

Parentally Bereaved Children and Adolescents: Peer Support and Interaction

by

Lucas S. LaFreniere

A Thesis Submitted in Partial Fulfillment of the  
Requirements for the Degree of Bachelor of Arts

With Honors in Psychology from the

University of Michigan

2013

Faculty Advisor:

Dr. Albert Cain

### Abstract

This study investigates the woefully understudied topic of peer interaction and peer support for parentally bereaved children and adolescents. Using data taken from an extensive University of Michigan longitudinal study, previously transcribed semi-structured interviews on peer relationships from a sample of 35 parentally bereaved children ages 6 to 15 were systematically coded as well as qualitatively analyzed. Exploratory dimensions of inquiry included incidence counts of teasing, peer interaction regarding bereavement, peer support, emotional response, and preference for interaction, among others. Hypotheses related to age, gender, and parental death type (anticipated vs. sudden) differences on peer support reception were tested. Major findings included: 88.6% of the sample experienced bereavement-related peer interaction and 71.4% received support from peers, although 71.4% preferred not to have bereavement-related interaction with peers. 51.4% experienced a positive emotional response to such peer interaction, while 51.4% experienced a negative emotional response (responses could coexist in one individual). Fisher's Exact Tests of hypotheses revealed that a significantly greater number of females versus males had experienced peer support and a positive emotional response, and a significantly greater number of children bereaved by anticipated deaths versus sudden deaths had received bereavement-related peer interaction and support. No significant differences were found between younger and older children. A concluding qualitative analysis explored peer responses to the bereavement situation, revealing the nearly ubiquitous desire of bereaved children to be perceived as "normal," the avoidance of bereavement-related peer interaction, the multiple functions of peer support, and the value of close friends in bereavement.

*Keywords:* parentally bereaved children, adolescents, peer support, peer interaction, parental bereavement, parent death

### Parentally Bereaved Children and Adolescents: Peer Support and Interaction

Few experiences in childhood or adolescence impose an impact as deleterious as the loss of a parent. The permanent absence of such a monumentally influential figure can disrupt the stability of a host of crucial relationships and routines, inflict considerable emotional and physical distress, and threaten many aspects of development, mental welfare, and daily functioning. Unfortunately, the occurrence of parental bereavement is not as rare as one would hope: Approximately 3.4% of U.S. children are faced with the death of a parent before the age of 18 (U.S. Bureau of the Census, 2001). The distress experienced by these children can be significant. With the sheer amount of cases and their unfavorable influence rightfully considered, parental bereavement demands appropriate study. The current study explores the nature of the interaction between youngsters and their peers after the death of a parent, including the features and functions of peer support.

The suffering of those who have lost a parent is not only an intuitively expectable phenomenon, but an empirical fact. Though findings have not been entirely consistent due to differing methodological approaches, there is a solid base of evidence supporting the presence of psychological pain and life impairment in many parentally bereaved youngsters. Bereaved children have been found to exhibit higher levels of social withdrawal, anxiety, social problems, sadness, and fright, as well as lower levels of self-esteem, self-efficacy, happiness, and school achievement than the non-bereaved (Abdelnoor & Hollins, 2004; Kranzler, Shaffer, Wasserman, & Davies, 1990; Thompson, Kaslow, Price, Williams, & Kingree, 1998b; Worden & Silverman, 1996). Kaffman and Elizur (1983) assert that there is no uniform psychological syndrome that can be said to be characteristic of child bereavement, yet all of the previously mentioned reactions may be implicated. Furthermore, their study adds crying, moodiness, over-dependent

behavior, difficulty separating from surviving parent, aggression, night fears, fear of injury, eating disturbances, restlessness, and difficulties in concentration and learning to the inventory of observed post-bereavement child responses.

The distress factors associated with child bereavement are not only great in number, but the magnitude of distress can be quite high as well. Thompson et al. (1998a) found that nearly one quarter of their bereaved youth sample scored in a range denoting clinical distress on the Child Behavior Checklist Externalizing and Internalizing Distress scales. Worden and Silverman (1996) obtained results indicating that 19% of the bereaved children in their sample exhibited serious problems one year after the death, while 21% showed serious problems two years after. One particularly striking study of father loss in Israeli children revealed pathological bereavement in 48% of kibbutz children and 52% of non-kibbutz children (Kaffman & Elizur, 1983). Another sample of parentally bereaved children and adolescents displayed significantly more symptoms of post-traumatic stress disorder than those who had experienced a tornado disaster (Stoppelbein & Greening, 2000). An acute condition known as childhood traumatic grief (CTG) has been widely observed as well. CTG is a bereavement-related affliction in which particulars of the loss experience lead a child to undergo high levels of separation distress and traumatic distress, resulting in significant functional impairment; both unresolved grief and symptoms of PTSD are included in the disorder (Cohen, Mannarino, & Deblinger, 2006). Although not all bereaved youngsters suffer consequences as dire as these, research results are sufficient to establish the presence of many possible short and long-term negative repercussions from parent loss.

In accordance with the gravity of the loss of a child's parent, child bereavement has received a fair portion of the study it deserves, even beyond the scope of psychological strain.

The burgeoning amount of research concerning factors surrounding parent death addresses a broad array of foci, including the circumstances of the death, rates of surviving parent remarriage, and the child's involvement in funeral rituals, among many others. A notable example concerns the mode of parent death—whether it was sudden, as with heart failure, or anticipated, as is often the case with cancer. Saldinger, Cain, Kalter, & Lohnes (1999) revealed that the forewarning offered by anticipated death is not associated with more positive mental health adjustment than sudden death, as was previously posited; anticipated death poses its own unique and detrimental stressors. Other areas of research look toward possible risk factors, protective factors, and mediators for a bereaved child's adaptive functioning.

The loss of a parent during childhood often presents a cascade of difficult life changes that create new realms of stress for a bereaved child. These children may have to deal with geographic relocation, loss of family income, the bereavement reactions of surrounding family members, and disruptions of stability and predictability in daily routine, not to mention the lack of a major support figure. Worden (1996) notes several changes in daily activity that disrupt a child's sense of stability, an important element in a child's management of stress: decreases in the physical and emotional availability of the surviving parent, child monetary allowances, and free time, increases in family arguments, employment for older adolescents, and changes in daily chores, bedtime hours, mealtimes, and communication patterns. Thompson et al. (1998b) have addressed the role of such "secondary stressors"—taxing events or changes that occur after the acute stressor of parent death. They found that the death of the parent is not only associated with an increase in secondary stressors, but that those stressors mediate the relationships between the child's distress and parental death. The child's hardship is both significant and influenced by

numerous factors, but another vital realm of study—social support—may shed light on how children and adolescents are assisted in coping with the strain.

The means of social support available to bereaved youngsters have received a small but notable amount of research attention. Wills (1991) defines social support as “the perception or experience that one is loved and cared for by others, esteemed and valued, and part of a social network of mutual assistance and obligations.” Across demographics this kind of support is often sought to a great degree, largely because it is one of the most effective ways in which people can cope with stressful circumstances and reduce negative psychological impact (Kim, Sherman, and Taylor, 2008). Children can certainly be included in this number: Several studies have counted social support among the important resources that protect a child against the negative ramifications of significant stressors (Sandler, Miller, Short, Wolchik, 1989).

Understandably, a large portion of support research focuses on the surviving parent’s ability to meet the needs of their child. Saldinger, Porterfield, and Cain (2004) report nine beneficial bereavement-specific parenting tasks, such as facilitating continued attachment to the deceased parent, communicating about feelings, and extracting a sense of meaning from the death. Christ (2000) and Worden (1996) also impart important parenting duties specific to bereavement, including being consistently and predictably present, reassuring the child he or she is not to blame, and modeling grief behaviors. Haine, Wolchik, Sandler, Millsap, and Ayers (2004) found positive parenting such as this to be a compensatory positive resource for a child’s loss of a parent.

The surviving parent has a profound influence on the child’s well-being, but he or she is also bearing the weight of his or her own bereavement process and may be incapacitated.

Fortunately, as Werner (1996) notes, when parents are unavailable others may step up to provide

support to great effect. These may be clinical professionals who are sought out for help, or members of the available community, such as clergy, neighbors, or extended family members. Support sources outside the home have not gone untouched by child bereavement research. For instance, there is an abundance of studies addressing the methods and effectiveness of various group interventions, which have generally been shown to have positive effects (Currier, Holland, & Neimeyer, 2007; Huss & Ritchie, 1999; Lohnes & Kalter, 1994; Zambelli & Derosa, 1992). The support of adult members in the school environment has been studied as well, with teachers and school nurses as support figures of particular interest (Auman, 2007; Lowton & Higginson, 2003). Of all the possible providers of bereavement support available to children and adolescents, peers have been among the least studied despite the ample amount of time children spend interacting with their peers in daily life during school hours, extracurricular activities, and free times. Though the paucity of attention paid to peer support calls for more research, some studies have been conducted.

### **Peer Support**

Peers constitute a significant part of a child's social network—friends, classmates, neighbors, etc.—and have a serious impact on a child's social development (Parke et al., 2002). Moreover, Silverman and Worden (1992) found that each of their bereaved participants had at least one close friend, suggesting that close companions may be present in the lives of most youngsters. This regular involvement of other children opens opportunities for friends or general peers to be a source of social support. Consequently, contemporary research has begun to devote consideration to the phenomenon. Dopp and Cain (2012) have noted a number of support forms covered in the literature, including emotional, appraisal, informational, and instrumental support along with a recently recognized form—implicit support, or consolation derived from the

presence of others without outright discussion of personal problems. Any number of these forms are possible ways that a peer may support another peer, but positive effects are augmented when there is a good “fit” between the support source, the type of support provided, and the recipient (Stylianos & Vachon, 1993; Taylor, 2007).

Though the most commonly referenced support type involves openly talking through problems, research is yet inconclusive as to whether support via problem discussion is always or even generally beneficial for a child under stress (Rowan, 1995). The effectiveness of support through conversation may depend on a multitude of factors—source, quality of support, duration, openness, peer competence, and culture among them. Taylor, Welch, Kim, and Sherman (2007) report that those in Asian-derived cultures do not find social support of this kind helpful in the first place; they refrain from seeking advice and attempts by others to provide emotional solace, are less represented among those receiving supportive services, and are benefitted more by implicit support than conversational support. Clearly it is important to search for other supportive peer functions. Unfortunately, regardless of the type of support offered, the efforts of many help-seeking youngsters are impeded by social exclusion, violence, poverty, prejudice, gender inequalities, and the people that would refuse support because of these conditions (Barker, Olukoya, & Aggleton, 2005). Despite the hindrances and the complexities of specific support needs, many children and adolescents do have the opportunity to receive support from peers. Bereaved individuals are no exception, and several studies have addressed the matter.

Along with the extraordinary diversity of human experience, differences in study methods, sample demographics, and operationalization have led to a variety of peer support findings that do not necessarily cohere. Despite the array—or disarray—of results, some sense of how peer support functions in bereavement can be gleaned from the lot. It is clear that peers



have the potential to serve a supportive role due to their often-desired presence and involvement in the bereaved's life. One-fifth of the children in Worden & Silverman's (1996) Harvard Childhood Bereavement Study were found to be spending more time with friends after the parent's death than before. It is possible that some of this time is spent discussing grief concerns: Piaget (1969) reports that adolescents are actually more comfortable talking about death with peers than with adults. Worden (1996) observes that in bereavement specifically, some children feel more comfortable speaking about their experience with a peer or sibling rather than their surviving parent. He also notes that friendships with other bereaved children, when available, offer more understanding and useful help to bereaved children than friendships with those who have not lost a parent. Garber (1983) notes a significant intensification in a bereaved youngster's involvement with peers and siblings after parent death as a direct attempt to adjust to their loss. In his assessment peer attachments were not only actively fostered by the child, but were appreciated, supported, and encouraged by the surviving parent as well.

