

**DEATH ENDS A LIFE, NOT A RELATIONSHIP:
FAMILY BEREAVEMENT, RELATIONAL GRIEVING, AND CONTINUING BONDS**

by

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ABSTRACT

This study explored the complex, multifaceted, relational dimensions of the grieving process within the family system. Three bereaved families, who had lost a child, participated in a family conversation, individual internal processing interviews, as well as a warm up conversation where the research team met the deceased child through the family. The guiding research question for this study was, “how do bereaved families grieve together and continue a relationship with their deceased child?” Data were collected using the qualitative action-project method (QA-PM). This unique methodology offered a glimpse into how these families engaged with each other in everyday conversation. Data analysis was informed by action theory, family systems theory, and an instrumental case study approach. Family grieving processes were identified for the bereaved families that included (a) intentionally turning towards their grief, sharing in the pain of the loss, and giving themselves permission to experience joy and sorrow simultaneously, (b) participating in mourning events, appreciating support from the larger community, and incorporating ongoing rituals and remembrances, (c) recognizing and honouring different individual grieving styles, and (d) healing and finding meaning through their shared, ongoing, enduring connection to their deceased child and each other. The family grieving process was centered on the deceased child and learning how to continue in relationship with them, as well as relearning how to be a family again. The findings from this study add to the growing empirical and theoretical literature in the field of family bereavement and demonstrate the importance of recognizing the interpersonal dimensions of the grieving process, and the family as a resource in this process. Implications for research and practice are explored.

PREFACE

This research project received approval by the Trinity Western University Research Ethics Board on February 3, 2015 (file #14G14).

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DEDICATION

For Elli-Rose,
my beautiful flower,

who taught me so much in life and in death, and is now my inspiration for continuing on,
with a purpose, I never dreamed I would have.
I miss you endlessly. Forever and always...

For David, Simon, and Yasmin,

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that I cannot even begin to imagine.

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all of us

CHAPTER 1: INTRODUCTION

“I wonder. If ... bereavement is a universal and integral part of our experience of love ... not a truncation of the process but one of its phases; not the interruption of the dance, but the next figure.” (C.S. Lewis, 1961, p. 50)

Death: a single word that has the ability to silence a room and cause profound anxiety, so much so that in some cultures, it has become a taboo subject (Kübler-Ross, 1969). Nonetheless, death is an intrinsic part of life and as Kastenbaum (2000) asserts, “psychology has yet to offer a compelling, comprehensive, and realistic framework for understanding our relationship to death” (p. 450). In particular, fear of death has generated a desire to avoid it and modern societies have reacted by treating death as optional. This assumption has created problems such as denial (Becker, 1973), avoidance, and shame. It becomes especially problematic when it comes to how one grieves the loss of a family member, as this loss is undeniable. “Few life events have a greater impact on a family than the death of a family member” (Nadeau, 1998, p. 1).

This study asserts that death ends a life, but it does not end the relationship, as the connection continues throughout one’s life. “Loss, change, and death are all universal human experiences, and each one of us will become intimately acquainted with the grieving process at many points throughout our lives” (Winokuer & Harris, 2012, p. 15). This study examined the relationship with death after the loss of a close family member, and in particular, how bereaved families navigated this process after child-loss, as well as how they maintained an ongoing connection with each other and with their deceased child.

Family Bereavement

In the US alone, approximately 40,000 children, age 14 and under, die every year (National Center for Health Statistics, 2005). This statistic warrants examination into how bereaved families are relating after suffering such a loss. The need for investigating bereaved

families has been poignantly highlighted by Nadeau (1998): “It is paramount that in the future, the focus continues to be on the family as a unit of analysis ... how families make sense of death ... and childhood deaths deserve close attention” (p. 236). The necessity to examine the joint grieving process of a family rather than individual grieving is because the death of a child opens the family up to a state of unbearable terror (Wijngaards-de Meij, Stroebe, Stroebe, Schut, & van den Bout, 2008). Burying a child is against the natural order of things (Davies, 2004), thus family bereavement after child-loss involves complexities not common to other forms of bereavement. Hence, Stroebe, Hansson, Schut, and Stroebe (2008) encourage researchers to continue increasing their understanding of parental bereavement, as it is “worse than any other type” (p. 19). Moreover, they, emphasize the significance of shifting the research focus from individual to interpersonal, as they assert that no one grieves alone. This is particularly true to family bereavement. Klaassen, Young, and James (2015) confirmed this in their assertion that grief is a shared relational process. In addition, the field of bereavement consistently calls for future research involving grief and the family system. Walsh and McGoldrick (2004) reported that a “review of the literature indicates that a systemic perspective on loss remains sorely lacking in most research, clinical theory, training, and practice” (p. 8).

The death of a child is extremely complex and upsets the entire family system (Bowen, 2004; Shapiro, 1994). As a result, the family structure changes. Currently, there is little focused research on the family system after child-loss. So far, research studies have investigated the grieving patterns of mothers (Alam, Barrera, D’Agostino, Nicholas, & Schneiderman, 2012; Anderson, Marwit, Vandenberg, & Chibnall, 2005; Gerrish, Steed, & Neimeyer, 2010), of fathers (Aho, Astedt-Kurki, Tarkka, & Kaunonen, 2010; Aho, Tarkka, Astedt-Kurki, & Kaunonen, 2006; Alam et al., 2012; Hill, 2003), and of adolescent and child siblings (Davies,

1999; Forward & Garlie, 2003; Granados, Winslade, DeWitt, & Hedtke, 2009; Packman, Horsley, Davies, & Kramer, 2006; Paris, Carter, Day, & Armsworth, 2009). These studies have been orchestrated by focusing on the individual grieving process. However, in the grief literature an increase in attention has been given to the relational aspects of grieving, particularly in parental bereavement (Klaassen et al., 2015; Hooghe, Neimeyer, & Rober, 2011, 2012).

Research on parental bereavement from an intra-psychoic perspective has generated results on the differing grief patterns of mothers and fathers, and several notable studies (Gallagher, 2013; Hooghe et al., 2011; Klaassen, 2010; Stroebe, Finkenau, Wijngaards-de Meij, Schut, van den Bout, Stroebe, 2013; Wijngaards-de Meij et al., 2008) have considered their joint grieving patterns. Nonetheless, the majority of studies researching parental bereavement have been conducted interviewing participants separately (Arnold & Buschman Gemma, 2008; Barrera et al., 2009; Bennett, 2009; Murphy, Johnson & Lohan, 2003; Ronen et al., 2009; Rogers, Floyd, Seltzer, Greenberg, & Hong, 2008). With a few exceptions (Gudmundsdottir & Chesla, 2006; Klaassen, 2010; Nadeau, 1998), researchers have yet to address how family bereavement is enacted within a relational context, and the process of grieving interpersonally.

A major finding of the research on parental bereavement is the significance of continuing a relationship with the deceased child (Klass, 1993). Continuing bonds is a concept that was introduced by Klass after working with a bereaved parents group for ten years. Klass (1993) observed that the parents who had lost a child did not relinquish ties to the deceased, but found ways to continue the relationship, and this was a significant and adaptive part of their grieving process. Continuing bonds have emerged in current bereavement literature and there continues to be a debate on whether they help or hinder the grief process. Numerous studies reveal evidence that continuing bonds are in fact an important part of the grieving process of bereaved

parents (Arnold & Buschman Gemma, 2008; Davies, 2004; Gudmundsdottir & Chesla, 2006; Klass, 1993, 1997, 1999, 2006; Klass, Silverman, & Nickman, 1996). However, it has yet to be explored how continuing bonds are experienced and understood within the family unit.

Conceptual Framework

The two conceptual frameworks that this study utilized were systems theory (Nichols, 2011) and contextual action theory (Valach, Young, & Lynam, 2002). When the death of a family member occurs, “the family is challenged to absorb the reality ... into the already demanding work of growing up together as a family” (Shapiro, 1994, p. 10). Death profoundly affects the family system and therefore, it was critical to have an understanding of how the family system functions and the underlying mechanisms of systems theory. The contextual action theory was also essential to the workings of a family as its premise is that knowledge and meaning are co-constructed in relationships, expressed through action, and that action is embedded in social situations. These frameworks will guide the research of this study.

Systems theory. Systems theory is based on the assumption that an essential property of living systems arises from the relationships among their parts (Nichols, 2011). The four characteristics of a system are that (a) all systems have a definite structure, (b) the whole is greater than the sum of its parts, (c) a change in one part of the system affects all parts of the system, but not necessarily in the same way, and (d) all systems try to return to their original state of homeostasis. These are applicable to the family unit, as family systems theorists claim that the family is seen as an organized whole that contains interdependent members (Shapiro, 1994). A family is made up of a group of interactive relationships. Family interactions are shaped by powerful structures such as family roles, rules, and boundaries, and by the natural tendency of a system to return to homeostasis and resist change (Nichols, 2011). Death within a

family, especially the death of a child, creates debilitating conflict and confusion that affects the entire family system. There are significant changes that result from the absence of a significant person that have dramatic implications on family dynamics.

Shapiro (1994) asserted, “the family [is] a unit of distinct yet inextricably interconnected members, [and] we can help families survive and grow while bearing the burden of death and loss” (p. 18). She presented a systemic developmental framework for understanding family bereavement that suggests grief is a family crisis of both attachment and identity. The family’s first priority in managing the crisis is re-establishing a stable equilibrium by integrating the reality of the death into their lives. Family relationships change including a transformation of the relationship to the deceased, whose enduring image provides support for the surviving family members. Ideally, the deceased will be reintegrated into the family as a living, evolving spiritual and psychological presence (Shapiro, 1994). This framework was considered when working with the participants of this study.

Nadeau (1998) utilized family systems theory in her influential study on meaning making after the death of a family member. She lists these assumptions that will also be foundational to this study: (a) families have the ability to construct meaning, (b) families are capable of communicating meanings attached to the death of a family member, (c) families who have lost a family member are in the process of constructing new meanings that are critical to the grieving process, (d) meanings people come to as they act, speak, feel, and think about their families are crucial data, and (e) any change in a part of the family system affects the entire family system.

Family stress theory is another framework that was considered in this study, as its tenets incorporated systems theory, as well as the impact of stress on the family. Lavee, McCubbin, and Patterson (1985) build on Hill’s ABCX family stress and crisis model by developing a model

of family stress and adaptation that they call the Double ABCX model. This model was instrumental in conceptualizing the framework that the family grieving process emerged within.

Contextual action theory. Contextual action theory offers a useful framework for addressing the joint grieving process in family bereavement. Action is the unit of analysis that is embedded within a social context and can be examined from multiple perspectives. Action is a holistic synthesis of human experience that emerges within relational contexts (Young, Valach, & Domene, 2005). The family members share a loss and what ensues is the action of joint grieving. This theory and its components will be discussed in more detail in the methods section.

The Current Study

The current study explored family bereavement after the loss of a child and the relational aspects of grieving as seen through the lenses of systems theory and contextual action theory. The main purpose was to examine the grieving processes of family members by exploring their joint activities of grieving and how they continued a relationship with their deceased child. This study investigated using the Qualitative Action Project Method (QAPM; Young et al., 2005) focusing on the retrospective and ongoing, intentional actions that were enacted in the joint grieving activities of the bereaved families. The joint grieving processes were explored from the subjective perspectives of each family member in the context of their relationships in their family unit. This study highlighted what the members of the family were doing together in their shared relational process of grieving. The guiding research question for this study was: *How do bereaved families grieve together and continue a relationship with their deceased child?*

CHAPTER 2: LITERATURE REVIEW

The purpose of this chapter is to provide an overview of the theoretical and empirical literature surrounding grief and loss, family bereavement, meaning making, and continuing bonds. It will begin by discussing relevant definitions that will be utilized throughout this thesis, and it will then consider various areas of the extant literature. There will be a review of the pertinent theories and models of bereavement that have emerged to date, and findings that pertain to family bereavement. Next, the chapter will give an overview on the empirical research that has been conducted on the experience of family bereavement, as it unfolds in the lives of parents and siblings. Studies showing the impact of child-loss on relationships within the family unit will be highlighted. Research exploring grief, meaning making, and continuing bonds will then be introduced. The chapter will conclude with limitations of the extant literature and a rationale for the purpose of this study.

Definitions of Key Terms

Over the years, many terms surrounding the topic of death and dying have been used interchangeably. Specific terms have been adjusted according to new findings in this field, therefore, it is essential to define the terms in order to gain an understanding of these constructs. This section will include the definitions that will be relevant for this particular research project.

Bereavement. This umbrella term refers to the state or condition caused by loss through death. A person is bereaved when a significant person in their life dies. Bereaved literally means to be “torn apart” (Wolfelt, 2006). There is no choice in the matter. When a person dies, bereavement happens (Attig, 2004) and is associated with intense distress for most people (Stroebe et al., 2008). For this study, the loss causing bereavement will either be a child or a sibling, as it relates to the family member.

Grief/grieving. The definition of grief has gone through a series of changes over the past century. Currently, there is a consensus that grief is the normal and natural reaction to loss, and is not a form of pathology (Stroebe, et al., 2008). It is understood to vary considerably from one person to another, from one culture to another, and across the course of time. In this way, grieving can be seen as a complex reaction that has emotional, physical, behavioural, cognitive, social, and spiritual dimensions (Buglass, 2010). Attig (2004) described it as the reactive and active processes of finding meaning in the suffering that comes about because of bereavement or loss of a significant person. “Grieving ... addresses both the personal reaction to loss as well as activities that aim to restore personal wholeness” (Klaassen, 2010, p. 13). For this study, grieving refers to the active response of the family members as they engaged with the loss, brokenness, and sorrow that happened to them.

Interpersonal/joint grieving. Interpersonal grieving refers to the relational dimension of grieving with others. Thus joint grieving pertains to the way people grieve together or engage in activities where they are participating together. Klaassen (2010) described joint grieving as a shared, relational grieving that also included mourners sharing a common connection to a deceased individual. For this study, interpersonal and joint grieving will be used interchangeably and pertain to the shared, relational grieving responses of the family members to the loss of their child and their shared, ongoing connection to their deceased child.

Family. Over the past several decades the definition of family has changed, and therefore, it is important to define this construct for this study. Muxen’s (1991) description of the family: “a set of intimately connected people who are mutually influential on each other in some way, and whose relationships evolve over time interactively with each other ... with past, present, and anticipated future contexts,” (as cited in Nadeau, 1998, p. 11), best suits this study.

For the purpose of this study, family will pertain to parents, children, and a deceased child. The inclusion and exclusion criteria will be explained later in the methods chapter.

Continuing bonds. Continuing bonds have a variety of connotations. They are defined as part of the normal grieving process, where the bereaved remain involved and connected to the deceased and actively construct an inner representation of them (Klass et al., 1996). Winokuer and Harris (2012) suggested that “bereaved individuals may be well served to find ways to reconnect to their deceased loved one that are meaningful” (p. 32) and they give the following examples: cherished objects, memories, conversations with the deceased, journaling to them, dreaming about them, feeling a sense of guidance or a sense of their presence, or finding signs that they believe are from the deceased. For this study, continuing bonds will refer to these and other ways in which families connect to their deceased family members. This will not only include an inner representation, but also an “enduring relational representation” (Klaassen, 2010, p. 238) of the ongoing connection to, and the changing relationship with their deceased child.

Theories and Models of Bereavement

Significant research has been done in the area of grief and bereavement over the past century. Several transformations have occurred and change will continue to occur as new evidence is presented and the many facets of the grief process are revealed. “Understanding of the bereavement experience has broadened and deepened in recent decades” (Stroebe et al., 2008, p. 3). Over the last several decades the focus of grief and bereavement research has been to understand the course of grieving and this has led to an emergence of a variety of bereavement theories. Also, there has been an increase in focus on the complexities of the bereavement experience. A significant number of grief theories and models have been developed over the

past twenty years and several have already been added to or have adjusted key components attesting to its multi-faceted nature. However, none have included a specific interpersonal realm.

Freud (1917/2005) began the dialogue, almost 100 years ago, and since then many have come forward to enter the conversation. From Kübler-Ross (1969), who was instrumental in bringing death and dying out of the closet to Bowlby (1980) who applied his renowned attachment theory to the process of grieving. Others include Klass (1993) who developed the continuing bonds theory, and the cognitive stress and coping theories presented by Lazarus, Folkman, and Park (Lazarus & Folkman, 1984). These theories have been incorporated into various models of bereavement that include Worden's (2009) task model; Stroebe and Schut's (2001) dual process model; Rubin's two-track model (1999); Neimeyer's meaning-reconstruction model (Gillies & Neimeyer, 2006); Längle's existential analysis model of grieving, and Attig's (1996) relearning-the-world model. All of these well-known researchers have added to and informed various aspects of loss, grief, and bereavement that have allowed for a more thorough understanding of these constructs and have been monumental in this field of study. General themes will be presented and applicable aspects for this study are noted.

Psychoanalytic theory. The first systematic analysis of bereavement came from Freud (1917) in his paper, *Mourning and Melancholia*. In this paper, Freud (1917) suggested that the purpose of grieving was to withdraw libidinal energies from the deceased person in order to be able to free the ego from attachment, so it could reinvest the energy into other activities or objects. This relinquishing hypothesis of letting go, saying good-bye, and finding closure became the basis for many subsequent theories. It formed the fundamental psychological dynamic of grief work, and was the most accepted view of grief in the last century (Silverman & Klass, 1996). From this theoretical assumption, many people maintain that any kind of a

relationship with a deceased person is “symptomatic of pathology” (Silverman & Klass, 1996, p. 5). This continues to be “a source of raging debate in the field” (Stroebe et al., 2008, p.14).

Investigations into Freud’s monumental framework found that its basic tenets lacked empirical validation and many current grief theories have negated the relinquishing hypothesis in the past decade (Winokuer & Harris, 2012; Worden, 2009). Klass (1993) discovered that relinquishing ties did not fit well with bereaved parents. “Researchers must bring into our professional dialogue the reality of how people experience and live their lives, rather than finding ways of verifying preconceived theories of how people should live” (Klass et al., 1996, p. xix). In 1929, nine years after the death of Freud’s daughter, Sophie, he wrote a letter to his friend Binswanger, who had just lost his own son. The letter included recognizing that grieving the loss of a child was inconsolable and that nothing would fill the gap, as “it is the only way of perpetuating that love, which we do not want to relinquish” (as cited in Silverman & Klass, 1996, p. 6). One may suppose that Freud himself had difficulties with his own theory.

Stage theory. Kübler-Ross’ (1969) five stages of dying are well known by most people who have studied bereavement in any context. In her book, *On Death and Dying*, she is one of the first to openly address the needs and feelings of dying individuals and their families. This seminal piece of work has greatly influenced the palliative care and hospice movement, and has been instrumental in helping bereaved families. An important aspect to highlight is that current research suggests that the grief process is not linear (Worden, 2009), as this model implies. Kübler-Ross developed the stage theory with the dying in mind, not necessarily those left behind, but it gained popularity quickly because it was easily taught and remembered. The five stages of dying are often mistakenly applied to the bereaved as stages to decipher where one is in the grief cycle. The reason for its inclusion here is to recognize its far-reaching influence, even today.

Attachment theory. Bowlby (1980) advanced the existing psychoanalytic idea of grief work by addressing the interpersonal part of the process. Drawing on the basic tenets of his attachment theory, Bowlby conceptualized grieving as a form of separation anxiety, similar to the experience of infants being separated from their caregivers. He posited that attachment comes from a need for security and safety, usually directed at a caregiver that develops early in life and tends to endure throughout a large part of the life cycle (as cited in Worden, 2009, p. 14). It is important to note Bowlby (1980) revised his stages of grieving to accommodate bereaved parents, but was still proposing a relinquishing theory. He included these four stages (a) numbness, (b) yearning and searching, (c) disorganization and despair, and (d) reorganization. Successful grieving, according to Bowlby, was accepting the death of the attachment figure, returning to activities, forming new attachment bonds, and integrating the loss into a new reality.

