

The experiences of Grieving Parents: A qualitative study

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## **Declaration**

I, the undersigned, hereby declare that the work in this dissertation titled ‘A study of Grieving Parents’ in partial fulfilment of the the Master in Systemic Family Psychotherapy, was carried out by myself. Appropriate citation has been included when referring to studies by other authors.

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Last but not least I would like to thank the participants as without them this study would not have been possible.

## **Dedication**

I would like to dedicate this study to all the participants who were willing to share their experience and to their passed children. Without whom this study would not have been possible.

## Abstract

**Background:** The death of a child is the most traumatic type of death a marital relationship can endure. When a child dies the grief experience is so intense that the loss represents a challenge for both the parents' well-being and their relationship. Although bereavement has attracted large amounts of research attention, local systemic literature around parental bereavement is absent. Furthermore, existing studies have mainly tended to focus on the negative effects such a loss brings along. However, little is known about what supports the Maltese couples to cope with such a traumatic loss.

**Aims:** The current study therefore aimed to gain an in-depth understanding of the experience of bereaved parents, using a qualitative approach. The study focused upon the experiences of married Maltese couples, and sought to explore the following: How does the death of a child effects the marital relationship? How is the process of grief experienced within the couple's relationship? What meaning bereaved parents ascribe to the death of a child? How do the bereaved parents cope with the loss of a child?

**Methods:** Semi-structured interviews were carried out with three bereaved couples consisting of six participants. Verbatim transcripts of the interviews were then analysed using Interpretative Phenomenological Analysis (IPA).

**Results:** The analysis produced seven master themes which were; A child's death: a painful experience to come to terms with; Death as a life changing experience for the parents;

The challenges experienced by the bereaved parents; Significant supportive factors that facilitated the healing process; The couple experienced their intimate relationship as highly supportive; Living according to their beliefs supported the parents to make sense of the loss; and Coming to terms with the grief: the emerging hopes and opportunities for the future. A description of these master themes and the related subordinate themes is presented.

**Conclusion:** The results showed that notwithstanding the fact that they endured a traumatic experience the parents managed to rebound and fostered resilience.

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# Chapter 1: Introduction

## 1.1 Preamble

A child's death is widely perceived as one of the most intense, painful and traumatic types of bereavement (Brabant, Forsyth, & McFarlain, 1994; Klass, 1993; Parkes, 1998; Rando, 1986, 1993, 1998; Rosof, 1994; Smart, 1994). It is the most challenging loss for parents to come to terms with. The bond between parent and child is usually perceived as the most significant, of human relationships (Papadatou and Papadatos, 1991). The essence of this is reflected in the way our culture and society defines the role of parents as well as the expectations placed upon them (Jeffreys, 2011). In Western societies, children have become a major source of meaning and purpose in the life of parents and the death of a child goes against the expected order of life events; defying basic assumptions about the world (Parkes, Laungan & Young, 1997). The loss is often perceived as senseless, disrupting the parents meaning structure. Therefore, a child's death may lead to long-lasting effects in the grief process (Ho & Brotherson, 2007).

Adjusting to a world without a loved one is a painful process that may take a considerable time and effort for the parents to come to terms with (Jacobs, 1993; Shuchter & Zisook, 1993). It also renders the parents vulnerable to a range of emotional distress (Dyregrov, 2003; Lohan & Murphy 2005-2006; Keesee, Currier, & Neimeyer, 2008; Rubin & Malkinson, 2001), and can drastically increase the strain upon the marital relationship (Martinson, McClowry, Kuhlenkamp 1991; Lehman, Lang, Wortman, & Sorenson, 1989;

West, Sandler, Pillow, Baca, & Gersten 1991; Gilmer, Foster, Vannatta, Barrera, Davies, Dietrich, Fairclough, Grollman, & Gerhardt, 2012), and has significant negative effects on adjustment, health outcomes, and social relationships (Gilmer, et al., 2012).

## **1.2 Research rationale**

As indicated, literature mainly focuses on the negative effects that such a loss brings along. However, as a researcher I am interested to explore factors that support the couple to deal with such a traumatic loss. I would like to understand how bereaved parents “reconcile themselves to a situation that cannot be changed and find a way to carry on with their own lives” (Wortman & Boerner, 2007). The choice behind this study is also driven by the fact that although bereavement has attracted large amounts of research attention, local literature regarding spouses’ experience upon child’s death is scarce.

The current study is an Interpretative Phenomenological Analysis (IPA) (Smith & Osborn, 2003; Smith, Flowers & Larkin, 2009) upon the lived experience of grieving parents. The study will be based on the assumption that bereaved parents are the best source of meaning when it comes to the death of their child (Hunt & Greeff, 2012). As a result, for the purpose of the study, IPA was considered as the most suitable approach as it captures the parents’ understanding of a traumatic experience. Parental bereavement has inherent depth and is a highly-sensitive “lived experience” (Padgett, 1998), thus it is important that it is understood through the detailed description of the parents (Cresswell, 1994, p. 12).

### **1.3 Research questions**

This study will answer the following main research questions:

1. How does the death of a child affect the marital relationship?
2. How is the process of grief experienced within the couple's relationship?
3. What meaning do bereaved parents ascribe to the death of a child?
4. How do the bereaved parents cope with the loss of a child?

When conducting research it is important to acknowledge our own position as researchers (Elliott, Fischer & Rennie, 1999) and to reflect on our relationship with the study. Consequently, I will aim to explain my theoretical position as a researcher and my personal position and how I decided to focus on this subject.

### **1.4 The conceptual frameworks**

The main conceptual frameworks informing this research are Social Constructionism (Bruner, 1986; Anderson & Goolishian, 1988; Dyson & Brown, 2006; Neimeyer, 2000, 2006; Neimeyer, Klass, & Dennis 2014), the resilience perspective (Walsh, 1998, 2011, 2006) and the attachment theory (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1969, 1973, 1980, 1982; Johnson, 2002, 2004; Wijngaards-de Meij, Stroebe, Schut, Stroebe, Bout, Heijden, & Dijkstra, 2007). In the following section I will explain these three theories, while also justifying their fundamental role in the current study.

### 1.3.1 Social constructionism

The experience of grief in the study is embedded in the Maltese context in which Catholic principles are considered as universal values (Tabone, 1994). Maltese society is composed of a set of common religious belief systems influencing most symbolic rituals. These belief systems often dictate individuals' meaning making processes. Consequently, one may only consider it natural that these religious traditions and customs play a significant role in the way grief is experienced by bereaved parents.

The social constructionism perspective focuses on how people make meaning of themselves and the world around them. From this position, "people live, and understand their living, through socially constructed narrative realities that give meaning and organization to their experience. It is a world of human language and discourse" (Anderson & Goolishian, 1992, p. 26). This also means that experience is located within a social and historical context and needs to be understood accordingly (Neimeyer, Klass & Dennis, 2014). Throughout this study, the social constructionism model of mourning, must recognise the meaning of the role conveyed by the interactions of individuals, as a fundamental grief, coping method. Although culture and language are contributing factors in our creative formulation, narratives also provide their own form, as they themselves are the means of framing the individual and cultural experience (Neimeyer, Klass & Dennis, 2014).

In this study the lived experience of the bereaved parents is regarded as the primary reality (Bruner, 1986). Adopting such a philosophy in my research would entail that I

suspend my own beliefs “about what a social situation or object ‘means’ in order to discover what it means” (Dyson & Brown, 2006, p. 15) for the bereaved parents.

### **1.3.2 A resilience perspective**

I chose this model as I was curious about the relational aspect of resilience (Walsh, 2006). The exploration of grief with resilient parents will enable me to identify factors that support Maltese couples when faced with such a traumatic experience. A family resilience framework developed by Walsh (1996, 1998, 2003a, 2003b, 2006, 2011, 2012) was deemed appropriate for this study. The family resilience model is based on two principles. Firstly that individuals are best understood within their nurturing context and their social environment. Secondly, that families can make the best of their resilience by building on their strengths and resources (Walsh, 1998). A family resilience framework enabled me to understand how Maltese bereaved parents “integrated a traumatic experience as part of their lives and moved on and continue to love beyond death” (Walsh, 2006, p. 18). As a researcher, approaching the phenomenon of parental grief using the resilience framework will allow me to explore the couple relationship resilience in the aftermath of a child’s death.

### **1.3.3 Attachment theory and Emotional Focused Therapy model**

Since one of the main aims of the study is to explore how grief affects the marital relationship, I also chose to adopt the Attachment theory from an EFT lens. Attachment theory was considered for two main purposes. Primarily it is essentially a theory of trauma

(Atkinson, 1997; Johnson, 2002) as it describes the trauma of loss and its impact on a person; secondly, because it characterises individual differences in reaction to loss (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1969, 1982, 1973, 1980). Attachment theory was adopted for this study as it “focuses on the formation, maintenance, and dissolution of interpersonal relationships, linking patterns of attachment to individual well-being” (Wijngaards-de Meij et al, 2007, p.538). According to (Wijngaards-de Meij et al 2007) bereaved parents face two losses: the breaking of the parent child attachment bond, as well as the potential disruption of the couple’s bond.

As a researcher I would like to explore the couple’s relation from an EFT lens. I chose to incorporate EFT model with Attachment as while building upon the same principle it also explores the role of the relationship as a source of security (Johnson & Whiffen, 2003). When a parent experiences the loss of a child attachment needs for comfort and connection become particularly salient and compelling, and attachment behaviours, such as proximity seeking, are activated (Johnson & Whiffen, 2003, p.7). In this case a connection with a loved one becomes an emotional regulation device. When parents face a traumatic event such as the death of a child, there is an “innate and compelling attachment need for comfort and connection” (Johnson, 2002, p.300). Relationship resilience as understood by the existence of secure attachment bonds between partners creates a sense of security within the relationship (Johnson, 2002).

As a researcher I acknowledge my experience in the process of how it is co-constructed, how I gave it meaning and how I expressed such meaning through the language I

used throughout the study. I also position myself in the exploration of the participants' experience, by being aware and bracketing, my preconceived interpretations upon the topic.

#### **1.4 Personal position**

My first experience of death came relatively early, with my late father's death and so did my realisation that death is not only an inevitable experience but also an extremely painful one. This is mostly due to the way death and other life processes were explained to me as a child. I was eleven years old when my father died. Although his death was not a surprise, I still felt abandoned when he died and all I recall is an unbearable sense of anguish. It is from this particular experience that I developed my quest for meaning and the importance of expressing it all in language. Through time I battled against the "ghost of grief" (Wolfelt, 2007) and learned to voice my pain and I gave myself permission to mourn. I also came to see myself as a resilient person as throughout my life journey I tried to turn life challenges into strengths.

#### **1.5 How did I arrive here?**

Whenever I encounter parents who experience the loss of a child I feel deeply touched. As a parent the reality of the situation is often extremely painful and to a certain extent terrifying. As Levine (2005) reflects, "In order to balance our fear with our courage, we must trust our pain enough to explore it. In order to open our hearts to our pain, we must

be willing to experience wholeheartedly” (p. 20). For this very reason I believe this study will allow me to further grow and develop in the therapeutic field.

My choice of topic was also driven by the fact that my personal experience and my research will enable me to become a supportive presence and to create a safe place where people will find the courage to authentically grieve. I believe that when it comes to grief “no one can wholly remove our pain” (Levine, 2005, p. 19). All we can do is “increase the spaciousness of mind and heart in which it is allowed to decompress” (Levine, 2005, p. 19). As for my loved ones and for my future clients, I believe this will further reinforce my ability to embrace the pain brought along by grief. The acquired knowledge of this study will help me contain and meet one’s despair, confusion, helplessness and hopelessness with genuine kindness and most of all with an open heart. In doing so, the study will also facilitate me in becoming a “compassionate companion”, a term used by Wolfelt (2007) to describe therapists who view grief not only as appropriate but a necessary and normal response to loss.

Following the introduction the second chapter will continue with an overview of the existing literature on the topic of bereavement. In the third chapter I will present the methodology used for the study. The next chapter, chapter four presents the results and the emerging themes from the data collection process. Chapter five will present the discussion of the main findings. In Chapter six the conclusion, limitations and areas for further research are discussed.

## 1.6 Definitions of terms

In this study I referred to the terms of “death” and “loss” as I deemed appropriate with regards to the context. Believing that both terms described the process of permanently losing a loved one appropriately.

**Grief** is an emotional reaction in response to the death of a loved one. Often encompassing or causing not only mental but physical, social and spiritual changes (Rando, 1983, 2000). The term grief refers to the accumulation of internal thoughts and feelings, and individual experiences within. It is often considered as a ‘container’, accommodating ones thoughts, feelings and memories of the experience (Wolfelt, 2007).

**Parental grief** is the lifelong transformative connection sustained by parents as they unfold their profound loss and live with the memories of their dead child (Arnold & Gemma, 2008, p.672).

**Mourning** is the external and sometimes public expression of grief. This includes talking about the experience, crying or any other external display of emotion tied to grief. Mourning has a number of capacities, such as the physical, emotional, cognitive, social and spiritual ones (Wolfelt, 2007).

**Bereavement** refers to the state of having lost a loved one (Barrera et al, 2007).

## **Chapter 2: Literature Review**

### **2.1 Introduction**

The aim of this chapter is to present a review of the literature pertaining to parental bereavement. First, studies focusing on the concept of grief, bereavement and mourning will be presented. A discussion of the contextual and social implications of parental bereavement, will then follow. Next the chapter elaborates on the parents' journey into bereavement following the death of a child. Finally the chapter will provide an exploration of how the process of grief is experienced within the marital relationship.

### **2.2 The Concepts of Grief**

One of the most influential approaches to loss has been the classic psychoanalytic model of bereavement, which is based on Freud's (1917; 1957) seminal paper, "Mourning and Melancholia." According to Freud, "mourning has quite a precise task to perform; its function is to detach survivors' hopes and memories from the dead" (Freud, 1913, p.65). According to Davies (2004) grief indicates a cognitive process whereby bereaved people confront the reality of loss and work towards detachment from the deceased (Davies, 2004). Lindemann (1944) reflecting the psychoanalytic approach, in his grief work with bereaved people focused on the conscious expression of feelings and confronting the reality of loss. According to Liednemann (1944) "successful resolution of grief meant the emancipation

from the bondage of the deceased, readjustment to the environment and the formation of new relationship” (p. 43).

Another theoretical framework that has been extremely influential in the study of grief is Bowlby’s attachment theory (1969; 1973; 1980). For Bowlby (1980) the resolution of grief consisted of breaking the emotional ties with the deceased. Bowlby’s (1980) attachment theory allows us to conceptualize the individuals’ tendency to create strong affectional bonds with other individuals, it also assists us in understanding the emotional reactions that results from the threatening or breaking of these bonds (Worden, 2001). By emphasising the survival value of attachment behaviour, Bowlby was the first to provide a credible explanation for responses such as searching or being angry in grief (Wortman & Boerner, 2007).

The introduction of new theoretical perspectives rejected the concept of breaking bonds with the deceased and emphasised the concept of maintaining bonds (Silverman & Klass, 1996). Klass (1993a, 1993b), in a study conducted with bereaved parents identified how parents maintained bonds with their deceased children. These bonds were maintained through writings and sharing of memories. Furthermore, parents kept a sense of their children intact through linking objects, e.g. the children’s possessions, or rituals that evoked memories of the children (Davies, 2004). In contrast to the early models of grief new perspectives focus on the continuation of bonds with the deceased (Klass, Silvermann & Nickman, 1996).

### **2.2.1 The manifestation of grief**

Worden (2001) categorises the expression of grief in four categories being: feelings, physical sensations, cognitions and behaviours. The most common feeling experienced by the bereaved is sadness, often manifested through crying. Anger is another strong feeling often experienced after a loss. It can be one of the most confusing feelings and can be perceived as a source of problem throughout the grieving process. According to Worden (2001) the anger derives from two sources: (1) from a sense of frustration of not being able to prevent the loss, and (2) from the degenerative experience that occurs after the loss of someone close. Other common feelings of grief are guilt and anxiety. Parents can experience what Worden (2001) defines as survival guilt where a child dies and the parents are still alive or recovering guilt, when parents believe that recovery dishonours the dead and that society may judge them negatively. Loneliness, helplessness, shock, yearning, and numbness are also common feelings during the process of grief. Grief is also experienced through physical sensations. Moreover, several cognitions may be experienced which include disbelief, confusion, preoccupation and sense of presence (Worden, 2001). Some parents undergoing grief may manifest behaviours through appetite disturbance, absentminded behaviour, social withdrawal, dreams of the deceased, crying and restlessness (Worden, 2001).

### **2.2.2 Understanding the mourning process**

Mourning is considered as a process and has been primarily viewed in terms of stages, phases and tasks. The term 'stages' was illustrated by Kubler-Ross (1996) in her work with dying patients. This model depicts five stages of loss characterised by denial, anger,

bargaining, depression and finally acceptance. An alternative to the approach of stages is the concept of phases developed by Bowlby (1980) and Parkes (1972), involving four phases (Table 2-1).

Table 2-1 Phases of Mourning

<b>Phase</b>	<b>Description</b>
Phase 1	Shock and numbness characterised by feelings of disbelief, denial, anger and guilt
Phase 2	Searching and yearning a phase where the bereaved are sensitive to stimuli and present feelings of despair, apathy, depression, anger, guilt, hopelessness and self-doubt
Phase 3	Disorientation resulting in depression, guilt, disorganisation, and feelings that grieving is a disease
Phase 4	Reorganisation and resolution when the individual experiences a sense of relief and is no longer obsessed with the loss and is feeling hopeful

Adapted from "Grief counselling and grief therapy: A handbook for the mental health practitioner." by J. W. Worden, 2001, 2008. New York: Springer.

Another prominent approach that defines the mourning process is the concept of tasks developed by Worden (2001, 2008). This approach implies that the mourner has an active role in the mourning process. This approach focuses on four tasks (Table 2-2).

Table 2-2 Tasks of mourning

Task	Description
Task I: To accept the reality of the loss	Coming to terms with the reality of loss takes time. The bereaved parent may be intellectually aware of the loss, but, it requires more time for the emotions to accept the reality of the loss
Task II: To work through the pain of grief	It is necessary to acknowledge and work through the pain or it can manifest itself on a physical level. This task can have social implications as at times society may be uncomfortable with mourners' feelings and send subtle messages to get it over with.
Task III: To adjust to an environment in which the deceased is missing	There are three areas of adjustment that one needs to make after the death of a loved one. 1) The external adjustment – how the death affects one's everyday functioning in the world. 2) Internal adjustment – how the death affects one sense of self. 3) Spiritual adjustment – how the death affects one's beliefs, values and assumptions around the world.
Task IV: To emotionally relocate the deceased and move on with life	To connect with the deceased, but in a way that will not impede the parent from moving on in life.

Adapted from "Grief counselling and grief therapy: A handbook for the mental health practitioner." by J. W. Worden, 2001, 2008. New York: Springer.

### 2.2.3 Comprehensive Models of Bereavement

Within the past few years, two other theoretical models have been developed:

Bonanno's four-component model (Bonanno & Kaltman, 1999), and Stroebe and Schut's

(1999, 2001) dual-process model. Both models attempt to integrate elements from diverse theoretical approaches into a comprehensive model. Bonanno developed a framework for understanding individual differences in grieving (Wortman & Boerner, 2007). He identified four primary components of the grieving process - the context in which the loss occurs; the subjective meanings associated with the loss; changes in the representation of the lost loved one over time; and the role of coping and emotion regulation processes that can mitigate or exacerbate the stress of loss. Unlike most other models, Bonanno's model considers the social and functional aspects of emotions (Wortman & Boerner, 2007).

The dual-process model of coping with bereavement (Stroebe & Schut, 1999; 2001) indicates that following a loved one's death, bereaved people alternate between two different kinds of coping: loss-oriented coping and restoration-oriented coping. While engaged in loss-oriented coping, the bereaved person focuses on and attempts to process or resolve some aspect of the loss itself. Restoration-oriented coping involves attempting to adapt to or master the challenges inherent in daily life, including life circumstances that may have changed as a result of the loss (Wortman & Boerner, 2007). The model provides a way to understand individual differences in coping. For example, they pointed out that there is considerable evidence to indicate that women tend to be more loss-oriented than men (Stroebe & Schut, 2001), thus suggesting a possible explanation for gender differences in response to loss. As Archer (1999) has noted, one of the most important features of this model is that it provides an alternative to the view that grief is resolved solely through confrontation with the loss.

## **2.3 Understanding parental grief from a resilience perspective**

The previous section has briefly outlined the significant changes that occurred in the past decades in the conceptualisation and understanding of grief. The following section will focus upon what constitutes the resilience approach. The use of such literature was sought to sustain the understanding of elements contributing to grief and parental resilience when faced with such an experience.

Due to her extensive studies of resilience with regards to the family, I found it appropriate to use Walsh's (1996, 1998, 2002, 2003a, 2003b, 2006, 2011a, 2011b, 2012) model of resilience in this study of parental bereavement. Of all human experiences, death poses the most painful and far-reaching adaptational challenges upon families (Walsh, 2006). In particular, with the death of a child, parental marriage is at heightened risk for discord and distancing. However, a family resilience approach outlines that spouses who support and sustain each other through the tragedy can forge even stronger relationships than before (Walsh, 2006).