The results are far from one-sided though. Although 54% of Silverman and Worden's (1992) sample did discuss their parent's death with their friends, the remaining half had no desire to do so, even though they admitted that they believed at least one friend would be willing to listen. In fact, in this study 67% of the children did not feel like there was much change in the amount of time they spent with friends outside the home since the death. It appears that bereaved children are quite variable in regard to the use of peer resources. Furthermore, even if those resources are utilized, the manners in which peer relationships affect the bereaved's post-death adaptation are minimally understood, though several models have been suggested with little ensuing support (Dopp & Cain, 2012). A major model proposing that peer support buffers children against the demands of bereavement-catalyzed stressors—the “stress-buffering

model”—has received very limited support, and it is unclear whether secondary stressors cause bereaved children to withdraw from peers or whether peers buffer against these stressors (Dopp & Cain, 2012).

Regardless of mechanisms, peer support has been shown to produce positive benefits. Simply having good relationships with peers may reduce bereavement-related symptomatology. Schoenfelder, Sandler, Wolchik, and MacKinnon (2011) obtained results indicating that adolescents who reported higher-quality peer and romantic partner relationships exhibited fewer depressive symptoms. The social prowess and capability of all members involved in these relationships may hold particular importance. Rowan (1995) found that higher levels of peer competence and higher levels of the bereaved child’s functioning with peers were associated with fewer problems as reported by parents and teachers. Direct peer support may add another benefit-boosting element to this dynamic. Worden (1996) reports that the bereaved children who spoke about their parent’s death with friends over the study’s two-year period exhibited better adjustment—higher levels of self-efficacy, self-esteem, and feelings of connection to the deceased. Forty percent of the bereaved adolescents in a study by Gray (1989) reported that a peer had been the most helpful support figure during the bereavement process, and most designated emotionally supportive behavior as the primary means of assistance. Importantly, Gray notes that the adolescent’s time with friends allowed them to feel less isolated and more normal for having suffered a loss. This notion of wanting to be “one of the crowd” and being comforted by that inclusion should be regarded with special interest, for it may be important for mental health in child bereavement—an assurance that life can continue despite loss and that social involvement can be maintained despite one’s differing circumstances. Beyond the import of feeling understood or even “normal,” these youngsters also welcome a distraction from the

stressful home environment. Moreover, 80% of Gray's sample received emotionally sustaining behavior from their peers, though the quality of that help was wide-ranging.

The question of support quality is a crucial one. Even if children are receiving support, is it the kind they want or need in order to cope with loss and bolster well-being? An intriguing retrospective study by Marwit and Carusa (1998) moves towards answering this question. Marwit and Carusa asked adults who had experienced parent divorce, parent death, or neither event in adolescence to rate the relative helpfulness of different supportive efforts and communications from different types of social network members. First and foremost, they found that all the groups—controls and grievers—rated friends as being the most helpful supporters. They then compared the responses of the “potential support provider” controls with those of the participants whose lives had been touched by grief, attempting to see if the support provider controls would know which statements to offer—which forms of support would be the most beneficial. There was significant agreement between the provider's support tactics and the receiver's ratings on which kinds of support they found most helpful during their period of stress in adolescence. Those who have never experienced the loss of a loved one may nevertheless be well equipped to provide emotionally sustaining support to those in need. Dopp & Cain (2012) have mentioned three mechanisms of peer support that children find most beneficial: enabling the bereaved child to feel normal, discussing the death and the resultant feelings, and knowing that others have the same experiences, especially where bereaved companions are concerned. Whether children receive these kinds of support to a sufficient degree is a question for future study.

The small amount of research that exists on peer support among children and adolescents suggests that it facilitates favorable outcomes, but those benefits can be hindered or completely

obstructed by bereavement-associated factors both actual and perceived. As the acute wave of support immediately following a parent's death diminishes the child may begin to identify as "different" from their non-bereaved peers, inhibiting established relationships and open social interaction (Rowan, 1995). Worden (1996) notes that many children experience a dreaded stigma for having only one parent: One-third of those in Worden's study still felt "different" or embarrassed after one year of bereavement because of their loss, and almost half of the children across all ages, males and females, reported an absence of understanding from peers. Worden relays eight reasons that children and adolescents gave for not speaking with friends about their parent's death: fear of crying in front of friends, the subject does not arise, friends are protective of the bereaved, friends are often awkward about the topic, others do not know about the death, others may not care, the circumstances of the death, and the feeling that the subject matter is too personal. Evidently bereavement can create a rift between the afflicted child and their peers, blocking support. How this rift emerges is an important—though understudied—question. Dopp & Cain (2012) review four main ways that bereavement may exert a negative influence on potentially supportive peer relationships: it may modify perceptions of relationships and intimacy, tension may arise when supportive efforts meet adverse reactions, non-supportive peer group members may spoil support through derision or the promotion of avoidance, and peers may become upset when relationship particulars alter as a result of parent death.

It appears that such factors can have a very real impact on support. In Harris's (1991) rather disheartening study of bereaved adolescents, a nearly total avoidance of grief expression was found to be the method of choice for her small sample: All bereaved participants kept their thoughts and feelings strictly private and refused to seek support not only from peers, but from family and adult community members as well. They reported that emotional expression and

death-related talks were unacceptable or overwhelming for friends, found support to be an unwelcome reminder of the loss, and persistently denied any negative influence of the loss in front of others. Perhaps as a result of their evasive tactics, the participants encountered very little support for their grief from every side. Results did not reveal complete isolation though:

Although younger teenagers did withdraw from peers almost entirely, older adolescents reported spending more time with peers and some actually reported a reliance on a very close or best friend that offered protection and support, even though these friends heightened feelings of vulnerability. The special role of a particularly close friend—one allowed within vulnerable or intimate psychological spaces—is an important topic for further study. Even so, it is clear that many bereaved youngsters anticipate negative reactions to bids for help. Unfortunately, some of them endure real life manifestations of these social fears: Silverman and Worden (1992) found that 14% ( $n = 18$ ) of their sample reported that there were other children who actively gave them a hard time because they had lost a parent. Moreover, the children with the highest distress suffered the most hassling for their predicament. Unfortunately, the poor social consequences of childhood bereavement may be maintained long term. Brent et al. (2012) found that parental bereavement was associated with lower overall peer attachment five years after parent loss. The interaction between impediments to peer support and the possibility of valuable coping benefits denotes the complexity of this issue. Age and gender further complicate this intricate system.

### **Gender and Age in Peer Support**

Studies on gender differences in the supportive peer relationships of bereaved children are scarce, but there is no lack of research attention to general aspects of how girls and boys receive and provide social support. According to Belle, Burr, and Cooney (1987), boys generally do not offer any straightforward expression of support needs, and describe the sharing of

personal experiences as an emotionless exchange of information, while girls will request help openly despite the fact that they may sometimes find themselves overcome with excessive emotion from the act. Other studies have shown that girls receive more emotional support from peers than boys even though the two genders do not differ on intimacy ratings (Berndt and Perry, 1986; Burke & Weir, 1978). Frydenberg & Lewis (1991) found that female and male adolescents generally employ similar coping strategies for problem concerns, with several exceptions: Girls are more likely to both pursue and provide social support with friends, while boys are more “aggressive and private,” supposedly to hide the degree of their distress. As to bereavement, in one study by Rowan (1995) girls reported more support in their friendships than boys, but their relationships became more conflictual over time. The opposite pattern was true for boys. According to teacher reports, girls had a wider social network than boys. Self-report measures showed that girls with greater numbers of friends exhibited fewer problems, while boys with more extensive social networks actually displayed slightly more problems. Lastly, Worden (1996) reports that in the months following the parent’s death, the preteen boys in his study discussed the death with friends the least among all the age- and gender-determined groups. In summary, females are generally more involved with peer support than males, but research regarding bereavement contexts is minimal.

Age as a factor associated with peer support is also a realm that demands more examination, but has not gone completely ignored. Studies have revealed somewhat conflicting results. Berndt and Perry (1986) observed higher intimacy ratings for friendships of older children than for those of younger children, along with more frequent mention of emotional support among older children. In contrast, Rowan (1995), drawing upon teacher reports, found that younger children had more successful peer interactions as time passed, while older

children's peer connections decreased over time. According to Rowan's study, peer relationships as reported by the parent significantly contributed to the prediction of parent-reported child emotional functioning for both younger and older children, but the association was stronger for older children. For this older group, as peer functioning increased, the number of emotional difficulties significantly declined. Christ (2000) provides an enlightening anecdotal review of peer involvement for bereaved children at different developmental stages. She reports that peers are friends for recreational activity but not sources of emotional support for 9 to 11 year olds, a distraction from grief and a way to achieve emotional distance from the surviving parent for 12 to 14 year olds, and an even greater means of spending time outside the home for 15 to 17 year olds.

### **Type of Parental Death in Peer Support**

There has been a significant amount of research regarding bereavement in family members following anticipated deaths and a parallel literature on bereavement following sudden deaths. There have, of course, been more circumscribed studies of the aftermath of specific sudden deaths (e.g., murders, accidents, massive cardio-vascular incidents) and relatively prolonged descents into death (e.g., cancer). Some research efforts have sought to assess differential effects of anticipated versus sudden death in terms of their effects upon the nature, intensity, course, duration, and outcome of parentally bereaved children's bereavement reactions as well. Unfortunately, there has been virtually nothing in such studies from which to mold a prediction regarding differential effects of anticipated versus sudden deaths upon the post-death interactions of parentally bereaved children with their peers.

Yet, as clinicians who have worked with families facing anticipated deaths know well, there is much occurring during that period that has implications for the children's interactions

with their peers following the parent's death. Essentially it is the growing awareness among those peers of the severe illness and potential oncoming death. Sightings of the obviously declining parent in the neighborhood or by peers meeting/playing at the child's home; the converse, a newly imposed no visits/no overnights at that home due to the parent's condition; a slide into sporadic non-attendance, with the declining parent's needs or vulnerabilities offered as the reason for the absence of the parent(s) from their prior regular attendance at ongoing school or extracurricular activities (baseball games, figure skating, etc.), or quite special occasions (the school play, end-of-year school concert, recitals, Dad-Daughters' dance, league championship games, etc.); abrupt spousal needs for help with their child's transportation to and from school or other events, due to the failing parents' needs for emergency hospitalizations or unscheduled treatments; painful resignations mid-season from team coaching responsibilities by beloved afflicted parents; even in a few instances school or community fund-raising activities to assist with costs for treatment at distant specialty hospitals for the ill parents. Peers saw some of this themselves quite directly, or they heard directly from the afflicted parents' child. Quite often peers learned by "trickle-down" from their own parents, from what a neighbor's child relayed to them of parental conversations and offers of assistance, or from a teacher's kindly explanation of unusual absences or atypical behavior of their classmate.

From these examples and more, in many instances there was already a substantial base of knowledge among peers about the parent's serious illness, and even some (usually constrained) back and forth about that parent with peers—peers who often enough quickly shared such information with still other peers. Accordingly, there was already a starting point in place, "prepared," between the parentally bereaved child and a number of his/her peers for discussion of the parent's death and the bereaved child's reactions: The ice had been broken.



Though initial steps have been made toward garnering some basic knowledge of peer support for parentally bereaved children, many questions remain. Do most such children prefer to avoid bereavement-related interaction? Do children have a positive or a negative emotional response to such interaction? Do they discuss more with friends than with peers in general? What do bereaved children find most helpful from peers? What do they find most hurtful? The current study examines several facets of the peer interaction experience for parentally bereaved children and adolescents.

### **Hypotheses**

Given the generally limited data, theories, or even anecdotal or qualitative data available to date regarding peer interactions of parentally bereaved youngsters, much of this study was of an exploratory nature, with both quantitative and qualitative components reported. By contrast, in three domains (age differences, gender differences, and type of parental death) there exists a sufficient base in our literature for hypothesis testing. Thus, this paper will report, in sequence: a.) a broad ranging set of specific incidence counts of various facets of parentally bereaved child-peer interactions, as systematically coded from the children's interviews; b.) a focused set of formal hypothesis tests, regarding group differences; and c.) a qualitative analysis of parentally bereaved child-peer interaction. Formal hypotheses include:

- 1.) A greater number of participants 12 to 15 years in age will A) initiate bereavement related interaction, B) state a desire for peer support, C) state having received peer support, D) have more active bereavement-related discussions with friends versus general peers, and E) will tell new peers about the death without prompting than participants 6 to 11 years in age.