Continuing bonds theory. Currently, there has been a shift from an “emphasis on the need to break bonds with a deceased person ... toward an emphasis on the need to sustain such bonds” (Stroebe et al. 2008, p. 14). Continuing bonds theory advocates a healthy processing of grief where the relationship to the deceased remains fluid and coexists as an adjunct to ongoing interactions in daily life. It has been integrated into many current grief models. Bereaved parents are frequently adamant in claiming that their grieving includes retaining a bond with their child. Klass’s (1993, 1997, 1999) theory was monumental in initiating a major shift in the bereavement literature. Currently, relationships between people and a significant person who had died can be described as interactive, even though the other person is physically absent. Klass (1999) argued that continuing bonds could be adaptive and even healthy in parental bereavement, and it has yet to be investigated if this finding will also hold for the family unit. There are many dimensions to the continuing bonds phenomena and this is an area where more

research is needed. A unified description of this phenomenon would be indispensable. The benefit of continuing bonds has been disputed in some recent research (Boelen, Stroebe, Schut, & Zijerveld, 2006; Field, 2006; Field & Filanosky, 2010), but continues to emerge as a significant part of the grieving process in research studying bereaved parents, adolescents, and children (Attig, 2004; Davies, 2004; Gudmundsdottir & Chesla 2006; Forward & Garlie, 2003; Klass, 1999, 2006; Klass et al., 1996; Packman et al., 2006).

Cognitive stress and coping theories. Lazarus and Folkman (1984) said that individuals use thoughts and behaviours to manage internal and external demands that threaten their ability to cope with stress. Problem or emotion-focused coping strategies are then used to reduce the threat. This theory proposed a recognition that grieving is subjective and is based on the impact the loss has on one's life. Folkman (2001) asserted that with a traumatic event such as the death of a child, meaning-making coping is employed instead. Initial appraisal of the meaning of an event is reappraised to make sure it is congruent with the global meaning. This is a substantial part of the grieving process in family bereavement because there is no congruence.

Park and Folkman (1997) presented a model of coping with adverse events that integrates diverse concepts and meaning. They proposed a stress-and-coping framework that emphasizes the transactional and dynamic nature of people's responses. They added a new dimension to grief theory that respects the individual uniqueness of the process. Emphasis is on the central role of appraisal and the significance of attaining congruence between global meanings and appraised meanings that one assigns to a particular event. Park and Folkman (1997) defined the differences between global meaning, which encompasses a person's enduring beliefs and valued goals; and situational meaning, which refers to the significance of a particular occurrence. Both involve the way an individual understands and perceives the event. This is particularly relevant

to family bereavement, as shattered assumptions of beliefs and values will impact the individual and the whole family system, and specifically when there is a death of a child. The recognition of subjective, unique grieving brings to the forefront the complexities of bereavement.

Family stress and adaptation theory. Family stress theory, although not specifically a grieving theory or model, is applicable because of its basic tenets that include how families adjust and adapt after a major crisis. The death of a family member, and specifically the death of a child is a traumatic event and a major stressor that can be considered a crisis. The first major family stress framework was developed by Hill in 1949 in his work on the family's response to separation and reunion. He outlined an ABCX family stress and crisis model, where A (the stressor) interacts with B (the family's resources) interacting with C (how the family sees the event) that produces X (the crisis) (as cited in Adams, 1988). Lavee, McCubbin, and Patterson (1985) advanced Hill's theory and suggested the Double ABCX model that incorporated additional post-crisis variables and adaptation. These included (a) pile up of demands (the aA Factor) or the cumulative effect, over time, of pre-and post crisis stressors, (b) family adaptive resources (the bB Factor) that include both existing and expanded resources, (eg. personal resources, family resources, and social support), (c) perception and coherence (the cC Factor) of the family's general orientation to the overall circumstances, and (d) is the family adaptation (the xX Factor) which is the outcome of the family's processes in response to the crisis and pile-up demands (See Figure 1). These additions create a more holistic approach in viewing how families cope with normal and non-normal events. This model can be applied to grieving in the context of the family system, where the death of a child is the stressor (A) that leads to the crisis (X), and the family grieving process aligns with the double B factor (family adaptive resource).

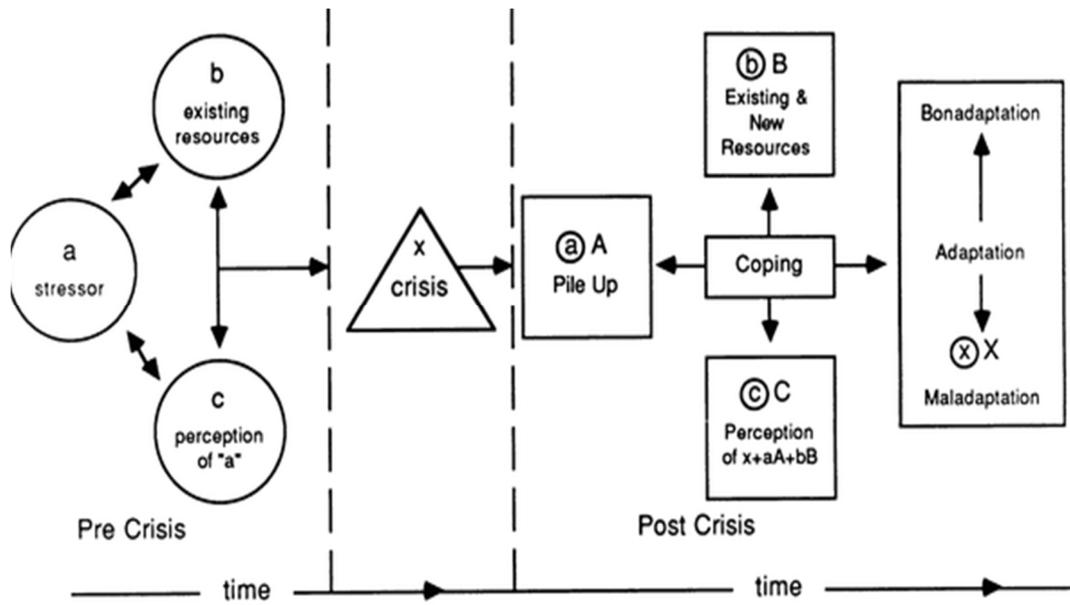


Figure 1. The Double ABCX model (Lavee, McCubbin & Patterson, 1985)

Task model. Worden (2009) proposed a task model that included (a) accepting the reality of the loss, (b) processing the pain of grief, (c) adjusting to a world without the deceased, and (d) finding an enduring connection with the deceased in the midst of embarking on a new life. He believed that people revisited and worked through tasks over time, and that some tasks can be worked on at the same time. He also suggested that it is important to recognize that there are mediators of mourning such as who the person was who died, the nature of the attachment, how the person died, historical antecedent, personality variables, social variables, and concurrent stresses. Of particular interest to this study is Worden's attention to the mediators of mourning such as the death of a child, the significant attachments of family members, concurrent stresses that can include family dynamics, and his tasks can be addressed simultaneously. A noteworthy feature is that Worden (2009) revised his fourth task from "relocating" the deceased and moving on with life to finding an enduring connection (continuing bond) with the deceased.

Dual-process model. Stroebe and Schut (2001) introduced the dual process model of coping that posits people oscillate back and forth between loss and restoration. “The analysis of loss and restoration orientation, the underlying negative and positive cognitions associated with each of these dimensions, and the process of oscillation between these components provide a framework for probing assumptive worlds, meaning systems and life narratives” (Stroebe & Schut, 2001, p. 69). Stroebe and Schut (2001) proposed a conceptualization of coping in noting that bereaved people move back and forth between the two dichotomies of loss and restorative activities. This model suggested a dichotomy not agreed upon by many other models, and particularly bereaved parents, who attest to carrying joy and sorrow at the same time. This model inferred movement towards the restoration side and does not depict where one ends up when the loss has been integrated. This model asserted the action of picking up and putting down grief, as a way of coping with the heaviness of it. It included assumptive worlds, meaning systems, and narratives, which are applicable to bereaved families.

Two-track model. Rubin (1999) offered a model of bereavement that encompassed two multi-dimensional axes or tracks that contain a) the outcome of the bereavement experience viewed as a biological, behavioural, cognitive, and emotional process; and b) separation from the deceased person being at the heart of the loss response. The first track looks at the bio-psycho-social functioning after experiencing a loss. Examples included anxiety, depressive affect, somatic symptoms, psychiatric symptoms, self-esteem, self-worth, relationships, meaning structures, work, and investment in life tasks. The second track is concerned with how people are involved in maintaining and changing their relationship with the deceased. The two tracks are distinct, but interactive. Rubin (1999) focuses on both the functional and relational aspects of the loss in his bifocal model of intervention.

Meaning reconstruction model. Neimeyer (2000) deemed that the death of a significant person radically shake one's assumptive world causing a potential crisis of meaning. This is particularly true for bereaved families, as no one expects a child to die. Bereaved families are forced to reconstruct meaning after the loss of a child, as their belief system no longer holds true. Many bereaved parents and adolescents express that there is now, a before and an after, the loss. Neimeyer's reconstruction model includes: (a) search for meaning, (b) sense making, (c) benefit finding, and (d) identity change (Gillies & Neimeyer, 2006), and suggested reconstruction of meaning occurs when one cannot reconcile the loss. A search for meaning and purpose can help those who have had their assumptive worlds shattered, such as families who share the loss of a family member. Nadeau (1998) asserted, "Meaning-making is an interactive process and family interactions create meanings" (p. 72). The components of this model emerged for bereaved families, as the search for meaning was a substantial part of the grieving process.

Existential Analysis (EA) model. EA presents grieving as a personal activity of turning towards where life is hurting. "Turning towards" is a term that is distinctive to EA (Längle, 2003). An existential analytical perspective of grieving asserts that the central task in grieving consists of turning one's attention towards the loss. Längle (2012) proposed specific phases in grieving that he asserted take place only after one turns toward the grief with an open phenomenological stance of allowing it to be. The phases include (a) emotional acceptance of the new reality in letting it be, (b) turning towards and closeness through inner dialogue with sympathy for oneself, empathy, encouragement, and caring, (c) working on a relationship to what was lost and consenting to life, (d) taking up a new relation to the lost person, and (e) having a future orientation in starting new relationships. EA emphasizes accompanying those who are grieving and have yet to add a component on interpersonal grieving.

Relearning-the-world model. Attig (2004) presented an action approach to grieving that included reactive and active grieving. Active grieving is an intentional choice in how one will proceed and integrate the loss into one's life. This is a significant part of joint grieving, which is a main tenet of this study. Attig's theory is phenomenological and existential in nature, as he contended that "bereavement undermines what we have learned about how to be and act in the world" (2004, p. 350), and he believed in a holistic approach of "relearning our world". Attig (2004) suggested that there is hope found in the heart of grieving and in finding new ways to live without the physical presence of the deceased, and specifically learning how to continue in relationship with them. "We will never be over having lost those we ... love, since the mysteries of life and death and suffering remain untouched by our coping. We will ... grieve our losses until we ourselves die" (Attig, 1996, p. 55). Attig speaks of a lasting love in separation from our loved ones that transcends suffering. This approach is action oriented and coincides with the framework of the contextual action theory.

In summary, the conceptualization of grief and bereavement has gone through numerous transformations over the last century as have been reported in this review. Researchers are applying new understandings of the multifaceted, dynamic nature of the grief process by revising and adjusting key components in this field. As new evidence emerged, theories and models were changed and assumptions altered. Significant alterations include a move away from linear models, as well as a move from relinquishing ties to continuing bonds with the deceased person who is no longer physically present. These changes have been incorporated into many of the current grief models. Specifically, studies on family and parental bereavement have shown that after losing a family member, a significant part of the grieving process includes continuing a bond with them. Klass (2006) reports, "continuing a bond with the dead child is an aspect of

many parents rebuilding their lives in a healthy way” (p. 845). This significant change is reflected in the grief process experienced by members of bereaved families, both by parents and siblings, as they grieve and find new ways to carry their loved ones with them (Davies, 2004; Doran & Downing Hansen, 2006; Granados et al., 2009; Gudmundsdottir & Chesla, 2006; Klass, 1993, 1996, 2006; Klass et al., 1996; Murphy et al., 2003; Packman et al., 2006). These aspects are relevant to this study of bereaved families and child-loss.

Winokuer and Harris (2012) suggested that the grief experience does not fit neatly into a single prescribed model. This is true for family bereavement. The transformation of grief theory and the concurrent changes to models of bereavement suggest that the field of bereavement has yet to discover a comprehensive, and realistic framework for understanding the multifaceted nature of the grieving process, and especially how it manifests within the family system. The progression of grief theory and the development of models over the past twenty-five years are relevant to this study, as the interpersonal dimensions of grieving have yet to be incorporated. Research is needed to add to grief theory from an interpersonal and relational vantage point, and in particular, studies on family bereavement are necessary to develop a family grief theory and subsequent models that can be utilized theoretically and clinically with the family unit.

Empirical Findings on Bereavement

Current bereavement literature recognizes the unique experiences of grief dependent on a variety of variables such as circumstances of the death, characteristics of bereaved individuals, relationship to the deceased, and sociocultural factors (Breen & O’Connor, 2007). This section of the literature review will focus on research investigating the experience of bereavement within the family system. For families, the unique experience of losing a child, the relationship to the deceased of parent or sibling, and the sociocultural factors of how the families continue in

relationship through rituals and family system dynamics, are all variables that will be considered. This section will explore research conducted with the intent to understand the experience of family bereavement, as well as the grieving processes of bereaved parents and siblings. The review will also include meaning making and continuing bonds as they relate to the field of bereavement, as both are prevalent in grief research and are applicable to this population.

Family bereavement. Scholarly interest in grief and bereavement has shifted from a solely intra-psychic perspective to include cross-cultural investigations, an emphasis on societal context, and of particular significance, is the interpersonal dynamics of grieving in relationships. These dynamics can be observed within the relationships of a family unit. Kissane and Lichtenthal (2008) suggested, “rather than a sustained research focus on individual grief, we advocate for a paradigm shift to family grief” (p. 505). Past grief interventions were designed to work with the individual person in their grief process, but more recent trends have found researchers addressing grief at the family systems level (Breen & O’Connor, 2011; Hooghe et al., 2011; Kissane & Lichtenthal, 2008). Research on family bereavement has revealed patterns of family functioning after the loss (Kissane et al., 1996), the importance of the family engaging in private rituals and practices (Gudmundsdottir & Chesla, 2006), as well as the impact that redefining the family has on its members (Brabant et al., 1994). It has also considered the significance of meaning making within the family system (Nadeau, 1998). However, research on bereavement and the family remains in its infancy and in particular, the joint grieving process of families experiencing child loss.

This study focused specifically on the loss of a child. The death of a child is a grievous loss and is said to be one of the most devastating forms of bereavement that a person or family can experience (Christ, Bonanno, Malkinson, & Rubin, 2003; Foster, 2008; Handsley, 2001;

Murphy et al., 2003; Worden, 2009). The experience of losing a child initiates shock, disbelief, and dissociation because of “drastic and immediate invalidation of core beliefs and worldview assumptions” (Klaassen, 2010, p. 60). The impact of this kind of death on the family system initiates turmoil and requires homeostatic adjustments. The traumatic effect of such an event combined with the roles, rules, and boundaries of their family system present a complex dynamic with inherent challenges that will emerge within the family unit. There are common adjustments to be made: anniversary reactions, displacement of feelings, enmeshment, family secrets, idealization, and generation gaps (Bowlby-West, 1983). Even so, research on the impact of the loss of a child on the family system remains relatively sparse and is limited to the effects on the individual family members as opposed to the whole system. “Individual experiences of mourning are in turn influenced by those of the family, the major source of social support, bringing in a systemic focus to the nature of shared grief” (Kissane & Lichtenthal, 2008, p. 485). Several noteworthy studies on bereavement and the family system will be presented next.

An interpretive, phenomenological study conducted by Gudmundsdottir and Chesla (2006) revealed that bereaved families who experienced the loss of a child developed significant habits, rituals, and practices that acknowledged the death of the child and helped to integrate the loss into their daily lives. Continuing a bond with the deceased contributed to family healing. They found that “loss was openly acknowledged rather than hidden, and efforts were aimed at bringing family members together rather than separating them” (Gudmundsdottir & Chesla, 2006, p. 158). Family healing occurred through the family jointly participating in these private grieving rituals. This is one of the few studies where interviews were conducted individually and together. The authors concluded that although bereavement literature overwhelmingly emphasizes grief as an individual phenomenon, these practices revealed relational dimensions of

grief and their significance. However, more research needs to be conducted to see if this holds true when more members of the family unit are interviewed together.

The Melbourne Family Grief study (Kissane et al., 1996) used cluster analysis to study bereaved families. Its purpose was to identify patterns of family functioning in adult families grieving the loss of a parent. One hundred and fifteen families completed measures of family functioning, grief, psychological state, and social adjustment at three intervals of six-week, six-month, and thirteen-month post loss. However, the family members completed questionnaires independently of other family members, and no contact was made with the entire family unit together. The spouse of the deceased was contacted first and adult children were approached through arrangements made by the spouse. Several scales were used to assess family functioning including the Family Environment Scale, the Family Adaptability and Cohesion Scale, Becks Depression Inventory, the Brief Symptom Inventory, as well as the Bereavement Phenomenology Questionnaire. Individuals were the first unit of analysis and then statistical relationships between family members in clusters were calculated. Five family types emerged as supportive, conflict-resolving, intermediate, sullen, and hostile. Cohesiveness, conflict, and expressiveness emerged as constructs to determine adaptive and maladaptive family grieving. The authors recommend that clinicians assess family functioning by categorizing families according to their typology that could in turn facilitate appropriate interventions. This study did not specifically address joint grieving within the family unit.

The concept of joint grieving is a fairly new phenomenon. Current bereavement research on child-loss has revealed findings on how a mom grieves, how a dad grieves, and even how children and adolescents grieve, but most do not look at how they grieve together in the family unit. However, Nadeau (1998) is one of the few researchers who studied family bereavement

from a systemic perspective by interviewing multiple members of the family at the same time. Nadeau's study was conducted in 1990 and looked at family grief through the lens of family meaning making. The purpose was "to learn how family members interact with each other in their effort to make sense of their loss and then to capture the nature of the meanings they constructed" (Nadeau, 1998, p. x). A central theme that emerged was that meanings attached to the death had an effect on the course of bereavement for those within each family system. It centered on 10 multi-generational bereaved families and utilized qualitative family research methods that included grounded theory, intensive interviewing, and the conceptual framework of symbolic interaction theory and family systems theory. Nadeau (1998) interviewed family members together and separately, and used circular questioning when interviewing the family members simultaneously. Of the ten family members who died, all were adults over age 39 and only two of them, were adult children. Hence, Nadeau (1998) recommended that more studies be conducted on family bereavement from the viewpoint of child-loss. She believed that a grief theory built from a family systems perspective would broaden understanding, and has the potential to provide a non-pathological conceptualization of grief. A study of the joint grieving processes of bereaved families after child-loss could substantially add to Nadeau's findings and to a family grief theory. Nadeau's study has been instrumental to this study's design.

Shapiro (1994) proposed, "grief is a deeply shared family developmental transition, involving a crisis of attachment and a crisis of identity for family members" (p. 12). Defining the family after the loss of a child can initiate a crisis of meaning, as the notion of family is not a static concept. The death of a child not only invalidates core beliefs and assumptions about the world, but it also disrupts family identity. Brabant, Forsyth, and McFarlain (1994) conducted a study using a structured interview where they explored the process of reorganization and

redefining the family by asking this simple question: How do bereaved parents respond to others when asked how many children they have? The results indicated that some of the families always included the deceased child in the family definition and others depended on whom they were talking to as to which definition was used. The study brought to light how difficult this simple question is and findings showed it elicited intense responses in affect as the family had to make a decision about whether to include the loved one or not. Social norms, awkwardness, and personal attitudes surfaced. Responses support the argument that the deceased child continues to be psychologically present and is an important component in the definition of the family.

Doran and Downing Hansen (2006) were one of the first to study family bereavement after the death of a child in Mexican American families. A collective case study utilized an ethnographic approach. This study explored ways in which Mexican American families sustain a bond with their deceased child. Each case was analyzed separately and then, a cross-case analysis was conducted. The study was limited to three Catholic families, no fathers were available for interviews, and each individual provided a unique grief narrative. All who were interviewed maintained an ongoing relationship with the deceased family member and cultural influences were clearly evidenced. Eight common themes of continuing bonds emerged that included dreams, storytelling, keepsakes, sense of presence, faith-based connections, proximity connections, ongoing rituals, and pictorial remembrances. This study did not interview family members together, but did include interviews with children. It has yet to be explored if this finding can be replicated when the joint grieving process of families is the focus.

