Most of the informants reported that the level of support from outside the immediate family dwindled relatively quickly over the days and weeks after the death, leaving them to grieve in isolation. Sometimes, the avoidance was implicit, whereby those in the informants' social networks ignored or failed to acknowledge the loss through appearing uncomfortable when the deceased was mentioned, attempting to change the subject away from the deceased and the events of their deaths, or avoiding these topics altogether.

Some informants also reported experiencing explicit avoidance, whereby people in their social networks physically and unequivocally avoided them by turning around and walking away, including long-term friends (Riches & Dawson, 1996b, 1997; Rosenblatt, 2000). Frequently, the avoidance occurred in public places where the informants had unintentionally crossed paths with those who were trying to avoid them. Iris and Sharon both commented that others are more likely to avoid people grieving the death of a child than another loved one, supporting the notion that the death of a child is particularly stigmatizing (Holmberg, 2007; Riches & Dawson, 2000). Iris claimed:

People find the loss of a child more confronting than the loss of a spouse. Having lost two spouses I've noticed the difference. When my first husband died, people would come up to me in the street, pat me on the shoulder and say "how are you?". When Mary-Anne died...I felt as if I'd been caught doing something I shouldn't have been doing...and this was the difference. When you've lost a child, people will cross the road if they see you coming, it's as if it's contagious, and it could happen to them (exasperated laugh).

Despite these reactions, the informants report that they did not quickly abandon their relationships within their social support networks. Instead, they tried to maintain these relationships in two ways. First, the informants quickly began to realise that others are not supportive, not necessarily because they are uncaring, but because they do not understand the informants' experiences of loss, resulting in Riches and Dawson (1996a, 2000) using the term 'intimate loneliness' to describe the experiences of bereaved parents and siblings. The informants also understood that support is often not given because grief cannot be 'seen'. Natasha commented that, "Someone could not have blood on them but be really upset inside...and that's the trouble, unless they see blood they haven't got no sympathy and yet you're bleeding inside, your haemorrhaging". As a consequence, the informants reported trying to assist those in their networks to understand and support them, through ending books about grief and letting friends know how to support them.

Second, the informants recognised that repeatedly talking about their deceased loved ones can be depressing, embarrassing, and uncomfortable for those that are listening. As a result, the informants spoke of attempting to avoid talking about their loss and instead put on a 'brave face' in social situations, so as not to bring others 'down' all the time. Joan described how she quickly

learned to alter her behaviour and does not speak unreservedly about her son, in order to meet socially sanctioned norms concerning the expression of grief:

You can't live your life showing your grief everyday, this is only me talking of course, it's the way I feel, because people will eventually get fed up and shy away from you... So I learned that from a very early stage not to do it, by putting myself not in their position as such, but I'd think well would I want someone going on like that, every conversation you have? It's got to stop or peter out sometimes doesn't it?

Changing behaviour to fit the normative standard more closely so as to not offend those in their social networks was considered by Joan to be "bizarre...it's very sad really, in one sense". Others were aware that conforming to the normative standard created tensions between their social 'mask' and real self. Debra commented, "On the outside...you look normal you put up a (trails off), you can have fun and you can laugh and stuff like that but on the inside especially when you're on your own it's different".

In spite of their attempts to maintain relationships with those in their social networks, the informants reported that many relationships collapsed completely, including family relationships and long-term relationships with close friends. They reported that their priorities altered completely following the deaths of their loved ones – they were significantly less interested in maintaining a busy social calendar and instead wanted to spend more time with their families. They also described that, after the loss of their loved ones, they were able to slowly identify those in their circle of friends who were supportive (that is, the 'real' friends) and those who were not, a process also discussed by Riches and Dawson (2000). The informants talked about the process of learning whom they can talk openly or freely to about the grief and their deceased loved ones to and whom they could not. As a result, they were more likely to have smaller, but more

meaningful, friendship networks following the deaths of their loved ones. In sum, the informant's social support networks changed irrevocably following the deaths of their loved ones in a crash, with many relationships deteriorating, and several completely collapsing. As Debra declared, "you're trying to deal with the tragedy in your family and you lose your friends at the same time (sigh), though [it's] no fault of yours".