- 2.) A greater number of female participants versus male participants will A) state a desire for peer support, B) state having received peer support, C) have had bereavement-related interaction, D) have had more active bereavement-related discussion with friends than general peers, E) have experienced a positive emotional response to death-related peer interaction, and F) state a willingness to tell new peers about the death without prompting.
- 3.) A greater number of participants bereaved by anticipated deaths versus those bereaved by sudden deaths will A) state having received peer support and B) interact with peers regarding bereavement.
- 4.) A greater number of participants bereaved by sudden deaths versus those bereaved by anticipated deaths will A) prefer not to interact with peers regarding bereavement and B) have a negative emotional response to death-related peer interaction.

### **Method**

Data for this study were derived from Wave One of the Family Styles Project at the University of Michigan. The Family Styles Project is an extensive longitudinal investigation of the experience, adjustment, and coping of children whose lives have been altered by the death of a parent. Gathering a community sample, the Child Bereavement Study of the Family Styles Project employed two to four hours of semi-structured interviews with bereaved children, seven to nine hours of semi-structured interviews with surviving parents, projective measures for the children, and a substantial battery of standardized psychological measures administered separately to both the children and the parents. Teacher ratings for a subset of the sample were obtained. For a more detailed, comprehensive description of the Child Bereavement Study, see Kalter et al. (2002-2003).

## Participants

During participant recruitment an array of eligibility and exclusion criteria were instituted. Pre-recruitment eligibility criteria included: 1) children were between five and 15 years old at the time of the death; 2) children had one parent die while the other survived; 3) children were the biological offspring of both the deceased parent and the surviving parent; 4) the parent death occurred between eight and 36 months prior to the study; 5) the children resided with their surviving parent; and 6) the surviving parent had not remarried. After contacting prospective families, a set of exclusion criteria were also applied, specifically: 1) either current or past serious physical, emotional, and/or behavioral problems; 2) the presence of stressors in the life of the child deemed great enough to be significant (e.g., recent deaths of other family members, parental divorce); and 3) child functioning below the average range of intelligence. Thus, the sample was relatively devoid of potentially confounding non-bereavement-related challenges and major stressors.

The sample was recruited in southeastern Michigan through funeral homes, a large hospice organization, and a newspaper story about the project. The combined consent from all families contacted was 70.2%. Up to two children per family were initially interviewed, but only one child per family was included in the final sample to assure the statistical independence of each participant. Sociodemographically, the sample was relatively homogeneous in both race and socio-economic status (SES). Sample families were largely middle income and modally upper-middle class, with a median post-death family income of \$40,000 ranging from \$15,000 to \$120,000 and above. All families were Caucasian except for one Asian American family and one Native American/Mexican American family. The time since the parent's death ranged from 8 to 35 months, with a median of 19 months. The sample used in the current study is a

subsample within the larger research effort of the Family Styles Project. For a more comprehensive description of the overall sample, see Kalter et al. (2002).

Of the 41 families that participated in the initial Wave I data collection, 35 children, 20 females and 15 males, assented to participate in the particular semi-structured Child Peer Relationships Interview necessary for inclusion in this study. The bereaved children ranged in age from 6 years to 15 years at the time of the initial interview, with an average age of 10 ( $SD = 2.53$ ). For statistical purposes the sample was split into two age categories: Children 11 years old or younger were designated “younger” and children 12 years old or older were designated “older.” The sample consisted of 68.6% younger children/adolescents ( $n = 24$ ) and 31.4% older children ( $n = 11$ ). 68.6% of the sample had experienced father deaths ( $n = 24$ ) and 31.4% had experienced mother deaths ( $n = 11$ ). These parent death figures approach the father/mother death ratio of 75% versus 25% reported in the U.S. Census data for bereaved individuals of this age group. Of the sample death experiences, there were 57.1% ( $n = 20$ ) anticipated deaths and 42.9% ( $n = 15$ ) sudden deaths—sudden deaths defined as deaths occurring with two weeks or less forewarning. Only three children had been bereaved by parent suicide deaths, comprising 8.6% of the total sample.

### **Measures**

We used the semi-structured Child Peer Relationships Interview (copies available upon request) as the source for all coded and qualitative data. During Wave One data collection advanced clinical psychology doctoral candidates and an experienced hospice social worker, aided in some instances by a specially trained upper level undergraduate from the University of Michigan, administered the interview to bereaved children in their homes. Parents were present in the home, but not in the interview area. These interviews were recorded and later transcribed,

most running 15 to 30 pages of text. The interview first addresses the child's perception of how often children in general talk with peers about their mothers and fathers, then turns to their specific experiences: what their peers said to them about their parent's death; how they had expected peers to act toward them; what interactions they desired from their peers and/or wished to avoid with their peers regarding their loss; differences in the readiness to talk about their loss with their general peer group or their friends, with peers who knew about their parent's death versus a new peer, with peers who themselves had experienced a parent's death versus those who had not, etc.; and, of course, their feelings and thoughts about such peer interactions. Not included in this study were sections on teacher-child interactions during bereavement and a projective measure asking the child to engage in a sentence completion story task about the experience of a hypothetical bereaved child.

### **Procedure**

To empirically explore a set of questions regarding the peer interactions of parentally bereaved children, an initial array of yes/no incidence categories were created to be applied to the previously described semi-structured Child Peer Relationships Interview (see Appendix). An initial group of objectively scored items (e.g., "Did the respondent report being teased by peers about their parent's death?") was created, covering a variety of domains such as desire for and receipt of peer support, negative and/or positive emotional response to death-related peer interactions, sources of initiation of death-related interaction with peers, differentiation as to such interactions with peers in general versus friends, etc. Initial discussion between the raters shortened a larger list of these domains down to eleven primary items with five supplementary items. Separate yes/no pilot codings by the author and his advisor on a subset of the peer interviews led to an initial inter-rater agreement of 86%. Subsequent discussion between the

raters regarding the few items eliciting discrepant ratings led to minor clarifying revision of those items to remove ambiguities: Two items were merged, leaving nine primary items total.

Subsequently, a new subset of the peer interviews was coded (yes/no) by the same two raters, with 100% inter-rater reliabilities. From that point, all peer interviews were fully coded by the author—both previously unaddressed interviews and the previously coded interviews from the pilot efforts.

The collection of quotations that appear in the qualitative analysis was gathered at this time as well. Prior to coding the author composed a list of ten qualitative foci questions (see Table 2), such as “What did the parentally bereaved child find most helpful in his or her post-death interaction with peers?” Some of these question foci were directly asked in the Child Peer Relationships interview while some were not. As the author was coding each interview on the objective yes/no incidence items, he compiled each participant’s answers to each of the questions. Interview quotations deemed especially archetypal, explanatory, or intriguing were also collected for each youngster. The qualitative procedures resulted in a database containing a file for each participant with their coding answers, their qualitative foci responses, and their specific quotations.

Beyond the calculation of the incidence figures, the next step involved formal statistical tests of hypotheses addressing gender, age, and type of parental death as related to selected incidence variables. The author also conducted a systematic qualitative analysis of the entire set of peer interviews. First, he compiled all participant responses to each qualitative foci question under a category headed by the respective question, then investigated each category’s response contents to find and list common peer responses and notable markers of the bereaved child-peer experience. Finally, he determined major thematic qualitative categories that best capture the

data presented in the qualitative foci answers and quotations. The resulting list comprises this study's qualitative analysis.

### Results

The statistical results of this study consist of two sections: incidence figures on full sample quantitative coding responses and tests of hypotheses. Table 1 contains the percentages of affirmative responses to the quantitative inquiry items for the entire sample ( $N = 35$ ) as determined by coding. Incidence figures of particular interest include: 88.6% ( $n = 31$ ) of the sample had experienced some form of bereavement-related interaction with peers, with 85.7% ( $n = 30$ ) experiencing interaction initiated by a peer and 25.7% ( $n = 9$ ) experiencing self-initiated interaction; 71.4% ( $n = 25$ ) of the sample preferred not to interact with peers regarding their bereavement; 20% ( $n = 7$ ) of the sample experienced teasing or hurtful remarks related to their bereavement; and though only 22.9% ( $n = 8$ ) of the sample stated a desire for support from peers, 71.4% ( $n = 25$ ) of bereaved children actually did receive peer support.

Beyond base response percentages, the author subjected data concerning each of the hypotheses on age, gender, and parental death type influences to Fisher's Exact Test. Fisher's Exact Test is optimal for analyzing categorical data for relatively small subsample sizes such as those that resulted from breaking down the full sample ( $N = 35$ ) into two age categories, two gender categories, and two parental death type categories. The number of suicide deaths ( $n = 3$ ) was too small for meaningful statistical analyses: No tests addressed this phenomenon. Due to the abrupt, unexpected nature of suicide deaths relative to a child's limited understanding and experience, suicides were included in the sudden death category. An alpha level of .05 was used for assessing statistical significance for all tests.

Contrary to the author's predictions, none of the hypotheses concerning age category differences in bereavement-related interaction were supported. One-tailed Fisher's Exact Tests revealed that participants 12 to 15 years in age did not differ significantly from those 11 years old and younger in how many initiated bereavement-related interaction,  $p = .133$ , stated desire for support,  $p = .492$ , stated having received support,  $p = .309$ , had more active discussions with friends versus general peers,  $p = .206$ , or would tell new peers about their parent's death,  $p = .461$ . It appears that older children and adolescents did not have more interaction and support regarding their bereavement than younger children.

Although significant age differences were not established, data analyses did provide statistically significant support for many of the gender-related hypotheses. In accordance with expectations, One-Tailed Fisher's Exact Tests revealed that more female participants received support from peers,  $p = .007$ , had bereavement-related peer interaction,  $p = .026$ , had more active discussion with friends than with general peers,  $p = .006$ , and experienced a positive response to bereavement-related peer interaction,  $p = .013$ , than male participants. The remaining gender-related hypotheses were not supported: Female participants did not state having a desire for support more than males,  $p = 0.228$ , and did not report a willingness to tell new peers about their parent's death more than males,  $p = .459$ .

Parental death type results provided support for several hypotheses as well. As expected, One-Tailed Fisher's Exact Tests demonstrated that a greater number of participants bereaved by anticipated deaths received support from peers,  $p = .047$ , and interacted with peers regarding bereavement,  $p = .026$ , compared to participants bereaved by sudden deaths. Contrary to expectations, there was not a significantly greater number of participants bereaved by sudden deaths who preferred not to interact with peers compared to those bereaved by anticipated



deaths,  $p = .279$ . Though the results were not significant at an alpha level of .05, data analysis revealed a tendency toward more anticipated death participants experiencing a negative emotional response to bereavement-related peer interaction than those afflicted by sudden deaths,  $p = .065$ . Intriguingly, this finding is in the opposite direction of the hypothesized relationship: It was not the sudden death-bereaved children who experienced more negative emotional responses to peer interaction, but the anticipated death-bereaved children.

## **Discussion**

### **Incidence Figures Analysis**

When put in conversation with one another, the incidence data items culled from the Child Peer Relationships Interview outline a fundamental understanding of the peer interaction experience of parentally bereaved children. First, one can see that parentally bereaved children and adolescents do seem to be addressing their bereavement situation with peers in daily life, whether or not they wish to do so. A very large portion of the sample (88.6%) had experienced some form of bereavement-related interaction with peers. Despite the fact that the parental death circumstances of the children make an impact in the social arena, it seems rather rare for the parentally bereaved child to initiate that interaction. A much higher percentage of interaction was initiated by peers than by those who had lost a parent: 85.7% of the sample had bereavement-related interaction that was initiated by peers—questions were asked, statements of consolation were given, etc.—while only 25.7% of the bereaved youngsters had initiated bereavement interactions. This phenomenon of receiving what is not actively sought holds true in regard to distinctly supportive interaction as well. A majority of the sample (71.4%) did receive support from peers, but the exact same percentage (71.4%) preferred not to address their bereavement situation in peer interactions. Furthermore, only 22.9% of the sample stated a

desire for peer support. It seems that most parentally bereaved children and adolescents do not desire to have interaction with peers regarding their parental loss, but they receive such interaction and support nonetheless.