Findings from a recent study on family bereavement and social networks by Breen and O'Connor (2011) have significant implications for working with families, and for informing grief education. The role of family and social support networks on grief experiences were

explored. The grounded theory study included 21 adults from 16 bereaved families, all having experienced the death of a family member in a car accident. A semi-structured interview guide was utilized to facilitate the exploration of the participants' grief experiences. Family members were interviewed individually. These four categories emerged: (a) family relationships- development and deterioration of bonds, (b) the provision of support from social networks- colleagues, family and friends, (c) social networks- imposing and enforcing dominant grief narrative, and (d) social support networks- deterioration and collapse. Findings revealed that although there were some instances of closer familial and social bonds, it was more common that those relationships had deteriorated and collapsed (Breen & O'Connor, 2011). It has yet to be discovered whether this finding will be replicated when bereaved family members are interviewed together. Breen and O'Connor (2007) suggested that actively sampling from a wide range of the bereaved population would lead to a body of literature that would be better able to describe and account for the diversity of grief experiences.

Parental bereavement. Research conducted on parents grieving the loss of a child has revealed that parental bereavement is a life-long process (Arnold & Buschman Gemma, 2008) that incorporates continuing a relationship with the deceased child, who remains psychologically present. Parental bereavement is a permanent, enduring condition, involving excruciating pain. The loss of a child creates a hole in each parent's life and it takes time for bereaved parents to learn how to function again, in a world that is no longer the same. Klass (1999) suggested, "helping the healing starts with recognizing the pain" and its irreparable nature (p. 10).

Dennis Klass' work (1993) has been instrumental in the field of parental bereavement. His twenty-year ethnographic study of a local chapter of The Compassionate Friends (TCF) was conducted to answer the research question of how do bereaved parents find solace in the face of

irreparable loss. These parents long for solace in the midst of the storm, concluded Klass (1993), who was a professional advisor to this bereaved parents group. Results showed that making sense of life after this loss required interaction with others, who had also experienced this devastating loss. The author discovered a recurrent theme in assessing a large body of materials, including interviews, writings, and notes, which the study generated. Long-term solace was intertwined with parents' continuing interaction with their dead child. Three common ways of continuing a bond emerged: (a) linking objects, (b) religious ideas and devotion, and (c) memory. Klass (1993) concluded that resolution of parental grief comes through adaptation, growth, and change; not recovery, and included continuing a bond with their deceased loved one.

Arnold and Buschman Gemma (2008) supported this view in a cross-sectional retrospective study they conducted with 74 participants who had experienced the death of a child. The findings defended an understanding of parental grief as a lifelong transformative connection, where their grief maintained their connectedness to their deceased child. The authors concluded that parents are forever changed by their grief, as they are always parents of their dead child, and this transformed who they are and their perspectives on living.

Several notable studies have been conducted at the dyadic level after child loss. Bergstraesser and colleagues (2015) explored dyadic coping through a mixed methods study with 23 bereaved couples that had lost a child to a terminal illness. Four major themes emerged in their results (a) common dyadic coping such as shared grief rituals, (b) coping with individual differences, (c) supportive dyadic coping, and (d) planning for the future. The authors asserted that dyadic coping for the bereaved parents played a pivotal role in their grief process on a dyadic level, as well as on an individual level. Klaassen et al. (2015) conducted a study at the dyadic level with bereaved parents. Five bereaved couples participated in their study using the

QA-PM exploring relational and spiritual dimensions of grieving. Findings revealed that the couples grieved extensively in the context of their relationships through planned and unplanned activities, and grieving was intimately connected to their spiritual lives. The continuing bond emerged as an enduring, relational connection to their deceased child, and brought comfort and meaning. However, these variables have yet to be found at a multiadic level of the family unit.

Impact on mothers and fathers. The impact of losing a child on mothers and fathers is monumental and complex. Parents experience (a) the loss of a sense of personal competence and power, (b) the loss of a part of the self, and (c) the loss of a valued other person whose unique characteristics were part of the family system (Christ et al., 2003). The death of a child has long term effects on the lives of the bereaved parents, both together as a couple, and individually. Rogers et al. (2008) compared bereaved parents with parents who had not lost a child and found that bereaved parents “reported more depressive symptoms, poorer well-being and more health problems” (p. 203). The authors claimed that parents experienced pain and a sense of loss seven to nine years after the death and some grieved indefinitely. Studies have also shown that parents who have lost a child have increased rates of relational conflict (Oliver, 1999), increased health, and mental health risks (Murphy et al., 2003; Prigerson et al., 2008), and the experience is characterized by a nearly inexpressible pain (Klaassen, 2010).

Murphy et al. (2003) suggested that the death of a loved one can be an extreme stressor, especially when it is the death of a child. They set out to dispel several myths around parental bereavement adjustment by reporting on the original data from a longitudinal, prospective study that they had conducted, as well as doing a review of empirical evidence and critical reviews in regards to these myths. The three specific myths they investigated included (a) a child’s death by suicide results in the worst parental outcome, (b) divorce is more common among bereaved

than non-bereaved couples, and (c) “letting go and moving on” is an essential bereavement task. Findings revealed that suicide survivors did not report more negative consequences than parents whose children died by other means; divorce was not more common among the bereaved; and a continuing connection between a bereaved parent and a deceased child was a common phenomenon. The authors pointed out that the impact of child-loss on parents’ lives is complex, has been controversial, and more studies are a necessity.

Martin and Doka (2010) proposed that individuals have different grieving styles. In a semi-structured, longitudinal study of 18 mothers and 13 fathers who had lost a child due to cancer, Alam and colleagues (2012) revealed differences in how the experience of losing a child affects mothers and fathers. The findings were separated into six themes of (a) employment attitudes and practices, (b) grief expression, (c) coping with grief, (d) relationship with surviving children, (e) relationship with spouse, and (f) relationship with extended family members. Fathers were found to be more work and task-focused, and did not maintain contact with extended families. Mothers expressed more intense grief reactions, were more child-focused, actively nurtured other children, and were more involved with extended family.

Hill (2003) summarized the findings from his survey of 25 couples who had lost a child as follows (a) mothers experienced more intensity and grieved longer, while fathers found it difficult to grieve openly, (b) fathers were less likely to feel anger and guilt than were the mothers, (c) fathers found their faith to be more helpful than the mothers did, and (d) the mothers were more likely to engage in activities with other grieving parents. Also Aho and colleagues (2006) conducted a study utilizing a questionnaire followed by interviews and eight fathers who lost a child participated. Inductive qualitative content analysis was used and findings revealed that fathers consciously withdrew from relationships, but also experienced unwilling isolation.

A recent study (Hooghe et al., 2011) revealed that couple communication after the death of a child is complex. Instead of understanding communication as a definitive pre-requisite for all couples, the authors considered the contextual factors, ambivalences, and relational tensions in the grieving processes of the individuals and relationships involved. They used an illustrative case study of one couple, a newly formed family, who had lost a child eleven years prior. The study highlighted the tension between sharing and not sharing within the family and specifically as it related to grieving. This study revealed that it is important to recognize what is being said, but also what is not, as part of the necessary communication after a significant loss has occurred.

Hooghe, Neimeyer, and Rober (2012) conducted another qualitative case study, which highlights the dialectic tensions in grieving. In the latter study, findings revealed that the couple recognized a dialectic tension, which they described as “cycling around an emotional core of sadness” (p.1220). The authors summed up their results by asserting that joint grieving was a dynamic process that included balancing confrontation and avoidance. However, it appeared as a simultaneous process of attempting to ensure closeness to their deceased child, at the same time as distancing themselves from the pain. A deeper understanding of the challenges of emotion regulation faced by bereaved parents is needed (Hooghe et al., 2012).

Stroebe et al. (2013) recently investigated the emotional regulation of bereaved parents. The authors examined the impact of partner-oriented self-regulation (POSR), which they defined as the avoidance of talking about the loss and remaining strong in the partner’s presence, as a way of protecting the other person. Two hundred and nineteen couples, whom had lost a child, participated in their longitudinal mixed methods study. Findings supported their hypothesis that POSRs would be detrimental to the grieving process, not only for the person engaging in POSR, but also for the partner whom the POSR targets.

Sibling bereavement. Sibling loss has been recognized as a most difficult and profound experience for surviving siblings (Davies, 1999). Clinical and research attention on sibling loss has increased significantly over the past several decades, but published studies remain scarce (Davies, 1999; Paris et al., 2009). Sibling relationships typically last a long time and often develop deep bonds that play a critical role in the identity development of the other. Bank and Kahn (1982) suggested, “siblings are likely to spend 80-100% of their lifetimes with each other, more time than with any other family member” (as cited in Packman et al., 2006). The unique relationship between siblings and their intricate connection foreshadows the profound effect that the death of one child can have upon brothers and sisters (Packman et al., 2006). Childhood grief has unique features with responses similar to adults, but they manifest differently. Children “rely heavily on adults to help them interpret the implications of an overwhelming new reality” and “are more likely to put their grief down and pick it up again” (Shapiro, 1994, p. 14).

Qualitative studies and personal narratives have revealed the intensity of sibling grieving, such as feelings of isolation and social withdrawal, feeling different from their peers, lower social competence, and feelings of guilt, anxiousness and depression (Christ et al., 2003). Adolescents who have experienced the loss of a sibling showed evidence that search for meaning was an important part of the grieving process. Bereaved siblings frequently go through a process of examining their lives, searching for meaning and purpose, and may find comfort in continuing a bond with their deceased sibling (Forward & Garlie, 2003). Another impact on children who have lost siblings is that they have a higher risk for behaviour problems, which may include aggression and demands for attention. Ribbens McCarthy (2007) claims, “we know very little about issues of death and bereavement in the lives of young people in general” (p. 4), and therefore, it is essential to explore this area of bereavement further.

Forward and Garlie (2003) employed a grounded theory method to examine the bereavement process of adolescents who had experienced the sudden loss of a sibling. They identified the search for meaning as a core variable. The authors stressed that children process death differently depending on their personality, age, developmental stage, and maturity. They also proposed that the death of a sibling during adolescence (a time of identity formation) involved a unique pattern of grieving. Findings revealed these features of adolescent grief: (a) ambivalence in knowing they are different, (b) protecting their parents from their pain, (c) turning to peers who have also experienced a loss, (d) finding new meaning through accepting the pain, (e) continuing a bond with the deceased, and (f) redefining the self. Forward and Garlie (2003) asserted that continuing the bond with their deceased sibling was important to teens, as they never wanted to forget their siblings and they went to great lengths to protect the memory of them. These findings on adolescent sibling bereavement present valuable information to consider when working with siblings.

Paris and her colleagues (2009) conducted a study of 26 sibling-bereaved children and explored self-reports on grief and trauma. Their findings revealed that children demonstrated varying levels of grief and trauma regardless of type of loss. In the study, “boys and girls appeared generally equal in terms of trauma, but female siblings reported greater grief after the loss than males” (Paris et al., 2009, p. 77).

Davies (1999) asserted that all siblings who participated in her research reported thinking about their deceased sibling often. Maintaining a connection or continuing bonds has emerged in sibling bereavement. Packman et al. (2006) highlighted factors that influenced the continuing bond expression of siblings and reported that bereaved siblings engage in specific actions, such as ongoing conversations and purposefully including them, in order to maintain connections with

their deceased brother or sister. In addition, Granados et al. (2009) claimed, “fostering ongoing connections and relationship might provide [siblings] with a source of both comfort and strength in the face of the challenges of being bereaved” (p. 19).

Impact on adolescents and children. The study of healthy children’s understanding of death began in the 1930’s, and has developed over time (Davies, 1999). Corr (2008) suggested that children do have early inklings and encounters with death and understand it differently through various stages of development. Children may not think about death the way an adult does, but they are aware of it. Ribbens McCarthy (2007) reported that the combination of bereavement and adolescence can be viewed as a double jeopardy that may initiate symptoms of anxiety. Both transitions involve changes and uncertainty. Children and adolescents described feeling guilty, anxious, depressed, and many had trouble sleeping (Christ et al., 2003). Child bereavement studies have also shown that the process of dealing with death continues and changes throughout the life cycle (e.g., Silverman & Nickman, 1996). Grief is processed repeatedly by children, as they become more capable of understanding their loss over time.

The Harvard Child Bereavement Study (Silverman & Nickman, 1996), a longitudinal, prospective study on the impact of a parent’s death on children revealed that the bereavement process in children included the establishment of a set of memories, feelings, and actions that pertain to the deceased. This phenomenon is also common in other cultures, as the same study was done with Israeli Jewish children. Results showed that the children were maintaining a relationship with their dead parent as opposed to letting go, and the relationships changed as the child matured. These processes may continue throughout the entire life of the child. Outcomes suggested that finding ways to maintain a connection to the deceased are normative aspects that allow the child to go on living in the face of the loss. Silverman and Nickman (1996) asserted

that they “see the role of the surviving parent as important in enhancing the children’s ability to construct a relationship to the deceased” (p. 75). This assertion has yet to be examined in bereaved families experiencing the loss of a child.

Another study was conducted (Granados et al., 2009) to explore a new approach to grief counselling with children and adolescents. This group study had three groups of 5-7 students each, who had all lost a loved one. Activities were designed to reconfigure relationships with deceased loved ones. Students participated in activities such as introducing their loved ones, sharing stories, acknowledging cultural rituals, using the voice of the loved one as a resource, and inviting the deceased to continue membership in the students life. After being a part of the group activities, participants reported that there was a difference in their relationship with the person who had died. The authors concluded that “saying hello again may indeed produce less ongoing pain than being asked to say goodbye” (Granados et al., 2009, p. 19). Granados and colleagues emphasize the interpersonal domain between people and how processing of grief in the group was beneficial for these children and teens.

Meaning making. Meaning is central to the bereavement experience. The Center for the Advancement of Health (2004) found categories of meaning that referred to the pain and suffering associated with bereavement, and to more positive and hopeful dimensions of loss. Human beings are motivated to find meaning and purpose in their lives in spite of suffering (Attig, 2004; Frankl, 1984), and this has been reported in numerous studies on finding meaning after the death of a child (Keese et al., 2008; Lichtenthal et al., 2010; Meert et al., 2015). The loss of a family member, and specifically the loss of a child, is one of the greatest human losses to comprehend, and “family members struggle collectively to make sense of what has happened” (Nadeau, 2008, p. 512).

Keesee, Currier, and Neimeyer (2008) conducted a survey of 157 parents who had lost a child. The participants ranged in age from 23 to 77 and 81% were mothers, while only 19% were fathers. Participants came from 32 different states, two Canadian provinces, and from Australia. There was a broad range of ethnicities, as well as a variety of causes of death. The average age of the deceased children was 16.68 years. In addition to doing a survey, participants were also asked to complete these two measures of grief: the Core Bereavement Items (CBI) and the Inventory of Complicated Grief (ICG). Findings showed several factors related to increased risk of poor bereavement adaptation and sense making emerged as the most salient predictor of the grief severity. The ability to make sense of the loss predicted post-loss adjustment.

A recent study was conducted investigating meaning in bereaved parents (Meert et al., 2015). Findings revealed four types of meaning making processes that included (a) sense making, (b) benefit finding, (c) continuing bonds, and (d) identity reconstruction. Fifty-three parents of 35 deceased children that had died in a pediatric intensive care unit (PICU) participated. Parent-physician meetings facilitated these findings and pointed to the importance of providing information, emotional support, and an opportunity for feedback.

Meaning making was a key component of Nadeau's (1998) systemic study on family bereavement. She reported a variety of strategies which families used to make meaning following the loss of a family member. These included story telling, sharing of dreams, comparing accounts of the deceased, sharing insider information, and sharing random events to make sense of the death. Nadeau found that there were influencing factors as well that included the in-law effect, meaning stimulators, and meaning inhibitors. Results showed that families who shared the most had many meaning-making stimulators, such as giving physical care to the person before he or she died, having many family and funeral rituals, being tolerant of diverse

points of view, and having frequent interactions. Families who shared the least had many meaning-making inhibitors, such as fragile family ties, previous conflicts including cut-offs, and divergent beliefs. Shared family meaning was described as meanings that were agreed upon by two or more, but not necessarily all family members. Consensus was not attained by any of the families in her study. Nadeau reported, “Families who do not talk about the death have difficulties reaching any level of agreement about the meaning of the death” (p. 104).

Continuing bonds. Numerous researchers have investigated continuing bonds over the past 20 years. Klass (1993) began the discussion by presenting findings from his seminal work with a bereaved parent group. Since then continuing bonds has been a prominent topic in the field of bereavement. Research on continuing bonds (CB) has emerged in studies on culture and CBs (Hussein & Oyebode, 2009; Lalande & Bonanno, 2006), on adaptation in grief and CBs (Boelen et al., 2006; Field, 2006; Stroebe, Abakoumkin, Stroebe & Schut, 2012), on post death contact and CBs (Klugman, 2006), on sense of presence and CBs (Steffen & Coyle, 2010), as well as on parental and sibling bereavement and CBs (Davies, 2004; Forward & Garlie; 2003; Granados et al., 2009; Klass, 1996, 2006; Ronen et al., 2009). Findings reveal that after a loved one dies, many people maintain some kind of a connection with them (Klugman, 2006). CBs are active in dialogue and research is needed, particularly from the arena of family bereavement.

A noteworthy study was conducted by Klugman (2006) using a randomized controlled telephone survey of 202 participants to consider the relationship between post death contact (PDC) and continuing bonds, as part of the grieving process. PDCs are defined as when a living individual feels that a person who is deceased is reaching out to connect with them. Results showed that 97% of the participants had a PDC with someone who had died. Participants were initially reluctant to admit this, but answered more honestly when specific questions were asked.

These findings “suggest that an active continuing bond experience may be a lifelong phenomenon” (p. 260) and “may be more widespread than previously thought” (p. 249).

Klass’ (1993) twenty-year ethnography found continuing bonds to be a significant part of the parental bereavement journey (Klass, 1996, Klass et al., 1996), and the importance of continuing bonds in adolescent sibling bereavement has also been reported (Packman et al., 2006; Granados et al., 2009). Murphy et al. (2003) summarized the supporting evidence for continuing bonds by saying that bereaved parents are adamant about their need to maintain strong, emotional, and spiritual bonds with their deceased children, and the relationship takes on a new form, but never disappears. This declaration has yet to be examined in the context of relational grieving in bereaved families experiencing the loss of a child.

Limitations of the Extant Literature

Bereavement is a critical area of research because of its complex nature and how much it has changed even in the last several decades. There is a growing body of literature in this field, but there are still gaps in some areas. This literature review has revealed numerous important limitations, and this study sought to address several significant ones: the interpersonal process of family grieving and the role of continuing bonds in the family grieving process. The impact of death on the family and the role of interpersonal relationships in the grieving process warrant further inquiry to inform the field of bereavement and aid in the development of a substantive family grief theory (Nadeau, 1998), as to date, there is not a model or theory specific to relational grieving and in particular, family bereavement.

The vast majority of researchers and clinicians alike recognize the importance of relational processes in grieving, but a high percentage of studies on bereavement continue to conceptualize and research grieving as an intra-psychic process. Little work has been done to

examine how grieving is enacted within the context of relationships and specifically in the context of the family system (Walsh & McGoldrick, 2004). Further investigation is necessary to explore the process of grieving and how it is expressed through the interpersonal relationships in the family unit from multiple perspectives and multiple participants (Breen & O'Connor, 2007), and further exploration of the continuing bond and its role in the grieving process is also needed (Klass, 1996). Nadeau (1998) recommended that future studies be focused on the family unit and specifically those who have lost children, which the current study implemented.

Rationale and Purpose

The purpose of this study was to address the interpersonal dimensions of grieving within a family unit after child loss and to look at the process of family grieving. Observing how families expressed their grief relationally was the central focus. This study also sought to understand how families maintained an ongoing connection to their deceased child and the role of continuing bonds in their family grieving process. Interviewing bereaved family members together -with no researcher present, and separately, to process this family conversation was new territory. This study employed the Qualitative Action Project Method (Young et al., 2005) based on the framework of action theory, which is well suited to address the relational and contextual limitations in the existing research on family bereavement. It is hoped that this study would inform grief theory on the shared relational nature of the grief process in families and would add to our collective understanding of the family grieving process.

