A phenomenological study into the lived experience of traumatic bereavement for adults aged 21 - 55

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Abstract

This dissertation explores the lived experience of traumatic bereavement in adults aged between 21 and 55. Although all bereavement can be experienced as a devastating loss, the term traumatic bereavement refers to a sudden, unexpected death, which is often experienced in violent and frightening circumstances. The present study aimed to identify the phenomenological 'essence' or meaning of traumatic bereavement, which refers to the process of identifying common themes. A phenomenological study is not limited by a particular experience of traumatic loss, thus, the present study did not restrict the co-researcher's participation by mode of death.

A descriptive phenomenological research method was employed and a total of 12 traumatically bereaved adults were interviewed using semi-structured interviews. The data was analysed by cross-referencing data sets until six key themes were identified: isolation; self-protection; loss of meaning; meaning driven existence; transformation of beliefs and values, and physical response to the loss. The co-researchers experienced psychological growth as a result of self-protection from social stigma and lack of knowledge. The findings are discussed in light of the traumatic bereavement literature, and an existential model of recovery is proposed. Finally, suggestions for further research, and potential changes in the psychotherapy and counselling field are proposed.

Keywords: *Traumatic bereavement, trauma, descriptive phenomenological study, meaning making, existential counselling and psychotherapy*

Statement of authorship

This dissertation is written by Susan Harris and has been granted ethical clearance from the New School of Psychotherapy and Counselling, and the Psychology Department of Middlesex University. It is submitted in partial fulfillment of the requirements of the New School of Psychotherapy and Counselling, and the Psychology Department of Middlesex University for the Degree of Doctor of Existential Psychotherapy and Counselling by Professional Studies. The author reports no conflicts of interest and is solely responsible for the content and writing of the dissertation.

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Abbreviations

The use of bereavement in this dissertation refers to traumatic bereavement, and the terms bereaved and traumatically bereaved have been used interchangeably for the sake of word limit requirements.

APA: American Psychiatric Association

CG: Complicated grief

DSM: *The Diagnostic and Statistical Manual of Mental Disorders*

NHS: The National Health Service

PCBD: Persistent Complex Bereavement Disorder

PGD: Prolonged Grief Disorder

PTG: Posttraumatic growth

PTSD: Posttraumatic Stress Disorder

R: Researcher

Transcript code and anonymisation

All names employed are pseudonyms. Transcriptions are based on Poland's (2002) instructions for transcribers:

(…)	pause
(pause)	2 or 3 second pause
[deviant?]	unclear speech
WHAT	emphasised speech
xxxx	words that cannot be deciphered

Introduction

> "The prism through which a bereaved views him- or herself and the world, is characterized by a fundamental bias-that there is no value to a life without the deceased who was so loved." (Rubin et al., 2000, p.7)

1.1 Background to the study

Due to personal experience of traumatic bereavement I was interested in the psychological journey of the traumatically bereaved, and the possibility that meaning making may become fractured and how this impacts recovery. I experienced a personal traumatic bereavement more than 10 years ago when my close friend died unexpectedly of a fatal brain haemorrhage while we were living overseas, in Japan. At the time, I did not feel that my bereavement was typical or could be classified and treated as a 'normal' grief response. I consulted grief literature, psychotherapy and counselling, and sought validation from online bereavement groups. However, I still experienced isolation and a sense of alienation due to my lack of understanding regarding the traumatic grief response. There appeared to be a significant lack of support and understanding surrounding this area in the therapeutic community in Japan, which contributed to my growing sense of isolation and anxiety while talking about my loss. Herman (1992) argues that the conflict between the individual's desires for "telling the truth" (p.1) is inhibited by awareness of the potential stigma and horror associated with the traumatic event, which impacts psychological healing. The author writes:

> “The conflict between the will to deny horrible events and the will to proclaim them aloud is the central dialectic of psychological trauma.” (Herman, 1992, p.1)

Often the clinical dialogue surrounding traumatic bereavement is focused on the medical model, with the aim of pathologising the traumatic grief response. However, at the time of my loss I did not consider my grief response pathological. Nonetheless, regardless of whether I met so-called diagnostic criteria for a complicated grief disorder (Horowitz et al., 1997), I attempted to process my grief and adjust to a new existence. More than a decade later, although few evident social platforms exist to share and explore the diversity of traumatic bereavement, individuals share similar stories, and on a personal level I have grown psychologically due to my experience of traumatic bereavement. Public recognition of support for traumatic bereavement is growing, as a result of the daily media exposure to road fatalities; murder; terrorist attacks and suicide in addition to, accidental and natural sudden deaths. However, few qualitative phenomenological studies have examined the lived experience of traumatic bereavement, with the exception of Begley and Quayle (2007), Chapple et al., (2011), Jayasinghe (2016) and Paidoussis-Mitchell (2012).

1.2 Traumatic bereavement: facts and figures

On the one hand, controversy surrounds agreement of one clear definition of traumatic bereavement. However, on the other hand, grief experts agree that traumatic bereavement is different to anticipatory loss (Glick et al, 1974, Parkes & Prigerson, 2010, Worden, 2001). Although all bereavement can be

experienced as a devastating loss (Bowlby, 1980), the unexpected, sudden and often violent and distressing circumstances surrounding traumatic bereavement create a unique set of grief and trauma responses, which requires special understanding and knowledge (Raphael et al, 2006). The traumatically bereaved are a vulnerable demographic and their mental health is at greater risk than individuals bereaved in non-traumatic circumstances (Parkes & Prigerson, 2010), which potentially requires specialised mental health support. Rynearson (2013) and his colleagues define traumatic bereavement as a “sudden and violent death” (p.280), which may include fatal accidents such as, drowning, car accident or natural disaster, in addition to violent deaths by murder, suicide and natural sudden deaths by illness. While Pearlman and her colleagues (2014) define traumatic bereavement as follows:

> “Sudden, traumatic death is abrupt and occurs without warning. Although lack of anticipation alone can render a death traumatizing to a survivor, a death is more likely to be traumatic if it is untimely.” (p.4)

In terms of the number of registered deaths a total of 533, 253 deaths were recorded in England and Wales in 2017 (ONS, 2018a). The breakdown of which included the following traumatic deaths: 1,793 reported road deaths (Department for Transport, 2018), 709 homicides (murder, manslaughter) (ONS, 2018b), and 5,821 suicides were recorded in the UK in 2017 (ONS, 2018c). Meanwhile the number of people affected by a traumatic bereavement of a beloved can be greater than the actual number of the deceased, due to the ripple effect (Johnson, 2013). In the case of traumatic bereavement by suicide, the literature often quotes the statistic that approximately six people will suffer

intense grief as a result of a death by suicide (Clark & Goldney, 2000, Hawton & Simkin, 2003). In terms of counselling psychology and counselling psychotherapy, the number of people potentially seeking help and support following the impact of traumatic bereavement is vast. However, the shocking, often violent and devastating narrative surrounding traumatic bereavement is often met with confusion, stigmatisation, fear and potential feelings of repulsion (Valentine & Bauld, 2016). As a result, responses from others may damage recovery and isolate the traumatically bereaved from care and support when it is most needed (Doka, 2008, Wertheimer, 2001).

One of the main aspects of traumatic bereavement is the shattering of the individual's assumptions and world beliefs, which may raise existential questions about the purpose and meaning of life (Janoff-Bulman, 1992, Kauffman, 2002, Parkes & Prigerson, 2010, Stolorow, 2007, Worden, 2001). As a result, a sudden, unexpected death may throw the individual into psychological freefall, without the prior reassurance of previously held world beliefs and assumptions, which provided the individual with a sense of safety and security. However, research (Clark & Goldney, 2000) indicates that it is not the mode of death per se that predicts recovery rates from bereavement, but demographic and psychosocial factors which impact the grief response, for example, the age of the deceased; quality of the relationship with the deceased; kinship lost; gender; culture and the age of the bereaved.

1.3 Connection to research question

My personal experience of traumatic bereavement and my clinical training as an existential-phenomenological practitioner has helped govern the development of the research question. Based on personal experience and my interest in the psychological impact of traumatic bereavement on meaning making, I wished to examine the lived experience of traumatically bereaved adults. In other words, what is the phenomenological essence of the psychological experience of traumatic bereavement? An existential-phenomenological focus refers to the potential challenges the individual may face in relation to the existential givens, including isolation; meaninglessness; uncertainty; anxiety and freedom (Deurzen, 2010, Jaspers, 1951, Yalom, 1980).

As a result, the research question was identified: How do the traumatically bereaved aged 21 – 55 experience a traumatic bereavement? My decision to examine adults aged 21 – 55 years was based on an attempt to focus on meaning making for individuals during the developmental stage of early to middle adulthood. According to the psychosocial developmental lifespan model, early to middle adulthood is characterised by the individual's investment in the future, for example, the establishment of a career or building a family, and the development of a socio-cultural identity with kinships (Clark & Goldney, 2000, Erikson, 1963, Kirby, 2005). It is therefore the aim of the research question to examine the psychological journey of traumatically bereaved adults, and identify the psychological essence of recovery from traumatic loss, from an existential-phenomenological approach to counselling psychology and counselling psychotherapy. The research aims to build on the current literature

and contribute further scientific knowledge to our understanding of traumatic bereavement.

The next chapter will frame the research question within the context of the literature, and present a detailed critical review of the background literature.

2. Literature Review

> “The loss of a loved person is one of the most intensely painful experiences any human being can suffer.” (Bowlby, 1980, p.7)

2.0.1 Background and rationale

The grief field is a vast area, which has been extensively researched and documented. As a result, I chose to focus on critically reviewing the following areas of grief: existential theory of bereavement, traditional grief models and the pathology of bereavement. The decision to focus on the existential meaning making literature is based on my research interest and perspective as an existential-phenomenological researcher-practitioner. While the focus on the traditional grief models is based on their historical contribution to seminal research and critical thinking in the bereavement field, which continue to influence modern day knowledge about grief and inform future developments in the traumatic grief field (Bowlby, 1980, Freud, 1957, Lindemann, 1944).

During the literature review I discovered a gap in the research between the bereavement literature and the traumatic bereavement literature. My search for traumatic bereavement research often produced research related to the pathology of bereavement, which suggested a connection between traumatic bereavement and pathology. As a result, in part, I based my decision to critically review the area of bereavement and pathology on the research linking traumatic bereavement with pathology. My personal vantage point highlighted the potential

for a complex grief response following traumatic bereavement, and while scanning the literature I discovered that complex grief was often connected to a pathological perspective of traumatic bereavement.

In terms of the traumatic aspect of bereavement, the trauma field and related research is substantial. Trauma models and psychological therapy, for example, for PTSD (APA, 1980, 2013, van der Kolk, 2014), or eye movement desensitization and reprocessing (EMDR) (Shapiro, 1995, 2002, Sprang, 2001) are not specifically related to the context of understanding the lived experience of traumatic bereavement. However, they potentially contribute to the diagnosis of a psychiatric mental disorder, and offer treatment options for the traumatically bereaved. In response, I decided not to focus on trauma models, or the post trauma transformation literature. The PTG models and post trauma transformation literature is not specifically related to the context of traumatic bereavement, but covers the scope of traumatic incidents, including for example, being caught up in a terrorist attack or surviving a life-threatening illness. As a result, the literature review does not address the aforementioned trauma models.

2.0.2 Search strategy

My initial search strategy was based on book and journal article recommendations from my supervisor, which snowballed from scanning the reference sections of books and journal articles. Two electronic information databases: PsychINfo and Mendeley were used to identify research articles on the topic. The search strategy included the following terms: traumatic loss;

traumatic bereavement; sudden death; adults, and the keyword searches were combined with: existential, meaning, phenomenology, and limited between 2000 and 2015. However, due to the labour intensive methodology of descriptive phenomenological research, few journal articles were identified that address the lived experience of traumatic bereavement, these were: Begley and Quayle (2007), Chapple et al., (2011) and Paidoussis-Mitchell (2012). Although the Chapple (2011) study conducted a qualitative interpretative, thematic analysis using a constant comparison method, the qualitative research highlighted the significance of the existential dimension of spirituality, in the context of meaning making, which is relevant to the research question. As a result, their research was included in the literature review.

2.0.3 Scope of the literature

With regard to existential literature I have focused on the theories of existential meaning making (Deurzen, 2010, Jaspers, 1951, 1971), including Heidegger's (1962) theories of existence: Being-in-the-world and Being-towards-death, Deurzen-Smith's (1984) four dimensions of existence framework, and Frankl's (1955, 1967) will-to-meaning theory. In terms of traditional grief models I have focused on psychoanalytic, cognitive and narrative constructivist theories of grief, including Freud's (1957) theory of mourning, Bowlby's (1980) attachment theory, Stroebe and Schut's (1999) Dual-Process Model of bereavement, Worden's (2001) tasks of mourning, and Neimeyer's (2001) narrative reconstruction model of meaning making. With regard to the pathology of bereavement I have focused on the prolonged grief model: Prolonged Grief Disorder (Prigerson et al., 2008), disenfranchised grief (Doka, 1989), and the APA's (2013) proposed "Persistent

Complex Bereavement Disorder" (PCBD) (p.789). The next section will present a critical review of the traditional grief models, followed by the pathology of bereavement, and finally the existential theory of bereavement.

2.1 Psychoanalytic model of bereavement

2.1.1 Grief work hypothesis

The concept of grief work in modern day bereavement frameworks originated from Freud's (1957) seminal psychoanalytic theory "the work of mourning" (p.245). The work of mourning highlights the grief work hypothesis that argued the bereaved embarks on a long and painful journey which entails detaching the ego from the attachment figure, that is, the lost loved one which enables the bereaved to cope with their loss. Freud (1957) proposed "profound mourning" (p.244) refers to a period of intense mourning, which will occur naturally if the bereaved is allowed to mourn freely, unencumbered by societal norms and/or the pressure to 'recover' from grief swiftly and smoothly. The theory of mourning is based on the tenet that the bereaved passes through a detachment process in order to reaffirm their "libidinal position" (p.244), which enables the bereaved to detach the ego from their love attachment to the deceased. On the one hand, Freud (1957) conveyed the position that few bereaved individuals would willingly give up their love attachment to the "loved object" (p.244). However, on the other hand, Freud's theory is paradoxical, since he argued that the bereaved must give up their attachment to the deceased in order to continue living and complete the work of mourning.

An integral part of his theory involves the gradual process of detaching the ego from the love attachment, which requires the cognitive processing of memories, and prior hopes and dreams connected to the loved one. Freud (1957) described this phase as a “reality-testing” (p.252), which enables the bereaved to slowly recognise that the loved one is no longer a physical presence in their life. The author wrote that the bereaved re-enacts memories and future hopes connected to the beloved, at the expense of unrelated memories which do not include the loved one. However, this phase maintains the love attachment to the deceased. Nonetheless, the reality-testing phase enables the bereaved to gradually focus on meaning making and address the process of rebuilding their world as they process memories and prior hopes and dreams connected to the loved one.

I view a tentative link between Freud’s (1957) reality-testing phase of mourning and Bowlby’s (1980) four phases of grief model. Bowlby’s (1980) “four phases of mourning” (p.85) include: a numbing phase, with outbursts of intense distress and/or anger; yearning and searching for the beloved; disorganisation and despair, and reorganisation. The psychoanalytic psychiatrist, John Bowlby (1980) argued that the yearning phase can prolong for months, even years after the loss. According to Freud (1957) the yearning and searching behaviour of the bereaved consumes the ego and the world is experienced as bleak, he wrote “in mourning it is the world which has become poor and empty” (p.246). The proposed link is seen as the bereaved processes their love attachment to the deceased, which immerses them in the reality-testing phase of mourning, which is potentially reflected in Bowlby’s (1980) yearning and searching phase of mourning.

Freud's (1957) seminal work of mourning occupies an important historical position in the psychotherapy literature. Nonetheless, it is questionable whether practitioners would apply Freud's psychoanalytic theory of mourning concepts in their work with the traumatically bereaved. During my clinical training while working at a GP surgery in the NHS I worked with complex bereavements. Although I saw some client behaviours that could be readily explained by the psychoanalytic theory of mourning, I hesitated to offer an intervention based on Freud's (1957) complex psychoanalytic grief concepts, which may be viewed as insensitive to the bereaved client. In my work, I avoided encouraging the bereaved to give up their love attachment to the beloved by "declaring the object to be dead" (p. 257), with the goal of seeing the ego detach from the deceased, since I believe that application of Freud's (1957) concrete grief concepts would potentially convey an insensitive grief model to the bereaved.

2.1.2 Freud's disconnection from pathology

In spite of Freud's potentially insensitive psychoanalytic theory of mourning, Freud (1957) did not believe that mourning is a pathological process. On the contrary, he wrote:

> "It is also well worth notice that, although mourning involves grave departures from the normal attitude to life, it never occurs to us to regard it as a pathological condition and to refer it to medical treatment. We rely on its being overcome after a certain lapse of time, and we look upon any interference with it as useless or even harmful." (p.243-244)

What did Freud mean by stating that interference with the mourning process may be harmful to the bereaved? The APA's (2013) recent attempt to classify complicated or prolonged grief as a mental disorder in the 5th edition of the DSM does not appear to heed Freud's (1957) warning. The introduction of the proposed PCBD as a condition for further study appears to disregard the intense period of mourning that Freud argued is a natural phase of grief. Nonetheless, it is important to acknowledge the argument for a potential pathology. Such argument may protect the wellbeing of the traumatically bereaved, who may suffer from complex emotional, physical and psychological distress when grief is complicated, unresolved, or disenfranchised, including the diagnosis of PTSD (Doka, 2008, Horowitz, 2011, Prigerson & Maciejewski, 2006, Prigerson et al., 2008). I will now discuss the impact of Bowlby's (1980) attachment theory on traditional grief models.

2.1.3 Attachment theory and bereavement

Bowlby (1980) followed in the seminal work of Freud (1957) and cautioned practitioners who seek to pathologise or hasten grief. He argued that grief persists for much longer than society or practitioners reasonably consider. However, healthy individuals are expected to "get over a bereavement not only fairly rapidly but also completely" (p.8). Referring to the quote at the beginning of this chapter, the psychoanalytic author believed that a major bereavement is one of the most painful and distressing experiences an individual can experience.

Bowlby (1980) developed attachment theory which lays the foundation for much work conducted on grief frameworks. The theory proposes that the individual

develops an attachment behaviour during infancy based on the degree they receive or have access to an attachment bond, in Bowlby's (1980) terms, the "affectional bond" (p.39). The author argued that the individual's attachment behaviour impacts the individual's capacity to cope when a loved one dies. Bowlby (1980) wrote that attachment theory is based on human beings' instinctive drive to develop "strong affectional bonds" (p.39) with others. However, when the affectional bond is withdrawn, the individual may experience extreme emotional distress, including the risk of "emotional detachment" (Bowlby, 1980, p.39), which may trigger anxiety, anger and depression. Attachment behaviour potentially manifests when the individual experiences withdrawal of an attachment figure, through death or from the loss of a relationship, due to the "unwilling separation" (p.39).

Attachment theory posits that the extremely distressing experience of bereavement triggers the individual's attachment behaviour, based on the proposed theory that the attachment figure has been permanently withdrawn. I propose that when the attachment figure is suddenly and unexpectedly lost in the context of traumatic bereavement, the yearning and searching phase is potentially intensified. Such intensity mimics the infant's attempt to obtain proximity to the attachment figure by crying out or calling for the beloved, due to the inability to no longer obtain physical proximity to the deceased (Bowlby, 1980). The author argued that bereavement is an extremely powerless experience, and the bereaved may experience "adverse consequences for personality functioning that loss so often brings" (Bowlby, 1980, p.8). However, such adverse personality consequences are questionable. I would interpret the author's proposal as the potential manifestation of normal emotional states

during traumatic grief, including depression, guilt, anxiety, and anger. Having discussed the psychoanalytic influence on grief models, I will continue with an examination of the cognitive model of bereavement.

2.2 Cognitive model of bereavement

2.2.1 Dual-process model of bereavement

Conflicting opinions exist within the bereavement and trauma literature regarding meaning making after traumatic bereavement based on the psychoanalytic grief work hypothesis (Stroebe & Schut, 2001). The grief work hypothesis proposed that the bereaved confront their loss, face the reality of the loss, process memories, and give up the attachment bond to the deceased, by psychologically relocating the deceased (Bowlby, 1980, Freud, 1957). However, the efficacy of traditional grief work models has been questioned and grief models such as the DPM of bereavement have been introduced (Stroebe & Schut, 1999).

Stroebe and Schut (1999) highlight the efficacy of the oscillation process in the DPM of bereavement. The model proposes that the bereaved oscillate between loss-oriented and restoration-oriented coping (Stroebe & Schut, 1999, p.57). Loss-oriented coping refers to the emotional process that focuses on confronting the loss, for example, experiencing the pain and distress of grief, while restoration-orientated coping refers to practical adjustments, for example, dealing with the beloved's belongings, or addressing a new personal identity. The meaning making process is influenced by the oscillation between the experience of positive and negative emotions, and the degree the bereaved

confronts or avoids the loss. The bereaved oscillates between the two processes during ‘normal’ grief, while grief may be temporarily put on hold. However, if the bereaved focuses on one process at the expense of the other, they may experience unresolved, prolonged or pathological grief (Stroebe & Schut, 2001).

Stroebe and Schut’s (1999) DPM model largely functions according to the individual’s attachment style (Zech & Arnold, 2011). Extensive bereavement literature explores the individual’s attachment style and grief outcomes (see Zech & Arnold, 2011). However, in terms of the trauma response (discussed below) the traumatically bereaved may not have the psychological resilience to reflect on attachment styles during grief. As a result, the trauma response may overshadow the effectiveness of the DPM model in the context of the traumatically bereaved (Parkes & Prigerson, 2010). Horowitz (2011) argues that the mind and body remain in a traumatised state during the trauma response, which highlights the bereaved individual’s temporary inability to reflect on their attachment style.

2.2.2 Trauma response

In addition to the pain and distress experienced during grief, traumatic bereavement forces the individual to face the trauma response, which adds a further dimension to the experience of loss. Raphael et al., (2006) identified traumatic bereavement as the experience of “traumatic stress phenomena” and “bereavement phenomena” (p.6). The bereavement phenomena refers to the normal affective state of grief, including a heightened sense of longing, numbness, loneliness and isolation (Middleton et al., 1996), while traumatic

stress phenomena refers to a central trauma response, which manifests symptoms including dissociation or avoidant thinking, intrusive images and hyperarousal (Raphael & Martinek, 1997, van der Kolk, 2002). The experience of traumatic stress phenomena protects the bereaved from psychological and emotional overload during times of severe traumatic stress (Rothschild, 2000). However, the impact of a sudden, traumatic death may trigger a traumatic grief response, and in some cases the experience of PTSD.

2.2.3 Tasks of mourning

Worden (2001) proposed a connection between Freud's (1957) work of mourning and his cognitive model "the tasks of mourning" (p.26). Worden's (2001) argument is based on the proposal that the bereaved cognitively control grief, in particular during the intense phase of mourning. According to Worden (2001) the bereaved works through the tasks of mourning, including acceptance of the reality of the death, working through the pain of grief, adjusting to an environment without the deceased, and emotionally relocating the deceased and moving on with life. The author emphasised the cognitive aspect of the grief model based on the notion that the bereaved actively works through grief, approaching the tasks of mourning as a cognitive process, in contrast to an emotional experience, which other grief models propose, for example, Bowlby's (1980) four phases of mourning.

Worden's (2001) tasks of mourning appear to discredit the significance and indefinable duration of the intense phase of mourning. I would question the degree the traumatically bereaved are able to cognitively influence grief, in

particular when they are faced with the intense yearning and searching phase (Bowlby, 1980, Freud, 1957). Both psychoanalytic authors argued that the bereaved is potentially flooded daily with intense and painful memories during the yearning and searching phase of grief. Contrary to Worden's (2001) active interpretation of Freud's (1957) work of mourning, I would argue that Freud's model acknowledges the enduring grip of grief, which enables the bereaved to gradually process and face the reality of their loss.

2.2.4 Maintaining bonds

Attig (2001, 2012) proposed that the bereaved locate meaning from the spiritual dimension of the loss by maintaining bonds with the loved one, for example, continuing an aspect of the loved one's legacy, such as, pursuing beliefs or interests connected to the deceased. The author wrote "The bereaved can cherish those they love and their legacies only if they remember" (2012, p.277). Remembering the loved one and maintaining an ongoing relationship is supported by the continuing bonds model (Klass, Silverman & Nickman, 1996). The maintaining bonds theory may support Worden's (2001) fourth task of mourning: emotional relocation or resolution. Resolution requires the relocation of the loved one in the updated worldview, which potentially contributes to the continual process of meaning making. Worden (2001) described the fourth task of mourning as an emotional relocation of the deceased, which contributes to the individual's capacity to "move on with life" (p.35). Such task helps the bereaved reach the stage to behold the loved one's memory in a meaningful practice, including the pursuit of new interests or maintaining an ongoing bond with the loved one.

2.3 Narrative constructivist reconstruction model of bereavement

Neimeyer and his colleagues (2002) proposed a narrative reconstruction model of bereavement. According to this model the bereaved seek meaning from the loss, but struggle to maintain a sense of meaning, which suggests that the bereaved construct a new narrative while identifying personal meaning. Neimeyer (2001) writes that the bereaved may need to adopt a new social identity, which addresses the "social practice" (p.6) of loss, in addition to the "cognitive process" (p.6) of meaning reconstruction. Neimeyer (2010) and his colleagues proposed that the traumatically bereaved identify meaning through the use of narrative techniques, such as exposure therapy and narrative retelling of their loss. The model suggests that major loss can potentially impact the reconstruction of the bereaved individual's "master narrative" (Neimeyer, 2001, p.263). The term refers to the individual's carefully constructed life-plan, including hopes and dreams for the future based on implicit assumptions about existence. As a result, the model is based on the theory that the bereaved relocate the deceased within their new master narrative, which most likely featured prior assumptions about the future, and a predicted life plan with the loved one. Thus, the rebuilding of a master narrative potentially conflicts with the former narrative in terms of meaning reconstruction (Neimeyer, 2001).

Janoff-Bulman's (1992) seminal work on trauma identified the shattered assumptions theory, which proposes basic assumptions inform the individual's beliefs and values about the world. According to Janoff-Bulman (1992) these are based on three core beliefs:

"The world is benevolent

The world is meaningful

The self is worthy." (p.6)

The sudden need to rebuild the master narrative can be a painful and tentative process. Meanwhile the shattering of the individual's basic assumptions may throw the individual's worldview into chaos, exacerbating the struggle with meaning making (Janoff-Bulman, 1992, Neimeyer, 2001). As a result, Neimeyer (2001) argued that the dual process of reflection and assimilation of the traumatic loss potentially influences grief and recovery.

2.4 Pathological model of bereavement

2.4.1 Complicated grief

An abundance of literature argues the case for an independent category of complicated grief disorders in the DSM, separate from the traumatic event disorders, including PTSD or the adjustment disorders (Horowitz et al., 1997, Horowitz, 2006, Lichtenthal et al., 2004, Prigerson & Jacobs, 2001, Prigerson & Maciejewski 2006, Rando et al., 2012). Prigerson and her colleagues (1995) identified an emotional set of cluster symptoms distinct from depression and anxiety. The symptoms are predictive of poor outcome levels in the long-term recovery for the bereaved based on a bereavement inventory scale, which was labelled "Complicated Grief" (p.65). It has been argued that symptoms of CG negatively impact the bereaved individual's quality of life, which thus meets diagnostic criteria for mental disorders in the DSM (Horowitz et al., 1997,

Prigerson & Maciejewski, 2006). Furthermore, CG has been proposed as a pathological disorder due to the significant “impairment” (Prigerson & Maciejewski, 2006, p.15) on the quality of life. However, research indicates that CG may cause a higher risk of morbidity and poor outcome levels, due to the risk of suicide, depression and high blood pressure in the bereaved (Prigerson & Maciejewski, 2006). The higher risk of morbidity is a result of reported poor health habits among the bereaved, including lack of sleep, hypersomnia or disrupted sleep patterns, high consumption of tobacco products, alcohol or other addictive drugs (Prigerson & Maciejewski, 2006). According to the DSM-5, abnormal physical or psychological behaviours causing pain and distress that significantly impact the daily functioning of the individual, is criterion for pathology or mental disorders. However, the DSM-5 (APA, 2013) clearly states that bereavement alone is not grounds for pathology:

> “An expectable or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder.” (p.20)

Prigerson et al., (2008) proposed multiple terms to describe the experience of CG including “…delayed grief, inhibited grief, distorted grief, traumatic grief, and forms of chronic grief” (p.253). It is interesting to note that traumatic grief is comparable to the descriptions of distorted, inhibited and delayed grief. For some bereaved individuals, the labelling of CG may create an isolated anti-social perspective of a potentially normal grief response disrupting grief, which potentially results in a clinical diagnosis (Rando et al., 2012). Nonetheless, complicated grief has been intensely debated in the literature, and caution needs to be taken when disregarding the potential experience of prolonged grief or CG

in the traumatically bereaved, regardless of a potential pathological label.

2.4.2 Continuum theory of grief

In the 90s complicated grief was formerly known as “traumatic grief” (Wagner & Maercker, 2010, p.30) based on the connection between pathology and the trauma response (Jacobs, 1999, Prigerson & Jacobs, 2001). The traumatically bereaved are at greater risk of CG as a result of the circumstances surrounding the loss, including the unexpected, shocking and violent nature of the death (Neimeyer et al., 2010). Rando (1993) suggests that the traumatically bereaved are at risk of CG when they perceive the death as preventable, for example, as a result of medical error. The individual’s ability to identify meaning is influenced by the potential for psychological resilience (Stein et al., 2007), and the risk of “personal vulnerability” (Parkes & Prigerson, 2010, p.164). The former term refers to prior losses, degree of present life stressors, and the circumstances surrounding the loss.

The counter argument for CG proposes that the degree and intensity of grief is determined according to the chronicity of the grief response, which is viewed on a continuum between ‘normal’ and ‘complicated’ or pathological grief (Prigerson & Maciejewski, 2006) supported by recent research (Rando et al., 2012). The chronicity of the grief response is influenced by determinants of grief, including degree of closeness to the deceased, gender, age, and the bereaved individual’s capacity for resilience and personal vulnerability. Meanwhile trauma is a complex emotional and psychological phenomenon, and some individuals may experience resilience and PTG, while others suffer great distress and

experience a prolonged, unresolved or disenfranchised grief response (Bonanno, 2006, Calhoun et al., 2010, Doka, 2008, Linley & Joseph, 2004). As a result, the traumatic grief response is experienced on a continuum between normal and complicated or at risk of being classified as pathology.

The psychological and emotional experience of traumatic bereavement may evoke extreme emotions that impact the 'normal' grief response. As a consequence, Rubin and colleagues (2003) proposed an interface between trauma and bereavement, based on a relational model to the deceased. The authors believe that all bereavement is traumatic, questioning the trauma and bereavement literature that typically addresses the bereavement response separately from the trauma response, locating trauma within the stress response framework (Horowitz, 2011). They suggest that "trauma in traumatic bereavement" (Rubin et al., 2003, p.680) exists on a continuum, which highlights the subjective experience of trauma. Further arguing that the individual may be traumatised in the aftermath of loss, for example, while assessing their relationship to the deceased and piecing together a shattered worldview, or potentially learning shocking and distressing facts about the loved one.

Herman (1992) discusses at length the psychological impact of a traumatic event, she proposes that the individual experiences a sense of powerlessness, due to the lack of preparation experienced, which impacts their sense of control and ability to identify meaning. Traumatic bereavement exposes the individual to the stark contrast between prior normalcy and sudden exposure to a completely different world, which is characterised by a lack of warning and preparation (Kleber & Brom, 1992). The authors reiterate Herman's (1992) proposal that

trauma triggers a sense of powerlessness in their discussion of the three phenomenological characteristics defining a traumatic event:

> "1. Powerlessness;
> 2. An acute disruption of one's existence;
> 3. Extreme discomfort." (p.4)

There is no question that the continuum theory of trauma and bereavement is valid, and the individualised experience of a traumatic event is subjective. However, the sudden, shocking death of a loved one reflects a traumatic experience, which often triggers the dramatic collapse of a previously known world and sense of powerlessness that has the potential for psychological and emotional scarring (Herman, 1992, Wertheimer, 2001).

2.4.3 Persistent complex bereavement disorder

The pathological model is based on a contemporary socio-cultural medicalised perspective of recovery from grief (APA, 2013). On the one hand, pathologising grief risks labelling and treating a profoundly human experience as an illness, which implies the possible return to a healthy state (Lindemann, 1944). On the other hand, given the impact of the dominant medical model on everyday health and wellbeing, medicalising grief raises awareness of the experience of traumatic bereavement and how the individual copes with traumatic grief, which may lead to greater social acceptance (Boelen & Smid, 2017).

The recent publication of the DSM-5 reflects development in the medicalising

grief argument with the introduction of the proposed diagnostic criteria for Persistent Complex Bereavement Disorder (APA, 2013). PCBD has been classified in the sub-category Other Specified/Unspecified Trauma-and Stressor-Related Disorders, which refer to individuals who have experienced or who have been exposed to traumatic and stressful events. The DSM-5 medicalises grief by stating: “severe and persistent grief and mourning reactions” (APA, 2013, p.289) are grounds for a bereavement disorder. However, PCBD is not warranted for clinical use since it is categorised under “conditions for further study” (p.289). Rando et al., (2012) argue that the APA’s (2013) introduction of PCBD is largely an off-shoot of Prigerson and her colleagues’ (1995, 2008) proposed PGD. Furthermore, recent research has shown that PGD and PCBD highlight the same bereavement outcome that determines diagnostic criteria for the medicalisation of grief (Maciejewski, et al., 2016). Recent research highlights the potential benefits of medicalising traumatic grief (Boelen & Smid, 2017). The researchers argue that fears regarding the medicalising of grief are misplaced, in the context that medicalisation of depression and PTSD have helped reduce public stigma. They argue that the medical model would help raise awareness of traumatic bereavement, thus educating people about traumatic grief (Boelen & Smid, 2017).

2.4.4 Critique of medicalising grief

The risk of pathologising grief potentially alienates and discriminates the traumatically bereaved, which may discourage them from expressing and sharing their traumatic experience (Prigerson & Maciejewski, 2006). Furthermore, the proposal of a standardised set of criteria for conditions such as

PCBD or CG is at risk of homogenising traumatic grief. The existential-phenomenological perspective of counselling and psychotherapy avoids labelling the individual's lived experience from a pathological model (Deurzen-Smith, 1990). The existential approach views the broad range of human experience as a dynamic process, which is neither static nor determined by labels, or classified by an existential theory of personality type (Deurzen-Smith, 1990). This approach is based on Sartre's (1957) existential theory that proposes human beings have the capacity to change and adapt to the environment. The individual is constantly changing, and has the psychological resilience to respond to their environment and socio-cultural context since they are not determined by it:

> "The person is a constant process of becoming. I create myself as I exist. There is no essential, solid self, no given definition of one's personality and abilities." (Deurzen-Smith, 1990, p.152)

However, the freedom and uncertainty the author alludes to, may lead to existential anxiety or "Angst" (May, 1977, p.210). As a result, the existential model of psychotherapy is based on the universal "modes of being" (Deurzen-Smith, 1984, p.157), which address the individual's problems in living according to the four ontological dimensions of existence: physical, social, personal and spiritual levels, as opposed to an intrapsychic analysis.

Wakefield (2013) challenges the validity of pathologising complicated grief as a psychiatric disorder in the DSM. He questioned the CG argument that collectively labels intense mourning as "abnormal mourning" (p.100), arguing

that this approach fails to recognise the fluctuating intensity of grief, rather suggesting that intense grief may be found on the upper range of the continuum theory of grief. According to the CG proponents, individuals who mourn intensely after the proposed 6-12 month diagnostic criterion may experience CG indefinitely (Prigerson & Maciejewski, 2006, Prigerson et al., 2008). In terms of traumatic bereavement, 6-12 months post loss is a vastly short time scale. It is possible that although some individuals are grieving intensely, they are not suffering from CG, but grieving a profoundly human experience that is painful and distressing (Wakefield, 2013). A misguided diagnosis of pathological grief may cause more harm, and damage recovery for some bereaved (Bowlby, 1980, Freud, 1957). Wakefield (2013) continues to argue that the introduction of a time scale to determine the chronicity of intense grief implies an expected recovery rate for 'normal' grief. The author proposes that the individual's coping strategies while facing existential issues may manifest as complicated grief, suggesting that the individual is experiencing loneliness and isolation that prolongs grief, contrary to a pathological diagnosis of CG.

It is possible that some individuals may feel comforted by a clinical diagnosis of complicated grief which can potentially benefit the highly distressed and traumatised client. In my clinical practice in the NHS, a clinical diagnosis of PTSD and depression brought relief to a female client suffering from CG and suicidal depressive episode. The client viewed her mental ill health as a 'disease' following the death of her 29 year old sister to a short battle with ovarian cancer. Contrary to Wakefield's (2013) argument, the client viewed the pathological diagnosis of depression and PTSD as a positive outcome, which validated the client's experience and gave her the confidence to pursue psychotherapy and

counselling. However, the client was from Singapore, and she informed me that attempted suicide can result in imprisonment (Singapore Government, 2015). As a result, a pathological label may be considered more attractive than the prospect of imprisonment. Such perspective informs us that it is important to consider the socio-cultural scripts individual's use when grieving (see Valentine, 2008), which for some may result in a beneficial outcome.

The existential-phenomenological approach would address the client's concerns from a meaning based perspective. In other words, the practitioner would examine the significance of the client's desire to obtain a clinical diagnosis, as the example illustrated. This perspective highlights the importance of considering the multi-dimensional aspects of the individual's traumatic loss, for example, from a socio-political-cultural dimension (Deurzen, 2010).

In concluding this section, if we return to the significance of medicalising grief from an ethical safeguarding perspective, it is important to monitor client risk and the possibility that a clinical intervention may be helpful and beneficial for the traumatically bereaved client (Grad, 2011). Grad (2011) draws attention to the increased risk of mortality among the traumatically bereaved by suicide, including the risk of "developing suicide behaviour themselves" (p.562). However, it is important to note that during the intense period of grief the traumatically bereaved are at heightened risk of mortality, irrespective of the type of bereavement (Stroebe, et al., 2007). As a consequence, it is possible that some individuals may experience psychological difficulties that impact recovery and require the help and support of professionals, regardless of a pathological diagnosis (Cruse, 2007, NHS Direct, 2010, Parkes & Prigerson, 2010,

Samaritans, 2018a).

2.5 Disenfranchised grief: ethical failure to respect suffering

Doka (1989, 2008) identified disenfranchised grief in the late eighties after discovering that some significant losses were not socially validated or personally acknowledged, for example, the loss of an ex-spouse, fiancé, lover, or extra-marital affairs. The author writes that disenfranchised grief manifests when the bereaved experiences a lack of social acceptance or access to social platforms to mourn and validate their loss. Grief and mourning are potentially compromised due to social stigma surrounding the circumstances of the death, for example, survivors of suicide, or alcoholism-related loss (Doka, 2008, Parkes & Prigerson, 2010). Drug-related deaths tend to receive greater social stigma and involve more disenfranchised grief than suicide or alcohol-related deaths (see Valentine, 2018). Unacknowledged relationships may not be recognised by friends, relatives or colleagues, which may further complicate the experience of disenfranchised grief (Attig, 2004).

Doka (2008) proposed that disenfranchised grief is culturally and socially sanctioned, thus introducing the concept “empathic failure” (p.229) to describe the lack of social support or societal understanding surrounding the loss. As a result, the bereaved may be forced to grieve in private, which can exacerbate emotions, including anger, shame (Carr, 2011) guilt and powerlessness. The lack of social support or access to social platforms potentially impacts the bereaved on an intrapsychic level. In other words, the bereaved may doubt or question the validity of their attachment to the deceased and appropriateness of

their grief response (Doka, 2008). However, an existential-phenomenological perspective would consider the lack of social support from a multi-dimensional approach (Deurzen, 2010), in contrast to the psychoanalytic perspective that focuses on the intrapsychic level.

The level of disenfranchisement depends on the level of social support available in different cultures and subcultures, for example, support may be more accessible within a gay community. Doka (2008) writes that it is necessary to navigate internalised social and cultural norms when mourning a disenfranchised loss. However, the lack of cultural and social recognition may trigger subsequent pathological or unresolved grief, which potentially leads to the experience of complicated or prolonged grief, absent grief (inhibited), delayed or distorted grief, including additional complications in the grief response (Parkes & Prigerson, 2010). Nonetheless, Doka (2008) questioned the responsibility of the individual in response to the personal disenfranchisement of grief. For example, if the bereaved ignores or denies the loss, subsequent behaviour can potentially damage recovery. Furthermore, the potential stigma attached to the loss may result in self-isolation or keeping the bereavement a secret, which highlights the importance of access to counselling and psychotherapy. Doka (2008) summarises such viewpoint succinctly “the very act of counseling is valued because it offers support and validation that might not be provided elsewhere” (p.236).

Attig (2004) argues that disenfranchised grief may contribute a further distressing dimension to the experience of traumatic bereavement. The author argued that disenfranchised grief is the ethical “failure to respect suffering”

(p.205). In other words, if grief is denied due to the circumstances surrounding the loss, the individual may experience disappointment and a grave failure in personal and social support systems. As a result, the potential connection with meaning making is high. This means that the lack of understanding and acknowledgement surrounding disenfranchised grief potentially compromises the individual's rebuilding of basic assumptions, which may complicate the meaning making process. Furthermore, the ethical failure to respect suffering threatens the grief response. In Attig's (2004) words:

> "This misunderstanding of suffering actually compounds the loss and hurt that mourners endure. It induces and reinforces feelings of helplessness, powerlessness, shame, and guilt." (p.205)

The powerlessness phenomenological characteristic (Kleber & Brom, 1992) of traumatic bereavement may be reinforced due to the ethical failure to respect suffering. Attig (2004) suggests the bereaved has a human "right to grieve" (p.198), regardless of the potential taboo circumstances surrounding the loss, or lack of social recognition. However, the author criticises the potential negative associations with the term disenfranchised grief, arguing that the linguistic determinants imply an overt denial of the individual's right to grieve. I suggest that the term disenfranchised grief reflects ambiguity as opposed to a negative linguistic association with the traumatically bereaved. On the contrary, I believe the term belongs on the continuum of grief alongside other prolonged grief labels, including derailed, absent or frozen grief. As a consequence, Attig's (2004) argument in the context of disenfranchised grief, is not dissimilar to the potential negative associations surrounding pathological grief and its' linguistic variants

(Prigerson et al., 2008). Furthermore, the taboo circumstances and potential social stigma surrounding the circumstances of traumatic bereavement may be experienced, for example, through bereavement by suicide, regardless of a classification of grief or the label disenfranchised grief (Begley & Quayle, 2007, Peters et al., 2016, Wertheimer, 2001). To sum up, the denial of the individual's right to grieve a traumatic loss is potentially influenced by social stigma, and responses from the community and society, regardless of the negative linguistic associations connected to the term disenfranchised grief.

2.6 Existential theory of bereavement

This section will examine the influence of existential theory on the field of grief and traumatic bereavement. My training as a researcher-practitioner is from the school of existential counselling and psychotherapy. As a result, I acknowledge my bias which may become apparent as I discuss the existential phenomenological perspective of bereavement.

2.6.1 Heidegger's theory of relatedness: Being-in-the-world

The existential perspective of bereavement is founded on Heidegger's (1962) philosophy of existence, in terms of the constant presence of human mortality, and the unavoidable fact that we exist in light of our inevitable death. However, many individuals choose to exist by ignoring or avoiding the possibility of their death, yet, for Heidegger (1962), in spite of the perceived philosophical focus on the demise of existence, an awareness of existence in the face of death inspires the individual to live purposefully and strive for meaning (Macquarrie, 1972).

Heidegger (1962) referred to the individual as “Dasein” (p.8) to convey the philosophical concept that they exist in a context of the world, which is translated from the German to English as “Being-there” (p.8), hence, Dasein exists as a “Being-in-the-world” (p.53). Heidegger’s (1962) theory of existence proposes that the individual cannot avoid existing in relation to the world, or relating to some aspect of the world, and to others in it, in addition to their socio-cultural environment. Heidegger (1962) continued to distinguish between human existence on an “ontical” and “ontological” (p.14) level, which are important existential concepts. The philosopher often referred to “Being” (p.8), or human existence in the ontical world, that is, the everyday world which creates daily struggles, limitations and possibilities for Dasein. Meanwhile, the ontological level refers to the temporality of existence, in other words, human beings are mortal creatures, and it is a human given that existence is finite.

Heidegger (1962) introduced the philosophical concept “facticity” (p.56), which is potentially significant in the context of traumatic bereavement. Facticity refers to the philosophy that we exist at all, at this given time in history, within this particular socio-cultural-political context, in relation to others. Heidegger (1962) describes facticity as “bound up in its ‘destiny’ with the Being of those entities which it encounters within its own world” (p.56). Heidegger (1962) also developed the concept “thrownness” (p.252) to reflect the individual’s facticity, in other words, the universal human given that one is thrown into existence, or thrown into a priori situation. Macquarrie (1972) argues that Heidegger vividly captures the essence of facticity with his concept thrownness. The individual cannot control their birth or the particular lived context they are born into. They are literally ‘thrown into’ an existence. In the context of traumatic bereavement,

would Heidegger (1962) argue that traumatic bereavement is the individual's destiny, that is to say, pre-destined within their life facticity? In response to my question, Heidegger (1962) might argue that the inherent suffering and tragedy connected with traumatic bereavement is beyond the individual's control. As a result, traumatic bereavement is part of the individual's facticity. Nonetheless, according to Macquarrie's (1972) interpretation of facticity, the experience of traumatic bereavement is already part of the individual's past and history. This point is developed in section 2.7.6 in relation to solicitude and traumatic bereavement.

From an existential perspective it is possible to recognise the black and white facts of human mortality and existence. However, I would hesitate to introduce these theoretical concepts in my work with the traumatically bereaved. If a client questioned the unfairness of the sudden death, while agonising over the painful meaning for their sudden loss, an existential theory of death and human suffering, in light of the individual's facticity of existence may be experienced as insensitive and uncaring. However, according to Heidegger (1962) the traumatically bereaved is a "Being-towards-death" (p.253) and the sudden awakening of the temporality of existence may impact the individual's perspective of existence. In other words, the awakening of temporality may alert the traumatically bereaved to alternative possibilities and future choices, including the everyday relational mode of caring for others. Nonetheless, while discussing the existential philosophy of death and bereavement, it is advised that the trauma response and grief are addressed first, in light of the human suffering and confrontation with trauma (Pearlman et al., 2014).

2.6.2 Temporality: Being-towards-death

For Heidegger, the temporality of human existence is based on the concept "Being towards its end" (p.252). This theory proposes that existence and death is beyond Dasein's willing control. As a consequence, Dasein's existence is ultimately defined by the ontological dimension that posits humans are "Being-towards-death" (p.253). The individual is determined by an awareness of their mortality, which is temporal. Heidegger's (1962) view of Dasein as an ontological being is pre-determined, that is, the individual's birth and death is viewed from an ontological perspective. In other words, one's birth is beyond their control, and as soon as the individual becomes an entity in the world - Dasein, they become temporal entities. They will cease to exist at an undetermined point, with the exception of suicide, hence the temporal, ontological given of human existence. Macquarrie (1972) summarises Heidegger's Being-towards-death theory succinctly:

> "I am aware of living in the face of the end; the existence that is mine is a precarious existence and at any time may vanish into nothing." (p.195)

Heidegger (1962) expands on his theory of temporality in terms of Dasein's ontological given as Being-towards-death. The individual can employ the knowledge or the fact of their future death (facticity) to consider and achieve life's possibilities. In terms of the traumatically bereaved there is no question that the bereaved can ignore the possibility of death. However, for some individuals the sudden traumatic loss may be an abrupt awakening of Heidegger's (1962) Being-towards-death theory (Stolorow, 2015). Nonetheless, death has become a

daily part of the tension between the ontic and ontological existence for the traumatically bereaved. However, the traumatically bereaved still exists as a Being-towards-death. In a sense, if we follow Heidegger's existential argument, although the future possibilities connected with the loved one have abruptly ended, the individual's possibilities remain. Macquarrie (1972) expresses this idea clearly:

> "Death is seen as the supreme possibility of human existence, the one to which all others are subordinated. All our possibilities are, so to speak, spread out in front of death." (p.196)

Perhaps Heidegger (1962) is trying to convey the idea that as the individual confronts death, and becomes aware of the finitude of existence; they experience the freedom and responsibility to choose, or not choose an alternative path in life. Inevitably, within the context of the individual's facticity - the personal, historical-socio-cultural-political circumstances the individual was born into.

Stolorow (2015) introduced the existential concept "Being-toward-loss" (p.131), in reference to the traumatically bereaved. The author writes that the confrontation with death brings the individual face-to-face with the existential state Being-toward-loss. In other words, the experience of being faced with emotional trauma alerts the individual to a state of Being, which includes an acute awareness of the finitude of life, and the death of loved ones. The fact that the traumatically bereaved are faced with a heightened awareness of the finitude of loved ones can raise existential anxiety concerning their safety (Yalom, 1980).

2.6.3 Four dimensions of life framework

Existential psychotherapy draws deeply on philosophy, yet, practitioners require a framework from which they can apply the existential perspective in practice (Deurzen-Smith, 1984). The psychodynamic intrapsychic model views the individual's problems in living from an intrapsychic theory of the individual, which aims to analyse, diagnose and classify the individual's problems in living (Deurzen, 2010). In contrast, the existential-phenomenological approach is concerned with understanding the phenomenological essence or meaning of the individual's problem based on the multi-dimensional context of the "four dimensions of life" (Deurzen, 2010, p.136) framework. Contrary to the psychoanalytic tradition which examines the client's internal or intrapsychic world, the psychiatrist Ludwig Binswanger (1958) developed a client analysis from a multi-dimensional perspective, which employed the three dimensions of existence: Umwelt (physical world), Mitwelt (social world) and Eigenwelt (personal world). Deurzen-Smith (1988) built on Binswanger's pioneering existential work, and developed the "ideal world" (p.69) which replaced the earlier "cosmic dimension" (1984, p.158). It was later updated to the "Überwelt" (2010, p.168) known as the spiritual dimension, which contributed the fourth dimension to the multi-dimensional life framework. The existential framework draws on the Heideggerian (1962) philosophy Being-in-the-world, which reflects the interconnectivity of the client's problems in living from the perspective of a multi-dimensional model. During clinical practice although one dimension is potentially highlighted, each dimension is interconnected within the whole multi-dimensional framework.

2.6.4 The spiritual dimension: Überwelt

The evolving concepts for the Überwelt reflect the difficulties individuals may experience clarifying their relationship to the spiritual dimension. As a result, it is possible that the traumatically bereaved struggle with their relationship to the intangible, which reflects the complex relationship with the spiritual dimension. Deurzen (2010) proposes that the spiritual dimension refers to a person's network of meaning, values and beliefs beyond the "physical, social and personal dimensions of our experience" (p.168), which for some may include a religious framework or "belief system" (p.168) (see Wortmann & Park, 2009). The existential author draws attention to the difficulties individuals potentially experience relating to the Überwelt as a spiritual or religious dimension of existence. She argues that the individual may consider an exploration of the 'spiritual' dimension as an investigation of one's belief in faith or religion (Deurzen-Smith, 1988). However, the Überwelt *is* abstract, in contrast to the three remaining dimensions: Umwelt, Mitwelt and Eigenwelt. Nonetheless, the abstract quality of the Überwelt highlights the scope of the spiritual dimension, reflecting the depth and possibilities of the individual's relationship to the spiritual dimension. Undoubtedly spirituality and religion are sensitive themes, and an everyday understanding of religion and spirituality may evoke strong sentiment and opinion. In order to illustrate the potential relationship between the existential spiritual dimension and the traumatically bereaved I will highlight Deurzen's (2010) definition of the Überwelt:

> "It is the world of ideas and meaning, the world of worldviews and explanatory systems and the world of ontology as well. But it is also the

world of logos: the world of spirit, of faith, belief and meaning." (p.168)

For some traumatically bereaved, a non-religious/spiritual belief may make more sense, which guides new beliefs and values about a new way of life, while for others, spirituality and/or a religious belief may represent a significant aspect of their relationship with the Überwelt. However, I am interested in the impact of traumatic bereavement on the individual's potential relationship with the Überwelt, including the implications of their loss on a meaning making belief system, which encapsulates a broad scope of spirituality.

2.6.5 Überwelt, meaning making and bereavement

Studies have highlighted the significance of spirituality/religion, and meaning making for the bereaved (Balk, 1999, Steffen & Coyle, 2011). Wortmann and Park (2009) reviewed the qualitative research concerning religion or spirituality and bereavement, in relation to meaning making. The authors recognise that religion and spirituality are different concepts, yet, they employed the concepts interchangeably. They suggested three significant findings from their review of 39 qualitative journal articles, concerning change in meaning making, and the impact of religion/spirituality on bereavement. The authors suggest that for some bereaved, religion/spirituality provided comfort and continued meaning, while for others they struggled to assimilate the loss with prior religious or spiritual beliefs. The third significant finding highlighted "meaning change" (Wortmann & Park, 2009, p.24), which reflects a personal struggle between shattered prior beliefs, a renewed belief, or the assimilation of both meaning change in religious/spiritual beliefs with a new perspective.

The author's third significant finding is significant for potential existential-phenomenological meaning making after traumatic bereavement, which highlights the impact of meaning change on the individual's potential relationship with the Überwelt. However, I propose that spiritual meaning change may reflect personal growth or transformation from a meaning making perspective of existence, in the context of renewed beliefs and values. Furthermore, the concept of meaning change can be viewed as meaning growth or transformation, as opposed to the potential limiting PTG models, which propose black and white concepts of positive or negative growth following a traumatic event (Calhoun et al., 2010, Linley & Joseph, 2004). In light of my research, Wortmann and Park's (2009) review of the qualitative bereavement literature and meaning making is broad in scope. The review included anticipatory bereavement by terminal illness, for example, cancer and AIDS, and although the study made reference to the sudden loss of a child, parent, sibling or spouse, the review was not specifically limited to the context of traumatic bereavement.

2.7 Existential theory of meaning

Meaning is at the core of human existence (Camus, 1955, Frankl, 1973), and central to the philosophy of existential counselling psychology and psychotherapy, which focuses on the meaning of the individual's lived experience (Deurzen, 2010). A search for meaning is often triggered by the individual's confrontation with crisis, loss or mortality (Deurzen, 2010, 2012). Deurzen (2012) argues that it is possible to survive or live with pain and adversity providing one has a purpose and meaning. However, the reality of

everyday living must be acknowledged, and integrated into a life focused on meaning. The author writes “the art of living is about weaving the different strands of life together into a meaningful whole that holds us safe” (p.176).

Sartre’s (1957) theory of existence introduced the existential concept “nothingness” (p.12) - the state of “non-being” (p.13), which refers to the constant possibility of one’s death, and the fall into non-being. Sartre questioned the individual’s state of nothingness in contrast to being, or existing. On the one hand, nothingness refers to the individual’s ability to change and adapt to a wide ranging life circumstances. On the other hand, existence is determined by the state of nothingness, that is, if the individual chooses passivity or accepts inactivity as a meaningless existence, they potentially fall into a state of inertia and non-being. The significance of existential meaning according to Sartre (1957) posits that the individual must actively pursue meaning and purpose, while adapting to evolving life circumstances and suffering. Such active pursuit of existence helps avoid living a meaningless existence (Deurzen, 1984).

I would add that the traumatically bereaved are suddenly faced with the tragic loss of a beloved and brought face-to-face with the state of “pure nothingness” (Sartre, 1957, p.13) of existence. As a result, they may not have the psychological strength to determine themselves and adapt to crisis, without the help and support of others. I would question the existential state of suddenly being faced with non-being when the possibility has become a sudden distressing reality for the traumatically bereaved. How do the traumatically bereaved recover from standing on the edge of the precipice? It is possible, in light of the suffering and traumatic loss that there is no further place to fall once

reaching the bottom of the abyss, and the confrontation with the unembellished state of pure nothingness, may bring the individual face-to-face with the psychological choice to find the courage to begin climbing out of the state of non-being. According to the existential theory of meaning one is required to reflect on the question: Is it worth climbing out of the personal despair of non-being, or shall I remain at the bottom of despair?

2.7.1 Frankl's will-to-meaning theory

Victor Frankl (1973) was one of the existential pioneers who recognised the importance of viewing the individual's distress or problems in living from a multi-dimensional perspective, as opposed to a singular clinical focus on disease or "clinical neurosis" (p.xi). The former psychiatrist and survivor of the Holocaust developed logotherapy from his "will-to-meaning" (p.x) theory, which is concerned with the individual's relationship to the spiritual dimension from the context of meaning making. The author wished to distinguish between a clinical, analytic diagnosis of the individual's problems in living, and address the whole context of human distress from a multi-dimensional perspective, which included the mental, somatic and spiritual dimensions. Frankl's (1984) philosophy is rooted in the individual's inherent need to identify and take responsibility for meaning, regardless of the brutal and distressing conditions the individual may endure. Frankl (1984) movingly narrates an autobiographical account of existence and survival in the concentration camps, proposing that individuals who lose a sense of purpose and meaning suffer greater mental hardship, than, for example, the physical pain and hardship inflicted on the body, the author writes "this striving to find a meaning in one's life is the primary motivational

force in man" (p.121).

