**Beyond bereavement: the impact of bereavement on the resilience of children and families**

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# Abstract:

There are an estimated 300,000 Gypsies and Travellers in Britain. Despite Romany Gypsies, Irish Travellers and Scottish Gypsy-Travellers being recognised as distinct ethnic groups, in re- cent decades these communities have faced increasing challenges to retaining their culture and traditional nomadic lifestyle with significant impacts on their health and wellbeing. In addition to facing inequality and discrimination Gypsies and Travellers experience noteworthy health inequalities and have a life expectancy which is considerably less than surrounding populations. Bereavement is a significant health concern for Gypsies and Travellers with substantially higher levels of suicide, maternal and infant mortality, miscarriage and stillbirth than is found in wider society. Multiple bereavements can result in long term health implications including depression, anxiety, and increased risk taking behaviours, including alcohol and substance misuse and complicated grief reactions in adults. In addition the close knit nature of Gypsy and Traveller communities means that the death of a relative is felt with great intensity articulated by some research participants as an event with which they ‘never come to terms’. The significance of bereavement and loss within these groups can therefore result in a continuum of loss and complicated grief throughout the lifespan.

However, the effects on children of loss, or living with carers who are experiencing bereavement remain largely unrecognised, despite the increasing research evidence which explores the connection between early childhood experiences and later life chances.

This paper presents emerging findings from on-going research studies exploring the bereavement experiences of Gypsies and Traveller families, and considers resilience in relation to the bereavement experiences of this marginalised ethnic group.

**Keywords**: Gypsy, Traveller, Bereavement, Resilience, Wellbeing.

*‘What makes you strong won’t kill you’*

(Participant in Rogers’ ongoing research).

# Introduction

The statement above made by a participant in my on-going bereavement research reflects the stoic nature and resilient attitude found within Gypsy and Traveller families and communities experiencing hardship. Moreover, it summaries acceptance of life- long challenges and adversity faced by Gypsy and Travellers living a marginalised lifestyle within mainstream British society.

Living on the edge of mainstream society British Gypsies and Travellers (the standard terminology used in the UK to refer to members of the ethnic group included in European policy documents as ‘Roma’ communities, see further: Council of Europe, 2012) remain largely hidden or invisible. Whilst there is limited space in this paper to detail all the risk factors faced by these communities, they are vulnerable across all aspects of the life- course, including experiencing high rates of premature death. Hence bereavement and complicated and long-term unresolved grief underpins high levels of mental illness (depression and anxiety) in Gypsy and Traveller communities (Parry, Van- Cleemput, Peters, Moore, Walters, Thomas et al, 2004; Cemlyn, Greenfields, Burnett, Matthews, Whitwell, 2009). However despite the challenges faced by Gypsies and Travellers, community members, and women in particular, have been found to have a very stoic attitude towards life as illustrated in the opening quotation (Richardson, Bloxham & Greenfields; 2007). Stoicism refers to personal or societal attitudes in which the endurance of hardship is accepted as the norm without feeling or complaint (Sellars, 2006) and is a strong feature of Gypsy and Traveller identity, a characteristic which individuals aspire to and take pride in (Parry 2004; Atterbury,2010; Smith & Rushton, 2013). Stoic attitudes and behaviours were evident throughout the study with a number of my research participants explicitly referring to themselves as stoic *“Travellers are very stoic, we just have to get on with it”* (Rogers’ ongoing research). Hence this paper sets out to question whether when faced with repeat bereavement, individuals are behaving stoically or exhibiting psychological and social resilience?

Resilience relates to an individual’s capacity to recover from adverse life experiences including trauma and high levels of stress (Daniel & Wassel, 2002). The complex lifestyles led by some Gypsies and Travellers who often experience poverty, homelessness or insecure accommodation typically involves experiencing high levels of trauma and stress, both on an individual level and also collectively, as members of a marginalised ethnic group. Thus Gypsies and Travellers have been identified as being vulnerable to both individual and ‘cultural trauma’ through their communal experience of membership of a group whose traditional way of life is increasingly criminalised and stigmatised in sedentary post-modern society (Ryder, Cemlyn & Acton, 2014). Individual vulnerability is therefore exacerbated by collective cultural trauma which impacts on social dynamics, emotions, spirituality and the resilience of those involved. Additionally it can have intergenerational impacts on coping mechanisms leading to increased emotional vulnerability (Thompson, 2012).