CHAPTER THREE: METHODS

This chapter illuminates the methodology that was utilized to study the joint grieving processes of bereaved families. It will begin with an overview of the theoretical framework of contextual action theory, the paradigm at its foundation, and will give a detailed description of the integrative function of action that this theory proposes. A description of the Qualitative Action Project Method (QA-PM) will follow, as well as adjustments made in employing this method for this research study. An argument will be presented for the appropriateness of this method and how it was applied to examine the research question: *how do bereaved families grieve together and continue a relationship with their deceased child*. Next, it will account for the use of an instrumental case study approach and will explain the strategy utilized in recruiting its participants. An in depth explanation will be made of the rigorous data collection and analysis procedures that took place. The chapter will end with a discussion on trustworthiness and rigour, and how this methodology substantiated both of these.

Contextual Action Theory

Contextual action theory posits that all human behaviour is goal-directed and intentional (Valach et al., 2002), and considers context as emerging in and through individuals, as they act in relationship to themselves, others, and the world (Klaassen, 2010). Action can then be referred to as inherently contextual. For bereaved families, grieving itself is the context, and in this study grieving was conceptualized in terms of actions that family members engaged in, both individually and together. Action theory also addresses processes of action at different levels and is tied to different functions of action thus offers “a three-dimensional conceptual framework for the analysis of action: the perspectives that one can take on action, the levels at which action is organized, and the systems of action” (Young et al., 2005, p. 216). This three-dimensional

approach proposes a framework for examining multiple levels of action in an integrated approach, where each part deserves equal attention (Valach et al., 2002).

Paradigm. Action theory represents a distinct epistemology and research paradigm that is incorporated into the QA-PM. This theory is primarily based on constructivism with elements of post-positivism inherent in its epistemology (nature of knowing) and ontology (nature of reality) (Domene & Young, 2008). According to action theory, knowledge and meaning are constructed in relationship and expressed through action. Valach, Young, and Lynam (2002) suggest that people construct their worlds through the processes of their actions. The actions are given meaning through ongoing dialogue where language, symbols, and cultural artifacts shape the nature of one's knowledge base (Valach et al., 2002). This was important to recognize for this study, as the desire was to investigate emergent joint grieving actions of the bereaved family members as they co-constructed meaning, and to analyze the family grieving process through the expression of these ongoing actions. This would include the interaction between and amongst family members, of family members and the deceased child, and between the researcher and the family members. Language, social, and cultural contexts were considered as well. Acquiring knowledge was subjective and this knowledge was obtained through observing and analyzing the actions of family members as they discussed how they had grieved together.

Ontology from an action theoretical perspective begins with everyday experiences of self, others, and the world, and extends to interpretation of meaningfulness. For this study, the nature of reality was understood through the actions of the family members in personal experiences, experiences with others -specifically those in their family, and experiences with the world. Thus, in order to understand the nature of reality from this perspective, one must understand it as it emerged through the experiences of the family members themselves. For this study that included

observing the actions of each family member that led to shared meaning, within their historical, social, and cultural contexts, and included the expression of joint actions of ongoing connection with each other and their deceased child.

Integrative function of action. As mentioned previously, action theory generates data from three perspectives on action, incorporates analysis of three levels at which action is organized at, which are subsequently analyzed in terms of short, mid, and long-term actions.

These tenets are outlined as follows and depicted in Figure 2:

Three PERSPECTIVES on Actions:

1. Manifest behaviours/actions (lowest level)- The OBSERVABLE
2. Internal processes (intermediate level)- The THOUGHT Process
3. Social meaning (highest level)- The SHARED relational meaning

Three LEVELS of Action Organization:

1. Action ELEMENTS- defined categories of specific behaviours, coded line by line
2. Action STEPS or FUNCTIONS- reflected the movement of elements towards intentions
3. Action GOALS- social meaning divided into themes to analyze

Three SYSTEMS of Action:

1. INDIVIDUAL and/or JOINT ACTION- short-term occurrences anchored in daily life.

Series of joint actions = project

2. PROJECT- a mid term construct of a series of actions with common goals or intentions based on shared definitions.

Long term projects = careers

3. CAREER- long term organization and construction of projects over time that hold a highly significant place in our lives. (Young et al., 2005)

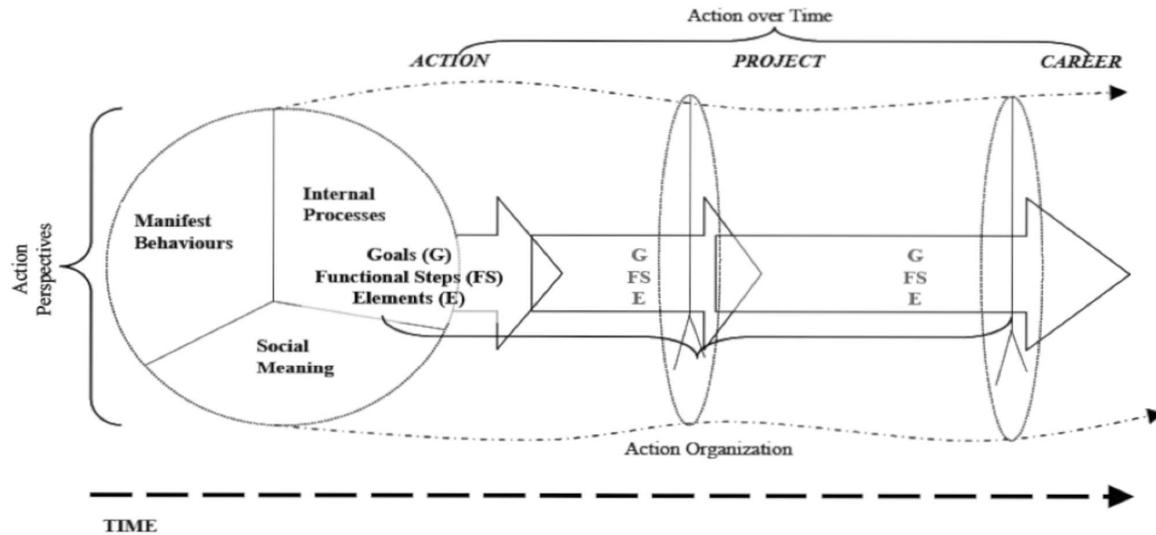


Figure 2. The Integrative Function of Action © Klaassen 2010 by permission.

The integrative function of action was central to this study and included how the family member's perceived, organized, and acted out their grieving in their daily lives in relation to how others in their family system did this as well. The purpose was to identify individual and joint grieving actions, to summarize the succession of these joint actions into narratives called projects, which then formed the long term overall framework acknowledged as career. These were fundamental to generating summaries of how the participating bereaved families were grieving and what actions they engaged in together in processing the loss of their child. The integrative function of action can be understood with more clarity when using the visual aid of a set of Russian nesting dolls. The individual dolls are each part of a whole, are intricate and complex on their own, but are interrelated and fit perfectly inside of each other in a specific sequence that only makes sense in relation to the others. The process illustrated in Figure 2, shows that each level of action fits within the one that follows, from manifest or observed behaviours, internal processes, and shared meaning to the levels of elements, functional steps,

and intentions/goals to the systems of joint action, projects, and career. Contextual action theory is the framework on which the QA-PM is based.

The Qualitative Action Project Method

The Qualitative Action-Project Method (QA-PM) is a heuristic, constructionist, consensus-based research method that was developed by Young, Valach, and colleagues (Valach et al., 2002). The QA-PM was designed to explore and describe the actions of people jointly engaged in achieving a goal or future state. It is anchored in an action theoretical perspective and is an integrated approach that allowed for collecting and analyzing data from multiple levels of action and multiple perspectives of participants. The QA-PM is oriented toward the personal and shared conception of action and provided a valuable way to understand the complexity of human action in bereaved families. This method promoted a holistic, descriptive, explanatory approach of ascribing meaning to ongoing actions and processes of bereaved family members, and the context in which they were embedded- grieving in the family unit. The unique aspect of the QA-PM is that it examined how two or more connected people, as in the family in this study, co-constructed and engaged in joint grieving actions. The QA-PM allowed us to observe the process of grieving through the dynamic variables of behavioural, emotional, cognitive, and social processes, which all informed the family grieving process. Examining family grieving through the protocol of this method provided rich descriptions of the joint grieving processes that family members engaged in together: retrospectively, currently, and with intent for the future.

For ease of understanding an example will be given. Bereaved families were invited to engage in a family conversation, which was video recorded. This recording was utilized to observe manifest behaviours (lowest level of perspective) of family members interactions. These were coded into levels of action organization of elements, steps, and goals or intentions of the

observable behaviours and these were the means used to identify joint actions. For example, a common manifest behaviour was recalling the funeral or memorial service of the deceased child. One family member initiated the conversation and the rest of the family members would add in details, perspectives, and meanings. The highest level of perspective (shared meaning) was observed as the family co-constructed meaning of their joint grieving activities during this shared relational process of recollecting.

A secondary level of action was obtained through a reflective interview that took place between a family member, a researcher, and the video footage of the family conversation. The participant was asked to recall internal processes (intermediate level of perspective) such as thoughts and feelings that might have occurred during the family conversation, as well as to give contextual details to fill in gaps. For example, one family member reflected a realization that being a part of the memorial service and putting together a speech had been what initiated his grieving process. Systems of action included the joint action of family members participating in the memorial service, and a joint grieving project would be a series of these actions that family members had participated in together as a way of grieving the loss of their deceased child. For this study, the joint grieving project was denoted as the family grieving process.

The final category of system of action is “a long term organization and construction of projects over time that hold a significant place in our lives” (Young et al., 2005) referred to as career, but does not imply vocation. Examples of long-term projects that emerged were previous spiritual careers, past relational careers, and long held systemic careers. Many of these careers were renegotiated in the family grieving processes. Through the QA-PM rich, contextual descriptions of the bereaved participants’ lived grieving experiences were generated, in the context of the family system of which they were a part.

Adjustments to the QA-PM. Several adjustments were made to the QA-PM protocol. The first was that the design of this study did not include a longitudinal component. The QA-PM proposes that projects are enacted over time and suggests including a monitoring period (Young et al., 2005). The rationale for not adhering to this was that the recruitment process took longer than expected (over six months), and the author was a master's level student. This study implemented a retrospective look at past mourning events and an examination of family bereavement over the course of time from the death of their child to the present, however, it is important to make note of the delineation from the original protocol.

A second adjustment that was made to the procedure was that the QA-PM was implemented with more than two people in the joint conversation interview. Instead of dyadic interviews, this study employed multiadic interviews, where three to four members of the family engaged in the joint or family conversation. As Manning and Kunkel (2015) suggest, "when the family as a whole comes together ... family members will communicate differently as the full family creates a different context than the various dyads that could be formed from that family" (p. 187), which affirms the rationale for the current study. To the author's knowledge at the time of this study, this was the first time multiadic joint interviews were conducted with this method.

A third adjustment to the QA-PM was in adding a reflexive component. The principal researcher kept record of statements that were expressed by the researchers during data analysis, and researchers were asked to write down their own reflections of the process. These reflections were compiled and read out to the families. This added a unique component of reflexivity and was a powerful part of the final interview, as family members were notably touched to hear how the research teams had been impacted by them. In the process of participating in the research

study and by examining ourselves as researchers, we were profoundly touched by the bereaved families. And in turn, the bereaved families were impacted by our reflections.

Appropriateness. The QA-PM (Young et al., 2005) was a suitable method for investigating the joint grieving processes of the participating bereaved families, as it was designed to explore and describe the actions of multiple participants from multiple perspectives, and the interrelatedness of these actions in their social context. The QA-PM has been used extensively in studying dyads, and therefore, was an appropriate method for interviewing multiple family members at the same time. It was easily adaptable to the three or more members of the participating families in this study. Its emphasis on action as an intentional, holistic synthesis of human experience constructed through intrapersonal and interpersonal engagement in behavioural, cognitive, emotional, and social processes was particularly valuable, as relational grieving included all of these. In the case of this study, benefits included (a) ample data gathered through a warm-up interview, a family conversation, individual processing interviews, as well as a member check interview, and (b) analysis that generated rich, descriptive family grieving narratives based on interpersonal dimensions of the grieving process observed in the context of the family unit. The uniqueness of using a family interview, where no researchers were present, was advantageous for initiating a dialogue between family members that was close to their lived experience. All of these factors emphasize the appropriateness of the QA-PM to this study.

Instrumental case study approach. An instrumental case study approach was used in conjunction with the QA-PM. According to Stake (2005), choosing a sample is dependent on the purpose of the study, the availability of resources, and involves the study of a “specific, unique, bounded system” (p. 445). Mertens (2010) adds that “researchers working within a constructivist paradigm typically select their samples with the goal of identifying information-rich cases that

will allow them to study a case in-depth” (p. 320). The sampling strategy for this study included using an instrumental case study approach and intentionally identifying bereaved families that had lost a child who would be willing to share about their grieving experiences. This sample provided a rich source of data for the current study. Stake (2005) defined instrumental case studies as those that provide insight into a particular issue, and suggested to study a specific case that offers the most to learn from. For this reason, bereaved families that had lost a child and offered opportunities to learn about the joint grieving processes of family bereavement were recruited. Sample size was another factor that was considered. Creswell (2007) suggested “for case study research, I would not include more than 4 or 5 case studies ... this number should provide ample opportunity to identify themes as well as conduct cross-case theme analysis” (p. 128). Domene (personal communication, May 26, 2014) also recommended limiting the sample size as “two or three families may provide you with a very large data set to analyze. I would recommend aiming for no more than that for a sample in a master’s thesis.”

Participants and informed consent. Three families from the Greater Vancouver area of British Columbia were recruited through contacting local hospice bereavement coordinators, funeral directors, grief counsellors, the Compassionate Friends (TCF) group facilitators, and research team contacts. The families were recruited according to a specific criteria and this information was presented in the form of a poster (see Appendix A) that was distributed to the above-mentioned organizations and individuals. The following criteria were met by all participants: (a) Families that had lost a child three plus years ago; (b) one or both parents and at least one other family member (age 10+) who were willing to participate; (c) families were willing to discuss their joint grieving activities since the child had died, and (d) families were willing to commit to doing 1-video and several audio-taped interviews over a six month period.

No inclusion or exclusion criteria were set with regards to cultural background, religious affiliations, education level, or socioeconomic status.

Three families recruited. Three families volunteered to participate in the study. Two of the families consisted of biological parents and one adult child, while the final family included both biological parents and two adult children. Once families had volunteered for this study, a screening telephone call was made to find out if their experience fit with the purpose of the study (see Appendix B). Semi-structured questions were asked to each individual in regards to the above-mentioned criteria. The family members were given a brief synopsis of the purpose of the study and what it entailed. Family members were asked if they would be willing to discuss ways in which they had grieved as a family, for their deceased loved one. Through the screening process it was determined that none of the families reported having members with current psychological instability, non-stable psychiatric conditions, or a high suicidal ideation. All families that had the required amount of family members (minimum of two) and volunteered were eligible to participate. Follow up phone calls were made to set the date for the initial interview and the family members were asked to bring pictures or items to the first interview to introduce the researchers to their family and the child who had died.

Informed consent, which included an overview of the study, time commitment required, potential risks and benefits, and a rights category was discussed with participants and documents were sent by email so that the participants could look them over again before coming to the first interview. The rights section included the right to refuse to participate and/or withdraw from the study at any time and the parameters of confidentiality for the study. Because of the nature of this study, it was revealed that it would involve questions about personal, sensitive issues with some psychological/emotional risks such as feeling uncomfortable, anxious, embarrassed or

upset. There was more than a minimal risk (e.g., risks beyond that which the participant encounters in their usual daily life) and these were all addressed with the participants verbally, as well as through the informed consent form (see Appendix E).

There were ten participants in the study, four females, and six males (see Table 1). All families included heterosexual couples, two of which were married and one that was separated at the time of the study. The families had each lost a child (see Table 2). Two of the families had grandchildren. The bereaved family members identified themselves as Christian, Atheist, Agnostic, Muslim, and one had no religious affiliation. For family one- all members were born in Canada, family two- all members were born in England, and family three- members were born in Canada, England, and Pakistan. All participants reported English as their first language.

Table 1

Demographic Statistics for Data Set (Family Members)

Name of family	Participants	Ages	Ethnicity
Family one	1F and 3M	59, 59, 34, 25	Dutch descent
Family two	1M and 2F	77, 76, 56	English descent
Family three	1F and 2M	63, 69, 32	British, South Asian, Mixed

Note. F = female, M = male.

Table 2

Demographic Statistics for Data Set (Deceased Children)

Name of family	Yrs. since death	How child died	Age and Gender of child
Family one	10	unknown cause	Male-21
Family two	24	MVA	Male-28
Family three	8	suicide	Female-21

Note. MVA = motor vehicle accident.

Data Collection Procedure

The procedure of data collection followed the QA-PM's detailed outline for this process (Young et al., 2005). The Trinity Western University Research Ethics Board approval was received and the data collection strategy began. The principal researcher, the primary supervisor and a team of ten research assistants collected, transcribed, and analyzed the data for this study. The team of researchers included three clinical counsellors, four fellow graduate students in the Counselling Psychology program at Trinity Western University, one undergraduate student, and two transcriptionists. The author served as the principal researcher and assumed all responsibility for the coordination, management, collection, and analysis of the collected data.

Interviews for two of the families were conducted in the Fraser River Counselling Centre on the Trinity Western University campus, and one family requested that the research team meet them in a hotel room close to where they were camping as a family. This request was granted in order to honour the participating family by meeting in a convenient location for them. Data collection included the following procedures: (a) an initial set of interviews- approximately three hours, and then (b) a member check/feedback interview- approximately one and a half hour.

Initial set of interviews. The data collection process began with an initial set of interviews that consisted of a warm-up interview, a family conversation in which the whole family participated together, and separate individual processing interviews.

In the warm-up interview, the primary researcher gave a brief overview of the interview schedule for that session, which included describing what the joint conversation and the individual self-confrontation interviews entailed. Each participant that volunteered was asked to fill out a demographic questionnaire (see Appendix C for parents and Appendix D for siblings), as well as an informed consent form (see Appendix E). All researchers and family members took

part in the warm-up interview as a way of building rapport with the family. The principal investigator asked the family members to share a bit about themselves and to show the pictures or items they had brought in, as a way of introducing the research team to the deceased child. For all families, this took the majority of the one hour allotted time for part one of session one. The purpose of creating a warm, comfortable environment and joining with family members was a crucial part of this time and was reflected in family members joy in reminiscing together while telling the research team about their family and their deceased child. Researchers acknowledged, validated, and empathized with family members as a way of connecting with the family. These interviews revealed the death event story for each family and profoundly affected the research team. The warm up interview was where the researchers encountered the family and it was the most sacred and vulnerable time for all participants. After approximately one hour and when there seemed to be an appropriate break, the principal researcher asked the family if it was okay to move into the family conversation interview. On most occasions, this happened organically.

Family conversations. The family conversation interview¹ (FC) involved the family members (no researchers) engaging with each other. It was basically, a family dialogue around recalling what the family had done together to grieve the loss of their child or sibling. The principle researcher initiated this conversation by asking the family members if they could converse about how they had grieved together as a family. Recommendations were made to start with the funeral or memorial service, birthdays or anniversaries of the death and then, go from there to wherever the conversation would take them. It was also suggested that they could include what they had done together to continue or honour their relationship with their deceased loved one, what activities they had engaged in which helped them cope with or make sense of

¹The QA-PM uses the term joint conversation, but for the purposes of this study it was replaced with the term family conversation.

their child's death, and what they might like to do or anticipate doing in the future. The researcher instructed the family to take the next 20-30 minutes to have a conversation and that they would knock on the door and join them again after that time. The researcher started the video equipment and left the room. Marshall, Zaidman-Zait, Domene, & Young, (2012) suggested, "the self-generated and self-directed nature of the conversation allows the participants to interact in their customary style and provides an opportunity for the topics that are most salient to the [family] to emerge" (p. 164). After the allotted time, the researchers came back into the room and decided which family member each researcher would go with for their separate internal processing interviews. The family was given a 5-minute break while the primary researcher copied the video footage onto each researcher's computer. Once this was completed, each family member went with their designated researcher into a separate room to participate in a reflexive interview.

Individual processing interviews. The individual processing interviews² (IP) were conducted with the purpose of collecting deeper level communication (thoughts, feelings) from each family member separately as it related to the FC that took place between family members. This was a way of collecting data on the internal processes accompanying the joint grieving actions of the family members. It required numerous research assistants to be able to divide into dyads with each family member. The number required depended on how many family members participated. For all families, two research assistants, plus the principal researcher participated.