The will-to-meaning theory proposes that responsibility to the personal self, and toward something greater or bigger than the self is an important factor that contributes to the psychological ability to identify meaning. Taking responsibility for one's choices and actions is a significant existential theme, including freedom, choice and courage (Deurzen-Smith, 1990). In the 21st century, approximately 70 years after the first publication of Frankl's (1973, [1955]) logotherapy, the importance of the personal need to define meaning is at the centre of recent developments in existential psychotherapy and meaning making models, including Deurzen's (2010) four dimensions of life framework. For example, Frankl's logotherapy is seen in Deurzen's (2010) existential development of the Überwelt in the four dimensions of life framework.

The will-to-meaning theory is particularly significant for the traumatically bereaved, where the potential loss of meaning is a pronounced theme. Frankl's (1973) reference to the spiritual dimension signifies the "specifically human dimension" (p.xi), that is, the individual's spirit, faith, and meaning, which for the author did not have a religious interpretation. On the contrary, the author was interested in the spiritual dimension from a meaning making perspective, in the context of the individual's need to define meaning beyond the mere physical whims and desires of existence. Such meaning making referred to a wider dimension, including others or a belief within a broader meaning and value system. Frankl, (1967) writes:

> “Meaning sets the pace for being. Existence falters unless it is lived in terms of transcendence toward something beyond itself.” (p.12)

Although Frankl’s (1967) logotherapy is based on the existential theory that the individual has the “freedom of will” (p.2), or the choice to respond to pain and suffering, the realities of grieving and processing a traumatic loss will inevitably impact the degree the traumatically bereaved can psychologically respond to pain and suffering. The freedom of will theory may be potentially difficult to comprehend on a personal and emotional level for the traumatically bereaved. As a consequence, Frankl’s (1973) will to meaning and freedom of will theory raises questions, including: What happens when the traumatically bereaved struggle to find meaning, or when traumatic grief and the trauma response inhibit the individual’s ability to identify meaning? In response, I would argue that traumatic grief may become complex or prolonged, and the individual’s sense of self and identity may become fractured, while for others the prior sense of self may be irretrievably lost. It is possible that the individual experiences an existential crisis of meaning, facing the existential questions: What is the purpose of life? What does my existence mean? As a result, the practitioner must approach these ideas with caution and sensitivity, while monitoring for potential complications during traumatic grief.

2.7.2 Camus’ existential perspective of meaning

In light of the traumatically bereaved by suicide, I will discuss Camus’ (1955) existential theory of meaning. Camus (1955) contributed an existential definition of meaning from his seminal work questioning the absurdity of existence in

relation to the need to create meaning. The French philosopher asked the question: Is life worth living or would one be better off killing themselves? In the context of the traumatic bereavement research, and the impact of this sensitive question on the traumatically bereaved by suicide, I will attempt to highlight the connection between the existential theory of meaning and the connection with Camus' (1955) potentially galvanising question. The author believed that the philosophical question regarding the absurdity of life could be answered by living a meaningful life, which deflects the perceived implication that life is not worth living after the act of suicide (Camus, 1955). The philosopher believed that the absurdity of life begins with the repetition of daily life, represented by the potential meaninglessness of existence. He illustrated his theory with the Greek mythology of Sisyphus, who was condemned by the Gods to continuously push a boulder up a hill. However, the absurdity and meaninglessness of life is replaced when the individual chooses a life filled with meaning. The individual must create something from the essentially nothingness of life, which implies that the individual identifies and pursues meaning based on one's values and beliefs, in order to fill the emptiness of existence.

The existential definition of meaning recognises the meaninglessness and absurdity of existence, which is replaced when the individual recognises that they have the power to counteract the absurdity and emptiness of life by pursuing an existence filled with value, meaning and purpose (Camus, 1955). In the context of the traumatically bereaved I would raise the questions: How is it possible to navigate a meaningful existence when one has abruptly lost the meaning attached to life without the beloved? It is possible that the absurdity of life is no longer bearable, and the possibility of identifying new meaning is

viewed from Sisyphus's perspective. However, I would counter argue that the traumatically bereaved may develop a new perspective of existence, and the absurdity and meaninglessness of life is viewed with clarity, thus enabling the bereaved to focus on the key elements of life that bring value and meaning. Camus (1955) poignantly writes "the struggle itself towards the heights is enough to fill a man's heart. One must imagine Sisyphus happy" (p.111). This former perspective reflects my position that the traumatically bereaved potentially focus on the meaningful aspects of their new existence, while experiencing a renewed appreciation for life.

As a concluding comment, in particular to the aggrieved reader, in the context of the author's philosophical questioning of the absurdity and meaninglessness of life in the face of suicide, Camus was fatally killed in a road traffic accident at the age of 47 (Deurzen, 2010).

2.7.3 Confrontation with despair

Existential counselling and psychotherapy is based on the tenet that suffering and loss while painful and unwelcome, presents the individual with an opportunity to reflect on the human condition, which is viewed as an opportunity for potential change and growth (Deurzen, 2010, Jaspers, 1951, Yalom, 1980). On the one hand, the experience of suffering and despair potentially compromises meaning making. However, on the other hand, an existential awareness of the human condition can motivate the traumatically bereaved to pursue a renewed purpose and meaning in life. Karl Jaspers (1971) the psychiatrist evolved philosopher wrote that the human condition is replete with

situations that fill the individual with despair, which Jaspers (1951) described as “ultimate situations” (p.20), while Deurzen (2010) employs the term “limit situations” (p.48), and Yalom (1980) refers to “boundary situation[s]” (p.159). However, the common thread unifying these terms highlights the individual’s confrontation with the existential givens “death, freedom, isolation, and meaninglessness” (Yalom, 1980, p.8), thus potentially triggering despair and anxiety. Jaspers (1971) considered the obstacles the individual faces in their everyday existence in relation to the meaning making process. The philosopher proposed that although the individual is responsible for nurturing and creating meaning, they may become distracted by the inevitable setbacks, and self-doubt connected to the process of change. In terms of traumatic bereavement, traumatic grief impacts the individual’s sense of self-worth and self-confidence (Janoff-Bulman, 1992, Parkes & Prigerson, 2010). As a result, the individual may struggle to manage the daily obstacles, in order to action change. The impact of traumatic grief potentially prevents the traumatically bereaved from focusing on personal self-reflection required in order to identify and pursue meaning. This process may be supported however, with the help of an existential counsellor or psychotherapist who can examine fixed beliefs or assumptions that are potentially keeping the traumatically bereaved entrenched in their daily lives (Deurzen, 1998, 2002).

2.7.4 Heidegger’s inauthenticity

Heidegger (1962) wrote that the individual feels comfortable living amongst “das Man” (p.127), the “they” (p.127) or the masses, based on an inherent personal need to belong, which can paradoxically trigger self-doubt. Living among the

masses leads to a comfortable existence, which protects the individual from questioning their deeper values and beliefs. According to Deurzen-Smith (1984) this inauthentic state of existence leads to potential psychological disturbance. However, during times of human development and personal crisis, individuals may begin to question the purpose and existence of life as they recognise the "shocking gaps in the meaning and fullness of their lives" (p.160). The abrupt awakening of such inauthentic state of existence is potentially brutal for the traumatically bereaved, as they face the multi-layered crises of trauma.

Deurzen-Smith (1984) writes that existential psychotherapy is particularly helpful for the individual experiencing a crisis of meaning when the truth of existence is brutally unveiled, which may be experienced during a traumatic bereavement. The existential author argues that personal and material possessions help the individual maintain "the illusion of my invulnerability" (p.161), which upholds the inauthentic state of existence. However, at times of crises, those who lack a stable inner self or internal world, crumble with shocking speed at the sudden loss of the perceived invulnerability of external values and beliefs. Meanwhile individuals who possess a greater sense of self-awareness potentially experience trauma, grief and suffering with courage and strength.
Deurzen-Smith (1984) describes the route to existential authenticity through crisis:

> "Those of us who break down or face a crisis are usually amongst those closest to sanity or authenticity. But only if there is strength and support enough to face this crisis will the breakthrough towards health occur." (p.162)

Deurzen-Smith's (1984) idea suggests that the experience of crisis potentially leads the individual to an authentic state of existence, as a result of the beginning of a complex questioning of prior beliefs systems and values.

2.7.5 Solicitude: care for the other

I will now address the significance of Heidegger's (1962) concept "solicitude" (p.121) or sense of care for others, known in German as "Sorge" (p.193). Solicitude is a complex philosophical concept, nonetheless, for the purpose of examining an existential theory of traumatic bereavement I will attempt to connect the phenomena. According to Heidegger's (1962) Being-*in*-the-world theory, the individual's existence relates to the concept of care, which is represented by the connecting word '*in*' (Macquarrie, 1972). The 'in' aspect of the theory connects to solicitude, the theory that existence shapes the individual's inherent capacity to care about the world, or some aspect of the world, and others in it. However, Heidegger (1962) writes that the solicitude of Dasein is not always interpreted as a constant kind and caring state, solicitude represents "Indifferent modes that characterize everyday, average Being-with-one-another" (p.122).

For Heidegger (1962), the 'Indifferent' modes of caring reflect the state of falling with das Man. To illustrate this argument, the falling with das Man level of caring reflects an insincere state of caring for others, for example, colleagues or neighbours. One may acknowledge or interact with them on a daily basis, yet, an authentic level of mattering or care for the other is absent. Heidegger (1962) argued that the individual exists in the everyday ontic mode of care or concern

for the other, which reflects the individual's Indifferent mode of care, in order to smooth daily relationships, including Dasein as the recipient of this level of care. However, Heidegger (1962) argued that "care is the basic state of Dasein" (p.250), which refers to the individual's caring state of Being-in-the-world, regardless of whether care functions as an authentic state of mattering to one another. I will now discuss the significance of Heidegger's everyday concept of care, in the context of support for the traumatically bereaved.

2.7.6 Solicitude and traumatic bereavement

Macquarrie (1972) argues that solicitude can be understood in relation to death in three areas. These areas will be considered in light of traumatic bereavement. First, solicitude relates to the ongoing tension or anxiety experienced between the possibility of future events and the individual's potential to develop these possibilities while existing authentically. Heidegger (1962) believed that death is the ultimate future possibility for Dasein, in other words, human existence is defined by the human given of one's *not* being, that is, as soon as one comes into existence, it is a given that death will occur at some unknown point in the future. He argued that if the individual is aware of the human given of not being, or the finitude of existence, they may struggle with the state of caring about the world and living a meaningful life. As a result, the ongoing tension between caring for the world and others is potentially diminished or intensified, according to Heidegger's (1962) theory that human existence is finite and death is the ultimate possibility.

Second care relates to the facticity of the individual's existence, in other words,

the individual is thrown into the world as a mortal being, and death is always part of human existence: “to become aware of death and to accept mortality is to become aware of a boundary to existence” (Macquarrie, 1972, p.197). The boundary of existence awakens the individual to the human given that one is faced with the limitation of their existence, in contrast to the potentially anxiety-inducing possibility of pursuing future events. Furthermore, the individual exists in relation to their past, or as Macquarrie (1972) writes facticity relates to “what has been, the ‘already’” (p.197), as opposed to what is yet possible. In the context of the traumatically bereaved, the experience of traumatic loss potentially brings the individual face-to-face with the facticity of human existence on an everyday, ontic realm of existence. The sudden encounter with death may reflect a struggle for the traumatically bereaved to care for das Man, or for those who have yet to face with the limiting aspect of the human condition.

The third area considers the individual in relation to das Man on an ontic dimension. Cultural beliefs and values surrounding death and bereavement potentially impact the relationship between the traumatically bereaved and the level of care and understanding received. Macquarrie (1972) writes that the relationship between death and the masses is observed in society’s general “flight and avoidance” (p.197) attitude towards death, he continues:

> “When the reality of death inevitably confronts them, that death does not really change anything and that after death it will be business as usual.” (p.198)

In terms of the traumatically bereaved, the relationship between cultural beliefs

and values, and the level of care received potentially adversely impacts recovery. As a result, the traumatically bereaved may accommodate the socio-cultural-political beliefs and expectations in the workplace, community and in familial relationships.

2.8 Existential theory of trauma

2.8.1 Stolorow's emotional trauma theory

A discussion of the experience of meaning making should also consider the possibility that the traumatically bereaved cannot identify meaning or pursue a meaningful path. Stolorow's (2007) emotional trauma theory suggests that the traumatically bereaved experience an emotional malattunement, which posits that the individual experiences difficulty processing emotional trauma with prior experience. Stolorow (2007, 2015) views trauma as the inability to identify or comprehend severe emotional pain with former emotional experiences, and refers to trauma as a unique singular experience that cannot be explained or identified with any other emotional experience. The author proposes that emotional trauma is related to the "context-embeddedness" (Stolorow, 2015, p.124) of the traumatic experience, which means that the individual experiences emotional trauma, for example, ongoing pain, horror, shock and despair when they do not have a prior emotional context for the emotional trauma. Such a potential emotional context for trauma would enable the bereaved to emotionally contextualise the traumatic experience with prior experience. Stolorow (2015) argues that severe emotional pain becomes "lastingly traumatic and usually succumbs to some form of emotional numbing" (p.125) if the individual lacks

emotional support and care. However, he continues by stating “painful feelings that are held in a context of human understanding can gradually become more bearable” (p.125). The author raised an important point regarding the impact of personal or social support in terms of alleviating emotional pain, which highlights the risks connected to a lack of emotional support during healing and recovery from traumatic grief.

Robert Stolorow (2007) wrote about trauma from an existential-psychoanalytic perspective, he proposed that “trauma destroys time” (p.17). In other words, trauma destroys the individual’s ability to imagine the future. If this is true, it would follow that the traumatically bereaved struggle with meaning making, due to a potential distorted view of the future, and the inability to make plans and identify hopes and goals for the future. The author argued that the traumatised individual experiences the dual struggle that requires the emotional processing of the present trauma, while attempting to plan an uncertain and unimaginable future. He continued to describe the frozen experience of time metaphorically, stating that the traumatically bereaved experience a disconnection with the future, describing this as a state as: “freeze-framed into an eternal present in which one remains forever trapped” (Stolorow, 2007, p.20).

The following personal anecdote highlights the possibility that the temporary dissolution of time prevents the traumatically bereaved from connecting with the meaning making process. In the winter of 2005, some days before my close friend’s funeral I vividly recall standing in a forest in the center of the Netherlands. It was a cold mid-winter morning as I put on my walking boots and walked to the nearby forest. During the walk I was suddenly immobilised, oblivious to time, and

unable to move, yet I was remotely aware of the beech trees surrounding me creaking in the wind. I was frozen in time, and physically unable to take one step forward. I believed that if I just stood still, time would stand still with me and nothing would change, which meant I did not need to consider the present or the future.

The temporary destruction of time and the inability to imagine the future as a result of emotional trauma can negatively impact the restoration process of grief, which is proposed in Stroebe and Schut's (2001) DPM of bereavement. The traumatically bereaved experiences the dual struggle that requires the processing of emotional trauma, while attempting to consider or plan for the future, which may comprise the restoration process of grief in the DPM according to Stolorow's (2007, 2015) emotional trauma theory.

2.8.2 Posttraumatic growth

PTG models recognise that resilience and strength are inherent aspects of the suffering and challenges of the human condition (Linley & Joseph, 2004). The authors propose that PTG or positive change after a life threatening illness, accident, natural or manmade disaster, bereavement, or anything else that causes the individual to struggle in adverse circumstances facilitates "adversarial growth" (p.11). They suggest that an individual may function on a higher level following a traumatic event. PTG models focus on the impact of a traumatic event on the individual's world beliefs and basic assumptions. However, the traumatically bereaved are not only faced with the pain and grief of their loss, but are required to address shattered assumptions and former

worldviews (Kauffman, 2002). Calhoun et al., (2010) proposed that the individual's "assumptive world beliefs" (p.131) influence the PTG process and the return to wellbeing. A traumatic experience has the potential to shatter the individual's basic assumptions about their belief in the safety of the world, and increase awareness of death and the finitude of existence (Stolorow, 2015).

Calhoun and colleagues (2010) addressed the individual's perception and interactions with the world, they proposed that the individual's experience of traumatic loss does not correlate with the level of disruption in their core beliefs, but highlights the individual's resilience to adjust to life challenges and the potential for PTG. Paradoxically, the greater the disruption to the individual's core beliefs the greater potential for PTG. Calhoun et al., (2010) argue "it is the level of disruption of core beliefs which best predicts growth" (p.132). As a result, practitioners who acknowledge the potential for PTG may reduce the stigma surrounding the possibility of growth or the positive-by-product consequences of traumatic loss (Linley & Joseph, 2004).

According to Linley and Joseph (2004) the circumstances surrounding a traumatic event or the degree of distress is not associated with the degree of growth. Research has indicated that the individual's vulnerability and resilience to trauma are influenced by three predicting factors: life events and genetic factors prior to the trauma, nature and duration of the trauma, and posttraumatic factors, such as, access to counselling or social support platforms (Stein et al., 2007). The authors argue that the temporal factor of a traumatic event influences the potential for PTG, suggesting that the further the traumatic event occurred in the past, other life events, for example, life transitions, aging and personal

development influence the potential for meaning making and positive growth for the traumatically bereaved.

Joseph (2013) draws attention to the argument that the individual's struggle to survive and the potential for growth following traumatic bereavement does not imply that adversarial growth or positive change is the result of losing a loved one. Calhoun et al., (2010) continue the argument stating that the traumatically bereaved will not view the primary loss as the reason for positive change. As a result, practitioners focusing on PTG should not detract from the pain and distress of the loss, Calhoun et al., (2010) stress that caution is advised when exploring the potential PTG dialogue, writing "the clinician should take care to attribute these changes to the *struggle with* the grief and loss, not to the loss itself" (p.137). Joseph (2013) suggests that PTG is not concerned with 'wiping the slate clean', but acknowledging that trauma and bereavement are part of the individual's history. It is important to clarify that PTG is neither a stage of grief nor a guaranteed outcome, and some traumatically bereaved do not experience growth or positive change. Furthermore, it is not guaranteed that positive change will occur or that the traumatically bereaved will be protected from tragedy or distress in the future (Joseph, 2013).

2.8.3 Existential therapeutic approach to traumatic bereavement

The work of Barnett (2009) addresses the significance of death as it enters the therapeutic relationship. The author examined the interplay of the client-therapist dialogue, and the impact of death on the client and therapist. Barnett (2009) proposed that the attuned therapist recognises the client's physical experience

or physical response to trauma, for example, experiencing an intense feeling of sadness or sorrow while listening to the client's story. The physical experience was recognised by the seminal work of Merleau-Ponty (2012), who proposed that the "embodied condition" (Barnett, 2009, p.220) is a valued aspect of the individual's experience, in addition to the emotional aspect. Merleau-Ponty's (2012) work is potentially significant for the traumatically bereaved, in terms of the physical response to their loss. The existential philosopher argued that human beings are intrinsically connected to the world, and the embodied experience manifests as a physical or sensory response to our lived experience. The embodied condition is continuously changing in response to the dynamic world, that is, the evolving aspect of existence and the world (Deurzen, 2010).

Barnett (2009) observed that the embodied condition manifests as chest tightness, breath holding, sobbing and uncontrollable shaking, or the visible grief etched on her client's face. In terms of traumatic bereavement, it is evident that death and trauma are forefront in the client's experience, and the focal point of the therapeutic relationship. Meanwhile Oakley (2009), developed a trauma therapy based on the approach of working with the client's embodied experience, having attended the aftermath of the July 7th London bombings in 2005. Oakley's (2009) trauma therapy encourages the client to describe and connect with their physical response to trauma, which highlights the significance of the embodied condition while working with traumatic bereavement. However, a therapeutic focus on an existential dialogue may be premature, in particular, during the aftermath of the traumatic loss. Oakley (2009) reported that following the 2005 London bombings clients welcomed the embodied approach to trauma.

2.9 Phenomenological descriptive studies

This section will review the phenomenological research related to the lived experience of traumatic bereavement, and present the current understanding of traumatic bereavement, in order to frame the significance of the research question.

2.9.1 The role of meaning making

Paidoussis-Mitchell's (2012) descriptive phenomenological study of six traumatically bereaved women highlights the connection between traumatic loss and a crisis of meaning. The overriding essence of the existential phenomenological research identified a sense of isolation as the traumatically bereaved struggled to identify, define and recreate meaning. Paidoussis-Mitchell (2012) identified five main themes, which highlight the existential awakening of the human condition. The findings suggest that the traumatically bereaved become acutely aware of the existential givens: isolation, anxiety, meaningless and temporality, while struggling with a loss of meaning. However, the existential awakening appears to alert the traumatically bereaved to the dimensions of existence, including a spiritual awakening. Paidoussis-Mitchell (2012) established that the traumatically bereaved took one step closer to identifying meaning as they paid attention to their lived world, or Heidegger's (1962) Being-in-the-world. This was achieved by listening closely to their needs, investing time with close friends or family, and spending time on important hobbies or in the natural world.

The research identified the theme resilience or the potential for PTG after traumatic bereavement, which is consistent with the PTG literature (Calhoun et al., 2010, Linley & Joseph, 2004). However, it is possible that the acute awareness of the fragility and preciousness of life may conflict with the struggle to identity meaning, and the new found desire to forge a spiritual path or search for meaning. Paidoussis-Mitchell (2012) identified the theme profound physical response to the news of the traumatic loss, or "the embodied reaction" (Paidoussis-Mitchell, 2012, p.34), which may initially overshadow the individual's struggle with the existential givens. The struggle with the existential givens potentially masks the individual's profound experience of the awakening of the human condition. As a result, it is important to provide the traumatically bereaved with a personal and social platform in order to validate and feel comfortable sharing their experience with others.

With reference to the impact on my research, the Paidoussis-Mitchell (2012) findings raise questions, for example, how does the potential struggle with the existential givens impact the traumatically bereaved on a personal, social, spiritual and physical level? How does the spiritual awakening, in terms of the Überwelt relate to the other three existential modes of being, on an ontic, everyday level of relatedness? The proposed questions helped frame my research question, in light of examining the meaning making process from the framework of the existential four dimensions of existence (Deurzen, 2010).

2.9.2 The role of spirituality

Chapple and her colleagues (2011) examined the role of spirituality and religion

after a traumatic bereavement. The authors conducted narrative interviews with 40 traumatically bereaved adults. They employed a qualitative interpretative methodology and conducted a thematic data analysis and constant comparison method. The study highlights the significance of religion and spirituality for the traumatically bereaved. On the one hand, the authors reported that religious or spiritual beliefs brought comfort to the traumatically bereaved, and some individuals derived meaning from their beliefs after the sudden loss. On the other hand, the authors reported that some individuals experienced a loss of belief in religion or spirituality, stating that the role of religion or spirituality had a negative and distressing impact on their lives, while others lost faith in their belief.

The study identified the finding that the traumatically bereaved derive support and comfort from the experience of a tangible sense of “continuing bonds” (p.15) with the loved one; the continuing bonds field is vast, (see Klass et al., 1996, and Klass & Steffen, 2018). The continuing bonds finding refers to a spiritual communication or contact with the deceased, for example, a “post-death encounter” (p.11) or a spiritual message received via the help of a medium. I would posit the following questions: How does the passage of time impact the meaning derived from the spiritual communication with the loved one? How do potentially fewer ‘tangible contacts’ or the spiritual continuing bond impact their continuing relationship over time? In response to my questions, two different areas of traumatic bereavement are highlighted, first the experience of time, and second, the potential relationship to the Überwelt. I propose that Heidegger’s (1962) theory of temporality may become a focal point for the traumatically bereaved, in terms of their evolving relationship with the passage of time, and their continued relationship with the loved one. As a result, if fewer tangible

contacts are experienced the traumatically bereaved may need to readdress their relationship to the Überwelt. The evolving continuing bond with the loved one may further impact the continuing process of identifying meaning making.

Chapple et al., (2011) acknowledged the limitations of their study, namely, the absence of a time frame since the traumatic loss. They reported that some interviews took place many years later, which potentially influenced the bereaved individual's memory of their loss, writing: "recollection of distant events tends to be biased" (p.17). However, all recollection, even immediate recollection is biased. Furthermore, qualitative research is interested in how people make sense of their experience (Langdridge, 2007) thus the issue of bias and memory is not problematic. On the other hand, if the researcher imposes a short time frame since the loss, the research may highlight a grief-stricken account. Nonetheless, this raises the question, what is an appropriate time frame in order to ethically research the traumatically bereaved?

2.9.3 Traumatic bereavement by suicide

Begley and Quayle (2007) conducted an interpretative phenomenological analysis (IPA) of eight adults traumatically bereaved by suicide. The authors identified four "master themes" (p.29) including: controlling the impact of the suicide; making sense of the suicide; social uneasiness and purposefulness. The traumatically bereaved tried to make sense of the suicide as they attempted to adjust prior schema about "a predictable world" (p.29). However, the authors identified that the deliberate and purposeful act of suicide was at odds with the former belief about a predictable world. The ability to make sense of the suicide

and adjust prior beliefs and assumptions about the world was experienced as extremely difficult. Begley and Quayle (2007) reported that future decisions and changes were influenced by a continued “mental bond” (p.31) with the loved one. They experienced a continued “magical attachment” (p.31) to the loved one, which highlights the experience of mental closeness with the beloved, and the consequent impact on the individual’s sense of continued purposefulness and meaning in life.

In light of a framework for my research, the Begley and Quayle (2007) research was significant. The purposefulness finding connects to the meaning making aspect of existential theory and the experience of crisis and suffering. Furthermore, the research indicates a connection between the bereaved by suicide and the struggle to redefine their relationship to the Überwelt. However, as the authors highlight, the traumatically bereaved prioritised a connection with the beloved in terms of their developing relationship to the Überwelt.

2.9.4 Stigma of traumatic bereavement

The Begley and Quayle (2007) research raises some interesting questions related to the “social construction of grief” (p.32) and the individual’s meaning making process. The theme “social uneasiness” (p.29) had a profound impact on the ability of the traumatically bereaved by suicide to integrate with the community, and during social interactions. They experienced difficulty in their social and interpersonal relationships, which impacted their ability to search for meaning. However, some of the participants were recruited from the Irish suicide support group *Living Links*, which potentially influenced the authors’ findings.

Research highlights that the traumatically bereaved by suicide often experience shame and guilt, which can influence feelings of social discomfort (Wertheimer, 2001). The participants experienced difficulty addressing the belief that others failed to support them and could not relate to their traumatic loss. Although Begley and Quayle (2007) found that the traumatically bereaved by suicide experienced difficulty and discomfort in social interactions, and some individuals purposely avoided social situations. The authors reported that the difficulty experienced in defining personal meaning conflicted with the individual's ability to interact with others. However, as the authors identified, the degree the participants restricted their level of social interaction potentially maintained their beliefs about the lack of support received in social situations.

The authors propose that further research concerning the experience of meaning making in support groups and networks would contribute valuable knowledge to the lived experience of traumatic bereavement. The social construction of grief and the potential development of meaning making in closed support groups is an area of knowledge that may help grief counsellors and psychotherapists to understand the experience of traumatic bereavement. In terms of the implications for the phenomenological research, the Begley and Quayle (2007) findings indicate that the traumatically bereaved may experience social stigma, while sharing their experience of bereavement with others, which is not limited to the social stigma experienced surrounding bereavement by suicide. The potential implications for the traumatically bereaved suggest that traumatic bereavement may inherently involve a degree of social stigma, in contrast to normal bereavement, based on the sudden, traumatising, and potentially violent circumstances surrounding the loss.

2.9.5 Lessons learnt

The psychoanalytic and cognitive perspectives of bereavement have contributed vast knowledge to the field of grief, which continue to influence the development of modern day grief models. However, these models focus on the intrapsychic perspective. On the other hand, the existential approach focuses on a multi-dimensional perspective of grief, which avoids labelling traumatic grief from a medical model approach. Although the documented models addressed the significance of building a new master narrative, my research aims to examine the actual phenomenological meaning of traumatic bereavement. In other words, what is it like to be traumatically bereaved, and what does this experience mean in the context of Being-in-the-world? These questions will provide a greater understanding of traumatic bereavement from an existential-phenomenological perspective of human existence. The next chapter will discuss the appropriate methodology chosen in order to answer the research question.

3. Methodology and methods

The research paradigm and epistemological position underpinning the theoretical and philosophical background for the research will now be discussed. The outlined position will highlight the chosen methodology and appropriate research method, in order to answer the research question. The chapter will continue with a presentation of the research procedure, including how the data was collected and analysed, and conclude with a critical review of the limitations and strengths of the chosen method.

3.0.1 Research paradigm and epistemological position

The research paradigm refers to the theoretical and philosophical principles and beliefs that the research scientist adopts in order to understand the world from their particular worldview (Holloway, 2008). There are clear distinctions between the natural sciences and social sciences, which have respectively operated from the positivist paradigm and interpretivist paradigm. However, since the research paradigm is often based on contrasting sets of beliefs and principles about how knowledge is obtained, they are often debated and critiqued among academics and researchers (Avis, 2005). Traditionally psychology operated from a positivist paradigm from the framework of social science, according to the belief that knowledge is obtained from an objective scientific view of the world based on "universal laws" (Holloway & Wheeler, 2010, p.22). As a result, the positivist paradigm typically employs quantitative research methods, in order to test hypotheses and theories about scientific knowledge that aim to explain and

quantify the world (Bryman, 2008, Silverman, 2010). Meanwhile, interpretivism is based on the belief that knowledge is derived from understanding human experience, in order to make sense of the world and "attach meaning to it" (Holloway & Wheeler, 2010, p. 25) within a specific socio-cultural context. As a result, interpretivism traditionally employs qualitative research methods in order to obtain "naturalistic description or interpretation of phenomena" (Langdridge, 2007, p.2). This means that interpretivism is concerned with revealing the individual's lived experience and what it means to them, which is socially and culturally shaped by predominant norms and beliefs (Bryman, 2008).

However, interpretivism underpins hermeneutics, which as Langdridge (2007) writes is the "art of interpretation" (p.42). As a result, Holloway and Wheeler (2010) proposed that descriptive phenomenology does not sit comfortably within interpretivism, since it is concerned with identifying a rich description of a phenomenon. Giorgi (2010) argues that the potential ambiguity surrounding the phenomenological research method stems from the failure to recognise that phenomenology is primarily a philosophical science, yet also a theory of science applied as a research methodology (Xolocotzi, 2005). Nonetheless, Langdridge (2007) highlights that all phenomenological approaches are based on examining the individual's lived experience, and the philosophy of phenomenology refers to a broad range of research methods, including Heidegger's (1962) interpretative hermeneutics, and Husserl's (1977a) descriptive phenomenology.

The epistemological position refers to the researcher's assumptions that shape their beliefs regarding how knowledge is acquired (Willig, 2012). I believe it is possible to obtain knowledge about human experience based on the unique

essence of the individual's lived experience. I have therefore adopted the phenomenological epistemological position, which refers to the belief that knowledge and truth can be obtained from understanding the essential structure of human experience, and examining the individual's subjective meaning (Langdridge, 2007, Willig, 2012).

3.0.2 Phenomenological paradigm

Phenomenology was developed by Edmund Husserl (1977a, 1977b, 1983), which aims to understand and provide a rich description of the lived experience, in order to identify meaning and the essence of a phenomenon. Husserlian (1977a) phenomenological theory states that the underlying essence of a phenomenon can be identified from examining the individual essence of a lived experience and applying this to a universal structure of the investigated phenomenon. In the context of human sciences, phenomenological research methods begin from understanding Husserl's (1977a) concept of the lived experience or "*Erlebnis*" (p.5). In other words, knowledge is obtained through the process of understanding everyday human experience (Halling, 2002). Husserl (1977a) developed the existential-phenomenological concept of the "one" (p.5) or whole "mental nexus" (p.4-5), which refers to the all-encompassing phenomenon of the lived experience. The lived experience is an important concept for phenomenological research, and an appropriate technique for the chosen methodology. Husserl's (1977a) philosophical, yet systematic, scientific development of the Erlebnis aims to uncover the fluid and dynamic aspect of the individual's lived world, which is constantly changing according to the individual's varied and fluid personal and social experiences. Given that the research

question was focused on examining the lived experience of traumatic bereavement in adults, the descriptive phenomenological research method was an appropriate choice, in order to obtain a rich description of the essence and meaning of traumatic bereavement.

3.0.3 Phenomenological transcendental reduction

Phenomenological transcendental reduction is a step employed in Husserlian (1977a) descriptive research methods which acknowledges that the researcher's bias, knowledge and assumptions potentially informs the research unless they are explicitly retrieved and addressed. Husserl (1977a) hoped to eliminate all presuppositions and bias via the technique of transcendental reduction. Polkinghorne (1989) proposed that the phenomenological reduction is a research technique enabling the researcher to suspend judgment or bias about the research participant, while remaining focused on the phenomenological dialogue during the research interview. Transcendental reduction is achieved by Husserl's (1970) technique the "epoché" (p.148), which refers to the researcher's attempt to suspend bias, presuppositions, and judgements about the research topic, in order to focus on the participant's description of the examined phenomenon. Husserl (1970) originally related the process of epoché to the individual distancing themselves from the experience of subjectivity in the natural world writing:

> "…it is through this abstention that the gaze of the philosopher in truth first becomes fully free: above all, free of the strongest and most universal, and at the same time most hidden, internal bond, namely, of

the pregivenness of the world." (p.151)

The universal, most hidden pregivenness Husserl (1970) refers to is judgement. However, the researcher attempts to bracket their bias and presuppositions about the research topic using the phenomenological technique epoché (Langdridge, 2007, Spinelli, 2005). Although I have personal experience of traumatic bereavement, and there were potential similarities between my experience and the co-researchers' (participants) experience, it was necessary to continuously bracket my knowledge and assumptions. Since my bias and presuppositions may have prevented me from "hearing the reality of our informants" (Swanson-Kauffman & Schonwald, 1988, p.99). In other words, the researcher listens to the participant's experience, as opposed to being informed by their personal experience or bias of the investigated phenomenon. Nevertheless, Colaizzi (1978) argued that a complete reduction is impossible, due to the researcher's relational position to the co-researchers and the world. I agree with Colaizzi (1978) and acknowledge that I cannot fully bracket my assumptions and bias during the research process. However, a significant stage of the method required the researcher to examine her knowledge, beliefs and presuppositions about the research topic.

3.0.4 Phenomenological attitude

In order to address the limitations of the phenomenological transcendental reduction the researcher adopted a "phenomenological attitude" (Giorgi & Giorgi, 2008, p.170) and employed reflexivity methods (Finlay, 2002, 2003). The phenomenological attitude is a psychological perspective that requires the

researcher to bracket her knowledge and preconceptions about the research area, and approach the research phenomenon with sensitivity. I agree with the author's position on the phenomenological attitude, and believe that this approach was an appropriate technique to employ during the research procedure. The phenomenological interview aims to obtain rich descriptions of the experience for each aspect of the psychological journey of traumatic bereavement (Englander, 2012, Giorgi, 2009). According to Giorgi (2010) the phenomenological attitude attempts to minimise the presence of the researcher writing:

> "When seeking a description of an experience phenomenological researchers minimize their presence because it is the experience of the other that is being investigated, not their own." (p.15)

In order to maintain a phenomenological attitude and minimise the presence of the researcher, this required a thorough examination of the researcher's knowledge and presuppositions about the research, which was addressed through reflexivity. Reflexivity methods include maintaining a research diary (Arber, 2006, Etherington, 2004, Gough, 2003), which enables the researcher to reflect on the research process and address her bias and emotional responses to the research. As a consequence, I maintained a research diary throughout the research, reflecting on my personal emotional responses and relational experience to the research.

3.0.5 Husserl's eidetic intuition

Husserl (1977b) believed that the transcendental ego, that is, the phenomenological researcher cannot presuppose knowledge of the participant's experience of the investigated phenomenon, which refers to the process of uncovering meaning using the researcher's intuition or insight (Levinas, 1995, Tymieniecka, 2002). Husserl (1977b) writes "I phantasy only myself as if I were otherwise; I do not phantasy others" (p.72). This is achieved via Husserl's (1977b) phenomenological method the "eidetic intuition" (p.72). He continues by proposing that eidetic intuition is the phenomenological, scientific method that enables the researcher to obtain "methodological insight" (p.72). Methodological insight connects to Colaizzi's (1978) data analysis steps 3 and 4, which requires the researcher to employ "creative insight" (p.59) while analysing the data (see section 3.6.2). According to Husserl (1977b) methodological insight refers to the creative leap the researcher makes in order to analyse the data descriptions, that is to say, intuiting meaning. The creative leap enables the researcher to identify the underlying, universal essence, or structure of the investigated phenomenon. Giorgi (2009) describes the process of eidetic intuition as "be[ing] present to" (p.77) the underlying meaning of the examined phenomena while employing vigorous, transparent methodological data analysis steps.

It is not surprising that Husserl's (1977b) eidetic intuition was heavily critiqued and considered a controversial scientific method (Langdridge, 2007). The researcher's methodological insight is highly subjective, which raises questions regarding the validity of the research. However, this issue was addressed by conducting the research according to Yardley's (2000, 2008) criteria for judging

the validity of qualitative research (see section 3.3). The present study followed vigorous data analysis steps, which provides a transparent and coherent audit trail, in order for future researchers to replicate the study, which addresses the critique concerning the ambiguity of Husserl's (1977b) eidetic intuition method.

3.1 Phenomenological descriptive methods

Giorgi (2006) disputes the credibility of phenomenological descriptive methods which claim to have roots in Husserl's (1977a) phenomenology. However, the researcher who wishes to employ descriptive phenomenological research methods has several options available to them (Colaizzi, 1973, 1978, Hycner, 1985, Karlsson, 1993, Moustakas, 1994, van Manen, 1990), which the next section addresses.

3.1.1 Hermeneutic phenomenology

The "hermeneutic turn" (p.41) adopted by Langdridge (2007) refers to the development of hermeneutic phenomenology in psychology, and the consequent growing interest in critical interpretative research methods in the field of psychology (see Madison, 2005). The growing interest in hermeneutics developed in response to the questions surrounding the efficacy of a pure description of the essence and structure of a phenomenon from Husserl's (1977b) perspective of phenomenology. Hermeneutics has its' roots in Heidegger's (1962) theory of phenomenology, which was developed as an interpretative understanding of phenomenology (Giorgi & Giorgi, 2008a). Giorgi and Giorgi (2008a) propose that Husserl (1977a) viewed description as the

primary phenomenological method, and interpretation as a secondary method. However, Heidegger (1962) viewed interpretation as the primary phenomenological method, and description as a secondary method. In other words, the philosophers disagreed on the primary purpose of the phenomenological research method, according to their different epistemological positions. In short, Heidegger's (1962) hermeneutic approach focuses on ontology and the theory of Being-in-the-world, which led the philosopher to argue that phenomenology refers to the individual's understanding and interpretation of the lifeworld, through language and in relationship to the world (Dybel, 2005, Rapport, 2005).

Van Manen (1990) and Karlsson's (1993) descriptive methods are based on hermeneutic phenomenology (Wierciński, 2005), which was not suitable to answer the research question. Hermeneutic phenomenology aims to produce a combination of descriptive and interpretive accounts of the participant's lived experience, which may require data collection methods that include written or textual accounts. Van Manen's (1990) method focuses on interpreting the individual's rich textual account of the lived experience employing written accounts of the participant's experience. However, van Manen (1990) acknowledged the "linguistic demands" (p.64) and limitations placed on the researcher who aims to collect textual accounts of the investigated phenomenon. I agree with van Manen (1990), and furthermore, I wished to remain with the immediacy of the spoken word and collect purely verbatim accounts of the participant's experience.

3.1.2 Heuristic phenomenology

Moustakas (1994) developed heuristic phenomenology based on Husserl's (1977a) perspective of phenomenology. Heuristic phenomenology aims to produce a complex biographical portrait of the research participant's lived experience, employing multiple data collection methods. Moustakas' (1994) heuristic phenomenology is based on the assumption that the researcher maintains an autobiographical or life-changing interest in the research question. While the present study has been formulated on the researcher's personal experience of traumatic bereavement, it was not the researcher's aim to include a heuristic autobiographical analysis of her experience. According to Langdridge (2007) the researcher is considered "an insider" (p.59) to the research area, in contrast to being considered an outsider. However, the impact of my insider knowledge will be addressed independently as part of the researcher's reflexivity in the critical reflections chapter.

Moustakas (1994) suggests that the researcher collects "notes, poems, artwork, and personal documents" (p.19), in addition to transcribing interviews. As I discuss above, the employment of multiple data collection methods would place linguistic constraints on the data collection and data analysis. As a result, Moustakas' (1994) heuristic phenomenology was not an appropriate choice for the research question, since I wished to obtain data by conducting dialogical interviews with the co-researchers.

3.1.3 Alternative methods considered

Narrative orientated inquiry (NOI) was a less appropriate choice for the research question. NOI is based on the theories of social constructionism and the inner world of phenomenology (Hiles & Cermak, 2008). The semi-structured and unstructured interview method encourages a narrative storytelling method, based on the Freudian (Ellman, 1991) psychodynamic recognition that elicitation of narrative produces a truthful account of the participant's experience. However, although NOI is concerned with a narrative analysis of the individual's search for truth and engagement in meaning making, it is based on an interpretative analysis focused on "re-telling of the story" (Hiles & Cermak, 2008, p.152).

Meanwhile interpretative phenomenological analysis (IPA) is rooted in the lifeworld of phenomenology (Langdridge, 2007). The recent popularity of IPA in counselling psychology and psychotherapy has witnessed a surge in IPA based research projects; including IPA studies of traumatic bereavement (see Jayasinghe, 2016). However, Giorgi (2010) critiqued IPA's theoretical connection with phenomenology and questioned the reliability of its' theoretical roots. He argued that a philosophical reference to phenomenology requires an elaboration of the philosophy (see Giorgi, 2010). In spite of Giorgi's (2010) critique, IPA is based on Heidegger's (1962) epistemological position, which aims to produce a descriptive and interpretative account of the research (Smith et al., 2009, Smith, 2010) attempting to "stand in the shoes of the participants" (Eatough & Smith, 2008, p.189). However, IPA's combined critical-interpretative and descriptive methodology was not appropriate for the research question, which aimed to collect an exhaustive description of the essence of the lived experience of

traumatic bereavement.

3.1.4 Colaizzi and Hycner's descriptive methods

The methods proposed by Colaizzi (1973, 1978) and Hycner (1985) recommend a degree of involvement from the co-researchers, and colleagues during the data analysis, which adds a degree of rigour to the research. Colaizzi's (1978) method proposes a final validating step that involves a follow-up interview that aims to verify the research findings with the co-researchers' memory of the event (interview). However, I did not implement this step, based on the belief that this step would impose an additional ethical burden on the co-researchers' time (BPS, 2018). On the other hand, Colaizzi's (1978) method proposes contacting the co-researchers for voluntary feedback on the findings, which respects their autonomy and avoids harm, since they are not obliged to respond.

Meanwhile Hycner (1985) introduced the concept of an "independent judge" (p.286), which implies that the researcher trains other researchers in order to verify the data analysis. However, Giorgi (2006) argued that the introduction of a judge misrepresents the extremely time-consuming task of the descriptive phenomenological method. As a consequence, Giorgi (2006) suggested that such a step would replicate the study, as opposed to the intended process of verifying the researcher's data analysis. Giorgi (2006) further critiques the involvement of a judge arguing that the proposed method is counterintuitive to the phenomenological method, which views the interview encounter as a co-constituted intersubjective experience between researcher and co-researcher. I agree with Giorgi (2006) and believe that the introduction of a judge is

inconsistent with Husserl's (1977a) phenomenological research methodology.

3.1.5 Limitations of phenomenological attitude

Woodthorpe (2011) a thanatology researcher concurs that researching death is a sensitive topic. However, based on the author's personal experience engaging in ethnographic research in a London cemetery (see Woodthorpe, 2010), she raises a pertinent question in light of the existential-phenomenological research: How can the scientific researcher maintain objectivity when they too face the universal human condition – death? The author writes "death is something from which *no one* is exempt. Everyone is an 'insider' when it comes to death" (p.100). This is an interesting perspective, in particular, from the context of Langdridge's (2007) discussion of reflexivity and the impact of the researcher's subjective position on the production of scientific knowledge. Woodthorpe (2011) introduces the position that all researchers are insiders regarding the research topic death, which reflects the difficulty of remaining objective while researching the universal human condition. However, I would argue that not all researchers are insiders in terms of the research area - traumatic bereavement; my critical experience of insider knowledge is discussed in 7.2.1.

3.2 Colaizzi's descriptive method: chosen method

Colaizzi (1978) was interested in the question of objectivity in psychological phenomenological research methods, in contrast to the quantifiable objective approach of the natural sciences. However, Colaizzi (1978) established that understanding the experience of a phenomenon requires descriptive validation,

in order to achieve psychological research objectivity. Colaizzi's (1978) descriptive phenomenological study focused on the perception of learning. His study "existential change occasioned by reading" (p.57) examined graduate student's lived experience of reading a book which had a life-changing or existential impact on their life. The author's personal perspective of phenomenology informed his descriptive method, in addition to drawing on the work of Husserl (1977a) and Heidegger's (1962) interpretation of phenomenology (Giorgi & Giorgi, 2008a). Colaizzi based his descriptive phenomenological research method on the Heideggerian (1962) theory that the individual is a "Being-in-the-world" (p.53), hence, the individual's experience is relational and a part of the world. From this theoretical perspective Colaizzi proposed that the researcher's knowledge, experience and preconceived meaning of the research area may impact the researcher's motivation for embarking on the research project. The researcher's engagement in a project is based on their objectives and motivation, which is addressed by examining their presuppositions about the research topic. Colaizzi (1978) proposed that the researcher first ask themselves: "Why am I involved with this phenomenon?" (p.55) and address the question, How might the researcher's values, beliefs and personal bias impact the research? As a result, Colaizzi's (1978) descriptive phenomenological method requires the researcher to undertake a thorough self-reflection and examination of her personal beliefs, knowledge, interest and presuppositions about traumatic bereavement prior to the undertaking of the research. I therefore examined my beliefs and presuppositions about traumatic bereavement, and an example of my presupposition statements is presented in Appendix 1.

3.2.1 Dialogal approach

During the data collection Colaizzi (1978) argues that the researcher adopts a "dialogal approach" (p.69), for example, when conducting research interviews. In other words, the researcher adopts a phenomenological stance that is fully attuned to the presenting phenomena, in Colaizzi's (1978) words "he [the researcher] must listen with the totality of his being and the entirety of his personality" (p.64). In order to achieve dialogal research, the researcher conducts the interview from a perspective of "dialogal trust" (p.69). According to the author this implies the uncovering of the co-researcher's existential presuppositions only during the phenomenological research encounter. This means that dialogal trust enables the co-researcher to disclose a rich, truthful account of their experience, which was an appropriate method in order to elicit rich descriptions of the sensitive topic traumatic bereavement. However, Colaizzi (1978) discerned the potential influence of social or professional power boundaries on the dialogal encounter. As a result, he believed that the dialogal approach is achieved by considering the phenomenological dialogue among equals, writing:

> "Dialogue takes place only among persons on equal levels, without the divisiveness of social or professional stratifications: dialogal research dispenses with researchers and subjects, and takes place among co-researchers." (p.69)

The proposal that the researcher refers to research participants as co-researchers, contributes to the dialogal approach. I have therefore referred to

research participants as co-researchers interchangeably throughout the dissertation. In spite of Colaizzi's (1978) aim of equality between researcher and co-researcher, a potential critique of dialogal research highlights the inevitable inequality of the traditional researcher-participant relationship, due to the power imbalance (Anyan, 2013, Kvale, 2006, Kvale & Brinkman, 2009).

3.2.2 Colaizzi's seven step method

Colaizzi's (1978) descriptive method proposes that each aspect of the co-researcher's experience is carefully considered by the researcher during the data analysis. This is achieved via a seven step method, including the following stages. The researcher reads the co-researcher's verbatim transcripts several times; while revisiting the researcher's presuppositions or assumptions about the research area. The researcher approaches the text from a horizontal perspective, which means they aim to reflect equally on all aspects of the co-researcher's experience (Spinelli, 2005). The text is broken down into smaller units of meaning until key themes emerge, and a structural exhaustive description of the research topic is identified.

3.2.3 Limitations of the chosen methodology

The descriptive phenomenological method is labour intensive, which is a significant limitation of the chosen method. However, Giorgi and Giorgi (2008a) write "our belief is that time generously invested in analyzing data produces significant results" (p.176). The authors suggest that the method may not be suitable for traumatic or overwhelming experiences, based on the perspective

that the overwhelming aspect of traumatic phenomenon may inhibit co-researchers from sharing verbatim descriptions. However, the nature of the research question required the co-researchers to describe and reflect on their traumatic loss, which some individuals experienced as challenging. For example, they did not respond well to the phenomenological questioning stance: 'What does that mean?' or 'What was that like?' At this time, I clarified whether the co-researcher could continue or required a short break. In addition, I recognised that some co-researchers could not reflect on their experience, as a result, I rephrased the question. However, this potentially reduced the efficacy of the phenomenological interview stance, and I felt concerned that I was directing the co-researcher, rather than following their descriptive narrative.

Giorgi (2006) has criticised Colaizzi's (1978) ambiguous description of his seven step data analysis, in particular, questioning the rationale for step four: formulating meanings. The author highlights Colaizzi's (1978) lack of clarity in terms of the employment of a Husserlian (1977a) phenomenological reduction method, and questionned the influence of a Heideggerian (1962) interpretative methodology on step four. Giorgi (2010) later critiqued the validity of Colaizzi's (1978) seventh step, questioning its' scientific validity. He argued that contacting the co-researchers to verify the findings in a non-disciplinary perspective of the research, which does not correlate with the researcher's scientific aim of the pursuit of a psychological examination of meaning. In other words, the co-researchers' comments are not from a psychological perspective, but reflect an everyday "layperson" (Giorgi, 2010, p.13) account of the investigated phenomenon.

On the one hand, I agree with Giorgi's (2010) argument that "there is a difference between the raw experience itself and its meaning" (p.13). However, on the other hand, the co-researchers contributed intimate knowledge of their lived experience of traumatic bereavement, regardless of whether they wished to ascribe meaning to their raw experience. In addition, it was not the co-researcher's role to ascribe scientific meaning to the findings. As a result, I believe Colaizzi's (1978) final validating step was an important step in the research method, which contributed a degree of rigour and transparency to the research. The co-researchers were informed that their responses were entirely voluntary, and were under no obligation to respond, which observed the co-researchers' autonomy and privacy, including the avoidance of harm and potential emotional overload. As a consequence, Colaizzi's (1978) final validating step is more in-line with Yardley's (2000, 2008) qualitative research guidelines for health psychology, in terms of rigour, transparency, coherence and sensitivity to context. In spite of the limitations of the descriptive phenomenological approach I believe Colaizzi's (1978) descriptive phenomenological research method was the most appropriate method in order to answer the research question.

3.3 Validity in phenomenological research

The development of standard criteria for judging the quality of qualitative research is an ongoing debate (Coyle, 2007, Holloway & Wheeler, 2010, Langdridge, 2007, Rolfe, 2006, Smith, 2010, Yardley, 2000). As a result, multiple guidelines have been developed that aim to judge the quality and credibility of qualitative research methods (Elliott, et al., 1999, Guba & Lincoln, 1989, Yardley,

2000, 2008). A common technique in phenomenological research methods is the process of constant reflection and reflexivity in order to ensure rigour (trustworthiness) and validity of phenomenological research. However, the measurement of quality in phenomenological research has been debated, and different opinions exist regarding the agreement of valid and credible criteria (Beck, 1994, Giorgi, 2002, 2010, Langdridge, 2007). Giorgi (2002) argues that phenomenological research requires a different set of criteria based on the premise that phenomenological research employs subjectivity, or the researcher's intuition as part of the data analysis. Meanwhile Polkinghorne (1989) argues that validity in descriptive phenomenological research is based on two main principles. First, has the researcher sufficiently demonstrated that the raw phenomenological data has been converted into a psychological frame? Second, is there evidence that the technical (jargon-based) data analysis has been transformed into a recognisable "general structural description" (Polkinghorne, 1989, p.57)? The second principle refers to the presentation of the findings. In the context of the research, has the researcher presented the exhaustive and final statements in a clear and coherent format (see sections 4.10, 4.11)?

Langdridge (2007) draws attention to the restrictive characteristic of Polkinghorne's (1989) validity criteria, stating that they are based on Husserl's (1977a, 1983) perspective of phenomenology, which is not appropriate for interpretative or narrative phenomenological research methods. Langdridge (2007) argues that researchers outside the Husserlian (1977a) phenomenological approach may struggle to accept the author's criteria as a credible measurement for the validity of other phenomenological research.

Although I have employed a descriptive phenomenological research method, I agree with Langdridge (2007), and would like the quality of my research to be credible to a wider phenomenological audience. As a result, I will refer to Yardley's (2000) four principle criteria for judging the validity of qualitative research, which is addressed below.

Sensitivity to context

Yardley (2000) suggests that the researcher consider the "sociocultural setting; participants' perspective; [and] ethical issues" (p.219) of the research. During the research I was in counselling and psychotherapy training, which contributed to my awareness of the importance of the researcher-practitioner's sensitivity to the research context, including my awareness of ethical issues as a trainee researcher-practitioner (BPS, 2018, UKCP, 2018). In terms of the sociocultural setting, the research addresses an emotionally sensitive issue. However, I conducted the research ethically and professionally, in order to avoid harm to the co-researchers.

Commitment and rigour

Yardley (2000) suggests that the quality of the research is assessed from "thorough data collection; depth/breadth of analysis" (p.219). The in-depth phenomenological data analysis required the researcher to be immersed in the data for long periods of time, and extrapolate meanings from the raw data descriptions, which contributed to the rigour of the research. The phenomenological sample was selected in order to represent a broad

demographic range of those traumatically bereaved, which highlights the depth and breadth of the data analysis and subsequent findings. The process of reflexivity was employed throughout the research, in order to address the commitment and rigour criteria (Finlay, 2012), which is presented in the critical reflections chapter.

Transparency and coherence

The data analysis has been described in detail, in order that future phenomenological researchers can replicate the study, which addresses the transparency and coherence of the research (Polkinghorne, 1989). Flick (2007) continues the argument writing “we should make transparent how we proceeded and how we arrived at our findings and conclusions” (p.66). This guideline was addressed by providing the reader with a full detailed description of the data analysis.

Impact and importance

Yardley (2000) suggests that the validity of research is assessed in terms of the sociocultural impact and importance of the research. The findings highlighted the significance of raising awareness and understanding in the bereavement field, and the counselling and psychotherapy field. This has clinical implications for raising sociocultural awareness about the experience of traumatic bereavement, including those who support the traumatically bereaved, which is addressed in the implications for clinical practice chapter. The next section will address the research procedure, including how the data was collected and analysed.

3.4 Research Procedure

3.4.1 Ethical approval

Ethical approval was obtained from the New School of Psychotherapy and Counselling and the department of psychology at Middlesex University (see Appendix 2). A condition of the ethical approval stated that the researcher remained in research supervision while conducting research interviews and co-researchers must not be undergoing psychiatric treatment. As a result, all research interviews were conducted while in research supervision and none of the co-researchers were undergoing psychiatric treatment at the time of interview.

3.4.2 Recruitment

I began recruitment after receiving ethical clearance, and contacted bereavement support groups, including Cruse Bereavement Care; The Compassionate Friends; RoadPeace; Road Victim's Trust, Widowed and Young (WAY) and Winston's Wish. The former organisations agreed to publicise the research on their social media pages, including Twitter, Facebook and their organisational homepages. I contacted online counselling communities, and therapeutic-wellbeing organisations, and placed advertisements in Therapy Today and the Hermeneutic Society publications. I advertised a research flyer 'Call for Volunteer Research Participants' (see Appendix 3) on student notice boards at Middlesex University and at the New School of Psychotherapy and Counselling; including my clinical placements. I contacted local churches;

wellbeing and counselling centres; hospitals, and a Relate office in my area, who all agreed to publicise the research. Although I received an overwhelming response to the call for research participants, I found the recruitment stage challenging, based on the fact that potential participants either did not pursue their interest in the research, or they did not meet the participation criteria, for example, they were outside the age criteria, or the duration since their loss.

In order to avoid coercive recruitment methods I ensured that potential co-researchers initiated interest in the research via email before sending them the detailed participant information sheet (Appendix 4); socio-demographic questionnaire (Appendix 5) and written consent form (Appendix 6). Following the co-researcher's initial contact I arranged a telephone conversation in order to discuss the research procedure. At this time, I conducted an informal screening to identify potential co-researchers who met the sampling criteria, and who agreed to voluntarily take part in the research. I believe the telephone conversation was a useful step during recruitment, which helped personalise the researcher, and provided the co-researchers with an opportunity to ask questions about the research procedure.

