Continuing bonds reported by bereaved individuals in Ecuador



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Abstract: This qualitative study explored how bereaved individuals (N = 49) from Ecuador experienced continuing bonds with their deceased loved ones. Ninety-eight per cent of participants reported having experienced purposeful bonds (eg. keeping personal belongings/photographs, talking/praying to the deceased, enjoying activities the deceased participated in while alive, visiting cemetery). Sixty-one per cent reported non-purposeful bonds (eg. dreams about deceased, visits from deceased). The presence and effects of these bonds could be both comforting (71%) or discomforting (55%) for participants. Additional research is needed to better understand how we can provide culturally sensitive care to bereaved populations.

Keywords: continuing bonds, bereavement, culture, qualitative, Ecuador

ore than 58 million people die annually worldwide (CIA, 2011), resulting in a significant number of bereaved individuals experiencing the death of a loved one each year. Grieving persons may experience positive growth (eg. better outlook on life, becoming more compassionate (Arnold, Gemma & Cushman, 2005)) or significant negative consequences (eg. marital disruptions (Oliver, 1999), psychopathology (Li, Laursen, Precht, Olsen & Mortensen, 2005)) after the death of a loved one. Klass, Silverman and Nickman (1996) proposed that continued connections with deceased loved ones could provide comfort and facilitate coping for both bereaved adults and children. Continuing bonds have been observed in bereaved spouses (eg. Field & Friedrichs, 2004), parent and siblings (eg. Foster *et al*, 2011), adult children (Tyson-Rawson, 1996), and pet owners (Field, Orsini, Gavish & Packman, 2009). Maintaining connections with deceased loved ones has been reported as an integral component of adaptation to bereavement (eg. Asai *et al*, 2010; Davies, 2005; Packman, Horsley, Davies & Kramer, 2006) but can also cause discomfort for some bereaved individuals (Foster *et al*, 2011).

A growing body of literature has suggested that religion and culture influence continuing bonds. Recent work has examined continuing bonds among bereaved individuals from various geographic locations, such as China (Woo & Chan, 2010), Japan (Klass, 2001), America (Foster et al, 2011; Lalande & Bonanno, 2006), Africa (Harms, Jack, Ssebunnya, & Kizza, 2010), Iran (Khosravan, Salehi, Ahmadi, Sharif & Zamani, 2010), and the Caribbean (Marshall & Sutherland, 2008). Other studies have explored continuing bonds among American Indians (Walker & Thompson, 2009), African Americans (Laurie & Neimeyer, 2008), and British Muslims (Hussein & Oyebode, 2009). Various expressions of continuing bonds, such as keeping photographs or belongings of the deceased, talking to the deceased, having dreams about the deceased, or feeling the presence of the deceased, are fairly consistent across cultures and religions. However, unique aspects of bonds exist within some cultures or religions regarding certain rituals and meanings of bonds. For example, Taoist priests in the Chinese culture typically advise that spirits of the deceased will visit the bereaved family from time to time, including a return seven days post-death (Chan et al, 2005).

Despite the growth in research on continuing bonds, a better understanding of the cultural and religious influence on bonds is needed. We were unable to find published work exploring continuing bonds within South American countries, including Ecuador. Spirituality in Ecuador is an expression of the different cultural heritages which include Spanish colonisation, Native Americans, and African-Ecuadorians as well as the important place of Catholicism. Although regarded as a Roman Catholic country, approximately 94% of Ecuadorians are only nominally religious with most not practising their religion. Thus, the purpose of this study was to examine how bereaved individuals living in Ecuador experienced continuing bonds with deceased loved ones. Using qualitative methods, we describe the frequency, nature, and perceived impact of continuing bonds among bereaved individuals in Ecuador who had experienced the death of a loved one.

Methods

Researchers partnered with Servants in Faith and Technology (SIFAT), a Christian non-profit organisation which provides training in self-help programmes for countries including Ecuador. Within SIFAT's mission, medical and dental teams treat the sick and teach local health workers, school children and communities how to prevent disease. TF had a previously established relationship with the Ecuador SIFAT physician (RC) and leaders from a previous trip to Ecuador.