The research process was the same for each researcher-participant dyad. A researcher and a family member went into a private room. The researcher explained that they would watch the video footage of the FC that had just occurred, with the intent to better understand each

² The QA-PM uses the term self-confrontation interview, but for the purpose of this study and for ease of understanding, the author chose to use the term individual processing interview.

person's thoughts, feelings, and context during each segment of the conversation. This interview was audio-recorded. The researcher told the participant that whenever something important came up for them, they were to feel free to stop the video recording and talk about what was going on for them at that particular moment. The researcher would also stop the recording, every minute or so, when he or she noticed anything significant. The intention was for the researcher to query emotions and cognitions. The researcher ended by asking the participant if there was anything more they would want to add to the conversation. For family one, the second son who had not confirmed intent to participate showed up with the family. In order to adjust for this, one research assistant conducted the self-confrontation interview with both sons.

After the IPs were completed, everyone came together again, for closing remarks. This included a brief time of thanking the family members for participating and telling them that the researchers would contact them once the analysis was done to set up a time for the second interview. Breaks were provided in between the warm-up and joint conversation, and between the FC and the IPs. These interviews were followed by a preliminary analysis (see below).

Member-check and feedback interview. The member-check interview (MC) was part of the second interview session and was meant to be a way of assuring trustworthiness and rigour by receiving the participant's input as to whether or not the researchers had interpreted the information correctly. This interview session took place ten months after the first set of interviews, after the research team had transcribed and analyzed the data, and produced a narrative summary for each family (see preliminary analysis below). The protocol for the QA-PM for the feedback interview included meeting with the participants and reading the narrative summary to them. The narrative described the individual and joint grieving actions of family members, as well as the family grieving process that emerged for the family as a whole. The

researcher explained that this summary represented an understanding of what had emerged in the first interview and the grieving process that surfaced. The researcher reiterated that the family grieving process included retrospective elements of grieving, as well as current joint grieving processes that occurred spontaneously in the sessions.

A unique set of circumstances arose for each family in regards to getting together for the MC. Family one was contacted and told that the narrative summary was ready to present to them. The mother responded with an email explaining that their family had experienced another loss in their immediate family, and they were all still grieving this child's loss. The principal researcher called her immediately and a discussion ensued about their eldest son and his wife delivering a stillborn little girl in January. The family was grieving another huge loss and the researcher wanted to be sensitive to this. The researcher expressed condolences and asked how she could support them through this time. This is included here to make note of the extremely difficult circumstances that family one was going through and the courageous effort they made to assist the principal researcher in completing the research. Instead of bowing out of this study, which would have been perfectly understandable, they joined together and found a way to make it happen. In the end, family one had their MC with the mother attending in person, and the father and two sons attending via telephone conferencing. Family two had parents who lived in one province and the daughter who lived in another province, so it was decided to do the feedback interview via Skype. And for family three, the son had moved overseas, and so the interview was conducted with the parents in person, and the son sent in feedback via email.

For all MCs, time was given for interaction and discussion. It was significant for each family member to give feedback to assure that the summaries were a fit for their family, and to insure this, the researcher asked each person individually if it fit for them and if, from their

perspective, it fit for their family. This led to active discussions of each part of the summary statement where family members gave their input of how they connected with specific parts. At various points family members would ask for clarification and if certain sections fit for other family members. Everyone in the family gave constructive feedback. The summary statements needed minor adjustments, but for the most part fit well for the families. A researcher's reflexive narrative was generated during the course of the analytical process, and this was presented to the family. The families were touched by this addition to the protocol.

Debriefing. All MC sessions ended with a debriefing section where family members were asked how the process was for them. In general, the families shared how being a part of the study had impacted them, how appreciative they were to have been included and how they had learned something about each other and their family through it. Several family members shared that the principal researcher's experience of being a bereaved parent was instrumental to their involvement (see Appendix G). Families asked if they would be able to see a copy of results. The researcher assured them that they would get a copy of the finished thesis later in the year. It was also conveyed that their input and feedback would always be welcomed and appreciated. The debriefing ended with thanking the participants for their valued involvement. This session took place in different locations for each family member with multi-media technology employed that included in person, telephone conferencing, emails, as well as Skype.

Analytical Procedure

The analysis process occurred throughout the data collection procedure. The unit of analysis was the action, and more specifically family engagement in joint action. The overall intent was to develop a detailed account of how each of the three families grieved together within their unique family unit. A team of researchers conducted a back and forth process of analysis,

from data to framework, including both a top down and a bottom up sequence. This included a preliminary analysis that took place right away after the first set of interviews, and before the MC. Following the MC, a within-in case analysis was completed for each family, and a between-case analysis was also conducted that produced key assertions.

Preliminary analysis. After the initial set of interviews, a preliminary analysis was conducted. Each family had a different group of research assistants, who along with the principal researcher, helped to transcribe and then analyze the data in accordance with the parameters of the QA-PM (Valach et al., 2002). Data that was collected from the first set of interviews was transcribed verbatim. This included the warm-up interview, the family conversation, and the individual processing interviews. The total minutes of transcription included two data points: the initial interviews and the secondary interview (see Table 3).

Table 3

Data Point Statistics for Data Set

Name of family	Data point one	Data point two	Total in minutes
Family one	271	88	359
Family two	306	87	393
Family three	255	137	392

The data was analyzed based on the framework proposed by Young et al. (2005). The research team began with a top-down process of evaluation to identify the overall intentional framework of the joint conversation. Action themes were produced by first listening to the joint conversation interview and making initial impression notes, and then by reviewing the video-footage again with the transcription alongside. Specific actions began to emerge. A bottom-up analysis was then utilized by coding (see Appendix H) each statement and then each minute of

the family conversation into elements, and functional steps using HyperRESEARCH, a program that assisted with coding each turn of speech for the purpose of describing actions (e.g., asking a question, agreement, describing an event, expressing an opinion, etc.). Again the research team reviewed the FC, but this time in a minute-by-minute sequence alongside of the coded transcription. The progression from elements to functional steps to intentions materialized in evaluating it in this way, and joint actions, and joint grieving processes were identified.

The research team then listened to the audio recordings of the IPs for each family member and made notes on the transcripts as pertinent reflections emerged that would add to the content of the joint conversation. Specific quotes were chosen and contextualized within the content of the FC. Discussions ensued about how the family had retroactively grieved together through their joint actions, what specific individual actions emerged, as well as specific thoughts and feelings from the internal processing of family members were noted. A distinction was made when present joint grieving actions spontaneously occurred. There were specific moments when each family turned towards each other in joint grieving right there in the FC. The research team again listened to the audio recordings of the warm-up interview and contextual information was revealed when family members disclosed their perspectives on the death event story, as well as listed characteristics of the deceased that had impacted them personally. These were noted and contextualized within the content of the FC as well. Consensus of the research team was reached at all levels of analysis after active conversations and much scrutinizing.

The research team revealed personal reflections throughout the analysis process, and memos were made of these comments, as well as researchers were asked to write out their impressions of the family that they worked with. These were utilized to assemble a reflexive feedback to give to the family on how much they had profoundly touched the research team in

allowing them to enter into their families grieving process. Flow charts of the main joint grieving actions discussed in the FCs were also generated, as a visual aid in the analysis process. A joint grieving narrative called the family grieving process was constructed for each family.

The principal researcher was thoroughly immersed in the data and between research team sessions, generated summations of their sessions together. The information that was collected from the preliminary analysis described above was inserted into an analysis template (Klaassen, 2010). This document included the research question, data points, contact time, demographics for each family member, an overall initial summary of the (FC) with pertinent information taken from the warm-up interview and the IPs, intentions and purposes were summarized as a whole, and then a summary was created for each family member of their individual elements, functional steps, and goals in the FC. These were then employed to generate a narrative summary of the joint grieving process for the family, as well as the individual role of each family member in these actions. This included a summary statement for the family grieving process, as well as a reflexive narrative of research team impressions. The research team for each family was instrumental in reaching an appropriate interpretation. These were presented to the family at their second interview, the MC (as described earlier).

Within-case analysis. After the MC was conducted and transcribed, the within-case analysis continued. Summaries were generated for each family that included data sources, demographic information, and details of emergent patterns and themes. Necessary adjustments were made to the summary statements according to the feedback from the family and findings were reported in the analysis template. All data collected from all conversations, video recall, and participant feedback from the first and second interviews was reviewed. As mentioned earlier, in this particular study there was not a monitoring period or longitudinal component of

study. Assertions were made regarding significant findings for each case, as well as answering the research question for each family of how does this bereaved family grieve together, and how do they continue a relationship with their deceased child.

Between-case analysis. A between or cross-case analysis was then conducted. The findings from all families that participated in the study were examined to determine commonalities and differences, using a back and forth process of analysis. Themes, intentions, elements, and functional steps were compared between each family's joint grieving actions, projects, and careers. The within-case themes and categories were reviewed for each of the three families and salient material was highlighted. Revised flow charts were produced of noteworthy similarities, and these were discussed with the research team. Once consensus was obtained assertions were made to summarize the findings.

Trustworthiness and Rigour

Qualitative and quantitative research use different terms and have different standards of quality. Morrow, Castaneda-Sound and Abrams (2012) suggest, "trustworthiness is the term frequently used by qualitative researchers to describe the 'rigour' or 'credibility' of a qualitative study ... [and] are complicated by the paradigms that underpin the research" (p. 93). Morrow's (2005) overarching criteria for trustworthiness includes social validity, subjectivity and reflexivity, adequacy of data, and adequacy of interpretation. Several of these will be addressed in reference to the methodology of this study. For studies with a constructivist paradigm, such as this one, it is also important to address areas of authenticity. Guba and Lincoln (2005) believe the "hallmarks of authentic, trustworthy, rigorous, or 'valid' constructivist inquiry" are fairness, and ontological, educative, catalytic, and tactical authenticities (p. 207). Young et al. (2005)

assert that to be authentic the findings must resonate with some reality and with the way others construct their social worlds, and argue that the QA-PM protocol aligns with criteria for rigour.

For the purpose of this study, three specific areas where the method ensured trustworthiness will be presented (Marshall et al., 2012). The first is that the protocol involved the adequacy of data. Young and colleagues (2005) declared that the QA-PM has rigorous data collection methods from multiple sources. With the warm-up interview, the joint conversation, the self-confrontation interviews, and with the member check interview, there was a sufficient amount of data, a sufficient range of data, and sufficient analysis to give the researcher confidence in the data collection. The sample size of three families containing ten individual participants was considerable, and generated close to 1200 minutes of transcribed data. As Morrow (2005) reminds us, “ultimately, what is far more important than sample size are sampling procedures; quality, length, and depth of interview data; and variety of evidence” (p. 255). The QA-PM utilized a variety of procedures to ensure quality and depth of interview data. The use of this method generated rich, thick descriptions of how bereaved families grieved together using adequate data from multi-levels of collection and analysis.

The second area of trustworthiness was that participants had the opportunity to review the analyzed and summarized data in an interview dedicated to receiving feedback from family members. This addressed the adequacy of interpretation, as well as subjectivity and reflexivity. Morrow (2005) challenges researchers to be aware of their responsibility to make sure that the interpretations reflect the participant’s meanings. The member check interview encouraged the participants to review and revise their summarized narrative to ensure it adequately represented them as a family. This was a critical part of the process and was subjective to each family member emphasizing resonance with different aspects, as well as reflexive in requesting

individual family members input. Another reflexive component that the principal researcher added was a compilation of researcher's comments and impressions. This was read out to the participants as a way of letting them know how their family had impacted the research team. The research team was encouraged to reflect on their own experiences and positions (see Appendix G), and to continually monitor and adjust finding based on the participants responses. This method embraced the subjectivity of its participants and researchers.

The third area of trustworthiness involved interpretation of the data. The QA-PM has a comprehensive, systematic analytical procedure. All members of the research team, worked together repeatedly scrutinizing, coding, and discussing the data, and through this consensus was reached. The team was immersed in the data, which led to a deep understanding of how its parts were interrelated. Findings resonated with reality and could stand firmly alongside of other interpretations of human experience based on "a balance between the investigator's interpretations and supporting quotations from the participants" (Morrow, 2005, p.256). Consensus of the interpretations of the research team, as well as the feedback of the participants ensured appropriate interpretations.

CHAPTER FOUR: FINDINGS

This study was designed to explore family bereavement after the loss of a child and the relational aspects of grieving within the family system. The main purpose was to examine the following research question: *How do bereaved families grieve together and continue a relationship with their deceased child?* To date the extant literature on bereavement has largely focused on the intra-psychic process of grieving, and there is a paucity of research on the relational dimensions of grieving in the context of the family unit (Breen & O'Connor, 2007; Center for the Advancement of Health, 2004; Kissane & Parnes, 2014; Klaassen et al., 2015; Nadeau, 1998). Exploring the joint grieving processes of family members allowed for a glimpse into the complex, multifaceted nature of the interpersonal dimensions of relational grieving. The QA-PM generated rich narrative summaries of how these families were and are grieving together and how they continue an ongoing relationship with their deceased children.

These findings invite the reader to take a closer look at the intricacies of family bereavement after child loss and to note the complexity of the systemic structures that come under attack with a pervasive loss of this nature, but also to recognize the intentional actions of courageous family members as they work together to relearn their world, and to integrate the loss into their lives and the family identity. Each family grieving process was unique, and a distinct entity unto itself, and yet had commonalities with other families that emerged from deep within the essence of their humanities. There was a common thread woven within and between these families that undoubtedly was linked to their deceased loved one. There was a yearning to love in separation and to continue an ongoing, enduring connection with their deceased child, as well as navigate the ever-changing landscape of doing life together again as a family after the loss.

This chapter will begin with a summary of the analytical procedures that were used, as well as an overview of the results. A detailed description of the findings for each family will be presented in a within-case analyses followed by a between-case analysis of the commonalities and variances among the three families. A summation will ensue that includes key assertions representing major findings of this research study, as well as a conceptualization of family bereavement through a diagrammatic model of the family grieving process.

Summary of Analysis Procedures

The analysis procedure adhered to the QA-PM protocol as outlined in chapter three. Interviews were transcribed, and data were analyzed, first in a top down analysis that generated themes of joint grieving actions, and then in a bottom up analysis that included coding behaviours, elements, and functional steps that generated joint actions. Series of joint actions were explored and initiated the facets of the family grieving process narrative. Once these procedures were performed and summaries generated, within and between-case analyses were conducted. A summary of the family joint grieving process was produced including background information, supporting quotes, and each family members role in that process.

According to Stake's (2005) instrumental case study approach, which was employed in this study, each family in the study was considered a valuable case in and of itself. Stake (2005) asserts, "we do not study a case primarily to understand other cases. Our first obligation is to understand this one case" (p. 4), and therefore, first and foremost, each family was appreciated and observed according to its own merits with the sole focus of understanding how its members grieved together. The findings will be presented for each individual family through the lenses of action theory and family systems theory.

The QA-PM has typically been utilized in studies of dyadic action as it unfolds over time (Marshall, Young, & Tilton-Weaver, 2008; Young, Logan, Lovato, Moffat, & Shoveller, 2005). Marshall and colleagues (2012), in speaking about the QA-PM, suggested, “familial research is enhanced with the use of longitudinal analysis for the purpose of describing interpersonal processes ... it does not rely on retrospective accounts from individuals” (p. 171). It is important to note that the current study digressed from the original protocol by not including the longitudinal component. The focus was instead on the current grieving processes of families, which were supplemented by examples of retrospective recall of joint grieving actions. The results represent how the families grieved together in examples of past joint grieving activities, present joint grieving actions, as well as anticipated, intentional joint grieving activities. Recognition of how their grieving had changed over time emerged.

Summary of Key Findings

The key findings for how bereaved families grieved together emerged through an analysis of the various data points for this study, including the initial telephone screening, the warm-up interview, the family conversation, internal processing interviews, and the member check interview. This was supplemented by generating a genogram for each family. The collection and analysis of the data for each family revealed that all families in this study engaged in joint grieving activities. Past, present, and future joint grieving processes emerged. Joint grieving included specific actions of reminiscing, remembering, and recalling various mourning events such as memorial services, burials, and internments. It also included recollecting rituals that they had participated in on special days such as the deceased child’s birthday, the anniversary of the death, and holidays such as Christmas and Thanksgiving. It also involved intentionality to continue with these rituals in the future. An overarching theme of the joint grieving process in

all families was their desire and intent to keep their deceased child with them through a shared, ongoing relational connection, which in turn was a connector to the other family members.

Implicit processes that transpired included reflecting on sense making, meaning making, and changes that had occurred in their grieving processes. Shared emotional experiences and silent ponderings associated with the deep pervasiveness of the loss provided a strong foundation for acknowledging, validating, and allowing for diversity in individual grieving styles. Joint grieving processes surfaced within their own unique family system structure. These structures created safety in varying degrees, and allowed the family members to share according to a prescribed set of unwritten rules. Individual grieving actions arose and for the most part family members were attentive and respectful of them being shared. On numerous occasions, a deep understanding and connection prompted others to recall their own experiences. This elicited an inherent joint grieving action of connection through similar experiences, some of which had never been shared before. Family members grieved together in the family conversation interview through their responses of emotionality - both joy and sorrow were experienced together, sometimes simultaneously, and family members held the space for each other in a kind of intrinsic understanding of the difficulty this tension evoked.

Findings emerged in each family that were unique to their family system, but there was also a resemblance between families. These commonalities included their participation in the memorial service and/or burial and appreciation of the support of the larger community, initiation of rituals and remembrances on special days, trying to make sense of the death and find some kind of meaning that they could hold on to individually and as a family, recognition and honouring of diverse individual grieving patterns, as well as realizing the need for individual support systems. They also involved experiences of tension between joy and sorrow, expressed

healing through reminiscing and imaginings, and there was a prevalent shared, ongoing connection to their deceased child, that connected them to the other members of their family.

The family grieving processes of these families revealed their similarities in how they processed the loss of their loved one, and in how they all found connection with each other through the shared pain and the shared, ongoing connection to the deceased child.

Interesting findings emerged for the fathers and for the mothers in each family. For the fathers, a similar reaction to the deep pervasiveness of the loss arose in needing to express and justify their individual grieving patterns, connecting to their emotion occurred through their ongoing connection with their deceased child, and all three men had a spirituality that carried them through. Their grieving processes were more individualistic and spiritual in nature. For the mothers in each family, there were similar support systems. Each mother had sought out a counsellor, and had shared ideas from their counsellors during their interviews. It was evident that they had shared what they had learned about grieving with other family members before the interviews, as the family's conceptualization of grief reflected this. The mothers were the ones who seemed to be leading the inclusion of rituals and remembrances for the families on special days, and they were deeply committed to the keeping the family together. Their grieving processes were more relational in nature. All first born children took on the role of protecting their parent's from pain –a sort of parentification occurred, but these children expressed it as what they wanted to or needed to do, not brought on by their parent's requiring it.

The between-case analysis revealed the following distinct categories of joint grieving actions for all families that will be highlighted throughout this findings section: (a) an intentional turning towards their grief, (b) participation in mourning events and appreciation of community support, (c) continued rituals and remembrances, (d) experience of joy and sorrow

simultaneously, (e) differences in individual grieving processes, (f) shared pervasive pain and ongoing process of grief, (g) healing and finding meaning, and (h) a shared, ongoing connection to their deceased child that connected them to each other. Four key assertions will be made about the family grieving process.

Within-case Analysis³

Family one. Family one included the husband, John (Jn), a 59-year-old man, and his wife, Wendy (We), a 59-year-old woman, and four children, Steven (St), David, their daughter, and Keith (Ke). Steven, a 34 year-old man was married and had 5 children at the time of the initial interview. Between the initial interview and the member check interview (MC), Steven and his wife had had another child, a precious little girl who was stillborn. In light of this family tragedy, Steven and Keith chose to participate in the MC via the phone. The only daughter in the family, a 29-year-old woman, chose not to be a part of this study. Keith, a 25-year-old man, was the youngest sibling, and was married at the time of the interviews. All family members reported being born in Canada, of Dutch descent, and English was their first language. John and Wendy described themselves as Christian Reformed, and Steven and Keith reported being Christians. Family one owned and operated a business, and all family members worked in this business in varying capacities. All family members reported having a strong Christian faith background.