3.4.3 Participant sampling methods

The aim of the phenomenological sample is to obtain in-depth knowledge of the research area (Englander, 2012), which is reflected in my research objective to collect data that represented descriptions of the lived experience of traumatic bereavement. Giorgi (1990) writes that the phenomenological researcher obtains data from "descriptions of situations which are either experienced by a

subject [co-researcher] or observed and described by the researcher" (p.67). In other words, the primary sampling criteria required the experience of traumatic bereavement. Descriptive phenomenological research samples are usually small, for example 6-12 co-researchers based on "maximum variation sampling" (Langdridge & Hagger-Johnson, 2013, p.440). This refers to a broad-ranging demographic sample including a variation in age, gender and ethnicity, mode of traumatic death and profession (Polkinghorne, 1989).

3.4.4 Participant criteria

Co-researchers were screened based on the following sampling criteria:

1. The traumatic bereavement was sudden and unexpected.
2. The loss involved a child (not through miscarriage), a close relative, friend or partner.
3. The loss occurred between two and eight years ago.
4. Current age between 21 – 55 years.
5. Prior experience of counselling for the loss.
6. Not undergoing psychiatric or medical treatment, or currently having counselling.

In terms of criterion three, according to Bonanno and Kaltman (2001) the traumatically bereaved may be at risk of complicated grief, and do not recover from bereavement as successfully in the first year in contrast to individuals bereaved in non-traumatic circumstances. As a result, co-researchers are potentially at risk of harm during the first year of bereavement. The Royal

College of Psychiatrists (2018) suggest that during the first two years after bereavement the bereaved experiences a range of acute emotions which may continue longer.

3.4.5 Pilot project

The interview schedule was tested in a pilot with one co-researcher, who showed interest in participating in the research. As a result, some minor adaptations were made to the interview schedule (see Table 1), and the researcher adjusted her interview technique, in order to remain in-line with the Husserlian (1977a) phenomenological interviewing stance (Giorgi & Giorgi, 2008a). That is to say, the interview technique focused on the description and meaning of the phenomena, as opposed to interpreting the co-researcher's responses, or exploring the researcher's curiosity about their answers. The phenomenological interview stance requires the researcher to take note of her motivation for focusing on a particular response or phenomena, while reflecting on the purpose of that particular mode of inquiry. The phenomenological interview technique has parallels with "active listening" (Kvale, 2007, p.63), an interview technique that encourages the interviewer to listen carefully and attentively to the co-researchers before asking follow-up questions. As a result, I learnt to focus on clarifying the co-researcher's meaning.

3.4.6 Data collection method

Data were collected during face-to-face semi-structured interviews. The interview schedule was carefully crafted in-line with Husserlian (1977a)

phenomenology, and open-ended questions were employed (see Table 1). However, it was necessary to elicit data that would answer the research question. As a result, I employed a framework in order to develop my interview questions (Hollway & Jefferson, 2000), which was based on the four dimensions of existence framework (Deurzen, 2010). Question ten was adapted from the Begley and Quayle (2007) research. The research schedule was refined after the results of the pilot project, which highlighted the notable absence of lead-in questions (No.1. and 2.).

Table 1: Interview Schedule

1. Can you tell me a bit about what motivated you to participate in the interview?
2. Can you tell me a bit about what happened?
3. Can you tell me how you feel you existed as a person before your traumatic bereavement?
4. Can you tell me how you feel you exist as a person since your loss?
5. What is it about your loss that makes you feel it might be difficult sharing your experience with other people?
6. Can you tell me a bit about how you get along with people in your life since your loss?
7. What is it about your loss that has had a big impact on your beliefs and values, if any?
8. Can you tell me about any differences you might experience in yourself since your loss?
9. Can you tell me a bit about how you experience time since your loss?
10. Can you tell me a bit about how you see your future now personally?

11. Can you tell me about what brings meaning to your life now?
12. Is there anything else about your traumatic loss that we haven't already discussed you would like to add?

3.4.7 Conducting the interviews

Research interviews were conducted at a time and place of the co-researcher's convenience. Some interviews were conducted in their home or place of work; other interviews were conducted in hotel rooms across England, and some interviews were conducted in counselling and psychotherapy organisations in London and Hertfordshire. In order to meet the ethical safeguarding measures (see Appendix 7 for Request for ethical approval) I contacted my research supervisor by text message before conducting the interview and upon its' completion (BPS, 2018).

3.4.8 Reflections on conducting the phenomenological interview

During the interviews, in order to remain with the co-researcher's phenomena I asked questions such as, 'What do you mean?' and 'How do you experience that?' However, I sometimes experienced the phenomenological interviewing stance as distancing from the co-researchers. I found it insensitive to pursue the traumatic description from a phenomenological interviewing stance when co-researchers were describing traumatic and harrowing details of their traumatic loss. My concern was validated when one co-researcher, Sophie, highlighted the directness of my phenomenological interview technique. During the debriefing session she informed me that some of the questions felt 'jarring

and probing'. In order to manage the ethical dilemma of risk, related to the directness of the phenomenological interview stance, I regularly monitored the co-researchers emotional state, asking, 'Can you continue?' or, 'Would you like a break?' Nonetheless, due to the sensitive nature of the research I experienced the phenomenological interviewing technique as a challenging aspect of the interview procedure from a research ethics perspective, and from a practitioner's perspective. As a result, I learnt to manage the tension between eliciting data for research purposes, while monitoring the emotional distress of the co-researchers (Arber, 2006, Gilbert, 2001). In terms of the employment of a semi-structured interview schedule, the questions were sometimes experienced as a hindrance to the natural flow of the phenomenological dialogue. I found that the use of the interview schedule sometimes stopped the flow of the dialogue, and some of the remaining questions had already been discussed. However, in order to maintain methodological rigour I followed the interview schedule. I learnt that the success of the phenomenological interview was based on the co-researcher's engagement in the phenomenological dialogue, and those individuals who were willing and emotionally able to explore the phenomena in detail. The next section will address the ethical issues of conducting research with participants.

3.5 Ethical considerations

The research was carried out with integrity and respect for the autonomy of the co-researchers, which was achieved by sending the co-researchers a detailed information sheet (see Appendix 4) about the purpose, aim and scientific integrity of the research before they agreed to voluntarily participate. The

research was conducted following The British Psychological Society's (BPS) (2018) *Code of Human Research Ethics*, and the risk of harm and psychological discomfort to the co-researchers was minimised by observing the BPS ethical guidelines for research, which are outlined below:

3.5.1 Respect for autonomy, privacy and dignity of co-researchers

Due to the power dynamic of the research interview, the co-researcher was in a vulnerable position (Schwalbe & Wolkomir, 2002). As a result I was sensitive to the unequal relationship and the potential impact of the power difference (Anyan, 2013, Kvale, 2006). While some co-researchers were potentially more vulnerable to the power dynamic, based on their age and psychological disposition, I managed such ethical dilemma by maintaining the same research protocol for each co-researcher (see Appendix 8). I treated each co-researcher equally and fairly (McLeod, 2013), explaining that their participation in the research was entirely voluntary, and they could withdraw at any stage without prejudice**.** The co-researchers were given an opportunity to ask questions about the research, and if they showed interest in the researcher's motivation for undertaking the research I briefly explained my background. I encouraged the co-researchers to be as truthful and honest about their experience within their psychological comfort zone, which would contribute greater scientific truth and transparency to the research.

3.5.2 Avoidance of harm

Due to the sensitive nature of the research, there was a psychological risk of

harm to the co-researchers, due to the in-depth discussion of their experience of traumatic bereavement. There was a risk that the co-researchers would become distressed, re-traumatised, and potentially unable to continue with the interview, for example, if the co-researcher had not previously considered the material we were discussing. During the interview I regularly monitored the emotional state of the co-researchers, and asked if they could continue, or would like a break (McLeod, 2013). Only one co-researcher requested a short break, but she continued with the interview.

3.5.3 Debriefing

A thorough debriefing was conducted at the end of each interview, which was not digitally recorded. At this time, the co-researchers had the opportunity to provide feedback about the researcher's conduct during the interview. I encouraged the co-researchers to be truthful in order to benefit the research. The co-researchers were given a detailed debriefing sheet, including an exhaustive list of support information and contact details (see Appendix 9). I advised the co-researchers to make contact with me if they had any questions about the research, or concerns for their psychological wellbeing. The co-researchers were informed that I would be in touch by email to provide updates about the progress of the research, and at the time of completion and publication of the dissertation.

3.5.4 Informed consent and confidentiality

Written consent was explained and sought from the co-researchers before the interview commenced. The nature and procedure of the research was explained,

and the researcher addressed the co-researcher's informed consent and right to withdraw from the research at any point without prejudice (Flick, 2007). Confidentiality was explained, and the co-researchers were informed that the treatment of their data would be anonymised and stored confidentiality according to the Data Protection Act 1998 (Department of Legislation, 2018a), and the Freedom of Information Act 2000 (Department of Legislation, 2018b). The recruitment of co-researchers and data collection was completed in October 2017, prior to the introduction of the revised Data Protection Act 2018, which is recognised as the General Data Protection Regulation. The next section will present a detailed account of the data analysis based on Colaizzi's (1978) phenomenological descriptive method.

3.6 Data analysis

3.6.1 Transcriptions

The data was transcribed verbatim by the researcher, which means that the transcripts are verbatim, written records of the precise words and expressions employed during the interviews (Langdridge, 2007). The 12 transcripts are composed based on Poland's (2002) instructions for transcribers and an example transcript is presented in Appendix 10. I have included word repetitions, and fillers such as 'Mms' and 'uhs', and indicated significant pauses according to Poland's (2002) proposal that qualitative transcripts should not be "tidied up" (p.641).

3.6.2 Colaizzi's seven step data analysis method

Step 1: Reading the transcript

During step 1, the verbatim transcripts or in Colaizzi's (1978) terms "protocols" (p.59) were read several times, in order for the researcher to get a sense of the data. During this step I kept in mind the significance of the research question. In other words, which aspects of the data highlighted the essence of the psychological journey of traumatic bereavement? I reflected on the data with reference to the existential four worlds model (Deurzen & Deurzen-Smith, 2018), and made annotations in the margins connecting the data to one of the four levels of existence: physical; social; personal and spiritual. However, this was not an easy process, and I found that reading and re-reading the data was emotionally exhausting since I was immersed in the traumatic content of the data for extended isolated periods. This highlights Finlay's (2006) proposal regarding the impact of phenomenological research on the body, including the importance of self-care during the isolating periods of data analysis while working with sensitive and traumatic data (Edwards, 2002, Pickett et al., 1994, Rager, 2005). I managed self-care with regular debriefing sessions with my research supervisors and in personal therapy.

Step 2: Extracting significant statements

During step 2, "significant statements" (Colaizzi, 1978, p.59) were extracted from each of the 12 protocols with the aim of identifying a final set of significant statements. Colaizzi (1978) advises that the researcher focuses on extracting

significant statements that “directly pertain to the investigated phenomenon” (p.59). In order to achieve this step I identified common sentences or phrases relevant to the research question. At first, a set of significant statements were identified for each protocol, followed by cross-referencing each of the 12 protocol sets, and removing repetitious or similar statements. Finally, the complete list of 28 significant statements was identified, which represents the whole data set, for example, ‘No.1: Reveals awareness of living in the present and focusing on events and interactions in the here and now’. For transparency of data analysis the complete list is presented in Appendix 11.

However, step 2 was a complex process since each co-researcher focused on a particular aspect of their unique experience of traumatic bereavement. As a result, although the data was interesting, it was important to continuously address the question: Is this data significant in terms of identifying the essence of the psychological journey of traumatic bereavement? During this process I found it useful to keep in mind Swanson-Kauffman and Schonwald’s (1988, p.101) perspective “Given all these different stories, what ultimately do these providers have in common?” In addition, to ensure that I identified data connected to the research question, I framed step 2 on the existential four world’s model, asking the question: Which dimension does this particular data represent? (Deurzen & Deurzen-Smith, 2018)

Step 3: Formulating meanings

During step 3, nine formulated meanings were extracted from the significant statement sets for each protocol. Colaizzi (1978) writes that the researcher

extracts the unspoken hidden meanings from the data and avoids formulating theories from the data, via the technique of “creative insight” (p.59). He writes: “he [the researcher] must leap from what his subjects say to what they mean” (p.59). Creative insight is based on Husserl’s (1977b) concept “eidetic intuition” (p.72) (see section 3.0.5), which underpins the descriptive phenomenological research. During this step I cut up the significant statements for each protocol and arranged them into emerging meanings on a large surface, which produced a visual representation of the data. Colaizzi (1978) writes “the meanings he [the researcher] arrives at and formulates should never sever all connection with the original protocols” (p.59). In order to achieve this step I arranged the formulated meanings, while cross-referencing the original 12 protocols. Such a process ensured that I remained with the co-researcher’s meaning, including misrepresentation of data, or identifying non-existent theories and meanings. For transparency the formulated meanings can be found in Appendix 12.

Step 4: Identifying cluster themes

During step 4a), Colaizzi (1978) suggests that the researcher “refer these cluster of themes back to the original protocols in order to validate them” (p.59.) This process was achieved by cutting up the significant statements for each of the 12 protocol sets, and pasting them into emerging themes and sub-themes on a large surface. The large visual presentation of the data enabled the researcher to move the significant statements until a clear picture started to emerge of cluster themes for the complete data set.

During step 4b), Colaizzi (1978) recommends that the researcher attends to

discrepancies among the protocols, stating that “some themes may flatly contradict other ones, or may appear to be totally unrelated to other ones” (p.61). At this stage, he suggests that the researcher remain with the ambiguity of the data, in order to identify the true essence of the investigated phenomenon. This step was achieved by cross-checking emerging cluster themes with the original 12 protocols, in order to identify any misrepresented themes or identified formulations. Six cluster themes were identified, including 13 sub-themes. For transparency of data analysis a complete list of the example cluster themes can be found in Appendix 13.

Step 5: Compose exhaustive description

During step 5, the researcher summarised the cluster themes, and identified a structural exhaustive description of the lived experience of traumatic bereavement (see section 4.10).

Step 6: Compose final statement

During step 6, the researcher composed a final statement of traumatic bereavement which represents the essence of the examined phenomenon, as identified from the uncovered meanings in the data descriptions (see section 4.11).

Step 7: Validating step

During step 7, the researcher contacted the co-researchers by email to request

their voluntary feedback on the findings as a final validating step. The co-researchers were sent the exhaustive description and final statement, an example of their comments and feedback can be found in Appendix 14. However, I received a poor response to the final validating step. In my view, the co-researchers may have experienced data overload, or as Kaiser (2012) suggests they “might not understand the research objectives, or they might be disinterested in them” (p.463). It is impossible to hypothesise the exhaustive reasons for the poor response from co-researchers. Nonetheless, due to the nature of traumatic bereavement, and the experience of complex traumatic grief, it is possible that the co-researchers were at different stages of their grief, and potentially did not wish to reengage with the traumatic bereavement research. As a result, although, in principle the final validating step reflects rigour and transparency, it is not without research challenges (Kaiser, 2012). Furthermore, the poor response provides evidence for Giorgi’s (2010) critique of the efficacy of Colaizzi’s (1978) final validating step, in terms of requesting voluntary feedback from co-researchers. Nonetheless, I was delighted to receive feedback from the four co-researchers who responded.

3.6.3 Summary of data analysis

Figure 1 presents the reader with a visual summary of the data analysis.

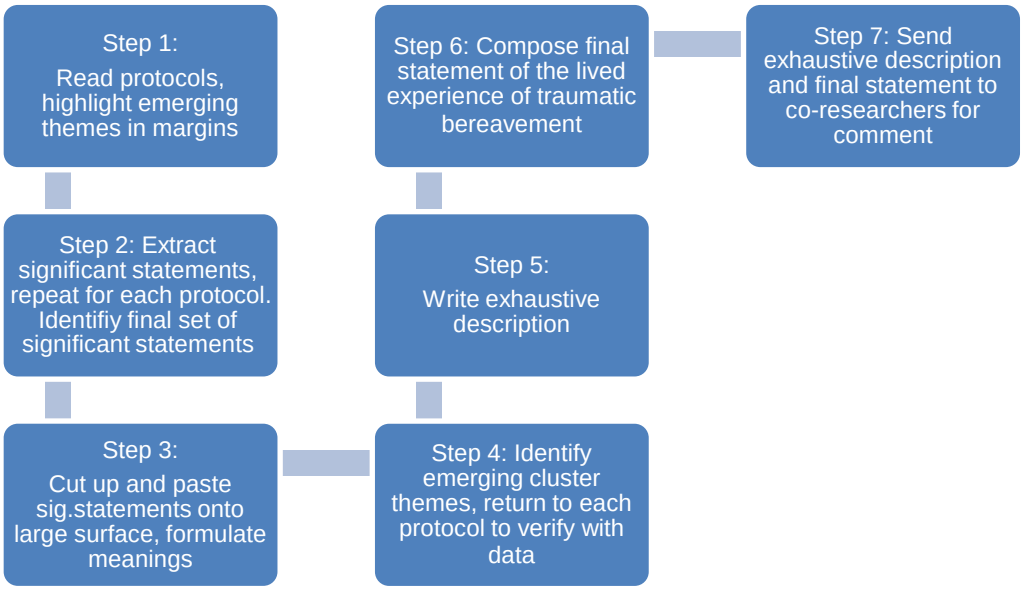


Figure 1: Summary of data analysis

4. Findings

4.1 The co-researchers biographies

In total 12 co-researchers met the participation criteria and voluntarily agreed to participate in the research. The interviews were digitally recorded and each interview was transcribed verbatim by the researcher. All identifying names, places, and other people referenced during the interviews have been anonymised. The interviews lasted between one hour, and two and a half hours (the average length: one and a half hours). On average the interviews conducted in the co-researcher's home or place of work tended to last longer, which suggests that the co-researchers felt more comfortable in a familiar location. Table 2 presents the co-researchers biographical details.

Co-researcher's name*	Relation-ship to deceased	Occupation	Age and gender of deceased	Type of traumatic bereavement	Duration since bereavement
Rose	Mother (49)	Doctor	20 (M)	Suicide	1 y 6 months
Nancy	Mother (54)	Unemployed/ Disabled	26 (F)	Car accident	4 years
Ruth	Mother (53)	Chief officer of a charity organisation	23 (M)	Drowning	2 years
Ellen	Mother (48)	Her majesty's inspector: Ofsted	21 (F)	Sudden unexpected death in epilepsy (SUDEP)	3 years
Harry	Husband (33)	Retail manager	40 (F)	H1N1 Swine flu	5 years
Jessica	Sister (21)	Admin. Assistant	18 (M)	Road traffic incident	2 years
Sophie	Mother (42)	Social worker	23 months (M)	H1N1 viral infection (Swine flu)	7 years
Holly	Wife (54)	Fitness professional and counsellor	51 (M)	Necrotizing fasciitis (Flesh-eating disease)	6 years
Violet	Mother (55)	Head of IT change	18 (F)	Suicide	3 years
Hazel	Daughter (31)	Accounts administrator	51 (F)	Drug over-dose/Fatal drug-interaction	2 years
George	Brother (27)	Sales advisor	19 (M)	Suicide	5 years
Molly	Wife (31)	Lecturer	28 (M)	Suicide	3 years

Table 2: Co-researchers biographical details. *All names are pseudonyms

Rose

Rose was a 49 year old female, who experienced a traumatic bereavement 1 year and 6 months ago at the time of interview when her 20 year old son died by

suicide. Rose was informed of his death by the police, which came completely out of the blue. In Rose's words "the worst thing about it is that I didn't actually think it was a possibility, I didn't ever imagine this was possible" **(263).** I conducted the interview in a therapy room at a psychotherapy and counselling organisation in central London, and the interview lasted 59 minutes. This was my first interview and I felt anxious about the procedure. I do not think the interview went very well from a phenomenological point of view because Rose was distressed and cried a lot during the interview. I noticed myself moving away from the phenomena of pain and asking a different question because I was concerned that engaging Rose further in the pain would be too distressing for her. However, I had allowed my fear or reluctance to stay with the pain override a phenomenological exploration of the psychological reasons for Rose's pain and distress.

Nancy

Nancy was a 54 year old female, who experienced a traumatic bereavement 4 years ago at the time of interview. Nancy's 26 year old daughter was killed instantly in an unexplained road traffic accident on a country road, which she had driven many times before. No other cars were involved. In Nancy's words "she left my house about half past eleven at night to make the drive home but obviously unknown to me like at the time erm she'd crashed about 40 minutes into the journey and was killed instantly" **(34).** I conducted the interview in a hotel room in Leicester, which Nancy had recommended. The interview lasted 1 hour and 24 minutes. I was quite nervous before the interview because Nancy is disabled, and losing her sight to a hereditary sight condition. When we met

Nancy had no peripheral vision, and I was concerned whether Nancy felt safe and at ease in the hotel room. However, Nancy reassured me that she was familiar with the hotel and felt comfortable. I believe the interview went well from a phenomenological interview stance. However, it was difficult maintaining a balance between exploring phenomena, yet staying mentally focused on the research question, while keeping in mind the need to follow the interview schedule.

Ruth

Ruth was a 53 year old female, who experienced a traumatic bereavement 2 years and 9 months ago at the time of interview. Ruth's 23 year old son drowned in The River Thames after a night out with colleagues. Ruth and her family observed the CCTV footage of her son trying to open closed doors on the pier, and assumed that he was trying to find somewhere to use the lavatory, and consequently attempted to urinate over the railings, but accidentally slipped and fell. Ruth's son was reported missing for a couple of days, and it was a couple weeks before the police found his body. In Ruth's words "we see him walking we see him climbing over and then he comes out of the range of the cameras um and he fell in" **(52).** I conducted the interview at a counselling and psychotherapy organisation in central London, and the interview lasted 1 hour and 21 minutes. I met Ruth at the tube station, and I was anxious about meeting up successfully in a busy, public location. As I accompanied Ruth to the counselling centre I was interested to note that Ruth enquired about my interest in the research. Most co-researchers were not interested in my motivation for conducting the research. I believe the interview was successful from a phenomenological point of view

because although Ruth was initially defended, and used laughter as an emotional deflector, she was reflective and engaged in the phenomenological dialogue, which developed organically. I was able to expand on phenomena related to the research question and Ruth engaged in the dialogue. As a result, I felt that we co-constituted the data well in a phenomenological dialogue.

Ellen

Ellen was a 48 year old female, who experienced a traumatic bereavement 3 years ago at the time of interview. Ellen's oldest daughter, Annie died of a sudden unexpected death in epilepsy (SUDEP) aged 21. The inquest concluded that Annie was failed by the hospital and her death was preventable had her medication been increased **(387)**. On Father's Day, Ellen's children had been planning to make a meal for their father, but Ellen's youngest daughter had not heard from her older sister, who lived in a flat around the corner. Ellen and her youngest daughter visited the flat and discovered Annie had died in her bed. Annie was due to get married in six weeks, and in Ellen's words "you know my daughter is buried in her wedding dress in D cemetery and there's nothing I can do about that you know I can't have her back" **(608).** I interviewed Ellen at a counselling centre in Hemel Hempstead, Hertfordshire. The interview lasted 1 hour and 18 minutes. From a phenomenological perspective the interview was a success because Ellen responded to the phenomenological questioning, and in spite of the painful and harrowing trauma, Ellen engaged in the dialogue and used me to contain her emotions. However, Ellen was extremely depressed and suffering from complicated grief. As a result, a sense of hopelessness pervaded the interview. From an ethical perspective Ellen potentially met the criteria for the

DSM-5's (APA, 2013) proposed diagnosis of PCBD. I was concerned for Ellen's wellbeing and the management of her complicated grief. However during the debriefing she informed me that she was having regular appointments with her GP.

Harry

Harry was a 33 year old male, who experienced a traumatic bereavement 5 years ago at the time of interview. Harry's wife went into hospital in December to give birth to their first child. However, after giving birth to their daughter she contracted H1NI, swine flu and was taken from the maternity ward to intensive care. She did not leave intensive care and died a couple of weeks later. In Harry's words "my daughter has never known um her mother they were together for three days I think in the maternity ward before Poppy er had to go to intensive care" **(68).** I conducted the interview at a counselling and psychotherapy organisation in central London, and the interview lasted 2 hours and 2 minutes. At the beginning of the interview I found that I spent more time exploring phenomena with Harry in order to build trust and rapport, because Harry initially responded with closed or short answers. From a phenomenological point of view I believe the interview was successful because once Harry felt comfortable, we co-constituted a phenomenological dialogue, and Harry was reflective about his experience.

Jessica

Jessica was a 21 year old female, who experienced a traumatic bereavement 2 years ago at the time of interview. Jessica's younger brother was killed in a fatal car accident while driving with friends. The driver hit a gritting box employed during icy weather conditions and flipped the car over. In Jessica's words "I remember even the day we lost our Tom he'd gone out obviously to go in that car and I'd rung him about 5 o'clock, my mam was like just check up on him, see where he is and I rang him and there was no answer and that was just like a normal day" **(515).** I interviewed Jessica in her home in Middlesbrough, North Yorkshire. The interview lasted 1 hour and 35 minutes. Before the interview I met Jessica's mother, but she left us alone while I conducted the interview. Jessica suffered from anxiety and health anxiety and was carrying the weight of her family's grief. As a result, I found it extremely difficult to maintain the phenomenological interview stance from an ethical point of view, because I was concerned about Jessica's wellbeing. At this time I noticed that I made interpretations and failed to remain with the phenomena. However, when I bracketed my bias and focused on exploring Jessica's phenomena, the interview was a success and Jessica was insightful. We co-constituted some useful data related to her lived experience.

Sophie

Sophie was a 42 year old female, who experienced a traumatic bereavement 7 years ago at the time of interview. Sophie found her 23 month baby son dead on Christmas morning. The post-mortem revealed that he had died from H1N1,

swine flu, which was completely out of the blue because in Sophie's words "he had been fit and well the day before" **(258).** Sophie was staying with her parents-in-law and on Christmas morning she went to see her son, and in Sophie's words "as I looked into the cot I I knew that he was dead and as my hand went to touch him it was like the cold leapt up my hand and I picked him up [**P7**: *sighs*] and rigor mortis had heavily set in and he had been asleep on his front with his arms up by the side of his head and he remained in that position as I picked him up" **(34).** I conducted the interview in Sophie's place of work, at a hospice in Bath. The interview lasted 1 hour and 49 minutes. From a phenomenological point of view I found this interview very difficult, due to the extremely sad and traumatic narrative of the experience. Sophie was very contained, and I felt that she came to the interview mentally prepared and focused on the aspects she was willing to discuss. As a result, when I attempted to explore phenomena related to the research question, I felt that I was being insensitive. I felt that the phenomenological interview technique contributed to the distance created between us. Although Sophie was reflective and engaged in the dialogue, I was mindful that the phenomenological questioning, 'What was that like?' and 'What do you mean?' sometimes felt insensitive.

Holly

Holly was a 54 year old female, who experienced a traumatic bereavement 6 years ago when her husband died from necrotizing fasciitis, or flesh-eating disease. Holly was returning from an overseas trip when she received a phone call from her eldest daughter saying that her husband had collapsed on the street and had been rushed into hospital. Shortly after arriving at the hospital he

lost consciousness and was put on life support. However, he died later that day. In Holly's words "Peter's [disease] started up near his torso so the spread of it meant that they had to take away all the skin layers so his body wasn't able to recover um so but out of kindness they just kept giving him blood" **(126).** I interviewed Holly in her home in south London. The interview lasted 2 hours and 4 minutes. I do not think this interview went very well from a phenomenological point of view because Holly internalised my questions, and did not engage in a phenomenological dialogue with me. When I attempted to explore phenomena Holly was unable to continue the dialogue because she was focused on her internal process and what she wanted to say. As a result, the dialogue sometimes felt disjointed.

Violet

Violet was a 55 year old female, who experienced a traumatic bereavement 3 years ago at the time of interview. Violet's 18 year old daughter died by suicide, which the coroner described as an impulsive suicide. She returned home from school during the day, texted five of her girlfriends, left a note for her mother and father, and the ambulance service, and then rang the ambulance service to say "I'm going to kill myself" **(31).** In Violet's words "she didn't even like the garden, she certainly didn't ever sort of go out into and things like the hosepipe which was kind of dirty and muddy er and the notion of her sort of climbing on the table and and just going through that [**P9**: *sighs*] whole performance just to end her life was just completely and utterly baffling" **(40).** I conducted the interview in a hotel room in Sheffield, and the interview lasted 1 hour and 20 minutes. Violet requested to see the interview schedule prior to the interview, which I sent by

email. However, I did not get a sense that Violet had prepared her answers in advance. During the interview Violet was dissociated from her emotions and I contained her pain and grief, which I experienced as distressing and very sad. I found it phenomenologically challenging attempting to engage Violet in a co-constituted dialogue, since she was detached from me, on a human level. I experienced the lack of emotional connection as a raw presentation of Violet's lived experience of traumatic bereavement, which reflected a sense of apathy, hopelessness and depression that remained with me long after the interview.

Hazel

Hazel was a 31 year old female, who experienced a traumatic bereavement 2 years ago at the time of interview when her mother died suddenly from a fatal drug-overdose/drug-interaction. Hazel's mother lost consciousness at her flat and her boyfriend called for an ambulance. However, they could not resuscitate her. Hazel was at work when her younger sister frantically called and screamed down the phone "she's gone, she's gone" **(31)**. In Hazel's words "I just did not have a clue what was going on… and then I remember sort of really strangely turning around to my boss and just said oh I think my mum's just died like it was that weird you don't really register it" **(32).** I conducted the interview at a hotel in Portsmouth, and the interview lasted 1 hour and 51 minutes. The interview was a success from a phenomenological point of view because although Hazel was very nervous, she engaged in the dialogue and was reflective about her experience. However, she was dissociated from her emotions and presented her experience devoid of emotion. I was able to explore Hazel's experience phenomenologically because Hazel was congruent with her experience, for

example, she acknowledged the lack of emotion, which accurately reflected her lived experience. Hazel asked for a couple of breaks during the interview, and I was concerned that the breaks would impact the continuity of the interview, but Hazel returned after each break refreshed and focused on the interview.

George

George was a 27 year old male, who experienced a traumatic bereavement 5 years ago at the time of interview when his 19 year old brother died by suicide. George described the last couple of times he had seen his brother as having a very "bleak outlook" **(19)** on life. In early January George received a phone call from his mother saying that his brother had killed himself. In George's words "I remember going up to his room, after everything was cleared away because it was upstairs that it happened, um, going into his room and sort of having a wander round, and like I was looking around for evidence almost…did he mean to die, or was it unintentional, it's a difficult situation to be completely unintentional um cause he of course he hung himself so that kind of set, set my mind racing" **(42).** I conducted the interview in George's home in Hertfordshire, and the interview lasted 2 hours and 41 minutes. I found it difficult working phenomenologically because George used laughter and long narratives as defense mechanisms. George was also dissociated from his emotions, which made it difficult for me to connect with him in phenomenological dialogue. As a result, at the beginning of the interview I lapsed into a therapeutic role, in order to build trust and rapport, although I remained phenomenological, some of my questioning was not relevant to the research question, and also contributed to the length of the interview.

Molly

Molly was a 31 year old female, who experienced a traumatic bereavement 3 years ago when her husband died by suicide. Molly's husband was missing for approximately 5 days, before the police found his body at the bottom of Beachy Head. I conducted the interview at Molly's place of work, at a university in London. In Molly's words "I'd have my children in the back seat of the car on the way to school, my daughter would be saying stuff like so what parts of his body were broken, can you explain how quickly he fell, at what point would he have known, um how many rocks did he hit, and you're there in the car and you're like holy mother of God, I do not want to answer these" **(548).** The interview lasted 1 hour and 31 minutes. I found this interview particularly challenging from a phenomenological perspective because Molly experienced multiple levels of trauma, which included an abusive relationship and the discovery that her husband had been having an affair for 8 months prior to his death. I worked very hard to contain Molly's complex trauma, while facing her complicated grief. Phenomenologically I felt that the traumatic bereavement almost faded into the background, in light of the complexity surrounding the circumstances of Molly's loss. However, I focused on the research question and Molly responded, in spite of her embodied anger, anxiety and pain, we co-constituted some rich data.

4.2 Cluster of themes

Six cluster themes were extracted from the formulated meanings and cross-referenced with the significant statements. They are presented according to the chronological interview schedule. As a consequence, the following themes

arose naturally: isolation; self-protection; loss of meaning; meaning driven existence; transformation of beliefs and values; and physical response to the loss. A comprehensive presentation of each cluster theme is presented in Appendix 13 as an example for transparency of the data analysis. A brief summary of the cluster themes follows:

1. **The traumatically bereaved experience a lived sense of isolation:**
    a) The bereaved experienced isolation and alienation due to the lack of knowledge about the psychological experience of traumatic bereavement, including the invisibility of grief in society.
    b) The bereaved learn that others cannot face the loss, or their grief, and experienced the breakdown of relationships potentially leading to estrangements.
    c) The bereaved experienced an estrangement from others, including an absolute separation due to their sudden confrontation with death.

2. **The bereaved self-protect by wearing a mask:**
    a) The bereaved experienced a heightened emotional vulnerability, and learned to self-protect by wearing an emotional mask. Such self-protection was an attempt to avoid the emotional pain reflected in other people's shocked and horrified responses.
    b) The bereaved wore the mask to normalise grief and avoid experiencing other people's discomfort in social situations.
    c) The bereaved wore the mask to conceal their personal trauma and grief, and kept their grief intensely private.

3. **The bereaved experience a loss of meaning:**
    a) The confrontation with despair and meaninglessness raised existential questions, including ‘What is the meaning of existence?’ and ‘What is the purpose and meaning of my life now?’
    b) The bereaved experienced their world as uncertain and unsafe, leading to a sense of lack of control, which impacts the ability to identify meaning.
    c) The bereaved experienced a ‘frozen future’, their everyday trust in the world was shattered, which impacts future planning, in particular for traumatically bereaved mothers.
    d) The experience of sudden death awakened the awareness of temporality, and the fragility of life, which impacts the importance of spending time well with significant others.

4. **The bereaved experience a meaning driven existence:**
    a) The bereaved found the courage to survive in the face of loss, which reflects a renewed sense of hope and the importance of seeking out personal meaning.
    b) The bereaved experienced meaningful relationships and meaningful interactions with others, which reflects the human need for love and care.
    c) The bereaved experienced a lack of interest in materialistically driven lives or surface level relationships.

5. **The bereaved experience a transformation of beliefs and values:**
    a) The bereaved experienced a change in personal beliefs and values, which reflects a willingness and openness towards different life possibilities and new ways of Being-in-the-world.

b) The bereaved experienced the importance of developing an ongoing bond with the loved one, which brings comfort and meaning.
c) The bereaved experienced a new interest in developing a relationship with spirituality and spiritual practices.

6. The bereaved experience a physical response to the traumatic loss:

a) The bereaved experienced psychological fears and concerns that the physical changes will be ongoing.
b) The bereaved experienced a psychological resilience, which enabled them to adapt and cope with the physical changes.
c) The bereaved experienced a sense of brokenness, which reflects an ongoing sorrow for the loss of the loved one.

4.3 Master matrix

The master matrix presents data examples for the identified cluster themes, and sub-themes from each of the co-researcher's protocols (see Table 3).

Cluster theme:	1. Isolating experience:			2. Self-protection experience:	
	a) Lack of knowledge	b) Relationships tested	c) Absolute separation	a) Wearing a mask	b) Normalisation of grief
Co-researcher:	Data location in transcripts*:				
Rose	136	177; 191	n/a	90; 95	n/a
Nancy	245; 282; 304	340; 358; 367	245	312;	258
Ruth	10; 68; 179; 219; 409	238; 249; 242	n/a	137; 168; 198	145; 418
Ellen	179; 637	154; 260; 268	70; 207	75	86; 148; 223
Harry	298; 383; 389	310; 321	90; 98; 282	310; 321	n/a
Jessica	154	194; 202; 239	960	803; 811	n/a
Sophie	548; 558; 646	578; 583	311; 538;	506; 635	651
Holly	n/a	n/a	n/a	191	n/a
Violet	3; 11; 285; 292; 365	375; 392; 407	424	250-275	441; 434
Hazel	550	1221; 1227	n/a	400; 623	483
George	1285	n/a	n/a	235; 249	n/a
Molly	124; 225; 804	137; 345	119; 671; 684	218; 1116	207; 861

*Data examples are referenced by the corresponding line number in each transcript
n/a = not applicable

Table 3: Master matrix

Cluster theme:	3. Loss of meaning			4. Experience of meaning making: living in the face of loss	
	a) Confrontation with despair	b) Lack of safety 'frozen future'	c) Awareness of temporality	a) Pursuit of meaningful existence	b) Meaningful relationships
Co-researcher:	Data location in transcripts*:				
Rose	287; 232	319; 465	n/a	145; 154; 377	166; 232; 418
Nancy	551; 562; 589	475; 492	537	558; 623; 641	n/a
Ruth	n/a	615; 641	n/a	656; 682	205
Ellen	96; 134; 379; 395	516; 587	n/a	n/a	236
Harry	n/a	486	537	563; 670; 689	n/a
Jessica	696; 728	502; 796; 842;	105; 588	1042; 1101	228
Sophie	n/a	n/a	n/a	196; 443	401; 614; 748
Holly	374; 378	880	759; 853; 880	382; 907	713
Violet	126	583; 598	522	532; 647	616; 626
Hazel	660; 666; 744; 799; 1062	n/a	977; 1073; 1111	936; 1214	342; 403; 1230
George	n/a	n/a	931; 1142; 1156	338; 367	566; 597
Molly	517; 540; 671	75; 870	n/a	928	354; 370; 381; 412

Table 3: Master matrix (contd.)

Cluster theme:	5. Transformation of beliefs and values		6. Experience of physical response
	a) Ongoing bond	b) Questioning spiritual beliefs & values	a) Embodied response to the loss
Co-researcher:	Data location in transcripts*:		
Rose	377	71	281; 299; 305
Nancy	557; 574	n/a	91; 677; 689
Ruth	299; 356	334	453; 466; 475
Ellen	n/a	n/a	134; 406
Harry	80; 781	103; 737; 744; 756	n/a
Jessica	1087; 1101	451	597; 614; 982
Sophie	473; 550; 855	367; 661; 683; 714	428; 559
Holly	141; 975	640	n/a
Violet	612; 681	469; 501;	198; 243
Hazel	142; 219; 906	222; 229	574
George	370; 399; 1244	n/a	n/a
Molly	470	430	662

*Data examples are referenced by the corresponding line number in each transcript

Table 3: Master matrix (contd.)

The next section will present the cluster themes, including their corresponding sub-themes with supporting descriptions.

4.4 Isolating experience

The isolation theme is an important finding because it highlighted the psychological impact on the personal and social dimensions for the traumatically bereaved. The lack of social awareness and knowledge about the psychological journey of traumatic bereavement increased isolation, which highlighted the co-researchers' reluctance to share their grief because of insensitive support and harmful comments. In addition, the co-researchers experienced an absolute separation from everyday life, in response to the sudden confrontation with

death, horror, and violence, which reflected a sense of alienation from the world and others.

a) Lack of knowledge about traumatic bereavement

The lack of knowledge about traumatic bereavement, and the invisibility of traumatic grief in society contributed to 11 co-researchers experiencing frustration, loneliness and disappointment with others. Ruth described her shock and anger at the response she received from her father on the anniversary of her son's death:

> I remember my dad saying to me when was it - it was the first anniversary of Jack's death…and my dad said "I don't know why you keeping picking that scab" I found it such an extraordinary phrase the VERY idea there'd be a scab it's just WHAT? **(409)**

The use of the word 'scab' in reference to Ruth's grief is unfathomable. However, this example reflects the wide and variant responses the co-researchers received in response to their traumatic loss, which were experienced as hurtful and shocking. The circumstances of the loss impacted the co-researchers experience of insensitive and harmful responses. For example, Sophie experienced frustration and anger when people dismissed the severity of her trauma due to her son's young age. In continuing to describe her frustration, Sophie highlighted the impact of society's expectation of recovery from traumatic bereavement within a time frame:

> I think that there's also been times that people have thought well he was only a baby he wasn't really kind of you know fully into his personality erm and well he wasn't 19 was he - he wasn't you know in his 40s where we've had all that time. I get cross about it because actually it kind of dismisses the severity of the trauma erm and I think it's kind of immaterial about time and it just demonstrates I think that you know we have this thing of you should be over grief in two years and erm it just doesn't work like that **(558)**

In Molly's case she described the personal impact on her family as a result of the stigmatised comments she received in response to her husband's death:

> I've had people ask me you know I've even had somebody say to me did I do it (…) did I push him off the cliff and laughing about it, as if it's a joke it's something funny and it's not funny, um I've had children make my MY children's lives hell over it um saying that daddy's gone to hell because he died by suicide, and when you have to deal with crap like that on a daily basis you don't [*crying*] want to deal with people anymore **(124)**

It is incredulous and deeply saddening that Molly experienced other people's morbid curiosity surrounding the circumstances of her husband's death. The insensitive and harmful comments reinforced Molly's unwillingness to socialise, which highlighted the impact of the lack of knowledge on the co-researchers' experience of isolation.

Nancy described the isolation she felt when she first informed other people that

her daughter was killed. In continuing to describe her isolation, Nancy highlighted the impact of telling people the mode of her daughter's death, in a violent and frightening car accident:

> It's hard because I've noticed when you say it's like if I was say to someone err my daughter Annabel has died the normal reaction from people would be to say that I'm really sorry about that they might touch your hand or something and they will feel that they can actually sort of say what happened or how did she die? But I notice that if I use the word killed if I say erm my daughter was killed there's I I can feel the tension in the other person…it's hard it's like you shock them and you can tell that they don't reach out for you the same way they become sort of like it's almost like they stand back and it's like they then don't know what to say next, they're not so inclined to say erm what happened? **(245)**

The former verbatim reflects the co-researchers' sense of estrangement from the social-cultural encounter with death, which highlights the isolating experience of traumatic bereavement. Five co-researchers described the desire to talk about their loved one. However, they recognised that the shock of hearing about the traumatic loss often closed down the conversation. Violet described her desire to talk openly about her daughter:

> you'd like to talk about her um but you just know it's hard for them to bear cause you're describing particularly if they are a parent as well you're describing the worst thing that can happen their worst fears do and you're affirming that your worst fears can come true [*small laugh*]

> and people don't want to hear that they don't want to acknowledge that **(285)**

While for Harry he described the internal debate whether to share the traumatic loss with other parents at the school gates. However, his expectation of their awkward responses stopped him:

> sometimes when I'm standing there waiting for Lily to come out I will think I would quite like to tell some of them…I s'ppose that comes back to the (…) the kind of the eggshells thing whereas if I was to tell some of them they'd probably wouldn't know quite what to say and or they'd be oh you know I'm so sorry and so yeah it's difficult with people that know because they don't know what to say to me it's also difficult as to whether I should say it to people that don't know because I don't know what their reaction will be **(383)**

Harry and Violet's descriptions highlighted the significance of talking freely about their loss. However, society's expectations regarding the treatment of traumatic grief in contrast to the reality of the lived experience, reflects the impact of the lack of knowledge on the co-researchers' isolating experience. The co-researchers consciously self-isolated by avoiding social situations, which caused personal distress and pain in response to the insensitive comments they received. Society's inadequate knowledge about traumatic bereavement is an important finding because it highlighted the impact of isolation on the bereaved.

b) Relationships tested

The isolation theme revealed that relationships are tested when other people abandoned the traumatically bereaved, or could not face the traumatic loss. Ten co-researchers reported experiencing a psychological adjustment in their personal relationships in the social dimension. Rose described her anger and disappointment in response to the lack of support from her brothers. In continuing to describe her disappointment Rose highlighted the breakdown of family relationships:

> I don't know why communicating it is so difficult and you know they have their kids and (…) and somehow sometimes it's difficult for me as well to see them really enjoying their kids and I'm like fuck you - you know you can't talk about my son but here you are gloating over how wonderful your kids are so it's like I don't want to feel like that you know it's really err not me and it's really unhealthy but I think if they would acknowledge him more I would feel better about their kids as well erm…we've always claimed to be a very close family [**R:** Right] whereas we should just say we're not a close family [**R:** Okay] you know let's not kid ourselves **(191)**

Four co-researchers experienced strained relationships that resulted in estrangements from family and friends, which spanned the age frame, including Ruth – 53, Violet - 55, Sophie - 42 and Jessica - 21. Violet described the estrangement from her siblings, which highlighted the impact of traumatic bereavement on personal relationships. In continuing to describe this estrangement, Violet highlighted her personal withdrawal as opposed to

nurturing family relationships and facing grief together:

> my sister and my brother [**R**: Mm] um I would say we've gone from being VERY very close certainly with my sister to being estranged…it was almost like if I said how bad I was feeling um my Betty my sister almost felt it was erm I was diminishing her grief… as she would say how sad or bad she was feeling and I'd be thinking well you should be in my shoes [*small laugh*] if you feel bad imagine how I feel so we were just constantly [*tuts*] grating up against each other when we should have had a shared expression of loss really I suppose if it had been different um (…) but we kind of turned away from each other and nursed our own grief in our own way and almost sort of grew resentful of each other's grief **(392)**

The co-researchers self-isolated in order to grieve. However, self-isolation had a "ripple effect" (Pulido, 2012, p.307) on relationships, which highlighted the impact of strained relationships and a potential secondary loss (Rando, 1993, 2013). Ellen described experiencing rejection and being abandoned by friends and colleagues, which highlighted the isolating impact of the traumatic loss:

> I've had people that I've seen avoid me in shops you know that have I KNOW that they've seen me and they've turned to walk the other way…it's horrible really you know I mean I had a group of friends people that I used to teach with um a school I've not been at for probably 12 years or something like that so a long time [**R**: Mm] and we've always gone out for a meal every half term something like that, and they asked

> me to go for a meal within a few weeks of Annie dying and I I said no I'm not up to that and you know they've never asked me again **(154)**

Molly's description echoed Ellen's experience of rejection and abandonment in the social world. However, Molly experienced social rejection due to the stigmatisation of suicide, and the reluctance or fear of being associated with a death by suicide. Although Molly expressed understanding for the social rejection, the abrupt estrangement from others highlighted the impact of violent and frightening deaths on the experience of alienation and isolation:

> there are very few people that have said anything positive since my husband died very few people that have stuck around, as soon as people found out for the majority um they just ditched the situation they couldn't cope with it and they walked away and I understand that, because that must be very difficult to deal with, um but I think for some people they just don't want to be associated with somebody, whose partner killed themselves um they see it as I don't know whether it comes into class whether what it comes into but they see it as a brush that they don't want to be tarred with, and they don't want their children playing with your children, my children have, very much less play dates than they did before **(137)**

This is an important finding in the social dimension of traumatic bereavement. On the one hand, the breakdown of relationships highlighted a secondary loss, which may occur naturally as a result of the uncertainty surrounding other people's response to the loss. On the other hand, self-initiated estrangements

from friends and family contributed to the co-researchers' lived sense of isolation and loneliness. However, in my view, the self-initiated estrangements reflected the co-researchers' psychological self-protection from insensitive comments or damaging relationships with others.

c) Absolute separation from others

Seven co-researchers described the experience of absolute separation from others, which highlighted an alienation and estrangement from the world. Two factors contributed to this experience, including circumstances surrounding the death, in particular a violent or frightening death, and the experience of complex trauma. The co-researchers who did not describe this theme highlighted the potential impact of the variables, degree of emotional support and mode of traumatic death.

Ellen described her acute experience of isolation, which highlighted the impact of sub-group inclusion/exclusion characteristics for the traumatically bereaved:

> I just feel vulnerable… I almost feel like I need to walk around with a badge you know let people know I'm not the same as you, you know I'm it's like with people who've had this kind of death it's almost like you feel outside of society you know it's almost like you feel, I feel separate you know it's hard to explain really that you know I do feel a separateness very often you know people when people are laughing and joking and it's difficult to do that you know it's difficult to (…) be normal **(207)**

In continuing to describe her experience, Ellen highlighted the impact of feeling understood and validated by other traumatically bereaved mothers. Although Ellen's experience was comforting, in my view, the sub-group membership contributed to the isolating experience, which may create a psychological separation between the traumatically bereaved and the non-traumatically bereaved:

> you know so few other people really get it because you know unless you have been in that position which thankfully few people have it's I think it's impossible to completely understand I I have one friend whose daughter was murdered um gosh nearly 15 years ago now um and she's the only person who completely gets it because although obviously there are huge differences what's the same is that they were both very young I mean one was 17 one was 21 and both were gone in a blink of an eye with no possible warning and both were preventable deaths so she understands (…) things that other people don't you know **(234)**

Sophie's description highlighted her experience of estrangement and isolation from other traumatically bereaved parents, due to the unique circumstances surrounding her child's death:

> you can even be with other parents who have lost a child but sometimes I feel lonely in that because (…) of the kind of unique kind of circumstances around it and that's a kind of isolation it's erm (…) there might even be similarities around trauma (…) but because of the complexities of it being swine flu and Christmas day that kind of it feels

> like we're kind of you know on an island by ourselves about that and that nobody else could POSSIBLY kind of you know understand or even relate to that **(538)**

Sophie continued to describe the secondary loss of mourning Christmas, which increased her experience of alienation and estrangement from others. Seven years later she still experiences traumatic symptoms in response to the ubiquitous presence of Christmas in British society:

> we dread it coming we we stop watching television and adverts we don't listen to the radio erm… I find the smells and the foods and stuff very very difficult and it kind of you know it kind of makes it erm it's like kind of picking at a scab really erm and it's seven years this Christmas **(311)**

While for Harry, who was bereaved with a newborn in his late twenties he described feeling instantly estranged from his peers:

> the main reason is it's very unique um set of circumstances um and as much as people might they'll listen and say that they understand and will do their best to the fact of the matter is that they just can't really and speaking personally at the time when all this happened none of my close friends [*sighs*] were married none of them had children um that's changed a bit since but at the time um they didn't so it was very very difficult for them to um understand the situation that I was in **(90)**

Harry acknowledged his reluctance to socialise with others due to the unique

circumstances surrounding the death, which contributed to his sense of estrangement and isolation:

> I spent quite a lot of time quite isolated for various reasons because of um being young male with a baby yeah and being depressed and all that sort of thing staying at home a lot not going out um (…) so yeah that's one aspect and I suppose the other aspect is um (…) not wanting to, not wanting to interact with people, one because they may ask where you know where I never see you where's your wife or er I've never seen Lily with her mum or something like that also because if I did get into a conversation with them they probably wouldn't in my mind they probably wouldn't understand where I'm coming from that sort of thing **(282)**

Jessica described feeling lonely and estranged from her peers as she struggled with death anxiety. In continuing to describe her anxiety, Jessica highlighted the impact of sudden death on her social group, which has left her questioning her identity and sense of connectivity with others:

> I feel like I've got a very weird mind on my shoulders should I say very um cause I think I worry and stuff too much for my age I think I've got a lot of anxiety too much for my age I don't see myself as like a carefree 21 year old that's why I don't feel normal well I don't think I've been normal since we lost our Tom cause I feel like that's always gonna be something that I carry around with me anyway…I'm not a very good 21 year old I don't think [*small laugh*] …like compared to my friends **(960)**

The isolation theme is an important finding because it has highlighted that society's dialogue surrounding traumatic bereavement was perpetuated by social awkwardness and discomfort. Furthermore, the co-researchers' experience of absolute separation has shown the impact of a shocking and violent death on the personal and social dimensions. However, the co-researchers are relational beings, who co-exist in a world with others, which highlights the importance of developing psychological resilience in order to interact and co-exist with others.

4.5 Self-protection

The self-protection theme highlighted the psychological impact on the personal and social dimensions of existence for the traumatically bereaved. The co-researchers distanced themselves from others and normalised their grief response, in order to emotionally self-protect from the awkward and shocked responses they received. The co-researchers self-protected by compartmentalising their private grief and monitoring the degree they revealed their traumatic loss to others. The self-protection theme enabled the co-researchers to cope with other people's discomfort when faced with the reality of a sudden, violent loss, and the potential stigmatisation of traumatic bereavement, which impacted social interactions.

a) Wearing a mask to self-protect

All 12 of the co-researchers avoided sharing their story with others or concealed some aspect of their traumatic loss, which highlighted the impact of coping with

other people's response to the loss, while coping with their personal grief. Violet expressed her reluctance to share her experience of traumatic loss with others because of the subsequent impact on the conversation. In continuing to describe her experience Violet highlighted the responsibility she felt for other people's discomfort, which distanced her from potential connections:

> Um it is difficult sharing it with other people um and I generally don't because ah one in a just sort of flippant level it completely changes the atmosphere and makes them feel very uncomfortable…I have a sort of pact with myself that I would never deny her so I'd never say no I don't have any children…of course as soon as you say that they I you know feel a bit flustered or bad cause they've brought it up of course they're not to know um so you feel bad for them and you kind of know I'm going to say this, this is what you're thinking in your head and I'm about to either make you feel uncomfortable or ruin your day **(250)**

Sophie described her personal dilemma when to tell other parents that her first child had died, which highlighted the personal impact of sharing the details of her loss with others:

> it's that kind of double kind of thinking you just can't kind of go oh well just have somebody over for tea it's like oh I'm going have somebody over for tea oh yeah and then I've got to tell them and then I've got to cope with their kind of feelings about it and stuff erm (…) and I never want to hide away from it and you can never get away from it but (…) it's sometimes you I sense that it's too big information for people erm but I

> can't have people in my house without kind of erm you know well there's pictures of Adam on the wall **(635)**

Sophie and Violet's consideration for other people's response to the traumatic loss is in fact an aspect of their psychological self-protection, because the act of telling other people potentially exposed them to others horrified and deeply saddened responses. As a result, the self-protection theme functioned as a psychological self-protection, which reflected the co-researchers' reluctance to relive their traumatic loss by sharing it with others. In Sophie's case 'Do I want to turn this tea party with my children and their friends into a personal journey of sorrow and tragic storytelling about the death of my son?'

For Harry he described the situation during the early stages of grief when he found himself comforting his mother:

> I mean one good example is my mother [**R:** Mm] I mean I don't ever speak to her about how I'm feeling emotionally about my loss anymore because whenever I did particularly at first in those acute stages 'I' would end up comforting her because she would get so upset to see me um you know distraught that I would end up comforting her **(310)**

In continuing to describe his frustration, Harry highlighted the impact of taking responsibility for other people's emotional response to the loss, which resulted in Harry concealing his grief from his mother:

> it made me quite angry [**R:** Mm] not because she was upset but because

> that's not what I needed um and so it just became easier just to either not speak about it or just say 'oh yeah I'm fine you know everything's alright' kind of thing so er that's probably the best example I can give of and it's still the same even now everything's you know normal how are you sort of thing blah blah blah but I don't er with regards to what's happened to Poppy and this loss I don't speak to her about **(321)**

Rose described anticipating other people's response to her loss before making the decision to share the details with them:

> Mm there are many erhm layers to that so the first thing is that I like to gauge the person in front of me and see whether this is going to be just entertainment value for them or is it going to mean anything you know and whether they deserve the honor of knowing this (…) immense loss and tragedy this fact about my life whether they deserve it or not is the first thing because there was a stage where I just wanted to go up to everybody and tell them **(90)**

In continuing to describe her experience, Rose highlighted the impact of hearing other people's response, which left her questioning her willingness to confide in others:

> there was another stage where I couldn't tell anybody because I knew how dramatic it would be for them [**R:** Right] you know it's not easy when you tell somebody it's horrible on them and every time I told somebody I was reminded of when I was told [**R:** Right] and how horrible that was so

> (…) that stopped me actually from telling other people because I was like they're going to be shocked I was trying to protect them [**R:** Right] because it's horrible and also [*big sigh*] they would perceive me differently **(95)**

Rose's description has highlighted the paradox of wearing a grief mask. Although on the one hand, Rose hoped to protect others by concealing the horror and traumatic details of her loss. On the other hand, the self-protection prevented acknowledgement of her grief in the presence of others. However, the self-protection mode-of-being potentially decreased potential support and care from others.

Seven years after her loss, Sophie described withholding the details due to the psychological impact of witnessing her shock and horror mirrored in others. In continuing to describe her experience, Sophie highlighted the impact of the duration since the loss on sharing the full details of her loss with others:

> as kind of time has gone on what I've really really noticed is other people's shock and actually I hold back some of those details now so I used to kind of lay it on with a trowel yes my child died yes it was like a cot death oh and by the way it happened on Christmas day because you could see the kind of shock kind of building up in people's eyes and it was like me seeing a microcosm of my own shock that I'd had on that day **(506)**

For Jessica she described a sense of relief when she did not disclose her

traumatic bereavement to a new friend:

> I was seeing a boy and like there's obviously photos all over of Tom of our Tom and he never once asked and I sort of (…) it sounds awful but I sort liked it because I thought I don't want to have to explain to you what's happened so it was sort of nice just to be with somebody that didn't sort of know the bad bit in my life that happened **(803)**

Jessica's sense of relief reflected an emotional growth in the personal dimension, which has highlighted the timing of self-disclosure is a significant stage of healing from traumatic bereavement.