After obtaining Institutional Review Board and SIFAT approval, RC partnered with Ecuadorian SIFAT leaders (eg. preachers, daycare/school leaders) who identified potential participants in their local communities and used a script to explain the study and eligibility criteria. Ecuadorian SIFAT leaders used the script to tell potential participants that the study aim was to learn from individuals who had experienced the loss of a loved one so that we could better help other families in the future. Potential participants were informed their participation was completely voluntary and that the interview would take about 30 minutes. Participants were given examples of the interview questions.

Participants

Recruited participants were aged eight years and up, were fluent in English or Spanish, and had recently experienced the death of a loved one. SIFAT leaders scheduled data collection appointments for interested bereaved individuals before American researchers (TF and JG) travelled to Ecuador for data collection. This took place over five days during 2011. Fifty-one bereaved individuals consented and were interviewed, but two participants greatly differed from the rest of the sample based on time since death (ie. eight and ten+ years post-death) and were not included in the analysis.







Figure 1: Villages represented by participants (n = 49)

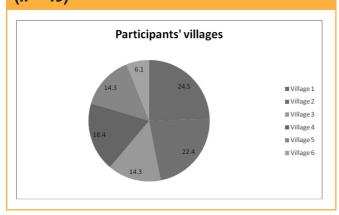
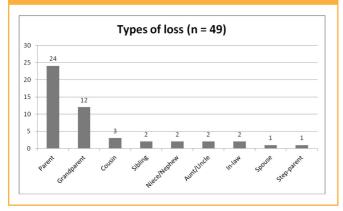
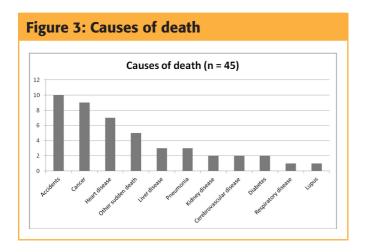


Figure 2: Types of loss experienced by bereaved individuals





Participants included in analysis (N = 49) represented 42 bereaved families. Nineteen participants were children aged 8–17 years, and 30 participants were adults aged 18 years or above. Participants averaged 28.76 years of age (SD = 18.02), and were mostly female (n = 38, 77.6%). Participants self-reported their religious affiliations as Christian (n = 28, 57.1%), Catholic (n = 19, 38.8%), or none (n = 2, 4.1%). The sample represented six villages (Figure 1) near the capital city of Quito. Educational level averaged 6.67 years (SD = 3.20). Average family income averaged \$311 per month (SD = 196.56). Almost half of participants (n = 24, 49%) had experienced the death of a parent (Figure 2). Deceased individuals (n = 45; greater than total number of bereaved families because one participant had experienced four simultaneous deaths) averaged 53 years of age (SD = 26.17) with approximately 10 months (SD = 23.21) of illness. Data were collected 15 days to 27 months (M = 9.10 months, SD = 6.11 months) post-death. Causes of death were both acute and chronic (Figure 3).

Procedures and measures

Informed consent was obtained from each adult (ages 18 years and up), and parental consent and child assent were obtained from each parent and child respectively, at the beginning of the visit. Researchers conducted semi-structured interviews via two Spanish translators, asking two multiple choice questions and five open-ended questions that were audio-recorded for transcription and coding. All interview questions were related to bereavement. For this report, individual interviews included two of the open-ended questions developed by the research team, including the SIFAT physician in Ecuador (RC) who also served as the translator for 46 of 49 interviews. These were:

- Some people have told us that they stay in touch with their loved one who died by talking to them, keeping something special that belonged to them, or remembering them in some special way. Others haven't said much about this. What about you? What kinds of things do you do to remember or stay in touch with your loved one?
- 2. Some people have told us that it helps them to stay connected to their loved ones. Others have not found it helpful. What about you? How does staying connected to your loved one affect you?

Before data collection, the principle investigator and translators discussed each interview question to ensure the intended meaning was appropriately translated to participants.

Analysis

Two researchers independently analysed data through content analysis, a qualitative approach to analyse data from open-ended questions (Hickey & Kipping, 1996; LoBiondo-Wood & Haber, 2006) using an *a priori* coding scheme (seeTable 1) based on previous work on continuing bonds (Foster *et al*, 2011).