# Methods

Participants were recruited via civil society, Gypsy and Traveller led agencies: from The Traveller Movement in Britain and One Voice 4 Travellers, advisory organisations who act as advocates and provide support for Gypsies and Travellers by promoting social inclusion and equality within mainstream society. The sample chosen only included women, a deliberate decision following recommendations from the advisory groups above, based on the nature of the research and the premise that given the traditional gender role behaviours of Gypsy and Traveller men, it was highly unlikely that they would talk about bereavement, a subject that they do not comfortably speak about within their own community, let alone to an outsider, a non- Gypsy female researcher (Okely,1983).

Therefore as the participants and the researcher were all women and the study focused on bereavement experiences from the perspective of women, the research is closely aligned to feminist paradigms. Feminist approaches often research sensitive subjects related to the experiences and place of women in society (Oakley, 1981; Dickenson-Swift et al, 2008). Although the place of women in Gypsy and Traveller culture is not the main focus of this study, gendered role traditions were influential in the decisions to only access women for this research. Participants were all female between the ages of fifteen and mid-fifties accessed via opportunistic sampling, with participants having responded to requests made by the advisory organisations. This age range provided participants who spanned four generations of families, including grandmothers, mothers, daughters and granddaughters, thus giving a perspective of bereavement from different roles and relationships within the same families.

Given the sensitive nature of the research, narrative inquiry using focus groups and narrative conversations was used to hear the bereavement experiences of the participants. Two focus groups, one with eight Irish Travellers and one English Gypsy and the other with seven English Gypsies were carried out, followed by a further nine individual narrative conversations. In addition a workshop using stories, music and art to explore bereavement experiences from children’s perspectives were carried out with seven children and young people between the ages of seven and fifteen.

A thematic analysis of the data identified the following themes, cultural characteristics, religion, health, gender and family as influential in shaping the bereavement practices and behaviours of Gypsy and Traveller families. The stories heard during this study confirm that bereavement creates long term problems for Gypsies and Travellers, the consequences of which result from strong cognate relationships and the cultural practice of not discussing death. Embedded in these relationships are very strong protective behaviours. It is this predominant need to protect family at any cost, which results in part from living within an often hostile majority society, but also from the collectivist societal approach that favours the wellbeing of others above that of the individual that appears to have an impact on complexity of bereavement behaviours of Gypsies and Travellers. It is particularly notable in women who will consistently put the care and protection of other family members above their own health and wellbeing.

This paper explores research participants’ capacity for resilience by considering the risks and protective factors faced by Gypsy and Traveller families including the impact on the development of resilient children when living with frequent and multigenerational bereavement experiences.

# Who are Gypsies and Travellers?

In order to set the scene it is important to clarify who are included within this definition. In Britain, ‘Gypsies and Travellers’ is a generic term used to identify members of ethnic groups who are traditionally nomadic. Defining who is a Gypsy and Traveller is however relatively complex, with different formulations found in UK planning law, which is based on nomadism (as still practised by a considerable number of Gypsy/Travellers in the UK) and also under the Race Relations Acts which provides protection for individuals who are members of ethnic groups. It is important to recognise that there are a number of distinct groups commonly included within the generic term Gypsies/Travellers, e.g. English Romany Gypsies, Welsh Gypsies, Scottish and Irish Travellers, Show People, (Fairground Travellers) Bargees (barge or boat dwellers) European Roma and New Travellers (Clark & Greenfields, 2006). For the purpose of this paper the term ‘Gypsies and Travellers’ is used to refer simply to English Romany Gypsies and Irish Travellers the largest of these populations in Britain.

Despite various estimates the size of the Gypsy Traveller population remains unclear. In 2006 the Commission for Racial Equality (CRE) suggested that there may be many as 300,000 Gypsies, Roma and Travellers in the UK. However the 2011 Census identified much smaller numbers, 58,000, (ONS, 2014) but only included English Romany Gypsies and Irish Travellers who were housed or on authorised sites and those who chose to self- ascribe and complete the census. Following identification of this disparity in assessment of population, the Traveller Movement in Britain sought to contrast this official data with a more accurate account using population data from Gypsy Traveller Accommodation Needs Assessments undertaken in 2011. Use of these data sets identified the Gypsy Traveller population as 119.193 more than double the numbers suggested by the census (ITMB, 2013).