### **2.3.1 Parental Resilience**

Resilience can be defined as the ability to:

rebound from adversity strengthened and more resourceful. It is an active process of endurance, self-righting, and growth in response to crisis and challenge. The ability to

overcome adversity challenges our culture's conventional wisdom: that early or severe trauma can't be undone (Walsh, 2006, p. 4).

Reintegrating in a world forever transformed by death is very difficult for the parents. Recovery after the death of one's child is a lengthy process as various facets of intense grief may remerge unexpectedly throughout the life course. Coping with the death of a child entails discovering ways to "make meaning of the traumatic experience, put it in perspective, and weave the experience into the fabric of one's individual and relational identity and life passage" (Walsh, 2006, p. 293). Family relationships have the potential of growing stronger when members hold on to one another, becoming more resourceful (Walsh, 2008). Walsh (2006) claims that traumatic experiences, such as death, could provide opportunities for families to delve within themselves, reach out to others, becoming more creative in finding solutions, and developing new strengths. Families who manage to understand death in a meaningful manner as a shared experience, gain a sense of coherence and thus are able to foster resilience (Walsh, 2006).

### **2.3.2 Grief in the Maltese context**

"Without context, words and actions have no meaning" (Bateson, 1979, p. 24).

Grief is a social process, not one confined to the individual or the household, as the bereaved often seek meaning from both familial and social spheres, during bereavement (Neimeyer, Klass, & Dennis, 2014). The increase of secularity in Malta resulted in the

inevitable loss or decrease of death rituals, commemorating the deceased. Whereas these may have lasted for months or years in the past they often only last for a few days today.

Examples of these are family members of the deceased exclusively dressed in black for at least a year or for men to have to wear a black band around their arms. This decrease in rituals regarding death might also derive from the fact that industrialised societies are attempting to ignore death (Parkes, Laungani, & Young, 1997). Consequently, the lack of schema and belief systems might impose great distress, leaving family members with a damaged outlook on life, and who view grief as an illness requiring treatment (Parkes, Laungani, & Young, 1997).

We live in a society where the process of mourning and grief takes place in private over a few days (Young and Papadatou, as cited in Parkes, 1997). In our context it is socially accepted to mourn during the funeral, yet it is expected that everything returns to normal after a few days. Our culture perceives grief as a form of disease, something that brings about embarrassment and treated as if infectious, rather than a natural and healthy process (Bateson, 1994). To avoid expression—viewed as “breaking down”—some impose a rigid self-control, fitting with the cultural expectation that grief should be minimized (Walsh, 2006).

Our society polices bereavement, controlling and instructing the bereaved how to think, feel, and behave. It defines what is appropriate or not. As Walter (1999) noted, “All societies have rules for how the emotions of grief are to be displayed and handled” (p. 120). Neimeyer, Klass and Dennis (2004) specify that the process and meaning attributed to grief is socially constructed, as cultural expectations of how emotions should be expressed are grounded in larger behavioural codes. In contemporary psychotherapeutic culture, abnormal

grief is pathological, a term that can be applied to those who do not conform to social expectations and who experience prolonged, delayed or absent grief (Neimeyer, et al., 2014).

### **2.3.4 The role of spirituality and religion in dealing with the death of a child**

Malta is characterised by a traditional culture and dominated by Christian values (Abela, 2011). As a result, within the Maltese context we often listen to grief narratives that make sense of the experience of death by defining it as “God’s will” or the potentially more secular belief that the child was no longer suffering and is in a better place (Kushner, 1988). Adopting the belief that death is part of God’s plan, goes beyond human understanding but at the same time, it instils a sense of comfort (Neimeyer, Klass & Dennis, 2014). Other statements related to couples dealing with grief are those such as “God only gives us what we can handle” or “true love can surpass all difficulties” or “God picked the best flower for his garden” (Kushner, 1988). These are all statements that convey a message of acceptance of one’s faith.

Religion and spirituality offer comfort and meaning beyond comprehension in the face of adversity (Walsh, 2006). Over time, families have turned to spiritual resources to cope with the precariousness of life and the disruptions brought by death (Werner & Smith, 2001). Greef & Joubert (2007) report that faith can facilitate family’s adaptation to loss and help parents to recover from the death of a child. As Walsh (2008) stated:

faith beliefs and practices come to the fore in dealing with life’s end and the loss of loved ones. They offer comfort, hope, support, and connection. They address the

very meaning of life and death ... They provide guidance on how family members can honour the deceased, mourn their loss, and continue life passage (p. 81).

Spiritual and religious beliefs and practices can represent an important source of comfort for bereaved parents (Bohannon 1990–1991, 1991; Brotherson & Soderquist, 2002; De Frain, 1991; Dyregrov & Dyregrov, 1999; Higgins, 2002; Meyerstein, 2006; Rando, 1983; Schwab, 1996; Wing et al., 2001). Nonetheless, death can shatter the parents' core assumptions, sense of security, trust and spiritual beliefs (Walsh, 2007). The death of “a good person” or an “innocent” child is often viewed as unjust and can affect the spiritual life of bereaved persons (Doka, 2002). During the process of mourning, some people may turn to their faith, whereas others question it or turn away from it. Some may question the existence of a loving God, experience a sense of alienation or become angry at God for an experienced injustice (Walsh, 2008; Burke, Neimeyer, McDevitt-Murphy, Ippolito, & Roberts, 2011). This “negative religious coping” is related to “more complicated, intense, and prolonged grief” (Burke & Neimeyer, 2014, p. 488). For others their spiritual beliefs might strengthen their ability to endure and transcend the experience of death.

### **2.3.5 How parents make meaning of their experience**

When the themes of one's life story is profoundly shaken or shattered (Neimeyer, 2001), by the death of a child, the resulting inability to make sense of the loss emerges as a powerful predictor of the intensity of the bereaved parent's grief. According to Neimeyer, Holland, Currier, and Mehta (2008), grief may be seen as the endeavour to reaffirm and reconstruct a world of meaning challenged by loss. The way parents make meaning of their

experience is highly significant in the continuation of life. Meaning reconstruction in response to trauma and loss is a central process in healing (Neimeyer, 2001). Parents may struggle to make meaning to the death of their child and to put it in perspective and make it more bearable (Nadeau, 2001). Making meaning out of such a traumatic experience helps parents to cope (Walsh, 2006).

Upon the death of child, parents' beliefs are shattered and all assumptions about life with their children turn to dust. Shattered assumptions are a profound symbolic loss with traumatic events (Kauffman, 2002). Examples of such assumption include the expectation that parents will get to watch their children grow; that God is just; that others may be trusted; that things will happen in a certain predictable way; that there is a future.

### **2.3.6 The parents' supportive network**

Social support is considered to be a major resource in supporting bereaved parents, as they become a source of protection and facilitate recovery (McCubbin, Thompson, Han, & Chad, 1997; Worden, 2001). In Malta we still pertain a strong unity when it comes to the family where members are expected to help each other, and to intervene for each other in times of sorrow (Tabone, 1994). The proximity of the Maltese communities facilitates the opportunities for support. Furthermore, within the Maltese context women still pertain an active role in the bond between the female kin, and can be relied upon as a source of emotional support and service (O'Reilly Mizzi, 1994) in the process of mourning.

There are two forms of social support; the formal type such as programs, services, organizations, and the informal type such as friends, neighbours and family (Lasker & Toedter, 1991). The support offered by the social network such as friends, family, colleagues, and neighbours play a crucial role in supporting the family to adjust to the new reality (Geerinck-Vercammen, 2000). Other forms of support can be found from people who go through similar experience, as well as self-help groups which can both play a significant role in supporting the family with their grief (Riches & Dawson, 1996a). According to Walsh (2006) “Multifamily community support groups are ideal contexts for exchanging information, sharing painful memories and feelings, providing mutual support, and encouraging hope and efforts for recovery” (p. 297).

## **2.4 How parents experience the death of their offspring**

The National Statistics Office in Malta reported 41 child deaths ranging from under 1 to 24 years of age in 2010. If one had to extrapolate from those numbers and think about the numbers of parents (Tedeschi & Calhoun, 2004) connected to the child who has died, and also consider ages over 24, the number of persons in Malta affected by the loss of a child annually increases drastically. Parents who have experienced the death of a child are a unique population in many ways. The death of an offspring is considered as unnatural, untimely, and traumatic, even when the child’s death is expected (Bar & Cacciatore, 2008; Cacciatore & Flint, 2012; Rando, 1985).

The death of a child is inherently unsynchronised with the family life cycle symbolising the reversal of the natural order of life and erases the dreams and hopes that

parents have for their child (Alam et al., 2012; Neimeyer, 2008). The natural order of life is for the young to bury the old, the parent before the child. The death of a child can destroy the parent's understanding of the world, their role in it and how to make sense of it (Tedeschi & Calhoun, 2004). A child's death may bring with it a disruption of beliefs, relationships, goals and commitment, sometimes even leading to their overall disintegration (Rosenblatt, 2000). Emptiness and meaninglessness are some of the feelings parents suffer from, often reporting bouts of numbness, detachment and depersonalisation, describing difficulty in coping with life without their loved ones (Barrera, D'Agostino; Nicolas, & Schneiderman, 2012), claiming that part of them was lost along with the departed. Their world's view often becomes distorted and they find it difficult to accept the harsh reality (Thompson, 2010).

Grief deports the parents to an unpleasant place where they feel overwhelmed and confused, finding it difficult to meet everyday life demands, feeling as helpless spectators in their own narrative (Tedeschi & Calhoun 2004). This place is what Tedeschi and Calhoun (2004) defines as:

a sense of being sent to "exile", a place characterized by pain, disorientation and anguish, where all the others are alive, yet, they feel as if they are in the "land of the dead", disconnected from the known, the safe, the predictable, and the familiar (p. 6).

According to Dallos and Vetere (2009) in the early months of grief, the bereaved person is more likely to be described as 'walking with the dead' (p. 146). Rosenblatt (2000) identifies that the death of a child creates a "vast chasm" (p. 93). Parents feel disconnected with the rest of the world as if they are in another dimension, one in which others could not possibly relate to (Rosenblatt, 2000).

The experience of a child's death places a parent at heightened risk of psychological suffering and decrements in functioning (Rando, 1983; Sanders, 1979). It is considered as one of the most intensely stressful life event experienced (Rubin & Malkinson, 2001). This type of death affects multiple domains of parental wellbeing, including health and marital quality (Bolton, Au, Leslie, Martens, Enns, & Roos, 2013). The feeling of loss may never dissipate, threatening parents' wellbeing for decades after the death itself (Rogers, Floyd, Seltzer, Greenberg, & Hong, 2008). It is reported that parents who outlive their children are more susceptible to experiencing health issues in contrast to those who do not experience the death of a child (Murphy, Lohan, Braun, Johnson, Cain, & Beaton, 1999). They are at higher risk of developing anxiety and depressive disorders (Kreicbergs, Valdimarsdottir, Onelov, Henter, & Steineck, 2004), and other health complications.

#### **2.4.1 Parental identity following the death of a child**

Being a parent is an underestimated developmental achievement for many persons engendering a sense of identity and purpose (Rubin & Malkinson, 2001). Therefore, when a child dies, many parents not only experience sadness over losing a valued member of the family; they feel that a part of themselves has somehow died as well (Malkinson & Bar-Tur, 2005). The parental grief response is so complex due to most parents being heavily invested in "providing and doing for children via the roles of provider, problem-solver, protector, and adviser" (Rando, 1984, p. 120). The losses that are grieved are much more than the death of the child; they are all the things that won't be shared for the rest of the parents' lives. Furthermore a parent sense of self is gratified by his or her role as a parent (O'Connor & Barrera, 2014). Children also assume a symbolic role of the future and their parents'

generativity (Erickson, 1950). All parents hold hopes for their child's future and with the loss of a child also comes the loss of those hopes and dreams. This deterioration of the 'future' is fundamental to the intensity showcased in the parents' response. Parents also experience a change in their social position and become identified by the death of their child (McBride & Toller, 2011; Riches & Dawson, 1996b).

#### **2.4.2 Parental bereavement and the marital relationship**

Parental bereavement is further complicated by the fact that parents, as spouses have to face their grief together. Bereaved parents go through a series of emotional and physical disconnection (Compton & Follette, 1998). Having lost a child and needing a supportive presence, they often demonstrate avoidant behaviour such as unwillingness to relate to painful thoughts, feelings, and memories connected to the trauma. This trauma activates attachment needs in the spouse, which are difficult to meet by the other spouse as they are anguished by their own grief (Oliver, 1999). It is likely that one spouse might feel so overwhelmed with his/her own grieving process that they are unable or unwilling to offer the support required by the other spouse (Shwab, 1992; Wijngaards-de Meij, Stroebe, Schut, Stroebe, Van den Bout, Van der Heijden, & Dijkstra, 2007). Malkinson and Brask-Rustad (2013) stated that "the realization that the partner is unavailable as a source of comfort during an intense crisis can thus adversely affect the intensity and security of the individual's attachment, and therefore the quality of the marriage" (p. 221). In this case spouses cease to be a source of comfort for each other and become a source of intense pain. Johnson (2002; 2004) considers such an experience to be an attachment injury that can set the tone for a strained couple relationship. It is very difficult to comfort and support others, when one feels

inconsolable (Gilbert, 1997). Kreichbergs, Valdimarsdottir, Onelov, Henter, and Steineck, (2004) as well as Wing, Clance, Burge-Callaway, & Armistead (2001) all emphasised that couples experience difficulties in their relationship longitudinally. Even though it is generally accepted that most bereaved parents manage to go back to a productive life style, studies have indicated that the bereaved often experience grief symptoms through their whole life (Dyregrov & Dyregrov, 1999; Lehman, Wortman, & Williams, 1987; Malkinson & Bar-Tur, 2005; Martinson, Davies, & McClowry, 1991; Rubin, 1990).

### **2.4.3 Gender differences in the context of parental grief**

Differences in expression of grief might also be due to gender role expectations and socialisation processes in our society and its culture (Cook, 1988; Schwab, 1996; Martin & Doka, 2000). Throughout the socialisation process, children learn socially determined gender role expectations, that continue to be present during social interactions in adult life (Suh, Moskowitz, Fournier, & Zuroff, 2004), representing two different fundamental modalities in sociocultural existence (Sheldon & Cooper, 2008). These modalities may also be observed while exploring gender differences in the context of parental bereavement. Studies suggest that, women are perceived to express more sorrow and depression (De Frain, 1991) and are more open to reach out for support (Dyregrov & Mattheisen, 1987; Feely & Gottlieb, 1988); on the other hand men are perceived as less willing to talk about their loss (DeFrain, 1991). According to Cook (1998), fathers are faced with two essential double binds as they struggle to cope with the death of their child. On one hand, they are expected to provide support to their spouse, while being given very little themselves. And on the other hand they are expected to express their feelings in relation to their experience in a contained manner (Cook,

1998) especially if these are expressed through anger and frustration. Consequently, such conflicts between social and personal expectations can lead men to feel secluded in their grief (Worden, 2001), rendering them less likely to express feelings or ask for help (Cook, 1988; Martin & Doka, 2000).

Gender differences are also manifested in the need for intimacy. The severity of the death elicits a longing for closeness and intimacy which parents might fear or feel guilty about (Schwab, 1992; Worden, 2001). The overwhelming feelings of grief often lead to sexual abstinence (Schwab, 1992; Worden, 2001). According to Schwab (1992), from the fathers' perspective, women's distance and lack of response as a sexual partner was experienced as something that took away a source of comfort in connection with their loss. For mothers, their partners' desire for sex could be felt as repulsive and increased their loneliness. Schwab concluded that it appeared as if women more often lost interest in sex as a consequence of their loss, while men retained their sexual needs and only experienced a short break in their sexual interest (Dyregrov & Gjesta, 2011).

Although both parents are likely to suffer greatly from the loss, there can be substantial differences in reactions among them, and such differences could affect the grieving process (Wijngaards-de Meij, Stroebe et al. 2007; Schwab, 1992). Martin and Doka (2000) found that fathers, at least in the initial phase of bereavement, are more likely to put their energies into practical issues, supporting their partners, controlling their own emotions, rationalising the loss in terms of its wider implications for the family, and finding ways to divert their grief into practical activities. Mothers, on the other hand, are more likely to connect directly to their raw feelings, responding to the death through the experience and

expression of strong emotion (Martin & Doka, 2000). Worden (2001) also underlines that the mother's role is generally closer to the child than that of the father, on both practical and emotional level, conveying a message that the mother's experience of grief is more intense. This is also reflected in the Maltese context where woman assume a main role in child rearing (Abela, 2011).

#### **2.4.4 The experience of bereavement in the family system**

Death is a transactional process that involves the deceased and the survivors. It involves multiple losses including unique relationships, roles functions and hopes for the future. When facing the death of their child, parents are also affected by the disruption in the family structure and new patterns need to be adopted (Jeffrey, 2011). Additionally, the traumatic experience of death in the family may continue to trigger grief reactions through the family's future generations (Bowen, 1978). According to Walsh and Mc Goldrick (1991) suppressed grief related to one's family of origin hinders experiencing emotional loss and separation within the current families.

The death of a child has a profound impact upon all family members. With the family being a system the bereavement process effects all those who had a relationship with the deceased as each and every individual would have their own set of issues, fears and questions (Callahan & Kelley, 1992). It is important to acknowledge the different realities of each member since death does not hold a universal significance for everyone (Neimeyer, 1997). While the unity of the family is of utter importance in traumatic experiences, it is also important to appreciate and acknowledge that members grieve and react differently

(Goldenberg & Goldenberg, 2000; Nadeau, 1998). Some families report higher family cohesion as members are united by the experience, while others report less cohesion as the pain might increase parental strain (Gilmer, et al., 2012). The death of a child becomes an imprint of a family's identity. The memory of the deceased is forever treasured in the fabric of the family; becoming interrelated with the family's, effecting their daily lives and remaining part of the family even after death (Arnold & Gemma, 1983).

## **2.6 Conclusion**

The literature review aimed at introducing the concept of parental bereavement. The first section of the review served to introduce the concept of grief through the use of early studies tackling this phenomenon. In particular the early conceptualisation of mourning and bereavement was included to set the background for the topic. Next, an account of the family resilience framework (Walsh, 1996, 1998a, 1998b, 2006) was provided, followed by a discussion of the contextual aspect of parental bereavement. The chapter terminates with an elaborate account on the bereaved parents journey through the process of grief.

## **Chapter 3: Methodology**

### **3.1 Introduction**

A qualitative design was selected to address the research question of how parents live their experience of their child's death. The aim of this chapter is to describe the methodology adopted in this study, namely Interpretive Phenomenological Analysis, whilst providing reasons for selecting these methods. The sample chosen and the recruitment process administered will be described together with the ethical issues, which were taken into consideration while collecting data. The chapter will then continue by giving an account of the laborious processes of data collection and analysis. In qualitative studies, researchers must acknowledge their personal bias (Smith, Flowers & Larkin, 2009). Thus the final section of this chapter will be dedicated to personal reflexivity in conjunction to the death of loved one.

### **3.2 A qualitative design**

Qualitative methodology captures the understanding of a life experience. Parental bereavement has inherent depth and is a highly-sensitive "lived experience" (Padgett, 1998), thus it is important that it is understood through the parents' detailed description (Cresswell, 1994, p. 12). Qualitative research highlights the richness of the phenomena's description and allows the participants to voice their experience through the presentation of verbatim quotes from participants. Qualitative methodology was purposefully chosen for this study as human behaviours are experiences which must be viewed in their context and in their full

complexity. Furthermore, it gives space for subjectivity as participants highlight the uniqueness of the phenomenon under study and their experience (Dallos & Vetere, 2005). Moreover, qualitative methods offer the researcher the ability to explore in detail, the rich experiences of human life focusing on discovering knowledge through the participants' subjective experiences (Crowe, 1998). This method is useful for exploring complex aspects of an experience, studying an individual in depth and studying a topic that does not lend itself to quantification (Barker, Pistrang & Elliott, 2002), which were all fundamental in meeting the aims for the study.

### **3.2.1 Why interpretive phenomenological analysis?**

Interpretative Phenomenological Analysis (IPA) (e.g. Smith & Osborn, 2003; Smith, Flowers & Larkin, 2009) was the chosen qualitative approach. In the following part the reasons for choosing this approach are discussed.

IPA is consistent with the research aims, in that it is committed to exploring individual experiences in detail while also analysing how participants make sense of their personal and social world (Smith & Eatough, 2007) and exploring their meaning (Smith & Osborn, 2007). It is a phenomenological approach as it focuses on exploring the experience in its own terms "rather than attempting to reduce it to predefined or overly abstract categories" (Smith et al. 2009, p. 1). Simultaneously, IPA acknowledges the active role that the researcher has in the process of the study (Smith & Eatough, 2007). Thus, IPA is also interpretative, and employs what is known as a 'double hermeneutic' in which the researcher is trying to make sense of the participant personal world "through a process of interpretive

activity” (Smith & Eatough, 2007, p. 36). IPA adopts interpretation in order to develop knowledge and understanding.