Content analysis began with immersion, which involved repeatedly reading the transcripts to gain a sense of the data as a whole. Two researchers (TF and MJG)

Table 1 Differences in frequencies of continuing bonds expressions between children and adults ^c			
	Participants (N = 49)	Child Participants ^a (n = 19)	Adult Participants ^b (n = 30)
Purposeful reminders	48 (98%)	19 (100%)	29 (97%)
Visual representations	24 (49%)	10 (53%)	14 (46.7%)
Personal belongings	23 (47%)	10 (53%)	13 (43%)
Thinking about deceased	23 (47%)	6 (32%)	17 (57%)
Communicating to deceased	14 (29%)	7 (37%)	7 (23%)
Doing things the deceased person liked while alive	11 (22%)	6 (32%)	5 (17%)
Activities honoring deceased	10 (20%)	4 (21%)	6 (20%)
Visiting cemeteries	8 (16%)	4 (21%)	4 (13%)
Locations occupied	2 (4%)	1 (5%)	1 (3%)
Keeping ashes	1 (2%)	1 (5%)	0 (0%)
Nonpurposeful reminders	30 (61%)	10 (53%)	20 (67%)
Dreams of the deceased	28 (57%)	10 (53%)	18 (60%)
Sensing presence of the deceased	7 (14%)	2 (11%)	5 (17%)
Signs/visits from deceased	5 (10%)	1 (5%)	4 (13%)
Effects/Outcomes	45 (92%)	16 (84%)	27 (90%)
Comforting	35 (71%)	12 (63%)	23 (77%)
Discomforting	27 (55%)	11 (58%)	16 (53%)

^aChildren represent participants 8 to 17 years of age; ^bAdults represent participants 18 years of age an over; ^cDifferences were not statistically significant using an alpha value of .05.

independently reviewed the suggested coding scheme (Foster et al, 2011) and conducted a frequency count for each transcript according to the presence (or lack thereof) of each category within each participant's response. The two researchers compared their coding decisions, resulting in 81% agreement, and discussed the rationale for all discrepancies until reaching mutual agreement. Memos tracked the decision trail and included questions, possible comparisons, and leads for follow-up (Strauss & Corbin, 1990). Responses that did not fit into an existing category were identified as 'other' and reconsidered as a new category. This analytic process was repeated until consensus was reached between the two researchers. All data were examined based on the final coding scheme, and narratives for each major category included exemplar quotes. Results described how bereaved individuals perceived continuing bonds with their deceased loved ones and the subsequent impact of these bonds. Chi square tests were used to examine differences in the frequency of continuing bonds expressions between children (8-17 years old) and adult (18 years old and over) participants. An alpha value of .05 was used for assessing statistical significance.

Findings

After content analysis, all participant reports fit into the *a priori* coding scheme which included three major themes: (a) bereaved individuals purposely chose reminders of the deceased; (b) bereaved individuals encountered non-purposeful reminders of the deceased; and (c) bereaved individuals experienced both comforting and discomforting effects from these reminders. Frequency data is reported in Table 1. Comparisons between children and adults using Chi square tests were not significant.

Purposeful reminders

Choosing reminders of the deceased person was a purposeful, voluntary, and conscious action. Ninety-eight per cent (n = 48) of individuals reported experiencing at least one purposeful reminder of the deceased. Nine purposeful reminders were evident.

Visual representations of deceased

Forty-nine per cent (n = 24) of participants chose to keep visual representations of the deceased, most often

photographs. A bereaved adult (45-year-old) who had experienced the death of her father said: 'I have many pictures... I'm very attached to the pictures right now'. Another bereaved adult child (46-year-old) reported keeping 'videos of when he (83-year-old father) was in the clinic'. A 15-year-old bereaved child said: 'I have pictures that I keep most of the time. When I want to see him (deceased father), I look at the picture and I'm happy'. Many participants reported having few photographs, such as a 60-yearold who had experienced the death of her 78-year-old stepfather: 'One picture. One picture on the wall'. Some participants were unable to keep visual representations of the deceased because they did not have any photographs, such as one 10-year-old whose 24-year-old cousin died: 'We don't have anything or pictures'.