The difficulties in accurately depicting the numbers of Gypsies and Travellers is in part due to their separateness from mainstream society, meaning that they remain a largely hidden community in mainstream consciousness In part this invisibility is used as a protective strategy by the communities, to maintain their distinct cultural heritage and also to prevent assimilation into the sedentary society (Liegeois, 2007). However, invisibility also keeps them marginalised and misunderstood by the wider population, creating a dichotomy of views, from the historicised and romanticised notion of glamorous beauties leading a nomadic lifestyle with horse drawn wagons in country lanes, juxtaposed against the more recent stereotypical view of ‘dirty’ and ‘dishonest’ people living in illegally parked caravans (Evans, 1999; Richardson et al, 2007). The reality is in fact more complex as may be expected of a marginalised community who have experienced a long history of prejudice and discrimination dating back to the Sixteenth century when they were first identified as present in the UK.

Whilst Gypsies and Travellers undoubtedly experience an unequal positon as ‘others’ within the mainstream society which creates many of the adversities they experience, they simultaneously remain the negative focus of discourse pertaining to ‘unruly’ ethnic minorities. However there is a growing discourse highlighting the growth of the power of self-identity and community activism which promoting social justice and human rights, a process that is becoming increasingly successful in empowering rather than creating a victimisation narrative of Gypsies’ and Travellers’ experiences (Powell, 2008; Ryder, Cemlyn & Acton, 2014).

Nonetheless the separateness and lifestyle choices favoured by many Gypsies and Travellers in the UK, which is often at odds with mainstream sedentary society, has resulted in a complex and difficult relationship between Gypsies, Travellers and the state (Bancroft, 2005;CRE,2006). Consequently increasingly repressive laws and social and economic exclusion and health impacting lifestyle factors such as smoking, substance misuse and generally poor health has led to Gypsies and Travellers having the poorest life chances of any ethnic group in the UK (Diacon, Kritman, Vine, Yafal, 2007; Ryder & Greenfields, 2010). Furthermore the marginal physical places occupied by many Gypsies and Travellers often adds to the high levels of exclusion they experience, increasing their vulnerability across all aspects of life, in particularly in relation to accommodation, heath, education and employment risk (Greenfields, 2012 in Greenfields, Dalrymple and Fanning, eds.).

This is most evident when considering the poor health status and rates of premature mortality found within Gypsies and Traveller communities when these groups are compared to mainstream populations, including individuals with low socio-economic status (Parry et al, 2004). When this multi-factorial exclusion is added to a high rate of multi- generational premature bereavement, often from accidents or preventable deaths, it means that the individual and socio-cultural significance of death remains at the forefront of Gypsy and Traveller experiences.

Although my research has focused on Gypsies and Travellers in Britain there are many similarities to Roma populations both those in the UK and Europe, who also experience marginalisation, poor housing and education, substandard health care, high infant mortality and the shortest life expectancy in Europe (Open Society Foundation (OSF),2013; Ryder, Cemlyn & Acton, 2014). As the lifestyles and experiences of both Roma and Gypsy/Traveller populations are mirrored it is highly likely that their bereavement experiences will also be similar.

# The impact of bereavement on Gypsy & Traveller communities.

Although death and grief are universal, the place of the dead in society, mourning rituals and the manifestations of grief vary greatly across cultures (Field, Hockey & Small, 1997). Thus culture, societal traditions and beliefs create understandings about death, and provide a framework for bereavement behaviours determining the influence that the dead have on the lives of the living (Niemeyer, 2001; Silverman, 2001; Walter, 1999).

Whilst death remains central to shaping the behaviours of Gypsies and Travellers, often played out through strong cultural traditions and religious beliefs; within the community there also appear to be explicitly contradictory models of bereavement behaviours, with overt expressions of loss, lavish funerals and complex death rituals, whilst the experience of ‘grief’ (defined as the emotional response to bereavement and loss that has both physical and psychological consequences that may impact on health, see Strobe & Schut, 1998), stays firmly hidden and is often unresolved for many years (Cemlyn et al, 2009). In order to understand the phenomenon of long-term complicated grief it is necessary to understand the close knit nature of Gypsy and Traveller families who are typically defined in their relationships through their collective culture, in with each person’s well-being and identity are connected to membership of their family and kinship group rather than primarily operating as an autonomous individual.