IPA is both phenomenological and social constructionist, since it is concerned with personal experience but also involves interpretation, while considering the context. IPA fits with my epistemological position as a social constructionist. IPA does not support the notion of absolute truth or an objective reality waiting to be discovered but instead explores how the individual and society create their own constructions of reality (Raskin, 2002). The current study aimed at discovering the personal experiences of parents, in particular how as a couple they made meaning of their child’s death and how they managed to continue their lives after such an experience, which are subjective and rather distinct experiences. The approach is constructionist in its assumption that meaning is generated through interpretative processes, for both the participant and the researcher and it is interpretive as it involves a process of interpretation on the part of the researcher. “This is a constructivist view which argues that there are external realities but we can only ever know them through our own subjective lenses” (Dallos & Vetere, 2005, p. 53). In this social constructivism worldview, people develop multiple and varied meanings, encouraging the researcher to look for the complexities of such views. In this case the aim of the research is to strive to give meaning to the participants' experience, while also acknowledging that my interpretation and how I will position myself in the research will be influenced by my background, personal, cultural and historical experiences (Creswell, 2007).

I also chose IPA due to its ideographic nature. Being mainly concerned with the particular, it allowed me to maintain the aim of my study and abled me to give detailed

accounts of the participant group experience. Smith & Eatough (2007) described how IPA's commitment to the particular is analysed in two different ways. In making it possible to learn about important generic themes in an analysis, yet also provide a "narrative life world of the particular participants who have told their stories" (pp. 37-38).

In relation to the current study the focus was on drawing upon the experience of parents who experienced the death of their child. Parents' perceptions, views and understanding of their experience as a couple were of primary interest in this study. IPA enabled me "to understanding how particular experiential phenomena (an event, process or relationship) have been understood from the perspective of particular people, in a particular context" (Smith et al, 2009, p.29).

### **3.2.2 What about other qualitative methodologies?**

In this section a rationale is presented for choosing IPA over two other types of qualitative analysis that were considered as possible alternatives.

IPA was chosen over Grounded Theory as the latter may be considered more of a sociological approach (Willig, 2003), since it is concerned with building theory around social processes (Glaser & Strauss, 1967). It draws on convergences within a larger sample to support wider conceptual explanations. IPA by contrast is more psychological, concerned with giving a more detailed and nuanced account of the personal experiences of a smaller sample (Smith et al. 2009), therefore considered to be more appropriate with the study's

aims. Grounded theory was discounted since it focuses on social processes was not suitable for a study exploring the experiences of participants.

Narrative Analysis was considered as it is also a social constructionist approach concerned with meaning-making. Narrative Analysis focuses on how individuals use stories as a way to interpret their world (Lawler, 2002). However, narrative is only one way of meaning-making (others including discourse and metaphor), and so it was felt that IPA could include consideration of narrative in the sense-making of participants, without being constrained by this focus (Smith et al. 2009).

### **3.3 Design**

The study employed a cross sectional qualitative research design. A purposive sample of participants was used, in keeping with IPA requirements to have a small and fairly homogenous sample. Semi-structured interviews were employed, which were audio-recorded, transcribed verbatim, and then analysed using IPA (Smith & Osborn, 2003; Smith et al. 2009).

#### **3.3.1 Recruitment of Participants**

I searched online for any support groups for bereaving parents available in Malta. I initiated by learning about the Compassionate Friends which is worldwide organisation

founded by parents who experience the death of their offspring. Through an article on the Times of Malta I found the coordinator's details of the group in Malta.

I called the group's facilitator who invited me to attend for a group session. During the session I presented my role, my research project and the purpose of the study. I also gave each member a participation information sheet (Appendix A). The Participant Information Sheet contained my contact details, and invited the recipient to contact me if they wanted to take part. Throughout the meeting I provided space for discussion, questions and concerns. I received positive feedback for the project and all members acknowledged the importance of research upon the phenomenon. This meeting also provided me with the opportunity to initiate building a genuine rapport with the participants. Potential participants were able to take as long as they liked in considering whether or not to take part before they made contact. However, by the end of the group session two couples approached me and gave me their mobile numbers and stated that they would be more than willing to participate in the study. Two other couples contacted me via phone and email two weeks after the group meeting.

### **3.3.2 Inclusion and exclusion criteria**

The study aimed to be as inclusive as possible in order to give voice to the experience of the bereaved parents therefore there was no restrictions placed on age of child or cause of death. The exclusion criteria for the study stated that it was requested that participants had experienced the death of their child 11 months prior the interview. This was to increase the likelihood that parents would be in a safe state to talk about their experience. Other criteria were that the parents had to be married Maltese couples and presently living together.

In order to generate a group of participants that were suitably homogenous, all the participants were recruited from the Compassionate Friends Malta support group for bereaved parents. This was done as the group members were all parents who experienced the death of their child and attended the group to talk about their experience, share their feelings and support each other while learning from the experience and the coping styles of others. As a researcher this was an indication that the parents were already in a state where they were able to talk about their experience eliminating the probability of harm towards participants. Furthermore, my participation in the session allowed me to further evaluate the parents' ability to talk about their experience of losing their child. The purposeful sample recruited for the current study, consisted of three Maltese couples, six participants in all five Maltese and one British citizen married to a Maltese women and all living in Malta for the past 40 years. The parents had to have an active role in the child's life.

### **3.3.3 The sample**

The study necessitated a purposeful sampling approach, “because they can purposefully inform an understanding of the research problem and central phenomenon in the study” (Creswell, 2007, p. 125). Information-rich cases were sought for in-depth inquiry into the issues thought to be of central importance for the study (Patton, 2002). Following Smith & Osborn’s (2007) recommendations, six participants were identified for the study, as a detailed interpretative account of the cases can only realistically be done on a very small sample. This allowed sufficient in-depth engagement with each individual case but also a detailed examination of similarity and difference, convergence and divergence across

different cases. Moreover, having a small sample made it possible to embark on a detailed case-by-case analysis of individual transcripts, to address the aim of the study, to provide detail about the perceptions and understandings of this particular group rather than prematurely make more general claims (Smith & Osborn, 2007).

Data was collected among a fairly homogeneous sample recruited from the Compassionate Friends Malta which is a closely defined group for whom the research question was significant (Smith & Osborn, 2007).

The participants were interviewed separately, rather than interviewing one couple at the same time. This method was administered since in two different theoretical papers Gilbert (1989; 1997a, 1997b) identified differences between fathers and mothers when it comes to shared grief. Gilbert (1998a; 1998b) reported that men are less expressive than woman and tend to grief in private; this renders them more dependent on their partner when providing information about the death of their child and upon their experience of grief. Throughout the recruitment process I explained the rationale behind my decision to conduct separate interviews and both husbands and wives understood the procedure and were very open towards it. Furthermore, the men who volunteered to participate stated that they preferred such an option. In addition, the women stated that they believed that their husbands would be more willing to participate in this way.

### **3.4 Context**

The Compassionate Friends is a well-known international organisation devoted to providing support to the bereaved ([www.compassionatefriends.com](http://www.compassionatefriends.com)). The Compassionate Friends Society was established in Malta in 1992. It is a self-help non-profit organization offering support, assistance, friendship and understanding to bereaved parents, siblings and grandparents. The group meets once a month and has a very active supportive role within such a community.

### **3.5 Ethical considerations**

Ethical approval was granted for the study by the Institute of Family Therapy Research Committee prior to commencing the data collection process. Mainly participants were aware that they would be participating in a study, anonymity was ensured and the potential for distress during and after the interview was acknowledged. The participants were selected from a support group in order to address potential distress that might have been caused after the interview.

#### **3.5.1 Informed consent**

Informed consent to participate was ensured through providing a Participant Information Sheet (Appendix A), which clearly set out information about the study, including

the purpose of the research, what taking part would involve, who would have access to the data and how it would be stored. The information sheet was adopted as an invitation of participation. Potential participants were to consider the information before deciding to contact me. However, there were participants who showed their interest and presented me with their contact numbers during the meeting I attended. Another couple contacted me through the contact details on the information sheet. I gave the couple three weeks' time before I contacted them. I also used the telephone conversation to give time and space for questions. Prior to the interview I explained to the participants the purpose of the study and went over the information sheet. Together with the participants I went through the consent form (Appendix B) where I gave some space for clarifications and questions.

### **3.5.2 Confidentiality**

It was explained to participants that data collected for the research would be kept confidential. This was achieved by ensuring that any data stored electronically was password protected. Participants' identities were kept anonymous by replacing their actual names with pseudonyms in the write up and any personal information (e.g. name signed on the consent form) was kept locked away securely. Furthermore, I assured that no data that would render them identifiable was to be presented in the study.

### **3.5.3 Potential distress**

There was a risk that taking part may be potentially distressing to participants. This was addressed by selecting participants from a supportive group who were already sharing their experience in a group setting. I also reduced the risk by attending for two group sessions as this enabled me to have an on-site experience of the participants. Furthermore, this helped me to build a rapport. This also enable me to provide sufficient information beforehand about what taking part would involve and the topics that would be covered, so that potential participants could make informed decisions about taking part. Participants were made aware that they could ask for a break at any time, and had the right not to answer particular questions if they did not want to. They were also informed that it was their right to withdraw from the study at any time, without having to give a reason for doing so. Informed by my experiences of working with people in distress previously as a social worker and currently as a family therapy worker supported me to conduct the interviews as sensitively as possible.

### **3.6 Data collection**

Following the recruitment process I contacted those who were interested to take part in the study. I asked them if they had gone over the participation form and if they had any questions or concerns. They all stated that they were willing to take part in the study. In the telephone conversation all the participants stated that they would like the interviews to be conducted at their homes which rendered them more comfortable. Interviews were held in Maltese, except in the case of Sam who is a native English speaker. Excerpts from the original transcripts were presented in italics.

Prior to the interview we went over the Participant Information Sheet again to remind them about the data collection process, ethical consideration, potential of distress and to address any of their queries. Participants were then presented with the consent form and with the opportunity to ask questions. I also asked them if they were satisfied with the statements presented and if they had any concerns.

With the consent of the participants the interviews were audio recorded and lasted between 1 hour and 1.5 hours. Post interview the participants were reminded about my contact numbers and that they could call me if they had any concerns. The interviews were transcribed verbatim. Recordings were stored in a secure electronic file along with backup copies of the files on an encrypted memory stick.

### **3.6.1 Pilot Interview**

In order to gather feedback on the interview schedule and the experience of the interview process, a pilot interview was conducted. Following this interview, the pilot interviewee did not believe any alterations needed to be made to the schedule or interview process. This pilot interview was used in the study.

### 3.6.2 Interviews

The aim to adopt IPA was to analyse in detail how the participants make sense of their experience, thus requiring flexible data collection instruments and for this purpose semi-structured interviews were considered as the most appropriate (Smith & Osborn, 2007). The semi-structured interviews are open and non-directive. This form of interviewing allows the researcher and participant to engage in a dialogue whereby initial questions are modified in the light of the participants' responses and the investigator is able to probe interesting and important areas which arise (Smith & Osborn, 2007).

The semi-structured interview schedule developed (see Appendix C) was informed by relevant literature in relation to child death and bereaved parents, discussions with my supervisor, and guidance on interview development sought through published guidelines (e.g. Smith & Osborn, 2003). It is important to develop an interview schedule in advance, as it enables the researcher to reflect upon sensitive wording of sensitive questions (Smith, 1995). Together with the supervisor we went through the most meaningful order of the questions depending on their respective sensitivity. While all the questions could be perceived as sensitive in some way due to the sensitivity of the topic, those that entailed greater sensitivity were not placed at the beginning or at the end of the interview.

Prior to the data collection, as a researcher I had pre-conceived ideas on the subject and questions I wanted to pursue, however I wished to understand the participants' psychological and social world (Smith & Osborn, 2007). The flexibility of semi-structured interviews allowed participants to recount their story in their own ways, acknowledging them

as the primary experts of their experience (Smith & Osborn, 2007). This provided participants with the opportunity to introduce issues that were not previously identified as well as facilitating the rapport between participants and researcher.

### **3.7 Data analysis**

As detailed above Interpretative Phenomenological Analysis (IPA) (Smith & Osborn, 2003; Smith, Flowers & Larkin, 2009) was the approach used to analyse the data.

#### **3.7.1 Individual analysis**

In keeping with IPA's idiographic commitment, each interview was first analysed in-depth individually (Smith et al. 2009). Each recording was listened back to at least once, and each transcript re-read several times in order to become immersed in the data. Initial annotations (Appendix D) were made in one margin, with exploratory comments describing initial interesting thoughts about the content, language use and more conceptual, interrogative comments (Smith et al. 2009).

Each transcript was then re-read and the second margin used to note emergent themes, drawing on both the transcript and the initial analyses. Each interview was analysed in this way until all six interviews had been analysed to this level. During the analysis process I aimed to "bracket" (Smith et al, 2009) my own experiences to enable the themes to emerge

from the text. Throughout the third and fourth stages of analysis, the process became increasingly interpretative, rather than textual. Attempts were put forth to identify correlations between the emerging themes, making it possible for the themes to join and for the cluster process to begin. These groups of themes were then developed into superordinate themes and titles were given, allowing the reader to grasp the concept through the text. Quotations from the interviews were recorded and used in the cross-case analysis later in the process. Each interview was carefully analysed before moving to the next one and caution was taken in bracketing notions from earlier interviews, in order to maintain the preserve the ideographic commitment of IPA (Smith et al., 2009).

Each transcript was then re-read and the second margin used to note emergent themes, drawing on both the transcript and the initial analyses. Each interview was analysed in this way until all six interviews had been analysed to this level. During the analysis process I aimed to “bracket” (Smith et al, 2009) my own experiences to enable the themes to emerge from the text. Throughout the third and fourth stages of analysis, the process became increasingly interpretative, rather than textual. Attempts were put forth to identify correlations between the emerging themes, making it possible for the themes to join and for the cluster process to begin. These groups of themes were then developed into superordinate themes and titles were given, allowing the reader to grasp the concept through the text. Quotations from the interviews were recorded and used in the cross-case analysis later in the process. Each interview was carefully analysed before moving to the next one and caution was taken in bracketing notions from earlier interviews, in order to maintain the preserve the ideographic commitment of IPA (Smith et al., 2009).

The researcher plays a primary role in the explication process as it requires to engage in an interpretative relationship with the transcript. Through this process the researcher understands the participants' world and gives meaning to the participants' experience, dividing the texts into meaning units (Smith & Osborn, 2003).

### **3.7.3 Cross-case analysis**

After analysing each individual interview, the following step consisted of collating every case to identify patterns. This process was similar to that of the individual cases and the themes extracted from each one, which were then put together and examined, to identify which themes were linked and which proved most captivating across all the cases. Superordinate and subordinate themes were created for all participants (Smith et al, 2009). The transcripts were then re-examined, making sure they reflected the participants experience of living with their child's death.

## **3.8 Validity and quality**

Some procedures were conducted to promote the credibility in the study. The research methods adopted, the data collection and data analysis are presented according to the IPA standards (Smith, Flowers & Larkin, 2009).

Conducting IPA interviews necessitates skills, awareness and dedication (Smith Flowers & Larkin, (2009). In my case the fact that I work as a family therapy worker

facilitated the interviews process. Throughout the interviews I was aware of the process. I showed empathy towards the participants and helped them to feel at ease and respected their role as the main experts of their life story. As a researcher I aimed to demonstrate my sensitivity towards the participants by presenting verbatim extracts from the transcripts to support the arguments presented. This enabled me to give the participants a voice in the study.

In order to check for the accuracy of the findings (Creswell, 2009) my supervisor acted as a reviewer and debriefer by checking and asking questions about the various aspects of the methodology employed including data collection and analysis, thus enhancing accuracy and validity to the process (Creswell, 2009). Mini audits were also conducted as the supervisor viewed transcripts annotated, categories and themes (Smith et al, 2009).

### **3.9 Researcher reflexivity**

Reflexivity involves reflecting on the impact of the researcher on the research process (Spencer et al., 2003; Yardley, 2000). In my study, I endeavoured to “bracket” my own thoughts and experiences (Smith et al., 2009). This assisted my reflexivity, helping me show greater sensitivity towards the topic and enabling me to effectively collect data (Pope & Mays, 2006). I acknowledged how my interest is mainly generated in reaction to my personal and professional background and the quest for meaning, which I presented in the Introduction (Chapter 1). By clarifying the biases I brought to the study I am able to create an open and honest narrative (Creswell, 2009).

With this reflexive position I also gained insight about my interaction with the participants and their stories and how my reaction to them was one of admiration and respect. Parental bereavement is a sensitive topic, being able to reflect on this in supervision and with my colleagues was essential and ensured that I remain respectful and open-minded. Listening to the experience of death was an emotional process for me, both as a researcher and as a mother. As a mother of two, it is very touching to listen to the experience of parents who lost their children through death. The thought that one might lose one's child through death is terrifying. Death is definite in nature and it cannot be altered which is very painful to come to terms with. I felt touched by the pain and the experience of each and every participant, but, at the same time I was fascinated by their resilience and by how they found the strength to cope. I was also surprised by the parents' openness to share their stories with me and talk about their lost loved one and their precious memories. The participants disclosed their appreciation for having the opportunity to share their stories, with someone who was genuinely interested in their experience. They also spoke about the significance of being listened to, as they never wanted to stop talking about their children and the importance of keeping the memory alive.

### **3.10 Conclusion**

In this chapter, the design and methodology adopted in the study were explained in detail. A qualitative design has been selected to study the experience of bereaved parents who have lost a child. The results have been analysed using IPA, which are presented in Chapter 4, Main Findings.

## Chapter 4 – Main Findings

### 4.1 Introduction

This chapter will present the results yielded from the current study. As explained in the previous chapter, interviews were analysed using IPA, whereby seven main themes were identified. Table 4-1 overleaf outlines the list of main super-ordinate themes and their respective sub-ordinate themes which emerged from the data analysis process.

As advised by Smith et al. (2009), this chapter is being presented separately from the discussion of findings so as to be “...a close reading of what the participants have said...without reference to extant literature” (p. 112). A discussion of the results follows in Chapter 5, where the themes are further explored. Given the level of depth when analysing data using IPA, it would not be possible to present all the experiences of the six participants. Their descriptions were plentiful and through a thorough analysis I have attempted to give the reader an insight into their experiences. It is recognised that these themes are one possible account of the experience of bereaved parents. It is acknowledged that they are a subjective interpretation and that other researchers may have focused on different aspects of the accounts.

Table 4-1 Super-ordinate and Sub-ordinate Themes

<b>Super-ordinate and sub-ordinate themes</b>
<p>1. A child's death: a painful experience to come to terms with</p> <ul style="list-style-type: none"> <li>a) Significant emotions experienced by the grieving parents</li> <li>b) Accepting the reality of loss</li> <li>c) A premature and insignificant death for the bereaved parents</li> <li>d) Metaphors helped the parents to make sense of the excruciating pain</li> </ul>
<p>2. Death as a life changing experience for the parents</p> <ul style="list-style-type: none"> <li>a) The changed identity of the bereaved parents</li> <li>b) When parents lose a child they lose their future</li> </ul>
<p>3. The challenges experienced by the bereaved parents</p> <ul style="list-style-type: none"> <li>a) The fear of also losing their spouse to death</li> <li>b) The bereaved parents re-living the traumatic death through court procedures</li> <li>c) The challenge and pain of dealing with the unhelpful ways that people reacted to their grief</li> </ul>
<p>4. Significant supportive factors that facilitated the healing process</p> <ul style="list-style-type: none"> <li>a) Strength, determination and positive attitude as resources throughout the grieving process</li> <li>b) The continued bond with the lost loved one</li> <li>c) The support group experienced as helpful for bereaved parents</li> <li>d) The support of family and friends for the bereaved parents</li> </ul>
<p>5. The couple experienced their intimate relationship as highly supportive</p> <ul style="list-style-type: none"> <li>a) The need to intimately connect with the grieving spouse</li> <li>b) Husbands and wives differed in the way they expressed their grief</li> <li>c) The spouse as a supportive presence when dealing with grief</li> <li>d) Grieving together rendered the relationship stronger</li> </ul>
<p>6. Living according to their beliefs supported the parents to make sense of the loss</p> <ul style="list-style-type: none"> <li>a) "Only God can console you": living coherently with one's faith</li> <li>b) "Why bad things happen to good people": the significance of finding meaning for the bereaved parents.</li> </ul>
<p>7. Coming to terms with the grief: the emerging hopes and opportunities for the future</p> <ul style="list-style-type: none"> <li>a) An optimistic view of the future</li> <li>b) Unforeseen life direction for parents</li> </ul>

In presenting the verbatim extracts some minor changes have been made to improve readability. Minor hesitations, word repetitions and utterances such as “erm” have mostly been removed. Missing material is indicated by dotted lines. All identifying information has been removed or changed, and pseudonyms were used in order to ensure anonymity.