Personal belongings of deceased

Forty-seven per cent (n = 23) of individuals chose to retain personal belongings of the deceased, often including clothing and jewellery. A 45-year-old adult whose father died of stomach cancer said: 'I have pants that belonged to my father in one place, in a special place'. Some bereaved individuals used the personal belongings, such as a 38-yearold who said: 'I have many clothes that belonged to her [deceased mother], and I like to wear it. I'm very happy when I wear the clothes because she was a good mother, and I want to be like her'. Other participants reported not using the belongings, such as this 12-year-old grandchild: 'I keep his [deceased grandfather's] watch...' (Interviewer: Do you wear it or just keep it?) 'I keep it'. An 11-year-old who experienced the sudden death of his father reported: '...we have a mattress where I used to sleep with my father. But we keep it in a separate room...we don't want to use the mattress...because it brings not good memories'. Other participants reflected on keeping belongings of the deceased, but not knowing what to do with them. A 44-year-old female said: 'Nobody's touched the belongings that belonged to her [deceased mother-in-law].... Nobody knows what to do'. Some participants reported giving

belongings away after suggestions from other family members: 'I [45-year-old] keep some clothes that belonged to him [deceased father], but my husband says it's not good for me, just give it to somebody else. And I did.... A blanket that belonged to him, I keep. My husband says 'Just put it away. Do something else'. But I say "no". That's the only thing I want to keep'.

Thinking about deceased

Forty-seven per cent (n = 23) of participants chose to reminisce about deceased loved ones, such as one 16-yearold bereaved female: 'Right now I just remember how every time since I was in the sixth grade I used to go back to the house and sit by my mom and tell her how the day was. I just play that in my mind'. A 75-year-old bereaved cousin said: 'What I remember the most is when he [75-year-old deceased cousin] came to visit me we liked to talk and share about life'. One 37-year-old who experienced the death of her 24-year-old niece ponders things she wishes could have been different before her death from kidney failure: 'These days, I still think about the moment that she didn't have the opportunity to share about Christ...I think about that. I was eager to talk to her, but that part was impossible....' A 33-year-old child said: 'I remember the vacation time because my (deceased) mother used to live in the countryside, so she came with the whole family to visit once a month. So it was very nice. That's what I miss the most'.

Communicating to deceased

Twenty-nine per cent (n = 14) of participants reported communicating to deceased loved ones as a means of remembering and connecting. Communication occurred through talking to the deceased. A 20-year-old bereaved grandson said: 'I like to talk to him [deceased grandfather] to tell him what's going on in my life'. A 32-year-old female reported: 'When I'm alone and when I'm depressed, I talk to him [deceased grandfather]. I know this is impossible, but sometimes I ask him for things, or when I'm depressed I just tell him what's going on'. (Interviewer: Does he communicate back to you?) 'No, I haven't heard from him'. Communication also occurred through prayer, such as one 45-year-old who experienced the death of his father: 'Every day when I pray, I ask my Father to help us'. An 11-yearold bereaved child communicated to her deceased father through writing letters and leaving them at the cemetery: 'I write letters to him (and say that) I won't forget him at all'.

Doing things deceased would have liked or chosen

Twenty-two per cent (n = 11) of bereaved individuals chose to do things their deceased loved ones would have liked, such as eating or cooking special foods. A 60-year-old said: 'Potato soup. He [deceased step-father] loved potato soup...I make good soup, and the children like it. And remember him'. A 50-year-old who was 16 months post-



death reported: 'When I cook, it is a great time because I remember how we [deceased mother] used to cook together'. A nine-year-old enjoys playing sports that he used to play with his father before his father died suddenly at home from liver disease: 'Soccer. I like to play soccer still. I love to play because it's what I used to play with my father'. A 10-year-old female said: 'We [24-year-old deceased cousin] used to watch television together and play some games... We used to like cartoons....I watch that and I remember'. A 22-year-old female whose 35-year-old father died of pneumonia six months ago shared: 'We used to travel on weekends, so when I travel (now) I remember him very much. I am connected to the travelling that we used to do'.