The close-knit nature of Gypsy and Traveller life (which in many ways remains unchanged from the models found in pre-industrial rural societies) means that following a death, public displays of grief, and open recognition of the enormity of loss both to private individuals and the community at large, are central to both demonstrating the value of the deceased person and acknowledging the ways in which life is changed forever by the loss of a community member. Failure to respect these social norms is almost unthinkable for the vast majority of Gypsies and Travellers, with individuals often travelling for many hundreds of miles to ‘show respect’ and support a recently bereaved family. Not uncommonly a funeral, regardless of the age of the deceased person, or the circumstances of their death, might attract several hundred mourners. Moreover should a breach of ‘respect’ such as not sending flowers or failing to attend at the funeral or at the ‘sitting up’ with the family the night before the burial occur, (even if social breaches may have existed in the past between families), individuals who behave in such a way would feel both personally diminished and fear being socially ostracised for failing to adhere to cultural mores (Okely,1983).

So why does this central focus on death and appropriate behaviours remain so crucial to Gypsy and Traveller identities? Firstly, the relatively unchanging family structures and ‘traditional’ values common to the overwhelming majority of Gypsies and Travellers means that there is an exceptionally high level of contact between kin groups on a daily basis. This is in complete contrast to the majority of ‘Western’ communities where families tend to be smaller, more disparate and geographically dispersed. Thus, an individual might spend their entire life living alongside their parents and siblings, on a caravan site, with their own children growing up, marrying and having their own family whilst living either at the same location or geographically nearby. Hence almost by definition, if living in an extended family unit, the repercussions of birth and death are likely to have a greater impact and deeper resonance than for individuals who are unable to live in such close proximity to their wider family. The close kin-ship structure of Gypsy and Traveller communities means that the death of a relative is felt with great intensity, articulated by some research participants as an event with which they ‘never come to terms’. The significance of bereavement and loss within these groups can therefore for some people result in a continuum of loss and grief throughout the lifespan, particularly (as touched upon below) if there are cultural factors which preclude seeking external psychological help. Unresolved grief can therefore leave sufferers with no option but to ‘cope’ stoically, or resort to ‘self-medication’ such as alcohol or drugs to numb the pain of loss.

# Resilience factors within Gypsy and Traveller communities.

Having outlined the factors which lead to increased grief reactions, amongst Gypsies and Travellers it is time to consider the strong protective factors which aid resilience and survival for individuals experiencing repeated trauma. Many of these resilience factors, like those which exacerbate risk of unresolved grief, are embedded within close family networks.

Rutter (1981) identifies a number of domains (both personal and environmental) which measure individual capacities for resilience against the dominance of risk, and also protective factors within each person’s life. Personal domains include personality traits and gender, capacity to cope with stress factors and change, and family influences, whilst environmental factors include living conditions. It is impossible to separate personal and environmental factors where Gypsies and Travellers are concerned, as their nomadic traditions are increasingly compromised and an insecure living environment may be a significant cause of stress, with fear of eviction, prejudice and persecution common concerns amongst research participants.

Additionally, poor and dangerous living environments account for a number of intergenerational sudden unexpected deaths such as those associated with traffic accidents or poor environmental health. Negative family circumstance can also result from accommodation change with families being ‘broken up’ and unable to live in the close proximity that they are used to. Bereavement will also have a significant effect on family as they come to terms with their loss and the changing roles and responsibilities that accompany the loss of a family member (Cemlyn et al 2009). Thus, whilst the closeness of family is a strong protective factor associated with resilience, changes in circumstances such as those outlined above can also create additional stress and risk factors.

Furthermore Rutter’s (1981) consideration of personality traits and gender roles is particularly pertinent to Gypsy and Traveller families as he highlights psychosocial stressors in males, particularly those linked to family discord, proposing that males are more vulnerable and less resilient than females to stress. Evidence of male responses to family bereavement stressors within Gypsy and Traveller families in my research (and earlier literature), repeatedly note high incidences of risk taking behaviours and bereavement-related suicide, supporting Rutter’s proposition of increased male vulnerability, as this quote illustrates: “*More men than women can’t cope with it and take their lives”*. In contrast Gypsy and Traveller women are often responsible for keeping the family together and demonstrate a stoic or resilient attitude of ‘just getting on with it’ (quotes from Rogers’ ongoing research).

Overall, positively correlated resilience markers are clearly found within Gypsy and Traveller culture and traditional family structures: predominantly secure emotional attachments, strong relationships, security, and a structured family environment with consistent boundaries, all of which were noted by respondents as fundamental to Gypsy and Traveller values (Walsh, 2006). However, the overriding cultural need articulated by my research participants to ‘protect family at all cost’ may, as normatively practised, be detrimental to individual emotional resilience, as grief is internalised. Hence the desire to alleviate grief, and the culturally accepted way of protecting family members by, avoiding the subject of death, ignoring others’ pain, simply ‘getting on with it’ seems to create personal vulnerability rather than increased emotional protection for some vulnerable individuals, as summarised here: *“If it’s a member of your own family, your brother or sister, you can’t show your feelings you can’t because you are afraid to hurt them, you have to keep a brave face on it”* (Rogers’ ongoing research).