## 4.2 The participants

The demographic details collected were limited to those needed for recruitment purposes, including current participant age, years in marriage, age of deceased child, and the number of years since the death of child. The six participants, three males and three females, recruited for the study were all married, and four participants had surviving children. Table 4-2 outlines the specific demographic information for each participant. However no further personal data is divulged because such provision about the participants’ experience was deemed as a potential threat to their anonymity.

Table 4-2 Demographic Data

Names	Couple	Age of participant	Years in marriage	Age of deceased child	Years since death	Gender of the deceased	Cause of death
Ben	1	69	44	17	26	Female	Cancer
Clara	1	66	44	17	26	Female	Cancer
Ryan	2	65	41	36	4	Male	Accident
Julie	2	65	41	36	4	Male	Accident
Sam	3	61	40	17	10	Female	Accident
Nina	3	57	40	17	10	Female	Accident

## **Theme 1: A child's death: A painful experience to come to terms with**

Although the cause of death of the participants' children was different, from the data gathered it emerged that all the participants went through similar experiences especially in the initial phase of their grief. Three subthemes were identified under the first theme, which reflect the emotions that the parents experienced when faced with the death of their child.

### **a) Significant emotions experienced by the grieving parents**

The participants explained how the death of a child brought with it an influx of emotions that were constantly evolving throughout the process of grief. Common emotions presented by all participants in the initial phase were shock, disbelief, sadness and anger which were commonly followed by the realisation that death is irreversible.

*Ben: Ha ngħidlek, kienet xokk kbir. L-ewwel nett ġrat wisq ta' malajr ... Kif bqajna imbelhin ahna hu. Bqajna imbelhin hu. Ix-xokk kien tremend kien tremend.*

Let me tell you, it was a big shock. Firstly it happened all of a sudden ... We were startled eh. We were startled eh. The shock was tremendous, it was tremendous

*Nina: Oh God! Għal-ewwel ma tkunx trid temmen, għal-ewwel tibda tgħid 'le din...qed noħlom, mhux vera, mhux vera'.*

Oh God! At first you don't want to believe it, at first you start saying 'no this...I'm dreaming, it's not true, it's not true

Sadness was an emotion reported by all the participants, although it was not an immediate emotion experienced by Sam.

*Sam: I didn't feel anything for until about maybe the following day or two days after. And then I started feeling sadness, and everything else.*

Some participants also spoke about the feeling of anger as a feeling that is still present in their lives.

*Ryan: Jien bniedem irrabbjat fuq li ġralna, għax kieku daħal ġo ħajt ma kont inkun irrabbjat daqsekk, imma li qatluhulna, irrabbjat ħafna.*

I am a very angry person about what happened to us, because if he had hit a wall I wouldn't have been so angry, but they killed him, I am very angry.

*Sam: I'm still angry, I'm still pretty much angry. Because ... I think yes ... I've lost my daughter, but ... he got four years suspended sentence ... The anger is still present. You know? It's very much still there ...*

## **b) Accepting the reality of loss**

For the participants accepting reality was a process that was necessary in order for them to continue on with their lives. Some participants spoke about how in the initial process of grief they felt that their life had come to an end, asking themselves if life was worth living without their children.

Julie: *Aħjar mort jien minfloku.*

I would have preferred dying instead of him

Sam: *You want to give up, you feel, that's the feeling you get when ... you come out of the shock phase, and you start accepting it you're just 'why am I carrying on? Why do I want to carry on?'*

Nina: *Niftakar... Jien bdejt ngħid 'le jiena m'inhix se ngħix ...m'inhix ħa ngħix'. Ma jistax ikun ngħix mingħajr binti. Iġifieri ara kemm kont imkissra.*

I remember ... I was saying 'no I'm not going to live ... I'm not going to live'. It's not possible to live without my daughter. I mean, you see how broken I was.

Clara: *Tibki, tibki. U tibda tgħid, imma jiena kif se ngħix? Kif se ngħix? ... kienet tifla unika, aħna konna ngħixu għalija ... Jiena ġarrabt imwiet ... Imma meta mitietli t-tifla u mietet f'eta` ta' sbatax-il sena, li tfajla li tista' titkellem magħha iktar.*

You cry, you cry. And you start saying how am I going to live? How am I going to live ... she was an only child, we used to live for her ... I had experienced death ... But when my daughter died and she died when she was seventeen years old, a confidant.

The participants identified moments and incidents along their course of grief, which acted as turning points in their process. During these turning points, the participants experienced a change in their perception whereby they decided to continue living.

Clara: *Meta ir-raġel qalli mela jiena ma ngħoddx, ġejt in se`.*

When my husband told me, 'so I don't count', I realised.

Sam: *... got to look at the big picture, we've got two other children, what would they feel like if we gave up? ...we've got to get each other going ... We've got to support each other.*

Julie's turning point was an incident with her son during Christmas time. She had made a big effort to decorate for her grandson, who was coming for Christmas and recounts on how she removed everything soon after he left. Ignoring the fact that her son had travelled from abroad to stay with them for Christmas.

Julie: *Qalli ... 'għalfejn nehhejt kollox tal-Christmas?' Qalli 'mela jiena ma ngħoddx?' .... U tkellimna, hafna biki ... imma it thought me a lesson ... Għax għidt tlift tifel wieħed ... ħa nitlef l-ieħor ukoll.*

He said...'why did you remove all the Christmas decorations?' He told me 'so I do not count?' ... And we spoke, lots of crying ... But it thought me a lesson ... because I said I already lost one son ... I'm going to lose the other as well.

Nina: *Il-kliem li qalli t-tifel il-kbir, meta rani hekk imkissra, u qalli ... 'mum I need you, mum I need you mummy, jiena lil min se jkoll?' ... l-kliem tiegħu ukoll għinuni ... to gain strength.*

The words my eldest son told me, when he saw me broken, and he told me ... 'mum I need you, mum I need you mummy, who is going to be there for me?' ... his words helped me ... to gain strength.

For Nina dreams were also supporting this turning point with her daughter telling her to move on.

*Nina: Kont noħlom ħafna fuqha. Darba anki ħlomt li qed ngħidilha 'tell me what happened, tell me what happened'. U hi qaltli 'stop it mum, stop it mum, stop it mum'. As if to say 'let go issa, whatever happened happened, you can't change what happened.*

I used to dream a lot about her. Once I even dreamt that I am telling her 'tell me what happened, tell me what happened'. And she told me 'stop it mum, stop it mum, stop it mum.' As if to say let go now, whatever happened happened, you can't change what happened.

### **c) A premature and insignificant death for the bereaved parents**

All participants felt that their children were still too young to die. For them it was against life's natural order to bury their children as they believed it should be the other way round.

*Sam: You shouldn't be burying your own children, they should be burying us and I know it's an old cliché' but, she was full of life...*

*Ben: Qatt ma tobsor li se tmutek it-tifla tiegħek ... Infatti xi sentejn qabel, kellha incident ... waqat mill-bicycle ... niftakar ... il-mara qaltli 'issa kos kieku baqatielna mejta?' Għidtilha 'u fejn sejra b'rasek inti!' ... 'ma tarax inti'. Ma taħsibx li ... li tista' ... li se jmutu qablek hux. Ma tobsoriex, ma tobsoriex.*

You never expect that your daughter is going to die ... in fact about two years before, she had an accident ... she fell off her bicycle ... I remember ... my wife told me 'what if she died?' I told her 'what are you thinking?! No way.' You never think ... that she ... that they will die before you. You don't envisage it, you don't.

For the two couples whose children were killed in a car accident, the death of their child was defined as "insignificant" and "unfair". For some parents the loss was beyond comprehension and it shattered the parents' beliefs of a just and safe world.

*Sam: She was killed she was killed unnecessarily, there was nothing I could do about it, and I've got to accept it for what it is. There's no meaning to me it's just I lost my daughter. That's a chapter of my life, that's been ripped from me because she was daddy's little girl.*

*Nina: It was useless, I mean, the way she died, the way she was killed, it was unbelievable. I mean, kieku mardet tgħid mardet ... (tibki) ... imma la ħarġet mid-dar u ma reġax dahlet ... my God ... Oh God! Għal-ewwel ma tkunx trid temmen ... bdejt ngħid "not fair, not fair, not fair ... kif se ngħix mingħajr binti?" Bdejt ngħid, "issa m'għandiex binti.*

It was useless, I mean, the way she died, the way she was killed, it was unbelievable. I mean, because if she had gotten sick, you would say she got sick ... (crying) ... but she went out and never came back ... my God ... Oh God! At first you don't want to believe it ... I kept saying 'not fair, not fair, not fair ... how am I going to live without my daughter?' I kept saying 'now I don't have a daughter'.

*Julie: Haġa kbira ... u unnecessary ... Il-Bambin ngħidlu "ijja sek ... dik is-sekonda kieku evitajthom ... Fraction of a second. Triq vojta ... kellu jsib it-tifel tiegħi? Igifieri that's what makes me angry ukoll. Li kienet unnecessary.*

It's a big thing ... and unnecessary ... I tell Jesus 'it was only a sec ... that second could have been avoided' ... Fraction of second. The road was empty ... did he have to find my son? I mean that's what makes me angry as well. That it was unnecessary.

#### **d) Metaphors helped the parents to make sense of the excruciating pain**

The pain of losing their children was so excruciating that the participants used metaphors to define its intensity.

*Sam: It was like, you get your heart ripped out, and you can't put a meaning on it.*

*Nina: Qisni l-Madonna Adoloratta ... kelna l-quddiesa ta'd-Duluri u niftakar kien qalilna ħarsu lejn id-Duluri, arawha b'dak l-istallet ġo qalbha. Qalilna ... dak ifisser l-uġiġħ ġħax tilfet lil binha ... (tibki) ... naf xi tfisser. Issa nħoss li mieġħi l-ħin kollu l-uġiġħ, l-uġiġħ il-ħin kollu mieġħi. Il-ħin kollu inkaxkru mieġħi.*

I was like Our Lady of Sorrows ... we had a Mass celebrating Our Lady of Dolour's and I remember he told us look at Her, look at Her with that dagger in Her heart. He told us ... it represents the pain because she lost her son ... (*crying*)... I know how that feels. I now feel that pain is with me at all times, pain is with me at all times. At all times I carry it with me.

For Clara the pain was so intensely felt that happiness did not feel the same anymore.

*Clara: ma tistax tħoss dak il-ferħ, ġħax qalbek hija imtaqla'. Speċjalment il-bidu. Ġħax qalbek hija imtaqla.... Il-weġġħa hemm, il-weġġħa hemm.*

you cannot feel that happiness, because your heart is heavy. Especially in the beginning. Because your heart is heavy, the pain is there, the pain is there.

## **Theme 2: Death as life changing experience for the parents**

This theme represents the changes experienced by the bereaved parents. The participants felt that their identity changed after the death of their children, and that part of their future has been lost with their child.

### **a) The changed identity of the bereaved parents**

The parents experienced a change in their parental and social identity. Participants reported that they experienced a change in their parental identity, as they became bereaved parents. In particular, two participants expressed that when their only daughter died they felt that they lost their role as parents.

*Ben: It's such a big heartache ... mama, papa, nanna, nannu, u inti lanqas biss papa ma tisma' ahseb u ara kemm se tisma' nannu.*

It's such a big heartache ... mama, papa, grandmother, grandfather, and you don't even hear papa let alone grandfather.

Clara spoke about the implications of loss in relation to motherhood.

Clara: *Jien nixtieqha miegħi, għax jiena dejjem ngħid u nibqa' ngħid, l-iktar għafsa li għandi go qalbi jiena, li ma nismax il-kelma "Ma". Jiena nkun ma' ħuti u ħadd ma jkun jaf x'qed inħoss go qalbi. Ħuti imdawrin bit-tfal ta' uliedhom, bin-neputijiet. Il-"Ma" ħa ngħid mhux "nanna" għax forsi it-tifla ma kinitx tizzewweġ, fhimt? Imma li kienet tiftaħ il-bieb, tisma' "ma ... mamma" dik għalija jiena, l-ikbar għafsa ta' qalb.*

I wish she was with me, because I always say and will keep on saying it, the biggest heartache I have, is that I don't hear the word 'Ma'. I would be with my siblings and nobody would know what I feel in my heart. My siblings would be surrounded by their nieces and nephews...the "Mother"... not "grandmother" as maybe she wouldn't have got married ...But the fact that she used to come in, and you hear 'Ma ... mamma' that for me, is the biggest heartache.

In relation to a changed identity one participant spoke about how the pain gave her a new identity: that of a bereaved parent, distinguished by the anguish of the pain felt.

Nina: *...that's who I am now. The pain, makes me who I am. Omm ... (tibki)...omm li tlift lil binti.*

... that's who I am now. The pain, makes me who I am. A mother ... (crying) ... a mother who lost her daughter.

#### **b) When parents lose a child they lose their future**

Four participants emphasised that with the death of their child they felt that they had lost their future. They described that they would have liked to see their daughters getting married and becoming mothers. This loss was reported by the couple who lost their only daughter and one couple who had other children.

Clara: *Inti meta titef il-ġenituri tiegħek ... you lost the past, you lose your husband you lost the present, you lose your children, you lose your future.*

When you lose your parents ... you lost the past, you lose your husband you lost the present, you lose your children, you lose your future.

Ben: *Il-fatt li speċi li tgħid, it-tifla tiegħi ma rajthiex tiżżewweġ, la se nara neputijiet, spiċċajna waħidna.*

The fact that you say, I didn't see my daughter get married, I'm not going to see any nephews, and we ended up alone.

Nina: *jiena nħoss li mhux lil binti biss tlift, inħoss li tlift generazzjoni. Ghax xtaqet tidhol fil-Pulizija, dejjem tistaqsi 'tgħid kienet jirnexxielha tidhol? u tgħid iżżewwġet u tgħid għandha tfal?' Igifieri la kelli dik l-opportunita' li mmur magħha biex tgħazel il-libsa tat-tieġ, la rajnieha tigradwa...I mean aħna tellagħnieha fuq l-altar got-tebut, mhux libsa tat-tieġ ... (tibki) ... U dawk, dejjem jibqgħu ġo moħħok.*

I feel that not only I lost my daughter, but I lost a generation. She wanted to join the Police Force, and you ask 'would that have happened? And would she be married and would she have children?' I didn't have the opportunity to go with her to choose the wedding dress, we didn't see her graduate, my husband ... I mean we walked her to the isle in a coffin not in a wedding dress ... (crying)...and these things stay imprinted in your mind.

Ben also emphasised the painful missed opportunities that special events bring along.

Ben: *L-ikbar emozzjoni, meta mmorru xi tiegħ.... l-quddiesa. Ghaliex x'hin nara l-għarusa tiela', f'dirajn missierha, ngħid jien...imbikkem, ukoll nitkellem fuqha, hekk nemozzjona ruħi. Ghax ngħid jien ma kelliex il-grazzja inwassalha fuq l-altar.*

*Wassaltha sa' l-artal imma f'tebut ... kemm jista' jkun ma mmorrux il-knisja għax it's too much for me, avolja għaddew dawn is-snin kollha, it's still too much.*

The biggest emotion is when we go to a wedding. Especially when we go to the nuptial mass. Because when I see the bride walking down the isle with her father, I say ... I almost cry even talking about it, I feel emotional. Because I say I didn't have the opportunity to walk her down the isle. I took her to the isle but in a coffin...as much as possible we don't go to church because it's too much for me, even after all these years, it's still too much.

### **Theme 3: The challenges experienced by the bereaved parents**

This theme is categorised in three subthemes that transpired from the data gathered which characterised the challenges experienced by the bereaved parents. The participants claimed that these challenges rendered bereavement more complex and hindered the healing process. The first subtheme captures the participants' fear of losing their spouse. The last two sub themes reflect the challenges within the parents' social context through their experience with court procedures and unhelpful behaviours of others.

#### **a) The fear of losing also their spouse to death**

A challenge identified by four participants was the uncertainty of what the future held when it comes to death. This was also attributed to the fact that for them death was sudden and premature. Most of the participants disclosed the fear of losing their spouse or leaving their spouse behind them.

Ben: *Sfidi ... l-biżgħa hux li tispicà waħdek. Qeq għax hekk tghidli l-mara, jien nitlob 'l Alla li immut qablek. Għidtilha 'jiena ma nixtieqx inhallik warajja', ngħidilha 'għax jiena naf li tbgħati waħdek'.*

Challenges ... fear eh that you will end up alone. Because that's what my wife tells me, I pray to God that I die before you. I told her 'I don't want to leave you behind me', I tell her 'because I know that you will suffer alone'.

Clara: *Il-biża' tiegħi ... tiegħi li jmut ir-ragel qabli u nisfa waħdi ... U dik sfida għalina hux.*

My fear ... is that my husband dies before me and I end up alone ... that's a challenge for us eh.

Nina: *dejjem ngħidlu 'taf x'ugigh qegħdin fih? Ma rridekx thalli iktar ugigh lili umbagħad.' Ifhem ma rridux imut qabli, irrid li jien immut qablu għax ma rridtx inħoss iktar ugigh ... (tibki).*

I tell him [husband] you know what pain we are in. I don't want you to leave anymore pain for me then.' You see I don't want him to die before me, I want to die before him because I don't want to feel anymore pain ... (*crying*)

The last two subthemes in Theme 3 reflect the challenges within the parents' social context that the participants presented throughout the interviews.

## **b) The bereaved parents re-living the traumatic death through court procedures**

The four participants who lost their children to a traffic accident, had to endure court procedures along with their grieving process. The participants defined their experience in court as very challenging, painful and almost unbearable.

*Julie: Il-Qorti terribli hi ... Meta jkollok il-Qorti wara dawn l-affarijiet tkun għadek ma dfintux it-tifel inti. Issa, jien u tara lid-driver hemm, mimli bis-saħħa li 99 and three quarters mit-tort tiegħu.*

The courts are terrible ... when you face the courts after such things you wouldn't have buried your son. And then I see the driver there, full of health, who has 99 and three quarters of the guilt.

Nina spoke about the traumatic experience of attending to the case hearing in court.

*Nina: Il-qorti hi ... l-qorti ... (tibki) ... oh my God! Martierju l-qorti u ... affarijiet li jgħidu kontra tagħha, tibda tgħid "Maa!" Per eżempju darba minnhom l-avukata ... tan-naħa ta' l-insurance...qalet fil-Qorti " ... r-riżultat ta' l-eżamijiet ma kienux brillanti, allura haqqha per eżempju s-somma haqqha li jistmawha ... U meta tibda tisma' dawk l-affarijiet fuq bintek li mejta, li ma tistax tirrispondi għaliha infisha, dawk vera jweggħuk ... Il-Qorti tkissrek, tkissrek iktar milli tkun. Qeq hu d-driver ma wehel xejn, lanqas il-liċenzja ma tilef. Allura dik jiddispjeċik hux, għax tgħid għall-Imħallef ... l-hajja ta' binti ma kienet tiswa xejn. U dik kiefra.*

The court ... court (*crying*)... oh my God! It was a big pain at court and ... the things they say against her, you start saying “gosh!” For example at one time the lawyers ... from the insurance side ... she said in court “... the examination results were not brilliant, so she deserves for example a sum that she deserved to be given” ... and when

you are hearing these things on your daughter who is dead, who cannot defend herself, these comments are really painful, ... the court breaks you, it breaks you more than you already are. And the driver wasn't charged of anything, not even his licence. So for that you are sorry eh, because you say that for the judge ... my daughter's life didn't have any value. And that is very harsh.

### **c) The challenge and pain of dealing with the unhelpful ways people reacted to their grief**

This subtheme, like subtheme (b) also describes the social context of grief that were identified as painful and challenging for the participants to deal with. A common factor that all of the participants faced, was the painful words of others. They all found them as disrespectful and very challenging to accept. The participants also identified such behaviour as a hindrance for the healing process.

*Ben: Vera n-nies għandhom ilsienhom twil ... klijent tiegħi, iltqgħajt miegħu, qalli 'jien nammirrak lilek'. Għidtlu 'tammirrani biex, għax mitieltli t-tifla?' Qalli 'le, għal-mod kif aċċetajta'. Għidtlu 'x'igifieri? Xi tridni nagħmel, nista' ma naċċettahiex? Mhux se ngibha lura' Qalli 'għax il-kieku jien ma jaċċettahiex ta'. Għidtlu 'x'tagħmel? Għidli x'tagħmel?' Qalli 'le, nasal biex nispara għal rasi. Immur warajha.' Għidtlu 'imma dik mhux soluzzjoni hux, mhux soluzzjoni.'*

It's true people have a big mouth ... one of my clients, I met him and he told me 'I admire you'. I told him 'you admire me because I lost my daughter?' he told me 'no, for the way you accepted it'. I told him 'what do you mean? What do you want me to do, do I have a choice not to accept it? I am not going to bring her back.' He told me 'because if it was me, I wouldn't accept it.' I said 'what would you do?' He said 'no, I would shoot at my head. I would go after her.' I told him 'but that is not a solution eh, it's not a solution'.