As a consequence of the deterioration and collapse of their social networks, the informants described the process of developing new relationships. The lack of support from within existing social networks was considered particularly hurtful and insensitive and added significantly to the distress felt by the bereaved. Riches and Dawson (2000) proposed that the difficulties in receiving support might arise from the mismatch between 'mainstream' culture and the 'culture of bereavement'. Thompson and Range (1992-1993) reported that people bereaved suddenly more easily recall unhelpful than helpful responses from others. Their explanation was that people have difficulty imagining and meeting the support needs of the bereaved. However, a close correspondence between the support needs of people bereaved through crashes and the perceptions of their needs as imagined by control participants has also been reported (Lehman, Ellard, & Wortman, 1986). Those in the position to support the bereaved often feel helpless, vulnerable, and frustrated (Silver, Wortman, & Crofton, 1990), which may explain their engagement in behaviour that is not supportive (i.e., dismissing the feelings of the bereaved by acting cheerful) and/or explicitly avoiding them.

Conclusion

The results have implications for service delivery, grief education, and research. The first recommendation concerns the strengthening of current services available to the bereaved. Models of service provision are often based upon potentially erroneous assumptions: First, services assume that people who require help are aware they need help, are willing and able to seek help,

and trust the services and are able to afford them, while those who do not ask for help do not need it. However, these assumptions fail to take into account the notion that the very experience of grief reduces the likelihood of recognising a need, asking for and receiving help, and being able to find a suitable service (Prigerson et al., 2001). Second, the dissemination of information via the next-of-kin assumes that the provision of information to one member of a family will mean that all will then be informed by that person. In contrast, the assumptions that families are inherently functional, remain functional following the significant and completely unexpected crisis that is a crash fatality, and are able to support each of its members, are clearly not supported by the data presented here (see also Breen & O'Connor, 2007b).

The second recommendation concerns the conduct of research. While there body of research on grief is significant, the focus remains on the intrapsychic or individual experience of grief, including the description of 'symptoms', 'risk' factors, and outcomes, without significant attendance to the context of the bereavement itself on the resulting grief experiences (Breen & O'Connor, 2007a; Center for the Advancement of Health, 2004; Neimeyer & Hogan, 2001). Further, there has been a considerable focus on North American, white, middle-class, and mature women bereaved through the deaths of their husbands through illness (Center for the Advancement of Health, 2004; M. Stroebe, Stroebe, and Schut, 2003). Findings drawn from research on these samples might be less able to account for the grief experiences of others, such as parents grieving the loss of a child, bereavement resulting from sudden, violent, preventable, and stigmatising deaths, and grief experiences in cultures beyond the dominant North American culture. Therefore, actively sampling from a wide range of the bereaved population would lead to a body of literature that would better able to describe and account for the diversity of grief experiences (Breen & O'Connor, 2007a). Importantly, further research is required to reveal the

family types that are more at risk of long-term relationship problems, how these might be identified and targeted for, and engaged in, preventive work.

The third recommendation concerns the development of improved grief education for service providers, the bereaved, and the community. The disparity between the current grief literature and the dominant grief discourse held by many lay people (as well as service providers and the media) has the potential to produce harm through the censure of grief that differs from the normative standard (M. Stroebe, Schut, & Finkenauer, 2001; Walter, 2000) and might even be the root of low efficacy of intervention (Jordan & Neimeyer, 2003; Schut, Stroebe, van den Bout, & Terheggen, 2001). The dominant grief discourse is likely to more readily capture the grief experience of those similar to the samples that the original theories were based upon. It is clear that there is a need for greater sensitivity to and recognition of the diversity of experiences and needs of the bereaved in order to provide them with appropriate and effective supports and services.