The continuous cycle of bereavement, loss and the protective practices of not discussing grief and death extends across family relationships, creating a physical closeness but emotional distance within family interactions following bereavement. This process of internalising feelings and responses to grief appears to lead to significant and long term implications for health and wellbeing, with women commonly suffering from anxiety and depression and men resorting to alcohol or the more extreme bereavement-related suicide (Parry et al, 2004). The extract below summaries the challenges faced, particularly by Gypsy and Traveller women, resulting from these culturally protective behaviours:

*“We do expect a lot of ourselves we have to cope with everything, to carry on with family life; you almost haven’t got time to grieve… the men go straight to drink … so then the woman has to manage with her husband, family, kids, it’s hard you know. That’s what causes more problems for the woman it builds up you once it’s there you don’t know how to manage, or how to get rid of it. It’s part of being a Traveller, it’s what they do, unfortunately that brings a lot of problems”* (Rogers’ ongoing research).

For Gypsies and Travellers their individuality and sense of self are secondary to their place within the family, where a strong family and community orientation that provides primary socialisation ensures that kinship values and responsibilities are at the forefront of relationships, overriding individual needs, unlike the predominantly individualised and societal socialisation models found within the mainstream population (Powell, 2013). This strong emotional connectedness between family members underpins the protective practices that put the wellbeing of others before the wellbeing of themselves, leading to low resilience and poor health for some individuals. These protective behaviours clearly have a detrimental effect on health and wellbeing of some adults, with family becoming a barrier rather than a protective resilience factor consideration. These implications also need to be given consideration in terms of the impact that adult behaviours have on the development of children learning resilient behaviours.

# Children and resilience.

Children are highly valued and central to Gypsy and Traveller family life, benefiting from being part of strong nuclear families and also of wider kinship and community structures. This central place of children means that they are included and participate in many aspects of adult life including death rituals and funerals (Okley, 1983). Liegeois (2005) asserts that the place of children within Gypsy and Traveller communities provides them with both physical and psychological security. The physical care and wellbeing of children was very evident throughout my research, as many research participants’ reinforced how well cared for children are, following bereavement, particularly being cared for by extended family and the community as a whole.

However whilst physical care needs are undoubtedly well met and strong family attachment bonds are evident, the cultural practice of not discussing the deceased or feelings of grief as a protective strategy results in a lack of emotional support for children, as illustrated below:

*“we are all trying to protect one and another but you can’t protect the child from the scenes the children [are] involved in the process of the death of the person, so they wear the hat of what is going on but we don’t explain anything to them, they see it all the time but are too young to understand”* (Rogers’ ongoing research).

A stoic or perhaps ‘tough love’ approach and a common cultural belief that children are not affected by loss and the death rituals they are involved in as they are ‘too young to understand’ means that the protective practices of not discussing the deceased or feelings of grief are also extended to children. The misconception that children are too young to understand and do not grieve is contradictory to the needs of bereaved children, as my research findings revealed. Having friends, and someone to talk to, and to be able to talk about the person who had died was the overriding message from the children participating in my research. It was particularly important for them to be able to talk about and remember the person they had lost. Whilst there was a strong acknowledgement of the sadness of loss by the children, it was also essential to *“remember the good things about the person who has died”*, remembering the positive and ‘happy’ things they had done with the deceased, not just the sadness of their loss (Rogers’ ongoing research). Being able to talk about the deceased is important as it provides a strong foundation for the development of a resilient mind set and helps to adapt attachment relationships and to develop and maintain a continuing bond with the deceased (Klass, Silverman, Nickman, 1996, Stokes, 2009). However given the cultural behaviours and protective practice of not discussing grief and a resultant loss of opportunities for children to express their grief, discuss feelings and the person they have lost, such opportunities do not generally happen. This means that bereaved Gypsy and Traveller children are potentially not receiving the emotional support necessary for them to manage their grief effectively thus impacting on their ability to develop resilience and emotional wellbeing.