The youngsters' emotional responses to general bereavement-related interaction and peer support portray yet another, more complex picture. Although 71.4% preferred not to interact with peers regarding their bereavement, about half of the sample (51.4%) reported a positive emotional response to bereavement interaction. The support of peers seems to be emotionally sustaining for many of these children even if it is initially unwelcome. This study's 51.4% positive response count differs significantly from Gray's (1989) finding that 80% of his sample (50 adolescents, 34 females and 16 males) received emotionally sustaining behavior from peers; this study's finding tempers Gray's results and suggests that positive emotional responses may be less common than previously expected, especially in younger samples. Note: Having a positive emotional response to interaction does *not* mean that the bereaved youngsters did not experience a negative emotional response: The two types of affective reactions were coded independently and could coexist in a single participant. Interestingly, the same percentage that experienced a positive emotional response experienced a negative emotional response to bereavement-related peer interaction: 51.4% of the sample felt upset or especially uncomfortable because of interaction that addressed their loss. This fifty-fifty split suggests that there may be no hard and fast rule for how children respond emotionally to peer support or interaction; interaction incidents could turn out to be emotionally sustaining or quite distressing. Furthermore, one should recognize that a positive emotional response does not necessarily mean support was helpful. Of all the peer interaction that occurred, only 31.4% of the sample made it clear to the interviewer that their peer interactions were particularly helpful, but not as a

consequence of peers avoiding the bereavement topic (a phenomenon several respondents considered “nice” or “helpful”). In summary, it appears that a vast majority of parentally bereaved children and adolescents undergo bereavement-related peer interaction, only half are experiencing positive emotional reactions, and even less are finding interaction particularly helpful.

Despite the fact that most participants preferred not to interact with peers when the death was concerned, it was not the case that participants wished to avoid peers entirely. Only 5.7% of the sample avoided general peer interaction, such as playing games, working on schoolwork together, or conversing as one normally would. Although they may prefer not to interact over bereavement, peer interaction in general was agreeable enough to be pursued by an overwhelming majority of the sample. A portion of the sample had at least one very good reason for their aversion to bringing up their parent’s death with peers: 20% of the sample had experienced teasing or hurtful actions and remarks in regard to their bereaved state. This incidence figure is close to the 14% peer harassment figure reported by Silverman and Worden in their comparable study on child bereavement (1992). Even if only a fifth of the participants experienced peer hostility related to their bereavement, many more may have anxiety, fear, or apprehension about the possibility of teasing. In the projective story completion task of the Child Peer Relationships Interview (not included in the coding of the current study), when asked “A kid who is not a good friend of [the bereaved child character] does/says something. S/he says...,” 68.6% ( $n = 24$ ) of the sample completed the sentence in a way that positioned the peer to be hostile, taunting, or purposefully hurtful—often strikingly so. It may be that some of the participants perceived “not a good friend” to mean “an enemy,” therefore creating an oppositional scenario, but the qualitative analysis of actual child expectations supported a

general anticipation of hostile peer behavior towards those who have lost a parent. Future research is needed to explore what kinds of peers are taunting the bereaved, why the taunting occurs, and how it can be prevented or assuaged.

Though the specific sources of taunting and harm were not addressed, some questions were pursued as to the sources of support among peers. Friends—especially particularly close or “best” friends—were the greatest means of support for many children: 40% of the sample made it clear that they had more active bereavement-related conversation with friends than with general peers. Though the expectation was to find more parentally bereaved children seeking out other bereaved peers for support, only 11.4% of the sample reported turning to other parentally bereaved peers for emotional aid. This figure may be as low as it is in part because peer relationships that developed in formal support groups or grief therapy sessions were not included, and many children may not have access to other bereaved individuals elsewhere. A supplementary count taken from other data from the Child Bereavement Study (a general pre-interview questionnaire for the parents) revealed that 60% of the sample had participated in formal support groups where the opportunity to process feelings and thoughts with other bereaved children is greatest.

In summary, the main findings of the incidence coding analysis reveal that a great majority of parentally bereaved children are interacting with peers regarding bereavement and receiving support, although most prefer not to interact and do not desire support in that context. The peers—not the bereaved child—initiate most of this interaction. Emotional response is variable, as both positive and negative emotional reactions to bereavement-related peer interaction were split nearly evenly across the sample. Finally, even if it is not comfortable or

desired, many parentally bereaved children and adolescents report that from their perspective peer support can be helpful.

### **Formal Hypothesis Test Analyses**

Hypothesis testing revealed several interesting affirmations of and challenges to previous findings in the literature. Hypotheses included the exploration of differences between age groups, genders, and the type of parental death.

As for disparities in the peer experiences of parentally bereaved children from different age groups, this study found no significant age differences between older and younger children and adolescents. Due to the general findings that older children and adolescents have a much more active, integrated, and invested social life with peers than younger children, the author hypothesized that a greater number of participants 12 to 15 years in age would initiate bereavement-related peer interaction, state a desire for peer support, state having received peer support, have more active discussions with friends versus general peers, and tell new peers about death without prompting when compared with participants 6 to 11 years in age. None of these predictions were supported. It seems that the number of older and younger children desiring and receiving support is relatively the same even though the developmental literature would suggest that older children would make far more use of peers as a coping resource. The lack of differences here may suggest that the particulars of the parental bereavement experience may make the peer support incidence relatively similar across ages, whereas in other contexts of personal suffering there may be a significant divergence between age groups. It may be that while younger children do not often go to friends for support in general, older children and adolescents may avoid peer support in parental bereavement contexts when they do not in other situations, leveling out the incidence of support for both groups. It is also important to note that

the disparity between subgroup sample sizes and the low number of older children ( $n = 11$ ) made statistical significance difficult to attain. Further research on age differences within the unique circumstances of parental bereavement may prove more revealing.

In contrast, gender-focused analyses demonstrated several significant differences between parentally bereaved boys and girls. Due to previous research suggesting that girls receive and provide more emotional support than boys in general, it was hypothesized that a greater number of females versus males would state a desire for peer support, state having received peer support, would have had bereavement-related peer interaction, have had more active discussion with friends than general peers, have experienced a positive emotional response to death-related peer interaction, and express a willingness to tell new peers about the parent's death. Four of these hypotheses were supported: More girls than boys experienced bereavement-related peer interaction, received peer support, had particularly active bereavement-related conversations with friends versus general peers, and experienced a positive emotional response to support. In the context of parental bereavement girls seem to be more involved in peer interaction and support than boys and respond positively to that support, as the developmental literature would suggest. Not only did more girls receive peer support than boys, but a great majority among parentally bereaved girls received support (see Figure 1). In contrast, boys were split almost evenly in whether they received peer support or not.

Contrary to expectations, there was no significant difference between boys and girls in stated desire for peer support and in how many would tell a previously unmet peer about their parent's death. It may be the case that although more girls receive emotionally sustaining support (perhaps primarily from other girls), they do not desire that support beforehand any more than boys and keep the fact of their bereavement just as privately concealed. Moreover, females

who do not wish to interact regarding bereavement may be more receptive to support after it has already been given than males. It is important to consider the cultural pressures and customs of the region from which these participants were recruited. The rules of masculinity and femininity by which these children may be learning to abide may enforce the suppression of male emotion and vulnerable thought in a way another culture may not. Future research on gender differences in parental bereavement should lend attention to questions of exactly why more girls than boys receive and enjoy support and why both genders lack a desire for such support or disclosure of their parent's death.

As for parental death type differences, there is little in the peer support literature that speaks to the subject directly. Despite this void in the literature, the author hypothesized that children whose parent had a prolonged illness or disorder leading to death (anticipated death) would experience more peer support and would not have a negative emotional response to that support when compared to children coping with sudden parent deaths. These hypotheses were founded on the notion that children afflicted by an anticipated parental death would have more time to grow acclimated to the idea of their parent's death, their peers may know about the parent's potentially lethal illness long before the actual death, and the bereaved child may have had more experience with dealing with the many difficult issues surrounding the potentially terminal condition of their loved one. Children of parents who underwent sudden deaths would not have such time to brace themselves for the loss, nor wade into the social atmosphere that follows the death of a parent. Thus the hypotheses: Compared with sudden death bereaved participants, a greater number of anticipated death bereaved participants would state having received peer support, state having interacted with peers regarding bereavement, and experience a negative emotional response to death-related peer interaction. Also hypothesized: A greater

number of participants bereaved by sudden deaths versus those bereaved by anticipated deaths would prefer not to interact with peers regarding bereavement, and experience a negative emotional response to death-related peer interaction.

Several of these hypotheses were supported: More of those grieving anticipated deaths received support and bereavement-related interaction than those grieving sudden deaths. Contrary to expectation, there was no significant difference between the two death type categories in participants' preference not to interact with peers regarding bereavement. Apparently death type had no special bearing on preference for peer interaction in bereavement: It does not seem to be the case that the potential "preparation" offered by anticipated death altered the children's preference for bereavement-related peer interaction as compared to sudden death circumstances.

Intriguingly, although the author hypothesized that more sudden death bereaved participants would have a negative emotional response to peer interaction than anticipated death bereaved participants, there was a tendency toward the opposite pattern. One possible explanation suggests that a tension between the hard fact of parent death and peers' knowledge of the bereaved child's strong former hope for parent survival during the period of illness makes peer interaction particularly negative for anticipated death children; via prolonged physical decline, anticipated deaths get more time to reach the public eye. It is worth exploring why there was a more negative emotional response in children who have already had their parental death situation more or less visible to peers' awareness. Further research will do well to address the underpinnings of this issue in the future.

### **Qualitative Analysis**

The richness of the interview data offered an ample amount of insight favorable to



supplementary qualitative analysis. The interview responses of parentally bereaved children in regard to their peer interactions, upon multiple readings, sieving, and clustering, grouped into five primary qualitative themes: general peer responses to bereavement; the parentally bereaved child's desire to be perceived as normal and maintain normality in their social life; the lack of, purposeful avoidance of, or distaste for peer interaction or support; the multiple functions of peer support; and the nature of close friend relationships versus general peer relationships where parental bereavement is concerned.

### **General Peer Responses.**

As one would expect, there was a great variety of ways in which the peers of parentally bereaved children responded to the child's bereavement situation. Different participants reported strikingly different experiences at times. Responses spanned a continuum reaching from continual, substantial care and conversation to harsh rejection and nearly constant harassment. One especially supported fifteen-year-old boy recounted "royal" peer treatment after his parent's death:

Even before she died, people from school would give me a basket full of food and candy every Friday. It was constant, they all knew about it, and it was constant. For the past six months it was like being a king. They treated me royally . . . It was just an ongoing process of getting a lot of things.

Unfortunately, not all participants were cared for so actively. In fact, some were teased and spurned outright, like one particularly maltreated eight-year-old boy who lost his father:

[Peers] thought that I was really weird because my dad died. They didn't include me in stuff . . . like if you were ever playing Monopoly, they would always say that I had to be the banker and not play. I couldn't play because, I said, 'why can't I play?' and they said 'you're too weird.' . . . [Some children said they] didn't like me, didn't like my whole family, and really no one liked [my dad].