Activities honouring deceased

Twenty per cent (n = 10) of participants chose special activities to honour deceased loved ones, such as planning and participating in special events and projects. Many participants reported bringing flowers to the cemetery. Some families created memorial events, especially in recognition of the deceased person's birthday. An 11-yearold who had experienced the sudden death of her father said: 'We like to celebrate birthdays, his [deceased father's] birthday. I remember him on my birthday, too'. A 45-yearold said: 'Like Catholics, they have a special service a month later (after the death) or every six months in memory of him [deceased father], so that's what I do'. A 48-year-old was writing a book in honour of her 91-yearold grandfather who died from a drowning accident: 'I'm writing a book right now...about his life. Since he was a leader...I took notes about his life....He was very special. He was a giver...I want many people to know him and his legacy....'

Visiting cemeteries

Sixteen per cent (n = 8) of participants chose to visit the cemetery where the deceased person was buried. Six months post-death, an 8-year-old female visits her deceased father: 'Every Saturday I go to the cemetery'. A 20-year-old bereaved grandchild similarly visited her grandfather who had suddenly died of a heart attack three-and-a-half months



ago: 'I go to the cemetery often...that's my connection'. Two participants did not report on visiting the cemetery but commented that they wish they could, such as this 32-yearold whose father had died a year ago after a three-month illness: 'I have six children...so I'm very busy. I cannot go to the cemetery and visit the grave'. (Interviewer: Is that something that you wish?) 'Yes'. Similarly, an 11-year-old bereaved grandson said: 'I never went to the cemetery. I would like to go sometime...with my family'. In contrast, some participants commented on their lack of interest to visit the cemetery: 'I [11-year-old] never went to the cemetery to see his (deceased great-great-grandfather's) grave. For me, it doesn't matter'.

Locations deceased occupied when alive

Four per cent (n = 2) of bereaved individuals chose to visit places the deceased occupied when they were alive. A 30-year-old who experienced the death of her aunt from a car accident shared: 'My aunt used to sell in the market. So when I go to buy something, I always remember her. I go twice a week, and I see an empty space where she used to work....I don't like to go very often. Only once in a while'. An 11-year-old male who was one month post-death visited a special location his deceased father used to occupy: 'My father had a favourite restaurant he used to go for lunch, so I like to go there very often'.

Keeping ashes of deceased

Only 1 (2%) participant retained memories by keeping the deceased person's ashes nearby. A 14-year-old female had experienced the death of her 20-year-old brother after a motorcycle accident five months ago: 'We cremated him, the body, so the ashes I have in my room... We didn't pay for the cremation because we have health insurance, so it was covered. So no cost... All of the ashes are in the box'.

Non-purposeful reminders

Contrary to 98% (n = 48) of participants who purposely chose reminders, 61% (*n* = 30) of participants encountered non-purposeful, involuntary, non-conscious reminders of the deceased that occurred unexpectedly. Fifty-seven per cent (n = 28) of participants had unexpected dreams about the deceased. One 15-year-old child reported: 'I have dreams with my father. Maybe four or five dreams since he died. When I have the dreams, I am very happy. I have a lot of joy to see him and talk to him. Right now, I have the opportunity to tell him in the dreams that I love him very much, and I didn't tell (him) this before when he was alive'. A 30-year-old niece who was seven months post-death had dreams about her deceased aunt: 'At the beginning, (when) my aunt passed away, I used to have a lot of dreams. Most of the dreams, she greeted me. That was it.... Lately, I have some short dreams, like she appears and disappears at the same time'.

Fourteen per cent (n = 7) of participants felt the deceased person's presence. One person (28-year-old) said: 'Sometimes I feel that he [deceased father] is still alive. That he is not dead'. A 14-year-old sibling reported: '...I feel that he [deceased brother] is somewhere in the room'.

Ten per cent (n = 5) of participants experienced unexpected signs and visits from deceased loved ones. A 45-year-old said: 'Sometimes I see my [deceased] father. He's in the house. And it's not a dream. He just smiles. It's like he comes, he smiles, and says, "You're fine". And he leaves'. A 39-year-old whose 34-year-old sibling had died of lupus six months ago shared: 'I hear her voice very often. Overnight when I was sleeping, I heard her voice many times and I woke up'. A 14-year-old sibling perceived that her deceased brother sends her signs: 'In the morning, a bird comes and hits the window, and we [family] think it relates to my brother'.