In George's case five years after his loss he described wearing the original wristband for survivors of bereavement by suicide (SoBS, 2017). He described the impact of wearing the wristband on his sense of responsibility for other people's shock and discomfort, when they first comprehend the meaning behind the band. In continuing to describe the impact of the wristband, George highlighted the sense of control it gave him while discussing his traumatic loss, which helped him respond to the potential shock and discomfort experienced in others when they first learned about the suicide of his younger brother:

> I don't know it's like I feel guilty cause it's something people don't expect to hear, I try not to you know bring it up completely out of the blue, er sometimes people see the band that I've got on and like, I've had a few moments like down at the pub or something, and someone will just sort of come up, you see the moment they go, like oh I regret that I've started

> reading this now cause now I have to ask **(235)**

Wearing a grief mask highlighted the degree co-researchers were willing to disclose their traumatic loss in order to avoid coping with other people's shock and horror. The self-protection theme reflected an important aspect of psychological healing in the personal world as the co-researchers learned to self-regulate the degree they shared their traumatic loss with others.

b) Normalise the traumatic grief response for others

Seven co-researchers described their experience of normalising traumatic loss and their traumatic grief response for a) the benefit of others and b) self-protection from over-sharing a personal and painful traumatic life experience. The co-researchers who did not describe this theme reflected the impact of the duration since the loss variable, and the co-researchers' psychological growth since the acute stage of grief.

Nancy described the impact of telling people that her daughter had been killed, as opposed to saying that her daughter had died. Nancy continued to describe feeling responsible for sharing the violent loss with others, which left her questioning the social obligation to censor the horrifying and shocking details of the loss for the benefit of others. Nancy would have preferred to share with others the reality of surrounding the circumstances of her daughter's death:

> it's upsetting sometimes because you know that if it was the other way people would offer their sympathy straight away and when it's this way

> you feel like you've upset YOU feel like you've upset the other person even though you're the person that's lost someone it's like as if erm you think that you shouldn't have said it **(258)**

Meanwhile Violet described her private experience of traumatic grief, in contrast to normalising her emotional response and portraying the image of somebody coping well with grief:

> it's kind of locked away really and if you saw me at work um or you know just a social situations like my birthday yesterday and going out um you wouldn't look at me and this I've worked at this I don't want people looking at me and thinking she's I can see that she's suffered a tremendous loss [*small laugh*] um I don't want to invoke pity so I almost (…) work at being normal **(434)**

In continuing to describe the image of recovery, Violet highlighted the impact of monitoring the degree she fell into the psychological despair of grief on her everyday life:

> I lock away the grief and the picture of grief if you like from the everyday um and when it does surface invariably alone or I've been looking at pictures of Rose and it's horrendously painful and in being so painful then I think I've got to stop this now and I need to distract myself with some other activity because um so I s'ppose in a way I lock it away, one, so I can put on this public face and two, appear as an amazing brave person carrying off life and three, to save myself from myself because if I

> I feel like if I gave into it and allowed it free reign I would just I'd just walk walk in front of a train **(441)**

Molly described normalising her grief response in order to live up to society's expectation surrounding the image of recovery from traumatic bereavement:

> Well I think for the external I think, I think that's two ways I think a lot of the time I ensure that my external is socially acceptable when actually my internal is probably a lot darker than people would like it to be, um then I acknowledge it's something I have to live with not that everybody else should have to live with, the bereavement happened to me um and the trauma is with me not with other people **(207)**

Molly described her fear that she would be viewed as underperforming at work, which left her questioning the possibility of receiving additional support and care in the workplace:

> I know what I need to do, to make sure people don't see me as being incompetent, having no coping skills, um but equally there- when you're doing that it doesn't provide the help and support that you need, so you're blocking it in order to stop, any kind of alternative options like people going oh Molly you're a wreck maybe we won't renew your fixed term contract in September **(861)**

In Ellen's case she described her exhaustive efforts to appear normal to colleagues:

> It's ju-it's exhausting really I mean you know fo-for work [*sighs*] um you know the people that I work with the schools that I go into they would never know but it takes an enormous amount of effort to do that to appear normal because you know all I want to do is to talk about her all the time **(86)**

Ellen's efforts to normalise the grief response was based on her experience of the time-limited support from those who were interested in her emotional wellbeing during grief. She described conforming to society's expectation of recovery from grief:

> I think you know after a time people people don't want you know when people say I don't mean now obviously but generally people will say oh how are you they don't want to know well I'm I'm [*small laugh*] I'm awful actually because my child is still dead and there's nothing I can do about it and she should be 24 and she isn't you know what they want you to say is yeah I'm fine you know people lose interest very quickly **(148)**

In Hazel's case, two years after her loss she described concealing her emotional response from colleagues, flatmates and family members, in order to portray the image of somebody who was coping with grief. In continuing to describe her frustration, Hazel highlighted the impact of conforming to cultural and social expectations surrounding grief, which left her questioning the unhelpful consequence of continuously concealing her grief at the psychological cost of expressing grief freely:

> I've just tried to put a lid on it, and then every now and then it kind of like the lid opens, and bits of it try to come out, like for instance, I'll have like a couple of tears come out [**R:** Mm] and it'll feel like I need a really good cry…and that's frustrating being at work feeling, like you start feeling this feeling and then it's like, I can't do anything cause I'm at work **(483)**

Ellen, Molly and Hazel's descriptions highlighted the experience of conforming to cultural and workplace expectations surrounding grief. However, such cultural and workplace expectations prevented the co-researchers from acknowledging the need for additional help and support in the workplace.

The self-protection theme contributed two significant areas of knowledge toward the psychological understanding of traumatic bereavement. On the one hand, the self-protection theme functioned to protect the co-researchers from traumatic overload in the social world during their vulnerable psychological state. While on the other hand, wearing a grief mask and normalising the traumatic grief response isolated the bereaved from potential connections with others, and reduced the possibility of emotional support. In my view, the self-protection theme highlighted a supportive coping strategy in the everyday world while the co-researchers grieved their loss. However, if the co-researchers had a reliable support system they could have potentially tested their emotional resilience and trusted that the other person could manage their emotional response to the loss.

4.6 Loss of meaning

The loss of meaning theme is an important finding because it highlighted the psychological journey for the traumatically bereaved in the spiritual and personal dimensions. The confrontation with despair and suffering increased the co-researchers' existential questioning about the meaning and purpose of life. On the one hand, the co-researchers experienced the world as unsafe and unreliable, which highlighted the impact of psychological resilience in order to trust and imagine the future. However, on the other hand, the co-researchers valued the preciousness of life, and acknowledged the importance of spending time meaningfully, which reflects a raised awareness of temporality.

a) Confrontation with despair

Eight co-researchers described a raised awareness of existential questions, including facing the meaninglessness of existence, the unfairness and uncertainty of life, and the futility of trying to control life. Hazel described the experience of living with the unanswerable questions surrounding the circumstances of her mother's death, which left her questioning the unfairness of life. In continuing to describe her struggle Hazel highlighted the courage to accept the unanswerable questions and move forward with life:

> I think that's like another thing that's hard to kind of like, not move on but hard to process more because you think he's out there like alive and she's dead, and he's not taking any responsibility, we think he should have got in trouble for it… but we're never going to know the truth [**R:**

> Mm] and that's, learning to accept that you can't you're never going to know what fully happened…I think that's like an unfinished business, and then it's like you just have to let go of it and kind of, or just let it as it is, and just keep going **(744)**

Ellen described the heartache she experienced for her daughter's preventable death, which left her questioning justice. In continuing to describe her heartache, Ellen highlighted the existential struggle with powerlessness to change her situation:

> I think one of the hardest things to cope with is the fact that her death was preventable [**R**: Right] the um the coroner ordered um an independent review of her case as part of the inquest and the um the independent expert um concluded that the she was failed in a in multiple ways by the hospital and the phrase that sticks in my head [**R**: Mm] um is he says um any responsible clinician would have increased her medication on the last time she was seen and knowing that in all likelihood all it would have taken was an extra pill (…) it's just unbearable really…[*sighs*] and there's nothing I can do you know there's nothing nothing I can do to get any justice for her I'm powerless to do anything about it **(385)**

Such existential questioning of the unfairness and uncertainty of life reflected the degree the co-researchers experienced psychological resilience, which enabled them to identify meaning or purpose after experiencing the loss of meaning.

While for Violet she described a total obliteration of her identity as a mother and parent, which left her questioning her existence, including her own sense of purpose following her daughter's death:

> it was you know a complete um wipe out of everything that had defined me before um because Rose was the was an only child so it was suddenly a you know home without a child in it um I suddenly had no need to think you know about her…a whole existence before had centred around being her life support if you like…and all of that wiped out so you suddenly think wha-well what's the why am I here you know what's the point because everything before was defined in terms of meeting her needs and now suddenly she wasn't there **(126)**

For Holly six years after her loss, she described a personal confrontation with despair and existential isolation. In continuing to describe her despair, Holly highlighted the impact of taking responsibility for her existence and purpose by facing up to her despair:

> I sunk into what is known as the *Dark Night of the Soul* (St. John of the Cross, 2003) so I went deeper and deeper into hopelessness that I could survive personally…I think for what it meant then was (…) facing the fear that um or facing the belief that I can't exist on my own, that on my own I'm impotent and um (…) stuck and er have no help there's no help for me no one is there er yeah I think it was just the hopelessness of being alone it was existential you know it's the biggest crisis of all how can I be alone **(374)**

Nancy echoed Holly's experience, and questioned the futility and meaninglessness of existence. In continuing to describe the loss of meaning, Nancy highlighted the impact of taking responsibility for meaning, including her own sense of meaning and purpose for her daily existence:

> it's like you lose a chunk of your life because the meaning's gone from it you think you know like well what is this life everyday you're looking at things and thinking why do we do this why do we do go to work why do we get up why do we go to the shops you know you feel like why are we doing all this because we might not be here tomorrow…so there comes a point where you have to think there is a reason I get up in the morning you know there is a reason I'm going to the shops you know the reason I'm going to the shops is I'm going to buy some food because I'm going to feed John because John's still here erm so I have to do that I have to have a meaning and purpose in in life **(562)**

In my view, the co-researchers who did not describe this theme experienced a stronger psychological resilience in the face of loss, for example, the identification of meaning reduced the impact of an existential crisis of meaning. Sophie described finding meaning from her faith:

> I remember praying an awful lot erm and erm some singing some erm hymns to Adam with Adam erm and you know that kind of just really kind of clinging onto my faith… I've always kind of erm I've been really relieved that I believed in God and I believed that God was there to receive Adam **(169)**

b) Experience of lack of safety in the world: frozen future

Nine co-researchers experienced a lack of safety in the world which left them questioning their trust and confidence in the future, in other words they believed the future was frozen. This finding highlighted the impact of the variables, relationship to the deceased, and duration since the death. Five of the six bereaved mothers described the future as unimaginable and described a psychological block planning for a personal future. Although, one bereaved sibling and three bereaved partners expressed ambivalent thoughts about their personal future, they described ideas and hopes for the future.

Nancy, a traumatically bereaved mother, described focusing on the present rather than planning or thinking about the future:

> I do sort of struggle to think of wh-what's happening in the future of like so I keep my time is just my time now I'm not thinking of er tomorrow I find it really hard to think about tomorrow or the next day or Christmas… I just go day by day rather than before I lost Annabel I could look forward in time and now I seem to be – I've not stood still in time it's just time happens as it happens now if that makes sense **(475)**

In continuing to describe her anxiety about the safety of family members, Nancy highlighted the impact of sudden death on her psychological resilience to trust the future:

> It's hard work sometimes I think it makes me feel tired sometimes it

> makes me feel upset erm that I find it hard to think about planning things you know like I know like in a couple of months people'll be thinking oh we'll start buying our Christmas presents and for me it's a bit like but what if everybody's not here at Christmas **(492)**

Jessica echoed Nancy's fear of the future and described her anxiety that something bad will happen, which impacts her confidence to plan things:

> I think like I might not be here something might happen to me or something might cause I don't think you can plan anything because something might happen the only thing I plan is holidays really but and then again they might, something might go wrong and they might not even happen…I just tend not to, not to plan anything personal or anything to look forward to because something might come up yeah I don't really plan at all to be honest **(842)**

Jessica and Nancy's descriptions highlighted a sense of anxiety about the safety of the world. In my view, the uncertainty and fear of the future connects to the co-researcher's belief that the world has let them down, which has left them questioning the potential risks attached to future suffering. Thus, it is psychologically safer to exist in the present because the future is full of potential risk and uncertainty.

In Violet's case she described gaining a sense of safety and comfort from not imagining the future, which left her questioning the impact of psychologically investing in the future:

> I s'ppose there's a degree of passivity to it and I'm just letting things happen but then it also means I'm safer because if I don't want something then I won't feel the loss if I don't get it (…) so I s'ppose it's a kind of absence of feeling or absence of any particular attachment to a dream or an imagining of how things will be um so an absence of yeah feeling or capacity for it for that to harm me in some way if it doesn't come true **(598)**

Violet's description highlights the risk attached to psychologically investing in the future, because the illusions of a safe and predictable world were shattered following the death of her daughter. Thus, it is potentially safer to avoid building hopes and dreams since belief in the future is a psychological risk not worth taking. Ellen described her increased fear that loved ones will die, which reflected death anxiety:

> It's just scary really life is scary now in a way that it wasn't before you know…I'm forever anxious about something else happening… you know fear of [*sighs*] I don't know of losing things that I love (…) yeah…it's like the safety nets gone that's the thing you know it's that's what Annie's death has done is it's taken away the safety net **(516)**

As a result, she described a pessimistic view of the future:

> it's very difficult to kind of see how life progresses from here you know it will and does but how do I get to the end whatever however old I might be with one of my children missing you know there will assuming I have

> a normal length of life there will be a time where she's been gone for longer than she was ever here [*sighs*] **(379)**

Sophie was the exception in the bereaved mothers group, seven years after her loss she described the future as "really hopeful" **(793)**. In my view, the duration since the loss impacted the co-researchers' experience of an unsafe world, which highlighted their difficulty imagining and planning a personal future.

To sum up, on the one hand, traumatically bereaved partners and siblings considered the long-term future as ambiguous. However, on the other hand, they described hopes and plans for the future including romantic relationships or fulfilling personal dreams. In contrast, the bereaved mothers experienced a psychological blockage planning or imagining a personal future. Such finding is significant because the psychological fears about the safety of the world may impact psychological resilience to cope with change and uncertainty, which connects to meaning making and planning for the future.

c) Awareness of temporality: appreciation of here and now

Seven co-researchers described their relationship with time, and their awareness of the temporality of existence, which impacts their relationships with others and reflects an appreciation for leading a meaningful life. Holly described her experience of cherishing time with loved ones, which left her questioning the importance of forgiveness:

> like my daughter my 13 year old who's a pre-teen that 'Kevin' teenager

> you know when I hug her and think she might die tomorrow it helps me to soften to her so I guess I laughed in a sense because it's not as hard as people think it is to do that it's LESS hard to do that than to go through (…) the loss of someone dying and have all that guilt that's what I think having gone through the guilt **(759)**

George echoed Holly's experience and described a new appreciation for the temporality of life, which left him questioning the value of time, including his own sense of living a meaningful existence:

> it does make you think you know I've got no grandparents living either, um er seeing three grandparents die, and then my brother um, I think I've gradually built up quite an awareness that you know that like yeah just I think that sums it up just an awareness of mortality a more you know, the fact that, like I say life is short um you never know **(931)**

And:

> I don't feel like I'm using my time in a meaningful way, which is a waste you know I've got this time, Tom doesn't **(1156)**

Jessica described experiencing a renewed appreciation for life, which highlighted the impact of facing one's mortality and living a meaningful life:

> the first year was (…) was sort of an eye opener for me cause I was I was thinking like life is too short I remember I even told this lad I'd liked at work for a while I wasn't I'd never ever told him I liked him I just I got the balls if you say one day and I just told him cause I thought life this is I

> do look at life like life is too short you've just gotta that is one of the things I definitely is a positive I just I'm more honest with people because you've got to be you don't know when (…) your life is gonna (…) end **(105)**

Hazel echoed Jessica's experience, which left her questioning the value of time:

> I don't want to waste my time I think that's what it is… I think I've definitely noticed that ability to kind of, if I don't want to do something, and it's not going to make me happy then I think, I'm not going to do it anymore, cause I just think it's a waste of time you're like not being honest to yourself **(977)**

Jessica and Hazel both stressed the importance of being honest with themselves, which left them questioning their motivation for living a meaningful life. Nancy was the only traumatically bereaved mother who described a new appreciation for life, which highlighted her desire to lead a meaningful life:

> just existing and that you know and feeling er (…) that you know that people should be lucky and that I'm lucky that we are still here and erm I just want to have like a meaningful life in that maybe I can help other people get through things and also erm (…) moving forward you know erm trying to give life meaning in like still existing and carrying on and doing things **(537)**

Nancy's description highlighted the impact of awareness of temporality on

potential psychological growth in the personal world and living well. In contrast, Ruth described a sense of disappointment that she has not experienced a 'post death reboot':

> I haven't done that thing which again is a bit of a cliché and thought well life is for living and life is very short and it hasn't like don't sweat the small stuff again I was rather looking forward to that I thought well maybe I'll stop worrying about rubbish erm I'll have a better perspective I'll be re-booted and none of that's happened I still [**R**: Mm] worry about the rubbish **(447)**

In my view, Ruth's description highlights the impact of traumatic loss on mothers, who struggled with the despair and meaninglessness of existence after the loss of a child. As a result, the appreciation and value of time takes on a different perspective from traumatically bereaved siblings, partners or bereaved children, who experienced an appreciation for the here and now and valued time.

To sum up, the loss of meaning theme is an important finding because it informs us that the confrontation with despair and meaninglessness impacts the co-researchers' sense of safety in the world. Such fear of being-in-the-world potentially impacts future decisions, which may become a psychological obstacle in the personal and social dimensions. On the other hand, the co-researchers confrontation with despair and suffering highlighted an appreciation for the preciousness of life, including the importance of pursuing a meaningful existence in the personal and social worlds.

4.7 Meaning driven existence

The experience of a meaning driven existence is an important finding because it highlighted the co-researcher's experience of finding a way to survive in the face of loss. The co-researchers experienced psychological growth from the pursuit of meaningful activities and relationships, which reveals a psychological separation from grief and despair and the pursuit of meaning in the personal world.

a) Living in the face of loss: pursuit of personal meaning

Eleven co-researchers described finding a way to survive in the face of loss, which reflects the significance of pursuing a personal meaningful existence and living more authentically. Nancy described her psychological struggle to separate grief and trauma from her own sense of purpose after the death of her daughter, which left her questioning meaning making in order to move forward:

> it feels like I've got to leave her behind to live my own life but that does feel a little bit hard but I know I have to do it because I I can't survive in that time I can't live in that time because that would be too distressing erm I can't my life won't go forward if I don't leave part of it behind... it's hard to move forward without her that it's you know the purpose and meaning that I give to my life now is without her…I've got to erm (…) you know not see that tragedy as the end result of everything…I've got to like put a meaning in my life that like everything I look at is I've got to look at it in a new way the way that I looked at it before Annabel died **(641)**

Nancy's description has highlighted the impact of meaning making on psychological growth post tragedy in the personal world. While for Holly she described focusing on her young children, which gave her purpose and meaning in order to survive her loss:

> if I didn't have my children that I was continually caring for I might not have had the reason to continue to try to find strength but they're you know they were EXTREMELY big reasons for me to wake up every day not kill myself not become a drunk you know to not hurt them to not damage them was probably my biggest er concern **(382)**

Several of the co-researchers, including Sophie, Rose and Jessica described the importance of pursuing meaning in the memory of their loved one, which brought comfort and meaning. Sophie described working with bereaved children, which highlighted the impact of such meaningful work and the connection with her son:

> I work now with erm children who are going to be erm bereaved of a significant person so it's pre-bereavement or who have been bereaved of a parent or a grandparent…er so there's some definitely kind of making some meaning out of it and yeah the very reason why you know I'm here er doing this job is because of Adam…it's kind of honoring him that experience that I have that I'm able to (…) use that erm in a way erm to support other people and particularly children **(443)**

While for Rose she described campaigning for mental health awareness and

suicide prevention in young people in her son's memory, which brings meaning and purpose to her life:

> if I can stop one more young man or woman (…) from doing this I I would consider [*pause*] that [*pause*] my life was worth living [**R**: Okay] (…) so that's what drives me [**R**: Okay] yeah because it's err just the most painful thing for any family it can completely break people **(377)**

In Harry's case he described gaining comfort and meaning from raising his daughter and seeing aspects of his wife develop in her:

> Poppy passed away so I never had both of them Lily LITERALLY replaced Poppy so there's definitely er um er obviously she looks like her as well so um don't get me wrong it is hard to deal with at times but most of the time it's um it's great because everything I do for Lily I'm doing for Poppy [**R:** Mm] and that relates to everything whether it's brushing her hair or um taking her to the doctors when she's ill or anything really **(563)**

While for Ruth the pursuit of meaning is directly connected to death. She described gaining meaning from communicating with a man on death row:

> I have a friend a pen friend on death row that I write to and which is something I started subsequent to Jack dying it was very conscious decision to do…I made a conscious decision to to focus on death penalty hence these sort of ideas of going to America in a few years erm and that friendship gives some meaning not in a lady bountiful I'm doing

> a good thing way it's a two-way quite honest friendship erm (…) that gives meaning to me **(656)**

Jessica described counselling as a positive experience, which helped her survive the death of her brother, which left her questioning the pursuit of meaning in connection with her brother's memory. Jessica continued to describe considering helping others by enrolling on a counselling course:

> It's good because I feel like I can take something good to help other people out of something that was bad (…) and I like helping people so I think I think I'll be quite good at it actually (…) and I'd always whenever I'd be doing it I'd always be thinking about our Tom so it will be nice **(1101)**

The co-researchers identified meaning from a variety of personally inspiring experiences, which highlighted the impact of the individual's lived experience on the meaning driven existence finding. However, for Ellen three years post loss, the pursuit of a meaningful existence was elusive. She described being unable to comprehend how she is surviving:

> it's hard work to stay alive you know I've been on anti-depressants for pretty much well probably a few months after she died [**R:** Mm] um and I have huge lows you know [**R:** Mm]I there are still times when I don't want to carry on I'm not I'm not suicidal I wouldn't do anything about it [**R:** Mm] but there are still a lot of times that I don't want to be here if if I didn't have other children I wouldn't be here you know at all **(96)**

In my view, Ellen's description has highlighted the experience of complex trauma and complicated grief, which potentially hindered Ellen's psychological growth. Ellen could potentially move forward from her acute state of grief if she was able to separate the despair and trauma from personal meaning making.

To sum up, this is an important finding because it reflects the significance of psychological growth from the pursuit of meaningful activities or a meaningful existence, which either connected the co-researchers to their loved one, or with a personally fulfilling goal. The significance of the pursuit of meaning enabled the co-researchers to survive their loss and move forward in their journey.

b) Importance of nurturing meaningful relationships

Ten co-researchers described the importance of experiencing supportive and meaningful relationships, which reflects the human need for love and care. Sophie described her experience of developing meaningful friendships from surprising places:

> there have been people who've come out of the woodwork who weren't particularly close friends beforehand but who've given their time their shoulder their tissues over the years and given yeah comfort but also they've grieved alongside me **(614)**

Sophie's description has highlighted the importance of supportive relationships that encouraged the co-researchers to grieve naturally, including others traumatically bereaved and those who offered care and support.

Ruth described the support and emotional freedom she gained from connecting with other traumatically bereaved mothers:

> I was put in touch with somebody…her young adult daughter died a year before Jack did erm and that's fantastic that's where we can say the unsayable and we can also say the funny things and the black things and be inappropriate and [*small laugh*] you know just maybe the opposite of the erm grieving with the vapors we can also be (…) sassy and funny and grumpy and angry and all the emotions that are perhaps not associated with erm without being to whatever with [*big sigh*] society's idea of grief we can do all the slightly inappropriate things **(205)**

While Violet expressed the support and comfort she gained from both old and new friendships. She described a shared history with old friends who knew her daughter, which highlighted the importance of the familial aspect of historical friendships that provided safety and comfort:

> there's certain key people in my life that I need to regularly be in touch with who you know all know me well so I have sort of ladies who I've known for 20 odd years they're really important to me and see them regularly, I have other friends who a bit more recent more so since Rose died um a couple of them I call them wise women of the tribe they've had er one of them's certainly been a counsellor she's retired now so it's great to talk to her **(616)**

Several co-researchers, including Rose, Hazel and Molly described questioning

the importance of investing time and energy in new relationships. Rose described the importance of meaningful connections, in contrast to the value attached to exchanging material gifts with loved ones. Rose questioned the importance of sharing meaningful dialogue:

> we can't give anything anybody but our time (pause) everything else we have everybody has you know nobody needs anything - not in my family at least I know they have more than enough (…) and if you can't if we can't give each other time and attention and compassion then erhm we have nothing to give to each other **(232)**

While for Hazel she acknowledged the importance of nurturing relationships that have depth and meaning, in contrast to superficial or unfulfilling relationships:

> the people at my work are just really like materialistic, and they're like oh I just bought this new like Michael Kors bag and they're just all this chat chat chat and I'm just thinking, I just can't relate to it, I can't sit there and have small talk about, in my opinion crap [*small laugh*] that I don't care about and it's I think that's the tolerance of, beforehand you'd be a bit more polite about it but now, rather than me just being polite and like trying to engage in the conversation, I just don't say anything **(403)**

Hazel continued to describe the significance of engaging in meaningful relationships with others:

> I see things differently like, about sort of making I dunno I like to try and

> see my sisters more and make the most of like, the people that mean stuff, and I haven't got time anymore for like, dunno just, I can't tolerate like idiots [*small laugh*] sounds like a really bad way to put it but, there's certain types of people that I just haven't got any time for anymore (**342)**

Molly echoed Hazel's difficulty engaging in social chatter, and expressed her need to engage in meaningful dialogue:

> the conversations now mean a lot more because my life has a lot more going on in it, and I do have this constant level of meaningful interaction with myself and other people, so for example, my neighbor will come round um and we might not speak for a week because we don't do the whole niceties um but then when she does come round we have a fantastic conversation that's full of depth full of meaning that gets right to the crux of our life kind of issues **(370)**

Molly summed up the support and care she received from meaningful friendships:

> I think it's nice, it's nice to be listened to and to be heard, and I think that does help you process stuff that's going on **(412)**

The above descriptions reflect the support and sense of care Molly received from her new friendships, in addition to the satisfying impact of experiencing supportive and caring friendships that bring meaning to her life. For Sophie she described gaining support from her husband and nurturing their relationship,

contrary to other people's expectation that they would break up after the death of their child:

> I think that we're actually we've been stronger together somebody said to me the day after Adam died oh I do hope that you and John make it and that you don't split up over this and I was kind of remember on the end of the phone kind of going hang on I've just my child's just died and now you're suggesting that I might be divorcing my husband kind of like…we've navigated our way together and actually been very kind of accepting of the different places that we're in **(401)**

She continued to describe experiencing a new level of communication that has provided love, support and compassion:

> I think between my husband and I (…) I think we have a deeper understanding and a deeper love erm with each other erm that's really kind of grown over the years and supporting each other **(748)**

The meaningful relationships finding reflects the importance of nurturing relationships that provided support, care, and friendship, and for some the possibility of grieving alongside the bereaved. This is an important finding because it reflects the psychological change in the personal world when the traumatically bereaved received support and care from meaningful connections. In my view this is an important finding because it potentially contributed to the reduction of isolation during traumatic bereavement.

4.8 Transformation of beliefs and values

The transformation of beliefs and values is an important finding because it highlighted the psychological impact of the spiritual dimension for the traumatically bereaved. The co-researchers described the importance of finding a way to identify a continuing relationship or ongoing bond with the loved one, which reflects an important part of grieving. The co-researchers experienced a change in personal beliefs and values, which reflects an openness and willingness to question prior beliefs and values that has highlighted psychological growth in the spiritual dimension.

a) Maintaining ongoing bond with loved one

Eleven co-researchers described the importance of maintaining an ongoing bond with the loved one, which brought comfort and personal meaning. The co-researchers experienced an ongoing bond that enabled the possibility of creating new meaning in their lives. Psychological growth occurred when the bond was not severed during or after the acute stages of grief. The co-researchers identified a way to bring the loved one into their lives from an ongoing relational perspective. Ruth described her experience of identifying a continuing bond with her son, which left her questioning the meaning of the bond:

> somehow it's about holding Jack it's not about thinking lovely memories and happy things and putting him in that sort of memorialising box which I'm very resistant to but holding my relationship my continuing relationship with my son and my feelings of loss and devastation…they

> overlap, they're not quite the same erm and I'm still kind of working around that in my head a bit but it feels right to slightly separate them **(299)**

Ruth's description has highlighted the importance of separating grief and trauma from the psychological process of identifying an ongoing relationship with the loved one. Four years after her loss Nancy described her ongoing struggle to separate the belief that identifying meaning might reflect being disloyal to her daughter's memory:

> it's difficult because er again it's like that erm (…) feeling if you've got some meaning and purpose in your life and you move forward it's like does that mean that I think that what happened has no meaning am I forgetting it am I leaving it behind erm am I being disloyal to Annabel by not sitting thinking about her and things giving myself you know a new meaning in life does that mean that I thought that wasn't erm (…) as big impact as it was **(574)**

In continuing to describe her struggle with meaning making, Nancy highlighted the importance of connecting meaning with her daughter's death by helping others:

> I'm trying to give it more meaning now…not let Annabel's death have been in vein in a sense you know if I can do something like I'm doing now to help other people then that will give my life some meaning back that I can help other people start off better after something like this **(557)**

Nancy's description has highlighted the importance of identifying an ongoing bond that incorporated the loved one's memory into the co-researchers life. For Violet she described the importance of maintaining an ongoing bond with her daughter from the activities she pursued to ensure that her memory is not forgotten:

> just how REALLY important it is to me that she's remembered um hopefully this year I'm going to work on a sort of memorial website so for as long as the Internet's with us there will be a URL where you can go to and it'll have her pictures and things…because just just desperate feeling of her to not be forgotten you know particularly with her dying so young and all the potential unfulfilled… I just (…) want something er that'll be there for beyond when you know we're gone **(681)**

While for Hazel she described experiencing a spiritual connection with her mother shortly after the death:

> I woke up in the morning, and I felt I woke up to the feeling that somebody had kissed me on the cheek [**R:** Mm] and I'm not sure what that was whether that was a dream or whatever you believe in or anything but I actually woke up and it felt like somebody kissed me on the cheek and it woke me up **(142)**

Hazel continued to describe her personal struggle to make sense of the experience, and expressed mixed emotions about the potential comfort derived:

> it's still quite confusing cause you sort of I think you go through a bit stages of like I guess you like then I felt really good and really like comforted, but um yeah I've not had any obviously experiences since then you kind of like question things again **(219)**

In continuing to describe her spiritual connection, Hazel questioned her growing sensitivity and openness towards spiritual beliefs and practice, including the impact of the spiritual change on her daily life:

> I'm intrigued different sides of spiritualism and stuff like mediation and things [**R:** Mm] like that kind of sense like yoga and all that sort of thing I'm really like, sort of, pushing like opening my mind towards that side of things, whereas before I wasn't really, didn't really think too much about it but now, I'm kind of wanna go on that kind of spiritual journey **(906)**

George described the meaning and comfort he gained from the ongoing bond with his brother, including incorporating his brother's outlook into his worldview:

> it's like I kind of I can keep hold of his personality and his opinions and his ways and his humor, just little bits about him that I kind of keep hold of them and, you know try and some-something that I would have shared with him something like er if I saw something funny and said oh you'd really like this um you should watch this film or this series I can kind of keep that, sense of him there [**R:** Mm] like you know he like exactly what my dad said, um that you know you can like part of him can live on in my memories **(1244)**

George's description has highlighted the impact of developing the ongoing bond on psychological growth in the spiritual world. Such psychological growth reflects the process of identifying personal meaning from the ongoing bond, which enabled the bereaved to reflect on personal beliefs and values, and potentially adopt supportive and inspirational beliefs. Sophie expressed the significance of the ongoing bond for traumatically bereaved mothers:

> your child is not something you can kind of let go of whether they're alive or dead they're kind of always with you and just because he's dead doesn't mean that he's not with me **(550)**

Sophie's description powerfully described the psychological essence of developing an ongoing bond with the loved one. The development of the bond reflects the impact of separating traumatic grief and tragedy from an ongoing relationship with the loved one, in order to heal and identify meaning.

To sum up, the ongoing bond theme has highlighted the importance of psychologically identifying a healthy ongoing bond with the loved one that brings comfort and meaning. The development of the ongoing bond helped the co-researchers move forward in their journey while pursuing a meaningful existence. In my view, the ongoing bond functions as an important part of grief. The co-researcher's descriptions illustrated that the bereaved separated the trauma and sorrow from their ongoing bond, which enabled them to develop a meaningful ongoing relationship with the loved one that was personally significant.

b) Questioning of spiritual beliefs and values

Nine co-researchers described the experience of questioning personal spiritual beliefs and values in the face of their loss. They acknowledged a transformation of prior spiritual beliefs and values, and described a changed spiritual relationship with these practices. Rose and Holly acknowledged a meaningful transformation in their spiritual beliefs, which helped them survive their loss. Rose described her spiritual practice as life-saving, including meditation, yoga and following the teachings of a spiritual guru:

> Well before I was peaceful [**R:** Right] you know and those practices just enhanced the quality of my life and now they just help me cope with my life you know so they play a different role I'm glad I have them because without them I wouldn't know what to do erhm but they have been very err strengthening from the inside for me so while they're the same practices but they mean completely different things now **(71)**

While Holly described a changed relationship with her spiritual beliefs, which left her questioning a new way of Being-in-the-world:

> I began a different relationship with God and with myself I began to (…) realise the necessity to take care of myself and that no one else was going to do it or could do it and it changed my view of spirituality I stopped believing in a God that was just this way or that way rules and regulations and religion um then I began to see God as a source of strength that was inside me untapped (…) a kindness towards myself

> that only I could access no one else could **(640)**

Such psychological change in the co-researchers' spiritual practice highlights potential spiritual growth and resilience in their spiritual worldview. For Sophie she described her religious faith as nurturing and supportive, which brought meaning to her life:

> I felt comforted by the fact of the image of Adam being held by a mother figure by Mary and erm yeah that he was in the arms of a mother erm definitely kind of provided me with comfort and spiritual kind of nourishment erm …I think that my faith erm it was strong beforehand it's never wavered within that but there definitely feels a an EXTRA kind of added thing of wanting to get to heaven [*laughs*] **(683)**

Sophie's strong religious beliefs provided comfort and support; in particular the religious symbolic metaphors gave her strength and hope. On the one hand, Sophie's description highlighted the impact of strengthening religious and spiritual beliefs on the co-researchers' healing and search for meaning. On the other hand, a lack of spiritual faith was comforting for Ruth. She described a strong sense of relief that her son was not aware of the reality of his death, and does not know about the life he is missing:

> my beliefs are quite comforting the lack of belief is quite comforting for me…I mean that he doesn't know about this I think I would find it absolutely unbearable if I had a faith if I had some idea sense of an afterlife kind of traditional Christian I'm sure other religions but but you

> know sort of rather woolly traditional Christianity I was brought up in of heaven and people being able to look down and angels in the sky and all that erm how fucking awful that he could see this that he would know what he's missing and see [*crying*] and see me this broken I would HATE that…I would hate to think that he knew **(334)**

Harry and Violet described the changes in their beliefs and assumptions about life, which reflects the spiritual growth from a psychological willingness to question and learn from one's beliefs and values. Harry was previously suspicious of gaining help and support from counselling:

> I freely admit that at first it was you know oh I don't really I don't believe in it that sort of thing **(103)**

However, after his traumatic loss and the consequent experience of isolation from friends and family, he recognised the need to speak to somebody, which motivated him to seek out counselling. Harry described a complete change in his prior belief about counselling:

> it was a complete turnaround I really I'm not going to say enjoyed it because of the subject matter but knowing that for an hour a week I could say whatever I wanted no one else was gonna find it was a fantastic feeling even if I didn't really say anything when it actually came to our meeting that week just knowing that that opportunity was there was (…) yeah fantastic and I never thought I would say that **(737)**

In continuing to describe his new perspective, Harry highlighted the impact of psychological growth in the spiritual world, including a willingness to face life with curiosity and openness:

> it applies much more broadly than just the counselling really there's a life lesson there that [**R:** Mm] you know don't knock it till you've tried it kind of er feeling and also don't be so stubborn yeah so yeah a big lesson there just for life not just about counselling **(744)**

For Violet she described a sense of freedom from fear, which previously prevented her from taking risks or embarking on life challenges:

> it's a liberation from [*inhales*] from that that fear that can you know make you anxious or stop you doing things or stop you going places or saying things or approaching people mm a liberation freedom [**R**: Mm] it's how it feels a high price that you've paid for it but that's er it's a positive take **(501)**

Harry and Violet's descriptions reflect a willingness to reflect on personal beliefs and values, which highlighted the impact of psychological growth in the spiritual world, including the humility to learn and grow from alternative belief systems and values.

Hazel and Molly questioned the meaning of the spiritual world, including what is beyond human existence, while defining their ongoing relationship with the loved one. Molly described a strengthening of her spiritual beliefs. However, she was

left questioning her spiritual position:

> I do kind of, try and work out my spiritual kind of beliefs a lot more now than I did before… so if I'm saying that I don't believe that the um television turning on in the middle of the night and the white feather that I found on top of my toilet is down to spirituality, then am I saying that I'm never ever going to speak to him again, that he's never going to be able to contact me that he's not with me…well that's a whole other field to kind of get your head around but he's not just gone, he's so completely gone and there is nothing left [*voice catches*] there is no spirit left there is no way of him being in any way shape or form, and that's a whole lot of life to just be gone in a blink of an eye **(430)**

Molly's description highlights the significance of questioning the meaning of existence from a spiritual perspective, including a belief she feels comfortable with in her everyday life, which brings meaning and comfort. To sum up, this finding is important because it highlights that the bereaved develop the courage to question and challenge fixed beliefs or values. In my view, the psychological change in the spiritual dimension helped the co-researchers identify and pursue meaning, and to live with hope, which reflects spiritual growth or resilience.

4.9 Physical response to the loss

The physical response to the loss is an important finding because it highlighted the psychological impact of traumatic grief and ongoing sorrow in the physical dimension. The embodied response to the loss impacts the co-researchers

emotional resilience to cope with their loss, and potentially reflects psychological fears that the physical changes will be ongoing.

a) Experience of embodied response: psychological heaviness

Nine co-researchers described a psychological difficulty coping with their physical changes, one co-researcher Nancy described grief as a "physical illness" **(679)**. Holly, George and Harry did not discuss a physical response to their loss. They were six and five years respectively, into their journey of traumatic bereavement, which reflects the impact of the duration since the loss on the finding. In terms of the relationship to the loved one, all traumatically bereaved mothers described a physical response to the loss, including Sophie who was seven years into her journey.

Although Rose was a doctor she acknowledged that her chest pains were not related to a medical condition. She described experiencing pains as a physical response to the death of her son:

> I think my attitude towards my bo-body has changed and my (…) body itself has changed (…) I I mean chest pains all the time [**R:** Right] yeah it's physical I feel it like but it's not I mean I'm a doctor I know it's not cardiac you know it's not coming from angina or anything it's just it's a psychological pain that I feel in my chest all the time **(299)**

She continued to describe her embodied response as "cold tar". **(305)**:

> it's like there's a big ball in my chest which is just sitting there it's hot and it just keeps moving and hurting and yeah it's just dark and this thing you know I just have to live with it (…) it's quite (…) difficult sometimes to think that (…) I have to live the rest of my life with this (…) however long that is (…) it's quite painful **(312)**

Three co-researchers described the physical manifestation of traumatic grief as a 'heavy weight', which highlighted their emotional resilience coping with daily life. Nancy described the impact on her psychological worldview in terms of experiencing a depressed mood:

> it's tiring and exhausting because a lot of the time I do feel tired and like a heaviness erm I don't feel as if there's that light airiness about me that there used to be everything feels closed in and crowded and I feel that where I might have stood up straight before I feel like I'm crouched down more now erm like as if like everything's heavy on me rather than and I sort of err see things like that **(91)**

Nancy continued to describe emotional pain, which left her questioning the impact of grief and sorrow on her physical health, including the potential unhelpful effect on healing and recovery:

> I think when you cry about something traumatic like this it can add to the trauma because you're crying and it's heavy and it's overwhelming erm so it it doesn't necessarily ease the pain it can make it feel worse because you can then cry to the extreme you feel worn out and tired and

> you know so it it's not releasing anything it's adding to it and then of course you're like if you're feeling tired you feel down and listless **(689)**

Hazel described the heaviness of her physical response to the loss:

> it feels like there's an empty, like a big hole, um but then it feels like you're like it's like a big heavy weight sort of, here, I'd say like yeah your like chest stomachy chest area…that's always there that I don't know whether one day I'm just gonna be able like pheww let it all out and just feel like a million times better or whether it's just something you're gonna, always carry and then, just be used to it, like it's always that feeling in your heart like, it's like a hole like a piece of your heart just been ripped out and you're left with like a hole, but then it feels really heavy **(570)**

Rose and Hazel's descriptions highlighted their psychological concern that the physical changes will be ongoing, which reflects the co-researchers' psychological resilience to adapt and cope with their physical changes.

Ruth's experience highlighted her psychological resilience in response to carrying the weight of her loss as she described the decision to train her body in the gym. In continuing to describe her experience, Ruth questioned the impact of grief on her body, including the importance of looking after her physical health:

> I think my body just feels heavy I don't mean in terms of the number of stones or kilos I mean it just kind of dragging it around actually [**R**: Mm] sometimes it's great yeah dragging's a very good word for it, it feels like

> there's a lot to move around so the counterbalance to enable me to do that is something more erm obviously to do with strength like weight training (…) and that feels good so those physical changes I think very much after Jack died **(475)**

The significance of the psychological resilience highlights the co-researchers psychological growth in order to adapt and cope with their physical response to the loss. Jessica described her experience of acute health anxiety in response to her loss:

> I think I'm constantly dying like I'm more at the doctors than I am at my wo-than at my job cause and they must see my name pop up and think oh she's back again and there's nothing wrong with me and most of my anxiety is because I'm worried that I'm dying and I don't want my mum and dad to have to go through the same thing again I think that's probably where my anxiety comes from for definite I think I've always had it but I think it takes something major like that to happen to trigger it off or to make it worse **(597)**

Jessica acknowledged that the traumatic loss increased her health anxiety, which influenced her fears that her parents will lose another child. Jessica's health anxiety reflected a physical embodiment of her traumatic loss which she described as:

> Honestly like I feel like my body aches when I'm that stressed out and that worried I I that feeling in my stomach it's like oh it's like I could

> probably throw up sometimes my full body just aches my brain my brain feels like it's hurting when I get them days where I'm REALLY bad yeah it's not my full body just feels like it's hurting **(614)**

Jessica's description highlighted the psychological impact of the shattered assumptions theory, which refers to the individual's belief in the safety and certainty of the world, on the physical manifestation of traumatic grief. Jessica's response potentially reflects her need to control the world by focusing on her health concerns, yet such control manifested as health anxiety. Molly echoed the physical experience of anxiety:

> I'm definitely more achy and painy, I definitely get headaches a lot more often, I'm definitely a lot more low in terms of my levels of depression my anxiety's through the roof every second of every day, um so physically things are very different I've put on weight **(662)**

Three co-researchers described feeling broken, which reflects the experience of ongoing sorrow for the loss of the loved one. Ruth described her brokenness as a reflection of her love and grief for her son:

> I think there's something defiant in it in saying to people of course I'm broken I think there's something that represents the strength of my love for my son why the hell would I not be broken why would I just be a bit bruised **(528)**

Ruth's description highlights the significance of a sense of physical and

psychological brokenness, which reflects the ongoing sorrow for the loss of the loved one. Meanwhile Jessica continued to describe her ongoing sorrow as a physical heartbreak:

> Like before we lost our Tom I think I was a normal teenager just you know going just partying with my friends and things and I feel like now (…) I just constantly think about everything all the time and I just feel like I do just feel broken inside like heartbreak is a physical thing I know it is cause I feel it every day **(982)**

Jessica's description highlights the connection between the experience of ongoing sorrow and a physical response to the loss. She viscerally described her ongoing sorrow for the loss of her brother as a physical heartache. Sophie highlighted the impact of the duration since the loss on her physical response. Seven years after the loss of her son she described the reduction of a physical manifestation of grief:

> I think it's kind of immaterial about time and it just demonstrates I think that you know we have this thing of you should be over grief in two years and erm it just doesn't work like that and for me it's a ph-physical presence within my body of kind of a pain that you know where I kind of walk around with most of the time you know you don't go kind of you know touching it you know and sometimes you know [*deep sigh*] it you know it comes- I think now it's much more of a kind of I just feel kind of a big sigh about it erm (…) but it doesn't take very much to kind of scratch below the surface to that pain is still still very raw **(559)**

Sophie recognised that the physical pain and experience of ongoing sorrow has a physical presence in her life. However, the impact on her daily life has diminished with time, and she has learnt to separate the ongoing sorrow from her daily existence. As a result, such growth reflects the impact of the variable duration since the loss on the physical response.

This finding is important because it highlights the impact of the physical response on the co-researchers' psychological resilience to cope with daily life, and relate to others. The co-researchers who did not describe a physical change revealed that the physical response potentially diminishes with time. The co-researchers learnt to psychologically self-protect from reliving the pain and trauma of their loss. In my view, the raw and visceral physical response to the loss is replaced with an ongoing sorrow for the loved one, as Sophie's description highlighted. To sum up, this finding highlights a significant factor of traumatic bereavement, which requires care and support, and the potential for medical intervention or mental healthcare when the physical response does not diminish with time.

4.10 Exhaustive description of the lived experience of traumatic bereavement

1. The lack of knowledge and understanding about the psychological experience of traumatic bereavement impacts the traumatically bereaved person's lived sense of isolation. Such lack of knowledge contributed to the co-researchers' experience of a time frame for support and understanding. As a consequence, the bereaved potentially adjusted their grief response to

accommodate societal norms of recovery, thus concealing its' intensity in order to gain social acceptance.

2. Traumatic bereavement isolated the co-researchers from friends, family and colleagues, thus potentially experiencing a sudden estrangement and sense of living outside the normal everyday world. The shocking or violent death alienated the bereaved from others who were reluctant to consider the details and reality of the traumatic loss. As a consequence, the bereaved may feel stigmatised, rejected or abandoned by friends and family.

3. The discovery that friends and family may respond with a limited emotional vocabulary or lack of compassion created a strong divisive effect, influencing the breakdown and estrangement of relationships. The bereaved potentially experienced disappointment and frustration with friends and family, who avoided meaningful dialogue about the loved one, or failed to respect their grief. As a consequence, the co-researchers may adjust and conceal the intensity of their grief. The potential breakdown of relationships may have an adverse psychological impact on the bereaved as they experience secondary losses.

4. The bereaved may need to self-protect from other people's grief, shock or horrified responses to their loss by wearing an emotional grief mask. However, in some cases, the co-researchers wanted to talk freely about their loved one and share the details with others. The self-protection potentially reflects a psychological resilience that enabled the co-researchers to distance themselves from the damaging and horrified responses to their loss.

As a consequence, the co-researchers were left taking responsibility for the response to their loss, including censoring the traumatic details. Such concealment potentially supported the co-researchers during their increased psychological vulnerability, thus self-protecting from reliving the trauma with others.

5. The experience of traumatic bereavement included a wide range of psychological and physical responses to the loss, which reflects the embodied response. The bereaved potentially experienced a sense of concern that the physical changes or embodied response will be ongoing, thus having to learn to live with these changes. However, the physical changes may diminish with time. The sense of psychological brokenness reflects the ongoing sorrow for the loved one, thus potentially becoming an integral part of the individual's sense of self. As a consequence, the co-researchers assimilated the ongoing sadness, while learning to self-protect from reliving the despair and trauma of their loss.

6. The traumatically bereaved potentially experienced psychological growth when they separated traumatic grief and sorrow from personal meaning making. However, if the co-researcher experienced a complex bereavement and the death was preventable, they struggled to separate despair and longing for the loved one from meaning making, thus experiencing a sense of hopelessness. As a consequence, the bereaved may become frozen in grief and derive meaning from *being* in grief, rather than healing.

7. The illusion of a safe and predictable world was potentially shattered for the

co-researchers, which may impact their psychological resilience to trust and imagine the future. As a consequence, the co-researchers potentially experienced an ambivalent relationship with the future, which included the potential for future heartache and distress. As a result, the traumatically bereaved may feel more comfortable focusing on the present and experiencing joy in the here and now, rather than planning for the future.

8. The sudden confrontation with death and despair may throw the bereaved into a state of existential questioning about the meaning and uncertainty of life, thus increasing potential anxiety about the safety of the world. On the one hand, the co-researchers experienced a psychological struggle identifying meaning and purpose. However, on the other hand, meaning making was experienced as inspirational in the face of their loss. The co-researchers potentially experienced an increased awareness of their mortality and the temporality of life, including the value of time and pursuit of a meaningful life. Meaning was potentially identified from a range of activities, including campaigning in the loved one's memory, identifying with the loved one's personality, focusing on activities and personal goals in the loved one's memory, and helping others.

9. The traumatically bereaved may experience a psychological shift in questioning beliefs, values and spirituality, which reflects openness towards change and possibility, including the importance of prioritising an emotional and spiritual life. The bereaved was left questioning fixed beliefs or assumptions about the world and other people, which highlights a curiosity and sense of fearlessness about life, including the significance of living

authentically. The psychological shift reflects the willingness to challenge everyday fears and doubts that may prevent the bereaved from trying out new ways of being and relating to the world.

10. The traumatically bereaved potentially identified ongoing meaning and gained comfort from the ongoing bond with the loved one. The bereaved may identify a personally meaningful way of bringing the loved one into their lives, including the separation of the bond from their grief and sorrow, and longing for the loved one. However, some co-researchers were left questioning a spiritual understanding of the world, including their own sense of belief that brought comfort and meaning.

4.11 Final statement

The essence of traumatic bereavement has revealed the co-researchers' capacity for psychological growth, including an emotional self-protection from the disappointing, shocking and disparate responses to their loss. Relationships with friends and family may become strained and break down, which reflects the experience of social isolation and loneliness. The co-researchers potentially experienced an existential journey that questioned the meaning and purpose of existence. Such an existential journey included the importance of pursuing meaningful activities and relationships, a raised awareness of the temporality of life and living purposefully. However, the illusion of a safe and predictable world was potentially shattered, which may impact meaning making and planning for the future. The co-researchers experienced a psychological growth in personal beliefs and values, while questioning their relationship with spirituality. Such

psychological growth reflects a sense of living authentically and the willingness to challenge fixed beliefs and assumptions about the world. The traumatically bereaved made sense of their loss by identifying a continuing bond with the loved one. Meaning making was potentially identified when the bereaved separated the continuing bond from their ongoing sorrow and grief, thus taking them forward in life.

The next chapter will discuss the findings in detail in light of the research question.

5. Discussion

> “Aren’t all these notes the senseless writhings of a man who won’t accept the fact that there is nothing we can do with suffering except to suffer it?” (Lewis, 1961, p.29)

C.S. Lewis wrote these profound words after the death of his wife, which highlights the psychological journey through suffering and despair the traumatically bereaved may experience. The research question aimed to examine the lived experience of traumatic bereavement in adults based on an existential-phenomenological approach. The findings presented a common thread that highlights a picture of the individualised journey of traumatic bereavement (Stolorow, 2015). However, the traumatically bereaved shared common features of the psychological experience of traumatic bereavement, which will now be discussed in the context of the literature, with the aim of presenting an existential psychological model of recovery from traumatic bereavement. Finally, the chapter will conclude with a discussion of the limitations and strengths of the study.

5.1 Isolating experience

5.1.1 Lack of knowledge

> “Among the many variables that individualize the experience of grief, how one dies can radically affect the level of support survivors receive.” (Doka, 2002, p.323)

The lack of knowledge about traumatic bereavement finding identified that co-researchers experienced stigma in connection with the sudden, violent, nature of the death (Rynearson et al., 2013). Social stigma was experienced due to the traumatising circumstances surrounding the loss, including death by suicide, but it was not specifically related to the stigma associated with suicide that Begley and Quayle (2007) identified, and recent research continues to suggest (Peters et al., 2016). Begley and Quayle (2007) reported that participants experienced social uneasiness, including avoiding social situations, due to the stigma of suicide. However, although the co-researchers in this study responded to social stigma by reassessing their social and personal relationships, they did not specifically restrict their social interaction based on the mode of traumatic loss, other than during the natural isolating phase of grief (Middleton et al., 1996). The co-researchers were found to monitor social interactions based on the duration since the loss, for example, a recent loss reflected greater concern for their social interactions.

The lack of knowledge finding potentially suggests that the social stigma associated with traumatic bereavement reflects a social-cultural reluctance to consider the reality and impact of traumatic bereavement, which is consistent with recent research that has identified the connection between social stigma and sudden, frightening, and violent death (Chapple et al., 2015).

5.1.2 Impact of isolating experience

The public have been increasingly exposed to tragedy and traumatic events in the media, on the news, and through access to the Internet and social media. Yet,

the word traumatised is potentially employed in a careless manner, while the true phenomenological meaning of the personal experience of traumatic bereavement is predominantly unknown, and socially undesirable outside the traumatology and traumatic bereavement fields. The lack of knowledge finding identified a social reluctance to connect with the true horror and trauma of sudden loss, which contributed to the co-researchers increased sense of isolation. As a consequence, the general public understanding, and social awareness of the definition and meaning of traumatic bereavement is inadequate, contrary to a generic socio-cultural understanding of grief and loss, which potentially reflects an outdated, inaccurate social construction of traumatic bereavement. Thus, the lack of knowledge finding is consistent with the potential social unease surrounding the death taboo (Pitman et al., 2018), in other words, social discomfort discussing death, which results in a collective social-cultural avoidance of death in the West (Walter, 2017).

The co-researchers' experience of social stigma reflects the heightened death taboo surrounding society's reluctance to acknowledge and face grief and death, while for the traumatically bereaved mothers, the loss of a child clarifies other parent's greatest fear, which they were unwilling to consider (Doka, 2002, Gorer, 1987, Young & Papadatou, 1997). Ruth described her experience of social unease surrounding death during a chance encounter with a young mother "she thought she could catch death [that] it was contagious" **(767).** In terms of death by suicide, the UK has witnessed a surge in national and social campaigning to raise awareness of suicide, due to an increase in the reported number of deaths, in particular for young people and men in previous years (Hill, 1995, ONS, 2018c, Samaritans, 2017). Such social campaigning has potentially contributed to

increased social awareness surrounding the stigma of suicide, and the impact on the bereaved (a wealth of information is available on the Samaritans (2018) website and the National Suicide Prevention Alliance website, NSPA, 2018).

Lukas and Seiden (2007) proposed that North America has seen a reduction of social stigma surrounding death by suicide, which is consistent with the present finding that found social stigma was experienced due to the violent and horrifying circumstances surrounding the sudden death, contrary to social stigma associated with death by suicide (Begley & Quayle, 2007). However, the lack of knowledge finding has highlighted the psychological impact on the bereaved of the socio-cultural underrepresentation of the range of traumatic death, including the inadequate understanding of traumatic loss. Such underrepresentation reflects a stark contrast with the current socio-cultural focus on raising awareness of death by suicide in the UK, including the plethora of research related to suicide prevention (see O'Connor et al., 2011, and O'Connor & Pirkis, 2016).

5.1.3 Disenfranchised loss: ethical failure to respect suffering

On the one hand, although traumatic bereavement does not indicate pathology, in some cases it may refer to disenfranchised grief (Doka, 1989, 2008), for example, Molly's traumatic loss. Disenfranchised grief can occur as a result of the experience of stigmatised deaths, such as suicide (Begley & Quayle, 2007) or drug and alcohol related deaths (Valentine, 2018). As a consequence, a disenfranchised loss reflects the impact of grieving a stigmatised death when society does not fully sanction the loss, or provide the bereaved with support.

Molly's disenfranchised grief reflects the dilemma of mourning her traumatic loss and gaining support from others. Molly experienced the difficult decision whether to share the details of her loss, including the death by suicide, abusive relationship, and her husband's affair, which in the eyes of others potentially devalued Molly's bereavement (Doka, 2002, Rando, 1993). As a consequence, Molly received limited or stigmatised support for her loss. This was seen when Molly discovered her husband's affair and experienced stigmatised responses, including 'Did you push him off the cliff?'