It is important to consider the strengths and limitations of the study. The use of grounded theory methodology enabled the development of an original, systematic, sensitive, contextual, and data-driven explication of grief following the death of a family member in a crash in Western Australia. The use of qualitative methodology privileged the subjective experiences of the informants and enabled the articulation of commonalities (intersubjectivities) and differences between them. While the accuracy of data gathered through interviews may be compromised though participant and researcher effects, these problems may also be encountered when using questionnaires, focus groups, psychometric tests, and even true experiments. All attempts were made to ensure the process was as rigorous as possible, including the use of multiple sampling methods, the presence of an audit trail, checking interpretations with the informants to ensure accuracy, verifying or 'trailing' the interpretations by presenting it to different audiences for

comment, conducting the research under the supervision of a team, and providing a detailed description of both the informants and the context of the research (Breen, 2007b).

However, the current sample was dominated by women, which is common to bereavement research generally (Center for the Advancement of Health, 2004; Schlernitzauer et al., 1998; M. Stroebe et al., 2003) and research specifically on grief following crashes (e.g., Lord, 1987; Spooren, Henderick, & Jannes, 2000-2001; Tehrani, 2004). Further, those in the bereaved sample were either native English speakers or highly competent in English, meaning that the experiences of people from culturally and linguistically diverse backgrounds might not be represented adequately in the data. Samples of other research projects on the psychosocial outcomes of crash fatalities have been drawn either from activist groups (e.g., Federation of European Road Traffic Victims, 1993, 1995; Lord, 1987; Tehrani, 2004), or mutual-help groups (e.g., Spooren et al., 2000-2001; Sprang & McNeil, 1998), or the wider community (e.g., Lehman et al., 1989; Shanfield & Swain, 1984). Sampling from four sources (a mutual-help group, an activist group, community newspapers, and snowballing from informants) reduced the likelihood that the sample, and therefore the data, is prejudiced, and thus confidence in a relatively representative sample is high.

While there is a significant and growing body of literature devoted to the impact of bereavement, less is known about the impact of bereavement on the family unit, and the role of other avenues of social support, such as work colleagues, friends, and extended family, and relatively few studies of family functioning following bereavement have focussed on unanticipated bereavements. As a result, the role of family systems and social support networks on grief experiences following road traffic crashes were explored. The study provides insight into the (dys)function of family and social networks following sudden bereavement.

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Table 1

Demographic Data

Informant	Age (years)	Occupation	Relationship and age of loved one(s)	Time since death(s)	Household members now	Circumstances of death
Sylvia	66	Retiree/ Volunteer	Husband Keith (68); Son Ian (32)	1 year 8 months	Lives alone	Passenger and driver in a single car crash
Patrick	42	Homemaker/ Odd jobs	Father Keith (68); Brother Ian (32)	1 year and 10 months	Wife and 2 children	Passenger and driver in a single car crash
Joan	63	Retiree	Son Craig (19)	11 years	Partner	Motorcycle rider hit by a car
Kelly	39	Small business owner	Mother (39)	23 years	Husband and 2 sons	Driver in a single car crash
Nicola	40	Respite worker	Brother Tom (36)	2 years 2 months	Lives alone	Pedestrian killed by truck
George	54	Self-employed builder	Daughter Kate (17)	3 years 5 months	Wife	Driver in a two car crash; a passenger was also killed
Debra	53	Teachers' assistant	Daughter Kate (17)	3 years 5 months	Husband	Driver in a two car crash; a passenger was also killed
Nick	24	Disability pensioner	Sister Kate (17)	3 years 5 months	Partner, her parents, and her sister	Driver in a two car crash; a passenger was also killed
Lorraine	46	Homemaker	Father (70)	1 year 10 months	Teenage daughter	Driver in a two car crash; mother seriously injured
Heather	48	Homemaker	Sister Melanie (42)	1 year 11 months	Husband	Pedestrian killed by motorcyclist; another sister seriously injured
Sharon	51	Bank officer	Son Alex (20)	9 years 9 months	Husband	Pedestrian hit by car
Pieter	46	Technical officer	Son Chris (19)	1 year 1 month	Wife and 2 teenage sons	Passenger in a single car crash
Di	45	Homemaker	Son Chris (19)	1 year 1 month	Husband and 2 teenage sons	Passenger in a single car crash
Maggie	50	Bank officer	Daughter Sally (21)	3 years 11 months	Husband	Driver in a single car crash