Effects of continuing bonds

Participants reported both comforting and discomforting effects from continuing bonds with their deceased loved ones. When reminders stimulated positive memories about, and of being with, the deceased, comforting effects resulted, including making the bereaved person feel better. Seventy-one per cent (n = 35) of participants described comforting effects from continuing bonds. A 48-year-old shared effects from perceiving visits from her deceased parents: 'They give me strength in many situations. And they encourage me to be strong in life and make good decisions. I like very much to be in touch with them. It's very helpful for me'. One participant was a 27-year-old who had experienced the simultaneous death of four cousins after a car accident 15 months ago and reported being comforted via continuing bonds: 'It's like it relaxes (me). I feel really peaceful'.

Fifty-five per cent (n = 27) of participants reported discomforting effects when they found it difficult to be reminded of deceased loved ones. A 14-year-old grandchild said: 'It's too hard. I don't want to be in touch with her [deceased grandmother who died of sudden illness one year ago] because I feel pain, so I'm fine without any contact'. Discomforting results occurred when reminders stimulated hurt or sadness. In these cases, participants avoided purposeful reminders, such as one 45-year-old who kept a blanket that belong to her deceased father: 'I just keep (it) in the room, but I don't use it because I am sad with his death'. Sometimes, friends or family influenced the bereaved person disengaging with reminders such as this 33-year-old six months post-death: 'I only had her [deceased mother's] picture, but because I was always sad, in tears, somebody took away the picture. So I don't have the picture anymore.... It [the picture being taken away] was good for me... I have cut my feelings. Even the good memories, I'm sad'. Some participants experienced both comforting and discomforting effects, such as a 45-year-old

who experienced the death of his father: 'When I see the pictures, I'm happy, but sad at the same time'.

Some participants commented on various reasons for not continuing bonds with the deceased. A 39-year-old bereaved sibling (six months post-death) said: 'I don't like to be in contact with her [deceased sister] because I know that she's not here. Whatever I do, she's not here. So, I don't want to be in contact'. Another participant said: 'I'm not interested in staying connected in any way. No pictures, nothing. She [deceased mother-in-law] was dear...so I love her, but I'm not interested to remember her very often'. A 24-year-old who had experienced the death of her 72-yearold aunt four months ago reported a lack of knowing how to continue bonds: 'We were not very close, so I don't know how to connect to her'. A 41-year-old daughter had suffered the death of her father after he was killed with a machete one year earlier. After sharing her Christian faith, she said: 'God heals me. The Heavenly Father I'm not worried about being in touch with him [deceased father] through anything because God replaced him'. While some participants reported reasons for not continuing bonds, one 45-year-old participant reported a specific reason for continuing bonds with his deceased father who had died eight months ago after a year-long battle with cancer: 'It is my job to remember him'.

Discussion

Limited research has examined the frequency, nature, and process by which bereaved individuals from South America develop and experience continuing bonds. This study assessed the frequency of various continuing bond expressions and their perceived effects on recently bereaved individuals from Ecuador, using qualitative methodology. Continuing bonds were reported as both purposeful and non-purposeful in nature, in addition to prompting both comforting and discomforting effects for the bereaved, consistent with the concept of continuing bonds (Klass *et al*, 1996) and other recent studies (Field & Friedrichs, 2004; Foster *et al*, 2011; Neimeyer, Baldwin & Gillies, 2006; Ronen *et al*, 2009).

While some participants reported having photos and material possessions which continued to connect them with the deceased, participants often commented that they only had a single or a few material reminders (eg. one photograph). Belongings, such as clothing, may have been kept for the necessity of another family member to use or wear. This differs from a previous study (Foster *et al*, 2011) completed in the Unites States which revealed the majority of participants kept a wide variety of material items and numerous physical reminders to choose from, such as pictures, videos, stuffed animals, and clothes. This discrepancy is likely related to fewer material possessions and photos: 33% of the population in Ecuador falls below the poverty level (CIA, 2011). Lower socio-economic status may be related to bereaved individuals having fewer physical links to the deceased. More research is needed to determine if or how the number of physical reminders impacts bereaved individuals.