The insensitive comments and lack of respect for Molly's loss and suffering reflects an ethical failure to respect the right to grieve (Attig, 2004). As a consequence, such ethical failure complicated Molly's grief, thus potentially forcing her to conceal the narrative of her husband's death (Doka, 2002). From an existential perspective Molly was left questioning her spiritual attachment to her husband, including his spiritual presence, was he with Molly and their children or with his lover? As a result, Molly chose to mourn in private based on the social stigma surrounding her loss, and subsequent estrangement from others, which is consistent with society's ethical failure to recognise and respect her right to grieve (Attig, 2004). The ethical failure to recognise the psychological complexity of traumatic bereavement may result in the potential risk that the traumatically bereaved disenfranchise their loss (Doka, 2002, 2008), increasing the individual's psychological risk of vulnerability (Parkes & Prigerson, 2010).

The stigmatised response to traumatic bereavement reflects Doka's (2008) theory of empathic failure, which suggests a stigmatised death results in a lack of social support and understanding. The empathic failure to recognise traumatic bereavement and provide support was seen when the co-researchers felt the

need to grieve in private, and conceal the details of the traumatic death after receiving unhelpful and damaging responses to their loss. As a consequence, the empathic failure to recognise traumatic loss influenced the co-researchers' decision to share their loss, thus contributing to strained relationships and an increased sense of isolation.

Attig (2004) proposed that the bereaved may experience helplessness, shame and guilt, which is contrary to the present findings, with the exception of the traumatically bereaved by suicide, who experienced feelings of guilt and anger (Jordon & McIntosh, 2011, Lukas & Seiden, 2007, Pearlman et al., 2014, Wertheimer, 2001). Although the lack of knowledge and social stigma surrounding traumatic bereavement motivated the co-researchers to reassess personal relationships, and in some cases remove unhelpful and damaging relationships, the co-researchers experienced anger, frustration and disappointment in response to family members and friends who failed to respect their grief and suffering. Contrary to Attig's (2004) argument, the co-researchers psychologically absorbed the ethical failure to respect grief and suffering, which reflects resilience and psychological growth from emotional pain and adversity. This was seen in their decision to reject damaging personal relationships, and psychologically develop from their painful experiences, including focusing on nurturing meaningful and supportive relationships that provided friendship and emotional support.

5.1.4 Absolute separation from others

The sudden disruption of the natural order of life, in other words, a child dies

before a parent (Young & Papadatou, 1997), a young person is suddenly and violently killed, potentially triggers an absolute separation from others, or existential isolation that may raise anxiety and despair (Stolorow, 2015, Yalom, 1980). In other words, the co-researchers experienced the existential givens: isolation and the awareness of being alone and responsible for one's existence (Yalom, 1980). However, the co-researchers experienced a sense of living outside the 'normal' everyday world, in addition to isolation due to the natural affective state of grief (Middleton et al., 1996). The experience of estrangement from others highlighted the finding that the traumatically bereaved were unable to return to the prior state of everyday living (Kleber & Brom, 1992, Stolorow, 1999), which heightened the experience of isolation and alienation.

The absolute separation from others finding is consistent with Stolorow's (1999) theory that the traumatically bereaved experience a loss of innocence following emotional trauma, which was seen in the co-researchers' experience of living outside the normal everyday world. Although the co-researchers experienced a new state of everyday normal, the gap between them and the non-traumatically bereaved widens, which contributed to the sense of existential isolation and alienation. It is a valid point that the experience of traumatic bereavement is a highly individualised experience (Stolorow, 2015). However, the individualisation contributed to the alienation and estrangement from others, in terms of being unable to return to a prior 'normal' affective state of existence. The trauma response: dissociative shock, numbing, and avoidant thinking, (Raphael & Martinek, 1997, van der Kolk, 2002) naturally alienates the bereaved from others, which may manifest as a physiological protective function after trauma. However, there is a danger that the traumatically bereaved, especially those suffering from

complex trauma and prolonged grief may further isolate themselves from others. Ellen remained in a traumatised state, and described feeling ‘at home’ with others traumatically bereaved. She described a friend whose teenage daughter had been murdered several years ago, who validated Ellen’s experience of estrangement from others and living a ‘normal’ everyday existence.

The co-researchers’ sense of estrangement from the non-traumatically bereaved alienated them from potential connections with others, which contributed to the increased risk of isolation. Furthermore, the traumatised state contributed to the increased psychological and social separation from others, which heightened the state of isolation and loneliness. Although traumatic bereavement is a naturally isolating experience, due to the sudden individualisation and estrangement from the everyday world (Stolorow, 2015), it is important to raise awareness of the risks connected to self-isolation, in particular for the psychologically vulnerable suffering from complex and prolonged grief (Prigerson et al., 2008). As a consequence, social contact offers emotional support to the traumatically bereaved, thus contributing to the reduction in social isolation, which is an important aspect of recovery.

5.1.5 Relationships tested: Being-in-the-world

The sudden loss of the attachment bond (Bowlby, 1980, Freud, 1957) potentially contributed to the heightened traumatised state, which means that the co-researchers experienced a heightened psychological response during social interactions (Cruse, 2017, Parkes & Prigerson, 2010). This was seen in the co-researchers extreme emotional responses towards family members and

friends, due to a potential sense of insecure attachment with others. Such emotional intensity reflects the impact of the sudden loss, including the sense of powerlessness and lack of safety in the world (Herman, 1992, Kleber & Brom, 1992). As a consequence, relationships became strained and in some cases broke down irretrievably, thus the co-researchers experienced the loss of relationships, as seen in personal estrangements from friends and family. Pulido (2012) described the impact of bereavement on strained relationships as the ripple effect of loss, which highlights a potential secondary loss of traumatic bereavement (Rando, 1993, 2013).

5.2 Self-protection

The self-protection finding has highlighted that on the one hand, the co-researchers experienced strong adverse emotional responses and dissatisfaction being with others. However, on the other hand, they recognised the value of social contact and gaining emotional support from friends and family, which reflects Heidegger's (1962) concept of solicitude. Solicitude proposes that human beings are motivated to coexist with others based on the human need to be cared for, to care for others, or care about a particular mode of the world, based on the existential theory Being-*in*-the-world. In terms of the co-researchers they were unable to avoid existence *in* relation to the world and *in* relation to others in their daily life, which was reflected from the significance of gaining support Being-with-others. Nonetheless, the paradox of Being-with-others in the everyday, ontic world (Heidegger, 1962) resulted in the co-researchers developing self-protection behaviours to cope with grief, while facing the everyday socio-cultural expectations surrounding death, grief and

recovery from loss (BPS, 2018b). As a consequence, a self-protection model towards psychological recovery from traumatic bereavement may be proposed, which highlights the co-researchers' self-protection behaviours as they moved through the intense state of traumatic grief (see Figure 2).

The self-protection towards recovery model presents four psychological stages that reflect the individual's development of self-protection behaviours during the vulnerable state of grieving a traumatic loss. The proposed model highlights psychological self-protective factors in the social and personal worlds, in response to the co-researchers experience of social stigma, lack of knowledge, and the experience of careless and damaging responses to their loss.

Figure 2: Self-protection towards recovery model

Stage 1: Vulnerable state: 'Let it all out' response

The first self-protective stage sees the bereaved disclose the pain, grief and background of their traumatic bereavement non-discriminatively, that is, they experienced a 'let it all out' response to their traumatic loss, as a result of the

trauma response (Raphael & Martinek, 1997, van der Kolk, 2002). In other words, during the states of shock and dissociation they candidly divulged the traumatic details of their loss. However, during this stage the co-researchers experienced interactions with others that were potentially damaging and harmful to recovery, including careless and stigmatised responses to their loss, and social-cultural expectations regarding death and recovery from grief (Jalland, 2013, Walter, 1999, 2017). The co-researchers learnt that sharing the full details of their traumatic loss impacts the development of social interactions on an everyday level, which was not always experienced as desirable or emotionally supportive.

Stage 2: Self-protection: 'Wearing a grief mask'

The facticity of the co-researchers situation, as a result of their loss, reflects the randomness, unfairness and suffering associated with the limiting aspect of the human condition, which is consistent with the existential theory of Being-towards-death (Heidegger, 1962). However, the co-researchers were abruptly faced with their facticity in a traumatic, painful and despairing context. The co-researchers experience of solicitude was potentially acutely tested, including being thrown into the facticity of their everyday existence and the socio-cultural expectations surrounding death and traumatic loss (Macquarrie, 1972). As a consequence, the lack of understanding and support tested the co-researchers psychological willingness to share their authentic grief with others, thus prompting the development of self-protection behaviours.

The second self-protective stage illustrates an emotional paradox. On the one

hand, the co-researchers gained support and understanding from being with others, yet on the other hand, they employed psychological self-protection behaviours to help them shield from traumatic overload in the personal and social worlds. The co-researchers would have preferred to share their authentic experience of traumatic grief, and the story of their loss. However, they were profoundly aware of the impact of sharing their story, which resulted in prior experience of stigmatisation, awkwardness and damaging responses to their loss. As a result, they psychologically adapted to the unhelpful and damaging responses by developing psychological self-protection processes, including wearing a grief mask, and normalising their traumatic bereavement, which are discussed below.

a) Normalisation of traumatic bereavement

The normalisation of traumatic bereavement refers to the co-researchers changing the shocking and horrifying details of the death, and devising a story that they were comfortable sharing with others. In some cases, the co-researchers changed the traumatic words, for example, Nancy learnt that by sharing with others that her daughter was killed, she received an awkward, horrified response to her loss, which was not helpful or supportive. However, when she shared that her daughter had died, she received sympathetic and supportive responses. While for Violet and her husband, she described meticulously planning the response to the question ‘Do you have any children?’ The co-researchers’ examples of pre-planned responses potentially reflect a self-protection process that helped them cope with shocked and awkward responses to their loss, in addition to coping with grief in public.

The normalisation of traumatic bereavement highlights Macquarrie's (1972) 'flight and avoidance' theory of society's attitude towards death. Although the work was written in the 1970s, the co-researchers felt compelled to psychologically self-protect by normalising the grief response in social situations, that is, they chose to wear an 'inauthentic grief mask'. The co-researchers found it difficult sharing the distressing aspects of grief with loved ones, friends and colleagues, for example, sharing feelings of being unable to cope, experiencing panic attacks, nightmares, anxiety, depression and suicidal thoughts (Pitman et al., 2018, Walter, 1999, 2017). The Western socio-cultural perspective of grief and mourning tends to reflect the expectation that the bereaved work through grief (BPS, 2018b) according to the stages of grief, and work towards 'moving on and letting go' of the loved one (NHS, 2017, RC PSYCH, 2018b). As a consequence, the co-researchers learnt to conceal their inner struggle with despair and hopelessness, while wearing an inauthentic grief mask to self-protect from additional pain, including coping with other people's concern and shock when they learnt about the reality of traumatic grief.

Heidegger (1962) wrote that the individual falls in with Das Man, the masses, to lead a comfortable existence. However, the co-researchers did not employ self-protection processes to lead a comfortable existence. On the contrary, they managed their inauthentic interactions in order to self-protect from damaging and stigmatising responses to their loss. Moreover, the co-researchers were profoundly aware that they existed outside the normalcy of everyday existence, including the sense of absolute separation and estrangement from others (Stolorow, 2015). Such awareness prevented them from psychologically merging with Das Man. The socio-cultural expectation regarding grief and loss influenced

their self-protection, including the changes they made to their traumatic bereavement story, and wearing an inauthentic grief mask.

b) Normalising grief: self-isolation

The co-researchers experienced the non-caring aspect of Being-with-others, contrary to the emotionally supportive aspect of solicitude, which reflects the significance of the development of self-protection behaviours. The co-researchers disappointment and frustration with the often limited or absent support from friends and family may suggest that the everyday degree of care, from an ontic perspective, was influenced by social-cultural beliefs and values about grief and mourning (Doka & Martin, 2002). Macquarie (1972) proposed that the bereaved is influenced by cultural expectations, beliefs and values surrounding death. As a consequence, the co-researchers learnt to psychologically self-protect from the non-caring aspect of being with others, and subsequent responses to their loss. They responded to society's lack of care by keeping their grief private and carefully choosing with whom to share the emotional pain of their loss. However, this was not a positive socio-cultural response towards healing and recovery, and 'wearing a grief mask' potentially conflicted with the co-researchers' desire to share their loss and grief with others.

Stage 3: Significance of 'Being-with-others'

The self-protection finding highlights the contrast between the co-researchers self-protection behaviours and gaining emotional support from others during

times of severe emotional stress, which is highlighted in stage three of the model. Stolorow (2015) raises an important point regarding the experience of emotional pain without any degree of emotional or social support, stating that a lack of social interaction potentially elevates the traumatised state. However, the co-researchers described the significance of gaining emotional support and comfort from meaningful connections Being-with-others, which were often found in surprising places, for example, a supportive neighbor or a co-grieving parent. The co-researchers attributed personal value and meaning from the development of meaningful connections with others, which is a key factor in psychological recovery from traumatic bereavement (Linley & Joseph, 2004, Stein et al., 2007). Accepting emotional support potentially contributed to a reduction in isolation and emotional trauma, thus enabling the co-researchers to share their authentic experience of traumatic bereavement. The acceptance of emotional support reflects a positive consequence of Being-with-others during the experience of severe emotional stress from traumatic loss.

Stage 4: Psychological growth: 'In control of telling the story'

The fourth stage of the model reflects psychological growth when the co-researchers reached a stage they felt comfortable sharing the story of their loss. Personal development at this stage allowed the co-researchers to view their traumatic bereavement as a part of their identity, yet not their whole identity, while continuing to embrace the desire to talk about their loved one. The co-researchers identified appropriate personal and social situations to share their loss, while learning to keep it private. Violet described the importance of concealing her loss during introductions with new colleagues, and Sophie learnt

the importance of sharing the loss of her first child with parents who visited her home. The co-researchers experienced psychological resilience when they learnt to self-protect from harmful or inadequate socio-cultural beliefs and expectations surrounding traumatic bereavement, including the facticity of society's attitudes towards death and mourning. They psychologically developed as they recognised the healing quality of sharing their experience with others, and drew on emotional support.

5.2.1 Summary of self-protection

The self-protection finding has illustrated a paradox. The co-researchers experienced self-isolating behaviours due to the empathic failure to support and acknowledge their loss (Doka, 2002), which was seen in both the isolation finding and self-protection finding. On the one hand, the co-researchers developed psychological self-protection behaviours, in order to cope with friends and family's ethical failure to respect their grief and suffering (Attig, 2004). However, on the other hand, the psychological self-protection behaviours, including concealing and normalising the traumatic grief response and wearing an inauthentic grief mask contributed to the continuing stigma and lack of knowledge surrounding traumatic bereavement. As a consequence, the self-protection behaviours displayed during the acute vulnerable phase of traumatic grief potentially distanced the co-researchers from supportive connections with others, thus heightening the natural state of isolation during grief (Middleton et al., 1996).

5.3 Loss of meaning

The loss of meaning finding is consistent with Janoff-Bulman's (1992) shattered assumptions theory, which proposes traumatic events impact the individual's sense of self-worth, and core beliefs about the reliability and safety of the world. The sudden collapse of core beliefs triggered the co-researchers experience of existential anxiety (Yalom, 1980). They experienced a sudden awareness of a lack of control over life, and the meaninglessness of existence, which potentially raised anxiety about the safety and mortality of loved ones. The prior trust and belief in a fair and meaningful existence, filled with hopes and plans with the loved one has been permanently eradicated, which reflects the impact of the shattered master narrative (Neimeyer, 2001). As a consequence, the co-researchers' prior carefree and joyful expectation that life events will unfold according to the natural order of events has been psychologically erased.

The co-researchers experienced the world as unsafe and uncertain, and in some cases regarded the future as fearful and unimaginable, thus reflecting their inability to make plans and envision the future, which was a particular feature of the traumatically bereaved mother's experience. Such distrust of the future is consistent with Stolorow's (2007, 2015) emotional trauma theory that proposes trauma disrupts the individual's relationship with time, including their psychological resilience to imagine the future. If the co-researchers were able to trust and believe in the future this would potentially imply moving forward, and confirm their fears of 'letting go' of the loved one, thus being disloyal to their memory. As a consequence, the traumatically bereaved mothers' future potentially became 'frozen'. In other words, they preferred to focus on events

and activities in the present.

The struggle to identify meaning may be influenced by two processes: the lack of trust and safety in the world, which is consistent with the Janoff-Bulman (1992) shattered assumptions theory, and the struggle to envision or plan for the future, consistent with Stolorow's (2007) emotional trauma theory. On the one hand, the experience of ongoing emotional trauma, based on Stolorow's (2015) context-embeddedness theory highlights the absence of a prior emotional context in order to process the trauma. The context-embeddedness theory proposed ongoing emotional trauma is a result of the individual's inability to process emotional trauma with a prior emotional context. However, on the other hand, the loss of a loved one in traumatic circumstances will never have a prior emotional context. The bereaved will not be able to locate the context-embeddedness of prior emotional trauma since the loss of a loved one is a deeply personal experience. Such ultimate situation (Jaspers, 1951) potentially fills the bereaved with despair and hopelessness due to the sudden loss of the loved one. As a consequence, the significance of understanding the psychological experience of traumatic bereavement from the perspective of the context-embeddedness theory of emotional trauma is questionable.

5.3.1 An existential response to prolonged grief

In the context of Camus' (1955) perspective of meaning and the absurdity of existence, it is an existential paradox that the co-researchers asked the question 'Is life worth living?' during their acute suffering and despair. On the one hand, the confrontation with despair and meaninglessness potentially impacted the

co-researchers plans for the future. Thus, it is possible to interpret the frozen future finding (which reflects the difficulty imagining the future) as an existential struggle with Camus' theory of the absurdity and meaninglessness of life, in relation to the co-researchers awareness of temporality. On the other hand, in spite of the confrontation with the absurdity and meaninglessness of existence, the co-researchers recognised the value of life. As a result, such positive recognition impacted their everyday existence, including spending time with those who brought meaning and value to their lives.

Although Violet viewed her daughter's decision to end her life as the ultimate act of bravery and courage, she expressed her continual daily struggle to choose life, and not act on her own suicidal thoughts. In contrast, Rose viewed her son's decision to end his life as a curse on the family. The struggle with the loss of meaning and the absurdity of existence was a painful and distressing aspect of the co-researchers traumatic loss, potentially increasing their psychological vulnerability.

The mode of traumatic bereavement potentially impacted the loss of meaning experience. The co-researchers who viewed the death as preventable (Pearlman et al., 2014) struggled to identify personal meaning, thus rebuilding their life. Ellen believed that her daughter's death could have been prevented, if the GP had increased her daughter's epilepsy prescription on her last appointment. Meanwhile Nancy believed that the installation of crash barriers could have saved her daughter's life. However, an exploration of the co-researchers' experience from an existential perspective, including the four dimensions of existence: personal, social, physical and spiritual (Deurzen, 2010)

may have identified potential areas of psychological vulnerability or the risk of complex and prolonged grief (Parkes & Prigerson, 2010).

The co-researchers who struggled to identify personal meaning making potentially reflects a prolonged grief response. However, contrary to the pathological debate concerning time frames for the diagnosis of a prolonged grief response, prolonged grief was seen according to the variable duration since the loss. Ellen struggled to identify meaning making and viewed her life as empty three years after the loss of her daughter, while Nancy struggled to fill her life with meaning four years after the death of her daughter. However, a measurement of the intensity of suffering, including the absence of meaning, which is cited in the DSM-5 proposed PCBD criteria “feeling that life is meaningless or empty” (APA, 2013, p.790) is immeasurable when faced with the ultimate situation of the sudden traumatic loss of a loved one (Jaspers, 1951). Rather an existential crisis is potentially seen as a normal response to the existential confrontation with loss, isolation and despair, including the meaninglessness of existence. Thus, critiquing a proposed time frame for prolonged, complicated or complex grief is redundant. However, it is important to recognise the potential risks associated with personal vulnerability and a greater risk of mortality among the traumatically bereaved (Parkes & Prigerson, 2010, Stroebe et al. 2007), in particular bereaved mothers (parents) (Young & Papadatou, 1997), the bereaved by suicide (Grad, 2011, Jordon, 2001), and deaths considered preventable. As a consequence, it is important to acknowledge the significance of the medical model’s attempt to implement a ‘time frame’ criterion for the diagnosis of PGD or PCBD in the DSM-5, thus safeguarding a psychologically vulnerable bereavement population.

Although I do not advocate traumatic grief as a mental illness, and in spite of the present study's existential-phenomenological perspective, and bias, the risk of harm cannot be ignored from an ethical researcher-practitioner's perspective (BPS, 2018a, UKCP, 2018). It is therefore important to recognise the possibility of pathology or a prolonged grief disorder in the traumatically bereaved.

5.3.2 Traumatically bereaved mothers

Bereaved parents are particularly vulnerable to complicated or prolonged grief (Parkes & Prigerson, 2010, Young & Papadatou, 1997). However, as the loss of meaning has highlighted the traumatically bereaved mothers struggled to identify personal meaning in terms of their difficulty imagining the future. The frozen future finding was impacted by several factors, including the loss of purpose derived from the primary identity as a mother, and ambivalent feelings about moving forward with an alternative meaning other than being a parent (Young & Papadatou, 1997). Fleming (2012) writes that bereaved parents experience 'symptoms' not dissimilar to hyperarousal symptoms experienced with PTSD: "constant vigilance, difficulty falling and/or staying asleep, irritability and anger, concentration difficulties, and an exaggerated startle response" (p.83). As a consequence, the prolonged grief symptoms seen in the traumatically bereaved mothers, who viewed their child's death as preventable, are potentially a normal response to the grief and loss of a child, and not considered pathology.

5.4 Transformation of beliefs and values

The co-researchers paid attention to creating a purposeful and value-driven existence in the present, including future possibilities that brought meaning to their lives, paying attention to the day ahead and the people in their lives. Such transformation of beliefs and values was expressed by living mindfully in the present, focusing on meaningful connections with friends and family, campaigning in the memory of the loved one, or focusing on personally meaningful activities. The pursuit of meaning in the present potentially highlights the significance of Deurzen's (2010) four dimensions of existence framework, in particular the central role of the Überwelt or spiritual dimension, which proposes that during times of crisis and despair the individual's personal beliefs, values and meaning system forms the basis of the reason to survive. Although the co-researchers experienced despair and suffering, and potential loss of meaning, they experienced psychological growth due to a renewed relationship with the Überwelt, including newfound beliefs, values, and meaning making systems.

The co-researchers had the courage to choose life, that is, they made the decision to survive, thus reflecting an awareness of temporality, the ontological given that human beings are Being-towards-death (Heidegger, 1962). In the short term, the co-researchers identified a personal reason to survive, which supports Frankl's (1973) will-to-meaning theory. They potentially identified meaning due to a raised awareness of living in the here and now, thus reflecting their appreciation for temporality and the preciousness of existence. The abrupt confrontation with the sudden death of a loved one saw the co-researchers face the freedom of the absoluteness of the human condition, death as the final

destination (Macquarrie, 1972). As a consequence, they reflected on their beliefs and values, and acknowledged their transformed worldview, including the freedom to pursue a way of living providing they actively committed to change. However, contrary to the PTG models (Calhoun et al., 2010, Joseph, 2013, Linley & Joseph, 2004) which propose post-traumatic growth, the co-researchers did not automatically connect the transformation in beliefs and values with post-traumatic growth. On the contrary, they regarded the transformation as a change in their worldview, and an integral aspect of grief. Such transformation is consistent with the Wortman and Park (2009) research that proposed the change in spiritual/religious beliefs reflects meaning change, irrespective of the type of spiritual change in beliefs and values. Nonetheless, the co-researchers experienced meaning making as an enduring psychological struggle, and the variable duration since the loss impacted their pursuit of a meaning-driven existence.

5.4.1 Development of ongoing bond

The co-researches experienced a new personal relationship with the spiritual dimension, including the development of an ongoing bond with the loved one. The renewed personal relationship with the spiritual world brought meaning and comfort to the bereaved, which is consistent with the wider literature that has proposed the significance of developing an ongoing bond with the loved one (Chapple et al., 2011, Klass & Steffen, 2018, Neimeyer, 2012a). Such personal development has highlighted a range of spiritual activities and beliefs, including taking up yoga, an interest in the pursuit of death cafés, death meditation, in addition to the ongoing struggle questioning the spiritual, cosmic and scientific

existence of the loved one's spirit. For some, a renewed religious or spiritual belief brought comfort and meaning, while for others the absence brought comfort.

The transformation of beliefs and values finding illustrated two areas of interest that may reflect the co-researchers renewed personal relationship with the Überwelt (this refers to an existential meaning of spirituality, see section 2.6.4). First the co-researchers expressed an interest in developing a relationship with the spiritual world, which was highlighted in the aforementioned range of activities and beliefs. Second the co-researchers recognised the renewed interest was separate from the transformation of their worldview, including changed beliefs and values, or meaning making system.

The generalised Western perspective of working through the tasks of mourning (Worden, 2001), moving on from the loss and reaching a state of recovery from grief does not recognise the significance of the ongoing bond with the loved one. The Western perspective of recovery is contrary to the lived experience of traumatic bereavement, which identified the significance of developing and nurturing an ongoing relationship with the loved one in the personal and spiritual dimensions. However, the development of the ongoing bond is consistent with Worden's (2001) task that proposes emotionally relocating the deceased. The co-researchers found a way to identify meaning and purpose in life while developing an ongoing bond with the loved one, which potentially supports the dual-process of continuing bonds and meaning making (Klass et al., 1996, Klass & Steffen, 2018). Contrary to Worden's (2001) absolute task that suggests the bereaved emotionally relocates the deceased and moves on from the loss.

However, the co-researchers expressed a psychological struggle identifying personal meaning, which enabled them to separate meaning making from the development of the ongoing bond. I propose that the co-researchers openness towards questioning their spirituality in the personal dimension, potentially prepared them to develop and nurture the ongoing bond with the loved one. Such proposal is consistent with research that has suggested the significance between meaning making and the development of an ongoing bond (Chapple et al., 2011).

The passage of time may impact the spiritual relationship with the loved one, including the potential development of a personal journey, and/or a reduced focus on the cosmic and spiritual connection with the loved one. As a result, the impact of time potentially reflects the importance of developing and nurturing the ongoing bond as part of grief and healing, in addition to the process of identifying and rebuilding personal meaning making.

The co-researchers experienced psychological growth when they identified a new or renewed relationship with the Überwelt, including the development of the ongoing bond with the loved one that allowed them to identify personal meaning making. The co-researchers initially struggled with meaning making, since they believed that they were being disloyal to their loved one's memory, which filled them with a sense of guilt. However, when they separated the developing relationship with the spiritual world from the ongoing bond with the loved one, they gradually felt more comfortable identifying personally, fulfilling meaning making.

5.5 Physical response to the loss

The existential approach to traumatic bereavement has focused on the physical response to loss (Barnett, 2009, Oakley, 2009, Paidoussis-Mitchell, 2012). However, such an approach reflects a therapeutic response during the acute stages of grief when the traumatically bereaved potentially experience an extreme embodied response to the loss, which is a well-established phenomenon in trauma work (Raphael & Martinek, 1997, van der Kolk, 2002). Although the physical response to the loss may persist with time, the intensity potentially changes. The proposed existential model of traumatic bereavement beyond the acute stages of traumatic grief may be a helpful model, in particular when the traumatically bereaved become less entrenched in the acute phase of grief, and move towards self-reflection and the potential meaning of their physical response (see section 5.6).

The co-researchers viewed the embodied response as a difficult physical change as a result of their loss. However, they integrated the physical changes into their daily existence. The co-researchers considered the impact of the physical changes as a reflection of their ongoing sorrow for the loss of the loved one, thus highlighting a transformation in beliefs and values. They metaphorically identified the ongoing sorrow as an emotional scar (Wertheimer, 2011) and described a sense of being ‘broken’. However, they adapted to the physical changes to protect their altered emotional, psychological and physical vulnerability, which included an acute awareness of physical and health issues, including increased anxiety, death anxiety, and acknowledgement of their own mortality.

Although the co-researchers disliked the physical changes, or the constant need to adjust to the ongoing pain and sorrow they acknowledged the impact of the loss on their physical condition. On the one hand, the co-researchers responded by training their bodies to become strong, yet not from an aesthetic or medical perspective, but rather to endure the emotional and psychological pain, or sense of ‘heaviness’ of their loss. On the other hand, the co-researchers accepted that the physical changes reflected the physical embodiment of traumatic bereavement. Irrespective of the co-researchers’ relationship with the physical changes, an awareness of these changes reflects psychological resilience, which was highlighted in the personal integration of the physical changes into daily life, as opposed to a psychological resistance.

5.6 Existential model of recovery from traumatic bereavement

Taken together, these findings may propose an existential model of recovery from traumatic bereavement (see Figure 3). The term ‘recovery’ is potentially contentious in the grief field, including related terminology, such as the resolution of grief (Worden, 2001). I employed the term for simplicity and ease of use. However, based on the findings, recovery reflects an adjustment to the loss, which is a continuous process of learning and rebuilding life without the loved one. Recovery in this context, refers to the co-researchers’ process of healing and growth, including learning to live with the loss, while rebuilding meaning and recognising a continued bond with the loved one. Recovery potentially includes reconciliation of the prior life with a willingness to be part of the new life, which means identifying meaning from new activities, hopes and dreams that fill the bereaved with purpose and a renewed interest in life.

The proposed model presents four psychological stages towards growth and healing. The stages are non-linear, interconnect and overlap, and describe the experiences of the traumatically bereaved, which are non-prescriptive (Doka & Martin, 2002). The current grief models (Neimeyer, 2001, 2010, Stroebe & Schut, 1999, Worden, 2001) do not function in a linear fashion, and as the literature has highlighted the bereaved oscillates between the different 'stages' and 'tasks' of grief. The proposed existential model of recovery is consistent with the grief models that recognise the non-linear, back-and-forth, psychological movement during grief. The proposed stages change and fluctuate in intensity according to the individualised journey of traumatic bereavement, and the variable duration since the loss. The present model is consistent with the wider literature that has presented contemporary meaning making reconstruction models from the constructivist perspective of loss and bereavement (Neimeyer, 2016, Neimeyer & Hooghe, 2018).

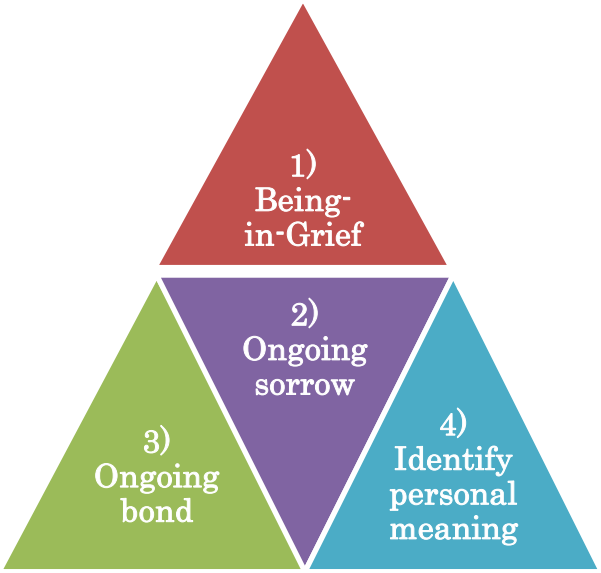


Figure 3: Existential model of recovery from traumatic bereavement

Stage 1: Being-in-grief

The Being-in-grief stage reflects the existential state of traumatic grief that permeates all aspects of the bereaved individual's existence, from the acute phase of grief to the human experience of sorrow, despair and suffering. In other words, the traumatically bereaved experienced the state of Being-in-grief in terms of the four dimensions of existence model, including the spiritual, personal, social and physical dimensions (Deurzen, 2010). The proposed Being-in-grief stage is based on Heidegger's (1962) theory of existence, Being-in-the-world, that is, the traumatically bereaved is a relational being, existing within a lifeworld context while grieving their loss. As a consequence, the co-researchers found it necessary to incorporate Being-in-grief into their everyday existence on an ontic level, which potentially included work commitments, caring for children, and managing daily life. At this point, it is important to draw attention to the non-static aspect of Being-in-grief, that is, the changing state of grief, thus the traumatically bereaved move in and out of Being-in-grief, which reflects the absence of a time frame for grief and mourning (Bowlby, 1980, Freud, 1957, McClowry et al., 1987, Wakefield, 2013). Psychological development may occur as they spend less psychological and physical energy Being-in-grief, which potentially enables the bereaved to psychologically transform in their personal and spiritual worlds.

The state of Being-in-grief connects the ontological and ontic states of existence during traumatic grief. The ontic state of traumatic grief refers to the co-researchers' struggle to fit in with the social world, and coexist with others in the everyday sense of relating with das Man, or others (which was seen in the isolating experience and self-protection themes). The co-researchers attempted

to normalise their grief to fit in with socio-cultural expectations surrounding loss and grief in the everyday ontic state of existence (Walter, 1999, 2017). The ontological state of existence refers to the co-researchers' confrontation with despair and meaninglessness as they were abruptly faced with their mortality and awareness of temporality (seen in the loss of meaning theme). The co-researchers came face-to-face with the ontological state of existence during the acute phase of grief, which may continue beyond this phase. As a result, such ontological awareness left them questioning their existence, including the purpose and meaning of life without the loved one.

The variable duration since the traumatic loss impacted the degree the co-researchers remained in the state of Being-in-grief. However, as time passed, the all-encompassing state gradually reduced from being the central purpose of existence to occupying a smaller part of their daily lives, which included both the ontic and ontological dimensions. In other words, the co-researchers were gradually in a position to choose when and how much they "go into the black" (**281**) as described by Ruth, which refers to the individual's choice to reimmerse themselves in the despair and suffering of traumatic grief.

The co-researchers' psychological growth potentially reflects the emotional resilience to control the degree they moved in and out of the state of Being-in-grief. As a consequence, the co-researchers developed psychological resilience to cope with the emotional trauma of their loss, whereby Being-in-grief no longer wholly influenced or reflected their identity. Such positive psychological growth occurred when the co-researchers identified an ongoing bond with the loved one. The development of the bond enabled the bereaved to

separate the ongoing sorrow for the loved one from the state of Being-in-grief, and identify personal meaning making, as seen in stage four of the model. However, if the traumatically bereaved remain frozen in the state of Being-in-grief, there is a risk that the individual may develop complicated grief or a prolonged grief response. Such frozen grief potentially requires professional help to separate the prolonged experience of Being-in-grief from identifying personal meaning making.

Stage 2: Ongoing sorrow

The ongoing sorrow stage reflects the psychological and physical state of ongoing sadness for the loved one in the physical and personal dimensions of existence. The state of ongoing sorrow developed from the initial pervasive state of Being-in-grief, which reflects a psychological sorrow and sadness for the pain of the loss. However, although Being-in-grief potentially reflects the acute phase of grief and mourning, ongoing sorrow reflects an integrated sense of sorrow for the loss of the loved one. The co-researchers adapted to the potential changes in identity in the internal and external world, including a new way of Being-in-the-world without the loved one, while incorporating the ongoing sorrow in the personal dimension. However, the acute grief and sadness for the loved one has reduced to an ongoing sorrow for the loss.

The variable relationship to the loved one impacted the degree of ongoing sorrow. For example, sorrow potentially surfaced on significant anniversaries, or when personally meaningful memories were triggered for traumatically bereaved siblings. However, for the traumatically bereaved mothers, the ongoing sorrow

reflected a given of their continued existence. As a consequence, the bereaved mothers found it necessary to psychologically integrate the ongoing sorrow into their ongoing existence, which reflects part of the essence of traumatic bereavement.

It is important to clarify that the process of ongoing sorrow and the ongoing bond are recognised as separate processes in the proposed model. Although the pain and suffering of traumatic bereavement left an imprint of ongoing sorrow, it was a reflection of ongoing love for the loved one. The ongoing sorrow is a private, psychological process, including moving in and out of grief, and experiencing the horror and trauma of the loss. However, the ongoing sorrow became a part of the individual's changed identity in the personal dimension. It is important to highlight that the traumatically bereaved allow themselves to feel the sorrow, sadness and pain of their loss. Such awareness of sorrow enabled the co-researchers to recognise that the ongoing sorrow will not consume and permeate their lives as it did during the acute phase of Being-in-grief, which reflects psychological growth.

As a consequence, the ongoing sorrow potentially impacts the individual's relational way of Being-in-the-world in the social dimension. In other words, the ongoing sorrow reflects the essence of traumatic bereavement, which may be experienced as the physical embodiment of loss, including new aches and pains, ailments, or other physical illnesses. Over time Being-in-grief potentially recedes into the background with time, grief work, and psychological support, while the ongoing sorrow reflects a continued sense of sadness and sorrow for the loss of the loved one. However, with time the psychological impact of ongoing sorrow

lessens. In spite of this, it is important to acknowledge the significance of incorporating the ongoing sorrow into the bereaved individual's continued existence, in particular for traumatically bereaved mothers.

Stage 3: Ongoing bond

The ongoing bond stage reflects the significance of developing and maintaining an ongoing relationship with the loved one that is personally meaningful to the bereaved (Attig, 2012, Klass & Steffen, 2018). The ongoing bond reflects an important part of grieving in the spiritual and personal dimensions of existence, which brings comfort and meaning to the bereaved (Chapple et al., 2011). Psychological growth potentially occurs when the bereaved separates the ongoing sorrow from the development of the ongoing bond, thus the two states are distinguishable from one another. The co-researchers mourned and experienced the pain and sorrow of their loss in the ongoing sorrow, yet, developed an ongoing relationship with the loved one based on love and joy, and cherishing their memory in the ongoing bond.

The co-researchers were able to focus on developing and nurturing the ongoing relationship with the loved one as a result of the psychological separation from the emotional trauma associated with the ongoing sorrow and/or state of Being-in-grief. Such positive development was a deeply personal task, which included a range of personally meaningful connections to the loved one in the personal and spiritual dimensions. The ongoing bond potentially develops over time, which reflects a dynamic process of ongoing relatedness to the loved one, thus highlighting the non-static aspect of the proposed model. Such dynamic

process reflects a deeply personal connection to the loved one, including acknowledgement of the bond on anniversaries and significant dates, which may bring meaning and comfort to the bereaved as they grow and change over time. As a consequence, the ongoing bond has become an integral component of the co-researchers continued psychological healing, which enabled the bereaved to identify personal meaning making as seen in stage four of the model.

Stage 4: Identify personal meaning making

It is important to recognise that while the process of meaning making reflects psychological growth towards healing, it does not replace or diminish the love and ongoing sorrow for the loved one. The psychological separation from the ongoing sorrow and Being-in-grief enabled the co-researchers to give themselves permission to seek personal meaning without experiencing a sense of being disloyal to the loved one's memory. Personal meaning making was potentially connected to the loved one, including campaigning in their memory, or connected to other personal, yet meaningful activities. The pursuit of meaning enabled the co-researchers to go forward in their journey with a sense of purpose and direction. The belief that the co-researchers needed to remain in the state of Being-in-grief, in order to honour the loved one's memory potentially reflects a prolonged grief response, which the present model challenges.

The psychological separation between the ongoing sorrow and ongoing bond frees up psychological energy that enables psychological growth, in order to identify personal meaning making. The pursuit of meaning however does not signify that the co-researchers were being disloyal to their loved one's memory,

which was addressed in the ongoing bond. Furthermore, meaning making was not considered from the perspective of grief labels, which encourage the bereaved to get over their loss and recover from bereavement (Parkes & Prigerson, 2010) and emotionally relocate their loss in order to move on (Worden, 2001). The psychological process of meaning making potentially reflected the co-researchers' development from the identification as traumatically bereaved - partner, mother, sister, brother or daughter, or identifying with the traumatic loss/Being-in-grief, and the new evolving identity. The new emerging identity potentially incorporates the traumatic loss as part of the individual's ongoing identity, which enabled the traumatically bereaved to pursue meaning without the burden of guilt, or sense of being disloyal to the loved one's memory.

To sum up, the emotional trauma of sudden loss, including the loss of the attachment bond is continuously addressed in the ongoing sorrow, while fear that the loved one's memory will be forgotten is addressed in the ongoing bond. However, the traumatically bereaved experiences psychological growth that potentially transcends Being-in-grief, including the personal struggle to separate ongoing sorrow from the ongoing bond. Such positive psychological growth seen in the proposed existential model of recovery may support the bereaved, as they gradually identify personal meaning making, thus enabling recovery and healing.

5.7 Limitations and strengths of the study

The maximum variation sample has highlighted a potential limitation and strength of the research methodology. On the one hand, the collected sample represented a broad range of traumatic bereavement, which is consistent with

the aim of the maximum variation sample (Englander, 2012). However, on the other hand, the sample did not represent a particular mode of traumatic bereavement. Furthermore, the collected sample reflected a gender bias (ten females, two males), and six of the co-researchers were traumatically bereaved mothers. As a consequence, the sample potentially highlights a biased perspective of the lived experience of traumatic bereavement. However, based on the sensitive nature of the research area, and the difficulties recruiting from the general population, the final sample represented the traumatically bereaved who were willing and psychologically able to participate in the research. The findings therefore reflect the psychological experiences of the traumatically bereaved who wished to contribute their experience of traumatic loss to the phenomenological study of traumatic bereavement.

The next section will discuss the findings in the context of clinical implications for future research and clinical practice. The chapter will address questions including: ‘How does the research potentially impact the grief field, and future counselling research, including potential developments in existential counselling and psychotherapy training courses?’

6. Implications for clinical practice

> "Bearing witness liberates the client from the shame and aloneness grief can engender, and this facilitates mourning." (Kauffman, 2012, p.13)

This chapter will address areas for future research, including potential scholarly changes to existential counselling and psychotherapy doctoral courses, and propose tentative clinical recommendations based on the findings. Finally, this chapter will address recommendations based on the proposed existential model of recovery from traumatic bereavement. The tentative clinical recommendations are based on the interview data in the context of the qualitative research.

6.1.1 Isolation: lack of knowledge

There is a clinical need to raise awareness of the importance of employing appropriate language and terminology with sensitivity, while working with the traumatically bereaved client, for example, recognising the traumatic aspect of the loss. Outside the grief field, based on the findings, traumatic bereavement is often grouped within bereavement, and the traumatically bereaved are referred to as the bereaved. However, there is a pressing socio-cultural need to acknowledge the traumatic element of the loss, and differentiate between the trauma response and the bereavement response. This may be achieved by not categorising traumatic bereavement with bereavement, which validates the individual's experience. Potential change in this area may reduce the degree the individual psychologically self-protects from stigma, and the lack of understanding surrounding traumatic bereavement (Dyregrov, 2003-2004). Such

positive change can be particularly helpful when the individual is faced with incorrect terminology and inappropriate language, employed by some counselling professionals, colleagues, or friends and family (Lehman et al., 1986).

In terms of supporting the bereaved by suicide, increasing awareness of the choice of correct terminology when talking about the death is extremely significant, including the preferred terms: take one's life, die by suicide or death by suicide (Samaritans, 2013). The damaging impact of using the common expression 'commit suicide' was highlighted by the co-researchers' heightened experience of isolation and stigma. Such usage of the outdated term potentially reflects a criminal act overtone (Wertheimer, 2001) and in spite of the decriminalisation of suicide in England and Wales in 1961 (Department of Legislation, 2017) stigma persists in some socio-cultural groups (Alvarez, 1971, Pritchard, 1995). During Molly's debriefing (which was not recorded), she described her extreme dislike of the term and the connection with a crime. She felt that the expression is outdated and evokes blame, for example, when other people blamed her husband for his death (see Cerel et al., 2008). Molly informed me that she will not use a mental health service that employed the term 'commit suicide'.

Based on the interview data it is recommended that the clinician seeks guidance from the traumatically bereaved in terms of describing the death, due to the personal interpretation of suicide (Neimeyer, 2012b). In other words, how would the individual like others to refer to their loved one's death? As a result, the mental health practitioner who has the courage to sensitively engage the

traumatically bereaved in dialogue, in terms of describing the mode of death, opens up the discussion surrounding the potential experience of stigma, and an existential exploration of the personal meaning of a loved one dying by suicide.

The employment of sensitive and correct terminology is an important area of potential change in the counselling and psychotherapy field in order to gain the trust of the traumatically bereaved. Such gradual positive change may encourage the bereaved to attend counselling or psychotherapy services, which aim to support and understand their experience, contrary to those clients who may turn away from services, for fear of experiencing stigma or lack of understanding. As a result, the dissemination of scientific knowledge obtained in doctoral courses, through public and professional platforms including workshops, seminars and lectures can improve the provision of supportive and specialised services for the traumatically bereaved client.

6.1.2 Relationships tested

The experience of strained relationships with friends and family is a potential area for future research. Furthermore, according to the findings, strained relationships contributed to the normalising or concealing of traumatic grief. However, such normalisation of traumatic grief potentially alienated the co-researchers from others. As a consequence, future research may include a psychosocial investigation of the familial experience of traumatic bereavement, including the impact of the loss on individual family members. Further research can consider the impact of the ripple effect (Johnson, 2013, Pulido, 2012) based on the complex experience of families grieving the same traumatic loss.

Potential developments in this area may increase the psychosocial knowledge of the familial experience of traumatic bereavement. Furthermore, such proposed developments increase understanding of the factors contributing to the breakdown of key relationships, which some co-researchers experienced with regret and disappointment, highlighting a secondary loss of traumatic bereavement (Rando, 1993, 2013).

6.1.3 Absolute separation from others

Raising awareness of the co-researchers' experience of alienation and existential isolation may enable the therapist to explore the individual's absolute separation from the everyday world. Such potential intervention supports the bereaved as they identify and manage existential isolation and loneliness Being-with-others, who may be unaware of the bereaved individual's struggle. Furthermore, normalisation of traumatic grief potentially perpetuates the experience of alienation and separation, thus contributing to the experience of absolute separation from others.

6.2.1 Self-protection: wearing a grief mask

Wearing a mask is considered problematic when working with clients, in terms of developing trust and uncovering the root of the client's problem bringing them to therapy (see Deurzen, 2002). However, in terms of the traumatically bereaved client, the grief mask served a purpose in order to self-protect during the phase of increased psychological vulnerability, while coping with the everyday demands of life. As a result, there is a clinical need to raise awareness in the

counselling and psychotherapy field regarding the paradox of self-protection. On the one hand, the grief mask functioned as a psychological self-protection from social stigma and helped the co-researchers cope with the daily demands of life. However, on the other hand, wearing a grief mask was seen as a potential cost of supportive and healing connections with others. Raising awareness of the psychological vulnerability of the traumatically bereaved in the general population is important, including coping methods, such as the highlighted self-protection process. Furthermore, raising awareness of the key aspects of traumatic bereavement, including sense of powerlessness; loss of normalcy; loss of meaning; frozen future and loss of the assumptive world (Pearlman et al., 2014) may contribute to the individual's willingness to share their authentic experience of traumatic loss with others, thus impacting healing.

6.2.2 Normalisation of traumatic grief response

The bereaved may conceal the traumatic details of their loss, and the full psychological impact for fear of shocking or distressing others, in addition to potentially experiencing shame and guilt (Attig, 2004, Doka, 2002). As a result, the traumatically bereaved may benefit from a practitioner who is present to the horror, violence, pain and distress of their loss, thus bearing witness to the traumatic loss narrative (Kauffman, 2012, Neimeyer, 2012b, Rynearson, 2006). Being present to the loss requires courage and compassion, which may help the traumatically bereaved retell their experience as they gradually learn to rebuild trust and a sense of safety in the world (Janoff-Bulman, 1992). Furthermore, concealing and normalising the details of their traumatic loss separated and alienated the co-researchers from potential supportive interactions with others.

6.3.1 Loss of meaning: confrontation with despair

The experience of despair reflects a significant recommendation for clinical practice in terms of raising awareness of the potential risks of complicated or prolonged grief and pathology, which cannot be ignored from an ethical practitioner's perspective. The risk of mortality is high in the traumatically bereaved (Li et al., 2003, Parkes & Prigerson, 2010, Stroebe et al., 2007) and it is important to recognise psychological vulnerability, including the risks of suicidality, prolonged grief disorder and PTSD (Jordon & McIntosh, 2010). The practitioner therefore, needs to be alert to the potential risks of psychological vulnerability and increased risk to physical health (Prigerson et al., 1995). However, the traumatically bereaved may disguise and conceal the degree of suffering, which potentially requires specialised training and knowledge. Such specialised knowledge and safeguarding may help the practitioner recognise psychological vulnerability and potential risks of harm, thus in a position to refer the client to the GP or psychiatrist for medical care if appropriate. It is important to acknowledge the importance of addressing traumatic grief symptoms before addressing the grief response, or embarking on an exploration of existential counselling and psychotherapy (Fleming, 2012). Raising awareness of the impact of the trauma response potentially requires the practitioner to maintain a pro-active approach, in terms of keeping the bereaved safe and contained, practicing with confidence, and for example, taking the initiative to confirm and reconfirm counselling sessions (Pearlman et al., 2014).

6.3.2 Lack of safety in the world: frozen future

The experience of a frozen future, in other words, the inability to envisage or plan for the future is a potential area for future research. The findings highlighted the difference between the traumatically bereaved mothers' relationship with the future, and the bereaved siblings, daughter and partners' experience. Such finding potentially suggests the relationship to the loved one may impact the frozen future theme. In addition, the relationship to the loved one may impact meaning making and the rebuilding of the assumptive world, based on the co-researchers' lack of safety and uncertainty about the world (Janoff-Bulman, 1992). As a result, potential areas of research include: 'How do the traumatically bereaved heal and rebuild psychological wellness, in light of their potential personal struggle to trust the future, and identify meaning?'

6.3.3 Awareness of temporality: appreciation of here and now

There is a clinical need to raise awareness of the paradox of the existential awakening. On the one hand, the co-researchers experienced increased fears and anxiety about the safety of loved ones (death anxiety), including a raised awareness of the temporal nature of life. On the other hand, they valued daily life, and recognised the importance of identifying meaning from achievable happiness in the present. However, focusing on the here and now reflects a psychological risk, since a fixed perspective on the present may prevent them from envisaging and trusting the future, thus potentially contributing to a prolonged frozen future. Such potential focus on the here and now may impact the rebuilding of the worldview, including the belief that personal hopes and

goals are possible. As a result, adjustment to a new awareness of temporality may trigger the individual's increased anxiety surrounding the risks and uncertainty attached to trusting and planning for the future when they are focused on living in the here and now.

6.4.1 Meaning driven existence

There is a potential scholarly need to reassess the planning of existential focused modules on professional doctorate courses in psychotherapy and counselling. During my four year doctoral coursework requirement there was an absence of a module focused on death, and the impact of sudden loss and bereavement in existential psychotherapy and counselling practice. Death plays a central role in the context of the existential philosophy, in particular Heidegger's (1962) Being-towards-death theory, the struggle to pursue meaning within the context of the certainty of human mortality. The experience of sudden traumatic death brings into sharp focus the significance of existential issues following tragedy and loss, including meaninglessness, freedom, anxiety and isolation (Deurzen, 2010, Yalom, 1980). The existential approach to traumatic bereavement may raise awareness of the existential paradoxes, for example, learning to identify meaning in the face of meaninglessness and despair, learning to trust the world, and focusing on identifying goals and plans while living with the uncertainty and anxiety of existence. Such potential knowledge of the existential paradoxes reflects the importance of addressing existential issues in psychotherapy and counselling training courses, which may be supported by the proposed existential model of recovery from traumatic bereavement (discussed in section 6.7).

6.4.2 Importance of nurturing meaningful relationships

It is important to reiterate the well-documented research proposing the importance of supportive and meaningful connections, which supports healing and recovery from traumatic loss (Lehman et al., 1986, Stein et al., 2007). The co-researchers valued meaningful connections with others that enabled them to feel comfortable and safe revealing their psychosocial experience of grief, including sharing their developing sense of self and identity. As a result, the significance of nurturing meaningful relationships reflects the universal, human need for love, care and understanding, which is a significant stage of healing from traumatic loss.

6.5.1 Maintaining ongoing bond with loved one

There is a need to emphasis the importance of developing an ongoing relationship with the loved one, which reflects a significant stage of healing from grief (Attig, 2012, Klass et al., 1996, Klass & Steffen, 2018). Education about the importance of the ongoing bond may contribute to reducing the widespread socio-cultural knowledge surrounding ‘recovery’ from traumatic grief. Such traditional notions of ‘recovery’ typically refer to conventional grief models, including the well-known stage of ‘moving on’ from the loss, and severing the attachment bond to the loved one (Freud, 1957). The revised grief models have proposed the relocation of the loved one (Worden, 2001, 2009), which potentially represent the significance of the continuing bond, including narrative meaning making models that support psychological growth (Neimeyer & Sands, 2011).

6.5.2 Questioning of the Überwelt

Raising awareness of the existential impact of a renewed relationship to the spiritual world or Überwelt (Deurzen, 1988, 2010) is an important area of potential development for psychotherapy and counselling practice. Raising awareness of the importance of the Überwelt reflects psychological growth in the individual's belief system. The co-researchers' relationship with the Überwelt referred to a wide range of belief systems, including a religious framework, a spiritual belief system, death awareness, and transformation of a prior worldview. According to the existential approach, transformation of the Überwelt is at the core of the individual's belief and value systems, which enabled the co-researchers to identify hope and pursue meaning that is a key factor in recovery from crisis and tragedy (Deurzen, 1988).

6.6 Physical response to the loss

The physical impact of the traumatic loss has highlighted the importance of reiterating the potential long-lasting adverse effects on the co-researchers' physical health and emotional wellbeing, thus impacting their increased mortality rate (Li et al., 2003, Rostila et al., 2012). Raising awareness of the individual's increased vulnerability to physical ill health, anxiety related conditions (social, health), depression, panic attacks, nightmares, phobias (Pearlman et al., 2014), and the risk of developing potential neurotic anxieties (May, 1977) requires careful monitoring, and education about the physical manifestation of traumatic loss. Furthermore, an exploration of the physical response is a useful way of addressing the individual's potential concealed response to the loss.

6.7 Existential model of recovery from traumatic bereavement

The final section in this chapter presents a summary of the proposed existential model of recovery from traumatic bereavement, and makes tentative recommendations for practitioners. It is important to clarify that the following recommendations are neither prescriptive, nor suggest a linear model of healing and recovery from traumatic bereavement. However, the proposed model presents an existential framework that practitioners may refer to during their work with the traumatically bereaved client.

6.7.1 Being-in-grief: four worlds of existence framework

During the beginning phase of therapeutic work the traumatically bereaved client may be immersed in the all-encompassing stage of Being-in-grief. This means that the trauma and grief response potentially consumes the whole being of the individual, in terms of processing their loss in relation to the four dimensions of existence, the spiritual, personal, social and physical worlds (Deurzen, 2010). The bereaved may experience a chaotic existence, which potentially encapsulates the everyday lived experience of traumatic bereavement (ontic dimension of existence) with the abrupt confrontation of the human condition, including despair, isolation, meaninglessness, anxiety, uncertainty and the fragility of human existence (ontological dimension). Due to the complex, vulnerable psychological state of Being-in-grief, the traumatically bereaved may experience a range of intense psychological, emotional and physical responses to the loss (see Pearlman et al., 2014, p.42-43 for a comprehensive list of possible responses). Such a wide response requires the practitioner to contain,

hold and normalise the individual's experience, while monitoring for risk, including potential medical intervention if there are signs of PTSD, or pathology.

6.7.2 Physical world of existence

As the traumatically bereaved spend less time immersed in the pain and grief of Being-in-grief, the practitioner is able to explore the client's feelings about the presence and meaning of the ongoing sorrow, which reflects the ongoing pain and sadness for the loss. The practitioner may explore potential psychological implications in the personal and physical worlds of existence. Although, over time the ongoing sorrow becomes a smaller presence in the bereaved individual's existence, it remains in the background, in particular for traumatically bereaved mothers (Arnold & Gemma, 2008, Lichtenthal et al., 2010, McClowry et al., 1987). As a result, it is important to acknowledge the ongoing sorrow, while identifying potential interventions that can be integrated into everyday life.

6.7.3 Social world of existence

In terms of the social world of existence the traumatically bereaved must navigate the everyday experience of Being-in-the-world, relating to others, while grieving their loss. Potential questions to consider include: How is the client coping/not coping with everyday responsibilities, including work, caring for children, managing sudden death responsibilities: inquest, coroner's report, or significant anniversaries, in relation to traumatic grief? Do conflicts exist with loved ones? Are they concealing their grief response, which is preventing potential care and support from others?

6.7.4 Spiritual and personal worlds of existence

During the beginning phase of the work the traumatically bereaved may experience out-of-world, cosmic or spiritual connections with the loved one, which awakens a spiritual questioning about death, and an openness or curiosity related to the cosmos (Rees, 1971, Steffen & Coyle, 2017). Such questioning of the spiritual world reflects the transformation of beliefs, values and personal ideals about the developing worldview in the Überwelt (Deurzen, 2010). The practitioner may explore the client's growing interest by addressing their relationship with the spiritual and personal worlds, including the gradual development of a new sense of self. The spiritual dimension is not to be overlooked, in spite of the obscurity and scientific difficulty engaging with the phenomenon of the spiritual world; an exploration of the Überwelt may support the development of the ongoing bond with the loved one.