On January 9, 2005, David - son to John and Wendy and brother to Steven and Keith - died in his sleep of unknown causes at the age of 21. Family members explained that the official cause of death was listed as “unknown” on his death certificate, but doctors suggested that it could have been sudden arrhythmia death syndrome (SADS) meaning that there was an electrical short to his heart. During the warm-up interview (WU), the family introduced David to the

³ Pseudonyms have been used to protect the identity of the participants, unless otherwise instructed.

research team through stories and a variety of pictures. The family engaged in laughter and joy, as they recalled occurrences about their son and brother. The family described David as someone who always loved horticulture, was very excited about life, always had a smile on his face, touched many lives, and was “the glue” in their family. The research team expressed that it was an honour to meet David. A genogram is included for this family to highlight that not all family members participated in this study (see Figure 3).

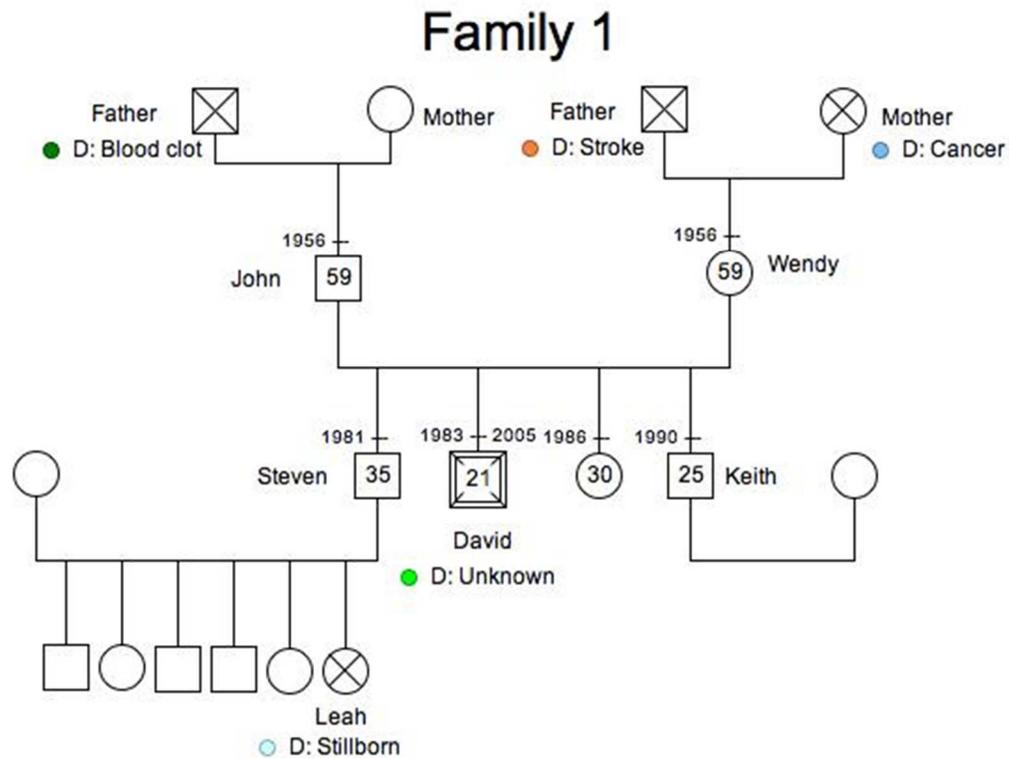


Figure 3. Genogram for Family One

Family grieving process. The primary investigator presented a narrative summary to the family members at the MC. After a lively discussion about how the summary fit for each person, all family members agreed that it described their joint grieving processes. The agreed-upon family grieving process for this family can be described as *appreciating support from the larger community, connecting deeply with each other in their awareness of David’s ongoing presence*

in their lives, as well as acknowledging his ever-present absence. This included a reliance on God, recognizing discordant grieving styles, honouring these differences, and joining in intentional and multigenerational remembrances.

Role of family members. Each family member had a role in this family grieving process, which included individual grieving actions, as well as their part in the joint grieving actions.

For Wendy, the family grieving process included initiating conversations to answer the research question and her own curiosity as to how they grieved together as a family. It involved awareness, recognition, and an ability to honour their different grieving styles, even though she did not always agree with them. It involved being true to her own experience of trauma, pain, and sadness, as well as the pain she still carried for her children. Wendy's grieving process also included an honest reflection of her faith journey. Initially it was focused on having many questions, and then gradually changed to the experience of being "carried" by God. Another aspect for Wendy was her intentionality in keeping the family together, including joint rituals and remembrances on special occasions and freely talking about David with her grandchildren, as a way of carrying him with them. The process for Wendy exemplified supporting, encouraging, and leading the family in their joint grieving activities.

For John, the family grieving process included his appreciation for the larger community's support, a deep desire to describe and explain his own grieving processes, and his unwavering, but unexpected faith journey. It also encompassed a deep connection to David everyday and being true to his own need for solace in the midst of his intense pain, as well as his appreciation for his family's allowance of his pace in grieving. The grieving process for John also involved connecting with each family member individually, an admittance of lost hopes and dreams for his family, as well as a steadfast reliance on God to carry them.

For Steven, the family grieving process exemplified intentionality in turning towards his own grief that began with preparing his speech where he could express his voice and the voice of his siblings, as well as being comfortable with his own emotions in processing the loss of David. It included supporting and honouring his parents in their differing grieving styles, trusting in God's bigger plan, and recognizing the support system that he had that carried him through. This process involved being an example to his family by acknowledging the reality of his pain, and the joy in carrying David's memory with them.

For Keith, the family grieving process included being open and honest about his viewpoint on what support was for him as a teenager that included his need to keep busy with sports, as well as his longing to be with his immediate family more. It involved recognizing and honouring the different grieving styles of other family members, specifically that of his parents' and being touched by hearing other family members' individual ways of processing their grief. This process exemplified turning towards his grief as he entered adulthood, sharing how David was always with them, even when words were not spoken, and expressing a deep desire to have more intentional rituals and remembrances in the future.

Detailed description of the family grieving process. The following section represents a detailed descriptive narrative of the family's grieving process as it unfolded during their family conversation and processing interviews. Several factors influenced this process including spiritual and relational dynamics, family system rules, roles, and boundaries, as well as diverse individual grieving processes. The family grieving process was enhanced by the family members ability to recognize, acknowledge, and allow space for each other's contributions to the family conversation. It was impeded by diverse individual grieving patterns, developmental stages, and personal opinions about the grieving process. The family members shared an

appreciation for and a genuine interest in how the others had grieved individually, as well as a curiosity as to how they actually had grieved together. This process involved recalling the initial mourning events, valuing the larger community, giving examples of specific rituals and remembrances, allowing for differences in grieving styles, desiring to build a legacy through the grandchildren, and included moments of trying to make sense of the death, as well as a desire to find meaning again. A shared, enduring, ongoing connection with David arose that was instrumental in connecting the family members to each other.

The family conversation (FC) had an overall comfortable and amicable tone. The family members were respectful of each other and gave space for each to share, as well as allowing family members to be themselves. Wendy initiated many sections with questions that she was curious about. Wendy, Steven, and Keith went back and forth in dialogue, while John was more contemplative and then presented well thought out details of what he wanted to share. All family members took responsibility for noting and elaborating on details of joint grieving activities, as well as explored their own individual processes. The individual processing interviews (IP) brought out deeper levels of communication, thoughts, and feelings, as well as more contextual details. Family members disclosed that these interviews were revelatory and each family member mentioned being thankful that they had participated, as well as appreciative of learning something new about other family members that was helpful to their own grief journey.

Recalling the memorial service. The FC began with Wendy initiating a conversation about the memorial service. John interjected by introducing the family saying, “We are the [family one],” and Steven compared this to the television comedy, *Modern Family*. Everyone responded with laughter. The family joined together in this display of good-humoured family dynamics. They proceeded to answer the research question by giving examples of their joint

grieving processes. They first discussed David's memorial service, going back and forth in dialogue, and giving details of what they each could remember. The family spent a considerable amount of time throughout the entire FC discussing the particulars of each mourning event and as they responded a systemic career emerged that included underlying and unwritten family roles, rules, and boundaries that were respected. The first section of the interview brought to light that the family felt very supported by the larger community when their church family stepped in to plan most of the memorial service.

Jn.FC.2: We were left out of a lot of the planning simply because of the grieving process ... They asked us some questions about some of our favourite songs, scripture passages that we would like to see used ... but the actual planning of the service was done by the pastor and the worship director.

We.IP.8: The memorial really in some ways was just like a blur, in some ways, you know, like people did so much for us. Thank God, really because I was in, like any decision was just too much.

We.IP.21: Boy, they did a lot for us. Like you know, all of a sudden you realize again, wow, what would we have done without a community? I don't know how families do it without a community around them like that, all that support was really, really amazing.

St.IP.21: I just think if we wouldn't have had that around us, I don't even know how we could get through it.

Ke.IP.1.21: I think being so young at the time ... I wasn't involved in the service at all, in the planning of it ... I saw community too, like come together in a sense."

They went on to recall a collaborative effort by family members in preparing speeches and picking meaningful songs and scripture as a way of initiating their joint grieving processes.

St.FC.5.6: I spoke. And I don't know if what, if it was the night maybe it was the night even before the memorial service. I just woke up at 3 o'clock, cause I knew I wanted to speak ... that was part of my, the start of my grieving just trying to remember things.

St.IP.1: I got up at 3 o'clock one morning cause I wanted to make sure I talked, I think being the oldest, I felt not responsible, but that I wanted to have my voice at the funeral for my younger sister and brother.

Wendy interjected that she remembered, “being very proud” of Steven and that it was “amazing” that he could do that. Steven continued the conversation about speeches by addressing his dad. Steven and John connected in this moment of remembering, and John elaborated on how he also prepared to speak at the memorial service. The joint grieving actions that emerged in this section were a valuing of their church community and each other’s part in the memorial service.

Support from larger community. Wendy then directed the conversation by asking how everyone felt about having so many people in their home for the week leading up to the service and weeks after it. “Did you find that it was too much sometimes?” Each family member shared thoughts and feelings on the subject of support. John expressed it as “bucketful’s” of support “that really carried us through,” and Steven thought it was healthy talking with other people.

St.FC.23.24: “I don’t think it was bad. What else were we going to do? Otherwise you sit in the house by yourself and you’re probably going to drive yourself more crazy wondering, thinking about this or that. I think it was healthy talking.”

In his IP, Steven elaborated on why he found comfort in people always being around. He relayed a past grieving experience of when his grandfather died and the family all came together.

St.IP.18.19: You never like tragedy to happen, but I remember when my dad’s dad died ... and I think for a week or week and a half, every day we’d go [there] and spend time with the family... like tragedy always brings family close, like tight, right? And so like the same experience. Not that you want tragedy to ever happen. I felt our family ... as a whole, we were always as a family there together ... So I really valued that time. I thought it was, I felt really loved ... but you’re just always in each other’s presence.

Keith had a different viewpoint and shared this openly and honestly. On numerous occasions, he referred to there being “a lot of people always in their home,” and even though he agreed it was supportive, he also revealed that he felt the family did not spend any time together just as a family. “In my head, I don’t remember sitting down as like a family in the first two weeks.”

Keith stated in his IP that he stayed in the basement with other kids his age, but wished he could have been included in the adult conversations of remembering David.

Ke.IP.16: I talked to my mom in the last year or two, saying like how I wanted to be upstairs with them, but then the kids were downstairs and they were like, ‘Oh you don’t want to go up there. It’s just adults up there.’ And so I view that whole time after a lot differently. Like I, I didn’t want so many people there and then I didn’t want those people to be downstairs with me not letting me be upstairs ... I remember this one night, everyone came over and a lot of his friends were upstairs talking about stories about Dave, funny stories and all this and I was downstairs with the two kids that were my age, and they were like ... ‘You don’t want to be upstairs,’ but I wanted to be upstairs.

The joint grieving action that emerged was that most family members found comfort grieving in community, but Keith, at the age of 14, longed to be included in their joint grieving activities. He was not able to share his need back then, but his desire had been to be with his family more.

Rituals and remembrances. The conversation continued with John adding a humorous tone by expressing gratitude for over fifty floral arrangements. The rest of the family responded with teasing gestures, and smiles, although they did not have the same appreciation for the flowers. They resumed answering the research question by discussing past rituals and remembrances on special days such as David’s birthday, and gave examples of having bonfires and going out for breakfast on those days. They indicated that this had “gone by the wayside” since friends had moved away or moved on. Wendy shared, “I remember at Christmas lighting a candle for him and trying to keep that going,” and both sons acknowledged and recognized the significance of this ritual for her.

St.IP.31: Yeah, I knew she’d bring it up because ... she kind of wanted to light a candle every Christmas and maybe she at first thought every family gathering, but for sure every Christmas, just as a remembrance of him and I know that was pretty important to her.

Ke.IP.34: Yeah, Mom’s a little more like intentional like lighting that candle ... and she had a little speech about the candle ... but she’s a lot more, tries to be intentional with some of those traditions.

This then led to Keith bringing up his desire to be more intentional about doing something on David’s birthday, the anniversary of his death, and at Christmas. Other family members expressed agreement with this in their IPs.

Ke.FC.38: I think even saying like on the birthday or the anniversary of his death or Christmastime, I think those kind of things, even now though its one of those things that needs to be intentional. Like at first it's just natural to do those grieving things because you're, he's always there on the top of your head and now its like [his birthday] rolls around and being intentional that we are going to, I don't know, do things.

Jn.IP.37: I liked what Keith said there about being intentional ... maybe we need to be more intentional about some of these things. So I think that's good to hear. I think it's really good to hear ... I was encouraged to hear Keith say that ...it's good to hear the kids talk like that too, you know. They want to remember him still.

The joint grieving actions that arose were the importance of family rituals and remembrances of David, and a desire to be more intentional about this in the future.

Multigenerational remembering. Wendy then initiated a conversation about the grandchildren and Steven relayed a story about his son having to present a family tree in class and crying openly when he got to David's name. Keith helped Steven along in the conversation and Wendy empathized with him.

St.FC.29: [Son] had to do a family tree ... and when he got to David's name he just started crying. He couldn't ...

Ke.FC.33: He tried again like a week later.

St.FC.31: Then the next time they did it he started again and his teacher actually had to take over for him cause he just couldn't hold it, keep it together, which I found tough.

We.FC.50: Yah, that is very, very moving.

St.IP.36: It was his teacher at a teacher conference that we found out about that, he was heartbroken and started crying, he couldn't finish his presentation. She found that, it was a real soft heart for his family. This kind of made me proud in a way that he was able to break down in front of the class even, and I found that kind of special."

The family members each responded either in the FC or IPs by indicating that it touched them deeply, and other examples of talking with the children/grandchildren about David are revealed.

Jn.IP.32: [Grandson] was just over a year when David passed away, so he doesn't remember his Uncle David at all. But he knows he had an uncle named David, who is no longer here and so on, and so this was very moving for him, and so when he'd talk about

his family tree in school, every time he got to David he would cry and he just couldn't go any further. So, it's kinda neat.

St.IP.32: Now that [mom] has the grandchildren, she kind of helps, not that any of them remember him, but they, this helps them know that they had an uncle that was there before them.

One of the most salient joint grieving activities that emerged for this family was the inclusion of the grandchildren in their healing process. The legacy of the grandchildren remembering David was a prevalent theme and was the joint grieving action that elicited the most emotion. Family members expressed various meanings that came about. Wendy revealed in her IP that Steven's first son "was our little angel." She said, "God knew we needed this little guy in our lives at that time." She also disclosed that another grandchild that was named after David was very similar in character to David, his mannerisms, his big smile, and his mischievousness. The grandchildren were a connection to David. Wendy said her grandchildren talk to her about Uncle David and they remember him together.

St.IP.33: It's quite amazing how all of a sudden [son] will say something, he's what five years old, so he'll bring something up when he comes back from Grandma's house about Uncle David, and it's like obviously Mom's talking to him ... so my mom's now passed on different little memories to my kids. I think that's nice ... his memory lives on.

We.IP.54.56: Yeah, and Steven was, it was really touching to him because he shares a lot with his kids ... they all can point out in our family picture that, 'There's Uncle David,' and they'll talk, talk to me about him too."

Jn.IP.35: I could talk about David all the time ...and to hear my kids talk about their brother and so on, yeah, to me that is healthy. I want to encourage it, I love it.

Ke.IP.35: My wife works in the same classroom, so she was there. She came home and she was crying because that happened ...so I heard that story before, and yeah, I thought that was really special, seemed like it does carry on the memory.

A multigenerational remembering theme appeared, and a desire to keep David's legacy alive.

Shared, ongoing connection to David. John then initiated a conversation about the importance of their ongoing daily relationship with David. He revealed that not a day goes by

that he does not think of his son, “every day without exception.” The other family members affirmed this and dialogued about how songs triggered memories, especially the last song that was found playing in David’s car. There is an example of “togetherness” in how they finish each other’s sentences referencing the impact of certain songs for them as a family.

We.IP.61.62: Yeah, so any, all of us, whenever we hear Josh Groban, we’ve gone to his concerts and stuff ... cause we had gone to that family reunion and we were all in the truck and listening to Josh Groban and he was singing at the top of his voice.

St.FC.40.41.42: Its like when you hear Josh Groban or the prayer that’s that’s the first thought that comes to your mind ... Cause I remember going into his car ...Celine Dion, the Prayer, was the song on his car...

Ke.FC.36: ...the last song...

St.FC.43: ...playing right now so you think that’s the last song he...

We.FC.60: ...listened to...

St.FC.44: ...he was listening to before he...

The family members shared how meaningful it had been for each of them to go to the concert together and how these songs can still evoke emotions for them. Meaning was constructed differently for various family members as in their IPs, Keith revealed, “I don’t know why Josh Groban,” and Wendy noted, “[David] had introduced me to Josh Groban.” Keith then disclosed in his IP that there were other “reoccurring things that happen” as part of their joint grieving activities that remind them together of David.

Ke.IP.44: Like I was even talking to someone last week about that ... I remember after David passed away, there were lots of eagles that year like in the creek ... around our nursery ... and any time you see an eagle, some of those reoccurring memories that always come, so there’s a few of those things that, it was kinda neat seeing that, and that’s not me [just] seeing the eagle, it’s like Mom, Dad, Steve, sister, anyone, and even with songs, right? ... we all have these shared memories that do totally get connected even though you’re not talking about it ... those memories are still there.

St.IP.53: Yeah, and you don’t always have to speak about it, but we all kind of have that common thought process, there’s that common bond through different things.

In his IP, Steven shared that he and David had grafted a Japanese Maple tree, which he gave to Wendy several years after David died. “David’s the first thing that comes to my head and I’m sure my mom has that same ... we probably all have that first thought.” Wendy divulged another joint grieving activity in having gone as a family to a Josh Groban concert that “always brings us right back to David.” A shared connectedness through David is described and the importance of a shared, enduring connection with David is another main joint grieving action in this family’s grieving activities.

Diverse needs and paces in grieving. The memorial scholarship that the family gave out yearly in honour of David was mentioned and John stated, “It is pretty neat that we are able to do that.” Wendy noted in her IP that the scholarship and the anniversary of David’s death were difficult for her. Steven then asked his dad to explain why it took so long for him to put up a headstone. This led to a discussion about the importance of visiting the graveside. Steven and Wendy reflected on going to the graveside on David’s birthday or the anniversary of his death. Steven recalled, “Its kind of fun, fun to bring the kids, all come and they look at it.” The mood of the conversation changed, as John defended his position of not finding value in visiting the grave and Wendy disclosed how challenging it was when she could not find David’s marker.

We.FC.67: To me at first it was, it was a quiet place that I could cry and I could be alone and nobody would try to cheer me up. But I remember one time it was so snowy I couldn’t find, I couldn’t find his grave ... I remember thinking that’s it we need to get a gravestone. And then I pushed you a little harder to get the gravestone cause that was like at least five years after.

We.IP.66: It was hard for me because, it was just a tiny marker, right? And I could not get John to commit, and he’ll explain why, but there was also a part of him that ... he’s always afraid that once you make your decision, then once it’s put in stone, you can’t change it, and what if he wanted a different one? ...so I honestly let him go until that time. When ... I could not find that marker, and like, I, we have to have something.

The whole family was aware of the couple's differing viewpoints. For John, the discussion of the headstone brought up heavy emotions as he explained, "We all deal with it in different ways" and then took in a heavy sigh. He then admitted, "it took me a long time to deal with that."