Many descriptions of dreams as a form of continuing bonds emerged from the findings. While this finding is similar to reports in previous literature (eg. Krause & Bastida, 2010; Ishida *et al*, 2010), more participants in our study reported dreams than American bereaved parents and siblings after the death of a child. Certain cultures may value the telling of dreams, causing some participants to report dreams more or less. While not discounting the cultural dimension, dreams could have been more frequently reported in our study compared to Foster *et al*'s (2011) study in the United States in part due to the nature of the death or the relationship between the bereaved and the deceased.

Findings also suggested that almost half of participants maintained connections by thinking about the deceased. While many of the bereaved individuals reported thoughts about the deceased, anecdotal data suggested that participation in our study was the first and only time many participants had been asked about their grief. It seemed that most bereaved individuals kept their thoughts, emotions, and grief to themselves, because they did not know how to talk about it with others, and others wanted to help but did not know how. While similarities may exist across cultures regarding people not knowing how to approach the topic of communication about death, cultural differences are likely to exist. More research is needed to better understand cultural influences on if, when, and how to communicate about potential death, what happens to someone after they die, what to expect during the bereavement phase, and how to grieve.

Participants were very compliant in talking about their recent losses but were also quite emotional about the experiences. One component of those very touching responses was that more than half of participants described how discomforting the memories of the deceased made them, and some reported no interest to continue bonds or connections with the deceased. This is an interesting finding to note, contrasting Foster et al's (2011) study in the United States where only 10% of bereaved individuals reported discomforting effects from continuing bonds with children who died of cancer. Participants in our study may have reported more discomforting effects due to the varied nature of deaths, including 15 (31%) acute deaths (accidents and sudden deaths). For example, previous studies have noted that bereaved individuals experienced grief difficulties when a loved one dies from drug overdose or murder-related deaths (Guy & Holloway, 2007; Riches & Dawson, 1998). Participants in our study may have lacked healthy coping skills to deal with the death of their loved one. Bereaved individuals unprepared to deal with

grief may perceive more negative consequences of reminders of the deceased as compared to bereaved individuals better equipped with healthy coping skills such as problem solving, emotional expression, acceptance, positive thinking, cognitive restructuring (Compas *et al*, 2001).

Limitations

Our findings should be considered in the context of several limitations. We do not know how many potential participants were approached by the Ecuadorian SIFAT leaders, thus we could not calculate an accurate participation rate. Findings may not generalise to all bereaved individuals as our sample was primarily Ecuadorian and Christian. Our sample spanned a wide range of participant ages, various types of loss, and various causes of death, limiting conclusions that can be drawn. Data were cross-sectional, and reports of continuing bonds or effects may not persist over time. Qualitative analysis used an *a priori* coding scheme developed in a different culture with a different sample. Data may have been misinterpreted due to differences in terminology across languages and cultures. Despite these limitations, this study addressed a gap in the literature by examining bonds phenomena reported by bereaved individuals from underserved areas of Ecuador. Strengths included multiple data collection sites (six villages), consistent translation and administration of interview questions, and seemingly positive therapeutic benefits of participants' study involvement.

Implications for practice and research

Although more evidence is needed to determine helpful aspects of continuing bonds among various cultures, health care professionals can help facilitate discussions regarding continuing bonds and bereavement care. Health care professionals can establish and maintain global partnerships so that clinicians, researchers, and community leaders can better understand how to respectfully communicate about death and continuing bonds among various cultures. For bereaved individuals interested in maintaining connections but who do not know how to initiate the process, professionals can offer suggestions on various ways to continue bonds, such as thinking about the deceased, talking to the deceased, or keeping a special belonging. Providers can also help other family members anticipate that reminders can trigger both comforting and discomforting effects for the bereaved, but that this range of effects can be normal and expected. However, other bereaved persons may need reassurance that continuing bonds are not necessary or helpful for all individuals, and that it is ok to have a lack of interest to remain connected.

Researchers interested to conduct studies in other countries should be mindful of gatekeepers with whom they

may already have established relationships. The already established and maintained relationships among TF, RC, and the SIFAT organisation were vital to project planning and potential Ecuadorian participants' reception of visiting American researchers. More research is needed to further our understanding of culturally sensitive bereavement care, specifically related to continuing bonds. Future work could include a variety of countries, cultural and religious groups, urban and rural areas, and could focus on specific relationships between the bereaved individuals and the persons who died. Overall, findings from this study contribute to current knowledge of continuing bonds and suggest directions for further research.

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