6.7.5 Ongoing bond

The bereaved potentially experiences increased psychological energy in order to separate the ongoing sorrow from the development of the ongoing bond as they gradually learn that the ongoing sorrow is an integral part of their loss (Klass & Steffen, 2018). Such potential separation reflects the significance of growth and healing from traumatic grief, and the development of an ongoing relationship with the loved one, which brings comfort, meaning and a sense of continuing bonds (Klass et al., 1996). As a result, it is important to psychologically nurture and develop the ongoing bond as the bereaved themselves develop and change over time.

6.7.6 Identification of personal meaning

This phase of the recovery model is extremely significant, in terms of moving towards meaning making and recovering a personal sense of usefulness and purpose that supports the coexistent states of ongoing sorrow, and the ongoing bond. It is important to clarify that meaning making does not replace or diminish the love or ongoing sorrow for the loved one (addressed in aforementioned processes), but reflects psychological growth towards healing and recovery. However, if the traumatically bereaved remains frozen in Being-in-grief, for example, experiencing ruminating thoughts, including the belief that they need to experience intense grief in order to honour the loved one's memory, they are at risk of experiencing complicated or prolonged grief, and potential pathology (Rozalski et al., 2017). As a result, they may struggle to identify personal meaning, which was viewed in the findings as the undesirable stage of 'moving on' from the loved one. The potential frozen grief response requires careful support to develop the ongoing bond, before personal meaning may be considered without the burden of guilt or sense of being disloyal to the loved one's memory. Nonetheless, meaning making does not signify that the bereaved is forgetting the loved one, but reflects growth and healing that restores hope and recovery from traumatic loss.

6.8 Chapter summary

The implications for clinical practice chapter presented areas for future research and proposed tentative clinical recommendations based on the findings. The dissemination of scientific knowledge is a fundamental stage of research that

highlights the usefulness and relevance of research for counselling and psychotherapy practice, thus increasing our understanding of traumatic bereavement. Such dissemination is a positive consequence of pursuing scientific research that aims to encourage future researchers to continue the investigation. Future research has the potential to influence gradual changes and development in socio-cultural knowledge in the context of traumatic bereavement. Clinical advances therefore aim to provide ethical, sensitive and appropriate socio-cultural care and support for the traumatically bereaved.

7. Critical reflections

This chapter will present my critical reflexive process during the research. It will address the impact of the researcher on the development and production of the research, followed by a critical discussion of my insider knowledge, bias and presuppositions about the research. The chapter will conclude with a personal reflection of my journey through the doctoral research.

7.1 Reflections on the research procedure

The recruitment process was extremely anxiety-provoking, since the success of the research depended on the recruitment of co-researchers who met my participant criteria. During the first 12 months of recruitment, until the research interview was successfully completed, this stage was full of uncertainty. I spoke informally with many traumatically bereaved individuals, and exchanged numerous email conversations with potential co-researchers, who wished to share their stories. However, unfortunately they did not meet the participation criteria. Although potential co-researchers expressed interest and enthusiasm in participating in the research, they later withdrew as the interview date approached, which I experienced as a disappointing and frustrating aspect of the research process. However, on a human level I recognised the ethical and emotional costs of volunteering their time, and participating in scientific research to share their most painful and traumatising life experience.

I was deeply moved by the email and telephone conversations shared with

potential co-researchers, and some stories were particularly distressing. As a result, I found it necessary to respond sensitivity, which required time to reflect on a supportive and caring response. From a personal, emotional cost and in terms of time constraints, I learnt to balance my human response with a professional response, and focused on recruiting co-researchers who were willing and able to participate in the research.

7.2 Conducting the phenomenological interview

Due to my personal experience of traumatic bereavement I felt comfortable interviewing the co-researchers, and exploring their shocking or distressing experiences of traumatic bereavement. However, during the pilot interview I was anxious about exploring Rose's pain and distress in detail because she was particularly distressed and overwhelmed by the unexpected suicide of her only child. I felt inexperienced as a phenomenological interviewer, and concerned my phenomenological questioning would cause her further distress. However, with practice my skills improved and I found it easier questioning the co-researchers in depth from a phenomenological perspective.

7.2.1 The challenges of insider knowledge

In terms of my insider knowledge, I was extremely conscious of the similarities and differences between my personal experience of traumatic bereavement and the co-researchers' experiences. I found it easier to remain with the phenomenological interview stance and remain phenomenologically objective, when the co-researcher's experience was far-removed from my own. For

example, I am not a mother and found it easier to bracket my bias and insider knowledge when interviewing the traumatically bereaved mothers. However, I experienced instances when my personal experience hindered the interview, and I failed to bracket my bias or assumption.

Although I continuously addressed my knowledge and assumptions during research supervision, reflexivity and personal therapy, I was occasionally abruptly jolted from my phenomenological attitude when I realised that I was listening to the co-researcher's story through the lens of my personal bias. Nonetheless, I found this process an effective learning experience because I was abruptly awakened to the false belief that I could continuously bracket my assumptions and bias. This became clear when I interviewed Harry, who described his thoughts about remarriage. My assumption that he would consider remarriage highlighted my failure to remain with the phenomenological interviewing stance, as the following exchange highlights:

> **Harry**: I s'ppose the other one is about being married (…) I do know that I wouldn't get married again um (…) just because that's a once in a lifetime promise kind of thing and it's not that anyone broke their vows or anything like that you know she's passed away so yeah er I wouldn't get married again.
>
> **R**: Oh you said you wouldn't [**Harry**: No] Oh I misheard you oh right. **(487)**

This exchange highlights my active process of acknowledging my assumption in the middle of the interview. At this time, I was able to regain the

phenomenological focus of Harry's meaning-frame. However, on reflection, I was shocked that my bias had influenced my ability to remain focused on the co-researcher's phenomena. Such interaction reinforced the limitations of insider knowledge of the investigated topic, and highlighted the difficulties of the continuous process of bracketing one's bias and assumptions. However, being an insider to the investigated phenomenon enabled me to contain the co-researchers' distress, and immerse myself in their extremely sad and painful stories, in order to reveal the essence of the phenomenon of the lived experience of traumatic bereavement.

7.2.2 Embodied response

I experienced a heavy emotional cost immediately after conducting the interviews and during the subsequent days, which reflects an embodied response to the interview (see Finlay, 2006). I lost my appetite, I dissociated from the world, and sometimes experienced a sense of hopelessness and depression. On reflection, I was re-experiencing the co-researchers' emotional and physical responses to their loss, which manifested as a sense of despair and helplessness.

I experienced the interview with Sophie as particularly challenging, her two year old son died on Christmas morning. I interviewed Sophie on November 5th, Bonfire night, and in the subsequent days and weeks following the interview I noticed the impact of the ubiquitous publicity and British preoccupation with Christmas on the television, radio and in everyday conversation. However, each time I experienced a reminder of Christmas, I felt the sadness and sense of loss

Sophie described from her secondary loss of Christmas. At other times, my emotions became frozen after conducting an interview, and it took outside triggers to experience them. After interviewing Violet, whose daughter died by suicide, I felt overwhelmed with sadness a few days later. I was walking along the canal when I passed a family, that I imagined were a mother and father teaching their young daughter to ride a bicycle. I was reminded of Violet's comment that they were a "three person unit" **(85)** and I was overcome with sadness and sorrow. During this period I managed my self-care by writing in my reflexive diary, and maintaining regular debriefing sessions with my supervisors. I also increased the frequency of personal therapy to reflect on my personal journey throughout the data collection process (Bride et al., 2007).

7.2.3 Limitations of the phenomenological interview method

The limitations of the phenomenological method were highlighted when the co-researchers could not respond to the phenomenological interview stance. For example, Hazel's comment: "I haven't got anything else to say you might have to prompt me with more questions" **(162)**, while Harry said: "I'm not sure what else to say about it really" **(166)**. During this particular phase of the interview, I was extremely conscious of remaining with the co-researcher's meaning-frame, and clarifying their narrative. Each time I asked a question, I personally reflected 'Why am I asking this question?' or, 'Will it remain with the co-researcher's meaning?' I found it necessary to remain focused, and take note of what appeared to be significant phenomena in the co-researchers' psychological journey of traumatic bereavement. However, this highlights the challenges of the phenomenological interview, because it was very difficult to

identify and explore all the phenomena raised related to the research question. I also learnt that the co-researchers would explore phenomena and individual experiences unique to their personal circumstances. Nevertheless, I found it challenging to maintain the phenomenological interview stance during a 90 minutes or two hour interview, which is a potential limitation of the methodology.

7.2.4 Limitations of the semi-structured interview

I sometimes experienced the phenomenological semi-structured interview as distancing and occasionally felt disconnected from the conversation with the co-researchers. My keenness to remain with the phenomenological interview stance resulted in my constant anxiety that I was imposing my bias or directing the co-researchers towards my meaning frame, which sometimes hindered what was going on in the interview. On occasion I withheld from the conversation fearful that my comments or interjections, ‘right, okay, I see’, would impact the direction of the interview. However, I found the minimal use of fillers, including uh-huh or hmm inadequate when a co-researcher described a moving experience or shared an interesting story. My attempts to remain phenomenologically 'invisible', in other words, bracketing my bias or withholding curiosity sometimes felt forced and would on occasion influence the natural flow of dialogue, thus potentially overshadowing the development of rapport.

On reflection, I experienced the challenges of managing the tension between remaining with the semi-structured interview and engaging in the natural flow of conversation as a limitation of the method. On the one hand, I felt preoccupied with the method, for example, monitoring my responses or reflecting on my motivation for asking a follow-up question. On the other hand, I was emotionally

involved with the co-researchers' stories and personally interested in their narratives. I felt impotent behind the cloak of phenomenological interviewer as I withheld from the dialogue and often stifled my natural responses. However, as Gadamer (2013) argued in his seminal work *Truth and Method*, "human subjectivity also possesses being-value" (p.246). In continuing his argument Gadamer proposed that the researcher is part of the scientific production of knowledge, in other words, she is part of the relational interview experience that co-produces (reveals) knowledge. According to Gadamer (2013), method may hinder the production of 'truth' or knowledge based on the proposal that the scientific aim of methodological rigour (producing truth and knowledge) is contrary to the reality of the researcher's actual experience:

> "Throughout our investigation it has emerged that the certainty achieved using scientific methods does not suffice to guarantee truth." (p.506)

During the interviews I found that my methodological attention to the structure of the semi-structured interview resulted in missed opportunities to shed light on the co-researcher's experience. For example, Ellen discussed her feelings about British funeral customs. However, method took precedence and I followed the interview schedule, which the following exchange highlights:

> **Ellen**: I'd rather still be able to go to the funeral directors and still see her [*pause*] a friend of mine was in um I think it was Ho Ching city or somewhere like that um anyway where um the mausoleum is [**R:** Hmm] and um Ho Chi Minh is still on display [**R:** Hmm] and I just thought why don't we do that [**R:** Hmm] I could just go and see her couldn't I then again I thought you know that is a bit mad but….

R: Okay thank you. Can you tell me about what brings meaning to your life now?

My minimal use of the filler ‘hmm’ highlighted that I was phenomenologically present but my response sounded potentially brusque and formal, which could have been experienced as distancing, thus overshadowing the development of rapport. However, in reality I was personally reflecting: ‘This sounds interesting but I’ve got to move onto the next interview question.’ The above example has highlighted the potential limitations of the semi-structured interview. My keenness to remain with the method missed the opportunity to explore Ellen’s experience, and what it meant to her because it was not part of the interview schedule.

The last interview question ‘Is there anything else you’d like to share?’ reflects a final reflection. In response to the former question the co-researchers talked enthusiastically about topics that appeared particularly significant to them. Although I was interested in their final comments and wanted to develop the conversation, I was mindful of the time and completing the interview. For example, Nancy described a distressing experience with the medical examiners when she first viewed her daughter’s body. However, she described not knowing how to proceed and whether she could touch her daughter. After listening at length I said ‘We can keep talking but I’ll turn this off’, in the context of ending the interview. However, such a paradoxical comment highlighted the constant tension between remaining with the semi-structured interview, yet withholding my interest and presence in the natural flow of the conversation. To sum up, the semi-structured interview potentially hindered the co-production of knowledge

and ‘truth’, since this may be achieved *during* dialogue between researcher and co-researcher, who both contributed ‘being-value’ to the interview (Gadamer, 2013).

7.2.5 Overcoming the limitations

In light of the challenges of the semi-structured interview, how might the phenomenological researcher overcome these limitations? Based on the premise that the researcher is investigating the lived experience, which is a potentially meaningful study, I believe it is reasonable to offer a natural response, such as ‘That sounds interesting and I’d like to come back to that’. It is further possible to share a human emotional response, including ‘That sounds very painful’ or, ‘What a beautiful image’, since from a methodological perspective, the semi-structured questions framed the research, thus maintaining the focus on the researcher’s experience. Such recognition of the emotional aspect of the co-researchers’ experience may contribute to the development of rapport, including coherency of the research dialogue. On a practical level, in order to maintain a balance between engaging with the natural flow of the conversation, while remaining with the phenomenological aim of revealing knowledge, it would be helpful to reduce the number of semi-structured questions. The reduction of questions may encourage the researcher to intuitively explore relevant phenomena as they arise naturally during the interview.

I will now reflect on some personal lessons learnt as a phenomenological researcher. First, although I was concerned with eliciting a description of the investigated phenomenon from the co-researcher’s meaning frame, the research

was based on an interpersonal dialogue. As a consequence, such interpersonal dynamic required consideration of the social-personal impact of the interview, including the presence of the researcher on the co-production of data. Second, my perceived cloak of phenomenological ambiguity was not my personal experience of the research, and I was not a blank canvas. I believe we shared the embodied interview experience. My emotional response was potentially conveyed during the shared silences, supportive comments, including ‘Would you like a break?’ or, ‘Can you continue?’ and gesturing to the tissue box. Although the task of the phenomenological researcher was a challenging undertaking, the researcher was part of the co-creation of data. Thus, it is probable that the researcher would interact with the co-researchers naturally. The problem of the researcher’s bias and her presuppositions was addressed during reflexivity and data analysis. In other words, I took these limitations into account while conducting the data analysis and during the reflexivity process.

Finally, the success of the phenomenological interview required a careful balance between elicitation of the co-researcher’s experience, yet being present to the human aspect of researching a sensitive and potentially distressing experience. Such phenomenological balance implies both research skill and social-personal interaction, which will enable the researcher to steer the interview in order to successfully reveal experience, while acknowledging their part in the production of knowledge. Although it is important to recognise the impact of the researcher, the human response is a natural part of the investigation of the lived experience.

7.2.6 Impact of the power dynamic

I noticed that some co-researchers wanted to be guided with their answers, in terms of requesting structure and guidance, which is contrary to the aim of the phenomenological interview stance. For example, the following exchange with George highlights this:

> **R**: Can you tell me how you feel you existed as a person before your traumatic bereavement?
>
> **George**: Er any kind of specific context to that? **(131)**

As a result, I learnt to be transparent with the co-researchers during the interview, being empathetic was not always methodologically adequate. This was seen when some of the co-researchers were concerned whether they were answering the questions correctly or providing me with the answers I needed. For example, the following exchange with Hazel highlights this:

> **Hazel**: I just sort of feel like I'm steering away from the ques-like any sort of information that you need I don't know what parts you need if that makes sense?
>
> **R**: I need it all [**Hazel**: Yeah - *laughs*] [**R**: *laughs*] so whatever you feel er that you want to talk about. **(72)**

My response reflected an attempt to deflect the power difference by employing humor to reassure Hazel that she was the expert on her lived experience (see Swanson-Kauffman & Schonwald, 1988). However, I was sometimes conscious

of the impact of the researcher effect, and the unequal power relationship between researcher and co-researchers (Kvale & Brinkman, 2009).

7.3 Interviewing in the field

I conducted three interviews in the co-researchers' homes, and two in the co-researchers' place of work. I felt nervous visiting the co-researchers in their homes, because I was entering their personal worlds, and I was out of my comfort zone. Some of the homes I visited were full of photos of the loved one. George informed me that his brother's ashes were in the corner of the room while we conducted the interview, and Jessica pointed out the clock on the wall, which had been fixed at the time of her brother's death during the first year. Holly informed me that I was sitting on the exact couch she had experienced her deepest despair. Nonetheless, I did not feel uncomfortable in these situations. On the contrary, they felt familiar because of my personal experience of traumatic bereavement. However, during personal therapy, my psychotherapist reminded me that these were not everyday occurrences.

When I visited Jessica's home I felt like I was going to pay my respects to the family after the funeral. I was prepared to meet some of Jessica's family members due to her age (21), and I was subsequently introduced to Jessica's mother. We shared a cup of tea while she talked about the loss of her son. However, this drew me further into the family's dynamic of grief. As a consequence, it took longer to focus Jessica on her personal experience of traumatic bereavement, as she reflected on her mother's grief. I found such a family dynamic required additional time to develop rapport, which subsequently

impacted the duration of the interview.

Sometimes I shared a moment of silence with the co-researchers when they described profound narratives, which reflected the meaningless and inadequacy of a linguistic response. During these shared moments I reflected on the enormity of the tragic situation. For example, when Harry commented that his daughter 'Lily was literally a replacement for Poppy', or when Sophie described a dream of seeing her two year old waiting at heaven's gates saying 'hi ya' when she arrives, and they will be reunited. This brought a momentary pause to the interview, which was full of great emotion and sadness that no words could convey. I was momentarily overcome with an immeasurable sense of sadness, loss and feeling of beauty at the profound image Sophie was describing. Even now I am moved to tears when I reflect on the significance of Sophie's loving, ongoing bond with her son that brings comfort and meaning to her life.

Although I was deeply saddened and moved by the co-researchers' painful and tragic experiences, I was continuously deeply affected by their courage to survive, and find meaning in spite of their loss and suffering, which had a positive impact on my emotional endurance to persevere with the challenges and isolation of the doctoral research.

7.4 Reflections on my journey towards the research

The undertaking of the doctoral research emerged from my personal experience of traumatic bereavement. I will now present the background that reflects my journey towards embarking on the doctoral research. At the time of my loss I was

living in Japan in 2005. More than a decade has passed since that period, but certain events and traumatic experiences are etched in my memory. My traumatic loss triggered an acute sense of anxiety, and I questioned the meaning and purpose of life, which created a deep sense of Angst. It was at this time that I discovered philosophy and existential psychotherapy which finally resonated with my personal struggle with despair and meaninglessness.

In the winter of 2005 my close friend, Alex[1] died of a fatal brain haemorrhage while living in Japan as an expatriate engineer, he was 35 years old. His body was found by a colleague and neighbour, who had a spare key. Within the week he was flown back to the Netherlands, and I was on my way to meet his parents for the first time for the funeral. However, on the day of the flight, there was an unexpected problem with the aircraft, and the flight was grounded. All of the passengers had already emigrated from Japan, thus we needed to reconfirm alternative routes, or stay in the airline's designated hotel for one night. I was in acute shock, and unable to think clearly in order to rearrange my flight, so I joined the remaining passengers and we were transported back to the city. As destiny had intervened I felt compelled to visit the mortuary. I contacted a Japanese friend who accompanied me. When we arrived I was overcome by the icy temperature of the morgue and the cold clinical atmosphere, in spite of the freezing temperature outside since it was mid-winter in Japan. Nonetheless, at the last moment, I decided against viewing Alex's body, while my friend, a medical doctor, visited and prayed with him.

When I arrived in the Netherlands for the funeral I was greeted warmly by Alex's

[1] Names have been anonymised.

Dutch family and welcomed into their home. The necessary funeral arrangements were made, and once again I visited the morgue, this time with Alex's family. I entered the room that immortalises shattered dreams and broken futures, and I was once again overwhelmed by the frigid temperature of the morgue. However, this time the family was not permitted to view Alex. I remember standing in the freezing room, noticing that the bouquets of beautiful flowers did little to disperse the medical stench filling the room, and I was filled with nausea. Alex's family clustered around the coffin crying, but I felt confused, wondering whether Alex was still in Japan or in this frigid room filled with sorrow and despair. During this short period I felt as though I existed in a parallel universe, thrown into a surreal situation amongst a family of strangers, yet united in our grief and despair.

When I returned to Japan, Alex's family followed shortly after. I managed to interpret for the family, from Japanese to English in a haphazard manner when the investigating police officer visited Alex's house. I later offered the family support during the informal meeting with the Japanese coroner. The lapses in time and circumstances surrounding the death, including the complications due to the sudden death occurring overseas all contributed to the unanswerable questions. Such uncertainty plagued me for many years, which thus contributed to the trauma of the death and my subsequent recovery.

7.4.1 Search for meaning

At the time of Alex's death, I was employed at Kinjo Gakuin Women's University in Nagoya, a Christian women's university, and later worked at Nanzan Junior

College, a Catholic women's college. My colleagues took me under their wing offering religious frameworks and support during my grief. In my dissociative state I was willing to try anything that might help restore my inner equilibrium, thus returning me to the path of living. Some of my American colleagues were devout Christian worshippers, and I welcomed their kindness and thoughtful invitations to join them at church services and social activities. However, in spite of my acute level of grief, I recognised that on some level, the Christian faith did not fulfil my search for meaning and my spiritual questioning was not answered in the Christian religious doctrine. Nonetheless, I persisted in my reading and desperate need to understand my sudden loss, hoping to rescue myself from the free-fall into existential anxiety and despair. I attempted to assimilate this new belief system, while clinging to the glimmer of hope provided from the friends around me, who offered kindness and emotional support.

Today when I reflect on my experience more than 10 years later I can smile at the irony of my search for spiritual meaning from a Christian faith perspective while living in Japan. The far eastern country follows a traditional Shinto faith that believes in worshipping and living daily life according to the Gods and spirits of nature (Hendry, 2003, Orlean, 1999), which later incorporated Buddhist beliefs alongside the Shinto faith system. In my personal spirituality I relate to Shinto religious beliefs and recognise the similarities between Buddhist beliefs and existential phenomenology. In existential terms I was strongly influenced by Heidegger's (1962) concept of death and falling in with the masses. My search for meaning was influenced by my social world, my colleagues and friends who encouraged me to reflect on Christian belief systems, offering me guidance and support through my loss. However, I often found myself questioning particular

aspects of the preacher's sermons, and I gradually recognised that I found more comfort and solace from the social aspect of being with others, than from a religious framework. After attending a Christian weekend retreat, I realised that this belief system was doing more harm than good in terms of my personal inner struggle with meaning. From my bleak outlook on life, and struggle with the meaninglessness of existence I could not accept the positive, loving, altruistic aspect of the Christian faith, which seemed to encourage me to accept my loss, and put my faith and trust in God. However, I lacked trust in the world, or belief in the future, and adopting trust in a Christian God did nothing to quell my constant inner emptiness and despair.

7.4.2 Introduction to existential philosophy and psychotherapy

My inner resilience or psychological growth enabled me to leave the weekend retreat and return home on the train, with the growing realisation that a religious belief system would not support me in my existential search for meaning. At this time, during my voracious reading of philosophical texts, I attempted to read Schopenhauer's (1995) *The World as Will and Idea*, and numerous other spiritual grief books, ranging from C.S. Lewis' (1961) *A Grief Observed*, to books coping with sudden loss and the subsequent choices one makes (Neeld, 2003). It was also at this time I made great efforts to find an English speaking psychotherapist in Nagoya, which was very difficult in 2005. During my personal search for support I stumbled across a distance learning course at Sheffield University, the MSc in Psychoanalytic studies. However, after making an application I was disappointed to learn that the course was being withdrawn. The school suggested an alternative, the MSc in Psychotherapy studies. My prior

disappointment became a fortuitous development because the MSc course introduced me to existential psychotherapy and the work of Emmy van Deurzen. Finally, several years after my traumatic loss, the European and American existential-humanistic authors threw light on my personal crisis and existential search for meaning. I could at long last recognise my personal struggle in the works of: Emmy van Deurzen; Soeren Kierkegaard; Rollo May; Viktor Frankl and Irvin Yalom. Their words resonated with my existential struggle with anxiety, meaninglessness and despair, and it felt like an existential homecoming. I remember my first introduction to the work of Emmy van Deurzen (1999), I read her paper, 'The good life: formulating existential values for a new millennium', which later became a chapter in the author's book *Psychotherapy and the Quest for Happiness* (Deurzen, 2009). Reading Deurzen's (1999) paper flashed a beacon of light on my personal crisis, and search for meaning, which opened up a new chapter in my life. Such a positive consequence reflects the beginning of my journey towards qualifying as an existential psychotherapist, and pursuing my personally meaningful, doctoral research into the lived experience of traumatic bereavement.

8. Conclusion

It is undisputable that the phenomenon of traumatic bereavement was a life-changing experience for the co-researchers, who experienced the traumatic loss of a loved one in untimely, shocking and devastating circumstances. The research findings revealed the everyday psychological impact and long-term effects of traumatic loss on the co-researchers' psychological journey towards healing and recovery. Six main cluster themes were identified including: isolation; self-protection; loss of meaning; meaning driven existence; transformation of beliefs and values, and physical response to the loss.

The investigation of the lived experience of traumatic bereavement from an existential-phenomenological framework has highlighted the paradoxes of the identified cluster themes. Paradoxically the existential theory Being-in-the-world, relating to others, reflects contrary experiences. First, the meaning driven theme highlighted the healing factor of supportive connections with others, and the psychological significance of identifying personal meaning. Second, the isolation and self-protection themes highlighted the psychological effects of disappointing and damaging relationships with friends and family, due to social stigma and lack of knowledge. Self-protecting behaviours, as seen in the self-protection towards recovery model, highlighted a potential helpful psychological model during the vulnerable state of grief. However, concealing the authentic grief response paradoxically contributed to the lack of knowledge and stigma experienced, which limited potential supportive connections available. Although the co-researchers' recognised the temporal nature of existence, they

acknowledged the freedom to pursue a different life path. Such psychological growth was based on a changed worldview that formed a core value system, which reflects the transformation of beliefs and values theme. Finally, the physical response to the loss highlighted a common essence of traumatic bereavement, which reflects the ongoing sorrow for the loss of the loved one.

The proposed existential model of recovery from traumatic bereavement highlighted psychological growth that enabled meaning making and restored a level of hope. The identification of personal meaning enabled the co-researchers to self-protect from remaining frozen in grief, which was ultimately a psychological choice towards healing from grief. The co-researchers' decision to pursue a meaningful life was the result of an arduous personal struggle through pain, trauma and despair, which reflects the loss of meaning theme. If this process fails however the traumatically bereaved may remain in Being-in-grief and ongoing sorrow, at risk of developing complicated grief or pathology. However, psychological growth enabled the co-researchers to identify the significant process of developing the ongoing bond with the loved one, and identify personal meaning.

The existential paradox of traumatic grief has reflected the solitary and individualised phenomenon of traumatic bereavement. Yet, conversely the existential theory Being-in-the-world highlighted the significance of supportive and meaningful relationships with others, which contributed towards healing and recovery from traumatic grief.

9. References

1. Alvarez, A. (1971). *The Savage God: A Study of Suicide.* Harmondsworth, Middlesex: Penguin Books Ltd.

2. American Psychiatric Association. (1980). *Diagnostic and Statistical Manual of Mental Disorders Third edition, (DSM-III).* Washington, DC: Author.

3. American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders Fifth edition, (DSM-5).* Washington, DC: Author.

4. Anyan, F. (2013). The influence of power shifts in data collection and analysis stages: a focus on qualitative research interview. *The Qualitative Report, 18*(18), 1-9. Retrieved from https://nsuworks.nova.edu/tqr/vol18/iss18/2

5. Arber, A. (2006). Reflexivity: A challenge for the researcher as practitioner. *Journal of Research in Nursing, 11*(2), 147-157.

6. Arnold, J., & Gemma, P. B. (2008). The continuing process of parental grief. *Death Studies, 32*(7), 658-673. doi: 10.1080/07481180802215718

7. Attig, T. (2001). Relearning the world: making and finding meanings. In R. A. Neimeyer (Ed.), *Meaning Reconstruction and the experience of loss*. Washington, DC: American Psychological Association.

8. Attig, T. (2004). Disenfranchised grief revisited: discounting hope and love. *Omega: Journal of Death and Dying, 49*(3), 197-215.

9. Attig, T. (2012). Reaching through sorrow to legacy. In R. A. Neimeyer (Ed.), *Techniques of Grief Therapy: Creative Practices for Counseling the Bereaved* (pp. 277-280). New York, NY and Hove, East Sussex: Routledge.

10. Avis, M. (2005). Is there an epistemology for qualitative research? In I. Holloway (Ed.), *Qualitative Research in Health Care* (pp. 3-16). Maidenhead: Open University Press.

11. Balk, D. E. (1999). Bereavement and spiritual change. *Death Studies, 23*(6), 485-493.

12. Barnett, L. (Ed.). (2009). *When Death Enters the Therapeutic Space Existential Perspectives in Psychotherapy and Counselling.* Hove, East Sussex: Routledge.

13. Beck, C. T. (1994). Reliability and validity issues in phenomenological research. *Western Journal of Nursing Research, 16*(3), 254-267.

14. Begley, M., & Quayle, E. (2007). The lived experience of adults bereaved by suicide: a phenomenological study. *Crisis: The Journal of Crisis Intervention and Suicide Prevention, 28*(1), 26-34. doi:10.1027/0227-5910.28.1.26

15. Binswanger, L. (1958). The case of Ellen West, trans. W. M. Mendel, & J. Lyons. In R. May, E. Angel, & H. F. Ellenberger (Eds.), *Existence* (pp. 237-364). Lanham, Maryland: Aronson.

16. Blackman, S. (2007). Hidden ethnography: Crossing emotional boundaries in qualitative accounts of young people's lives. *Sociology, 41*(4), 699-716.

17. Boelen, P. A., & Smid E. G. (2017). Disturbed grief: prolonged grief disorder and persistent complex bereavement disorder. *BMJ,* 357, j2016. *https://doi.org/10.1136/bmj.j2016*

18. Bonanno, G. A., & Kaltman, S. (2001). The varieties of grief experience. *Clinical Psychology Review, 21*(5), 705-734.

19. Bonanno, G. A. (2006). Grief, trauma, and resilience. In E. K. Rynearson (Ed.), *Violent Death Resilience and Intervention Beyond the Crisis* (pp. 31-46). New York, NY: Routledge.

20. Bowlby, J. (1980). *Attachment and Loss, Volume 3: Loss, Sadness and Depression.* Middlesex, England: Penguin Books.

21. Brake. (2018). *Drivers raise motorway safety fears as lorry traffic hits record high*. Retrieved from http://www.brake.org.uk/media-centre/1846-drivers-raise-motorway-safety-fears-as-lorry-traffic-hits-record-high

22. Bride, B. E., Radey, M., & Figley, C. R. (2007). Measuring compassion fatigue. *Clinical Social Work Journal, 35*(3), 155-163. https://doi-org.ezproxy.mdx.ac.uk/10.1007/s10615-007-0091-7

23. British Psychological Society (BPS). (2018a). *Code of Human Research Ethics (2nd edition 2014).* Retrieved from https://www.bps.org.uk/news-and-policy/bps-code-human-research-ethics-2nd-edition-2014

24. British Psychological Society (BPS). (2018b). *Coping with bereavement*. Retrieved from https://www.bps.org.uk/discover-psychology/coping-bereavement

25. Bryman, A. (2008). *Social Research Methods* (3rd ed.). Oxford: Oxford University Press.

26. Calhoun, L. G., Tedeschi, R. G., Cann, A., & Hanks, E. A. (2010). Positive outcomes following bereavement: Paths to posttraumatic growth. *Psychologica Belgica, 50*(1-2), 125-143.

27. Camus, A. (1955). *The Myth of Sisyphus* (J. O'Brian, Trans.). London: Penguin Books Ltd. (Original work published 1942)

28. Carr, R. B. (2011). Combat and human existence: Toward an intersubjective approach to combat-related PTSD. *Psychoanalytic Psychology, 28*(4), 471-496.

29. Chapple, A., Swift, C., & Ziebland, S. (2011). The role of spirituality and religion for those bereaved due to a traumatic death. *Mortality, 16*(1), 1-19. https://doi:10.1080/13576275.2011.535998

30. Chapple, A., Ziebland, S., & Hawton, K. (2015). Taboo and the different death? Perceptions of those bereaved by suicide or other traumatic death. *Sociology of Health and Illness, 37*(4), 610-625. https://doi:10.1111/1467-9566.12224

31. Cerel, J., Jordan, J. R., & Duberstein, P. R. (2008). The impact of suicide on the family. *Crisis: The Journal of Crisis Intervention and Suicide Prevention, 29*(1), 38-44. https://doi-org.ezproxy.mdx.ac.uk/10.1027/0227-5910.29.1.38

32. Clark, S. E., & Goldney, R. D. (2000). The impact of suicide on relatives and friends. In K. Hawton, & K. Van Heeringen (Eds.), *The International Handbook of Suicide and Attempted Suicide* (pp. 467-484). Chichester, West Sussex: Wiley.

33. Colaizzi, P. F. (1973). *Reflection and Research in Psychology: a Phenomenological Study of Learning.* Dubuque, Iowa: Kendall/Hunt.

34. Colaizzi, P. F. (1978). Psychological research as the phenomenologist views it. In R. S. Valle, & M. King (Eds.), *Existential-phenomenological alternatives for psychology* (pp. 48-71). New York, NY: Oxford University Press.

35. Coyle, A. (2007). Introduction to qualitative psychological research. In E. Lyons, & A. Coyle (Eds.), *Analysing Qualitative Data in Psychology* (pp. 9-29). London: Sage.

36. Cruse Bereavement Care. (2007). *Awareness in Bereavement Care. The Cruse Foundation Course.* Richmond, Surrey: Cruse Bereavement Care.

37. Cruse Bereavement Care. (2017). Has someone died? Restoring hope. Retrieved from https://www.cruse.org.uk/sites/default/files/default_images/pdf/Documents-and-fact-sheets/Restoring_Hope_Jul2017.pdf

38. Dean, J. (2017). *Doing Reflexivity: An Introduction.* Bristol: Policy Press/ The University of Bristol.

39. Denzin, N. (1997). *Interpretative Ethnography: Ethnographic Practices for the 21st Century.* London: Sage.

40. Denzin, N., & Lincoln, Y. (1998). *The Landscape of Qualitative Research.* Thousand Oaks, CA: Sage.

41. Department of Health. (2010). *Help is at hand: A resource for people bereaved by suicide and other sudden, traumatic death*. London: HMSO.

42. Department of Legislation. (2017). *Suicide Act 1961.* [Electronic version www.legislation.gov.uk/ukpga/Eliz2/9-10/60/data.pdf] London: HMSO.

43. Department of Legislation. (2018a). *Data Protection Act 1998.* [Electronic version https://www.legislation.gov.uk/ukpga/1998/29/contents] London: HMSO.

44. Department of Legislation. (2018b). *Freedom of Information Act 2000.* [Electronic version https://www.legislation.gov.uk/ukpga/2000/36/contents] London: HMSO.

45. Department for Transport. (2018). *Reported road casualties in Great Britain: 2017 annual report* [Electronic version https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/744077/reported-road-casualties-annual-report-2017.pdf] London: HMSO.

46. Derrida, J. 2001. *The Work of Mourning,* (P.-A. Brault & M. Naas Eds.,) Chicago and London: The University of Chicago Press.

47. Deurzen-Smith, E. van, (1984). Existential therapy. In W. Dryden (Ed.), *Individual Therapy in Britain* (pp. 152-179). London: Harper & Row.

48. Deurzen-Smith, E. van, (1988). *Existential Counselling in Practice.* London: Sage.

49. Deurzen-Smith, E. van, (1990). Existential therapy. In W. Dryden (Ed.), *Individual Therapy: A Handbook* (pp. 149-174). Milton Keynes: Open University Press.

50. Deurzen, E., van, (1999). The good life: formulating existential values for a new millennium. Retrieved from http://www.existential.dsl.pipex.com/Lectures%20and%20courses/goodlifepaper.pdf

51. Deurzen, E. van, (2002). *Existential Counselling and Psychotherapy in Practice* (2nd ed.). London: Sage.

52. Deurzen, E. van, & Arnold-Baker, C. (Eds.). (2005). *Existential Perspectives on Human Issues A Handbook for Therapeutic Practice.* Basingstoke, Hampshire: Palgrave MacMillan.

53. Deurzen, E. van, (2009). *Psychotherapy and the Quest for Happiness.* London: Sage.

54. Deurzen, E. van, (2010). *Everyday Mysteries, a Handbook of Existential Psychotherapy* (2nd ed.). Hove, East Sussex: Routledge.

55. Deurzen, E. van, (2012). Reasons for living Existential therapy and spirituality. In L. Barnett, & G. Madison (Eds.), *Existential Therapy Legacy, Vibrancy and Dialogue* (pp. 170-182). London and New York, NY: Routledge.

56. Deurzen, E. van, (2014). Structural existential analysis (SEA): A phenomenological research method for counselling psychology. *Counselling Psychology Review, 29*(2), 54-66.

57. Deurzen, E. van, & Deurzen-Smith, S. (2018). Existential transformative coaching: working with images, feelings and values to revitalize the life-world. *Existential Analysis Journal of the Society for Existential Analysis, 29*(1), 105-122.

58. Doka, K. (Ed.). (1989). *Disenfranchised Grief.* Lexington, MA: Lexington Books.

59. Doka, K. J. (2002). How we die: stigmatized death and disenfranchised grief. In K. J. Doka (Ed.), *Disenfranchised Grief: New Directions, Challenges, and Strategies for Practice* (pp. 323-336). Champaign, Illinois: Research Press.

60. Doka, K. J., & Martin, T. L. (2002). How we grieve: culture, class and gender. In K. J. Doka (Ed.), *Disenfranchised Grief: New Directions, Challenges, and Strategies for Practice* (pp 337-47). Champaign, Illinois: Research Press.

61. Doka, K. J. (2008). Disenfranchised grief in historical and cultural perspective. In M. S. Stroebe, R. O. Hansson, W. Stroebe, & H. Schut (Eds.), *Handbook of Bereavement Research Consequences, Coping, and Care* (pp. 223-240). Washington, DC: American Psychological Association.

62. Dybel, P. (2005). The idea of phenomenology as a description of “die sachen selbst” in Husserl and Heidegger. In A. Wierciński (Ed.), *Between Description and Interpretation: The Hermeneutic Turn in Phenomenology* (pp.

247-258). Toronto: The Hermeneutic Press.

63. Dyregrov, K. (2003-2004). Micro-sociological analysis of social support following traumatic bereavement: Unhelpful and avoidant responses from the community. *Omega: Journal of Death and Dying*, *48*(1), 23-44.

64. Eatough, V., & Smith, J. A. (2008). Interpretative phenomenological analysis. In C. Willig, & W. Stainton-Rogers (Eds.), *The Sage Handbook of Qualitative Research in Psychology* (pp. 179-194). London: Sage.

65. Edmonds, J., & Harris, J. (2018, June). Holding the dead in our hearts and lives. *Therapy Today, 29*(5), 30-33.

66. Edwards, B. (2002). Deep inside research. *Qualitative Research Journal, 2*(1), 71-84.

67. Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology, 38*(3), 215-229.

68. Ellman, S. J. (1991). *Freud's Technique Papers: A Contemporary Perspective.* Northvale, New Jersey: Jason Aronson Inc.

69. Englander, M. (2012). The interview: data collection in descriptive phenomenological human scientific research. *Journal of Phenomenological Psychology, 43*(1), 13-35.

70. Etherington, K. (2004). *Becoming a Reflexive Researcher: Using Our Selves in Research.* London: Jessica Kingsley.

71. Erikson, E. H. (1963). *Childhood and Society* (2nd ed.). New York, NY: W.W. Norton & Company, Inc.

72. Figley, C. R. (1999). Compassion fatigue: toward a new understanding of the costs of caring. In B. H. Stamm (Ed.), *Secondary Traumatic Stress* (2nd ed.) (pp. 3-28). Lutherville, Maryland: The Sidran Press.

73. Finlay, L. (2002). Negotiating the swamp: The opportunity and challenge of reflexivity in research practice. *Qualitative Research, 2*(2), 209-230.

https://doi-org.ezproxy.mdx.ac.uk/10.1177/146879410200200205

74. Finlay, L. (2003). The reflexive journey: Mapping multiple routes. In L. Finlay, & B. Gough (Eds.), *Reflexivity: A Practical Guide for Researchers in Health and Social Sciences* (pp. 3-20). Oxford: Blackwell.

75. Finlay, L. (2006). The body's disclosure in phenomenological research. *Qualitative Research in Psychology, 3*(1), 19-30.

76. Finlay, L. (2012). Five lenses for the reflexive interviewer. In J. F. Gubrium, J. A. Holstein, A. B. Marvasti, & K. D. McKinney (Eds.), *The SAGE Handbook of Interview Research: The Complexity of the Craft* (2nd ed.) (pp. 317-331). Thousand Oaks, CA: Sage Publications, Inc.

77. Fleming, S. (2012). Complicated grief and trauma: what to treat first? In R. A. Neimeyer (Ed.), *Techniques of Grief Therapy: Creative Practices for Counseling the Bereaved* (pp. 83-85). New York, NY and Hove, East Sussex: Routledge.

78. Flick, U. (2007). *Designing Qualitative Research.* London: Sage Publications Ltd.

79. Frankl, V. E. (1967). *Psychotherapy and Existentialism.* London: Souvenir Press.

80. Frankl, V. E. (1973). *The Doctor and the Soul: From Psychotherapy to Logotherapy.* New York, NY: Vintage Books. (Original work published 1955)

81. Frankl, V. (1984). *Man's Search for Meaning.* New York, NY: Pocket Books, Simon & Schuster Inc.

82. Freud, S. (1957). Mourning and melancholia. In J. Strachey (Ed.), *The Standard Edition of the Complete Psychological Works of Sigmund Freud Volume XIV (vol.14)* (pp. 243-258). London: Hogarth Press and The Institute of Psycho-Analysis. (Original work published 1917)

83. Gadamer, H-G. (2013). *Truth and Method* (J. Weinsheimer & D.G. Marshall, Trans.). London, New York, NY: Bloomsbury Academic. (Original work published 1975)

84. Gilbert, K. R. (2001). Introduction: why are we interested in emotions? In K. R. Gilbert (Ed.), *The Emotional Nature of Qualitative Research* (pp. 3-15). Boca Raton, FL: CRC Press LLC.

85. Giorgi, A. (1990). Phenomenology, psychological science and common sense. In G. R. Semin, & K. J. Gergen (Eds.), *Everyday Understanding: Social and Scientific Implications* (pp. 64-82). London: Sage.

86. Giorgi, A. (2002). The question of validity in qualitative research. *Journal of Phenomenological Psychology, 33*(1), 1-18.

87. Giorgi, A. (2006). Concerning variations in the application of the phenomenological method. *The Humanistic Psychologist, 34*(4), 305-319.

88. Giorgi, A. P., & Giorgi, B. (2008a). Phenomenological psychology. In C. Willig, & W. Stainton-Rogers (Eds.), *The Sage Handbook of Qualitative Research in Psychology* (pp. 165-178). London: Sage.

89. Giorgi, A., & Giorgi, B. (2008b). Phenomenology. In J. A. Smith (Ed.), *Qualitative Psychology: A Practical Guide to Research Methods* (2nd ed.) (pp. 26-52). London: Sage.

90. Giorgi, A. (2009). *The Descriptive Phenomenological Method in Psychology: A Modified Husserlian Approach.* Pittsburgh, Pennsylvania: Duquesne University Press.

91. Giorgi, A. (2010). Phenomenology and the practice of science. *Existential Analysis Journal of the Society for Existential Analysis, 21*(1), 3-22.

92. Giorgi, A. (2012). The descriptive phenomenological psychological method. *Journal of Phenomenological Psychology, 43*(1), 3-12.

93. Glick, I. O., Weiss, R. S., & Parkes, C. M. (1974). *The First Year of Bereavement.* New York, NY: John Wiley & Sons.

94. Gough, B. (2003). Deconstructing reflexivity. In L. Finlay, & B. Gough (Eds.), *Reflexivity: A Practical Guide for Researchers in Health and Social Sciences* (pp. 21-35). Oxford: Blackwell.

95. Gorer, G. (1987). *Death, Grief, and Mourning in Contemporary Britain.* Salem, New Hampshire: Ayer.

96. Grad, O. (2011). The sequelae of suicide: survivors. In R. C. O'Connor, S. Platt, & J. Gordon (Eds.), *International Handbook of Suicide Prevention: Research, Policy and Practice* (pp. 561 – 576). Chichester, West Sussex: Wiley-Blackwell.

97. Guba, E. G., & Lincoln, Y. S. (1989). *Fourth Generation Evaluation.* New York, NY: Sage.

98. Halling, S. (2002). Making phenomenology accessible to a wider audience. *Journal of Phenomenological Psychology, 33*(1), 19-38.

99. Hawton, K., & Van Heeringen, K. (Eds.). (2000). *The International Handbook of Suicide and Attempted Suicide*. Chichester, West Sussex: Wiley.

100. Hawton, K., and Simkin, S. (2003). Helping people bereaved by suicide. *Bereavement Care, 22*(3), 41-42.

101. Heidegger, M. (1962). *Being and Time* (J. Macquarrie & E. S. Robinson, Trans.). Malden, MA, Oxford: Blackwell. (Original work published 1927)

102. Hendry, J. (2003). *Understanding Japanese Society Third edition.* London, New York, NY: RoutledgeCurzon.

103. Herman, J. (1992). *Trauma and Recovery*. New York, NY: Basic Books.

104. Hiles, D., & Cermak, I. (2008). Narrative psychology. In C. Willig, & W. Stainton-Rogers (Eds.), *The Sage Handbook of Qualitative Research in Psychology* (pp. 147-164). London: Sage.

105. Hill, K. (1995). *The Long Sleep: Young People and Suicide.* London: Virago.

106. Holloway, I. (2008). *A-Z of Qualitative Research in Healthcare* (2nd ed.). West Sussex: Blackwell.

107. Holloway, I., & Wheeler, S. (2010). *Qualitative Research in Nursing and*

Healthcare (3rd ed.). West Sussex: Wiley-Blackwell.

108. Hollway, W., & Jefferson, T. (2000). *Doing Qualitative Research Differently: Free Association, Narrative and the Interview Method.* London: Sage.

109. Horowitz, M., Siegel, B., Holen, A., Bonanno, G., Milbrath, C., & Stinson, C. (1997). Diagnostic criteria for complicated grief disorder. *The American Journal of Psychiatry, 154*(7), 904-910.

110. Horowitz, M. (2006). Meditating on complicated grief disorder as a diagnosis. *Omega: Journal of Death and Dying, 52*(1), 87-89.

111. Horowitz, M. J. (2011). *Stress Response Syndromes* (5th ed.). Lanham, Maryland: Jason Aronson.

112. Husserl, E. (1970). *The Crisis of European Sciences and Transcendental Phenomenology: An Introduction to Phenomenological Philosophy,* (D. Carr, Trans.). Evanston: Northwestern University Press. (Original work published 1954)

113. Husserl, E. (1977a). *Phenomenological Psychology Lectures, Summer Semester, 1925* (J. Scanlon, Trans.). The Hague: Martinus Nijhoff. (Original work published 1925)

114. Husserl, E. (1977b). *Cartesian Meditations: An Introduction to Phenomenology* (D. Cairns, Trans.). The Hague: Martinus Nijihoff.

115. Husserl, E. (1983). *Ideas Pertaining to a Pure Phenomenology and to a Phenomenological Philosophy: First Book* (F. Kersten, Trans.). The Hague: Martinus Nijhoff. (Original work published 1913)

116. Hycner, R. H. (1985). Some guidelines for the phenomenological analysis of interview data. *Human Studies, 8*(3), 279-303.

117. Jacobs, S. (1999). *Traumatic Grief: Diagnosis, Treatment, and Prevention.* Philadelphia, PA: Brunner/Mazel.

118. Jalland, P. (2013). A culture of silent grief?: The transformation of

bereavement care in 20th century England. *Bereavement Care, 32*(1), 16-22. https://doi.org/10.1080/02682621.2013.779821

119. Janoff-Bulman, R. (1992). *Shattered Assumptions Towards a New Psychology of Trauma*. New York, NY: The Free Press.

120. Jaspers, K. (1951). *Way to Wisdom an Introduction to Philosophy* (R. Manheim, Trans.). New Haven and London: Yale University Press.

121. Jaspers, K. (1971). *Philosophy of Existence* (R. F. Grabau, Trans.). Oxford: Basil Blackwell.

122. Jayasinghe, A. (2016). *The experience of living with traumatic bereavement: an interpretative phenomenological analysis.* (Unpublished doctoral dissertation). Middlesex University, London.

123. Johnson, D. (2013). Legal and Financial support for families following a sudden death. *Sudden: Supporting People after sudden death.* Retrieved from http://www.suddendeath.org/uncategorised/144-legal-and-financial-support-for-families-following-a-sudden-death-deborah-johnson

124. Jordon, J. R. (2001). Is suicide bereavement different? A reassessment of the literature. *Suicide and Life-Threatening Behavior. 31*(1), 91-102.

125. Jordon, K. (2010). Vicarious trauma: proposed factors that impact clinicians. *Journal of Family Psychotherapy. 21*(4), 225-237.

126. Jordon, J. R., & McIntosh, J. L. (2010). Suicide bereavement: Why study survivors of suicide loss? In J. R. Jordon & J. L. McIntosh (Eds.), *Grief After Suicide: Understanding the Consequences and Caring for the Survivors* (pp. 3-17). New York, NY: Routledge.

127. Jordon, J. R., & McIntosh, J. L. (2011). Is suicide bereavement different? Perspectives from research and practice. In R. A. Neimeyer, D. L. Harris, H. R. Winokuer, & G. F. Thornton (Eds.), *Grief and Bereavement in Contemporary Society: Bridging Research and Practice* (pp. 223-234). New York, NY: Routledge.

128. Joseph, S. (2013, n.d.). What doesn't kill us: Post-traumatic growth. *Huffington Post*. Retrieved from http://www.huffingtonpost.com/stephen-joseph/what-doesnt-kill-us-post_b_2862726.html

129. Kaiser, K. (2012). Protecting confidentiality. In J. F. Gubrium, J. A. Holstein, A. B. Marvasti, & K. D. McKinney (Eds.), *The SAGE Handbook of Interview Research: The Complexity of the Craft* (2nd ed.) (pp. 457-464). Thousand Oaks, CA: Sage Publications, Inc.

130. Karlsson, G. (1993). *Psychological Qualitative Research from a Phenomenological Perspective.* Stockholm, Sweden: Almqvist & Wiksell International.

131. Kauffman, J. (2002). Safety and the assumptive world. In J. Kauffman (Ed.), *Loss of the Assumptive World: A Theory of Assumptive Loss* (pp. 205-211). New York, NY and London: Brunner-Routledge.

132. Kauffman, J. (2012). The empathic spirit in grief therapy. In R. A. Neimeyer (Ed.), *Techniques of Grief Therapy: Creative Practices for Counseling the Bereaved* (pp. 12-15). New York, NY and Hove, East Sussex: Routledge.

133. Kirby, S. (2005). Human Development. In E. Van Deurzen, & C. Arnold-Baker (Eds.), *Existential Perspectives on Human Issues A Handbook for Therapeutic Practice* (pp. 39-47). Basingstoke, Hampshire: Palgrave MacMillan.

134. Klass, D., Silverman, P. R., & Nickman, S. L. (Eds.). (1996). *Continuing Bonds: New Understandings of Grief.* Washington, DC: Taylor & Francis.

135. Klass, D., & Steffen, E. M. (Eds.). (2018). *Continuing Bonds in Bereavement: New Directions for Research and Practice.* New York, NY: Routledge.

136. Kleber, R. J., & Brom, D. (1992). *Coping with Trauma: Theory, Prevention and Treatment.* Amsterdam: Swets & Zeitlinger.

137. Klein, M. (1988). *Envy and Gratitude and Other Works 1946-1963.*

London: Virago Press.

138. Kockelmans, J. J. (1967). *Edmund Husserl's Phenomenological Psychology: A Historico-Critical Study.* Pittsburgh, PA: Duquesne University Press.

139. Kvale, S. (2006). Dominance through interviews and dialogues. *Qualitative Inquiry. 12*(3), 480-500.

140. Kvale, S. (2007). *Doing Interviews.* London: Sage.

141. Kvale, S., & Brinkman, S. (2009). *Interviews: Learning the Craft of Qualitative Research Interviews* (2nd ed.). Thousand Oaks, California: Sage.

142. Langdridge, D. (2007). *Phenomenological Psychology Theory, Research and Method.* Harlow, England: Pearson Prentice Hall.

143. Langdridge, D., & Hagger-Johnson, G. (2013). *Introduction to Research Methods and Data Analysis in Psychology* (3rd ed.). Harlow, England: Pearson.

144. Lehman, D. R., Ellard, J. H., & Wortman, C. B. (1986). Social support for the bereaved: Recipients' and providers' perspectives on what is helpful. *Journal of Consulting and Clinical Psychology, 54,* 438-446.

145. Levinas, E. 1995. *The Theory of Intuition in Husserl's Phenomenology* (2nd ed.) (A. Orianne, Trans.). Evanston, Illinois: Northwestern University Press. (Original work published 1963)

146. Lewis, C. S. (1961). *A Grief Observed.* London: Faber and Faber.

147. Li, J., Precht, D. H., Mortensen, P. B., & Olsen, J. (2003). Mortality in parents after death of a child in Denmark: A nationwide follow-up study. *Lancet*, *361*, 1-5.

148. Lichtenthal, W. G., Cruess, D. G., & Prigerson, H. G. (2004). A case for establishing complicated grief as a distinct mental disorder in the *DSM-V. Clinical Psychology Review, 24*(6), 637-662. https://doi.org/10.1016/j.cpr.2004.07.002

149. Lichtenthal, W. G., Currier, J. M., Neimeyer, R. A., & Keesee, N. J. (2010). Sense and significance: a mixed methods examination of meaning making after the loss of one's child. *Journal of Clinical Psychology, 66*(7), 791-812. https://doi.org/10.1002/jclp.20700

150. Lindemann, E. (1944). Symptomatology and management of acute grief. *American Journal of Psychiatry, 101*(6)**,** 141-148.

151. Linley, A. P., & Joseph, S. (2004). Positive change following trauma and adversity: a review. *Journal of Traumatic Stress, 17*(1), 11-21.

152. Lukas, C., & Seiden, H. M. (2007). *Silent Grief: Living in the Wake of Suicide Revised edition.* London: Jessica Kingsley Publishers.

153. Maciejewski, P. K., Maercker, A., Boelen, P. A., & Prigerson, H. G. (2016). "Prolonged grief disorder" and "persistent complex bereavement disorder", but not "complicated grief", are one and the same diagnostic entity: an analysis of data from the Yale Bereavement Study. *World Psychiatry, 15*(3), pp.266-275. http://onlinelibrary.wiley.com/doi/10.1002/wps.20348/full

154. Macquarrie, J. (1972). *Existentialism.* London: Penguin Books.

155. Madison, G. B. (2005). The interpretative turn in phenomenology: a philosophical history. In A. Wierciński, A. (Ed.), *Between Description and Interpretation: The Hermeneutic Turn in Phenomenology* (pp. 3-51). Toronto: The Hermeneutic Press.

156. May, R. (1977). *The Meaning of Anxiety Revised edition.* New York, NY: W.W. Norton & Company, Inc.

157. McClowry, S. G., Davies, E. B., May, K. A., Kulenkamp, E. J., & Martinson, I. M. (1987). The empty space phenomenon: the process of grief in the bereaved family. *Death Studies, 11*(5), 361-374. https://doi:10.1080/07481188708252200

158. McKay, K., & Tighe, J. (2014). Talking through the dead: The impact and interplay of lived grief after suicide. *OMEGA - Journal of Death and Dying, 68*(2), 111-121. http://journals.sagepub.com.ezproxy.mdx.ac.uk/doi/10.2190/OM.68.2.b

159. McLeod, J. (2013). *An Introduction to Research in Counselling and Psychotherapy.* London: Sage Publications Ltd.

160. Merleau-Ponty, M. (2012). *The Phenomenology of Perception* (D. A. Landes, Trans.). London and New York, NY: Routledge. (Original work published 1945)

161. Middleton, W., Burnet, P., Raphael, B., & Martinek, N. (1996). The bereavement response: A cluster analysis. *British Journal of Psychiatry, 169*, 167-171.

162. Moustakas, C. (1994). *Phenomenological Research Methods*. Thousand Oaks, California: Sage.

163. Neeld, E. H. (2003). *Seven Choices: Finding Daylight after Loss Shatters your World.* New York, NY: Warner Books.

164. Neimeyer, R. A. (2001). The language of loss: grief therapy as a process of meaning reconstruction. In R. A. Neimeyer (Ed.), *Meaning Reconstruction and the Experience of Loss* (pp. 261-292). Washington, DC: American Psychological Association.