Clara: *Darba iltqgħajt ma' waħda ukoll, qaltli 'imma Alla jbierkek ta' tidher tajba'. Ghidtilha 'eħe?' Ghidtilha 'mela m'intiex qed tara l-qoxra ta' gewwa ta.' Jew jghidulek 'ghax kieku kienet tigri lili, jiena mitt'... I mean, ngħidilhom 'inti min qalilkom li jiena ma mietx minn gewwa?' ... l-aħjar ... meta xi hadd jiġrilu hekk ... hija ma jingħad xejn.*

Once I met someone too, she told me 'but thanks God you seem fine'. I told her 'really?' I told me 'then you are not seeing the inner crust eh.' Or else they tell you 'because if it happened to me, I would have died' ... I mean, I tell them 'who told you that I didn't die from the inside?' ... the best thing ... when something like this happens ... is not to say anything".

In the case of Ryan, he stated that it is difficult for the inexperienced (people who did not lose a child to death) to understand his grief.

Ryan: *Għalkemm inti tkun tixtieq tgħid x'garalek man-nies ... ma narax li hemm l-iskop ghax hadd ma jifhmek u tinduna li tkun parlajt fil-vojt.*

Even though you want to speak about what happened to you with other people ... I don't see that there is a purpose because nobody is going to understand you and you realise that you are going to be talking in void.

Sam spoke about how at the initial stage people used to avoid him. People tended to avoid conversations that evolve around loss, at times due to loss of words or a form of withdrawing or running away from human suffering as staying with such pain can be overwhelming.

Sam: *Nobody knows what to say to you. I can remember a couple of days after the accident, people used to cross the road ... where we lived, so they didn't have to speak*

*to us ... that is wrong. People don't seem to realise that when you have lost a child, you actually want to talk about her. You ... need to talk about her.*

Ben presented what would be helpful in these circumstances.

*Ben: Bniedem aħjar għafsa ta' idejn jew warm embrace għax turih li inti qed tħoss minn xiex inhu għaddej għalkemm ma għaddejtx minnu inti speċi taf li dak qed ibgħati, allura dik l-għafsa, dik it-tannaqa, you make him feel that somebody cares for him. Għax il-bqija m'hemmx kliem ta' faragġ. M'hemmx kliem.*

Sometimes squeezing one's hand or a warm embrace to show that you are feeling what the other is going through even though you didn't experience it, sort of you know that the other is suffering, so that squeeze, that embrace, you make him feel that somebody cares for him. Because otherwise there are no words to console him. There are no words.

#### **Theme 4: Significant supportive factors that facilitated the healing process**

This theme will be represented by three sub-themes which together address significant forms of support that were identified as having facilitated the healing process. Participants explained how factors such as personal characteristics, maintaining connections and social support, helped them to cope with the challenges a life without a loved one presented.

**a) Strength, determination and positive attitude as resources throughout the grieving process.**

All of the participants highlighted how their individual characteristics supported them in the bereavement process. They reported that their strengths, determination, courage, a positive attitude towards life and their relationships supported them while grieving.

*Clara: Jiena l-karattru tiegħi għini għax jiena m'inhix xi waħda li ningħalaq fija nnifsi. Jiena (tidhak), nitkellem. Trid tgħin lilek innifsek ... Il-biki għini, l-ħruġ għini ... Jiena għint hafna lilli innifsi.*

My character helped me a lot because I am not an introvert. I talk ... (giggling) ... You need to help yourself. Crying has helped me, going out has helped me ... I helped myself.

*Nina: I have to be strong ... not just for me, but even for her, to keep her memory alive. To keep talking about her ... aghmel kuragg, ghid lilek innifsek il-hin kollu, I have to be strong for me and for the people around me. Ghax inkella jikisser iz-zwieg, titkisser kull relazzjoni.*

I have to be strong ... not just for me, but even for her, to keep her memory alive. To keep talking about her ... be brave, you tell yourself all the time, I have to be strong for me and for the people around me. Because otherwise the marriage will fail, every relationship will fail.

Julie was astonished about how she found the strength to move on, while Ben spoke how a positive attitude towards life helped him throughout the process.

Julie: *Qisni kif sibt ... minn fejn ġibtha dik is-saħħa jien? Għax jiena m'inhix, mhux xi waħda 'tough'.*

I wonder ... where did I get that strength? Because I am not a tough person.

Ben: *Trid tiprova issib il-pożittiv. Jiena di natura, dejjem pożittiv, qatt ma naħseb ħażin fi bniedem.*

You need to look at the positive. By nature I always look at the positive, I never think about the bad side in a person.

## **b) The continued bond with the lost loved one**

All participants spoke about how they maintained a connection with the loved one after death, by keeping their memories alive and by feeling their presence in their lives. The importance of keeping the memory alive was common in all the interviews. Irrelevant of their gender, memories helped the participants to remember and to stay connected. Some used objects as representations of the lost loved one, others used visual representations such as photos or videos, and others connected through memories shared. Some participants also spoke about a felt presence and a source of support in times of need and for connection.

Nina: *Il-fatt li qegħda ġo moħħi u dejjem bix-xemgħa mixgħula iġifieri bir-ritratt tagħha... (tibki) ... dejjem ... I mean dak qisu hekk il-memorji tagħha.*

The fact that she is in my mind and that there is always a candle lit and a photo of her ... (*crying*) ... I mean it's sort of a memory of her.

Clara: *Tisma' diska li kienet thobb u tiftakar? U tiftaħ id-diary tagħha u taqrah? U tkun qed issajjar u ... ssajjar xi haġa u taf li kienet thobbha? U li nġhadu minn fejn konna immorru nġumu u taraha, tipikcerjaha hemmhekk fil-baħar ...*

When hearing a song that she used to like and you remember? And you open her diary and read it? And when you are cooking ... and you cook something she used to like? And when we drive through the place where we used to go swimming, and you see her, you picture her there in the sea ...

For Ben football represented a purposeful reminder of the memory of his daughter.

Football was a passion Ben shared with his daughter as it was their quality time together.

Ben: *Kull nhar ta' Hadd kont immur nilgħab il-football filgħodu. It-tifla kont noħodha miegħi ... dejjem inġorrha miegħi ... Iġifieri dejjem kaxkartha miegħi, dejjem miegħi, dejjem magħna iġifieri. Jien dejjem, it-tifla kont inħobbha.*

Every Sunday morning I used to play football. I used to take our daughter with me ... I used to always drag her with me ... I mean I always took her with me, she was always with me, with us I mean. I always, I loved my daughter.

Clara also spoke about visual representation of her daughter.

Clara: *Għandi l-video tagħha, ġieli ... rajtu għaliex ta' ħdax-il sena kienet qagħdet bridesmaid ... u disa' xhur qabel ma mietet qrat fit-tieġ tat-tifla t'oħti .... Allura għandi l-video ta' bridesmaid u l-video tagħha qed taqra. Mhux l-ewwel darba li l-video rajtu jiena ... għax inti qed tarah, qed tibki, qed iġġib haġna memorji. Għandna haġna memorji tagħha ...*

I have a video of her, sometimes ... I watch it because when she eleven years old she was a bridesmaid ... and nine months before she died she read at my niece's wedding

... So I have a video of her as a bridesmaid and a video of her reading. It's not the first time that I have watched the video ... because when you are watching it, you are crying, you are remembering a lot of memories. We have a lot of memories of her...

Ryan reported that he keeps the memory of his son alive through his grandson.

Ryan: *It-tifel tiegħu iffakarni hafna fih. Hafna nieħu pjeċir u fl-istess hin għafsa ta' qalb għax ... iktar niftakru żgħir ... ftit li xejn niftakru żgħir.*

His son reminds me a lot of him. It's such a pleasure and at the same time heart breaking because ... I don't remember him that much at such a young age.

Nina defined the memories as "*Painful imma prezżjuża*" "painful, but, precious".

The female participants spoke about the significance of keeping the memory alive by talking about their children, as their main fear was that of forgetting their deceased children.

Nina: *No way jiena qatt ma ridtx ninsa ... irrid inżomm il-memorja tagħa ħajja ... irrid nibqa' nitkellem fuqha. Irrid nikteb fuqha ... I don't want my daughter to be forgotten, ever.*

No way, I never want to forget her ... I want to keep her memory alive ... I want to continue to talk about her. I want to write about her ... I don't want my daughter to be forgotten, ever.

Clara: *Jista' jgħaddi kemm jgħaddi żmien ... jiena fuq it-tifla tiegħi nitkellem fuqha qisha ... għada ħajja. Nitkellem fuqha jiena. Imma tidejjaq min isibek jgħidlek "u inti se*

*... għadek hekk". Mela għax għadda ż-żmien jiena se ninsiha t-tifla? ... Haġa waħda nibża' biss jiena. Li jgħaddi ż-żmien u ngħid forsi wiċċha ma nibqax ingibu kif ... dik nibża' minnha ...*

It doesn't matter how much time goes by ... I talk about my daughter as if she was still alive. I speak about her. But you are bothered when someone tells you 'you are still like this?' Just because a lot of time has passed, I am going to forget my daughter? ... I fear only one thing. That time will pass and maybe I will not remember her face as I do now ... I am afraid of that ...

*Julie: Trid issemmih, għax qed ngħidlek waħda mill-biżat li jkollok, li ha jintesa. Jiena ma rridux jintesa t-tifel. Qeq nibża' minn hekk hafna nibża'.*

You want to mention him, because like I'm saying one of the fears you have, that he will be forgotten. I don't want my son to be forgotten. I'm afraid of this eh, I am very afraid.

For Clara, the fear of forgetting rendered the process of removing belongings a painful process that required time.

*Clara: Għal-bidu żammejt hafna affarijiet tagħha, anki hwejjeġ u soft toys li kienet thobb hi, pero' forsi sentejn, tlett snin ilu, il-ftit li kien baqa' neħhejthom. Nibki jien u nneħhih ... u hekk bdejt nirrealizza li jiena, mhux se tfieq għal kollox, imma tibda tirrealizza waħdek, li inti bħalma qegħdin ngħidu 26 years.*

At first I kept a lot of her stuff, even clothes and soft toys that she used to love, but two years or three years ago, I got rid of the little that remained. I cried as I got rid of ... and that's when I realised, that I am not going to heal completely, but you start to realise on your own, we're saying it's been 26 years.

### c) The support group experienced as helpful for bereaved parents

The following two subthemes will be focusing upon the interpersonal dynamics that supported the participants throughout the grieving process. Five participants attended the support group for bereaved parents and identified the group as helpful when going through the process of grief. It also gave them an opportunity of supporting other parents who were going through the same experience. For instance, Nina spoke about the support she found from other members during the court procedures.

*Nina: Is-support group speċjalment, peress li kien hemm nies li għaddew minn din, minn dit-tragedja, tilfu...speċjalment waħda in particular kienet tgħidli (name) aghmel kuraġġ, (name) aghmel kuraġġ". U vera, bdejt ngħid u le xi darba ...*

...the support group especially, since there were other people who experienced ... this tragedy, especially one person in particular she used to tell me (name) be brave, (name) be brave. And it's true, I started telling myself hopefully someday...

Another supportive aspect identified is related to a sense of universality, which was often the resultant benefit of group support. All the participants spoke about how only the experienced (parents who experience the death of a child) can understand what they went through and it was also for this reason that the group was so significant to them. Furthermore, in the groups parents could continue to value, remember, celebrate and love their late children.

Nina: *Hemm hadd m'hu se jghidlek "u l-marija! Issa se taghlaq ghaxar snin, se tibqa' ssemmieha?" Hadd ma jghidlek hekk. Nisimghu lil xulxin.*

There no one is going to tell you "Oh Gosh! It's been ten years, are you still mentioning her?" No one will tell you anything like that. We hear each other.

Julie: *In-nies li hemm ha jifhmuk ghax qeghdin fl-istess ilma tieghek ... Issa min ilu ghoxrin sena ... dik l-importanti, li xi hadd jisimghak.*

The people there would understand you because they are in the same boat as you are ... there are some who have been going for twenty years ... that's the most important, that someone listens to you.

Ryan reflected about the benefits of being in a support group, being with the experienced, it was consoling for him.

Ryan: *Ma sibtx xi haga li ffaraggni jew li ghinitni, li meta mmorru dik il-laqgha, ghalkemm ma fhiex pjecir, ghal-inqas qed nintaqgha ma' nies li ghaddew milli ghaddejna ahna ghax fid-dinja hadd ma jifhmek.*

I didn't find anything that comforts me or helps me, when we go to that meeting even though it's not fun, at least I am meeting other experienced people because no one in the world is going to understand.

Julie also spoke about how the experience of others in the group rendered her hopeful.

Julie: *Morna fl-ewwel meeting ... u niftakar jien u diehla mill-intrata hekk nisma' lil wahda minnhom tfaqqa'd-daħq. U jien f'qalbi ghidt mela hawnhekk jidqu? Hekk, emmini bqajt niftakaraha? Ghidt mela hawn jidqu? Iva tidhaq hemm ... ghax gieli dhaqt bil-qalb.*

We went to the first meeting ... and I remember as I was going in I heard someone laughing out loud... and I thought, do they laugh here? Yes you laugh there... because I've laughed.

#### **d) The support of family and friends for the bereaved parents**

Some participants spoke about the significant support of family and friends when going through the process of grief. They identified it as a form of comfort, which protected them from isolation.

*Ben: Sapport sibna hafna ... ma thossokx abbandunat.*

We found plenty of support ... You don't feel abandoned.

*Clara: Sibt hafna sapport minn hbiebi ... il-habiba ... dik ghinitni hafna. Li kienet iccempilli kuljum.*

We found a lot of support from friends ... my friend ... she really helped me. She used to call me everyday.

In contrast, Ryan in his recount defined his family as distant and they acted as if nothing happened, they never spoke about his son. Ryan spoke about the pain of indifference when referring to his family.

Ryan: *Għamilna quddiesa, Madonna ħadd ma ġie minn ħuti, ħadd ħadd ħadd. U b'ommi b'kollox, ħadd. U t-tifel ma jissemmiex, immur għand ommi ma jissemmiex. Mhux...għax indifferenti, nies hekk ... xtaqthom jiġu.*

We organised Mass, Gosh no one from my siblings came, nobody, nobody, and nobody. Even my mother, nobody. And my son is never mentioned, I visit my mother and he is not mentioned. It's not...because they are indifferent, they are like that. I'm telling you...I wished they could come.

### **Theme 5: The couple experienced their intimate relationship as highly supportive in dealing with grief**

From the analysis it was evident that the couples' relationship was a key factor in the way parents coped with grief and the healing process. The participants identified their marital relationship as a source of strength and comfort when faced with the death of a child. The data gathered indicated that there were similarities and differences in how the parents dealt with the pain and the grief process. This was mainly attributed to gender role expectations.

#### **a) The need to intimately connect with the grieving spouse**

Both husbands and wives spoke about the importance of connecting with their spouse, however the type of connection they strived for differed. Some female participants spoke about the significance of emotional connectedness, while male participants highlighted the importance of physical connection.

Julie: *Mentalment iktar ġejna close ... kultant nissorprendi ruġi kemm, għax ... jien naħseb, umbagħad hu jgħidli qisu l-istess haġa li nkun ħsibt jien. Ġifieri mentalment qisna ... ersaqna lejn xulxin.*

Mentally we became closer ... sometimes I am surprised how much, because ... I would think something and then he would tell me sort of the same thing. I mean mentally it's like we got closer to each other.

On the other hand, two male participants spoke about the significance of connecting on a physical level after experiencing child loss.

Ben: *Meta jkun hemm dik l-intimita' thoss iktar il-bond... thoss iktar il-bond.*

When there is that intimacy you feel more bonded...you feel more bonded.

Also in the case of Ben he spoke about the difficulties they faced in the beginning of process of grief to connect on a sexual level.

Ben: *Għal-bidu sibnieha diffiċli ... r-relazzjoni tagħna sesswalment. Il-mara speċi kienet issibha bi kbira ... qisha uncomfortable ... speċi, għax jien ma nistax inħobb meta jien għandi qalbi maqsuma ... pero' umbagħad bil-mod il-mod ... illum il-ġurnata ngħid we are closer than we were before. Jiena ... ma ridtx li nimponi ruġi tajtha l-ħin tagħha.*

At first it was difficult ... in our sexual relationship. My wife sort of found it difficult ... she was like how do I put it ... sort of, because I cannot love when I have my heart broken... but gradually ... today I say that we are closer than we were before. We are closer than we were before. I never forced her, I gave her space.

Ryan spoke about feeling guilty for desiring his wife when he sees her in so much pain.

Ryan: ... *ġieli jkolli aptit ta', imma em inħossni guilty jekk nuriha, u hi qatt ma urietni daqsek li għandha xi xewqa ... nħossha li qisha qed tidejjaq ... qas qatt m'għidtilha, allura dak l-affarijiet spiċċaw bejnietna ... meta hekk ġieli ... hekk hawnhekk qisni inħossha ... l-ewwel darba qisu qabzielha d-dmugħ.*

... sometimes I would be in the mood, but I would feel guilty if I show her, and she never showed me that she has that desire... I see her a uncomfortable ... so I never told her, so now those things ended for us ... when sometimes ... I sort of feel her ... the first time sort of she got tears in her eyes.

#### **b) Husbands and wives differed in the way they expressed their grief**

Participants indicated that the expression of emotions and mourning were influenced by gender role expectation and social norms. Some of the participants believed that for mothers the death of a child was more painful than the pain experienced by fathers.

Ben: *Jiena nemmen li l-omm tħoss iktar mir-raġel għal uliedha għax hemm iktar rabta. Il-fatt li l-mara iġorrha ġo fiha stess, u dit-tarbija tieħu demmha u laħamha, iġifieri hemm bond ferm ikbar minn tar-raġel ma' l-ulied ... nemmen ... li l-omm għandha iktar bond ma' uliedha u meta jiġu nieqsin tħossha iktar mill-missier ...*

I believe that the mother feels more than the husband for her children because there is a greater bond. The fact that the wife carries her inside, and this baby is her flesh and blood, I mean the bond is greater than of a husband with his children ... I believe ... that the mother has a greater bond with her children and when they die she suffers more than the father.

Similarly, Julie emphasised that the pain of the mother is more visible, expressing that women were more emotionally attuned.

Julie: ... *ta' l-omm ... qisu jkun iktar tista' tarah. Il-missier, nahseb iktar, jew forsi r-raġel tiegħi. Iktar iżzomm fih innifsu.*

... the mother's ... you can see it more. The father, I think he, or maybe my husband, he keeps to himself more.

Ben reflected upon the feelings of withholding the pain and the importance of finding the space to express it. His definition of his behaviour is that of wearing a mask to hide the pain in order not to give the impression that he is weak.

Ben: *Tiżvoga waħdek iġifieri għax kif jgħidu hux, boys don't cry ... trid tilbes il-maskla u turi speċi li inti m'intiex daqsekk dgħajjef u se thalli affarijiet bħal dawn speċi take over you. Allura kien hemm naqra ta' doppia faccia, ma' kulhadd.*

You let it out when you are alone I mean, because like they say eh, boys don't cry ... you wear a mask and you show that you are not that weak sort of, and you won't let things like these sort of take over you. So there was some double face, with everyone.

Sam expressed his engendered beliefs around men when it came to expression of feelings. He continued that after his experience he learned that asking for and giving support as a bereaved parent and husband was more important than showing that he was strong.

Sam: *Men, we're stronger ... if you understand what I mean, and we don't like to show our emotions. It's not we don't like, we do it subconsciously because we are sort of the men, but once you get over that, then things change, you know? ... because at the end of the day you need support and you need each other's support very much so.*

The findings indicate that the male participants internalised their emotions to protect their wives. They believed that their wives would suffer more if they saw them in pain.

Ben: *... emozzjoni ... id-dulur ... Kien hemm emozzjonijiet ... Min-naħa l-oħra ... trid tagħmel l-almu, ħabba l-mara tiegħek ... imma iġifieri ma tistax...ma stajt nuri ħafna l-emozzjonijiet tiegħi ħabba l-mara, biex pruvajt nagħmillha anki l-kuraġġ ... mill-banda l-oħra trid taħbi l-emozzjonijiet tiegħek u ... pero' inti b'xi mod trid tiżvugahom.*

... an emotion ... the dolour ... There were emotions ... On the other hand ... you need to make an effort, because of your wife ... I mean you can't, I couldn't show a lot of my emotions because of my wife, as I tried to encourage her ... on one hand you want to hide your emotions, however you need to vent out in someway.

In congruence with the husbands all females stated that their husbands withheld their emotions to protect them. The female participants were in tune with their husbands' pain and they were all aware that their husbands were suffering, yet, trying to be strong in order to protect them.

Julie: *Nahseb għandu ħafna rabja ġo fih u ħafna affarjiet lanqas jgħidomli, to protect me.*

I think he has a lot of anger inside, but he doesn't tell me certain things, to protect me.

Nina: *Jien iktar insemmiha. U hu qisu, he cut the conversation short. Imma għax jaf kemm jiena ... (crying) ...miġuġha u ma jridniex li nkun imwegġa' iżjed. Imma fl-istess ħin ... l-ħin kollu jaħseb fiha.*

I mention her more. And he sort of, he cuts the conversation short. But because he knows how painful it is and he does not want to see me in pain ... (crying) ... at the same time ... he's all the time thinking about her, it's true he's all the time thinking about her.