Despite the breadth of peer responses, there were several common ways that peers interacted and supported the parentally bereaved participants. The majority of participants

(63%) received questions from peers regarding the death. Many of the questions addressed the circumstances of the death itself, such as “How did s/he die?,” “When did s/he die?,” “Why did s/he die?,” and “What happened when s/he died?” Other questions about the death were less about factual information on death circumstances: “What does it feel like to have one of your parents die?,” “Was your mom/dad nice?,” “What did s/he like?,” and “What will it be like to not have a parent?”—even “Did he try to kill you?” in regard to a father’s suicide. Still other questions came across as more concerned, supportive questions about the psychoemotional experience of the bereaved child: “How are you feeling?,” “Do you need anything? If you do let me know”; “Are you okay?” Other questions about the child were not so supportive, such as the question, “Why do you seem so happy?,” blindsiding and evoking guilt in one bereaved girl. Another girl grieving the suicide of her father had to endure a few unmindful peers probing her about murder-suicide: She reported that “one or two kids” said to her,

Are you hurt? Do you hurt right now? Are you okay? Did he try killing you, or something like that. ‘Cause if you’re home, sometimes they take the kids with them, like when they die. ‘Cause that’s what could have happened.’

Though curiosity- or care-provoked questions were the most common form of interaction, other more directly supportive responses were frequently reported as well. Many peers gave cards and gifts to bereaved children: 57.1% of the sample expressed that they received gifts or cards from peers. Gifts included stuffed animals, food baskets, home-baked cookies, dinners, large posters signed by classmates, candy, flowers, money, and even—for one child—a cactus. One participant relayed the story of a classmate bringing in the obituary of the bereaved child’s parent and giving it to her, causing her to become “embarrassed” but also making her “feel good.” Another child received many material condolences such as flowers, a card, and a significant sum of money for a twelve-year-old—150 dollars from classmates, teachers, and the

principal. Cards from peers were by far the most common gift. Some bereaved children noted cards as the most helpful form of support as well—collections they keep in their possession to cherish later on. Many peers also offered condolences or words of consolation: 60% of the sample reported such stock phrases as “I’m sorry,” “It’ll get better,” and “I wish it hadn’t happened,” along with more specific supportive snippets such as “At least you had a dad for a little bit of time.” “I’m sorry” was certainly the most prevalent attempted consoling statement from peers. Several of the parentally bereaved children recognized that many of these bereavement-related communications were very similar, commonly known ways of addressing the death: As one bereaved child stated, peers said “the same things they always say.” Finally, 37.1% of the parentally bereaved children also reported that their peers acted “nicer” or friendlier after the death.

All of the previously stated forms of support occurred frequently enough to be considered common responses, but other peer reactions abounded. In regard to peer responses participants were also teased, “watched” by classmates, protected by friends in fights, tutored, helped with sad or angry feelings, left completely alone, invited to play more often, given hugs, given extra attention, helped with parent-related school projects, calmed during times of distress, defended when other peers made jokes about mothers or fathers in general, queried about their deceased parent’s attributes, subjected to the telling of secrets about them, excluded from play, prayed for, visited at home, and/or called on the phone. Several participants reported that peers had praised the deceased parent for being “nice to everybody,” being especially likable, or being good at his or her job: “He did a lot to strengthen the school”; he was “a computer genius.” For a portion of participants, friends had also fostered the opportunity to remember positive things about bygone times alongside the lost parent, retaining and reliving good memories from before the death. At

moments some peers also were “awkward,” or “lingered” around the child. The peers of a number of participants had attended the parent’s funeral—even full classes of peers at times—where they responded in various ways from “lingering,” not addressing anyone, to all the girls in one boy’s class giving him a flower arrangement and lining up for individual hugs. One especially common response was for peers to simply act “normal” or similarly to how they interacted with the child before the death. In a number of cases there was no bereavement-related peer response whatsoever. A survey of the interviews revealed that for many bereaved children peers do not say very much about the child’s bereavement after the initial period of grieving following the parent’s death and the return to school: “All they did, they did on the first day, and that’s the only time they really talked to me”; peers “brought it up the first day, and they didn’t do nothing, really, about it after that.”

Empathy towards the parentally bereaved child or adolescent appeared to be a significant theme in the realm of peer response. Many peers told participants that they were sad or experienced “sorrow” for the bereaved child’s loss. Some participants had peers weep openly in front of them. One bereaved child was struck by a moment when several of her friends were all crying while she was well composed and tearless. Such an event shows how peers can react emotionally to another child’s parent loss even when the bereaved child does not. The parental loss of one child can ripple through a peer group causing effects beyond the mourning household. Empathic responding by peers may open up avenues for support and help bereaved children to feel less isolated or less dissimilar to peers in their bereavement situation—a powerful phenomenon.

### **Normality.**

The term “normal” was nearly ubiquitous in the interview transcripts. Many parentally bereaved children had a great desire to be perceived as “normal” by their peers—not “different” and especially not “weird”—despite the unique loss of their parent. Many participants also desired to preserve the normality of social and scholastic life as it was before the death. Several bereaved children expressed that to lose a parent is to be branded with a pronounced designator of difference within the social group; “fatherless” or “motherless” becomes a conspicuous part of one’s identity among peers. Most of the children and adolescents in this sample did not want to carry this label. Many participants felt as though peers would consider them odd for their bereavement situation. One child expressed a fear of bereavement-related estrangement quite clearly: When the interviewer asked, “How do other kids act toward a kid whose mother or father has died?,” he responded “They just ignore him, don’t want to speak to him, because [he’s] different.” Note another child’s response to an interviewer’s reflective summary of a series of apprehension-focused statements given by the child:

Interviewer: You thought your friends wouldn’t do the same stuff anymore? They wouldn’t want to play with you like they used to? Why wouldn’t they want to play like they used to with you?

Participant: ‘Cause they’d probably think that I was, cause they thought that I was really weird because my dad died.

Some bereaved children fear that friends will abandon them because of the supposed peculiarity of their bereaved state. One of the major reasons given by participants for not wanting bereavement-related peer interaction was a fear of rejection. Unfortunately, this fear was a very legitimate worry for a few children who reported that they were excluded from play specifically because of their bereavement. Many parentally bereaved children did not want peers to know that their parent died in the first place in order to avoid being marked as someone who had lost a parent. Recall that only 24.2% of the sample reported that they would tell a previously

unmet peer about their parent's death without prompting. At the very least, several participants reported that having a deceased parent made them feel "embarrassed." Beyond avoiding the perception that one is "weird" for losing a parent, parentally bereaved children may also want to retain some sort of consistency in their identities, or "who they are," among peers. Some participants were quite vocal about how they as individuals have not "changed" simply because their number of living parents has dropped: "I'm okay; you don't have to treat me special. I'm still the same person and I haven't changed and I'll continue to stay the same."

Comparison with others was a significant part of the participants' discomfort among peers. For many participants, one of the most trying social aspects of having lost a parent was comparing oneself with peers who still have both parents. The contrast of having lost a parent and being around others who do have a father or mother can incite a negative emotional reaction in the bereaved child. Some parentally bereaved children reported that one of the most hurtful interactions with peers occurred when peers would hold conversations about their parents around the participant. Many bereaved children referenced a painful tension in the fact that they do not have a mother or father while others do. In response to the interview question, "When you first saw your friends again, what did you think it would be like when you saw them, in your imagination?," one child responded, "It would be sad, 'cause they would still have their dads." Often participant taunting took the form of "I have a dad and you don't" statements as well.

In addition to the desire to be perceived by peers as normal, many parentally bereaved children want to maintain the way their social life was before the parent's death. Prior to their return to school after the death many participants expected peers to act just as they would have if s/he had not lost his or her parent. They also *wanted* peers to act this way. A number of participants reported wanting peers to "be normal" and to "talk normally" about topics that were

not related to the death, as well as wanting to “do regular stuff” and to immerse themselves in the “regular” routine of the school day and friends. Many also reported that they did not want anything to change in their pre-bereavement relationships and modes of interacting with peers. A few participants reported that it was “too awkward” or uncomfortable to have people treating them differently than they normally would—especially the peers that the participant hardly knew before the parent’s death. As one child stated, “When the mean kids start acting nice, you know something’s up.” Some participants even stated that it was helpful to simply have people around “being normal.” One young girl reported that peers helped her “become herself again” by treating her exactly as they had before her loss:

[My friends] helped me get back on my feet again. They helped me to become... I’m going to use the term ‘normal’ again . . . to become myself again by making me feel the way that I did before my father died. By not giving me any special treatment, making me feel like I, uh, was the same person. I knew I was the same person, but, I mean, it helps when you know for sure that other people know.

It may be that some bereaved children perceive being treated “normally” as recognition from peers that the child has not changed significantly from who they were before the death. It is a welcome reminder of consistency, predictability, and stability in a time of drastic change, uncertainty, and instability. To the satisfaction of several participants, many peers did treat the bereaved child as they had before the death, acting “normal” just as the participant desired:

“They were like regular normal kids.”

#### **Avoidance of Peer Interaction and Lack of Peer Support.**

Support from peers is only viable if parentally bereaved children are actually interacting with peers to a significant degree. Similarly, many forms of support are only possible if the bereavement issue is confronted in some way. With 71.4% of the sample preferring not to interact regarding bereavement, there is a strong probability that parentally bereaved children are

avoiding bereavement-related interaction. Such a widespread deflective stance on the part of the bereaved would deter support, especially if this preference leads to a complete lack of interface with peers after parent loss. This kind of general isolation did *not* appear to be the case for the current sample. Only 5.7% of the participants reported actively avoiding peers whether or not bereavement was addressed. It seems that avoidance of peers is not an evasion of peers in general, but a particularized evasion of bereavement-related peer interactions. In fact, many participants reported a fervent desire to return to school after the death to spend time with friends and classmates.

When a great majority of the parentally bereaved children reported that they wanted to avoid peer interaction, they referred to an avoidance strictly concerning interaction around their loss. Some participants did not want peers to know about the death, some wanted peers to “forget” that their parent had died, and some wanted a place where s/he did not have to talk about the death. Others specifically stated that they hoped to avoid the topic of death, did not want peers to bother him or her about it whatsoever, and even wished to be left alone for the sake of “privacy” in their bereavement context. Of the responses given for what peers did not want, direct bereavement-related interaction of any kind, bereavement-related conversation, reminders of the deceased parent or the death situation, questions about the death, and the spread of rumors due to peer knowledge of the death were all prominent among the participants’ aversions. Several participants even reported that the most hurtful responses they received from peers were simple questions about the death; others thought that any conversation or interaction with peers that reminded him or her about the parent—any bereavement-related interaction at all—caused the most significant emotional pain or discomfort. Several participants even went as far as reporting that the most helpful peer response for them was a total avoidance of the bereavement



topic—not asking questions, not bringing up the death: “Maybe in not saying something helps more sometimes.” Furthermore, several participants were so strongly repelled by bereavement-related interaction that they perceived avoidance of the loss issue by peers as an act of kindness: “Everybody was nice to me. They didn’t really say nothing. They didn’t like bug me about it or anything.”

The reasons given for the participants’ avoidance of bereavement-related interaction were varied. Worden (1996) reported eight reasons that children and adolescents refrain from speaking about their parent’s death with peers: fear of crying in front of friends, the subject does not arise, friends are protective of the bereaved, friends are often awkward about the topic, others do not know about the death, others may not care, the circumstances of the death, and the feeling that the subject matter is too personal. The current study found support for every one of these reasons except for “others may not care.” The parentally bereaved children in this sample reported many reasons for not wanting bereavement-related peer interaction beyond those detailed by Worden: participants were too shy, did not want other children to cry, were “sick” of talking extensively about the death at home with family, did not want to be reminded of the deceased parent, felt sadness, anger, and/or confusion, did not want peers to know about the death, did not want people to make hurtful comments about the death, did not want to answer difficult or uncomfortable questions, were annoyed that certain peers were acting like friends when they were not friendly to the child pre-bereavement, did not want attention for their bereavement, felt uncomfortable discussing the death, found their bereavement embarrassing, did not think their parent’s death was anyone else’s “business,” thought peer interaction got in the way of accomplishing homework tasks, and feared rejection. One participant desperately wanted to preserve the reputation of her father around her peers, not wanting to give a “wrong

impression” of who her father was by discussing his cancer and death. Another feared what he called “rumor threat”; he thought the particulars of the death would get “twisted” through a chain of conversations, while he wanted people to “have the actual information and not just hearsay.” Others simply found the parent’s death too private for the public arena: “I want to keep my privacy my privacy.”