165. Neimeyer, R. A., Prigerson, H. G., & Davies, B. (2002). Mourning and meaning. *American Behavioral Scientist*, *46*(2), 235-251.

166. Neimeyer, R. A., Burke, L. A., Mackay, M. M., & van Dyke Stringer, J.G. (2010). Grief therapy and the reconstruction of meaning: from principles to practice. *Journal of Contemporary Psychotherapy, 40*(2), 73-83.

167. Neimeyer, R. A., & Sands, D. C. (2011). Meaning reconstruction in bereavement: from principles to practice. In R. A. Neimeyer, D. L. Harris, H. R. Winokuer, & G. F. Thornton (Eds.), *Grief and Bereavement in Contemporary Society: Bridging Research and Practice* (pp. 9-22). New York, NY: Routledge.

168. Neimeyer, R. A. (2012a). The life imprint. In R. A. Neimeyer (Ed.), *Techniques of Grief Therapy: Creative Practices for Counseling the Bereaved* (pp. 274-276). New York, NY and Hove, East Sussex: Routledge.

169. Neimeyer, R. A. (2012b). Retelling the narrative of death. In R. A. Neimeyer (Ed.), *Techniques of Grief Therapy: Creative Practices for Counseling the Bereaved* (pp. 86-90). New York, NY and Hove, East Sussex: Routledge.

170. Neimeyer, R. A. (2016). Meaning reconstruction in the wake of loss: evolution of a research program. *Behaviour Change, 30*(2), 65-79. https://doi.org/10.1017/bec.2016.4

171. Neimeyer, R. A., & Hooghe, A. (2018). Reconstructing the continuing bond: a case study in grief therapy. In D. Klass, & E. M. Steffen (Eds.), *Continuing Bonds in Bereavement: New Directions for Research and Practice* (pp. 73-98). New York, NY: Routledge.

172. NHS. (2017). *Coping with bereavement.* [Electronic version https://www.nhs.uk/conditions/stress-anxiety-depression/coping-with-bereavement/] London: HMSO.

173. National Suicide Prevention Alliance (NSPA). (2018). Retrieved from http://www.nspa.org.uk/home/our-work/

174. Oakley, S. (2009). Creating safety for the client: The London 7/7 bombings. In L. Barnett (Ed.), *When Death Enters the Therapeutic Space Existential Perspectives in Psychotherapy and Counselling* (pp. 89-101). Hove, East Sussex: Routledge.

175. O'Connor, R. C., Platt, S., & Gordon, J. (Eds.). (2011). *International Handbook of Suicide Prevention: Research, Policy and Practice.* Chichester, West Sussex: Wiley-Blackwell.

176. O'Connor, R. C., & Pirkis, J. (Eds.). (2016). *The International Handbook of Suicide Prevention* (2nd ed.). Malden, MA: Wiley-Blackwell.

177. Office for National Statistics (ONS). (2018a). *Deaths registered in England and Wales: 2017.* Retrieved from https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregistrationsummarytables/2017

178. Office for National Statistics (ONS). (2018b). *Homicide in England and*

Wales: year ending March 2017. Retrieved from https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/homicideinenglandandwales/yearendingmarch2017

179. Office for National Statistics (ONS). (2018c). *Suicides in the UK: 2017 registrations.* Retrieved from https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2017registrations

180. Orlean, S. (1999). Transcendence. In D. W. George & A. G. Carlson (Eds.), *Japan True Stories of Life on the Road* (pp. 124-140). Redwood City, CA: Travelers' Tales, Inc.

181. Paidoussis-Mitchell, C. (2012). Traumatic bereavement: a phenomenological study. *Existential Analysis Journal of the Society for Existential Analysis, 23*(1), 32-45.

182. Parkes, C. M., & Prigerson, H. G. (2010). *Bereavement Studies of Grief in Adult Life* (4th ed.). London: Penguin Books.

183. Pearlman, L. A., Wortman, C. B., Feuer, C. A., Farber, C. H., & Rando, T. A. (2014). *Treating Traumatic Bereavement: A Practitioner's Guide.* New York, NY: The Guilford Press.

184. Peters, K., Cunningham, C., Murphy, G., & Jackson, D. (2016). 'People look down on you when you tell them how he died': qualitative insights into stigma as experienced by suicide survivors. *International Journal of Mental Health Nursing, 25*(3), 251-257. https://doi.org/10.1111/inm.12210

185. Pickett, M., Brennan, A. W., Greenberg, H. S., Licht, L., & Worrell, J. D. (1994). Use of debriefing techniques to prevent compassion fatigue in research teams. *Nursing Research, 43*(4), 250-252.

186. Pitman, A. L., Stevenson, F., Osborn, D. P. J., & King, M. B. (2018). The stigma associated with bereavement by suicide and other sudden deaths: A qualitative study. *Social Science & Medicine, 198*, 121-129. https://doi.org/10.1016/j.socscimed.2017.12.035

187. Poland, B. D. (2002). Transcription quality. In J. F. Gubrium, & J. A.

Holstein (Eds.), *Handbook of Interview Research: Context & Method* (pp. 629-649). Thousand Oaks, California: Sage Publications Inc.

188. Polkinghorne, D. E. (1989). Phenomenological research methods. In R. S. Valle, & S. Halling (Eds.), *Existential-Phenomenological Perspectives in Psychology: Exploring the Breadth of Human Experience* (pp. 41-60). New York, NY: Plenum Press.

189. Prigerson, H. G., Maciejewski, P. K., Reynolds, C. F., Bierhals, A. J., Newsom, J. T., Fasiczka, A., Frank, E., Doman, J., & Miller, M. (1995). Inventory of complicated grief: A scale to measure maladaptive symptoms of loss. *Psychiatry Research, 59*, 65-79.

190. Prigerson, H. G., & Jacobs, S. C. (2001). Traumatic grief as a distinct disorder: a rationale, consensus criteria, and a preliminary empirical test. In M. S. Stroebe, R. O. Hansson, W. Stroebe, & H. Schut (Eds.), *Handbook of Bereavement Research Consequences, Coping, and Care* (pp. 613-646). Washington DC: American Psychological Association.

191. Prigerson, H. G., & Maciejewski, P. K. (2006). A call for sound empirical testing and evaluation of criteria for complicated grief proposed for DSM-V. *Omega: Journal of Death and Dying, 52*(1), 9-19.

192. Prigerson, H. G., Vanderwerker, L. C., & Maciejewski, P. K. (2008). A case for inclusion of prolonged grief disorder in DSM-V. In M. S. Stroebe, R. O. Hansson, H. Schut, & W. Stroebe (Eds.), *Handbook of Bereavement Research and Practice: Advances in Theory and Intervention* (pp. 165-186) Washington, DC: American Psychological Association.

193. Pritchard, C. (1995). *Suicide-The Ultimate Rejection? A Psycho-social study.* Buckingham, Bristol, PA: Open University Press.

194. Pulido, M. L. (2012). The ripple effect: lessons learned about secondary traumatic stress among clinicians responding to the September 11th terrorist attacks. *Clinical Social Work Journal, 40*(3), 307-315. https://doi-org.ezproxy.mdx.ac.uk/10.1007/s10615-012-0384-3

195. Rager, K. B. (2005). Compassion stress and the qualitative researcher. *Qualitative Health Research. 15*(3), 423-430.

https://doi-org.ezproxy.mdx.ac.uk/10.1177/1049732304272038

196. Rando, T. A. (1993). *Treatment of Complicated Mourning.* Champaign, Illinois: Research Press.

197. Rando, T. A, Doka, K. J, Fleming, S., Franco, M. H, Lobb, E. A, Parkes, C. M., & Steele, R. (2012). A call to the field: Complicated grief in the DSM-5. *OMEGA - Journal of Death and Dying, 65*(4), 251-255.

198. Rando, T. A. (2013). On achieving clarity regarding complicated grief: Lessons learnt from clinical practice. In M. S. Stroebe, H. Schut, & J. van den Bout (Eds.), *Complicated Grief: Scientific Foundations for Health care Professionals* (pp. 40-54). London and New York, NY: Routledge.

199. Raphael, B., & Martinek, N. (1997). Assessing traumatic bereavement and PTSD. In J. P. Wilson, & T. M. Keane (Eds.), *Assessing psychological trauma and PTSD* (pp. 373-395). New York, NY: Guilford Press.

200. Raphael, B., Stevens, G., & Dunsmore, J. (2006). Clinical theories of loss and grief. In E. K. Rynearson (Ed.), *Violent Death Resilience and Intervention Beyond the Crisis* (pp. 3-29). New York, NY: Routledge.

201. Rapport, F. (2005). Hermeneutic phenomenology: the science of interpretation of texts. In I. Holloway (Ed.), *Qualitative Research in Health Care* (pp. 125-146). Maidenhead: Open University Press.

202. Rees, W. D. (1971). The hallucinations of widowhood. *British Medical Journal, 4*(5778), 37-41. https://doi.org/10.1136/bmj.4.5778.37

203. Ricoeur, P. (1981). *Hermeneutics and the Human Sciences: Essays on Language, action and interpretation,* (J.B. Thompson, Trans.). Cambridge: Cambridge University Press.

204. Rolfe, G. (2006). Validity, trustworthiness and rigour: quality and the idea of qualitative research. *Journal of Advanced Nursing, 53*(3), 304-310. https://doi.org/10.1111/j.1365-2648.2006.03727.x

205. Rostila, M., Saarela, J., & Kawachi, I. (2012). Mortality in parents following the death of a child: A nationwide follow-up study from Sweden.

Journal of Epidemiology and Community Health, 66, 927-933.

206. Rothschild, B. (2000). *The Body Remembers: The Psychophysiology of Trauma and Trauma Treatment.* New York, NY: W.W. Norton & Company.

207. Rothschild, B. (2006). *Help for the Healer.* New York, NY: W.W. Norton & Company.

208. Royal College of Psychiatrists, RC PSYCH. (2018a). *Bereavement: key facts*. Retrieved from http://www.rcpsych.ac.uk/healthadvice/problemsanddisorders/bereavementkeyfacts.aspx

209. Royal College of Psychiatrists. RC PSYCH. (2018b). *Bereavement.* Retrieved from https://www.rcpsych.ac.uk/healthadvice/problemsanddisorders/bereavement.aspx

210. Rozalski, V., Holland, J. M., & Neimeyer, R. (2017). Circumstances of death and complicated grief: indirect associations through meaning made of loss. *Journal of Loss and Trauma, 22*(1), 11.23. https://doi.org/10.1080/15325024.2016.1161426

211. Rubin, S. S., Malkinson, R., & Witztum, E. (2000). Loss, bereavement, and trauma: an overview. In R. Malkinson, S. S. Rubin, & E. Witztum (Eds.), *Traumatic and Nontraumatic Loss and Bereavement: Clinical Theory and Practice* (pp. 5-40). Madison, Connecticut: Psychosocial Press.

212. Rubin, S. S., Malkinson, R., & Witztum, E. (2003). Trauma and bereavement: conceptual and clinical issues revolving around relationships. *Death Studies, 27*(8), 667-690.

213. Rynearson, E. K., (Ed.). (2006). *Violent Death Resilience and Intervention Beyond the Crisis*. New York, NY: Routledge.

214. Rynearson, E. K., Schut, H., & Stroebe, M. (2013). Complicated grief after violent death: identification and intervention. In M. Stroebe, H. Schut, & J. van den Bout (Eds.), *Complicated Grief: Scientific Foundations for Health Care Professionals* (pp. 278-292). Hove, East Sussex: Routledge.

215. Samaritans. (2013). *Media guidelines for reporting suicide 2013.* Retrieved from https://www.samaritans.org/sites/default/files/kcfinder/files/press/Samaritans%20Media%20Guidelines%202013%20UK.pdf

216. Samaritans. (2017). *Suicide statistics report 2017*. Retrieved from https://www.samaritans.org/sites/default/files/kcfinder/files/Suicide_statistics_report_2017_Final%282%29.pdf

217. Samaritans. (2018). *Our research.* Retrieved from https://www.samaritans.org/about-us/our-research

218. Sartre, J-P. (1957). *Being and Nothingness: An Essay on Phenomenological Ontology* (H. E. Barnes, Trans.). London: Methuen & Co Ltd. (Original work published 1943)

219. Schopenhauer, A. (1995). *The World as Will and Idea* (J. Berman, Trans.). London: Everyman. (Original work published 1819)

220. Schwalbe, M. L., & Wolkomir, M. (2002). Interviewing men. In J. F. Gubrium, & J. A. Holstein (Eds.), *Handbook of Interview Research: Context & Method* (pp. 203-219). Thousand Oaks, California: Sage Publications Inc.

221. Shapiro, F. (1995). *Eye Movement Desensitization and reprocessing: Basic Principles, protocols, and procedures.* New York, NY: Guilford Press.

222. Shapiro, F. (2002). EMDR treatment: overview and integration. In F. Shapiro (Ed.), *EMDR as an Integrative Psychotherapy Approach* (pp. 27-55). Washington, DC: American Psychological Association.

223. Silverman, D. (2010). *Doing Qualitative Research* (3rd ed.). London: Sage.

224. Singapore Government. (2015). *Singapore Statutes Online*. Retrieved from https://sso.agc.gov.sg

225. Smith, J. A. (1996). Beyond the divide between cognition and discourse: using interpretative phenomenological analysis in health psychology. *Psychology and Health, 11*, 261-271.

226. Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory, Method and Research.* London: Sage.

227. Smith, J. A. (2010). Interpretative phenomenological Analysis: a reply to Amedeo Giorgi. *Existential Analysis Journal of the Society for Existential Analysis, 21*(2), 186-192.

228. Spinelli, E. (2005). *The Interpreted World: An Introduction to Phenomenological Psychology* (2nd ed.). London: Sage Publications.

229. Sprang, G. (2001). The use of eye movement desensitization and reprocessing (EMDR) in the treatment of traumatic stress and complicated mourning: psychological and behavioral outcomes. *Research on Social Work Practice*, *11*(3), 300-320.

230. St. John of the Cross, (2003). *The Dark night of the Soul* (E. A. Peers, Trans.). Mineola, New York, NY: Dover Publications, Inc., (Original work published 1619)

231. Steffen, E., & Coyle, A. (2011). Sense of presence experiences and meaning-making in bereavement: a qualitative analysis. *Death Studies, 35*(7), 579-609.

232. Steffen, E., & Coyle, A. (2017). "I thought they should know…that daddy is not completely gone": A case study of sense-of-presence experiences in bereavement and family meaning-making. *Omega: The Journal of Death and Dying, 74*(4), 363-385. https://doi.org/10.1177/0030222816686609

233. Stein, D. J., Seedat, S., Iversen, A., & Wessely, S. (2007). Post-traumatic stress disorder: medicine and politics. *Lancet*, *369*, 139-144.

234. Stolorow, R. D., & Atwood, G. E. (1992). *Contexts of Being: The Intersubjective Foundations of Psychological Life.* Hillsdale, N.J, London: The Analytic Press.

235. Stolorow, R. D. (1999). The phenomenology of trauma and the absolutisms of everyday life: A personal journey. *Psychoanalytic Psychology*, *16*(3), 464-468. http://dx.doi.org.ezproxy.mdx.ac.uk/10.1037/0736-9735.16.3.464

236. Stolorow, R. D. (2007). *Trauma and Human Existence.* New York, NY: Taylor & Francis Group.

237. Stolorow, R. D. (2015). A phenomenological-contextual, existential, and ethical perspective on emotional trauma. *The Psychoanalytic Review, 102*(1), 123-138.

238. Stroebe, M. S., & Schut, H. (1999). The dual process model of coping with bereavement: rationale and description. *Death Studies***,** *23*(3), 197-224.

239. Stroebe, M. S., & Schut, H. (2001). Meaning making in the dual process model of coping with bereavement. In R. A. Neimeyer (Ed.), *Meaning Reconstruction and the Experience of loss* (pp. 55-73). Washington, DC: American Psychological Association.

240. Stroebe, M. S., Schut, H., & Stroebe, W. (2005). Attachment in coping with bereavement: A theoretical integration. *Review of General Psychology, 9*, 48-60.

241. Stroebe, M., Schut, H., & Stroebe, W. (2007). Health outcomes of bereavement. *The Lancet, 370*(9603), 1960-1973. https://search-proquest-com.ezproxy.mdx.ac.uk/docview/198987680?accountid=12441

242. Survivors of Bereavement by Suicide (SoBS). (2017). Retrieved from https://uksobs.org/

243. Swanson-Kauffman, K., & Schonwald, E. (1988). Phenomenology. In: B. Sarter (Ed.), *Paths to Knowledge: Innovative Research Methods for Nursing* (pp. 97-105). New York, NY: National League for Nursing.

244. Todres, L. (2005). Clarifying the life-world: descriptive phenomenology. In I. Holloway (Ed.), *Qualitative Research in Health Care* (pp. 104-124). Maidenhead: Open University Press.

245. Tymieniecka, A-T. (2002). Introduction: Phenomenology as the inspirational force of our times. In A-T. Tymieniecka (Ed.), *Phenomenology World-Wide Foundations-Expanding Dynamics-Life-Engagements: A Guide*

for Research and Study (pp. 1- 8). Dordrecht, The Netherlands: Kluwer Academic Publishers.

246. UK Council for Psychotherapy (UKCP). (2018). *Ethical principles and code of professional conduct.* Retrieved from https://www.psychotherapy.org.uk/wp-content/uploads/2017/11/UKCP-Ethical-Principles-and-Code-of-Professional-Conduct.pdf

247. Valentine, C. (2008). *Bereavement Narratives: Continuing Bonds in the Twenty-Frist Century.* Abingdon, Oxon, New York, NY: Routledge.

248. Valentine, C., & Bauld, L. (2016). Marginalised deaths and policy. In L. Foster, & K. Woodthorpe (Eds.), *Death and Social Policy in Challenging Times* (pp. 110-128). Basingstoke, Hampshire, New York, NY: Palgrave Macmillan.

249. Valentine, C., (Ed.). (2018). *Families Bereaved by Alcohol or Drugs: Research on Experiences, Coping and Support.* Abingdon, Oxon, New York, NY: Routledge.

250. van der Kolk, B. A. (2002). Beyond the talking cure: somatic experience and subcortical imprints in the treatment of trauma. In F. Shapiro (Ed.), *EMDR as an Integrative Psychotherapy Approach* (pp. 57-83). Washington, DC: American Psychological Association.

251. van der Kolk, B. (2014). *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma.* New York, NY: Penguin. (Original work published in 1943)

252. van Manen, M. (1990). *Researching Lived Experience: Human Science for an Action Sensitive Pedagogy.* New York, NY: State University of New York Press.

253. Wagner, B., & Maercker, A. (2010). The diagnosis of complicated grief as a mental disorder: A critical appraisal. *Psychologica Belgica, 50*(1-2), 27-48.

254. Wakefield, J. C. (2013). Is complicated/prolonged grief a disorder? Why the proposal to add a category of complicated grief disorder to the DSM-5 is conceptually and empirically unsound. In M. Stroebe, H. Schut, & J. van den

Bout (Eds.), *Complicated Grief: Scientific Foundations for Health Care Professionals* (pp. 99-114). Hove, East Sussex: Routledge.

255. Walter, T. (1999). *On Bereavement: The Culture of Grief.* Buckingham, Philadelphia, PA: Open University Press.

256. Walter, T. (2017). *What Death Means Now: Thinking Critically about Dying and Grieving.* Bristol: Policy Press.

257. Wertheimer, A. (2001). *A Special Scar: The Experiences of People Bereaved by Suicide* (2nd ed.). Hove, East Sussex: Brunner-Routledge.

258. Wierciński, A. (2005). Hermeneutic conversion: through phenomenology back to hermeneutics? In A. Wierciński (Ed.), *Between Description and Interpretation: The Hermeneutic Turn in Phenomenology* (pp. xiii- xxiv). Toronto: The Hermeneutic Press.

259. Willig, C., & Stainton-Rogers W. (Eds.). (2008). *The Sage Handbook of Qualitative Research in Psychology*. London: Sage.

260. Willig, C. (2012). Perspectives on the epistemological bases for qualitative research. In C. Harris, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf, & K. J. Sher (Eds.), *APA Handbook of Research Methods in Psychology: Volume 1 Foundations, Planning, Measures, and Psychometrics* (pp. 5-21). Washington, DC: American Psychological Association.

261. Woodthorpe, K. (2010). Private grief in public spaces: interpreting memorialisation in the contemporary cemetery. In J. Hockey, C. Komaromy, & K. Woodthorpe (Eds.), *The Matter of Death: Space, Place and Materiality* (pp. 117-132). Basingstoke, Hampshire: Palgrave Macmillan.

262. Woodthorpe, K. (2011). Researching death: methodological reflections on the management of critical distance. *International Journal of Social Research Methodology, 14*(2), 99-109. https://doi-org.ezproxy.mdx.ac.uk/10.1080/13645579.2010.496576

263. Worden, J. W. (2001). *Grief Counselling and Grief Therapy* (3rd ed.). London, New York, NY: Routledge.

264. Worden, J. W. (2009). *Grief Counselling and Grief Therapy: A Handbook for the Mental Health Practitioner* (4th ed.). London, New York, NY: Routledge.

265. Wortmann, J. H., & Park, C. L. (2009). Religion and meaning change after bereavement. *Journal of Loss & Trauma, 14*(1), 17-34.

266. Xolocotzi, A. (2005). Rigor and Originality: The transformation of the scientific character of Husserl's phenomenology in Martin Heidegger's early lectures (J. Camargo, Trans.). In A. Wierciński (Ed.), *Between Description and Interpretation: The Hermeneutic Turn in Phenomenology* (pp. 274-289). Toronto: The Hermeneutic Press.

267. Yalom, I. D. (1980). *Existential Psychotherapy.* New York, NY: Basic Books.

268. Yalom, I. D., & Lieberman, M. A. (1991). Bereavement and heightened existential awareness. *Psychiatry, 54*(4), 334-345.

269. Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and Health, 15*(2), 215-228. https://doi-org.ezproxy.mdx.ac.uk/10.1080/08870440008400302

270. Yardley, L. (2008). Demonstrating validity in qualitative psychology. In J. A. Smith (Ed.), *Qualitative Psychology: A Practical Guide to Research Methods* (2nd ed.) (pp. 235-251). London: Sage.

271. Young, B., & Papadatou, D., (1997). Childhood, death and bereavement across cultures. In C. M. Parkes, P. Laungani, & B. Young (Eds.), *Death and Bereavement Across Cultures.* (pp. 191-205). London and New York, NY: Routledge.

272. Zech, E., & Arnold, C. (2011). Attachment and coping with bereavement: implications for therapeutic interventions with the insecurely attached. In R. A. Neimeyer, D. L. Harris, H. R. Winokuer, & G. F. Thornton (Eds.), *Grief and Bereavement in Contemporary Society: Bridging Research and Practice* (pp. 23-35). New York, NY: Routledge.

Appendices

Appendix 1: Researcher's Presupposition Statements about Traumatic bereavement

1. Traumatic bereavement is complicated if the relationship was in trouble or things were left unsaid, or the relationship ended badly.
2. Isolating experience.
3. Destroys core beliefs and assumptions.
4. Inner experience manifests feelings of fear, confusion, shame or social taboo.
5. Disclosure of experience requires assurance of complete anonymity in a safe place.
6. Prolongs for many years after 'normal' period of grief.
7. Meaning is not always identified.
8. Experience of social awkwardness: Inter-relational aspect of Heidegger's (1962) Being-in-the-world.

Appendix 2: Ethical Approval

Susan Harris

25th November 2015

Dear Susan

Re: Ethics Approval

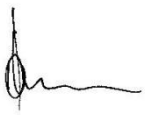
We held an Ethics Board on 17th November 2015 and the following decisions were made.

Ethics Approval
Your application was approved with some conditions.

Conditions
Please see the attached comments and resubmit your application accordingly. It will be reviewed for chair's action once received.

Please note that it is a condition of this ethics approval that recruitment, interviewing, or other contact with research participants only takes place when you are enrolled in a research supervision module.

Yours sincerely



Prof Digby Tantam Chair Ethics Committee NSPC

Conditions:

- In your consent form, clarify who will be auditing
- Remove all personal contact details
- In the debrief sheet reorganise the venues so that the Royal Free is not first as this may be off-putting. Consider listing Compassionate Friends first.
- Exclude participants undergoing psychiatric or medical treatment and those currently undergoing counselling for the trauma experienced. Provide a justification for the age limits specified

The panel commended the researcher for a well-written application.

Appendix 3: Advertisement for Research Participants

Have you experienced a traumatic bereavement?

To participate in this study you may have lost a child (not through miscarriage), a close relative, friend or a partner between 2 – 8 years ago. You will be aged between 21 years and 55 years, and have had some prior experience of counselling for your loss. You will not be undergoing psychiatric or medical treatment, or currently having counselling for your traumatic loss.

If you fit the criteria and would like to participate in this research please contact me at traumaticbereavementnspc@gmail.com for further information. The interviews will last approximately one hour and will happen in London. **The research project has received full ethical approval from the New School of Psychotherapy and Counselling, and Middlesex University ethics panel. The research is supervised by: Dr. Chloe Paidoussis-Mitchell** chloe_paidoussis@hotmail.com **Dr. Charlotte Harkness** admin@nspc.org.uk

Appendix 4: Participant Information Sheet

Title of research study: A phenomenological study into the lived experience of traumatic bereavement for adults aged 21 – 55.

Being carried out by Susan Harris as a requirement for a DProf in Existential Counselling and Psychotherapy degree from NSPC Ltd. and Middlesex University

New School of Psychotherapy and Counselling
NSPC Ltd.
61-63 Fortune Green Road
London
NW6 1DR

Middlesex University
The Burroughs
Hendon
London
NW4 4BT

Researcher's name: Susan Harris

Dated: October, 2017

Study Title: A phenomenological study into the lived experience of traumatic bereavement for adults aged 21 - 55.

You are being invited to take part in a research study that is being carried out as part of my studies at NSPC Ltd. and Middlesex University. Before you decide to participate, it is important for you to understand why the research is being done and what it will involve. Please take your time to read the following information carefully, and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Take your time to decide whether or not you wish to take part.

1. What is the purpose of the research?

Thank you for replying to my advertisement to participate in this research. The aim of the research is to investigate the lived experience of the traumatically bereaved. This requires participation from people who have experienced a traumatic bereavement a minimum of two years ago, and a maximum of eight years ago. One may have lost a child (not through miscarriage) a close relative, a close friend or partner, who died without prior warning, suddenly or unexpectedly, and possibly in violent or frightening circumstances. You will not be undergoing psychiatric or medical treatment, or currently undergoing counselling for your traumatic bereavement. Your cooperation is requested because you satisfy the above criteria.

Your participation is important as grief experts and researchers have studied the effects of bereavement on individuals, yet there have been few studies to explore the essence, or lived experience of a traumatic bereavement. Traumatic bereavement is regularly reported by the media on television, in daily newspapers, and on the Internet. As a consequence, the word ‘trauma’ is regularly used to portray distressing events. However, few studies have captured the essence of a traumatic bereavement.

If there were more studies that could explore the lived experience of a traumatic bereavement, counsellors and psychotherapists would be able to support and provide models that were suitable for the needs of the traumatically bereaved. My study is designed to see if there are commonalties amongst the traumatically bereaved to equip counsellors and psychotherapists with skills to aid support and potential recovery for the traumatically bereaved.

2. What will happen to me if I take part?

If you decide to take part in the research, I would like to interview you in person at your convenience. I will only interview you once. The interview will take place at the Claremont Project Counselling Centre in Islington, London http://www.claremont-project.org/services/9-psychotherapy. The interview will last about an hour and a half. Before the interview begins, I will explain the written informed consent procedure, and briefly outline the interview procedure. You will be given plenty of opportunity to ask questions before I ask you to sign a copy of the informed consent form. The interview will be audiotaped and I will be using a digital recorder.

The interview will include a short questionnaire about your age, when you experienced your traumatic bereavement and whether you are currently receiving counselling. The interview will be recorded. I will analyse the transcript of the interview afterward, using a phenomenological method which means that I am particularly interested in understanding your experience of a traumatic bereavement, and identifying the main themes of what you and other people tell me. A copy of the short questionnaire is attached, but I will provide a hard copy at the place of interview.

3. What will you do with the information that I provide?

I will be transcribing the interview myself. However, I will not use your first name, last name or full name during the interview or when transcribing the interview. I will be recording the interview on a digital recorder, and will transfer the files to an encrypted USB stick for storage, and I will delete files from the digital recorder immediately afterwards. All of the

information that you provide me with will be anonymised and identified only with a project code, and any confidential information will be password protected and stored either on the encrypted USB stick, or the paper copy (if any) will be stored in a locked filing cabinet. Only the researcher (i.e. me) would have access to the data and the key. I will keep the key that links your details with the project code in a locked filing cabinet. My doctoral supervisors and examiners will have access to the interview if they so wish; however, they are bound by the same confidentiality rules.

Only the anonymised information is used for publication / dissemination in scientific contexts and in dissertations which are in partial fulfilment of my PG DProf in Existential Counselling and Psychotherapy degree. The confidential information will be kept for at least six months until after I graduate. Data will be stored according to the Data Protection Act and the Freedom of Information Act.

4. What are the possible disadvantages of taking part?

Talking about your experience of traumatic bereavement may cause distress. It may be possible that while talking about your loss you discover aspects of your experience that may trigger unresolved grief, or you may find that you are left feeling exposed, uncertain or distressed about aspects of your experience that you had not previously considered. Participation in this research project may trigger areas of your grief and traumatic bereavement that you may wish to further explore in therapy. You may find that there are areas of your grief that are new to you, and this may leave you feeling distressed. As a researcher I would try to avoid any possible harm to you as my research participant, I will regularly ask if you are okay, if you can continue, would like a break or would prefer to stop the interview. Nevertheless, it may still be possible that you re-experience pain while talking about your traumatic bereavement.

You may discover that you wish to be referred to a counsellor, therapist or support group that can specialise in helping you with your grief and traumatic bereavement (see debriefing sheet which will be provided after the interview). As I said, I will take measures to ensure that the risk is reduced during the interview, however, should you experience distress while talking about your experience of a traumatic bereavement please let me know, and we can stop the interview. You are free to withdraw from the research at any time without giving any reason. At the end of the interview I will be providing you with a debriefing sheet that outlines the contact details of support groups and organisations that can offer you help.

Although it is very unlikely, but should you tell me something that I am required by law to pass on to a third person (i.e. harm to yourself or another person, or an act of terrorism), I

will have to do so. Otherwise whatever you tell me will be confidential.

5. What are the possible benefits of taking part?

Being interviewed about your experience of a traumatic bereavement has no direct benefit, although some people may find talking about their personal experience beneficial. A lot of people find sharing their experience of trauma and loss, cathartic, enlightening and leaves them feeling positive. In this case, you are also contributing to scientific knowledge by taking part in this research. We do not know the essence, i.e. the lived experience of the traumatically bereaved, and few studies have presented the lived experience of the traumatically bereaved; but more studies like the present study will contribute new knowledge about the lived experience of the traumatically bereaved. This will be helpful for counselling or psychotherapy for clients who suffer from similar experiences in the future.

6. Consent

You will be given a copy of this information sheet for your personal records, and if you agree to take part, you will be asked to sign the attached consent form before the study begins. I will have hard copies of the consent form at the place of interview. I will keep a copy of the signed consent form for my records, and you may also keep a copy for your personal records. Participation in this research is entirely voluntary. You do not have to take part if you do not wish to. If you decide to take part you may withdraw from the study at any time without giving a reason. You may withdraw from the study until the completion of this degree without giving a reason, and any identifiable data will be destroyed. Whether or not you participate, will not affect the treatment that you are currently receiving in any way.

7. Who has reviewed the study?

All proposals for research using human participants are reviewed by an Ethics Committee before they can proceed. The New School of Psychotherapy and Counselling (NSPC Ltd.) research ethics sub-committee have reviewed this proposal.

Thank you for reading this information sheet.

If you have any further questions, you can contact me at:
Susan Harris
Middlesex email address: SH1590@live.mdx.ac.uk
Email: traumaticbereavementnspc@gmail.com

NSPC Ltd. 61-63 Fortune Green Road
London NW6 1DR
Admin@nspc.org.uk
0044 (0) 20 7624 0471

If you any concerns about the conduct of the study, you may contact my supervisor:

Dr Chloe Paidoussis-Mitchell
NSPC Ltd. 61-63 Fortune Green Road
London NW6 1DR

Email address: chloe_paidoussis@hotmail.com

Or

The Principal
NSPC Ltd. 61-63 Fortune Green Road
London NW6 1DR
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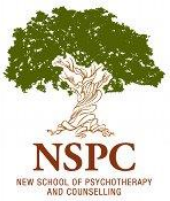
0044 (0) 20 7624 0471

Appendix 5: Socio-demographic Questionnaire



Socio-demographic Questionnaire

Participation Number for this project: ☐ **(Please leave blank)**

1. How old are you? Please write here: _____
2. What is your occupation? Please write here: _____

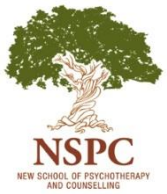
3. How long ago was your traumatic bereavement?_____
   _____
4. What was the gender of the deceased? Please circle: MALE / FEMALE / TRANSGENDER
5. What was your relationship to the deceased? Please write here:_____
   _____
6. How old was your loved one? _____

7. Can you briefly describe how your loved one died? Please write here: _____
   _____
   _____
8. Have you received some counselling or support for your bereavement? Please write here: _____
   _____
9. Are you currently receiving psychiatric counselling or therapy for your loss? Please circle: YES / NO

Thank you for your co-operation in completing this brief socio-demographic questionnaire.

Susan Harris (Researcher) October, 2017
Middlesex email address: SH1590@live.mdx.ac.uk
Email: traumaticbereavementnspc@gmail.com
NSPC Ltd., 61-63 Fortune Green Road, London NW6 1DR
admin@nspc.org.uk
Tel: 0044 (0) 20 7624 0471

Appendix 6: Written Consent Form



Participant Identification Number: ☐

CONSENT FORM

Title of Project: A phenomenological study into the lived experience of traumatic bereavement for adults aged 21 – 55.

Name of Researcher: Susan Harris
Supervisor: Dr Chloe Paidoussis-Mitchell

1. I confirm that I have read and understand the information sheet dated.....……..…for the above study and have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.
3. I agree that this form that bears my name and signature may be seen by a designated auditor.
4. I agree that my non-identifiable research data may be stored in National Archives and be used anonymously by others for future research. I am assured that the confidentiality of my data will be upheld through the removal of any personal identifiers.
5. I understand that my interview may be taped and subsequently transcribed.
6. I agree to take part in the above study.
7. I understand that data may be inspected by the Chair of the Psychology Ethics panel and the Chair of the School of Social Sciences Ethics committee of Middlesex University, if required by institutional audits about the correctness of procedures. Although this would happen in strict confidentiality, please tick here if you do not wish your data to be included in audits: ☐

Name of participant:	Date:	Signature:
_____	_____	_____
Researcher	Date	Signature

1 copy for participant; 1 copy for researcher

Appendix 7: Request for Ethical Approval

☑Middlesex University, Department of Psychology

REQUEST FOR ETHICAL APPROVAL (STUDENT)

Applicant (specify): *UG PG (Module:……...) PhD ☑ Date submitted:* 8th December 2015…

Research area (please circle)			
Clinical	Cognition + Emotion	Developmental	Forensic Health
Occupational	Psychophysiological	Social	Sport + Exercise
Other _____			**Sensitive Topic** ☑
Methodology:			
Empirical/Experimental	Questionnaire-based	Qualitative	Other _____

No study may proceed until this form has been signed by an authorised person indicating that ethical approval has been granted. For collaborative research with another institution, ethical approval must be obtained from all institutions involved.

This form should be accompanied by any other relevant materials (e.g. questionnaire to be employed, letters to participants/institutions, advertisements or recruiting materials, information and debriefing sheet for participants[1], consent form[2], including approval by collaborating institutions).

- Is this the first submission of the proposed study?
  Yes/No

- Is this an amended proposal (resubmission)?
  Yes/No
  Psychology Office: If YES, please send this back to the original referee
- Is this an urgent application? (To be answered by Staff/Supervisor only)[2]
  Yes/No

Supervisor to initial here _____

[2] See Guidelines on MyUnihub

Name(s) of investigator	Susan Harris
Name of Supervisor (s)	Chloe Paidoussis-Mitchell (1st) John Andrew Miller (2nd)
Title of Study: A phenomenological study into the lived experience of traumatic bereavement for adults aged 25 - 45.	

Results of Application:

REVIEWER – please tick and provide comments in section 5:

APPROVED	**APPROVED SUBJECT TO AMENDMENTS**	**APPROVED SUBJECT TO RECEIPT OF LETTERS**	**NOT APPROVED**

SECTION 1

1. Please attach a brief description of the nature and purpose of the study, including details of the procedure to be employed. Identify the ethical issues involved, particularly in relation to the treatment/experiences of participants, session length, procedures, stimuli, responses, data collection, and the storage and reporting of data.

SEE ATTACHED PROJECT PROPOSAL
In particular, see page 20 of the Research Proposal for a thorough consideration of the ethical issues and precautionary steps I will take according to the British Psychological Society (BPS) ethical guidelines.

As per condition 5 of the Ethics Committee
The age limit justification can be located on page 28 of the research proposal. A brief summary follows.

Research has shown that resilience following bereavement in older adults is more common than with younger adults (Parkes and Prigerson, 2010). The possibility of death increases with age, and as death enters daily life it becomes an anticipatory event. Sudden death for an older person can be experienced as less traumatic than the experience of a sudden death for a younger person (Parkes and Prigerson, 2010). Although Heidegger (1962) viewed death and the awareness of mortality as the centre point of an individual's life, sudden death in old age is less anticipatory than in early life.

According to Erikson's (1995) psychosocial lifespan model of development, early-to middle adulthood is characterised by the individual's investment in the future, for

example, the establishment of a career or family (Kirby, 2005). With regards to the individual's meaning-making process after a traumatic bereavement, the bereaved is potentially faced with the challenge of the existential givens, as a result, according to developmental psychology, early-to middle adulthood is a critical period to be faced with shattered assumptions and the potential questioning of core beliefs and values (Kirby, 2005). As a result, the decision to interview research participants from early-to middle adulthood is an attempt to focus on the phenomenological experience of traumatic bereavement during the psychosocial lifespan characterised by the individual's investment in the future.

2. Could any of these procedures result in any adverse reactions? YES/NO

If "yes", what precautionary steps are to be taken?

There is a potential risk of harm and re-traumatisation to the research participant as they share potentially painful personal stories related to their traumatic bereavement. I will my best to avoid any possible harm to the research participant, and will take measures to ensure the risk is reduced and managed should the research participant experience distress. I will allocate sufficient time before the interview starts, in order for the research participant to ask questions about the research, the interview process and consequences of participating in the research, before the audio recording starts, to help reduce the research participant's anxiety about the interview process.

During the interview I will monitor the participants' body language and facial expressions which may indicate severe distress or the inability to continue. I will regularly ask questions, such as "Are you okay?" "Can you continue?" "Would you like a break?" or "Would you like to stop the interview?" If the research participant becomes visibly distressed, e.g. shaking, crying, sobbing and/or unable to continue with the interview I will suggest a break for a cup of tea. I will also use questions, such as "You look very upset, it might be a good idea if we take a break" or "This seems really difficult for you to talk about at the moment, perhaps we could take a break?" I will remind the research participant that they can withdraw from the interview without giving any reason at any time, and all identifiable data will be destroyed.

If the research participant's well-being is at risk due to adverse psychological or physical reactions during the interview, I will advise

the research participant to stop the interview if they so wish to, and I will conduct a full debrief, sharing information for further sources of support and will advise the participant to contact their GP, or their therapist (if they have one) for further psychological support. I will also contact my research supervisor to discuss the interview and the debriefing process. If the research participant elicits advice regarding their psychological condition or other psychological issues, I will refer the research participant to external resources and support. A thorough debriefing will be carried out at the end of the interview, which will provide participants with the contact details of help and support organisations.

3. Will any form of deception be involved that raises ethical issues? YES/NO

(Most studies in psychology involve mild deception insofar as participants are unaware of
the experimental hypotheses being tested. Deception becomes unethical if participants are likely to feel angry, humiliated or otherwise distressed when the deception is revealed to them).

Note: if this work uses existing records/archives and does not require participation per se, tick here …….and go to question 10. (Ensure that your data handling complies with the Data Protection Act).

4. If participants other than Middlesex University students are to be involved, where do y intend

to recruit them? *(A full risk assessment must be conducted for any work undertaken university premises)*[6,7]

I will recruit participants with the help of the New School of Psychotherapy and Counselling (NSPC Ltd.) office. I will ask the NSPC office to send a global 'Call for Participants' email to other students, staff and colleagues. I will send a Research Poster to the Area Coordinator for Cruse Hertfordshire division, in order to call for participants from staff and the volunteer network in Hertfordshire. As a student member of BACP I plan to submit online advertisements in order to recruit participants on the British Association for Counselling and Psychotherapists (BACP) Research Notice Board, the Therapy Today Research Notice Board; and the Society for Existential Analysis (SEA) Hermeneutic Circular Newsletter. I also plan to submit a written advertisement to the Therapy Today monthly publication. I will also call for participants on other social network sites, such as LinkedIn and/or Facebook.

5a. Does the study involve:

Clinical populations	YES/NO
Children (under 16 years)	YES/NO
Vulnerable adults such as individuals with mental or physical health proble prisoners, vulnerable elderly, young offenders?	YES/NO
Political, ethnic or religious groups/minorities?	YES/NO
Sexually explicit material / issues relating to sexuality	YES/NO

5b. If the study involves any of the above, the researcher may need CRB (police check) YES/NO

Staff and PG students are expected to have CRB – please tick

UG students are advised that institutions may require them to have CRB

please confirm that you are aware of this by ticking here

6. How, and from whom (e.g. from parents, from participants via signature) will informed consent be obtained? (*see consent guidelines[2]; note special considerations for some questionnaire research)*

Written informed consent will be obtained from the research participant via signature. I will send research participants an information sheet with an attached consent form. The information sheet will inform the participant that if they agree to take part in the study they will need to sign a consent form before the interview takes place. I will inform research participants that a hard copy of the informed consent form will be available at the place of interview. Before the interview starts I will explain the informed consent procedure, and ask the research participant to sign a hard copy of the consent form in person. I will allocate time for the research participant to ask questions about the informed consent procedure, the research, the interview process and consequences of participating in the research before written informed consent is obtained. I will inform the research participant that they can withdraw from the research at any time without giving reason until the completion of the degree, and any identifiable data will be destroyed. The research participant will be given a copy of the information sheet with signed informed consent for their personal records, in addition to the researcher keeping a signed informed consent sheet.

7. Will you inform participants of their right to withdraw from the research a time, without penalty? (*see consent guidelines[2])* YES/NO

When I ask the participant for signed informed consent I will inform the research participant that they can withdraw from the research at any time without giving reason until the completion of the degree, and any

identifiable data will be destroyed.

8. Will you provide a full debriefing at the end of the data collection phase? YES/NO
(*see debriefing guidelines*[3])

At the end of the interview I will ask the research participant how they experienced the interview and research process. The debriefing procedure will not be recorded, and I will encourage dialogue with the participant using the debriefing sheet to highlight available help and resources. However, if the research participant wishes to leave at the end of the interview they can leave directly after the interview. I will thank the research participant for participating in the study, and highlight my contact details on the debriefing sheet if the research participant has further questions or queries about the research study. I will give the research participant a copy of the attached debriefing sheet at the end of the interview. Please see attached debriefing sheet.

9.Will you be available to discuss the study with participants, if necessary, to monitor any negative effects or misconceptions? YES/NO

If "no", how do you propose to deal with any potential problems?

10. Under the Data Protection Act, participant information is confidential unless otherwise agreed in advance. Will confidentiality be guaranteed? YES/NO
(*see confidentiality guidelines*[5])

If "yes" how will this be assured *(see*[5]*)*

I will be transcribing all interview responses in person. All interview responses will be confidential. I will not refer to the research participant's first, last or full name during the interview or when transcribing the interview responses. All identifiable data, including place names, place of work, or any other identifiable data will be changed, in order to protect the privacy and confidentiality of the research participant.

I will inform the research participant that all electronic data will be managed and stored responsibly according to the Data Protection Act 1998 and the Freedom of Information Act 2000. I will clarify that the audio

recordings of the interviews will be used for the purpose of collecting electronic data for analysis and research purposes only. The interviews will be recorded on a digital recorder, and the files will be transferred to an encrypted USB stick for storage. All files will be deleted from the digital recorder immediately afterwards. All of the information that the research participant provides me will be anonymised and identified only with a project code, and any confidential information will be password protected and stored either on the encrypted USB stick. Paper copy (if any) will be stored in a locked filing cabinet. Only the researcher (i.e. me) would have the access to the data and the key. I will keep the key that links the participant's details with the project code in a locked filing cabinet. Only the anonymised information is used for publication / dissemination in scientific contexts and in dissertations which are in partial fulfilment of my PG degree. The confidential information will be kept for at least 6 months until after I graduate. If "no", how will participants be warned? *(see[5])* (*NB: You are not at liberty to publish material taken from your work with individuals without the prior agreement of those individuals*).	
11. Are there any ethical issues that concern you about this particular piece of research, not covered elsewhere on this form? If "yes" please specify:	YES/NO
12. Is this research or part of it going to be conducted in a language other than English?	YES/NO
If YES – Do you confirm that all documents and materials are enclosed here both in English and the other language, and that each one is an accurate translation of the other?	YES/NO

(NB: If "yes" has been responded to any of questions 2, 3, 5, 11, 12 or "no" to any of questions 7-10, a full explanation of the reason should be provided – if necessary, on a separate sheet submitted with this form).

SECTION 2 (to be completed by all applicants – please tick as appropriate)

	YES	NO
13. Some or all of this research is to be conducted away from Middlesex Univers	☑	
If "yes" tick here to confirm that a Risk Assessment form has been submi	☑	
14. I am aware that any modifications to the design or method of this proposal will require me to submit a new application for ethical approval	☑	
15. I am aware that I need to keep all the materials/documents relating to this stu (e.g. consent forms, filled questionnaires, etc.) until completion of my degr publication (as advised)	☑	
16. I have read the British Psychological Society's *Ethical Principles for Conducti Research with Human participants*[4] and believe this proposal to conform with them.	☑	

SECTION 3 (to be completed by <u>STUDENT</u> applicants and supervisors)

Researcher: (student signature) _____P. Hang_____

date _8th December 2015_____

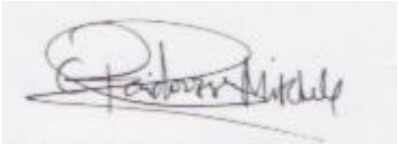
CHECKLIST FOR <u>SUPERVISOR</u> – please tick as appropriate

	YES	NO
1. Is the UG/PG module specified?	✓	
2. If it is a resubmission, has this been specified and the original form enclosed here?	✓	
3. Is the name(s) of student/researcher(s) specified?	✓	
4. Is the name(s) of supervisor specified?	✓	
5. Is the consent form attached?	✓	

6. Are debriefing procedures specified? If appropriate, debriefing sheet enclosed – appropriate style?	✓	
7. Is an information sheet for participants enclosed? Appropriate style?	✓	
8. Does the information sheet contain contact details for the researcher and supervisor?	✓	
9. Is the information sheet sufficiently informative about the study?	✓	
10. Has Section 2 been completed by the researcher on the ethics form?	✓	
11. Any parts of the study to be conducted outside the university? If so a Risk Assessment form must be attached – Is it?	✓	
12. Any parts of the study to be conducted on another institution's premises? If so a letter of acceptance by the institution must be obtained - Letters of acceptance by all external institutions are attached.		✓
13. Letter(s) of acceptance from external institutions have been requested and will be submitted to the PSY office ASAP.		✓
14. Has the student signed the form? If physical or electronic signatures are not available, an email endorsing the application must be attached.		✓
15. Is the proposal sufficiently informative about the study?	✓	

Signatures of approval:

PSY OFFICE received

Supervisor: _____  date: 1st December 2015_____

Ethics Panel: _____ date: _____

(Signed pending approval of Risk Assessment form)

If any of the following is required and not available when submitting this form, the Ethics Panel Reviewer will need to see them once they are received – please enclose with this form when they become available:

- letter of acceptance from other institution
- any other relevant document (e.g. ethical approval from other institution): ***PSY OFFICE received***

Required documents seen by Ethics Panel: _____ date:……...

Appendix 8: Research Protocol

Participant Number: [ ]

Susan Harris: Interview Schedule – October 2017

NB: "If you can be as honest and truthful as possible it will really help the research – the interview will be completely confidential – all names / identifying information will be changed"

Ice-breakers

1. Can you tell me a bit about what motivated you to participate in the interview?
2. Can you tell me a bit about what happened?

Semi-structured Questions

3. Can you tell me how you feel you existed as a person before your traumatic bereavement?
4. Can you tell me how you feel you exist as a person since your loss?
5. What is it about your loss that makes you feel it might be difficult sharing your experience with other people?
6. Can you tell me a bit about how you get along with people in your life since your loss? (Family, friends, colleagues, strangers, people from support groups /hobbies etc.)
7. What is it about your loss that has had a big impact on your beliefs and values, if any?
8. Can you tell me about any differences you might experience in yourself since your loss? (personally, socially, physically, spiritually) for example, how you get along with others, how you approach work, **(Socially)** how you survive everyday life (**Personally – values /meaning)** getting up/ existing / going to work (**Physically)** / how you think about the future and your purpose in life since the loss (**Spiritually).**
9. Can you tell me a bit about how you experience time since your loss?
10. Can you tell me a bit about how you see your future now personally?
11. Can you tell me about what brings meaning to your life now?

Cool-down

12. Is there anything else about your traumatic loss that we haven't already discussed you would like to add?

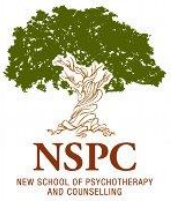
Debrief Questions

1. How did you feel during the interview?
2. Did you have any concerns or worries about being here?
3. Was there anything about the interview procedure that I could have conducted differently?
4. Was there anything about the interview procedure that would have made you feel more comfortable?
5. Is there anything else you would like to add about the interview procedure?

Questions about the researcher-participant relationship

1. Did you feel understood?
2. What was it like talking to me?
3. Did you feel heard?
4. Is there anything else you'd like to add?
5. Will you access counselling again if you feel you need it?

Appendix 9: Debriefing Information Sheet



Debriefing Information Sheet

Researcher: Susan Harris

Study Title: A phenomenological study into the lived experience of traumatic bereavement for adults aged 21-55.

Date: October, 2017

Institution: New School of Psychotherapy and Counselling (NSPC Ltd.), 61-63 Fortune Green Road, London NW6 1DR

admin@nspc.org.uk

0044 (0) 20 7624 0471

Researcher contact details:

Email address: traumaticbereavementnspc@gmail.com

Middlesex University email address: SH1590@live.mdx.ac.uk

Research Supervisors:

Dr Chloe Paidoussis-Mitchell or Dr Charlotte Harkness, Email address: admin@nspc.org.uk

Institutional address: New School of Psychotherapy and Counselling (NSPC Ltd.), 61-63 Fortune Green Road, London NW6 1DR

Email address: chloe_paidoussis@hotmail.com

This research is being carried out to investigate the lived experience of those traumatically bereaved between 2 and 8 years ago. It is designed to uncover the experience of traumatic loss and reveal how the traumatically bereaved identify meaning. The aim is to contribute scientific knowledge to the psychological recovery from such a trauma.

During the interview, participants may feel upset, or distressed. You may find that while talking about your loss you discover areas of your grief that are new to you, and this may leave you feeling vulnerable. I wish to avoid harm and will regularly ask you questions, such as “Are you okay?”, “Would you like a break?” You are free to withdraw from the interview at any time, without giving any reason. At the end of the interview I will also ask you questions related to how the interview was conducted and whether you were comfortable with the interview procedure. The questions will include:

1. How did you feel during the interview?
2. Did you have any concerns or worries about being here?
3. Was there anything about the interview procedure that I could have conducted differently?
4. Was there anything about the interview procedure that would have made you feel more comfortable?
5. Is there anything else you would like to add about the interview procedure?

Should you require any further support, you may also find the following information useful:

Support Information Contact Details

The Compassionate Friends UK – support for bereaved parents, siblings, grandparents. The line is answered by a bereaved parent.
National Helpline **0845 123 2304** from 10 am – 4 pm and 7pm – 10.00pm
Website www.tcf.org.uk
Website for bereaved siblings https://www.tcf.org.uk/content/ftb-siblings/

Cruse Bereavement Care
National Helpline **0844 477 9400**
Email helpline@cruse.org.uk
Website www.cruse.org.uk

Child Bereavement UK – support for families and bereaved children when children of any age die.
National Helpline **0800 02 888** 40 from 9 am – 5 pm Monday – Friday answered by professionally trained bereavement practitioners.
Email support@childbereavementuk.org
Website: http://childbereavementuk.org/about-us/

Winston's Wish – The Charity for bereaved children
Helpline **08452 03 04 05** from 9am – 5pm Monday - Friday
Email info@winstonswish.org.uk
Website http://www.winstonswish.org.uk/

Cardiac Risk in the Young (CRY)
Telephone **01737 363 222**
Email cry@c-r-y.org.uk
Website www.c-r-y.org.uk

www.sads.org.uk

Disaster Action – charity group providing online support for the bereaved and survivors
http://www.disasteraction.org.uk/

RoadPeace
Helpline **0845 4500 355** from 9am – 5pm Monday to Friday
Email helpline@roadpeace.org
Website http://www.roadpeace.org/

Road Victims Trust – registered charity providing free support to victims of fatal road collisions in Bedfordshire, Cambridgeshire and Hertfordshire.
Telephone **01234 843345 (Bedford) 01462 441552 (Hitchin, Hertfordshire)**
Email enquiries@rvtrust.co.uk
Website http://www.rvtrust.org.uk/

The WAY Foundation – support for young widowed men and women
Telephone **0300 012 4929**
Website www.widowedandyoung.org.uk
Email info@wayfoundation.org.uk

Support after Murder and Manslaughter
Helpline **0845 872 3440**
National office 0121 451 1618
Email info@samm.org.uk
Website www.samm.org.uk

Sudden death – supporting people after sudden death
Website www.suddendeath.org

PAPYRUS –Prevention of Young suicide
Suicide bereavement support
Telephone **01925 572444**
Website https://www.papyrus-uk.org/

Survivors of Bereavement by Suicide (SOBS)
Sobs.support@hotmail.com
Helpline **0844 561 6855** daily from 9am – 9pm

British Psychological Society (BPS) -Coping if you have been recently or suddenly bereaved
http://www.bps.org.uk/psychology-public/information-public/coping-if-you-have-been-recently-or-suddenly-bereaved/coping-if

Find a Psychologist (BPS website)
http://www.bps.org.uk/psychology-public/find-psychologist/find-psychologist

UK Council for Psychotherapy – Find a UKCP registered therapist near you
http://members.psychotherapy.org.uk/findATherapist

BACP – British Association for Counselling and Psychotherapy –Find a BACP registered counsellor or therapist near you
http://www.itsgoodtotalk.org.uk/therapists/

Samaritans 08457 90 90 90
Samaritans new Free Helpline – 116 123

Hopeline UK 0800 068 41 41
Saneline & Sanemail Helpline 0845 767 8000 offering on-going emotional and crisis support, information on local mental health services and treatments, also access to professional legal and psychiatric advice - http://www.sane.org.uk

Royal Free Hospital London 020 7794 0500
Royal Free Hospital Urgent Care Centre
Open: 10 am – 9 pm
Lower ground floor, Royal Free Hospital, NW3 2QG
020 7794 0500
Website https://www.royalfree.nhs.uk/patients-visitors/in-an-emergency/

Watford General A&E 01923 21 7758

Please get in touch if you have any further queries.
Thank you very much for participating in this research project.

Appendix 10: Example Transcript

1. Co-researcher's name: Ruth
2. Age: 53
3. Gender: Female
4. Profession: Chief officer of a charity
5. Duration since bereavement: 2 years 9 months
6. Gender of deceased: Male
7. Age of deceased: 23
8. Type of bereavement: Drowned
9. Relationship to deceased: Mother
10. Date and place of interview: August 4th, 2016, Claremont Project, Islington, London
11. Length of interview: 1 hour 21 minutes

All names are pseudonyms

R = Researcher
P = Ruth

R: Okay so erm just as kind of ice-breaker can you tell me what brought you to the interview?