Most of the participants emphasised the importance of respecting the differing processes of grief as Nina stated there is “no wrong or right way to grieve”.

Julie: *Ir-raġel il-grief tiegħu mhux bħal tiegħi ... ma nistax niġġudikah, għax nisimġhu jidħaq 'e dak nesieh it-tifel!' Qed tifhem? Irrid ngħid, 'sab fuq hiex jidħaq, why not?' Hallih ha jidħaq.*

My husband's grief is not the same as mine ... I can't judge him, when I hear him laugh ... 'did he forget our son?' I have to say 'he found something to laugh about, why not? Let him laugh'

### **c) The spouse as a supportive presence when dealing with grief**

All the participants identified the importance of supporting each other as a couple throughout the grieving process as such support promoted healing.

Nina: *I feel I couldn't have done it on my own. I feel that my husband's strengths helped me going ... I'd like to think really that we supported each other.*

Sam: *You can never prepare yourself to lose your child. So, you've got each other and you've got to grab it and keep hold of it ... There is no other way ... you do it together. I don't know what I would have done without her and I think she would probably say the same. You need the support of your wife, or husband, whatever the case maybe, and that's what we feel.*

Julie: *Bħala koppja meta tissaportja lil xulxin l-iktar importanti. Trid tkun supportive of each other. Importanti ħafna ħafna ħafna.*

As a couple supporting each other the most important thing. You need to be supportive of each other. It is very very very important...

#### **d) Grieving together rendered the relationship stronger**

All participants spoke about the importance of the strong marital bond when parents experience the death of a child. They all identified that their bond was always strong and it gave them the strength to cope with the traumatic experience. Furthermore, most of the participants stated that having endured the death of their child as a couple, rendered their relationship stronger than before.

Julie: *Is-sapport għal xulxin, u r-rispett, li aħna diġa' kelna ta' iġifieri imma ... I mean ippruvajna li inżieduh mhux innaqqsuħ ... aħna diġa' kelna, għal koppji li ma tantx, dik ħa tkun problema kbira, meta jiġrilhom xi ħaġa hekk. Għax ... aħna bdejna from 10 dawk iridu jibdeu from 1.*

The support we give each other, the respect, we always had ... but we tried to increase it rather than decrease it... we already had it, for couples who don't, it's going to be a big problem, when something like this happens. Because ... we started from 10 and those would have to start from 1.

The participants spoke about the significance of experiencing grief as a couple. Nina defines this aspect in this manner:

*Nina: Qisna qegħdin nigranfaw iktar ma' xulxin, because ... (tibki) it happened to us as parents, not as an individual, I mean yes as an individual as a mother, as a father, but as parents we lost our daughter.*

It's like we are holding on to each other more, because ... (crying) it happened to us as parents, not as an individual, I mean yes as an individual as a mother, as a father, but as parents we lost our daughter.

Most of the participants outlined that the experience rendered their relationship stronger.

*Sam: I cannot see us coming apart ... There's nothing worse on this Earth than losing a child, believe me ... the togetherness, I mean, it actually probably brought us closer together, where it can yes pull you apart. But we became very very close. Basically inseparable now ... you're very very close, but you are never all the way you know? But I think now because of the tragedy, yes it's ... we can't get any closer now ... It's an achievement, believe me, it's an achievement.*

*Nina: Jien inħoss li aħna dejjem konna close anyway u naħseb li iktar igranfajna f'xulxin. (tibki) ... meta ġrat it-tragedja ... I mean, I feel I couldn't have done it on my own ... Iktar b'saħħitha inħoss ... the pain I'm feeling, he's feeling it as well. Allura ġabitna iktar closer ta' xulxin.*

I feel that we were always close anyway and we became closer (crying) ... when the tragedy happened ... I mean, I feel I couldn't have done it on my own ... I feel we are stronger ... the pain I'm feeling, he's feeling it as well. So it brought us closer together.

Ben: *Illum il-ġurnata ngħid we are closer than we were ... nittama li nibqgħu, nibqgħu hekk jekk il-Bambin ittina s-saħħa hux li we'll be always together.*

Today I say that we are closer than we were before ... I hope we stay like this if Jesus grants us health eh that we'll be always together.

## **Theme 6: Living according to their beliefs supported the parents to make sense of the loss**

Another emergent theme was the significance of meaning making for the bereaved parents. Meaning making had been identified as an important aspect of the healing and moving on process. For some of the participants, their spiritual beliefs supported them in the healing process as well as the making meaning of the death of their children.

### **a) “Only God can console you”: living coherently with one’s faith**

Spirituality played an important role in the lives of the participants, yet, their experience of spirituality differed. Some of the participants explained how spirituality helped them in making meaning of the death of their child, while other participants were still struggling to live coherently with their faith. Emotionally this has caused significant anger and frustration which they channelled towards God and their beliefs.

Clara and Ben believed that only God could help them heal. The pain was intense and excruciating and nothing and no one could have consoled them if not God.

Ben: *Fir-Reliġjon sibna iktar konfort, għinitna hafna, speċi ... ha ngħidlek, Alla biss jista' isabrek ta. Il-bqija xejn ma jsabbrek. Xejn ma jsabbrek.*

We found comfort in the Religion, it helped a lot, sort of ... let me tell you, only God can comfort you. Nothing else would comfort you, nothing.

In fact, Clara's narrative around her daughter's death was that she believed that it was God's plan for them.

Clara: *Jiena nemmen ... li Alla riedha għalih it-tifla ... Ma nistax insib risposta ... Alla tagħhieli, rabbejthielu u ngħidlu nittama li rabbejthielek kif dejjem xtaqt li inrabbuha u ta' sbatax-il sena għidli 'm'għadhiex tiegħek imma tiegħi' ... Riedha hdejh.*

I believe ... that God wanted my daughter for Himself ... I can't find an answer ... God gave her to me, I took care of her, and I tell him I hope that I brought her up like you wanted me to and when she was 17 years old you told me 'she is no longer yours but mine' ... He wanted her with Him.

Clara's narrative also evolved around the belief "Thy will be done", to her this was very meaningful.

Clara: *Jiena meta mardet it-tifla 'l Alla offrejtielhu t-tifla ... għidli jekk inti vera tridha, għidli hudha u thallihiliex tbaġhti. Is-salib ingorru jiena. U l-iktar li zammetni jiena, l-Missierna ... ngħidu 'ikun dak li trid int, kif fis-sema hekkda fl-art'.*

When my daughter got sick I offered her to God ... I told him that if you really want her, you can have her and don't let me suffer. I would carry the cross myself. What

helped me most was the Our Father ... we say 'Thy will be done on earth as it is in heaven'.

Nina spoke about her late daughter as a felt presence.

*Nina: ... dejjem nixgħelilha xemgħa. Iħossha ... iktar qrib tiegħi. Imma hawnhekk [id-dar], iktar inħossha qribi ... Iktar inħossha preżenti ... (tibki) ... I feel her with me all the time ... I feel like she is helpin' me, you know, cope ... she's always in my mind and in my heart all the time ... (tibki) ... Everything I do, she's there ... and I really feel her ... I feel she's helpin' me a lot.*

I always light a candle for her. I feel her ... closer to me. Here [at home], I feel her closer to me ... I feel her presence ... (*crying*) ... I feel her with me all the time ... I feel like she is helpin' me, you know, cope ... She's always in my mind and in my heart all the time ... (*crying*) ... Everything I do, she's there ... and I really feel her ... I feel she's helpin' me a lot.

Ben spoke about his struggle with faith in the initial phase.

*Ben: Għal-bidu toħodha kontra Alla għax...niftakar ... kont nidħol il-Knisja l-kurċifiss, kont ninviżtah. U meta kienet [it-tifla] l-isptar ... kont nidħol u lilu kont nitlob. U meta mietet għamilt x-xhur ma nidħolx għax ħadtha kontra Tiegħu. Ghidtlu 'inti m'intiex raġel. Ma għitniex meta ridtek'.*

At first I blamed God because ... I remember ... I used to go by the Church ... and when [daughter] was at the hospital I used to go in and pray. And when she died it took me months to go in again because I blamed Him. I told Him ... You didn't help me when I needed you'.

At the time of the interview, Ryan was still angry towards his faith, which sometimes represented a struggle within as it meant going against his beliefs.

Ryan: *Għadni ta' rrabbjat. Jien ma mmurx iċ-ċimiterju ... ġieli immur... noħroġ nidgħaj.... dan tar-rabbja ta' ikun, għax jien jekk nidgħaj bil-Madonna, m'għandi xejn kontra l-Madonna. Għax meta ngħaddi minn quddiem statwa ngħidilha Salve Regina.*

I am still angry. I don't go to the cemetery ... when I go ... I get out swearing from there ... it's the anger, because if I swear against Our Lady, I don't have anything against Our Lady. Because when I pass by a statue I say the Hail Holy Queen prayer.

The participants found meaning in other forms of rituals honouring the deceased. Julie spoke how as a family they conducted a ritual that comforted them. After the interview, I received a call from Julie where she disclosed with enthusiasm that as a family they had planted a tree in the name of their son. I asked Julie's permission to quote her and she told me that it was the reason she shared this experience, as she wanted to send a message of hope to other parents who have lost their children.

#### **b) “Why bad things happen to good people”: the significance of finding meaning for the bereaved parents**

“Why bad things happen to good people” represents the participants' quest for meaning. Most of the participants in one way or another reported the significance of meaning making in bereaving their late children. Meaning differed between participants, and for some it facilitated the healing process.

Clara reported a change in perception in relation to meaning throughout the process of grief.

*Clara: Kien hemm mumentu li ngħid 'għaliex għali hekk? l-unika tifla li kelli ma stajtx ingawdiha. U li żammietna ukoll magħqudin li aħna, tajnieha trobbija tajba, tellagħnieha tifla tajba, dejjem irrispetatna, dejjem ħabbitna ... Jiena dejjem ngħidilha kont qed tfittex għarus eżemplari bħal missierek u sibt ir-Re'.*

There were moments when I said why this did happen to me? The only daughter I had and I couldn't enjoy her. What kept us unified is that as far as we know, we gave her a good upbringing, we brought her up as a good girl, she always respected us, always loved us ... I always tell her you were looking for an exemplary boyfriend like your father and you found the King.

Through the meaning making process, Ben interprets the statement of "Why bad things happen to good people" by reflecting that he cannot blame God for what happened to them. Death was defined as an irreversible life process that we all have to go through.

*Ben: Wara li tirkupra s-sensi tiegħek kollha, tgħid m'hemmx x'tagħmel. Alla fine il-mewt mhux Alla jibgħatha, imma qegħdin fid-dinja, qegħdin għat-tajjeb u għal-ħazin. Infatti das-sugġett jitrattah tajjeb ħafna Harold Kushner ... l-ktieb tiegħu 'Why bad things happen to good people' ... għax ma nistgħux inwahrhlu f'Alla ... Umbagħad tgħid fuq kollox it-tifla tiegħi x'għandha iktar minn ta' ħaddieħor? Għaliex it-tifla tiegħi ma setgħatx tmut? ... Umbagħad alla fine, kulhadd se jmut ... igifieri l-mewt hija ċerta għal kulhadd. Ovjament min tiġi kmieni, min tiġi tard. Jien dejjem kont fil-ħsibijiet tiegħi pożittiv u realistiku. U dik għinitni ħafna.*

After you come to all our senses, you start saying that there is nothing you can do. At the end of the day, God does not send death, because we are in this world for the good and the bad. In fact this subject was treated well by Harold Kushner in his book 'Why bad things happen to good people' ... because we cannot blame God. And then you wonder; why not my daughter, what does she have over anybody else? Why couldn't my daughter die? ... At the end of the day everyone is going to die ... I mean death is sure for everyone. Obviously some die early, some die later. I was always positive and realistic in my thoughts. And that has helped me a lot.

Ben found meaning through a spiritual interpretation believing that his daughter is now their 'guardian angel' surveilling over them and supporting them in times of need.

*Ben: She is our guardian angel issa. U smajt x'imkien li jgħidlek it-tfal meta ikollhom imutu qablek il-Mulej inneħħielek il-guardian angel li jkollok, u floku ippoġġielek lit-tifel jew tifla tiegħek bħala your guardian angel. U vera, u vera she is our guardian angel. Meta kelna diffikultajiet, ħassejna that she is there for us. She is intervening on our behalf.*

She is our guardian angel now. And I've heard somewhere which says that when children die before you, God would remove the guarding angel you have, and instead he puts your son or daughter as your guardian angel. And it's true, it's true she is our guardian angel. When we had difficulties, we felt that she is there for us. She is intervening on our behalf.

Additionally, the fact that Clara had the time to say her goodbyes, helped her to find meaning in the death of her daughter.

*Clara: It-tifla kif twieldet, għax jiena meta twieldet missierha kien ma' ġenbi ukoll voldieri, u mietet l-istess haġa. It-tifla hdejja idha f'idi, missierha hdejha n-naħa l-oħra,*

*u dil-kelma għidtilha. Sejjaħtielha b'isimha, għidtilha "jiena l-mummy" ... "la tkun ħdejn il-Bambin, itlob għalina." Għafsietli ideja bil-mod u daqsek. Il-Bambin tani ħafna grazzji. It-tifla idejha mietet f'idi.*

And similarly to how she was born, because when I gave birth to her, her father was near me as well, and she died the same way. My daughter near me, her hands in mine, and her father beside her on her other side ... I called her by her name and told her 'This is mummy' ... 'when you are near Jesus, pray for us'. She squeezed my hand and that was it. Jesus gave me a lot of graces. My daughter died with her hands in mine.

### **Theme 7: Coming to terms with the grief: the emerging hopes and opportunities for the future.**

This superordinate theme represents the outcome of grief, and the parents' view on their children's loss. The two subthemes presented will further unveil this process of the parents having arrived at a point where they have adopted an optimistic view of the future and the unforeseen direction their lives took after such a trauma.

#### **a) An optimistic view of the future**

The participants spoke about how they managed to adapt and move on with their lives after the loss of a child. Although the pain of the loss could never disappear from their lives they were all hopeful for their future and reported a positive attitude towards life and living.

Nina: *We can't change what happened. All we can do is be strong, eh. We deserve to live healthy life and a good life, we deserve it, I mean we are not the ones who killed her.*

Sam: *It takes a long time to learn to deal with it. But once you do deal with it ... it's easier to live with it ... It doesn't make the pain any less.*

Nina spoke about hope and a positive attitude towards life.

Nina: *[I] want to live forever with my husband ... (giggling) ... if it's possible ... as much as I want to be with [daughter] but one day I will be, but I'm in no hurry. No, I mean ... I loved [daughter] (crying) ... I did everything I could ... but now that she is not here, we have to appreciate what we have, and hold [on] to what we have and make it beautiful. You know? And I wish I live a long and healthy life with my husband, with my children and grandchildren so I can talk more about [daughter] I can keep her memory alive.*

Clara spoke about her beliefs that their daughter did not want to see them sad. She spoke about finding the strength to live one day at a time.

Clara: *It-tfal ma jriduniex jarawna imdejgin ... jiena lil Alla filgħodu nitolbu ... "It's another new day, please give me the strength to do, what I have to do". Qeq! ... ma tistax toqgħod f'rokna ... trid tgħin lilek innifsek.*

Our children don't want to see us sad ... every morning I pray to God ... I tell him 'It's another new day, please give me the strength to do what I have to do'. Eh! You can't stay in a corner ... you have to help yourself.

## **b) Unforeseen life direction for parents**

The participants spoke about how they never thought that something good would emerge from such a traumatic experience. Some of the participants spoke about the process of healing themselves while helping others who go through the same experience and the courage to hold on for loved ones.

*Nina: Jiena issa ngħin lil haddieħor, bħalma għinu lili ... we help them to move along like we did.*

Now I am helping others, like they helped me ... we help them to move along like we did.

*Ben: Mill-esperjenza tiegħi qed ngħin lil haddieħor. Għax naf kemm hu diffiċli meta jmutlek xi hadd minn uliedek, u l-fatt li dak li qiegħed nagħmel qed ngħinhom lil haddieħor, qed ngħin lilli innifsi u qed itini sodisfazzjon kbir ... Eħe, għax kif jgħidu anki mill-ħażin joħroġ it-tajjeb.*

From my experience I am helping others. Because I know how difficult it is when one of you child dies, and the fact that I am helping others, I am helping myself, it is very rewarding ... yes because like they say bad things can lead to good things.

*Carla: Jien u r-raġel qegħdin f'dan il-grupp li kieku bintna għada magħna, aħna ma konniex ikunu fil-grupp. L-opinjoni tiegħi dejjem li jiena t-tifla tiegħi riedha Għalih ... lilna riedna infarġu lil haddieħor ... il-mewt ta' bintna kien hemm pjan, f'għajnejn il-Mulej.*

We are in this group because we lost our daughter. My opinion is that He wanted our daughter to himself ... as he wanted us to comfort others. It was God's plan.

Four of the participants reported that after the death of their loved ones they all became more empathic towards the pain of others. Following is the experience of Nina.

*Nina: Meta tisma' b'xi tragedja dejjem tgħid 'Oh my God! Dik il- familja, minn xiex ħa tgħaddi'. You know? Għax thoss l-uġigh ta' haddieħor, u tant thoss l-uġigh ta' haddieħor, li inti tagħmel minn kollox b'dak l-uġigh inti, jiena nħoss, biex ngħin lil haddieħor.*

When you hear about a tragedy you say 'Oh my God! That family, what are they going through' you know? Because you feel that pain for someone else, and you feel that pain so much, that you do everything possible so that with that pain, I feel, I help others.

#### **4.9 Conclusion**

This chapter presented the seven main super-ordinate themes each accompanied by participants' excerpts examples of the respective sub-themes. The sub-themes identified mainly reflected the bereaved parents' experience of losing a child. The parents spoke about the extruciating pain felt and the challenges they faced. They also acknowledged the significance of their spouse's support and that provided by the support group. Finally through their recounts they indicated their resilience and optimistic view of life. The following chapter, Chapter 5 aims at discussing in depth the super-ordinate themes and their sub-themes.

## Chapter 5: Discussion

This chapter will examine the findings yielded from the study in the context of the research question and will make reference to the existing literature. As the analysis generated areas for discussion that had perhaps not been anticipated, some additional literature not raised in the introduction has been incorporated into this section (Smith, Flowers & Larkin, 2009).

### **Theme 1: A child's death: A painful experience to come to terms with**

There is a widespread consensus amongst the participants that death was experienced as a traumatic experience bringing about an influx of unbearable emotions difficult to come to terms with. This is in congruent with the various studies conducted with bereaved parents (e.g. Brabant, Forsyth, & McFarlain, 1994; Klass, 1993a, 1993b; Parkes, 1998; Rando, 1986, 1993, 1998; Rosof, 1994; Smart, 1994; Lichtenthal, Keesee, Currier & Neimeyer, 2010; Nikkola, Kaunonen, & Aho, 2013) who reported that a child's death is one of the most painful experiences to come to terms with. The findings of the current study indicated that the experience sent the parents to a place where they questioned if life was worth living without their beloved children. This phase is defined in the literature by Rosenblatt (2000), Tedeschi and Calhoun (2004) as well as Dallos and Vetere (2009), as feeling like the dead in a world of the living, where life becomes meaningless. What brought the participants out of this phase, were the words of their loved ones who made them realise that they needed them as well. In Nina's case this realisation came also in the form of a dream of her daughter telling

her to let go and move on with her life. Other parents spoke about dreams as predictions or as trying to prevent their child's death. Similar to Worden (2001) who found that some parents undergoing grief dream of the deceased. Bateson (1972) stressed that dreams are conscious or unconscious metaphors of the lived reality.

The disorienting experience presented was characterised by suffering and pain was also recognized as an inevitable process for the grieving parents. Similar to Parkes (1972) and Worden (2001) the findings indicated that, it is essential for the bereaved to experience the pain of grief in order to heal. According to Worden (2001), for the bereaved parents, healing from such a state was necessary in order to gain equilibrium in life, yet, it required time for the participants to restore the normal functions and heal. Despite the adversities faced in coming to terms with the death of a child, the results also showed that the parents had managed to adapt to a new reality. Recovery for the parents can be best understood as a gradual process rather than an outcome. Similar to Stroebe and Schut (2001), the present findings indicated that resilience in the face of loss does not mean getting it over with, obtaining "closure" on the emotional experience and moving on. Resilience can be defined as "an active process of fluctuation between loss and restoration" (Stroebe and Schut 2001, p.187-188). For the participants, in time the intense emotions became episodic, recurring in special events or when faced with emotional reminders of the lost child. Similar to what Dutton and Zisook (2007) found, the data gathered evidenced that successful adaptation was not marked by the absence of intense feelings, but in the ability to manage the "ebb-and-flow" of distress and to focus on positive emotions"(p. 881). Like Walsh (2006) pointed out, the parents seemed to have acquired the ability to "master what they could control and accepting what couldn't be changed" (p. 71). This is indicative of the bereaved parents'

resilience, which directs to Walsh's (2006) reflections that individuals have the potential to emerge from a shattering experience scarred yet strengthened.