Jn.FC.20: Every time you do something in a sense to use the word figuratively, its one more nail in the coffin, you know. And I guess for me as long as there was not a headstone on the gravesite, there was still a little bit of David with us. But once that headstone was there, now he is no longer with us for sure, physically and so, for me it was really difficult. It took me a long time to deal with that.

John shared in his IP that he was fortunate that Wendy did not push him. John noted that Wendy honoured his pace in grieving for many years and then persuaded him when she really needed it for herself. The action that emerged was that the family members were aware of each other's unique and conflicting grieving styles, specifically diverse opinions about going to the cemetery, but they all allowed space for this diversity, and appreciated this allowance.

Individual and subset grieving. The theme of accepting diverse grieving styles in the family continued, as family members acknowledged this and commented on it in their IPs. Wendy reiterated, "We were very, very conscious of that, about giving each other space and allowing each other to grieve the way they want to." Steven and Keith were aware of their parent's discordant grieving styles, and expressed that they did not push them.

St.IP.54: When my mom was talking about not finding the gravestone, what I also thought was, my mom ...it just seemed like a black cloud was over her, there was no joy in her, in her life, and for both of us, we lost a brother, we didn't lose a child, right? So I think for my parents compared to us, it's a different, it's a different set of circumstances.

St.IP.55: "It's a different loss. You think you should grow old and you pass on, and your children take over or continue on, whereas this was the opposite ... and then, like my wife will say this, 'I came over one day ...and it just seemed like everything changed, like it had been lifted.' I've never asked her what changed, and maybe she doesn't know ... then also my dad talking about the grave. For me, I couldn't understand why but I never pushed him on it. I never asked. I just figured one day when he's ready he'll do it."

Ke.IP.48: But yeah hearing it. Then seeing like the grave, like the difference in parents how the gravestone, like the gravesite means such different. My dad's not a big, it's not

especially a special place, where my mom was very, or she could go there and cry and its interesting seeing the differences between the two...and I never like, you don't always know what happens behind closed doors. Like my mom goes there and cries. I maybe assumed that in my head, but then hearing her say that...

John went on to expound on how it was important for him to grieve at his office behind closed doors, where he also prayed fervently. Keith revealed in his IP that he never knew this about his dad and that he had thought his dad was just working long nights. He asserted, "Then you hear this and you're like oh, there's more that was inside of that than what you actually perceived." John expressed his need for safety and solace in private places.

Jn.FC.24.25: I grieve as I sat, my life in a sense in many ways is focused by my desk in the office, you know. As soon as I leave my desk or the office, I put a lot of things aside. But I spend a lot of time in prayer over a lot of things behind my desk and dealing with David, too. I can sit there and cry, you know, when no one is looking ...when I'm by myself ...And you know, I grieve, I work, I play. I do a lot of these things behind my desk (heavy sigh and pause).

Steven affirmed his dad and revealed how he did some of his grieving and praying at the office on breaks, too. Wendy turned toward Steven to acknowledge the depths of his pain in losing his brother and stated, "I still feel you were robbed." Steven responded to her by saying that "God knows better and he has a plan in place." The family members engaged in a turning towards each other at various times throughout the family conversation, as one would affirm another, or one would attune to another in what had been shared. Grieving emerged in the parent-child subset between Wendy and Steven, and the sibling dyad between Steven and Keith.

Then Keith shared that his grief was more like anger, and he "hated family get-togethers for years after" as he preferred getting quiet. Wendy aligned with Keith on this saying she also needed to be by herself sometimes. After each person had expressed components of their individual grieving processes, Wendy stated, "We kind of, we would come together, but we all were dealing with it personally." Prevailing actions emerged of the necessity to grieve

individually, aligning with others in how they grieved intra-personally, as well as the significance of grieving in family subsets.

Pervasiveness of the loss and David's ever-present absence. Wendy continued the conversation by emphasizing the pervasive loss felt by David's absence in the family. Several family members emphasized this aspect, and shared with each other or in their IPs that the family was different without David in it and that "there was some thread that was lost" in their daily lives, referring to the fragmented tapestry of their family system.

We.WU.10: So now there's five years between all of our kids, which is, its different because you can kind of see that they're all at their own stages, where David was kind of floating between all of them. Like he was ... he was just kind of the glue."

John echoed this in his IP, when he shared that he saw Steven, [daughter], and Keith waiting for him at the airport and "One was missing." David's ever-present absence was all encompassing for this family. Steven shared this experience of missing his brother.

St.IP.36.37.39: I think for myself, I don't have anyone to really relate to in the family. So when I come to family gatherings, and then I don't have anyone to, well, I talk to Keith, but its just different...whereas if David would have been there, maybe we're talking about his son or my son's first day of school, or their first hockey game of the season, or something like that ...It would have been different because he was there and now he's not there, it kind of changed something ... it was there but now its lost ...it's more the what ifs, I guess. How would this have played out...I still wonder some days, now where I am, where would he have fit in or how would we have fit together.

Safety in unexpected places. John again acknowledged the strong support they received from their church community in the weeks following David's death, but went on to say that for a while he had no desire to go to church. Wendy affirmed this and responded, "We went for the kids." John recalled that at church "you were always being looked at... it was not a comfortable place for us to go." And Wendy revealed at church there was always something that triggered her tears. She added that the church was safe, too, and John agreed, but for this family going back to old routines was difficult. John recalled the significance of going to Keith's volleyball

games, especially the ones on Sunday mornings, and again asserted his need for safety in his individual grieving process.

Jn.FC.28.29: And Keith that was when (heavy sigh), ohhh, your volleyball really got going, you know. And especially, Sunday mornings when you had your tournament somewhere. And it was do I sit in church, go to church or do I just sit in the top row of the bleachers watching you play volleyball? You know, it was a no brainer. Being by myself in the top row of bleachers was for me... it was the safest place for me to be.

John and Wendy then displayed a connectedness in their joint grieving as a couple that had not emerged earlier. It was evidenced in finishing each other's sentences and elaborating on specifics in this section of the FC. Then John and Keith exchanged a non-verbal attuning when John shared, "God took one of our kids home and yet here was another child of ours, you know, who was able to use his gifts well and we could watch that." Keith's eyes welled up with tears as he shared that sports were safe for him, too.

Ke.FC.52.53: Yah in the same way as I used sports as a way to, maybe not so much for church but just I remember even after he passed away, I was, I missed one game... but the week after I think I was playing back again. I wanted to get back in the gym...now I would rather stay at home for another two weeks...but at the time all I wanted to do was to get out of the house and get back to normal.

An emergent joint grieving action for this family was finding safety to grieve individually and together in unexpected places, and a theme that arose as foundational to this family's grieving process was relying on God's bigger plans.

Support, regrets, and concern for the family system. The conversation then went on to family members discussing counselling and support systems, most of which portrayed individual aspects of grieving, but each family member confirmed that they needed outside support to help them through. Wendy had seen a trauma counsellor. John asked the family members if they should have sought out family counselling and Steven responded by saying that he had had a Bible study group that was there for him, as well as a man who had lost his brother years earlier.

St.IP.62: Yeah there was again, like it brought community...I found this one fellow who, he was probably 15 years older than me, and he had lost a brother ...and they were 18 months to 2 years apart, so he was quite close to him, and we went to lots of breakfasts or just talked about things ...and to bring this up again just brought back those kind of memories of some of the real deep conversations about losing a brother and what your parents are dealing with and how his parents dealt with it...

The session ended with Wendy disclosing that she had had regrets about not being able to be there for her children. Keith responded to this in his IP.

Ke.IP.61: Yeah she said that to me before how she feels like...she's actually such a giving person, but in that time, her and my dad would go off ... and so she apologized and regretted and said like I wish we could have done more for you. I remember she did ask me pretty soon after if I wanted to get counselling from this lady and I was like at the time like I'm okay, but I remember being in school, we had a counsellor there and I had wanted him to ask me. I wasn't going to go ...but I wanted him to ask me, but then he actually never did. And I felt like I wanted someone to talk to, but like you know, you want someone but then, ah, I don't want someone like now.

Wendy said they did not have a whole lot of resources. Steven also voiced his regrets in his IP in saying that he had had good intentions of taking his brother and sister out to talk about David, but life got busy and those thoughts got forgotten, and that he "feels a little bad about that."

Wendy also revealed that she and John grieved together as a couple by going on long drives on Sunday nights, but that meant leaving Keith and [daughter] at home.

We.IP.82.85: As a mother you want the family all happy and so you, how can you do all that? It was very draining, very draining ...And so a lot of times, Sunday nights instead, John loves driving and we would just drive. We would always ask [daughter] and Keith to come with us, and we'd just drive aimlessly ... and so instead of going to church and, I have regrets, you know, we left them ...Thank God they all had incredible friends.

Throughout the FC, Wendy expressed concern about her children being okay. John saw this differently and stated in his IP that his kids are all in a good place right now. "They've dealt with this okay, so I'm okay." The joint grieving actions that came out of the final portion of the family conversation were regrets about not being able to be there for each other in the way they

would have liked to, concern for other family members, as well as recognition that each family member had individual outside supports that were significant in their grieving processes.

Family grieving summary. The family grieving process will be viewed through the framework of several different theories, (a) action theory including intentional framework, grieving strategies, and manifest behaviours, and (b) family systems theory including systemic structure, family functioning, relational dimensions, and family meaning-making concepts.

Action theory. From an action theoretical perspective, the family grieving process was embedded within the individual, relational, and systemic careers that preceded and followed David's death. For this family, their grieving process was also imbedded in their spiritual career that included unexpected changes after the death of David. The family members expressed renegotiating this career in light of trying to make sense of their son's death and God's hand in it. The grieving process included a variety of goals and intentions, which emerged explicitly in the grieving actions of the family members. There were multiple occasions where the grieving was implicit and unspoken. All family members saw their grieving as related specifically to their individual grieving styles, impacted by their faith careers, influenced by how the parental dyad was coping with the loss, as well as being embedded within the social context of their family unit and the larger community. All family members viewed this process as related to their ongoing relationship career with other members of their family, such as wives, sister, daughter, children, and grandchildren, and agreed it was significantly impacted by their ongoing relationship to their deceased son and brother.

The intentional framework for this family could be described as seeking ways to continue a connection with David and at the same time figure out how to be a family again. Goals and intentions in the family grieving process included fostering an ongoing connection to David,

living out their faith in their lives, and deepening their appreciation for and connection to other family member's. The marital dyad expressed that their desire to be a part of this study was directly related to wanting to help others going through a similar loss, as well as helping the researchers at the particular institute that their sons had been a part of in the past. All family members acknowledged that their goal was to learn more about each other through their participation in this research project. A significant event occurred between the first set of interviews and the MC that interrupted their goal of participating in this study. Steven's little girl, Leah, was stillborn and this family was once again thrown into the anguish of grieving the loss of another family member. The family members agreed to complete their participation in this study under extremely difficult circumstances.

Grieving strategies for this family entailed both planned and unplanned actions. Planned strategies included connecting with David by engaging in grieving rituals, such as the memorial service, lighting a candle and reading a poem at Christmas, bonfires and breakfasts on David's birthday, giving out a memorial scholarship, visiting the graveside, going to a Josh Groban concert, and remembering David with the grandchildren. As part of their grieving strategies each had a personal style of grieving that surfaced through their individual personalities. For John these included thinking of David everyday, spending time in his office praying and grieving, being on the top bleacher at Keith's volleyball games, appreciation for flower arrangements and cards, as well as an inability to go to the graveside. For Wendy, this involved seeking out a counsellor, going to the graveside to cry, driving by the cemetery, taking time alone as well as being with people, going to church, and always being concerned about keeping her family together. For John and Wendy, it included going for drives on Sunday evenings, weekends away, watching Keith's volleyball games, and included discord in their individual grieving

needs. Both were true to their individual needs and therefore, this caused some tension between them and in the family system. For Steven, individual grieving strategies included turning towards his grief, asking for support from his Bible study group and a man who had lost a brother, and moments of solace at work when he went off and sat in David's truck to listen to his favourite music. His grieving strategy also involved relational grieving with his wife and children. For Keith, it involved playing sports, turning towards his grief later in his early 20's when he was away from home and reading David's memorial posts, as well as intentionality, in learning more about how his family had grieved the loss of his brother. The grieving strategy for Keith also included relational grieving with his wife, and a deep desire to incorporate more family rituals into their lives. The individual strategies of each family member greatly impacted the family system. Unplanned strategies included spontaneous moments where something triggered a memory of David and with other family members they would enter into a meaningful knowing together. These included seeing an eagle, hearing specific songs, seeing a Japanese maple tree, as well as the mannerisms of certain grandchildren that are reminders of David.

Manifest behaviours for this family included describing past and present events of their individual and joint grieving, elaborating on these, expressing opinions and perceptions about them, and asking for confirmation from other family members. All family members asked and answered each other's questions and expressed appreciation, gratitude, and sadness, as well as a connection to each other. John expressed deep pain on numerous occasions and sought out understanding from his family. Wendy initiated many questions, engaged in dialogue with her sons, and offered comfort, support, acknowledgement, and praise to them. She expressed surprise on numerous occasions, sadness for other family members, and expressed regret in not having resources. Specific to Steven, he listened intently, and expressed joy and sadness,

simultaneously. Keith attuned to others, expressed interest, listened, and supported other family members. Wendy and John expressed disagreement with each other. All family members engaged in exploring joint and individual grieving activities.

Family systems theory. From a family systems lens, the family grieving process for this family can be described as functioning within an open, cohesive, conflict-resolving, adaptive system. Cohesiveness, conflict, and expressiveness are three dimensions that distinguish this family as adaptive. This family deals effectively with their grief and this includes closeness among family members, sharing about the death, and mutual support. In this family, conflict is definitely present, but family members seem to have the ability to hold the space for this tension and allow for the differences. The family members are tolerant of differences, deal with conflict constructively either through communication or giving space for others to grieve at their own pace. This family is highly cohesive, have conflicts because of asserting their individuality, and yet remain intimately connected through the pain of the loss. This family is also expressive and shared some emotionality. Nadeau's (1998) concepts of family sharing (willingness to talk about the death), and family speak (verbal weaving of manifest behaviours) were prevalent. All members of this family were willing to share about the death, and they interacted through agreeing, echoing, disagreeing, referencing, interrupting, finishing sentences, elaborating, and questioning throughout the family conversation.

The structure of the family system and its roles, rules, and boundaries played a significant part in the family grieving process in an implicit way. Some family members did not have the energy to continue in their previous roles, others took on a variety of new roles, sibling positioning occurred, unwritten rules were challenged, and boundaries were negotiated, but the fragile structure of this family system did not succumb to the threats. Through the above-

mentioned family grieving process this family system seemed to find its way back to some semblance of balance. Subsystems of specific dyads, such as marital, sibling, and parent-child, emerged throughout the interviews as avenues of connection and disconnect. The family members would be considered differentiated, which is a healthy level of independence and interdependence. A developmental factor arose, as the youngest son was only 14 years old when the death occurred. Multiple meanings of the death emerged throughout the life cycle for him. This family system was also enveloped by the social context of the larger system of the community, which was instrumental in supporting them in their earlier grieving activities. The multi-complex nature of grieving in the family system was observed.

Assertions. The family grieving process was embedded within the family's ongoing individual, spiritual, relational, and systemic careers. The individual careers were embedded in the systemic career. All family members described their grieving as central to their family identity, and noted that it affected all relationships within their family system. For the parent's, the grieving was dominant to their lives, and for the son's it was embedded within their larger family unit, which impacted their individual family systems (wives and children). Joint grieving included both planned and unplanned actions and was facilitated by the cohesiveness and conflict-resolving nature of their family, their ability to engage in family sharing and family speak, their ongoing connection to David, their acceptance of each other's individual grieving styles, as well as their connection to each other. Central to this family's grieving process was the unique individual grieving careers of each person as they unfolded within the context of the family unit and the specific subsets of marital and parent-child dyads. Grieving the loss of their son and brother was an all-encompassing event for this family.

Family two. Family two included the husband Richard (Ri), a 77-year-old man, and his wife Georgina (Ge), a 76-year-old woman, and their children, Joanne (Ja) and Harry. Joanne, the eldest and only daughter is a 56-year-old woman, who is married and has two children, one daughter (Sally), and one stepson. Richard, a retired architect, and Georgina, a retired early childhood educator both reported being Christian, and English descent. Joanne reported being of English descent, and had no religious affiliation. All members of this family were born in England, moved to Canada in 1972, and reported English as their first language.

On May 13, 1991, Harry - son to Richard and Georgina and brother to Joanne - died suddenly in a motor vehicle accident. A family member reported that Harry had taken “a risk on a dangerous piece of road” and all agreed that back then the roads were not as safe as they are today. During the warm-up interview, the family introduced Harry to the research team through stories and a variety of pictures. The family shared memories of Harry’s birth, what he was like when he was little, and how he impacted their lives. Parts of the death event story and how Harry died were revealed, but the family members were more interested in reflecting on past events and the wonderful memories they had of when he was alive. The family described Harry as someone who always had an interest in electronics, was always building something, was quite clever, had a great sense of humour, was a lot of fun, and touched a lot of peoples lives in a good way. The family members were filled with joy when reminiscing about their son and brother. The research team expressed that it was an honour to meet Harry.

A genogram is included to provide context (see Figure 4). Richard, the father in this family, was the youngest of five children, two of whom died before he was born. After losing his own son, he expressed empathy and understanding towards his own parents and specifically, his mother as a bereaved parent. Both of his parents died before Harry died.

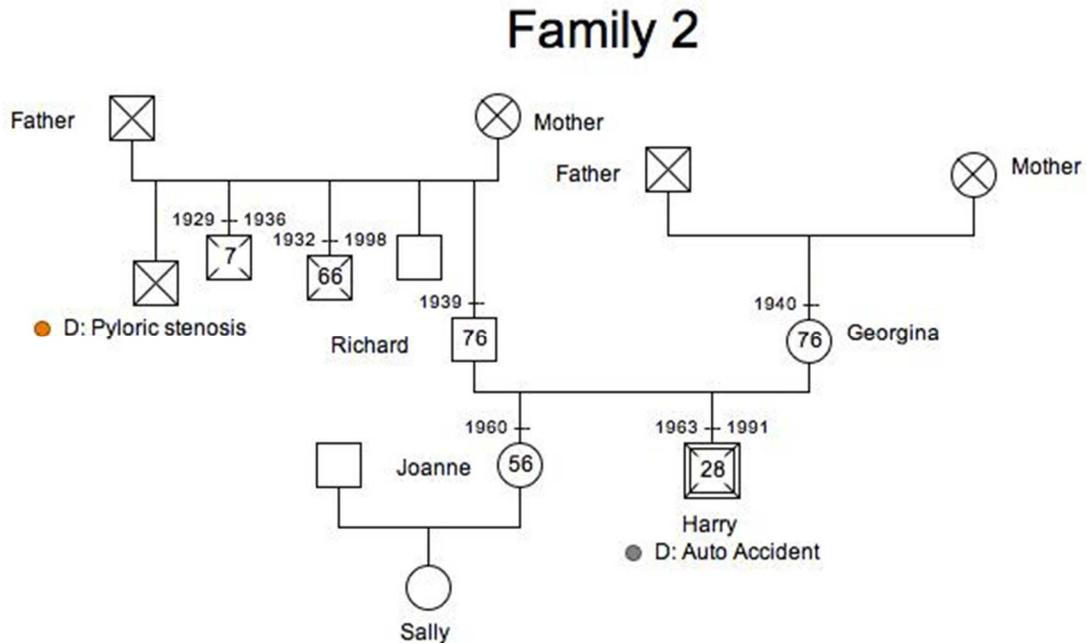


Figure 4. Genogram of Family Two.

Family grieving process. The primary investigator presented a narrative summary of the family grieving process to the family members at the member check interview (MC) and after a candid discussion about how it fit for each of them, the summary was adjusted slightly and agreed upon. The agreed-upon family grieving process for this family can be described as *finding joy and connection in reminiscing about Harry, a deep appreciation for good memories, as well as joining together in new family rituals. It involved tentatively, but honestly expressing different viewpoints, yet, together acknowledging the deep pervasiveness of the loss. It also included pondering anguish and joy together, and finding healing through tears, laughter, and their “miracle” grandchild/child, who was a very present ongoing connection to Harry.*

Role of family members. Each family member had a role in this family grieving process, which included individual grieving actions, as well as their part in the joint grieving actions.