Emotions played a powerful role in facilitating avoidance. Many participants were repulsed by the possibility of experiencing a negative emotional response to peer interaction, such as sorrow or anger. Among peers many of the bereaved youngsters pursued emotional stability—or the appearance of emotional stability—and defended against any potential negative social consequences of having strong affect in the presence of a peer. A number of participants even attempted to suppress all bereavement-related thoughts around peers in order to dodge the associated negative emotions. Moreover, a few children mentioned that peers avoided the loss issue because they were afraid the bereaved child would cry if it was brought up—a situation many young peers feel unequipped to handle. Bereavement-related conversation in particular often made many participants sad, uncomfortable, choked up, or distressed in front of friends, making that particular form of support especially undesirable. A number of parentally bereaved youngsters did not want other people to know that they were hurt in any way, and they certainly did not want to be asked about their feelings no matter how supportive the gesture may be. An aversion to being pitied by peers was also frequently expressed in the interview transcripts. One bereaved adolescent girl recounted her overtly disapproving take on another bereaved girl’s sympathy-inducing grief behavior—a supposedly unsavory means of interaction:

She always talks about [her parent’s death] so people will feel sorry for her, and I remember this, it’s from 7<sup>th</sup> grade, but I used to sit next to her and that’s all she’d talk about it all day... trying to make people feel sorry for her and she’d sit there and, she’d always cry constantly, and she’d do it on purpose just to make people say, “Oh, I’m

sorry,” and all that. I don’t like that . . . I mean I feel sorry for her, but she shouldn’t put it in people’s faces like that.

Keeping the death out “of people’s faces” may also result from a strain of independence within the bereaved child—the feeling that s/he can struggle through on his or her own, that s/he is his or her best means of support. One boy asserted, “I think the one who got me through it the most was myself. I didn’t rely on them. They just happened to help out.” Several participants seemed to reason that if it is possible to sidestep all the feared social consequences by going it alone, then why not venture forth unaided? The problem is that they are then, in fact, unaided by potential support from their peers.

A minor but nonetheless pervasive theme concerning interaction avoidance was the sincerity of peers’ support. Peer authenticity—ostensibly natural, genuine ways of approaching the bereavement issue—was highly important for many participants. Any unnatural speech or forms of interaction from peers hindered the possible supportive effects of the interaction. Participants did not want people to act like their friends when they were not. It was also uncomfortably awkward to have people whom the children did not know treating them differently than they normally would. One girl perceived her peers being nice and sympathetic toward her as a “popularity contest”—peers only being kind to her “so that they could score points with other kids, almost, instead of looking like a jerk and not saying anything.” Another adolescent boy declared rather forcefully, “Go back to being mean to me! . . . I don’t need any pity and I don’t need you to act this way unnaturally.”

One of the most striking phenomena revealed in the study was a mutual concern for emotional comfort between bereaved participants and their peers that actually fostered avoidance—not support. This type of interaction is perhaps best termed *empathic avoidance*. Many of the parentally bereaved children reported that they do not want to cause others to

become sad or uncomfortable by presenting their woes; consequently, the bereaved children avoid the loss issue on the belief that peers will possess a degree of empathy strong enough to precipitate mournful feelings on hearing about another's parent death. As one adolescent boy remarked, "I don't want to bring anybody down with it." These youngsters expected empathy for their situation to a certain extent and avoided others based on that conviction—a conviction that several participants found to be true. One girl recalled, "Everyone looked like they were sad more than I was." Peers reciprocate this expectation. Many avoid the bereavement issue to steer clear of making the bereaved child uncomfortable or teary-eyed. As one participant said of peers, "They didn't want to hurt my feelings in any way, or upset me." One of the reasons given specifically for not wanting bereavement-related interaction was that the parentally bereaved child did not want others to cry or feel bad. There was mention of peers being afraid that the bereaved children would cry if they brought it up as well—a difficult situation for young peers to navigate. Fortunately empathic avoidance, when it occurred, did not seem to taint all areas of peer support. In some cases alternative forms of support were utilized by peers, such as help with homework, more invitations to play, and small favors:

Interviewer: How do other kids act toward that kid whose mother or father has died?

Participant: They act special. But they really don't want to talk about it to that person because they might think that they will make that person upset. . . . If it was autumn, a kid might get the coat for you when you go out to recess or at the end of the day.

This two-way evasion of arousing another's negative feelings may be more of a perceived or stated phenomenon than an actual one. Participants may claim that they are avoiding the provocation of pain in another when in fact they are avoiding pain in themselves or a personal discomfort around another's distress. Future research is needed to further understand empathic avoidance and determine the legitimacy of this commonly reported occurrence.

Similar to avoidance of the bereavement issue, an unfortunate lack of peer support was reported by many participants. When asked “How do kids act toward a kid whose parent has died?,” one nine-year-old boy replied, “Like nothing ever happened.” Some parentally bereaved children did not receive any peer interaction regarding the bereavement whatsoever, whether they actively avoided it or not. Many children—both the bereaved and their peers—feel as though “you can’t talk to anyone about it.” For some they will only talk if other children bring it up, for others they simply do not know what to say. Hardly anyone finds it to be a comfortable topic. Furthermore, a common trend in the interviews was participants reporting a belief that the role of dealing with bereavement-related issues is strictly reserved for the surviving parent—friends are not appropriate sources of aid. As one child reported, “It’s what goes on at home, it’s not what goes on with your friends.” Another child told the interviewer that in general a bereaved child’s response to peer support would be, “Thank you, but I don’t need any help right now.” When asked “why?,” he replied, “Because he’s got his parents—his other parent.” Moreover, some participants believed peer support is rare because peers are afraid of hurting the child’s feelings by saying something inappropriate: “They want to stay away from [mentioning] it, they don’t want to get, uh, get into a position where they said something they shouldn’t have.”

Peer support incompetence—the peer’s inability to provide support, think of things to say, respond confidently, or withstand the discomfort of the bereavement context—was a prevailing theme in the interviews. Peers often do not know how to react, what to do, what to say, or how to be supportive. Perhaps this sense of ineptitude is the reason why there were so many cards made, gifts given, and stock phrases relayed (“I’m sorry”) compared to other responses. Cards, gifts, and rote condolences are all responses that can be performed rather easily with socialized procedures, little thought, and a small probability of provoking negative

consequences. Bereavement-related interaction often makes peers anxious if they do not know what to say, even if they desire strongly to say something. Many peers fear intense situations that may result from interaction as well, such as crying: “They’re scared of what the other person will do. Like, if [bereaved children] start crying, they don’t know what to do about it.” Several other participants believed that peers do not know how to react because they have not experienced a parent death themselves: “They don’t know how it feels, they don’t know how you’re feeling and they don’t know what can make you feel better or what to say to try and help you through.” Another child exclaimed, “They’re not sure what they should do. And that uncertainty is... is based on the fact that they’re not... they’re not in the situations themselves, and they don’t know how they should behave.” A lack of common experience or understanding may be one reason for a lack of peer support competence. It may be important for parents of peers and teachers to assist peers in finding a way to be supportive, such as the many reported suggestions from teachers that the class make cards or sign a poster.

Some peer responses not only failed to support the bereaved child, but were also clearly intended to harm. In the words of one adolescent girl, “Some kids are really jerks about it.” Teasing and hurtful remarks from peers about a child’s bereavement were a primary concern for many participants, although only 20% of the sample actually experienced teasing. Several of the parentally bereaved children mentioned outright that they expected peers to make fun of them for having lost a parent. Some participants avoided bereavement-related interaction because they were afraid peers would treat them maliciously. Forms of taunting included insults, highlighting that the bereaved child no longer has a mother or father while the taunter does, rejection from play or social groups, jokes about the child’s particular grieving process and means of coping, and badmouthing the deceased parent. Social comparison teasing was often mentioned among

the teased: “I have a dad and you don’t.” Rejection was less common but present nonetheless. One child who believed his friends “were trying to make [him] feel weird” had peers abandon him at play to go “tell secrets” to one another, made him just be the “banker” in Monopoly board games (though he had been allowed to play before the death), told him he was “weird” because his father died, and told him that they did not like him or his dad. Others were teased for the way they dealt with their grief. One adolescent girl would wear her father’s jacket to school everyday despite the fact that a harassing boy would call her by her father’s name: “Oh hi, Jimmy.” The deceased parent was also a target for sharp-fanged language from peers: One girl endured the mother-bashing statement, “She was dumb. She shouldn’t be so important [to you].” Perhaps the most brutal of such harassments was the venomous phrase, “At least my dad wasn’t stupid enough to kill himself.”

Most often the taunting was directed toward the peer face to face, but sometimes teasing occurred when the bereaved child was not around. Those who heard about it from friends were able to report as much in the interview. A few of the more aggressive participants retaliated in response to taunting, such as the ten-year-old girl who proudly declared, “I told this one kid about [my dad’s death], and he was making fun of me, and I beat the snot out of him.” Teasing over such a tender topic can even incite acute rage:

Interviewer: Has anybody ever said anything mean to you about your dad having died?

Participant: Yeah. One kid told a joke and said something, and he knew my dad died, and he directed it towards my dad and my mom. I’m not gonna repeat what he said, but let’s just say that I went back inside the house, and I was about to kill him. He locked himself in the bathroom, and the parents dragged me away when I tried to kick down the door and beat the crap out of him.

Quite expectedly, teasing made up most of the responses for what participants found to be the most hurtful bereavement-related peer reactions—words breaking hearts with greater

wreckage than what “sticks and stones” may do to bones. Although teasing is a serious and detrimental issue for many bereaved children, it is important to note that many participants in the sample not only did *not* experience taunting, but also did not report *any* hurtful peer interaction of any kind, purposefully hostile or otherwise. As demonstrated here, peer avoidance, lack of support, and teasing are all real possibilities for parentally bereaved children, but so is fruitful peer support. Although speaking of why a bereaved child would refuse to talk about their loss with a peer, this young boy spotlighted a keen inner need for assistance: “They are trying to hold their feelings in. They want to be with their dad or their mom that died, but it’s just going, like, *help*. It’s like in their mind they’re going *help, help, help.*”

#### **Peer Support Functions.**

Since such a significant portion of the sample had received peer support (71.4%), there was ample qualitative data on what kinds of support participants’ desired and found helpful. It is important to note that all of the support considered most helpful was highly idiosyncratic. What some children found to be most beneficial in their coping process—conversation about the death, contending with emotions, condolences—others found most hurtful. Despite the variety in support preference, potentially helpful support forms grouped into sets of similar behaviors.

Twenty-three percent ( $n = 8$ ) of the parentally bereaved participants had held in-depth conversations about their parent’s death with friends or general peers, sometimes regularly. This figure is surprisingly less than the 54% discussion with peers value reported by Silverman and Worden (1992). It was relatively difficult to determine the depth of bereavement conversations in the current study, which may account for the difference in findings. Simple questions, short condolences, and quick advice were not counted in the figure at hand. With approximately one-fifth of the sample having engaged in substantial bereavement discussion, it seems that most



parentally bereaved children and adolescents are not going to peers for conversational support as much as other forms. Peer conversations do have their advantages though. At least a few of these conversations included advice and insight for coping, such as “It’ll get better over time.” Moreover, as one participant remarked, peers may be more accessible sources of support throughout the day: “A kid is closer to friends, you see them every day.” The pervasiveness of bereavement issue avoidance in this sample questions the *functional* accessibility of these friends though.