P: Um do you know I was thinking about that on the Tube and I don't I can't entirely remember my assumption is that you were in contact with the Compassionate Friends to prom-er which is a charity that since my son died I've received support from and is and is terrific really is very very close to my heart so um my assumption is yes I saw prob-possibly on their Facebook group your (…) advertisement or whatever you know saying that you need participants - [**R**: No I did advertise for participants there] – yeah yeah um and for me er I think it is the er dissemination of knowledge in the the the getting deeper than just (…) how very different traumatic bereavement is I suppose and and some of the things that I've seen just on the Internet and that dangerous thing people set time frames and if it's over two and half years and you're still feeling something then it's something else and and my assumption from what you've said is your research is going a lot deeper than that than the quantitative or or those those absolutes because people don't understand even the most well-meaning erm kind people and experts and erm don't understand so yeah I was and also I love talking about my son and I quite like talking about myself so (laughing) it's it's a um I think that's what brou-drew me here yeah -

R: Okay thank you. And um if you don't mind can you tell me a little bit about

what happened?

P: Of course my my son was 23 he was and this is the bit where I'll wobble but that's that's fine erm he was in heavy inverted commas living the dream in L he'd just qualified as a barrister he was working for the law commission he'd had a very difficult road um not qualifying as a barrister cause he academically flew but not getting pupillage such a difficult competitive privileged area and we're not a privileged family and he was very low but he got a job at the law commission and he was JUST beginning to believe that he could do it because the people he was wo-working with really believed in him and wo-would would support him so he was in JUST the best place ever in his in his life so happy erm and he went to a erm er er not wasn't a student anymore a young barrister's I suppose do at MT which was his four Inns of Court Friday evening he got EXTREMELY drunk which was fine he was a 23 year old 53 year olds sometimes get very drunk as well (**P:** laughing) (**R:** laughing) he was a young man in L doing what you do on a Friday night got ridiculously drunk um and his friends tried to help him get in a cab home or accompany him but he was no I'll be fine I'll be fine from what they tell me um which I totally understand cause I've seen him in that state and tried to say I'll you know walk you home whatever and he's gone off erm and he ended up through a series of oddness's that we'll never quite know he ended up from from erm S, he went to T um he came out of T tube station we've seen the CCTV [**R**: Mm] of that and he one of his jobs he always worked even through his erm his his bar course year which he was the only person that did cause he had to erm and he worked erm as a waiter on sort of events [**R**: Mm] erm a lot of the um touristy or private function boats along the Thames [**R**: Mm] erm and he went towards erm S pier which is where a lot of them dock and our assumption um as I said we'll never know but I guess is that he wanted to pee (laughing) and also saw CCTV on on the sort pontoon of the pier and he did try a door which [**R**: Mm] I guess was a loo this was that time about half past ten at night um (big sigh) and he climbed over the railings on on on the pier where the where the boats stop and again because he was very as as a barrister although non-practicing he was very aware that if he got any sort of criminal record even [**R**: Right] if it was exposing himself in public um he would be disbarred so again maternal assumptions um that he was going to pee over the side (small laugh) of the - and this bit we don't see on CCTV we see him walking we see him climbing over and then he comes out of the range of the the cameras um and he fell in (…) so um and it was October it was really cold rainy night and people like my mum have said but he could swim (incredulous laugh) it was the Thames he had an overcoat on he you know cause he was INCREDIBLY drunk my HOPE of course is that the shock of it apparently it does often happen thus that his heart stopped very very quickly because of the shock of it but then

again I'll never know I will know that it would have been quick whatever one of his erm housemates is a doctor and very kindly and truthfully went through the day we found out Jack died went through exactly the physiological process of drowning because I wanted to know um so two minutes tops um that's what happened young man LOVING his life happy happy happy one of his um lecturers who's also somebody I've done some work with through Jack actually um described it as one slipped step which I think is the best description um because er that's what it was it could have been anybody it could have happened to anybody it happened to my son so yeah I'm going to give you long answers I'm afraid (**P**: laughing)

(R: laughing) yes yeah he drowned

R: Are you okay?

P: yeah I'm fine I as I say I like I don't like IT but the talking about it isn't the traumatic thing the traumatic thing is that my son is dead talking about anything to do with it actually doesn't doesn't isn't traumatic to me [**R**: Okay] okay –yeah [**R**: Thank you] yeah

R: Can you tell me how you feel you existed as a person before your Traumatic bereavement?

P: That's a fascinating question um (…) as I said to you earlier before the tape was on my husband died just over ten years ago now erm and my kids were quite small Jack was Jack turned 16 just before his dad died erm Meg was 12 it was pretty tough but we regrouped but a very consciously horrifically kind of middle class round the table meetings sort of way erm we worked on regrouping as as a three and I think I think we were good erm so how I existed as a person was stressing about money (laughing) stressing about work loving my work very close to my kids beginning to make plans to move to L erm I defined myself not in an arrogant way but I would say to some I'm a good mother and I would define myself ve-very strong my maternal role was very strong erm so I existed in the kind of stuff that most of us do am I gonna to be able to pay that bill or Christ I've spent too much in H&M erm or (small laugh) whatever with (…) huge pride in both of my children's achievements and a particular closeness to my son and my daughter would be the first to admit that she was you know she wasn't difficult she had difficulties she she was a candidate remains a complex creature with (sigh) lots of mental health issues erm and Jack was very much was kind of him and me supporting her him supporting me so I existed I was happy yeah yeah –

R: Okay, thank you. Can you tell me how you feel you exist as a person since your loss? (P: laughing)

P: Erm (…) I think I'm going to answer this in a different direction so stop me if I or or or re-regroup me if I don't ever get to the qu-to the answer erm I think I've surprised myself I think the one thing I was most certain about before my son died

is that if one of my children died I would die [**R**: Mm] erm and I remember this is a tangent but I think it's apt because like very soon or it was the evening of the day that we found out Jack died which was a few days after he died erm one of his neighbors who I didn't know came up to me and asked how cause he was missing for a few days before we we found the CCTV the police did erm and I had to tell her that he was actually dead and she – bless her woman with a young child lovely woman just she she actually shouted at me how are you breathing how are you still breathing she was so shocked erm I think I said well I don't know (small laugh) so there is an answer to your question there erm the fact that I'm still existing erm that that a slight mystery to me erm

R: **What's that like?**

P: It well if I didn't have my daughter I certainly when I'm suicidal and I wouldn't be erm it's a bit of a relief for my daughter (small laugh) I think for me for my daughter erm I don't think I like it and I often say to people I wish I was some sort of Victorian fainting lady who could swoon in in a lavender scented bed take to my bed have vapors and do that and do bereavement in that way erm and it (…) it's quite often quite annoying that I'm not erm (small laugh)

R: **What's that laugh?**

P: Well I suppose the laugh is (…) my assumptions about peoples assumptions which I do that quite a lot erm that people would think well that's great that you're so strong isn't it fantastic you're you're really strong woman Ruth very strong woman I don't necessarily want to be erm so the laugh was was around that really there's an irony in saying yeah I'm I'm still standing I still work (sigh) there are times when I have fun erm (…) but I think I'm I I I don't think I'm acting all the time putting on a mask it's not quite as simple as that on the train on the way down I I always cry on trains erm partly that's because trains have resonances of because I live in west W and my family is in L so from when my children were tiny we did a lot of train journeys and I rather liked taking them on trains and reading to them and it was always going to something exciting and then once Jack moved to L going to L for me was always something really exciting I was going to see my son so trains have very strong resonances could I - and obviously when he was first missing and then when we found out he died and then all the PROCEDURAL procedural ridiculously his body wasn't found for another two weeks his body wasn't released to me for another six weeks and on and on so I was back and forth and back and forth constantly through memorial services through everything so there's some obvious resonances but it's not that that's where I come back to what you said it's partly that and I do just sob and and sometimes just for an hour yesterday for the whole journey quite uncontrollably poor people in the carriage but I don't care erm and once I'd recovered just before I got into E I was thinking what is this what what

because I quite like it it's not there isn't a word for what it is I'm I'm okay with it and it's the only place II finally worked out it's the only place where I'm ABSOLUTELY not having to think about anybody else it's quite selfish actually I'm not I don't put on an act with my daughter but I always have to have my daughter's feelings and her grief erm and her grief for her father so there's always a balancing act of of how much of my grief I share erm so that's always in there with my daughter even with my closest friends I know what they want because they love me they want me to be a bit better erm I don't act especially not with my closest friends but I know I don't show it all erm -

R: **What would it mean to show it all?**

P: (small laugh) Partly I used to think it was because I thought would scare people but it isn't it's private it's mine it's private it's mine it's mine and I don't really want to share it with –ironically sitting talking to you and taping with (small laugh) I don't particularly want to share it with people who knew Jack or who come will although exceptions who were close to him erm so on the train without you know work I'm I'm I'm at work I run a tiny charity I've just got a bloody puppy so with the puppy I'm having to be puppy mother or whatever and sitting on the train is the only time where I'm just just Ruth and it comes on immediately and it's it's (…) it's very very strong but I do feel that's the real me and then I put it back in a box it's back in (sigh) and then I can er to a degree choose when and how much of it to show -

R: **Who is Ruth?**

P: Ruth is grief Ruth is (…) Ruth is broken Ruth is mad Ruth is lots of things and lots of other things as well I don't mean any of the the other Ruth's which really does make me sound bonkers (small laugh) I I don't mean it in that sense it's not that they're not true but this feels like deeper in the core of me and and I'm okay with that you know does that go anyway towards answering your question what what it's like after it's quite…

R: Yes [**P**: Yeah, yeah] yes thank you [**P**: Okay]

R: Okay. Erm **What is it about your loss that makes you feel it might be difficult sharing your experience with other people?**

P: Other people who aren't traumatically bereaved or very specifically other people who- whose children haven't died – I can share well a couple of friends who are who are post Jack's death friends who I can share anything with erm so I think because (…) (sigh) people who can go quite close to understanding other parents can go quite close towards understanding it's very painful watching them erm thinking one of my closest friends now who's been an extraordinary supporter who's a very erm in her professional life is is erm er has done a lot of therapeutic training but she doesn't therapise me she's just emotionally intelligent erm and she's she's walked with me erm and she will continue to walk with me but she has

two fairly small children and I can watch at times the absolute pain when she tiptoes close to what I feel and I don't (…) I don't..

R: **What's that like?**

P: Horrible it's it's there's a support in that she's empathising but I don't want somebody I love to feel what I feel even even close getting close to it so that stops me the the more obvious bigger things I suppose are are people wanting to make me better people wanting to check I'm on my journey I've got closure I've got all that shit (small laugh) erm that just makes me very angry so I I I don't want to engage with people who even the puppy erm which is a very lovely puppy erm I had my arm ENORMOUSLY twisted into it by my daughter by some work colleagues by lots of people who thought that it would be a good thing for me erm it's a bloody knackering thing for me (laughing) it'll be fine but but I rise at the idea that anybody could think that I will ever be better or would want to be better actually so yeah that's what stops me really and even with family with people who erm knew Jack from birth I think there's a selfishness in it as well which I don't [majority?] about myself this is MY grief this is MY son somebody I knew I was close to anyone even my daughter she would she would acknowledge that erm who I knew better than anyone in the world knew so I'm not minded to share my pain because usually people then come back with their pain erm (laughing) and I don't have the reserves to deal with anyone else's pain

R: What's that like?

P: Erm it depends on the person but I don't like it I I get I I become a teenager I become stompy and cross and it's mine you didn't really know him not the not out loud in my head [**R**: Mm] yeah I get quite angry actually [**R**: Angry?]

P: Yeah yeah my sister-in-law for example lovely woman erm will talk a lot about her grief at my son's death and that makes me REALLY angry because her she has three alive sons and yeah I'm fine that she's sad that my boy's died but the placing there's there is something almost that she would want me to soothe her grief or make her feel better and I ABSOLUTELY don't have the the resilience or reserve to do that (…) [**R**: Mm] yeah (big sigh) that's yeah there's very few people I'll share with but other bereaved yeah particularly the ones very recent correspondence and one's somebody I was put in touch with somebody erm who I knew vaguely when my kids were really small but then a mutual friend said erm her young adult daughter died a year before Jack did erm and we've just corresponded three four times a week since then since Jack died erm that's fantastic that's that's where we can say the unsayable and we can also say the funny things and the black things and the be inappropriate and (small laugh) you know just maybe the opposite of the erm grieving with the vapors we can also be (…) sassy and funny and grumpy and angry and and all the emotions that are perhaps not associated

with with erm without being to whatever with (big sigh) society's idea of grief we can do all all the slightly inappropriate things…

R: **That was a big sigh** -

P: (laughing) was it – oh right I do sigh a lot where was the big sigh I can't

R: **About society**

P: Oh right I think I was sighing at myself actually oh going into one Ruth very pretentious but yes society has er has an image of erm I remember my brother-in-law sister-in-law's husband partner saying at Jack's funeral going up to various of my friends erm saying 'look after her look after her' 'she's not grieving properly she's not grieving properly it hasn't hit her' 'she's not grieving properly' because I was actually not entirely sober at the time and spending why would you not be at your son's funeral erm and laughing and laughing in the corner with his friends telling they were telling me stories about his life and I was I wasn't having a lovely time but I was having a time hearing stories about how happy my boy was erm and Albert said brother-in-law was was was just couldn't be having it kept saying to people 'no she's not grieving properly' whatever that is -

R: **How did that make you feel?**

P: It just made me laugh somewhere between angry and made me laugh I didn't have the energy to be angry erm it felt very sexist actually it was it was a primary element it was it was it was my male friends he was telling to look after me so I think I distracted myself on on a tide of sexism yeah

R: Okay thank you. Can you tell me a bit about how you get along with people in your life since your loss?

P: Yes I think (…) I don't know if it surprised I was going to say one of the things that surprised me but I don't know if it surprised me I don't think I erm I don't think things surprise me anymore I've been quite brutal [**R**: Mm] and I cut -and I don't always know why I've cut some people out of my life and I don't I'm not particularly minded to investigate I'm sure I could some people it's more obvious than others erm but I chose REALLY carefully and quite brutally who I'm induced to spend time with erm so people like poor old sister and brother-in-law (laughing) they're gonna be referenced quite a lot I don't want to see them my mother-in-law who of course herself was a bereaved parent when my husband died erm and now a bereaved grandmother I can't speak to erm -

R: **What's that like?**

P: It's not a problem for me actually it's a big problem for my daughter a big problem so therefore the only element that's a problem for me is because it upsets my daughter erm there are friends who I haven't been able to speak to there are friends whose calls I won't return who now by now don't call I've done a really strong edit and I think that's edging towards the answer to your question I get along

with there are people I can't edit people I work with and so forth but I work with actually amazing people so I wouldn't want to edit them they're they're they're big extraordinary support system erm big in big in big in in erm what they give me erm so the people I chose to get along with (…) I get along with really well and (…) I can laugh and I can (…) go to the pictures I can do do small scale social stuff erm and I can work I can be with my daughter particularly and my son's friends hugely erm who are very big part of my life but I NEED more solitude now as well so if I'm so if my daughter say is she is she is home for the long university summer break that can be tricky and I'm sure for her as well mostly 99% lovely but I'm aware I don't have the energy with lots of people in the way that I used to but I I –

R: **Can you say a bit more about that? What's it like?**

P: It's a bit frustrating because I'm I've always as well as defined myself as a mother defined myself as a kind of arch network of people person clichés clichés but that's that's something very central to me I'm very good with people erm and to have to tell people after an hour I need you to go now is a bit (…) makes me feel quite old (laughing) I think erm but it did at the beginning -

R: **You laugh again…**

P: I know (laughing) You're going to keep pulling up those laughs aren't you erm yeah I I think I think I'm over that now I think I've got slightly more energy now than I had right at the beginning erm but (…) yes I've lost my thread slightly erm yeah it's in terms of how I am with people

R: **I was interested when you said about needing your solitude**

P: Oh that's it yes yeah erm that's actually all given that when my daughter's away I've got lots of solitude it's it's handy I s'ppose that but I do know I need it and it's not always like I was describing with the train time WITH Jack I'm quite conscious I think one of the differences 2 years nine months on to to the very beginning is I can cho-broadly not always but broadly choose when I turn my sights to MY grief and to my son and they're not always the same thing erm and also realisation that they're not not the same thing erm and of course it will come up sometimes unbitten and unexpected but I have more control over when I choose to go into the black really erm so sometimes

R: **What do you mean go into the black?**

P: I mean go to the bit where I can't stop crying the bit where and that's yeah just just can't you know I'll have a whole day sometimes you know from yeah 10-12 hours of just being poleaxed by it and and if I have to go up the stairs I have to go up holding onto the stairs so physically very but I will choose to do that sometimes and at the end of it even though it's nothing's BETTER but it feels what's the word erm (…) congruent it feels REAL erm so having what I was going to say is having that solitude isn't always that sometimes it's just telly and chocolate it's not

necessarily time to self-examine it would be too bloody exhausting to ei-either choose to really sort of sit with my grief or examine it or self-examine sometimes I just want chocolate and crap telly erm and I want that on my own as well [**R**: Mm] I'm an only child as well I'm quite used to solitude I've always had a strong thread of that I think that's got stronger since Jack died

R: **I'm interested when you said that you separated Jack from the grief**

P: That's a very recent separation erm and it's not obviously the grief is is to do with Jack obviously erm but I think (…) I think I'm BEGINNING not to want to define myself totally as a bereaved mother erm somehow it's about holding Jack it's not about thinking lovely memories and happy things and putting him in that sort of memorialising box which I'm very resistant to but holding my relationship my continuing relationship with my son and my feelings of loss and devastation and all for those feelings obviously they inter – they overlap like then [devant ?] they're not quite the same erm and I'm still kind of working around that in my head a bit but it feels right to slightly separate them [**R**: Mm] yeah it's it's as far as I can go with it at the moment it's a bit of er work in progress I think especially with a layer of resistance to erm that word resistance I'm very clear I don't want to get better I don't want to get over it I don't want him to be erm funny stories told twice a year erm and a series of photographs I want he isn't living my relationship with my son and my son is living is still I keep doing that don't I [**R**: Mm] and I will keep doing that consciously [**R**: Mm] is within me erm yeah slightly different

R: How does that feel?

P: That feels alright yeah it feels more than alright it was a bit of conscious thinking to get to that point I suppose yeah

R: Thank you

P: Okay

R: **What is it about your loss that has had a big impact on your beliefs and values?**

P: It's had absolutely no impact on my beliefs because I'm am was and remain very much a kind of carry-atheist I don't have any ANY spiritual sense erm nor did my son who's very erm very probably more adamantly atheist than me more more vocally atheist crossly atheist I just am I don't um get worked up about it that sort of mutual atheism my values (pause) I don't know actually I think I find it harder I think I have a very strong value system in a lot of - I don't think it's values a lot of the things causes and things I I felt past tense was interesting I feel very passionately about were things that were shared with my son so I've struggled I've struggled to give a damn actually about things that I gave an enormous damn about mostly political things since Jack died so I don't know if that's I don't know if it's affected my values I think the values are still there but any converting the value into action is

really difficult it's difficult to get het up about politics it's difficult to get off my ass and do things in a way that it wasn't before because it it was very much I was very lucky I think that we shared some very strong core values about things like the death penalty and civil liberties and that kind of stuff erm Guantanamo Bay whatever and it's quite hard to to put those values into action I suppose I don't think it's effected my values erm and it yeah and my beliefs are just my beliefs are quite comforting the lack of belief is quite comforting for me

R: What do you mean?

P: I mean that he doesn't know about this I think I would find it absolutely Unbearable if I had a faith if I had some idea sense of an afterlife kind of traditional Christian I'm sure other religions but but you know sort of rather woolly traditional Christianity I was brought up in of of heaven and people being able to look down and angels in the sky and all that erm how fucking awful that he could see this that he would know what he's missing and see (crying) and and see me this broken I would HATE that I've got to carry it I'm very strong I'll carry it for him I would hate to think that he knew that's I don't honestly don't understand how people who believe that can…

R: **What's that that seems to be..**?

P: Yeah that reall- caught that was yeah I s'ppose what made me cry was thinking about what he's missing out and maybe that goes back to your that separation is is is part as well of that erm what I was saying earlier about my grief and my son and what came up there was erm to do with what he's missing out on erm but it's an enormous comfort to me that he doesn't know and that from you know 2 minutes tops hopefully much less of – oh shit I'm drowning I'm not even it's really going he he didn't know he doesn't know anything after that erm (…) yeah I don't know how we got onto that but yeah that that's one of the biggest comforts for me actually is that he knows nothing the the…

R: **I'm interested when you said you carry it for him**

P: I feel I write to him erm a lot less less now I used to write to him every day I write to him a couple of times a week I feel a bit guilty if I don't we were great correspondences huge correspondence in every erm method you know 3 or 4 texts a day his friends used to tease him I I find out posthumously about if anything ANYTHING he'd be on the phone to his mum archetypal glorious mummy's boy but shared passions shared whether it was football or politics or the law erm and I tried to keep that conversation going erm it's interesting how I didn't think this would upset me erm

R: **Are you okay?**

P: Yeah No I'm fine I'll power through but I'll power through erm I started writing to him to try and keep yes to to have one side of that conversation to try because

again quite selfishly as well as everything else what I I was missing was was that frequent correspondence with somebody like-minded so I've tried and carry on erm doing that and one of things I've sort of said to him I try not to talk too much about my grief separation slightly I do tell him about Jeremy Corbyn and up the [ass?] But obviously erm I talk about how I feel and that he doesn't know any of this and that yeah that it's yeah I think it's my job to carry it for him because he can't I carry the and because I can erm the the lack of the lost potential the lost future I watch his friends erm you know birthdays milestones obviously they're all not obviously most of them were graduating the year before he died they're now taking their young urban here we are in **I** [place] their young urban people taking the first steps on their careers and hilariously sweating about getting mortgages which you know 15 years' time I'll tell him he would have been doing the same living you know that lovely L life and thinking they're very adult and they're just babies really erm and that although I love seeing them you know every every stage they go through is a stage Jack would have gone through so that I think that's what I mean I carry that I see that er that he you know didn't get married didn't have children didn't get a pupillage didn't become the QC erm didn't get a Labrador so he doesn't know that he didn't do those things I know he didn't do those things -

R: **What's that like to I'm interested when you said to power through it?**

P: I did didn't I no I meant powering through just crying just now and then I corrected myself power through silly phrase erm I meant I was just going to carry on through and and and erm regroup yeah -

R: **Mm so this carrying for Jack is that correct Jack Jackie?**

P: Jackie, Jack or Jackie

R: **Jackie, Jackie, how does that feel?**

P: Heavy erm you've probably seen cause it's it's came up for me erm in bereavement circles and amazing image of erm er it's like er meting metal frame of a body filled with stones like that erm yeah like that that's how it feels erm huge Kitty my my first bereavement pal erm we talked quite a lot about that and that I felt was stones in my stomach in my uterus weighing me down she didn't feel stones what she felt erm I think actually lightness but not in a positive sense emptiness hollowness erm but I've always felt viscerally quite physically it's it's it's heavy erm (…) just about carrying him

R: **Carrying him?**

P: Yeah yeah I carried him

R: **Right when you right – in the uterus**

P: I carried him before you know before so yeah that's my job – yeah oh I'll have sip of water

R: **Yes please have a drink (…)**

P: Yes I think what's interesting as well back to that other people's perceptions and maybe I'm being unfair about the wider community but I think people would be surprised that 2 years and 9 months on things are as raw as they were 2 years and 9 months ago I remember my dad saying to me when was it - it was the first anniversary of Jack's death and as we've done with his birthdays and the anniversaries of his death we went to L actually the first one we went to the pier erm and the second one [won't?] a pier around about the time of of his death and my dad said "I don't know why you keeping picking that scab" I found it such an extraordinary phrase the VERY idea there'd be a scab it's just WHAT erm I think yeah thinking about sitting here crying I think quite a lot of people would be surprised because..

R: **And how does that make you feel?**

P: I think I'm neutral about that and maybe sometimes I play into it by people's MOST people just thinking I'm okay you know and I choose to present I don't always want to open my guts to everybody erm I'm pretty open but another thing that one of Kitty my friend and I talked about a lot how bloody boring bereavement is we bore ourselves we bore each other we bore the xxxx just banging on about it we can't not do that but it's part of heaviness as well that we're actually sometimes we're quite bored being bereaved we'd like holiday from that give it a time when we don't (…) feel like we feel so yeah that's part of that as well I don't my one of my colleagues erm whose sort of senior person in the office he has staff updates whenever he's lovely he he definitely had a traumatic bereavement he woke up many years ago his partner was dead beside him so he he's older than me probably when he was in his early 30s so he's a man who understands (…) erm who understands really erm he's lovely been a huge support to me we've talked about this but (…) but I think I need to change it now cause he he takes to one side any new staff or any new volunteers and just lets them know that my son died not in a he's a very sensitive man not in an awful way but it does slightly mean it means I think it's it's a kindness to me but it it's beginning to make me feel uncomfortable that new people will be defining me by that or slightly watching to see if whether I you know tumble off a cliff or something so I I need him to stop that now [**R**: Mm] although it was done with the great- kindest motives sometimes I just don't want to be the bereaved mum in the room I just want to be Ruth even though to begin the conversation the real Ruth is very much the bereaved mum but yeah I need a holiday from it everyday life sometimes

R: Right mmm okay erm **Can you tell me about any differences you might Experience in yourself since your loss**?

P: Emotional differences?

R: **Er so er yeah physically, personally, socially [P: Okay] spiritually we have**

touched on some of these

P: Yes yeah I think yes certainly the (…) the culling of friends and and the not feeling the need to explain or er I remain quite a big people pleaser but I'm less of a people pleaser I certainly haven't (…) I haven't done that thing which again is a bit of a cliché and and and thought well life is for living and life is very short and it hasn't like don't sweat the small stuff again I was rather looking forward to that I thought well maybe I'll I'll stop worrying about rubbish erm I'll have a better perspective I'll be re-booted and none of that's happened I still [**R**: Mm] worry about the rubbish and erm but I think and I'm still a people pleaser is I still want people to like me but I think that's got less I think I'm a a little bit harder - physically I'm definitely (…) older much much older much more erm (…) slower tired heavier and literally heavier in the two weeks less than that after my son died I lost two stone and I kept on eating apart from the very first day when we knew he was missing and I didn't eat and I was we were staying with his friends and they erm I was allowed to exist just for that day on Berocca and sweet tea they as long as I was hydrated kind young people that from the next day and I wanted to eat so I I that I lost two stone was extraordinary just just through presumably some kind of chemical shock process in my body erm but put that back on I erm and I just feel I don't think I'm physically heavier but I feel heavier I feel slower I feel older erm

R: **What's it like?**

P: I hate that I try to counterbalance it with

R: **You smile though**

P: Yeah I don't know why I smiled then er or there but I counterbalance it until recently until my life was taken over by a puppy erm by going to the gym and very much doing weights and strength stuff not not cardio stuff and that's VERY conscious it's conscious in terms of it being very good for my mental health so – so being in the gym to be focused on that but I know it's also consciously about being strong if I'm going to be heavier if I'm going to be slower I'm going to be older I also want to be stronger because I'm carrying quite a lot so there's a a very conscious decision there to to erm –

R: **When you say heavy [P: Mm] is that emotionally?**

P: Yes it is yeah but it but it it (…) it manifests itself I think my body just feels heavy I don't mean in terms of the number of stones or kilos I mean it just kind of dragging it around actually [**R**: Mm] sometimes it's great yeah dragging's a very good word for it it feels like there's a lot to move around so the counterbalance to enable me to do that is something more erm obviously to do with strength like weight training (…) and that feels good so those physical changes I think very much after Jack died erm emotional I think we've touched on spiritually – no erm

R: **Personally?**

P: Personally

R: **Like that's back to who is Ruth?**

P: Yeah I think (…) yeah self-evidently Ruth wasn't the broken bereaved mother before she became a broken bereaved mother so erm (…) yes I think I think I knew I was then and I knew I know who I am now and they're different people by self-evidently by deemed to that event I guess I'm I'm pretty self-aware I hope I think erm and remain so I think I've quite a good sense of who Ruth is and I think I s'ppose that's a difference I'm more accepting of my own fragilities my own anxieties I think I fought with myself more before Jack died erm and I'm absolutely not a Buddhist but that sort of feeling that if you fight against sadness or you fight against anxiety or whatever it gets worse it's the fighting it rather than acceptance I think I've got a lot more of that now that I'm I would define myself as being actually quite adamantly define myself as being having mental health issues or being mentally unwell but I think it's almost political I think bereavement isn't recognised as er what can be quite an extreme mental health issue so I think there's a bit of that but I just personally I want to say to people yeah actually I'm probably quite mad or maybe I just want to say it to myself yeah more more accepting of feeling a bit shit a lot of the time

R: **Mm yes interesting when you say connect with mental health issues**

P: Mm I don't think it's something I s'ppose partly that is I work with learning disability but by and autism but by it's very nature there's so much dual diagnosis so and I've always worked in various careers that have been on the peripheries of mental health or been very accepting of – a lot of people self-harm I've worked with care leaders lots of people who would have mental health issues so I've always been quite politically erm concerned politically adamant that that's people should be able to talk openly about them and I think I've made a connection with bereavement there and I have a (…) tattoo on my ear that I didn't realise when I had it done but apparently is is a sort of people outing themselves with mental health issues I didn't have it done for that reason erm but I'm very pleased that I did because people will connect with me and go okay erm I just don't think bereavement is thought of in that sense certainly not traumatic bereavement I think it ought to be I think

R: **What does it mean to have that like connection say that visible connection?**

P: I s'ppose it gives me a label I suppose it's defining something but I I remember a young woman who she does some volunteering she's she defines herself as high functioning autistic she's extraordinary young woman erm and with perfect beautiful timing the first time I met her just as she was leaving the room she looked back at me 'like the tattoo' and then carried on and I felt great so (…) yeah

R: **What was the greatness?**

P: Yeah that that's what I was I paused to unpick cause that was the answer to your question she didn't - doesn't know that's to do with bereavement not unless my blasted colleague has taken her to one side which which he hasn't erm I quite like being with other people who which is of course the whole world really who pretty broken that can can say they're pretty broken can say they broken or that they struggle or that they're not perfect

R: **What does it mean to you? Actually broken's come up a lot**

P: Yeah I I I use that word really consciously I like that word [**R**: Mm] erm I think it means I think there's something defiant in it in saying to people of course I'm broken I think there's something that represents the strength of my love for my son why the hell would I not be broken why would I just be a bit bruised erm I think I get a bit teenage with it a word I've used several times like yeah it's me it's what I am I'm so maybe connecting with other people who in different ways would define themselves as broken is quite comforting I don't know I don't I can't quite unpick that but I I remember that feeling very strongly when she just looked back and kind of acknowledged and I was like yeah it was good

R: **Mm yeah I'm also interested when you said you described yourself as mad** [**P**: Mm] **what that means to you?**

P: It's written on my arm erm which is a Jackie based tattoo of all things in life of Bruce Springsteen erm I love you with all the madness in my soul so that's for Jackie but it's also for for very close people who've kind of helped me through erm I think it's a bit of a truism really erm why would I not be mad I can't answer it in anything other than the negative I want to say actually I remember saying to my mum poor mum erm I'm quite mad

R: So how does it feel?

P: That's quite liberating isn't it yeah yes it's quite liberating partly it is the same as broken it is why would I not be mad my son has died the most precious thing in my life has gone is there any other response that is appropriate other than madness and I know it's not erm non-functioning madness I know I'm not erm I'm very functional I'm not going to be sectioned or need medication apart from my fags I don't take any medication erm so it's not that sort of madness but it is quite liberating it's quite it gives you license to do things if you if you at least a little bit mad

R: **License to do things?**

P: Yeah I don't do very much but it theoretically gives me license to do things just to be less predictable I suppose yeah

R: Okay thank you um **Can you tell me a bit about how you experience time since your loss?**

P: (…) In the immediate aftermath my daughter and I and some of Jack's close friends who were there we once I realized he was missing erm I travelled to L sort of overnight so I suppose Sunday and then there were a couple of days before we found out he was dead and when I was staying with his friends and we all talk about this a lot but we the time we can't get a handle on it it was actually almost exactly 48 hours between when we arrived in L and when our (big sigh) family liaison officer came to show us the CCTV and say he was dead it feels like about three weeks we we generally can't fit and we remember everything it's it's the most (…) burned into my soul etched into my soul time imaginable erm but it feel it for everyone it's so much longer so time did something very strange in those couple of days and we can't quite get it back erm sort of we can't put it we all try and say well that must have been that morning no but there aren't enough days for it to have happened so there was one bit of time there I think more generally subsequently I think time just goes very quickly [**R**: Mm] strikingly quickly I don't like I say I don't like but to say that my son has been dead for two years and nine months (…) and a few days it's that's absurd it can't be that's wrong that's again obviously it's wrong just on on a most basic level erm it feels like a blink of an eye things happen more quickly I'm aging more quickly my daughter's university career is flying more yeah time time's there was a very amorphous period immediately after he died and especially because as I said two weeks to find his body he when we couldn't talk about apart from to very close circle he was dead because police were still looking for witnesses so that time went funny and then until there was sufficient identification which was really problematic because he'd been in the water for two weeks erm we couldn't plan a funeral so time that actually yes that that first few days went peculiar things I described that six weeks after that felt like about three years every second felt long and then thereafter it seems to have speeded up hugely so there's there's very close to death bit after and now yeah ridiculously quickly does that answer your question I don't know

R: **What's that like that – that experience?**

P: I've never really thought about it erm I think it just is I don't feel (…) I can't attribute an emotion to it I don't think I'm angry that it's going quickly or I'm sad that it's going quickly it's just noticing that it's is going in response to your question noticing that it's going quickly I don't think I've thought a lot about it

R: Mm, okay thank you. **Can you tell me a bit about how you see your future now personally**?

P: (…) It depends when you ask me obviously you're asking me now erm

R: **It depends when I ask you?**

P: Yeah it does depend when you ask me sometimes I just think erm (…) well I'm just going to get through this I'm going to keep on plodding dragging myself all

those sorts of feelings until I die that's a bit almost tedious it's so that's a very (…) I don't think I have any positive views of the future actually there are things I want to do and that goes back maybe to wishing I'd had one of those post death reboots where people think right I'm going to seize the moment and do stuff I mean there are things things I was planning to do before Jack died that I really ought to do now erm go and spend some time in America go and spend some time volunteering and one of the the anti-death penalty projects which I'd really like to do so that's that's probably the one thing (…) if I get the energy to do it that is a positive thing in my future and I think will be quite significant as well (…)

R: **I'm interested when you said it depends when I ask that question?**

P: Yeah yeah yeah so it would either be that kind of well I'm just dragging myself towards the grave or at my best well I'm going to go and spend six months in America erm

R: **What's that like?**

P: It's a bit frustrating because it would have been so much more exciting before Jack died it feels a little bit like the puppy something I'm doing because people I I do want to do it but I think other people have attributed more meaning or mum goes and does that and that'll be something for her and something for her values and something erm that will be a good thing and

R: **So what's for you?**

P: For me it will probably be all of those things but it's in danger it hasn't quite tipped but it's in danger of tipping into the other people think I ought to box as opposed to I think I ought to erm I can't define my future (…) I can define my strongest drive is wanting my daughter to be happy and settled career wise she has a very strong understandable drive to create her own family because this one has been smashed to smithereens so my strongest driver is wanting to be able to see her with that settled with a partner having kids having this career working in bereavement and loss in the way that she wants to becoming a bit more whole than she is erm or coming to terms with how she is erm but that's nothing to do with me and I'm very conscious of answering that question to do with somebody else but I can't (…) it's another laugh (laughing) and I'm noticing them now

R: **What does that laugh mean?**

P: Yes that laugh means the laugh means I'm thinking about one of my old colleagues actually who would drive her potty that I'd say in a sort of martyry way well it's not about me being happy it's about other people and and it sounds very martyry and it sounds very disingenuous but I think that's the case now I do-don't really give a shit if I'm happy I'm not I don't have very much to be happy about I really want my girl to be happy and I will if me being more happy happy seeming more happy will make her more happy then that's what I want to do with my future

but

R: **So what's that like for Ruth?**

P: It's alright really it goes back to Ruth saying she welcomes the black or or train journeys it's not me being a martyr and I'm doing a strong martyr in me just everyone else be happy don't worry about me I know that's that's quite strong in me used to it's not about that I can't (…) contemplate anything in my future that would make me happy or that I'd want to make me happy beyond you know the immediacy of chocolate or glass of prosecco or a nice meal erm in the sort of here and now happiness is I'm fine about being happy in those those lovely moments that treat me out or something but my future I don't I think it's quite irrelevant actually it's for for Ruth for ME er it's kind of neither here nor there I've done (…) my BEST I gave Jackie 23 amazing years and gave him the groundwork to be where he was and that erm and my girl's getting there Meg's and I've given that to her so it does sound terribly sort of martyr and silly but it's not terribly relevant my future I don't think…

R: **How does that feel?**

P: It's okay

R: **Okay**

P: Yeah mm

R: Mm okay **Can you tell me about what brings meaning to your life now? They do tie in a little bit.**

P: They do erm and it ties back to that question about my values (…) I I think it may the reason I'm hesitating is it may almost begin to contradict the last some of my last answer and that's okay as well erm I think little things bring meaning to my life I have a friend a pen friend on death row that I write to and which is something I started subsequent to Jack dying it was very conscious decision to do although Jack was incredibly into civil liberties and into erm all sorts of aspects of criminal defense and and legal aid and and justice for people who who couldn't afford it although he was obviously anti the death penalty it wasn't kind of his big thing it was a little thing of his because it's always been a big thing of mine so I had when he first died I thought I'm going to study law because again I think a lot of his passions came from me or were nurtured by me or you know I made my kids do amnesty Christmas cards when they were six and seven or whatever you know there's there's some obvious groundwork that he took around with so I'll I'll I'll study law but that felt too like I was taking something that was his so I made a conscious decision to to focus on death penalty hence these sort of ideas of going to America in a few years erm and that friendship gives some meaning not in a lady bountiful I'm doing a good thing way it's a two-way quite honest friendship erm (…) that gives meaning to me I think my job can give meaning to me actually I think (…) I

think I'm slightly less good erm the-there are two sides to my job very much one is administrative getting funding grants bids all of that keeping keeping our little charity going I'm still as good at that I'm LESS good at the face-to-face work which intertwines through it really members coming in all the time wanting to talk er I'm aware that I have less patience I'm aware that I'm just more tired I I'm less able to be a sponge I was always rather good at absorbing other people's emotions repackaging them and giving them back to them in a more manageable form I'm not very good at that now so but I'm still quite good at it so I think one thing that gives me meaning is is when I am able to do that with people that I connect with that we work with erm (…) yeah (…) I'm struggling to think of how my relationship with my daughter gives my MY life meaning (…) and that's an odd struggle to be having because at at the most absolute sense it does give my life meaning I know what she means to me and I know what I mean to her and we don't we only have each other so that's very strong erm but I can't sort of frame it but I think it's the most it's deeper than giving my life meaning it just is it's the bedrock it's not about meaning it's it's it's it IS so I'll stick with the death penalty and work things [**R:** Mm] that give my life meaning

R: **So when you said that you were a sponge before [P: Mmm] and that sounds like it gave you meaning [P: Mm] and how do you experience that difference now**

P: I just -

R: …**in meaning?**

P: In meaning I just can't do it I can do it a little if if I'm sticking with the sponge analogy erm I can't hold as much liquid I can't really absorb in erm (…) I can do it in short bursts I can (…) in some ways some people I work with is better because there's much less danger there's no danger of other peoples' emotions erm affecting me or hurting me there just isn't any more whereas I was pretty damn good at it before but once in a while I'd get knocked sideways I'd be surprised by the depth of someone's emotions or distress erm and I wouldn't be able to hold it because because it would affect me because it would I don't know whether it depends on whether it resonate with me or just just someone's deep pain I remember one of our members who I'm still very close with another erm woke up with her partner dead beside her similar to my colleague but 20 years apart erm has learning disabilities she has profound mental health issues I'm very close to her I was have been use to be her advocate and it knocked me inside out and backwards I had to go home erm because because I love her and because she was in deep pain if that happened now I wouldn't I would I would be able to empathise I would be able to be appropriate and lovely and I still love her but it wouldn't touch me I think maybe that's a good thing that's that's the difference in

terms of I don't know if in terms of me or in terms of erm actuality but if I'm a sponge erm I'm a non-leaky sponge to myself yeah

R: Mm **Okay and er when you said about erm writing to [P: Mm] a friend on death row [P: Yeah] how does that give you meaning what does that mean to you?**

P: (…) It (…) I'm mmm I'm wondering around and and rejecting the idea that I'm doing a good thing with capitals because I don't think it is that erm it's a two way relationship he nags me about doing too much and I need to relax more and smoke less and things it's very he's the second person I've written to the first person it went very wrong erm because he kept demanding money and I kept saying no and erm he he sacked me as his death row pen pal which was very funny actually erm because I wasn't giving him enough money so er there was never a connection there it was just about he wanted to write about God and money and I then did feel like some sort of horrible lady bountiful doing good things it's very different with with my new friend erm (…) how does it give me meaning maybe it's just as simple as as it's a new friendship that it's that when his letters arrive I'm excited erm and we he asks me questions and I ask him questions and we're exploring who we are to each other with- his bravery awes me because he writes very clearly about it'll be quite a few years yet but erm but about the fact that he will probably die in this situation (…) erm does that give me meaning?

It's quite humbling

R: **What's it like then that experience?**

P: It's it for for me it's really humbling listening to that but it's quite and I hate this phrase but I'm going to use it it's quite in the moment it's quite sort of it's as real as it bloody gets isn't it that somebody's sitting there in a tiny space half of quarter of the size of this knowingly going to die erm although we haven't properly unpicked it but clear-there's death running through from both sides I didn't tell my first pen friend about Jackie erm I was advised not to tell either of them but within two letters I was telling Nick about Jackie because it felt [**R**: Mm] appropriate to because going back to exploring being broken in different ways or being fragile in different ways but nah it gives me meaning it just just maybe just in that great I've got a letter from him

R: **You light up a bit**

P: Yeah yeah I think so yeah

R: Okay so um **Is there anything else about your traumatic loss that we haven't already discussed you'd like to add?**

P: (laughing) I don't think so…(laughing) um that I laugh at certain moments when – anything else we haven't discussed

R: **The humor?**

P: Yeah oh my gosh there's so much humor in it

R: No but if there's yeah [P: Yeah] something that you feel you haven't spoken about?

P: I don't think so I'm sure there is but I can't it's just… (…)

R: Do you want to say something about the humor or the laughter?

P: No I think that's (…) almost nothing to do with the traumatic bereavement that's that's a technique that I and lots of people use quite unconsciously to sort of either to buy myself some time or to lighten when you go somewhere tricky isn't it erm there's a lot of humor in death and I enjoy shocking people with that definitely I enjoy [**R**: Mm] my daughter does it even more than me and she will talk quite openly to people about oh I'll just play the dead brother card and then I'll you know get special circumstances for an exam or something people are horrified um I quite like that and I I maybe that's back to like give us license and madness and stuff it does give us license to -

R: Play the dead brother card?

P: Yeah play the dead brother card well say that we're playing the dead brother card it's more of a saying there of that um shocks people I think both she and I and I think in common with lots of bereaved people like to shock people [**R**: Mm] my husband well my husband died I remember a woman who I knew quite well who wasn't a friend but I was friendly with her partner I'd I'd known her I'd actually introduced them um maybe a month or so after Dan died I was down at the beach where I live and I came along and she she her little daughter was maybe three at the time and she saw me she gasped she ushered her daughter into the car and she locked them in in the car her and her daughter um I found that hilarious absolutely hilarious but also quite um (…) quite the word I quite enjoyed the fact that she thought I was that powerful but death she could she could catch death it was contagious that that I I carried this with me I think especially because of the accumulative one thing we haven't touched on because maybe it's self-evident you know I've been through one let's call it traumatic with a small 't' bereavement um so a lot of the the rituals the rights the inappropriateness of other people the things the expectations of other people the laughter that you have within the family unit we we knew what to expect [**R**: Mm] Meg and I definitely knew what to expect we just (…) didn't we knew that it would be to the power for me to the power of 10 or 100 or a 1000 or um but some of the surprises of of death and bereavement weren't surprises to us and eventually maybe that's going back to your your future answer in some way at some point I will work with death that that's one thing I didn't say because I didn't think of it then um and I don't know how yet and I don't think it will be I I don't have I don't have the academic mind for research or I don't have the skills or that I might be being a funeral director certainly Jack's funeral director had

himself experienced two traumatic bereavements and that's what propelled him in young extraordinary young man it might be death cafes it might be psychotherapy I don't know…

R: It was interesting you said power -

P: Mm [**R**: Power] did I in what context?

R: About meeting the lady on the beach -

P: Oh yes [**R**: The power of death] yes yes yeah it was quite (…) might as well get something out of it I I found that very the very fact that she thought I was that powerful something quite witchy about it…

R: **How did it feel?**

P: It felt quite powerful (laughing) yeah sort of so at some point in if I were an artist and and I'd know that I'd be I'm not an artist in any shape or form I know I'd be exploring death through painting or photography or I don't have that um there will be a way when I have to incorporate it into my life not just Jackie's death or Dan's death or dad's death but I suppose what was get out of having gone through this is we're not scared of death I don't mean in terms of my own death I mean just talking about it the idea of it and that it happens so at some point I want to work I just don't know how yet I want to work with it

R: **Mm. Is there anything else?**

P: I don't think there is I think that's probably that was quite interesting I hadn't thought that at all in that context until I started talking that feels like quite a good place to to take a pause yeah -

R: **Alright thank you very much**

P: Not at all

R: **I'll turn off**

P: Right can I go and have a fag Susan I'm desperate for a fag (laughing)

R: I I thought of that about half an hour….

Appendix 11: Example of Significant Statements

1. Reveals awareness of living in the present and focusing on events and interactions in the here and now.
2. Reveals awareness of others' discomfort surrounding the loss, which impacts the decision whether to share the loss**.**
3. Reveals awareness of adjusting emotional interaction with others in order to self-protect, which reflects the inability to emotionally support family members grieving the loss.
4. Reveals experience of being let down and disappointed by family and friends, which leads to the breakdown of relationships.
5. Reveals awareness of increased empathy for others who experience traumatic bereavement or significant emotional pain and loss.
6. Reveals a lack of commitment to the future because it is safer to avoid thinking about or planning for the future.
7. Awakens experience of society's misconceptions and inadequate knowledge about the experience of traumatic bereavement, which contributes to the insensitive associations and responses to the loss.
8. Awakens experience of the difference between bereavement and traumatic bereavement and the lack of societal support and knowledge available.
9. Reveals awareness of a physical response to the loss.
10. Reveals desire that others acknowledge the loss, and encourage openness in order to talk freely about the experience of traumatic bereavement.
11. Reveals awareness of the importance of identifying a continuing bond with loved one that is personally meaningful.
12. Reveals awareness of being congruent with one's emotions, which impacts a state of being more accepting of self and less critical.
13. Reveals importance of establishing meaningful relationships and communicating with others in a meaningful, honest dialogue.
14. Reveals liberation to take responsibility for one's choices, and trust one's choices.
15. Reveals reluctance to be solely defined by tragedy.
16. Reveals awareness of conforming to society's expectations of grief, which raises awareness of the compartmentalisation of grief being with others or 'wearing a mask'.
17. Awakens experience of time passing quickly.
18. Reveals awareness of existential questions about the meaning of life and facing the struggle with meaninglessness.
19. Awakens increased sensitivity and feeling emotionally vulnerable being with

others.

20. Clarifies that the traumatic bereavement becomes embedded in sense of self.
21. Reveals the importance of pursuing meaning connected to keeping the loved one's memory alive, which transforms into personal meaning making.
22. Reveals inner strength to face life with courage.
23. Reveals a willingness to reflect on one's assumptions about life, and question spiritual beliefs and values.
24. Reveals awareness of one's mortality which impacts a renewed appreciation for life.
25. Reveals awareness of the struggle living with uncertainty, and the futility of trying to control life.
26. Awakens the isolating impact of the loss, which can be heightened due to the experience of complicated grief.
27. Reveals the experience of the emotional struggle to manage grief with everyday life.
28. Reveals the importance of pursuing a meaning driven existence and creating meaning in life, which reflects purpose and inspiration derived from meaning driven goals and activities.

Appendix 12: Example of Formulated Meanings

1. The bereaved experiences a psychological self-protection, in order to avoid additional emotional pain. They wear an emotional mask in the personal and social dimensions to conceal their personal grief, shock and pain from others. The degree the bereaved share their psychological experience of grief or details of their traumatic loss potentially reflects increased emotional sensitivity. They compartmentalise their grief response, in response to other people's shocked reactions or inappropriate and unhelpful comments about their loss. The emotional self-protection impacts the bereaved person's decision to share their feelings or talk about the traumatic loss.

2. The lived experience of ongoing sorrow reflects a psychological state of sadness and pain for the loss of the loved one. The ongoing sorrow becomes part of the bereaved person's sense of self, but the bereaved does not wish to be identified with tragedy, pain, sorrow, or the potential horror and violence associated with the traumatic loss. The experience of living with the ongoing sorrow, yet not wishing to be identified by tragedy reflects an emotional growth. The emotional growth refers to the experience of living with the ongoing psychological state of sadness and emotional shock, but not allowing the traumatic loss to define the bereaved by tragedy, sudden death, violence, sorrow or the stigmatisation of traumatic bereavement by suicide.

3. The continuing bond with the loved one reflects the importance of maintaining an ongoing relationship and connection to the loved one, which brings comfort and meaning. The continuing bond is expressed, for example, as an ongoing dialogue, taking an interest in the loved one's hobbies or activities, adopting loved one's traits or characteristics, incorporating the voice of the loved one as a personal mentor during times of decision or difficulties, pursuing meaningful activities in the memory of the loved one, campaigning to raise awareness connected to the mode of death, or through raising loved one's children.

4. The bereaved experiences a new appreciation for life, which influences their meaning making process. The new appreciation for life influences the way they live meaningfully, for example, a new sense of making the most of time and engaging in meaningful relationships, projects or work, and a disinterest in idle chatter or a materialistically driven life.

5. The lack of knowledge about the psychological experience of traumatic bereavement in society increases the bereaved person's sense of lived isolation. The lived experience of isolation reflects a psychological change in social and personal relationships. The bereaved experiences a breakdown of relationships, and estrangements from friends and family, who fail to acknowledge the loss, abandon the bereaved, or who prioritise their personal grief, which increases the lived sense of isolation. The bereaved suffering from complicated grief, where complex trauma is involved, is reluctant to socialise with others who cannot engage in an authentic dialogue about the loss, or who hold fixed beliefs and assumptions about death or the mode of traumatic death, which contributes to the sense of lived isolation. The experience of the breakdown of relationships, in addition to strained relationships with friends and family, reflects a secondary loss in the social dimension for the traumatically bereaved, which perpetuates the isolating and loneliness experience of traumatic bereavement.

6. The bereaved experiences a psychological shift in values, beliefs and spirituality. The psychological shift reflects the lived sense of questioning spiritual beliefs and values about the world, and a spiritual belief system. The bereaved experiences a new curiosity and openness to change, which reflects the courage to test personal psychological boundaries of prior fixed values and beliefs, and challenge everyday fears and doubts that prevent the bereaved from trying out new things or new ways of Being-in-the-world.

7. The sudden confrontation with mortality reflects the bereaved person's sense of fear and anxiety about the uncertainty and meaninglessness of life, and the need to control the world, which is reflected by increased anxiety about family members' safety, or the need to squeeze everything into the present moment. The lived sense of meaninglessness influences the bereaved person's capacity to plan for the future because the world is viewed as unsafe and uncertain. Traumatically bereaved mothers experience a continual ongoing disinterest and distrust of the future, which reflects the psychological state that dreams and hopes about the future risk future heartache and distress. Bereaved partners, siblings and children experience difficulty planning things two years post bereavement. However, they visualised and expressed coherent plans and hopes for the future two years after their loss.

8. The bereaved experiences an existential awareness, which reflects a

psychological change in their decision making process. The new decision making reflects a change in beliefs about taking responsibility for life decisions, and living authentically. Living authentically reflects the decision to pursue meaningful dreams or goals, choosing to spend time with others that bring joy and meaning to one's life, making different career choices, or pursuing voluntary work, interests or developing skills that focus on helping other people who are facing psychological difficulties.

9. The bereaved experience an ongoing psychological difficulty managing the psychological and physical changes of traumatic grief while responding to daily life and interacting with others in the personal and social dimensions. This refers to the psychological, cognitive and physical changes during traumatic grief, such as anger, pain, sorrow, confusion, depression, lack of purpose and motivation, hopelessness, anxiety, flashbacks, dissociation, shock, sense of isolation, nightmares, smell distortion, humour, exhaustion, worries about the future, anxiety about impending danger or disaster to loved ones, and questions about a new identity. The embodied response to the loss diminishes over time, however, the emotional sadness and pain of traumatic grief remains an integral part of their life, which reflects the ongoing love and sorrow for the loved one.

Appendix 13: Example of Cluster of Themes

1. The traumatically bereaved experience a lived sense of isolation

a) Traumatic bereavement is a socially and personally isolating experience, which isolates the bereaved from others, who have not experienced a traumatic bereavement, and from those with a lack of knowledge about the psychological process of traumatic bereavement, including first responders, grief counsellors and professionals in the mental health field.
b) The bereaved experiences an absolute separateness from others who are living a 'normal' everyday life. They experience a sense of estrangement from others living the natural order of the life world; for example, parents usually die before their children.
c) The bereaved experiences complicated grief after complex trauma, which impacts their decision making to socialise with others who stigmatise or make assumptions about the bereaved person's grief response.
d) The bereaved experience the ripple effect or secondary losses, including estrangements from family members or long term friends.

2. The bereaved self-protect by wearing a mask

a) The bereaved wears an emotional mask to self-protect from others hurtful and inappropriate responses to the loss, and the stigmatisation of the mode of death.
b) The bereaved experience a raised sensitivity and emotional vulnerability, and find it difficult to bear family members emotional response to the loss.
c) The bereaved experience the need to control who to share the loss with.

3. The bereaved experience a loss of meaning

a) The traumatically bereaved experience a lived sense of meaninglessness, and question the meaning of life, which can impact the ability to make plans for the future.
b) The bereaved experience a psychological process that entails making sense of the loss, but live with guilt and the unanswerable questions due to the sudden ending of the relationship.
c) The bereaved experience shattered assumptions about the natural order of life and death, for traumatically bereaved mothers they do not expect to bury their child.

d) The bereaved experience awareness of temporality which impacts a new appreciation for the preciousness and value of life, and live mindfully in the here and now, while prioritising time with friends and family.

4. The bereaved experience a meaning driven existence

a) The bereaved experience the courage to choose life, in the face of loss, and make the decision to continue living by focusing on the pursuit of meaning.
b) The traumatically bereaved seek out meaningful ways of Being-in-the-world, and meaningful experiences with others, with an emphasis on helping others.
c) The bereaved seek out emotionally sensitive relationships with emotional depth, and value friendships that provide care, compassion and support, which allow the bereaved to grieve naturally.

5. The bereaved experience transformation of beliefs and values

a) The traumatically bereaved develop an ongoing relationship with the loved one that is personally meaningful, and brings comfort.
b) The traumatically bereaved experience a new perspective on life, and experience a change in prior fixed beliefs and values. This may extend to a personal development of one's beliefs and practices about spirituality.
c) The bereaved develops an interest and openness towards death and spirituality, and question life beyond death, where does the loved one's spirit go?
d) The bereaved experiences a confidence to live fearfully and experience a willingness to consider new possibilities.

6. The bereaved experience a physical response to the loss

a) The bereaved experience a physical response to traumatic grief while assimilating the changes into daily life.
b) The bereaved experiences the heaviness and fatigue of the loss, and express fears that they have to bear the ongoing physical pain and adapt to the physical changes of their loss.
c) The bereaved finds a way to assimilate the ongoing sadness for the loved one into daily life.

Appendix 14: Example of Co-researcher's Comments

The following four co-researchers responded by email with their comments after reading the exhaustive statement and final statement of traumatic bereavement:

Rose

Thanks for sending me the synopsis of your findings. I think they are accurate. It's heartening to know that others have a similar experience.

Ruth

I had a chance to read it through- so interesting and I really appreciate being kept in the loop. Obviously not all of it applies to me- two years ago or now- and I am somewhat envious of those who find existential meanings- but it continues to resonate and, most of all, it feels important that our experience is acknowledged.

Jessica

I think these findings are brilliant and will help many people in this line of work or support people in traumatic bereavement themselves! Cannot wait to read the final document.

Sophie

I have read the exhaustive statement and overall feel this is a fair statement. I was interested to hear that others who have also been traumatically bereaved have similar experiences. It doesn't surprise me as one of the things that kept me going in the early days was a bereavement support group - we are all in the same boat. I have one comment which is something I am sure you have pondered and maybe even wrestled with. The use of the term 'bereaved' instead of 'those who have been traumatically bereaved' etc. Although, I know why you have used the term - it is for ease of reading and maybe even word count. However, there is something slightly jarring in me about the use of the term 'bereaved' in grouping 'us' together - I feel like I have been labelled, it is has become the sum of all my parts. Division of course is one of the central themes of being traumatically bereaved in the first place. Thank you for sending me your exhaustive statement I have really appreciated reading it.