As described by some of the participants, their view of their future and their life course has changed drastically in a way they would have never imagined. For the participants the death of their child represented the reversal of the natural order of life and wiped away the dreams and hopes that parents had for their child (Alam et al., 2012; Neimeyer, 2008). As some parents pointed out, it is for the young to bury the old, the parent before the child. On this regard one participant reflected that he had never imagined that he was going to accompany his daughter to the altar in a coffin. He always imagined to accompany her in a wedding dress. The death of a child rendered the parents' understanding of the world, their role in it and how to make sense of it questionable (Tedeschi & Calhoun, 2004). This brought about grief as a result of the "...awareness of a discrepancy between the world that is and the world that 'should be'" (Parkers, 1993). As human beings we often operate on assumptions and beliefs that affect the way we view the world. One basic assumption that we hold today is about long-life expectancy (Kastenbaum, 2011) and the death of a young person is viewed as an out of synchrony event on the social clock (Whitbourne, 2001).

The findings highlighted that the participants used metaphors to define the pain experienced. Nina compared the sorrow she experienced with an anecdote from "The Lady of Sorrow" referring to the sorrow Mother Mary experienced when they killed her son. In this case the language adopted in the use of metaphor helped the participant to give voice to the pain and anguish she felt. Nina could resonate with the Lady of Sorrows as it was compatible to what she felt. From the analysis it was reported that the use of metaphors supported the

participants to voice their pain, as metaphors gave language to their narratives. Likewise, the use of metaphors was also adopted by Rosenblatt (2000), Tedeschi and Calhoun (2004) as well as Dallos and Vetere (2009) in order to define the intensity of the phase the parents were in. Similar to the findings of Kunkel and Dennis (2003) the current study indicated that the use of metaphors around grief demonstrated the quest for meaning that better aligns beliefs and assumptions with experiences. Meaning was also revealed in the discourses that supported the participants to voice their pain. As Young-Eisendrath (1996) points out, “what we see among the resilient, among those who transform their suffering into growth and development is always that first willingness to recognize and express their pain...” (p. 49).

## **Theme 2: Death as life changing experience for the parents**

In many ways the death of one’s child has brought about unexpected and drastic changes in the life of the parents. The parents in the current study experienced a change in their social position and became identified as bereaved parents, as indicated by previous studies (McBride & Toller, 2011; Riches & Dawson, 1996b). This aspect was outlined by Nina who stated that now she has become the mother who lost her daughter in a tragic car accident. Similar to Wheeler (2001) the findings indicated that parental identity was transformed from “parent,” to a “bereaved parent”. Two participants spoke about the loss of losing the role of motherhood and fatherhood, having to live their entire life with the intense pain of having to renounce to being called “mum” and “dad”.

The family is strongly influenced by the cultural context in which it is rooted (Abela, 2009). The Maltese context features a society which values family life and where beliefs

around parenthood are very strongly rooted within the Maltese traditions. Within the Maltese context, raising children has always been an integral part of family life, and parenthood is documented as “one of the most important tasks adult undertake” (Walker, 2014, p. 119). These beliefs around family life and raising children rendered coping with the loss more challenging for the participants. The premature interruption of their children’s life has shattered the parents’ assumption about life and their role in the world. Children assume a symbolic role of the future and their parents’ generativity (Erickson, 1950). For the participants the losses grieved were much more than the death of the child, they represent all the things that won’t be shared for the rest of the parents’ lives.

### **Theme 3: The challenges experienced by the bereaved parents**

The participants identified three main challenges faced throughout the process of grief that hindered the healing process. One of which was the fear of losing their spouse to death, a fear that continuously engulfed their thoughts. People attach with loved ones to survive (Bowlby, 1982), so when the bond between parent and child is broken, the parent becomes more sensitive that it can happen again (Jeffreys, 2010). The concept around what the future holds affected the bereaved parents on two aspects. On one hand the death rendered their safe world, uncertain and unpredictable and this evoked fears around what the future holds. On the other hand during the experience parents changed their life priorities, small aspects that prior death were important became frivolous post-death. Most of the participants emphasized the importance of investing in their relationships. In the case of Ryan his work commitments kept him away from home, missing the opportunity to create a bond with his deceased child. After

his son died, work became less important and he was investing quality time with his grandson.

The other identified challenges were mainly related to external factors, first of which being the judicial system and secondly the social aspect of death. The participants whose children's death was caused by accidents spoke about the court procedure as a lengthy and a traumatic experience. This is similar to Walsh (2006) who stated that the experience of grief generates further trauma and strain in lengthy, complex legal processes and all-consuming efforts to seek justice. In the case of Nina and Sam, it was devastating for them that the financial compensation for their daughter's death was based on her O-level marks. For her parents she was much more than that, furthermore, according to the parents, the person who killed her got away with nothing. The feeling of injustice brought about changes in their view of a benevolent and meaningful world. Leading to significant anger and frustration which the participants channelled towards God (Walsh, 2008; Burke, Neimeyer, McDevitt-Murphy, Ippolito, & Roberts, 2011) and the judicial system, an experience which is recognised as part of the normal path of the grief process (Lindemann, 1944).

Although death is inextricably bound up with human existence, it transpired from the interviews that in Malta death is considered to be a taboo topic on various levels. As Dallos and Vetere (2009) outlined, society avoids talking about death, almost scared to talk about it. We learn to deal with death through socially constructed beliefs, we are not born with attitudes towards death and bereavement (Jefferys, 2010). In congruence with Bateson (1994), our culture perceives grief as a disease, threatened as contagious rather than a natural process. It transpired from the data that there was almost a reflexive natural reaction that

caused people to withdraw and also run the other way from human suffering (Jeffreys, 2010). Similar to other findings reported by Neimeyer, Klass, and Dennis (2014), the current findings also indicated that our society polices bereavement, controlling and instructing the bereaved on how to think, feel, and behave. Defining what is appropriate or not. As Walter (1999) noted, “All societies have rules for how the emotions of grief are to be displayed and handled” (p. 120). It can be argued that reactions to grief are socially constructed.

The participants spoke about how difficult it was for others such as friends, acquaintances and community members to demonstrate emotional availability or in some cases empathy. It transpired that some people lacked both the knowledge and skills to support the parents. Others were at loss for words and did not know what to say. Some also resorted to hurtful and destructive statements that rendered the process of grief much more painful and challenging. As cited in his passage, Ben reflected about how a person told him that he would have shot himself in the head if he was in Ben’s place. For Ben and the other participants who were exposed to similar comments it was a painful aspect of grief they needed to endure. Similar to Gorer (1965), and Worden (2001) the current study suggests that people find it difficult to talk about grief, and often consider it as morbid or unhealthy. The participants outlined that people encouraged them to move on with their lives often using statements such as, “when are you going to stop crying”, or “are you still in such a state” but, people could not understand that they couldn’t, as grief is a personal process, not dictated by time. The study revealed that this complicates the grief process. In congruence with Worden’s (2001) the findings denoted that people feel uncomfortable with the mourner’s feelings and convey subtle messages of inadequacy, leading the mourner to feel inappropriate or try to hinder the process. On this regard a study conducted by Neimeyer, Klass and Dennis (2014), outlined that expressions of grief are policed to ensure their coherence with the

prevailing social order and that grieving should be in coinciding with the social norms. The findings revealed that for the participants the grieving process was not conforming to the meaning that undergird the larger context and this rendered the process more complex.

Another aspect identified through the current study, was that people tend to avoid talking about death in order to keep the painful reality away. Similar to Jeffreys, (2010) findings, the study implies that this often caused bereaved parents to feel as if they were wearing masks, they looked fine to the outside world and felt like impostors from the inside. As reflected by Walsh (2006) some impose a rigid self-control, fitting with the cultural expectation that grief should be minimized. Ryan spoke about the pain of coming to terms with his family's indifference towards his grief. In turn, his family's indifference positioned Ryan in a way that he felt compelled to mask his grief.

From the data gathered it became evident that for the parents, communication played an important role in the process of healing. For the participants talking about their loved ones in the initial phase of grief reengaged them with the world and supported the adaptation process. Similarly, Titus and De Souza (2011) found that talking about the deceased child's life is a recognition towards the significant role they played in the life of parents. By talking about their loved ones the participants reconstructed a world of meaning and shared with others their love towards the lost child. The findings showed that the participants wanted to talk about the deceased child and wanted to give voice to their experience. According to Walsh (2006) finding ways to express the trauma experience is crucial for healing and resilience.

#### **Theme 4: Significant supportive factors that facilitated the healing process**

The analysis of the data gathered has revealed a number of characteristics that have been consistently identified by most of the interviewees as key characteristics in coping with the death of a child. These attributes can be considered as main factors which play a crucial role in resilience. Walsh (2006) also outlined that specific characteristics and attitude towards life are essential in forging the strength needed to withstand and rebound from adversity. Two important characteristics which became particularly apparent from the participants' description of their grief process were their strengths and determination. Two different studies regarding resilience conducted by Machin (2009) and Mancini and Bonanno (2009), identified the aspect of the person's psychological characteristics as an important resource which promotes resilience. These characteristics enable a person to adapt to life adversities and to counter their sense of helplessness. These traits have supported the participants to accept the reality of loss and to have the courage to live without their loved ones. It also provided them with the audacity to confront the loss rather than avoiding it. For some participants these coping mechanisms resulted from a situational demand arising after the death of their child, identified as necessary coping skills. One participant stated that she would have never believed she had all that strength and courage presented in order to support the surviving loved ones. Another aspect identified by the participants that supported them to cope with the loss was maintaining a positive outlook towards life. Such a concept was documented by Seligman and Csikszentmihalyi (2000) as very effective in dealing with stressful life situation and in overcoming life adversities. Likewise, Walsh (2006) defines this aspect as a vital element of resilience that promotes hope, optimism and perseverance.

An important aspect of adjusting to a life without the deceased is to emotionally reallocate the lost loved person. According to Worden (2008) “to remember dead loved ones—keeping them with us but still going on with life” (p. 50). In congruent with studies conducted by Silverman and Klass, (1996) as well as Klass (1993a, 1993b) the current findings showed that the majority of the participants emphasised the significance of maintaining bonds with the deceased child. When the person they were attached to died, the parents continued to have a psychological and emotional relationship with them. These findings complement Niemeyer’s (2006) who found that, we continue to relate and do not stop relating after a person dies. According to Walsh (2006) this occurs because “death ends a life but a relationship transcends death and is sustained through spiritual connection, memories and stories”. From the current study it transpired that maintaining bonds with the deceased facilitated the adaptation process. Furthermore, similar to Dallos and Vetere’s (2009) reflections, during sorrow the participants drew upon the memories of their loved ones to help them to “endure the acute distress and long sadness of grief” (p. 134). These bonds were maintained by the sharing of memories considered as a vital aspect so that their children will never be forgotten. In one of the cited passages, Ben spoke about how his passion for football connected him with his daughter and how he still found comfort in watching football. This is about finding ways “to memorialize, that is, to remember dead loved ones—keeping them with us but still going on with life” (Worden, 2008, p. 50).

Similar to a study conducted by Davies (2004) the findings implied that parents kept a sense of their children intact through linking objects, such as the children’s possessions, for example Clara kept a soft-toy which she hugged in search for comfort, or rituals that evoked memories of the children. When I attended for the group session the members also spoke that they celebrated their children’s birthdays as a special event. The data gathered corresponds to

Niemeyer's (2006) constructivist view and attachment (Dallos & Vetere, 2009), as they both emphasise on maintaining bonds with the deceased, by remembering good times, creating and continuing a dialogue with the deceased, regularly thinking of them and imagining their response to significant events. Additionally, this theme highlighted that the bereaved parents continued to incorporate the deceased into their lives in useful ways that supported them to adjust to their new situation. Some participants emphasised that their children wanted them to live a happy life and did not want to see them sad. Other participants defined their deceased children as a source of solace and comfort when faced with challenging life situations and felt that their children were watching over them. As the findings have clearly shown, the bond and love between a parent and a child is everlasting.

The excerpts in the previous chapter, indicated that the majority of participants gave significant credit to the role their social support dimension has played in supporting them towards an adaptive outcome. Similar to Walsh (2006) who outlined that linkages with the social world are vitally important for family resilience in times of crisis. It is evident that the participants have a good social support system available and have the capacity to access it, a factor Machin, (2007) presented as a common element that characterises resilience. Like Worden (2006), the participants outlined that social and emotional support from others, both inside and outside the family was considered as vital throughout the grief process. In the Maltese context characterised by a close-knit community, social embeddedness is not difficult to achieve (Abela, Frosh, & Dowling, 2005). Interestingly enough the participants sought different forms of support from different sources. This means that "we need to expand the narrow dyadic view of the relational base of resilience" (Walsh, 2006, p. 101), and understand that people would require different things from different people. I tend to agree with Walsh (2006) who states that in a time characterised by social fragmentation and self-

reliance, having close ties with extended kin and community resources is vital. In other words, possessing a network of resilience is essential to the modern individual and family (Walsh, 2006), especially when faced with life adversities.

Findings suggested that it was the participants who decided to reach out and join the support group. As the couples realised confiding in a support group, allowed them to feel understood, having both their emotional and psychological experience validated and even normalised to certain degrees. This normalisation allowed the participants to achieve a sense of universality and cohesion as a group (Corey, 2005). This coincides with, Riches and Dawson (1996a) who outlined that participating in a self-help group, played a significant role in supporting the bereaved parents. For the participants the group offered a context where they did not have to wear a mask and felt free to voice their pain.

Another interesting aspect was that the majority of the participants did not seek professional support, neither felt the need to do so. With the exception of Julie who identified such help as essential, emphasising the importance of having a person who listens. Most of the participants claimed that the main source of emotional support for them was their spouse. Sam, spoke about marriage as teamwork, especially when it came to sharing emotions, an aspect identified as an essential aspect of resilience. This is also an indication that when there is secure attachment between the spouses one feels safe to reach out for support. In fact, Walsh (2006) outlined that in relational resilience, in joining together parents strengthened their ability to overcome adversity. Moreover, some hypothetical considerations need to be made in order to further understand why participants did not resort to professional help. It could be that for the participants the spouse was the main source of emotional support, thus, it

could be inferred that having their needs met they did not seek alternative support. Other aspects could be that they did not have enough awareness in relation to the services available or were not accustomed to seek professional help for emotional support.

**Theme 5: The couple experienced their intimate relationship as highly supportive in dealing with grief.**

All the participants felt that theirs had been a good marriage, and as a couple they always had a strong bond which the tragedy had not destroyed. They identified their relationship as a major source of strength and support in dealing with grief. In congruence with Johnson's (2008) reflections, for the participants having a spouse to rely on for connection and support facilitated the healing process. The current findings indicated that facing the traumatic experience as a couple rendered the marital relationship stronger than it had ever been. The loss experienced had rendered them closer, almost becoming inseparable, united by the loss, pain and love towards one another. In contrast to a study conducted by Klass (1986) who found that there is an increased divorce rate amongst the bereaved parents' population. However, similar to Clulow (2001), the study revealed that experiencing bereavement as a couple supported the spouses in understanding each other's grieving needs. Participants felt that only their spouse could understand the intensity of their pain, as it was something that they were experiencing as well, and made them feel more connected to each other. This rendered them more open to reach out for their spouse in times of need. This is also an indication of a secure attachment as when one feels safe to reach for support it denotes safety and stability within the relationship. In this case the relationship represented

what Bowlby, (1988) and Byng-Hall, (1995) defined as a “holding environment”, as it provided a context of security, trust, and nurturance.

For some participants secure attachment involved corresponding empathic appreciation of the partner’s emotions even when these were diverse from one’s own. Furthermore, the relationship provided a context where one could freely express their need of comfort and contact as well as open receptivity to that contact (Clulow, 2001; Johnson 2002). All the participants used their relationship to deal with their grief and demonstrated an ability to take care of each other during such a process. For the participants the relationship served to contain the anxieties and feelings experienced by the loss. In this case the relationship served as a “secure base” (Fisher & Crandell, 2001). Indeed, Colman (1993) defined marriage as a “psychological container” where each spouse is contained by the relationship created between them. It is this experience of feeling contained by the relationship that eventually supported the participants to cope with the loss as a couple. The data gathered revealed that the relationship was constantly changing and growing in order to adapt to life’s adversities, becoming more resilient throughout such a process. In this case the capacity for adaptability, flexibility, and change enhanced the couples relationship (Holtzworth-Monroe & Jacobson, 1991). Every participant in the current study claimed that they had characteristics that served as internal resources, which also contributed to their ability in experiencing their relationship as a source of containment, but, mutually promoted their internal capacity for containment (Clulow, 2001). It transpired from the data gathered that the participants had the ability to appreciate and hold on to what was good in their lives, their relationships, despite their suffering.

Each parent in the current study experienced a range of feelings with the loss of a child, depending on the unique meaning of the relationship and the implications of loss for each spouse. Every parent had a unique attachment with the deceased and it was no surprise that the results identified unique outcomes when it comes to expression of grief even though the loss was a shared experience. The participants also emphasised the importance of respecting different responses of grief and mourning. It transpired from the study that individuals have different coping styles and had different needs in coming to terms with the loss of their child. The female participants expressed how they liked to speak about their emotions and found crying and talking about the deceased as healing. While both male and females felt that their work and keeping themselves occupied supported them to cope with the loss. Like two different studies related to father's bereavement, conducted by Cook, (1988) and Martin and Doka, (2000), data gathered found that fathers and mothers grieving processes are influenced by socially sanctioned gender role expectations. Similar to a study conducted by De Frain, (1991) the findings implied that mothers were perceived by most of the participants to express more sorrow and symptoms of depression than fathers. In one of the cited passages Ben spoke about the bond between the mother and child, referring to such a bond as unique due to the attachment formed from the womb. Consequently, according to Ben, it is natural that a mother suffers more with the loss of a child. This is in congruence with Bowlby's attachment theory (1980) who emphasises the bond between mother and child, explaining how the breaking of such a bond leads to separation anxiety in adult loses of a loved one.

The data transpired that both male and females felt the anguish of grief. However, similar to Cook (1998), findings indicated that fathers were expected to express their feelings in a contained manner, yet, at the same time attend to their wives' needs while experiencing

their personal suffering. Consequently, this led to a struggle between the social and personal expectations. The current findings indicated that the male participants struggled between dealing with personal pain and conforming to social rules of how a man ought to grieve. This can be devastating and of a disadvantage for the males because in this way they are less likely to express feelings or to seek support. The social construct behind pain was influenced by gender role expectations around manhood. These include the belief that “men don’t cry” and that strong men should not show their emotions. This aspect was further elaborated by Ben who spoke about his personal struggle in containing his emotions and how he suffered in silence in order not to show his ‘weakness’. However, he also spoke about the importance of expressing them.

The study revealed that for the husbands containing their emotions was a form of protection towards their wives. All the male participants felt that they needed to be strong as their wives needed them. The female participants confirmed these declarations, as they were all aware that their husbands suffered a lot, yet, contained their emotions in order to protect them. This is also reflecting Walsh (2006) who delineated, that the dominant beliefs in a family system strongly influenced how the family, as a functional unit, dealt with expressing emotions. For some participants during the grief process, such expectations were revised and rules were altered as they acknowledged that as a couple they needed one another in order to cope. In one of the cited passages, Sam spoke about removing the wall and feeling safe to show his vulnerability in front of his wife who represented a source of comfort and safety in times of need. Similar to Johnson (2002), the current study revealed that relationship resilience creates a sense of security within the relationship.

The findings demonstrated that gender differences were also identified in the need for intimacy and connection. Throughout the interviews the husbands spoke about the importance of sexual connection, while some wives spoke about the psychological connection. Two of the male participants brought up the topic of sexual intimacy as they identified it as an important aspect of the couple relationship. Schwab (1992) and Worden (2001), similarly to the current study showed that the experience of death elicits a longing for closeness and intimacy which some parents felt guilty about. This can be observed in Ryan's case who reflected upon his desire to intimately connect with his wife, while at the same time feeling guilty for doing so when he sees her in pain.

According to Cowan and Cowan (2012) "couples face a daunting challenge in their attempts to maintain an intimate romantic relationship over a lifetime" (p.1). This was observed in the study as Ben and Ryan spoke about how the devastating feelings of grief lead to sexual abstinence between the couple. Furthermore, similar to two different studies conducted by Schwab (1992) and Dyregrov and Gjesta (2011) the findings indicated that the distance and lack of sexual response from their wives was experienced by the husbands as something that took away a source of comfort in connection with their loss. It should also be noted that according to the male participants the lack of sexual drive was a consequence of the loss as prior to death the couple did not experience any difficulties on this regard.

Additionally, the husbands in the current study were in tune with their wives' feelings in relation to intimacy and they stated that they understood that it was difficult to love when one felt death from the inside. However they highlighted that working upon intimacy was an important aspect of couple work. This reflects Johnson (2008) who wrote that "loving

connection provides the dependable web of intimacy that allow us to cope with life and live life well” (p. 261). In the case of Ben he emphasised the importance for the couple to talk about the difficulties experienced around intimacy as it was an important source of love and connection for them. This is similar to Walsh (2006) who outlined that couple relationships thrive when partners can talk about their needs and differences. In contrast to Worden (2011), who outlined that male refrained from expressing emotions, the findings indicated that the men in the study were more open to sharing information regarding their sexual needs and need for connection throughout bereavement. The way in which the participants felt free to talk about this aspect with me as an interviewer also conveys this message.