Five of the parentally bereaved children (14.3%) stated that when they do talk with friends, friends help them remember their deceased parent in a positive manner. Peer conversations would draw up fond memories about the parent and support a continued psychological presence of the father or mother in the bereaved’s life. Participants would get the chance to tell cherished stories with friends, or to simply describe some aspect of the parent. A few of these participants noted this positive memory processing as one of the most helpful forms of support from peers. Though these few youngsters wanted peers to help remind them of their lost parent, there were others who avoided bereavement interaction so they would not be reminded of their parent: Memory work did not have a universally positive reception. In a vein similar to memory support, 4 of the 35 participants (11.4%) stated that friends’ praised some attribute of their deceased parent as a form of support, making such statements as “she was very nice,” “she was funny,” “he always helped out at school,” “I liked the guy,” or in one case, he “was a computer genius.”

Along with these responses, there were many reported peer actions that had the potential to be supportive: prayer, questions, gifts, cards, posters, condolences, questions about how the child is feeling, protection in fights, control of potentially sensitive conversation topics among

third party peers (i.e., “don’t you say that” during a bout of mom jokes), tutoring, help with sad, mad, or confused feelings, invitations to play, empathy, changing vocal tone to “say things nicer,” acting more friendly, hugs and other touch, crying for the child’s loss, extra attention, help with school-related projects, advice, visits, and phone calls. Some peers even assisted the parentally bereaved child with schoolwork, homework, or in-class projects such as those for Mother’s or Father’s Day. One girl stated, “[Friends] help out with projects about my mom . . . when they get hard. Like, some, that’s why I don’t have trouble with it at all, because my friends help me.” Though all of these responses appear supportive, only some of them were desired and even fewer were marked as especially helpful.

The list of what responses participants wanted from peers included wanting peers to say something about the parent, to act nicer, to spend time having fun with the participant, to say they are sorry for the loss, to talk about the death, to “be there all the way” (being continually prepared to provide support), to give gifts, and simply to care that the parent died and make it known in some way. As one can see by comparing these to the potential support actions stated earlier, all of the desired supportive peer responses were provided to at least one child. Which responses the parentally bereaved children found most helpful in their experience compose yet another, dissimilar list. Many participants felt particularly supported by cards and gifts—the most common form of support. Even if a peer does not know how to help the child discuss the death, they are able to show they care through an easy gift gesture. Several of the parentally bereaved children also noted it was particularly beneficial to their grief process when peers would act “nicer,” have bereavement-related conversations, give suggestions or advice, be sincere, listen attentively, and/or ask him or her to play. A number of participants also found it especially supportive when friends stood up for them, providing protection from bullies or

teasing: “[A bully] said something to me and everyone just in the whole class just, you know, ‘you don’t talk to her anymore. You stay away!’” Sometimes this protection included offensive actions against a taunter in physical fights. Other bereaved children found it to be very helpful when peers attended the funeral. One girl was greatly supported in this fashion:

The whole grade came to my funeral. They were all there for me, ‘cause they knew what I was going through. They knew it was very hard for me. And I hope that every person has that type of, um, friend, who’ll be there for them all the way.

Several participants mentioned support by the parents and family members of friends as most helpful. One adolescent boy claimed that a friend’s parents took over a portion of the parenting role left open by the loss of his father: “With this girl I hang out with, her dad is like my second dad and her mom is like my second mom. It’s helpful to have a good friend like that.” Some friend-family support was more situation specific. One father-bereaved boy had the fathers and uncles of peers participate with him in father-son events at school, and went on to state that this was the most helpful support he received through peers.

In general, a majority of the parentally bereaved children expressed that it feels good and is relatively helpful to “know others care,” even if the caring gestures are not desired and make the child uncomfortable. One eight-year-old boy highlighted the sense that people cared about him as a major positive aspect of the often-complex emotional experience of peer interaction:

Interviewer: How did it make you feel when they came up and were talking to you about [your deceased father]?

Participant: Halfway.

Interviewer: Halfway?

Participant: Halfway between good and bad inside.

Interviewer: And what was the good part about it?

Participant: *I had some really caring about me.*

Feeling cared for is important and effective for these children. With a primary caretaker deleted from their life, it is no wonder why they desire a sense of care from their broader social network. Peer support—in whatever form—often functions to provide this needed psychological comfort. Support functions to make parentally bereaved children feel good, assuages a degree of emotional pain, protects them from bullies and counteracts harassers, provides an outlet to talk about their bereavement, keeps them from feeling abnormal and separate from the classroom crowd, among other benefits. Most importantly, support lets bereaved youngsters know that others care about them and their loss.

For many children, the “care” they received was not overt or directly related to the bereavement context. Many participants noted implicit support, or friends spending time alongside the child without addressing the bereavement, as a helpful form of post-death interaction. At times this took the form of a simple, knowing smile or a special unspoken closeness with the child: “Some of them just, you know, stick around, stand by you, and just smile at you sometimes, you know; they don’t even have to say anything.” Several children wanted friends to “stand by” him or her, “being there” for them, but did not necessarily wish to talk about the death. This kind of implicit support can be a welcome distraction from the tonnage of loss as well as a form of care. Peers can help parentally bereaved children temporarily remove themselves from the stress and pain of parent death so they may bear the strain better when the time comes at home: “It’s much easier to be with your friends than to sit home alone. To be with the family sometimes just makes you cry more”; “[Friends] make you take your mind off things.” As for peer support incompetence, this implicit form of support is a much easier tactic to employ than most. In the support work of distraction, peers do not have to be afraid of provoking negative emotional consequences from the bereaved child, committing

undesired harm, or ending up in uncomfortable, difficult situations. Several of the participants responded to “What can kids do to help a kid who’s had a parent die?” with responses like “Help her forget” or “Tell him to look on the bright side and try not to think about it.” As previously stated, many participants also reported that implicit or distraction support, normal everyday play, and closeness without bereavement discussion were the most beneficial forms of help peers could provide.

With the desire to be consistent with social norms so strong among parentally bereaved children and adolescents, it follows that bereaved youngsters may be more comfortable talking about their loss with another bereaved child—one with whom there is no social contrast due to the “bereaved” designation. Several participants did report that they had discussed their deceased parent with peers who had also lost a parent, but not many: Only 11.4% ( $n = 4$ ) of the sample turned to another parentally bereaved peer for support. Some of these children felt that it was easier to talk with bereaved peers because they may better understand their experience. These bereaved peers “understand,” “know what it’s like,” and “have gone through it”: “It feels better to talk about it with someone that it’s happened to before. I feel sometimes it’s weird talking to someone it’s never happened to.” Again, one sees that empathy is an important, core facet of a child’s peer interaction process. One child would talk with another bereaved peer about his loss exclusively, keeping it out of all other peer conversations. For some participants, the children of divorced parents were another primary source for peer support for similar reasons. These children of divorce could empathize with the loss of a parent—the internal experience and the social experience—to some degree:

Interviewer: Why will you talk with that kid and nobody else?

Participant: Because he knew what it felt like, and none of the other kids did. This kid’s parents got divorced. They started laughing at him.

Peers who have suffered parent loss may be able to offer more effective support. In contrast with bereavement-incompetent peers, they may know what to say, or may at least be able to provide fruitful insights from their own experience. As one child remarked, “There’s nothing that [peers] can say unless they’ve been in the same experience, and thank goodness that most people—most children—have not been in that same experience.” A few participants did state that they disliked other bereaved peers that they knew and stayed away from them. Future research will do well to explore the potential special benefits of support from other loss-afflicted peers.

Many participants who were not counted in our incidence measure of informal bereaved peer support had interacted with bereaved peers in formal grief therapy groups. Of the total sample, 60% ( $n = 21$ ) had undergone at least one session of a formal therapy group for loss or bereavement, which may or may not have included parentally bereaved children. It may be that the 11.4% incidence figure for support with bereaved peers was as low as it was because most bereaved peers were met in formal groups, which were not included in the count. The actual incidence of support from bereaved peers may also be higher in other samples simply because bereaved peers were not present in the lives of many of the current participants, or the ones that were present were previously disliked by the parentally bereaved child or hostile towards them (as was the case for a few participants). At any rate, informal supportive encounters with other bereaved peers were rare for this sample.

It is crucial to recognize the complexity of a child’s feelings surrounding peer support in bereavement. A large portion of the current sample reported conflicting emotions concerning their bereavement around peers. Many felt both good and bad in regard to their friends’ involvement in their lives after their parent’s death. It is a complex of dual emotions: It feels good to be around friends post-bereavement, but the sadness brought on by a parent’s death

lingers over their experience and tinges their discussion of it with anyone. One participant expressed that he did not want anyone to know about his father's death, but once a peer knew he wanted to talk to him or her about it. Some children want one form of support and not another. One young girl desired peer support in general, but did not want to be asked questions she may not know the answer to, such as what the name of her dad's illness was or what her dad did for a living. It was clear in many interviews that participants often felt "halfway between good and bad inside."

### **Friends versus General Peers.**

Due to the nature of the questions in the Child Peer Relationships interview, there was relatively little qualitative information on the difference between friend interaction and general peer interaction in parental bereavement. Nevertheless, many participants reported that close friends were much more likely to provide support that is well received by the bereaved child than others in his or her peer group. In fact, some participants were convinced that *only* friends could be a source of support. A few bereaved children avoided all peers other than their closest or "best" friends where bereavement was concerned. At the very least, best friends were described as more likely confidants than unaffiliated classmates, neighbors, or teammates.

The participants gave many reasons for why close friends are better sources of support. A large portion of the sample believed that parentally bereaved children in general are more open and willing to talk about the death with friends than with general peers. Friends were considered a special source of conversational support: "[Bereaved children would] share things with their closer friends that they are feeling that they wouldn't share with anybody else." Parentally bereaved children are more likely to allow themselves to be vulnerable around closer friends, perceiving them as a safer support option than unallied peers; with friends they are more likely to

express negative emotions and tender thoughts. There is often a lower risk of being teased or hurt by best friends to be sure: “With [a parentally bereaved child’s] good friends he’d probably act like he’s sad . . . because he knows that if his good friends saw him like that they wouldn’t treat him bad.” In general, children trust friends to a greater degree and feel as though they are known and respected better among long time companions. Moreover, as many participants expressed, best friends are less likely to tell other peers about what the parentally bereaved child discloses. It is far less dangerous to talk with a friend, because they keep one’s secrets—“secrets” such as the hidden sorrows, fears, and psychological frailties accompanying loss:

If you have a secret, you want to tell it to someone you know won’t tell anyone else. So if you, if there’s something private that you don’t just want anyone to know, you’re going to talk to your closer friends. And so you end up in a more secure friendship and you’re able to . . . you’re able to talk about almost anything freely, without worry.

Friends may also know the deceased parent well compared to classmates or the like, so it is easier for the bereaved child to discuss the death and process the loss with them: “If [my new best friend] knew my mom, I’d talk to her more about it.” Shared memories between the bereaved child and his or her friends are also then more likely to be discussed. Closer friends may have greater courage to risk an attempt at support, knowing the bereaved friend will be more forgiving or understanding if s/he fails. Some participants reported that “only best friends” were able to give advice that was actually beneficial. On a basic level, children simply spend more time with friends than other peers, allowing for more support opportunities.

As nearly all this study’s qualitative data attest, the peer support experience boils down to the fact that these children want to feel as though someone cares about them and the reverberations of their loss. It is more likely for an assurance of care to arise from relationships with close friends than from less intimate ties. As one preteen girl reported, friends were helpful “by being there, by standing by you when you’re in trouble, by protecting you when you’re hurt,



by anything you needed: *meeting your needs*.” “Meeting needs” defines support: Determining a child’s needs and acting on those needs is how one lends aid. This basic but vital theme ruled the day with the current participants. If the child needed some space, then distance from peers or distraction from home is what they found to be “nice.” If the child desired direct talk support, then talk support is what they found constructive. If friends are able to empathize more—able to maintain an especially intimate, in depth understanding of their bereaved friend—they are better able to register what the child needs and meet those needs. In this manner they communicate, in one way or another, the paramount support message: *I care*.