Informant	Age (years)	Occupation	Relationship and age of loved one(s)	Time since death(s)	Household members now	Circumstances of death
Natasha	57	Homemaker	Daughter Jess (18)	11 years 4 months	Husband and 2 grandchildren	Pedestrian hit by car; another pedestrian also killed
Jim	56	Truck driver	Daughter Jess (18)	11 years 4 months	Wife and 2 grandchildren	Pedestrian hit by car; another pedestrian also killed
Brooke	33	Retail assistant	Grandmother (74)	8 years	Teenage son	Driver in a two car crash
Iris	71	Retiree	Daughter Mary-Anne (10)	23 years	Lives alone	Pedestrian hit by car
Dawn	43	Student	Daughter Claire (17)	3 years 4 months	Husband and teenage son	Passenger in a two car crash; the driver was also killed
Karen	43	Teachers' assistant	Son Mikey (6)	4 years 1 month	Husband and 2 teenage sons	Pedestrian hit by car
Jelena	37	Part-time student/ homemaker	Brother Sasha (25)	13 years	Husband and 2 children	Single motorcycle crash

Note. Pseudonyms are used.

Appendix

Interview Guide

I'm here to find out about your experiences from your point of view about losing your loved one in a crash. I hope that this information will assist in developing effective supports for those grieving the death of a loved one in a crash. I would like to spend our time together talking about your thoughts and feelings in relation to your loss, life at the moment, and to discuss the supports you've received during this time.

Firstly, I have some background questions –

Age _____

Sex Female Male

Time since bereavement _____

Name of deceased loved one _____

Age of deceased loved one _____ Female Male

Household members (now?) _____

Occupation _____

Postcode _____

Now I would like to ask you more detailed questions about your experiences -

Tell me something about your experience since the death of your loved one?

Finding out about (your loved one's) death.

Description of the days that immediately followed (your loved one's) death.

Issues or problems you faced in the first few weeks or months after the death.

Description.

Problem solving.

Examples.

Current issues.

Changes over time.

Help/support over the time.

Form of support/help.

Who helped/supported and how.

Examples.

Reactions of people around you (family/friends) to your loss.

Helpful/unhelpful things they did.

Your reactions to their reactions.

What you actually wanted.

Anything else that could have helped.

Employment/work.

Reaction of boss/colleagues.

Helpful things they did.
Unhelpful things they did.
What you actually wanted.
Anything else that could have helped.

Reactions from the community.

Where/who from.
Examples.

Support services.

Why access them/Why not?
What were they?
Were they helpful or unhelpful?
In what way(s)?
Examples.
What else could they have done?

Experience of:

Coroner's office?
Police?
Medical professionals?
Coronial Counselling Service?
Psychologists/counsellors?
Insurance companies?
Victim Support Service?
Road safety organisations?
Clergy/chaplains?
Lawyers/legal system/courts?
Any others?

Any other supports.

Ideal support.
Advice for the bereaved.

Positive things that come out of experiencing hard times.

Growth and/or changes since you lost your loved one?
Future?

Remembering (loved one's name)?

Are there other questions you wished I had asked you?

We've come to the end of my questions. Thank you for your time. How are you feeling?
I have some information and pamphlets of people who are able to talk further with you about any feelings that may have arisen.