#### **Theme 6: Meaning making: living according to one’s values**

The findings indicated that the participants have core beliefs and values that ground, secure and provide them with a sense of meaning in life. With the death of a child there were times that these beliefs were shattered as all they had believed in had become questionable. There were instances where these questions were turned in anger towards God, as from whom they necessitated answers for what they could not comprehend. There were also participants who could not find meaning for the death of their child as it was caused by the recklessness of others. However, for these bereaved parents meaning was found in the process of transforming their way of thinking and being, which results in the reordering of life’s priorities. Throughout the process of grief it became evident that participants necessitated to reaffirm their belief system in order to cope and give meaning to their experience. Similar to Niemeyer (2000), the findings reaffirm that finding meaning is a key component of the grief process. Also in congruent with Walsh’s (2006) reflections, the

findings indicated that people cope with life adversities by making meaning out of their experiences which is also crucial for resilience. For the participants the ability to give meaning to the trauma they experienced rendered the situation more bearable.

In view of attachment theory, the data indicated that the secure attachment with the deceased child prior-death supported the participants to find meaning. Most of the participants emphasised the bond they had with the deceased child, and considered it as a form of comfort in dealing with the loss. The findings also indicated that for the parents solace and comfort was found in knowing that they did a good job as parents. In the case of Clara and Ben this was confirmed by their daughter's words some time before she died, whereby she thanked them for the way they raised her. From the data it transpired that the adaptation process was easier for those parents who had the time to prepare for death, than those whose death was sudden and unannounced. As cited in the passage in the previous chapter, Clara spoke about how meaningful it was for her that their daughter died holding her parents' hands, similar to the way she was born. In this case the parents as a couple had more time to prepare and process the death of their daughter, which might have helped mitigate some of the pain. It also provided them with more opportunity to talk about the experience they were facing together as a couple prior to death. In contrast, Nina and Sam experienced the death of their child through an announcement by the police and they had to adhere to investigation procedures before they could see their daughter.

Another important aspect in the meaning making process was the participants' faith. From the data collected it became evident how the participants' cognitive and language processes are influenced by their faith. The way the participants felt at ease to talk about their

religious beliefs was indicative of this. Religion and spirituality was indicated by the participants as a powerful force in dealing with bereavement. This is in congruence with Walsh (2009) who outlined that spiritual beliefs and practices have provided solace and support to individuals and their families in times of death and loss. Similar to two other studies, Batson and Stocks (2004) as well as Cook and Wimberley (1983), the data gathered specified that for some participants religion offered a powerful way to address the existential questions raised when faced with death. For these participants, faith beliefs played a significant role in addressing the very meaning of life and death. For example, Clara defined the death of her daughter as “part of God’s plan”. In one of the cited passages in the Chapter 4, she described how she came to find meaning by relating to the prayer of “The Our Father” emphasising the meaning of “Thy will be done”, outlining acceptance of one’s faith in God’s plan. To her this meaning provided solace to her sorrow and helped her to cope with the experience. For other participants their faith acted as a safe place where to channel their anger and frustration when coming to terms with an unjust loss. The findings indicated that for most of the participants’ faith, spirituality and religion supported the process of adaptation. It also provided a sense of meaning that comforted the participants in coming to terms with the loss. This is in congruence with the literature by Becvar (2001) and Walsh (1999b, 2004, 2009) who emphasised that spiritual beliefs and practices foster resilience in the face of death and loss. The data gathered reflected the aspect of transcendence as some participants spoke about a felt presence. For example Ben believed that his daughter is their guarding angel watching over them.

## **Theme 7: Coming to terms with the grief: the emerging hopes and opportunities for the future.**

The findings indicated that resilience for the participants was not only a question of surviving the trauma experienced, but, similar to Walsh (2006) it was also about the ability to rebound from adversity strengthened and more resourceful. The idea that one thrives even after experiencing negative life events. Indeed participants have testified various examples of how this has happened. During the process they have come to realise that they somewhat changed their way of viewing life. Others acknowledged to have managed to build a good life after the experience and were happy and hopeful towards their future. Nina spoke about how hopeful and optimistic she was towards life and was enjoying life with her husband, children and grandchildren. Similar to Bonanno's (2009) findings, the participants were able to thrive in the face of adversity. This aspect is also defined by Tedeschi and Calhoun (2004), as post-traumatic growth, which refers to "...the experience of positive change that occurs as a result of struggle with highly challenging life circumstances" (p. 1). The present findings, similar to Davis (2011) indicated that, as they struggled to make sense of the experience of loss, the participants have grown in many ways. Such as developing different perspectives about life and living, by learning about personal resources and their importance for themselves and others who are part of their lives, by becoming more empathic towards others, building and investing in stronger connections especially with surviving loved ones, and by discovering new life possibilities (Tedeschi & Calhoun, 1996).

As Walsh (2006) outlines the characteristics of resilience "enable people to heal from painful wounds, take charge of their lives, and go on to live fully and love well" (p. 5). For

the participants adjusting to a life without their loved one was an act of love towards the self, the surviving significant others and the deceased. While the pain can never fully dissipate from the parents' consciousness, most of the participants reported that they were very hopeful towards life together as a couple and towards life in general. As cited in the passage by Nina they deserved to live a good life as they were not the ones who killed their daughter, they nurtured her and took care of her in the best way possible.

The findings evidenced that good things come out of bad experiences. This was exemplified by Ben who was supporting other bereaved parents, which he felt was rewarding and encouraging. This is in congruence with Walsh (2006) who stated that resilience is promoted when "tragedy... can also be seen as instructive and can serve as an impetus for change and growth" (p. 79). The participants chose to learn from the experience that guided their future course. Data indicated that the participants incorporated what they learned into attempts to live better lives, and to support others from their experience (Walsh, 2006).

## **Conclusion**

The emergent themes were discussed in this chapter in light of previous studies that have tackled the topic. The theoretical framework adopted in the current study acted as the backbone of the discussion of the findings. The resilience concepts developed by Walsh (2006) helped to determine that the couples interviewed have bounced back from the tragedy they experienced and highlighted that they have indeed fostered resilience. The chapter which follows will extract the concluding remarks and limitations of the study, while presenting recommendations for future studies, policies and practice.

## Chapter 6: Conclusion

### 6.1 Summary of Salient findings

This study was intended to provide a deeper understanding of bereaved Maltese parents, an area formerly neglected in most Maltese research literature. Using an IPA approach this study provided a detailed account of six bereaved Maltese parents, whose experiences will further contribute to the knowledge base, aiding us to better understand the experiences followed by this type of loss, what this particular grieving process entails and how it affects the marital relationship. Specific research questions were: How does the death of a child effect the marital relationship? How is the process of grief experienced within the couple's relationship? What meaning do bereaved parents ascribe to the death of a child? And how do the bereaved parents cope with the loss of a child?

The main findings of the study indicated that the death of a child is one of the most devastating experience a couple relationship could endure. This experience brought about a flood of emotions and challenges that for a while caused disruptions in the couple's life. For some time the bereaved parents had lost life direction as everything they had invested and believed in had been challenged by the unexpected trauma they had to face as a couple. However, the parents were able to rebound from this trauma stronger than before. As discussed in the previous chapter this does not mean that parents completely healed from the loss, the death of a child could never be elapsed and pain could never dissipate. However, the findings revealed that the bereaved parents managed to adapt and thrive. One of the main

contribution in the study is the significance of the spouse role in dealing with parental grief. The findings revealed that the spouse provided a “holding environment” (Bowlby, 1988; Byng-Hall, 1995) which acted as a source of support and comfort throughout the bereavement process. The findings also suggested that although the expression of grief differed between the couple, experiencing grief as a couple rendered the relationship stronger. In this case the relationship served as a secure base, where each spouse was helped by the relationship to work through their loss (Cudmore & Judd, 2001).

Another evident contribution this study was able to make, was the confirmation that couples who went through the grief process were able to manifest resilience. The fact that the participants of this study, in most cases and at different stages, were able to maintain functionality and continue growing was certainly due to their resilient qualities. Such qualities enabled them to hold onto hope and view their future with positive expectations and to support others who go through the same experience. Another aspect which is indicative of the participants’ resilience course was that they reached out for support in times of need. As discussed in the previous chapter, participants acknowledged the significant role the bereaved support group occupied in their bereavement journey and during the adaptation process. It is also evident that the participants possessed a repertoire of positive characteristics including strength, determination and courage which aided them in forming resilience and in adapting to new circumstances.

An additional significant contribution presented in the study was the role of the participants’ beliefs when dealing with loss. Faith played an important part of their value beliefs system and was inherently present in their meaning making process. One final

significant aspect revealed by the findings is that “death ends a life but a relationship transcends death” (Walsh, 2006, p. 204). Results revealed that the bond between child and parent is everlasting, it is so intense that not even death is able to dissolve it.

## **6.2 Strengths and limitations**

Using an IPA approach allowed the exploration of the participants’ rich and diverse experiences, all the while acknowledging the co-constructed sense making between the parents and myself as a researcher (Smith, Flowers, & Larkin, 2009) in the hope that these interpretations give voice to the often unheard experiences of the participants. However as a researcher I am aware that this is but one interpretation and other researchers might have different ones (Elliott, Fischer, & Rennie, 1999). IPA is an idiographic approach and therefore does not suggest that the findings from these participants should be generalizable. This approach offers additional knowledge to the already existing knowledge available (Smith & Osborn, 2008).

The selection process was aimed at recruiting a homogeneous sample in line with IPA guidelines (Smith et al., 2009). The findings yielded in the current study captured the experiences of the participants in this study. Other bereaved parents attending the same support group, and those who are not part of any support groups, could have different experiences following the death of their child.

Social desirability bias can be considered as one of the limitations in the current study. The interaction between the interviewees and the researcher might have induced participants to answer questions in a social desirable manner rather than truthfully. However the depth of the participants' recounts are an indication that this bias was very minimal in the current study.

### **6.3 Clinical implications**

The findings from the study have generated a number of possible implications for clinical practice.

The grieving process encompasses an influx of emotions that might be defined as inappropriate or abnormal manifestation of grief when encountering the bereaved parents. While not eliminating this probability, it should be also presented that we should not precipitate to formulate diagnoses as in our urge to formulate a DSM diagnoses for complicated traumatic grief, we might risk generalizing (Worden, 2008), risking losing sight of the uniqueness of parental bereavement.

Secondly, therapist, counsellors, psychologist, psychiatrists, doctors and other professionals working with the bereaved parents should offer a service that facilitates the understanding of what can be potentially expected throughout the grieving process. Also, professionals need to support the grieving families to interpret 'normal' grief emotional and

behavioural reactions (Worden, 2008). Furthermore, professionals can also refer families to the support groups indicated from the findings as a significant supportive factor.

Thirdly, more awareness about death and loss to the general public is needed. The majority of participants spoke about other people's lack of understanding. This appeared to impact the way in which the bereaved parents were treated and emphasised their position of feeling secluded. This entails the process of educating the educators such as priests who often conduct eulogies for the families of the deceased. Teachers could also educate pupils to talk about losses as at times rather than voicing their emotions, young people are taught to internalise them. It might also be indicative to conduct education campaigns in the media educating the people around the right use of language, or to distribute leaflets.

Another implication derived from the study is that the medical students should be trained in counselling skills particularly with dying patients and bereaved parents. Training in counselling could also be indicative for the police corp. The training should also include awareness of all the bereavement services available. At times the here mentioned professionals are the first to be present on the death scene, thus having the adequate training is highly significant.

Therapists who work with grieving families need to be aware of their personal beliefs around death and the grieving process as this can influence their work. Working with grieving families can trigger anxieties in the therapist such as the fear of losing their own child which can hinder the therapeutic process. Furthermore, when working with traumatic

experiences, professionals would require ongoing personal and professional support that encourages self reflexivity and in order to prevent secondary traumatization.

It is also important to note that when working with families one should recognize the different processes of grief occurring between the members. Members process grief at their own way and at their own pace. Family members and clinicians should not rush a person through the grief experience. Furthermore, when working with couples, clinicians should also give attention to the less expressive member. In the case of surviving siblings it is also important to give them voice within the therapeutic context and to be curious about their role within the family, the bond with the deceased child, and their relationship with the parents after the death.

Finally, I believe that the process of writing these narratives may be useful for parents still grieving. And for those parents who fear that their child will be forgotten.

*Nina: No way, I never want to forget her ... I want to keep her memory alive ... I want to continue to talk about her. I want to write about her ... I don't want my daughter to be forgotten, ever.*

The writing of narratives allows others to have a glimpse into their sorrows, memories, and hopes and gives the bereaved parents a chance to communicate experiences that may be too painful to express verbally.

## **6.4 Recommendations for future research**

Aware of the fact that the research criteria did not include the voice of the surviving children it would be interesting to conduct research that explore the parents' relationship with the surviving children post death. Additionally studies can be conducted with the surviving children to examine the family dynamics in relation to the death of their sibling.

In this study the sample population were recruited from a parental bereavement support group and they all identified that they had the support of their spouses. It would be interesting to conduct a study with other bereaved parents who attended the support group, and might have a different experience than those who participated in the current study. Another study could focus on a sample who do not reach out for support.

As identified in the study the majority of the participants did not resort to professional help such a systemic psychotherapist, psychologist or counsellors, it would be fascinating to conduct a study that focuses on the reason why some parents choose not to seek professional help. Another possible study could be carried out amongst both parents and professionals in the supporting field.

It would also be beneficial to conduct a study that focuses on bereaved parents who had also gone through the process of separation during or following the loss of their child. In this way one could also identify those factors that affected the adaptation process, with the aim to better support these couples.

Other possible studies include a study that adopts a different methodology that entails a larger sample population, or an Attitude scale test around death that focuses on beliefs and attitudes around death and grief within the Maltese context. Another study could focus on intimacy and sex during bereavement and their implications in relation to couple connection and disconnection. It would also be interesting to examine parental bereavement and adjustment after other types of child deaths, such as violent death, homicide, suicide or substance abuse related death.

A study around the meaning making process for parents whose children's death occurred more recently than the sample population presented in the study. Another study could focus on the differences between parents who found meaning and others who did not.

## **6.5 My closing thoughts**

This project has offered me the opportunity to develop a deeper understanding of the participant's experience, privileging me with the ability to share what I have intriguingly observed and learned throughout this process, giving voice to those often left unheard or segmented from the rest of society. My role in this research was that of a learner a "not – knower", rendering the bereaved parents the experts of their stories.

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## **Appendix A - Participation Information Sheet**

I am a fourth year student following a Professional Training in Systemic Psychotherapy with the Institute of Family Therapy Malta. I am administering this research under the supervision of Ms. Elaine Grech. As part of my studies I am conducting research among parents who have experienced the death of a son or daughter.

The aim is to understand the meaning the parents ascribe to the experience and how grief affects the marital relationship. The study also aims to provide a deeper understanding of the bereaved parents' lived experience and to share the knowledge and ideas with the professionals in how best to help parents throughout the process of grief.

Should you accept to participate in this study; a face-to-face interview will be held that will last around 1 hour. The interviews will be held individually with each respective spouse. Quotations from the interview might be used in the final write up of the study. However anonymity will always be maintained.

In relation to quote writings I would like to assure you that no names or other personal details that would make the person recognizable will be mentioned in this research. All information given will be analysed and presented in a collective manner.

I would be very grateful should you consent to allow me to record the interviews, as this would simplify my work. Such recordings shall be destroyed once the research is complete.

Once you agree to participate in this study, you will not be compelled to answer any of the interview questions if you feel uncomfortable to do so. You will also have the right to withdraw from the study at any point.

I would like to take this opportunity to thank you for your co-operation. Please do not hesitate to contact me if you have any questions regarding the above. Should you require further clarifications please do not hesitate to contact me on 99820704.

I am interested in participating in this project and meet the criteria stated. I consent to you contacting me (please complete information below).

Details

Telephone number:

Email address:

Suitable days:

## Appendix B - Consent form

1. I confirm that I have read and understood the information sheet for this study. I have had the opportunity to consider the information.

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason.

3. I give permission for the research interview I take part in to be recorded.

4. I understand that anonymised sections of the data collected by this research will be looked at by representatives from academic and professional assessment bodies in order to assess the quality of this Masters Research project. All will have a duty of confidentiality to you as a research participant.

5. I understand that quotes from my interview may be used when the findings of the study are reported but that these quotes will not contain any information that could be used to identify me.

6. I agree that anonymised quotes from my interview may be used in any publications.

7. I agree to take part in the above study.

Name: Participant

Signature:

Date :

Name: Researcher

Signature:

Date:

## Appendix C – Interview Schedule

Age

Years in marriage

Age of son/ daughter

Cause of death

Years since death of son/daughter

1. From the experience of your son/daughter's death what in your opinion helped you most as a couple and as parents? And what would you say was least helpful?

*Mill-esperjenza li għaddejt minnha tal-mewt ta' ibnek/ bintek xi tħoss li għinkom l-aktar bħala koppja u bħala ġenituri? X'għinkom l-inqas?*

2. Can you tell me about what happened when your child died?

*Tista' tghidli ftit fuq l-esperjenza x'gara meta miet it-tifel/ tifla tagħkom*

3. Can you share with me three emotions that best describe how you felt when your child died? Can you give me examples that show how you experienced such emotions? And how do you feel at present?

*Tista' taqsam miegħi tlett emozzjonijiet li ħassejt dak iż-żmien tal-mewt ta' ibnek/ bintek? Tista' tagħtini eżempji li juru kif ħassejt dik l-emozzjoni? U kif tħossok illum?*

4. Do you see yourself as the same or different since your son/daughter died?

*Kif tara lilek innifsek minn wara il-mewt ta' ibnek / bintek; l-istess jew differenti?*

5. Do you see your spouse as being the same or different since your son /daughter died?

*Kif tara lill-mara/ lir-ragel tiegħek minn wara il-mewt ta' ibnek / bintek; l-istess jew differenti?*

6. Do you believe your relationship with your husband/wife has changed or is it still the same after the death of your son/daughter?  
*Minn wara l-mewt ta' ibnek/bintek thoss li r-relazzjoni tiegħek mar-raġel/mara inbidlet jew baqgħet l-istess?*
7. What meaning do you give to your son /daughter's death?  
*X'tifsira tgħatiha illum il-mewt ta' ibnek/bintek?*
8. In your opinion, what is the biggest challenge you faced (as a couple) when your child died?  
*Bħala koppja x'kienet l-akbar sfida li kellhom taffaċċa fi żmien tal-mewt ta' ibnek / bintek?*
9. What advice would you provide other bereaved parents who go through the same experience?  
*X'parir tgħati lill-ġenituri oħrajn li għaddew mill-esperjenza tagħkom?*
10. How do you imagine or hope your relationship to be in five years?  
*Kif timmaġina/ jew tixtieq li tkun ir relazzjoni tiegħek u tar-raġel/mara fi żmien ħames snin?*
11. Is there anything that we haven't covered that you think is important for me to know about living and facing life as a bereaved parent?  
*Hemm xi affarijiet li ma issemewx u taħseb li jkun importanti għalija li nkun naf rigward il-mod kif intom bħala koppja għixtu u affaċċajtu l-esperjenza?*

## Appendix D – An excerpt of data analysis

Emergent Themes	Original Transcript	Exploratory Comments.
<p>Husbands and wives differed in the way they expressed their grief</p> <p>Grieving together</p> <p>The spouse as a supportive presence</p> <p>The spouse experienced their relationship as highly supportive</p>	<p>Sam: everybody grieves in different ways and especially men. We, I think subconsciously, we try to be stronger than the women and sometimes it can put up barriers, where the wife will break down, we try not to let it affect us in front of people, or even in front of our spouses. We try to keep it inside. And once, once you get over that sort of initial phase, it doesn't take long, you realise that yes it's not wrong to cry in front of your wife. I mean, we do it on a daily basis to be honest.</p> <p>Um...so...but initially most men, we're stronger ... if you understand what I mean, and we don't like to show out emotions. It's not like we don't like, we do it subconsciously because we are sort of the men, but once you get over that, then things change, you know? You cannot get in the way of anything because at the end of the day you need support and you need each other's support very much so. Very very important, to support each other.</p>	<p>Different expression of grief between genders at times an unconscious process</p> <p>Leading to barriers between spouses</p> <p>In the initial phase trying to look strong and not affected in front of others.</p> <p>The inner struggle of holding the pain and the need to express it.</p> <p>How men ought to grieve.</p> <p>Men are stronger, do not like to show emotions.</p> <p>This man is aware men do not like to show their emotions. He thinks that not showing emotions is a sign of strength.</p> <p>The importance of his emotions and vulnerability in front of his wife throughout the grieving process.</p> <p>Highlighted the importance of emotional support between the spouses.</p>