### **Limitations and Suggestions for Future Research.**

The findings presented here were undoubtedly hindered by sample size to some degree, especially once the full sample was differentiated into smaller groups according to gender, age, and type of parent death. Though the whole group number was sufficient for interview data of this depth and length with children, the results of the split sample hypothesis testing may be more limited than other findings. Furthermore, a larger sample may have washed out the influence of potential outlier cases, such as children who were subject to unusually brutish harassment or the few special parent death cases of suicide or lethal alcoholism. A larger sample size would also have allowed for greater differentiation among ages and perhaps even among types of parent death.

The generalizability of this study’s results is another important consideration. Where demographics are concerned, this monetarily advantaged, largely Caucasian sample included very little racial, socioeconomic, and cultural diversity. Bereavement-related peer interaction in other cultures and groups may be quite different, even within other regions of the United States. Moreover, due to recruitment procedures these results may be affected by a significant self-

selection bias—a special concern in bereavement research (for a review on the topic, see Stroebe & Stroebe, 1989). The families interviewed in this study chose to respond to research notifications asking participants to engage in a lengthy, highly intensive series of inquiries. The group of bereaved individuals included in this sample may be more active in sharing their grief experience than others, making them more inclined to bereavement-related interaction in general. It should be noted that it was ultimately the parent's decision to participate in the overall study and not the child's, suggesting that this study's child data may be further removed from self-selection bias than parent data.

The nature of the semi-structured Child Peer Relationships Interview introduces several limitations as well. A few children were not so eager to discuss their bereavement experiences in the interview. This silence sometimes led the interviewer to “press” for answers or specific experiences within the malleable structure of the interview, but beyond the scientifically appropriate bounds of their role. To the best of the coder's discernment, any potentially skewed or unclear answers were not included in data analysis. Nonetheless, there may have been some degree of influence. Though the semi-structured interview allowed for richer qualitative data, it may have compromised participant responses due to unequal administration by different interviewers across interviews.

It is also problematic that the questions presented in the interview were often different than the questions pursued by this study's coding procedures. Though there was marked overlap, the correspondence was not exact. Consequently, this study only reports what participants specifically state even though they were often responding to different questions than the ones explored by the current study. It is highly likely that the participants had experiences of interest to this study that were not reported. For example, it is likely that more children had peers say

“I’m sorry” to them—especially participants that received substantial peer support in other forms—but since they did not mention it in the interview outright, it was not recorded.

Moreover, responses from different peer groups were not addressed by the original interviews, so results could not be differentiated among the often different contexts of peer interaction at school, scouts, sport teams, youth groups, etc. The coders were also unable to address longitudinal changes in peer support, differentiating the support experience immediately after the parent’s death from times further out from that time. If a child received a certain response at any time, it was counted. Lastly, self report from children about a self-conscious topic such as peer interaction may be lacking in accuracy at times. Despite this, there was still an 86% agreement between parent interviews and child interviews, suggesting greater accuracy than one may assume.

This study is of an exploratory nature, seeking to establish a foundation from which future studies can build, extend, and refine. There is a need for larger, more diverse samples than the one currently addressed. Future research should ask bereaved children about their peer experience directly rather than coding from previously transcribed interviews. Along the lines of expanded study themes, future studies should determine whether peer support is *actually* beneficial for participants rather than just expressly helpful. Does peer interaction buffer against secondary stressors or reduce depressive symptoms? Does more peer support correlate with markers of improved mental health or effective coping? Similarly, much of the findings presented in the qualitative data analysis are in need of more intensive investigation and quantitative support. Tentative constructs such as empathic avoidance, support incompetence in peers, desire for normality, implicit support, and others need to be fleshed out to a greater degree. The difference in support quality, conversation content, and forms of common interaction

between close friends and general peers should also receive more extensive, direct research attention. In contrast with the current study, future endeavors should attempt to differentiate the bereavement-related peer interaction experience across time, such as differences between peer support soon after and a year after the parent's death.

The realm of peer support and interaction in parental bereavement is still relatively untouched. This study has established that peers are a possible source of effective support for parentally bereaved children and adolescents, but the many ways in which peer interaction hinders that help create a complex situation in need of careful analysis. The more we know about support for these youngsters the more that parents, teachers, and mental health professionals can facilitate opportunities for well-attuned support from peers.

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## Author Note

Lucas S. LaFreniere, Department of Psychology, University of Michigan, Ann Arbor.

## Gratitude

*For Albert Cain*

Among the offering of grin or sting quotes,  
Extraordinary anecdotes, pen strokes exact  
Pigmenting landscapes of an academic Field fruitful—  
Revisions, revisions—this man wisely guides my mind  
Without commandeering my quill. I've more than learned.

There are debts appreciation cannot adequately pay,  
Perspectives taken that fissures of memory cannot take back.  
There is a bereavement for past moments  
That copes only by honoring the profits of the past.  
I break daylight today, tomorrow, toward all ends  
Hoping to break ground grounded in your guidance.

There are expressions eluding both science and literature:  
All respect, all admiration, all remembrance, all ovation  
    To you, Al.  
Like a relentless and roaring laboratory vent,  
My thanks thunder on.

Table 1

*Incidence Figures for Parentally Bereaved Child (PBC) Peer Interaction Coding Items*

Category	Percentage (Yes)
I. PBC experienced bereavement-related taunting or other “hurtful” interactions	20.0%
II. PBC interacted with peers regarding his or her bereavement	88.6%
A. Peers initiated interaction	85.7%
B. PBC initiated interaction	25.7%
C. More bereavement-related discussion with friends vs. general peers	40.0%
III. PBC turned to/talked with a parentally bereaved peer <sup>a</sup>	11.4%
IV. A. PBC stated a desire for peer support	22.9%
B. PBC stated that s/he received peer support (Not including implicit support)	71.4%
V. PBC actively avoided peers	5.7%
VI. PBC experienced a negative emotional response to death-related peer interaction <sup>b</sup>	51.4%
VII. A. PBC experienced a positive emotional response to death-related peer interaction	51.4%
B. PBC found peer interaction particularly helpful (not by omission of interaction)	31.4%
VIII. A. PBC preferred not to interact with peers regarding bereavement	71.4%
B. PBC stated an indifference towards interacting with peers regarding parent death	11.4%
IX. PBC would tell a new peer about their parent’s death without prompting	24.2%

<sup>a</sup>This figure does not include conversations/friendships with bereaved peers from formal support groups or other therapy. Supplementary data revealed that 60% ( $n = 21$ ) did receive support from artificial groups.

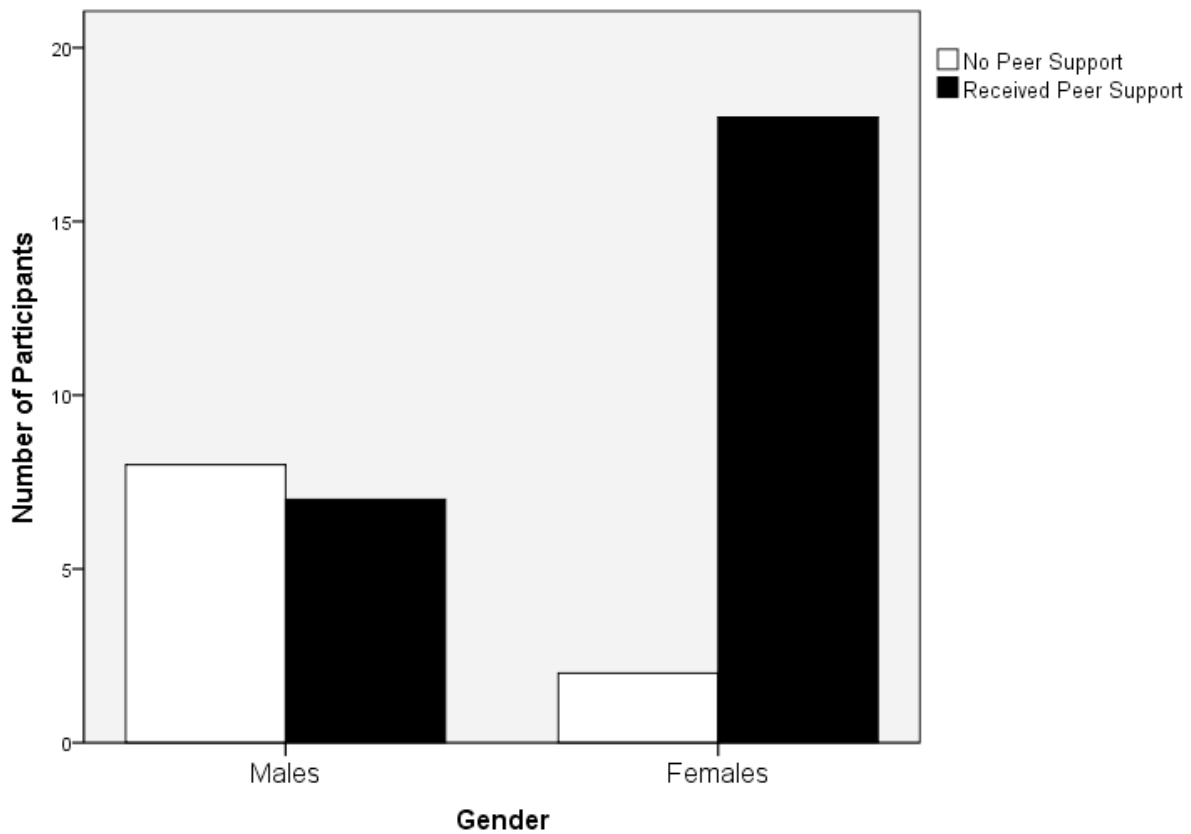
<sup>b</sup>This figure does not include responses to taunting or hurtful remarks.

Table 2

*Foci for Qualitative Analysis of Parentally Bereaved Child (PBC) Responses*

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- A. What did the PBC **expect** from peers?
    - I. **General** expectations for the typical bereaved child
    - II. Expectations **specific** to participant's experience
  - B. What does the PBC **want** from peers/in peer interactions?
  - C. What does the PBC **not want** from peers/in peer interactions?
  - D. What did the PBC find **most helpful** in peer interactions?
  - E. What did the PBC find **most hurtful** in peer interactions?
  - F. What were the actual **peer responses** to the PBC's bereavement?
  - G. What **reasons** does the PBC give for avoiding or pursuing interaction?
    - I. Reasons for **not wanting** interaction
    - II. Reasons for **wanting** interaction
  - H. What was the **school staff/teacher response** to the PBC's bereavement?
-



*Figure 1.* Gender differences in reception of peer support for parentally bereaved youngsters. A great majority among females received peer support, while males were almost evenly divided between receiving and not receiving peer support.

*Appendix*

## Child Peer Relationships Interview Coding Scheme

PREFATORY INSTRUCTIONS: 1.) Coders should not address differentiation across time since death: If event occurred, it will be recorded regardless of when it occurred. 2.) Coders should not be responsive to an interviewer “pressing” for certain interview answers. 3.) If a question was not posed in a particular interview (such as IX), that response can be marked “inapplicable” (N/A).

I. Did PBC experience taunting or other “hurtful” interactions specific to their parent’s death?
II. Did PBC interact with peers regarding their bereavement? A. Was interaction initiated by peers? B. Was interaction initiated by PBC? C. Was there more active bereavement-related discussion with friends vs. general peers?
III. Did PBC turn to and talk with a parentally bereaved peer? (Not including formal groups/therapy)
IV. Peer Support <sup>a</sup> A. Did PBC state a desire for peer support? B. Did PBC state that s/he received peer support? (Not including implicit support)
V. Did PBC actively avoid peers?
VI. Did PBC experience a negative emotional response to death-related peer interaction?
VII. A. Did PBC experience a positive emotional response to death related peer interaction? B. Did PBC find peer interaction particularly helpful (but not by omission of interaction)?
VIII. A. Did PBC prefer not to interact with peers regarding bereavement? B. Did PBC state an indifference towards interacting with peers regarding bereavement?
IX. Would PBC tell a new peer about their parent’s death without prompting from the peer?

<sup>a</sup>Questioning by peers should be considered support unless PBC makes it clear that the questioning was not supportive.