Children’s understanding of death is often underestimated, as their behaviour repeatedly fluctuates between periods of sadness and normative behaviour giving the appearance that they only grieve for a short period of time, in fact children ‘puddle jump’ dipping in and out of their grief as a coping strategy for understanding and managing their loss (Worden, 2009). This oscillation of behaviour fits Strobe and Shuts’ (2010) dual process ‘loss and restoration’ model of bereavement whereby the bereaved individual shifts back and forth from a loss orientated approach, focusing on the grief and trying to understand the loss, to a restoration orientation focused on the adaptation to change and life without the deceased.

For Children this process of grief, loss and restoration can continue throughout childhood and adolescence as the understanding of loss and death involves interplay of developmental phases and experiences during which the permanence of the death and loss evolves with increasing cognitive understanding (Ribbens – McCarthy, 2005; Di Cario, 2008). Children who experience grief early in life within a supportive environment of adults who provide them with insight and understanding will have the capacity to cope with grief and loss and will develop emotional strength and resilience (Dyregov, 1999). However if childhood grief is not acknowledged and supported it can become a risk factor potentially leading to complicated grief and mental health problems in later life (Fauth, Thompson, Penny, 2009).

Mental health problems associated with grief are a significant issue for Gypsy and Travellers, particularly for women (Cemlyn et al., 2009; Parry, 2004) as exemplified by this quote:

*“Each one of them [bereavements] makes your grief harder to bear because you are already struggling and suffering, it affects your mental health”* (Rogers’ ongoing research).

Given the high levels of mental health problems (typically anxiety and depression) identified by respondents following bereavements within Gypsy and Traveller communities, it is arguable that parental capacity (the ability of parents to nurture, protect and meet their child’s developmental needs) is diminished and that children experience higher stress levels in their early years, perhaps perpetuating cycles of intergenerational mental health problems. Not only is it likely that parental capacity is reduced but that culturally protective behaviours of not discussing grief and loss prevents the acknowledgement of feelings, a practice which is detrimental to emotional development, resilience and children’s management of grief.

When parental capacity is debilitated by grief, poor health and in particular poor maternal mental health, parents are less able to meet the emotional needs of their children. This can result in babies and young children being exposed to high levels of cortisol (stress hormone) in infancy which can impede early emotional development and cause long term problems, distorting stress responses in later life (Music, 2011). Consequently, maternal mental health plays a significant part in the development of resilience and the mental health of children, as mothers with poor mental health are five times more likely to have children with mental health related problems and subsequently poor childhood mental health is more likely to continue into adulthood (Meltzer, 2004).

Resilience is determined by the interplay between family relationships and the environment, with relationships and experiences interwoven over the life course and across generations (Walsh, 2006). Hence positive relationships and experiences lead to positive outcomes, but when family stability and relationships are debilitated as a result of stressful life events such as poverty, unemployment, poor health or following a family bereavement, the outcomes can be very different. Although all of the above are stressful life events, a family bereavement is recognised as one of the most traumatic, affecting the stability and functioning of the family which in turn has an impact on the resilience of the family unit and each individual family member (Cohen, Moffit, Caspi, Taylor, 2004)..

Thus the resilience and wellbeing of children and adults are entwined, one cannot be considered without the other, as many factors influencing the life chances and outcomes of adults, including resilience and wellbeing, have their roots in childhood (Allen, 2011; Field, 2010). Consequently early childhood experiences are pivotal to adult life chances just as adults, specifically parents, are fundamental to early childhood experiences, providing the foundations for lifespan development. Thus children’s early experiences including the adaptation to crisis and the development of resilience are determined by adult behaviours.

# Conclusion.

The role that family and community play in supporting health and wellbeing is highlighted in Marmot’s (2010) discussion of social capital, where he suggests that close relationships between individuals promotes resilience and can provide barriers to exacerbated health risk. In contrast, I suggest however that a lack of inter-generational resilience and learnt responses to grief and bereavement as enacted in the current case, are likely to result in the high levels of grief- related mental health problems experienced by Gypsies and Travellers.

In conclusion the challenges and complexities of Gypsy and Traveller culture outlined above, means that they live with high levels of risk and vulnerability when compared to majority cultures. Whilst, the strong family attachments that should provide the balance in their lives, and which in many ways help them to develop resilience to the hardships of life are important in supporting them through physical and practical struggles, resilience in the face of bereavement (something which is difficult for anyone to cope with) appears to be compromised by the overriding cultural need to protect Gypsy and Traveller family members by asserting stoicism. In doing so such culturally approved learned behaviours risk ignoring the cost of individual emotional health and wellbeing with intergenerational negative impacts.

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