For Richard, the family grieving process included initiating conversations to answer the research question, acknowledging and validating others, and expressing a deep appreciation for the good memories he has of Harry. The process exemplified acknowledging the changes in his life as a result of Harry's death such as his appreciation for finding God in the midst of his pain, his ability to embrace his emotions, and his desire to walk alongside of others in their suffering. It included a deep connection to Harry through reminiscing with others, and a distinct turning towards his grief together with his wife. The family grieving process for Richard also involved new rituals such as hugging more and saying 'I love you,' and the recognition that his granddaughter brought healing to their family.

For Georgina, this process included answering the research question by inquiring as to what helped in their grieving processes. It involved engaging with her family about rituals and remembrances, as well as thoroughly enjoying reminiscing about Harry. It included recognizing the significance of her counsellor in supporting her, and sharing what she had learned with her family. It also involved recognizing the value of allowing for both tears and laughter in her own grieving process, and turning towards her grief together with her husband. The family grieving process exemplified acknowledging her mixed emotions, and being true to her desire to keep laughter and the ability to have a good time in her life, as well as her families.

For Joanne, this process included answering the research question by actively engaging in discussions about their joint grieving activities, intentionality in being open and honest about what the grieving process had been like for her, tentatively expressing her viewpoints, as well as acknowledging and respecting what others revealed. It exemplified being true to her own feelings of pain, carrying pain for other family members, and longing to have her brother be a part of their lives. The process involved honouring and supporting her parents, not wanting to

add to their pain, and realizing that proximity did not allow her to grieve with them as much as she would have liked to. The grieving process included recognizing the ongoing process of grief, the deep pervasiveness of the loss, and her support system of her husband and daughter.

Detailed description of the family grieving process. The following section includes a detailed descriptive narrative of family two's family grieving process as it unfolded during their family conversation and processing interviews. Several factors influenced this process including relational and systemic dynamics, proximity of family members, previous grieving patterns, as well as individual grieving processes. The family grieving process was enhanced by family member's ability to recognize, acknowledge, and allow for diverse opinions and perspectives, as well as engage in joint grieving activities as they arose spontaneously in the conversation. The process was hindered by proximity and parentification. Family member's shared an appreciation for each other's point of view, and an overall curiosity in how other's had experienced their grieving journey, as well as an interest in what they felt was supportive. This process involved enjoyment in reminiscing, recalling the initial mourning events, the significance of rituals and remembrances, respecting diverse views of the grieving process, comfort and support from spouses, carrying pain for other family members, pondering the pervasiveness of the loss, new family rituals, and healing came through both tears and laughter. A shared ongoing connection with Harry arose that was instrumental in connecting the family members to each other. This included their granddaughter, Sally, who was a very present ongoing connection to Harry.

The family conversation (FC) had an overall amicable tone, and laughter, smiles, and tears were frequent. The family members were respectful of each other and gave space for each to share various examples of their joint grieving activities. Richard, Georgina, and Joanne were able to go back and forth in dialogue and even finished each other's sentences. All family

members took responsibility for noting and elaborating on details of joint activities, as well as explored their own individual processes. Family members were aware of different grieving processes, and were tentative, but honest in sharing how they viewed the grieving process, as well as their own journeys. The family was calm and comfortable with remembering and pondering in silence, and thoroughly enjoyed reminiscing. The individual processing interviews (IP) brought out deeper levels of communication, thoughts and feelings, as well as contextual details to fill in gaps of information, specifically in regards to the spiritual careers of Richard and Georgina, and details of the mourning events. The family members revealed that the interviews were meaningful to them and they appreciated being asked to be a part of the study.

Comfort and support from extended family. The family conversation began with Georgina initiating a conversation about what helped them in their grieving processes. The family proceeded to answer the research question by giving examples of their joint grieving activities and began with a discussion about going to England the first Christmas after Harry died. The family especially enjoyed recollecting the humorous times that occurred at Christmas and New Years that year and how it impacted them.

Ja.FC.2.5: That was definitely a good idea ...it would've been awkward doing it, well whether it would be at our house or at your house. It was good to be out of our own environment, be with a large amount of family rather than just being the four of us.

Ja.IP.5: We had a good time and just lots of fun, especially mom's side of the family because we all spent so much time together when we were growing up ...so we had a very close family, so it was a really good thing to go back there.

Georgina expanded on this in her IP stating it was her counsellor (an RCMP grief crisis worker), who had recommended that they do something on this first Christmas without Harry. And Richard affirmed this in his IP in saying, "I think it was a good decision to go back."

Ge.FC.5: I think it was also helpful because there were all the little kids.

Ge.IP.2: And so it turned out to be a very positive thing that we did ... There were a lot of children around, so there was a lot of laughter and there was a lot of joy about being together at Christmas as a family.

Ri.FC.3: Well, particularly, taking (son's girlfriend) with us, helping her through it.

All family members expressed that they appreciated getting away and being with extended family during that time. The joint grieving action that emerged here was finding comfort and support being with extended family.

Enjoyment in reminiscing. Georgina noted, "you had to not feel guilty about laughing and having a good time." Richard redirected the conversation back to the research question by discussing a party that was planned by Harry's girlfriend (at the time) for Harry's first birthday after the death. Richard revealed that he "thought it was a bit weird to do something" on his son's birthday. Georgina said that she was not keen on it either, but went along with it. They went on to share their perspectives of getting together on Harry's birthday and sharing stories about their son. Despite their reluctance to do this, the family members all expressed their delight in hearing stories about Harry, and joy was exhibited in their reactions. A joint grieving action emerged for this family of enjoyment in reminiscing about Harry with others.

Ri.FC.16: I think having all of his friends and our friends, it was, it was so good to have people sharing stories, even surprises particularly the recounting how between their house and our house being very close together that Harry and these bunch of girls could literally escape through one of the patio doors, as soon as they were escaping they were putting the house back together again after a party ...

Ge.FC.13: Ohhhhhh (laughs, looks down)

Ja.FC.17: (smiling, nodding)

Ri.FC.17: ...which, (laughs) then hearing that one of the people had fallen from the pit area in the main level down to the basement somehow, we don't know how the heck he did that but all these stories that came out really were quite nice.

Ge.FC.15: Yeah, they would clean up the house before we got home, but sometimes they would miss things and I would walk across the floors and think, ugh, this is really sticky

here, okay somebody didn't get the beer or the alcohol clean up (chuckles) but we always knew that something had happened at our house but at least it looked, you know, clean and put back together again. And that was a good evening actually.

Ge.IP.21: It did turn out to be a very, I mean, obviously there were people crying and there was laughter and it was a very positive evening.

Rituals and remembrances. Joanne summarized that there were initially four major joint grieving events for the family. These included the funeral and the events after it, Harry's birthday in December, the spreading of Harry's ashes the following May, and the birth of Joanne's daughter, Sally. The family proceeded to discuss the details of these events. Each family member recalled different aspects and there was confusion around who was at each event. The family members went back and forth in dialogue trying to get the facts straight. Joanne revealed, "somehow the memories have all gotten sort of a bit mixed up." Joanne and the other family members noted in their IPs that one month after Harry died, Joanne had gotten pregnant unexpectedly. She disclosed, "so dealing with the pregnancy thing on top of, it was a bit of a waah, which way is up?" Details of the funeral and placing of Harry's ashes were not revealed in the FC, but memories of grieving activities around these events were revealed in their IPs.

Ge.IP.4: By a year we decided that no, we weren't going to move, and so we interned his ashes a year after he died, and Joanne and her husband came out and Sally by then was a baby, so we had a ceremony and where his ashes are interred is a really a nice spot.

Ri.FC.2: We had an interesting experience when we were taking Harry's clothes to the funeral home to dress him. There was a little rainbow in the sky. I don't know what you call them, a little square rainbow. Everybody saw it and nobody said a word. It would be kind of months later that we all compared notes ...when we were on the golf course, just above the ski village, there was a little rainbow, a little square rainbow exactly the same, and of course you could explain that by climatic conditions but kind of weird out of the whole sky in both cases ...then we compared notes that we'd all seen that first rainbow.

A joint grieving action of rituals and remembrances emerged. Family members shared impactful experiences around the mourning events and shared in a connectedness to Harry through them.

This family found significance in the people who were at the events, but had difficulty recalling

details of events that took place that first year, which could be attributed to a number of factors, such as time since the death (24 years), being pregnant and grieving, and/or having several mourning and transitional events all occurring around the same time.

Spiritual experiences. Richard and Georgina noted in their IP's that several significant unexplainable events had occurred after Harry's death. Examples of these included recalling "a little square rainbow" that appeared several times, Richard's experience when he "felt that [he] was literally being held by somebody and being told to ...relax, I'm in charge," and Georgina's experiences at church that were meaningful to her. A spiritual career emerged for the couple as they reflected on what had carried them through over the past 24 years. Richard disclosed that he had not been a Christian before Harry died. "I probably would have been termed an atheist," but that he attributed his involvement in the church to be "but for losing my son." They had connected with a church after Harry died and got involved in leading marriage and family relationship courses together. Georgina revealed in her IP that her faith was significant, but it did not make grieving any easier as you still had to go through the process. A grieving action emerged for the couple of finding significance in spiritual experiences.

Emotionality and different individual grieving styles. Georgina relayed that her counsellor had told her it was important to prepare for birthdays and anniversaries, so as not to get overwhelmed and a discussion ensued about various emotions that had emerged for each family member in their grieving processes. Family members were intentional in adding their perspectives. Georgina stated that she had never been angry at Harry.

Ge.IP.38: To this day, I've never felt angry over him dying and why did he, because what happened on this particular road, he overtook a logging truck, and there was another truck coming the other way, so yes, he was an aggressive driver, and we know how many people die on Canadian roads every year in car accidents. We're not the first ... but you can't help if the idiot comes from the other side of the road either, comes across the meridian at you, you know.

Joanne said it was more like disappointment for her, especially since Sally did not have an uncle in her life, and she expressed that Harry “would have been a great uncle.” Richard then explained that he had felt anger about the “careless driving piece.”

Ri.IP.17: I probably did feel angry at him at times for taking a horrible risk on a very dangerous piece of road ...a lot of people have died on that busy stretch of road, and it would take us probably 14 months before we ever traveled that road, and then often... we'd stop there and take some flowers to the actual place...I saw pictures of the car he'd been crashed in, just awful, but unfortunately he hit a truck head on ...

Family members discussed their opinions about why the roads were safer now. Diverse patterns in their individual grieving processes, as well as the emotions that they experienced, emerged. All family members revealed that they had experienced guilt at some point in their grieving process. Joanne pointed out that her feelings towards Harry's girlfriend were different than the others, but conveyed a desire to honour her parents and what their needs had been. She revealed later in her IP that this was the first time she had told her parents that, and that she had tried to protect them from things by receiving all of Harry's mail. Georgina experienced mixed emotions of wanting to have a good time, but feeling guilty if she did, and gave an example.

Ge.IP.19: We were all sitting in the white hearse, and my brother's got a really off the wall sense of humour and we were laughing, and I remember saying to the driver, “could you put the partition up, please” Because I thought he must think we're all a bunch of cuckoos, or is this normal? But we were laughing and joking about how Harry would have viewed us riding around in this big fancy limo here and I forgot what set us off and I thought this guy up front must be shaking his head. We're all in the back and we're sobbing our hearts out or we're laughing and joking ...

Georgina expressed that she felt people thought they were crazy because they were expressing both joy and sorrow at the same time. A desire to laugh and focus on good memories prevailed. Overall the family members had varying ideas on how grieving should be enacted, each shared tentatively about how they differed, but at the same time they acknowledged and respected these variances. Georgina emphasized what she had learned from her counsellor in saying, “it's

different for each person, but to appreciate that not everybody's gonna be at the same place.”

Respecting differing views on how to grieve, as well as allowing for emotionality through both joy and sorrow in their grieving processes was prevalent.

Good memories and laughter. Richard then directed the conversation to recalling the blessings that Harry brought to their lives through good memories, touching the lives of many others, and through laughter. He explained that he believed “humour was a God-given gift” and that “Harry was very good at doing things that would make people laugh.” Georgina referred to laughter as something that they always had as a family.

Ge.IP.15.16: I think you just have to focus on the good times and the good experiences instead of beating yourself up about ‘oh I shouldn’t be feeling like this.’ ...I mean, I think laughing and enjoying your life is therapeutic for you as well ...We all have a sense of humour and I think that has always been something that its probably from my upbringing.

Joanne added to this by mentioning that Harry was “always joking around.” The family members referred to Harry’s sense of humour on many occasions and seemed to carry Harry with them through their laughter, sarcasm, and enjoyment in reminiscing together about him. The family members had a deep appreciation for who Harry was and memories of him initiated much joy and laughter. Laughter and crying were overarching joint actions that emerged for how this family has and still does grieve together.

Joint grieving as couples. The conversation continued with Georgina recalling the couple’s joint grieving action in agreeing to wake each other up at nights if they could not sleep.

Ge.FC.28: We agreed you and I that if either of us couldn’t sleep at night or if I had a nightmare and I woke up and I certainly had some of these very graphic images of what happened and just couldn’t sleep. I’d wake you up and if both of couldn’t go back to sleep, we’d go for a walk and we found that really helpful.

Richard and Georgina both expressed gratitude for the other’s support. Richard and Georgina turned towards each other in their grieving activities as a couple, and provided a strong support

system for each other. Joanne listened intently and acknowledged that she knew about their support for each other and was grateful for it. She shared in her IP that the distance she lived away from her parents did not allow her to share in more of their joint grieving actions. She also expressed that she carried a lot of pain for her parents and her husband was a support for her, too.

Ja.IP.47: I don't want to say the most difficult thing 'cause actually losing my brother was the most, but I heard my dad crying ... I'd never heard him cry before ... it was very, very hard.

Ja.IP.72.73: He was really, really helpful in particular in the early days, like just taking care of things ...so he was a real rock for the three of us. Now he's very sensitive himself, so for him to have been able to, I mean he cried through the whole thing too.

The joint grieving actions that emerged were finding comfort through support of spouses, as well as carrying pain for other family members.

External support. Both Joanne and Georgina aligned in expressing that seeing a counsellor helped them through some of the grieving process. Georgina interjected numerous examples of what her counsellor told her or helped her work through.

Ge.FC.53: I think there's more resources out there now where you can join a group or you can go individually to someone and you know, I have to say for myself with (counsellor) I tended to meet with her and I'd have all these questions and she would explain you know the differences to me.

It was evident that the family members had integrated some of these concepts into their grieving processes. For Joanne the counsellor offered through her work, validated, and normalized her experiences, and through this she was able to share her opinions of her grieving experiences.

Ja.IP.50: We have a confidential third-party counselling service and so, I'd gone to go talk to her because I didn't know which way was up and she just reassured me, 'you've gone through a tremendous life-impacting experience and everything and all of what you're feeling is completely normal, and no, you're not crazy.'

A joint action emerged in the parent-child dyad of finding value in counselling services.

Golfing as therapy. Another joint grieving activity came to light as Richard shared that golfing as a family was “good therapy” and the family members conversed in recalling specific endearing times when they golfed together. It was revealed by several family members that Harry had been the one who initiated golfing by buying them a golfing holiday.

Ri.IP.2: We’d started to get into golfing and [Harry] bought us a golfing package, just before he died, to go to Whitefish and play golf, and it was only probably 2 ½ weeks after he died, and you know we were thinking, ‘oh should we go or not go?’

A joint grieving activity of family outings being helpful emerged, as well as the joy of reminiscing about them.

Pervasiveness of the loss, changes, and ongoing process of grieving. Joanne initiated a conversation about the pervasiveness of the loss and revealed that she did not subscribe to the belief that “time heals all,” noting that she believed “there’ll always be a hole.”

Ja.IP.54: There’s still a hole and I think there always will be. There are gaps between thinking certain things get longer but as far as heal, no because I don’t have my brother anymore, and you can’t heal that...

This led to a discussion about how grief changes over time and family members shared their opinions. Georgina interjected that “things get better,” but then went on to add this in her IP.

Ge.IP.40: Joanne says, she has a hole (tears up) and it can never be filled. And that’s the reality with grief. You can’t replace, like Sally can’t replace Harry. Somebody else can’t replace, so there’s always that void, but I think you have to again like we’re trying to do, focus on all those good memories and those good times, cause we had Harry for 28 years ... other people don’t have that.

Richard asserted that he did not agree completely with Joanne, as it was opinion that time did change things, but he agreed there would always be a hole.

Ri.IP.28: I think time does cause you to be more relaxed about the whole thing. The feeling of grief and that physical pain is really tough to take plus the emotional pain, so I think time does, it becomes less. Like every year the anniversary of his death becomes less of a hurdle. Everything blurs together and you certainly have a lot of thoughts. So I think time is a healer, or the memories of good times together take over the grief.

An overarching joint action emerged in agreement about the pervasiveness of the loss and grief being an ongoing process. Family members had different viewpoints on how grief changes over time, but unanimously agreed that it did change for each of them.

Recalling tears. Richard proceeded to answer the research question in recalling “breaking out crying when I heard a piece of music,” and they all engaged in trying to remember which band played the song at the funeral and other songs that were meaningful to them. A discussion about tears ensued. Joanne described that when tears come “we can’t stop it.”

Ri.FC.59: So anyone of those for a long period if I heard them would just set me off crying, which is good, actually, that’s the weird thing the crying, a lot of people think they are upsetting you or something’s upsetting you, but I always found tears actually were really good.

Ri.IP.31: Well I think they are therapeutic. I mean that’s the reason a lot of people don’t ask about something like this is because somebody starts to cry and they think, “Oh, I’m guilty of making them cry.” To be honest, there’s nothing wrong with the tears.

Ge.IP.34: But the grief is so intense at the beginning and its like you can be absolutely fine vacuuming and then for whatever reason, it just hits you, and it’s almost like a big wave coming over you and drowning you, and you just cry. But through the crying, somehow it almost feels cathartic.

Ge.FC.36: Tears are something like God’s way of allowing you to express your love.

All family members agreed that tears were okay, even though they came from a background where emotions were not often shown. Richard noted, “I’m probably crying more than Georgina ... and I think it’s great.” A joint grieving action emerged of being comfortable with emotions, and specifically tears, after Harry’s death.

New family rituals. Richard shared another joint grieving ritual that had come about after Harry’s death in saying, “I love you” and hugging more. He stated (in IP), “it changed the dynamics of our family and we never finish a phone conversation without saying [it].” Richard and Georgina expressed that they had not been comfortable with this before their son’s death.

Ri.FC.60.61: And I think that's something that we all seem to do after Harry died is telling each other that we loved each other ... somehow that wasn't a very English man's way of dealing with things ... but I think hugging each other, again, I don't know whether I ever felt that physical side ... but I think we've all become a lot more huggier and willing to say we love each other, which I don't remember doing it before Harry died.

Ri.IP.35: I don't remember hugging my son except hugging him in the coffin. So kind of strange to want to do that, and I just don't remember hugging him before that or even telling him that I loved him. It was just not something that I guess we did.

Joanne expanded on this in her IP, "Openly crying, hugging, saying I love you ... that just got flipped upside down after losing my brother... most of it was done via the phone because of being at a distance." New family rituals arose as a joint grieving activity.

Silent ponderings. Georgina continued with an explanation as to why they did not do these rituals before her son died, as being brought up in a home where their parent's love was never questioned. Joanne interjected that it was assumed that people were always going to be there. Richard acknowledged this conversation by stating, "Yes that's right, you're not planning for them to suddenly disappear." This initiated a joint grieving response in all family members as they paused in a long silence, pondering this comment. Family members entered a silence together on numerous other occasions, such as recalling the day they heard that Harry died, and the ongoing process of grief.

Ge.FC.52: Whereas to get that phone call with Harry was so totally different, I mean. To me it was like I don't believe you, you're making this up.

Jo.FC.80: Yeah. No. I can remember saying, I can't remember who, which one of you I was talking to, but saying something like this is somebody's idea of a sick joke because it couldn't be real.

Ri.FC.74: Mhmm. I think it was me making the phone call and I just never wanted to do that again. It was just awful.

LONG SILENCE (everybody looking down).

A joint action of grieving together in silence is prevalent in the family conversation.

Helping others. Richard continued to explore other examples of what helped in their grieving processes, and mentioned helping others. Richard elaborated on this in his IP in talking about when the family all got together on Father's Day to pack up Harry's house, and how this act led to helping other people who were going through the same thing. He has also tried to help men that have lost children. Currently, Richard and Georgina are involved with leading marriage courses together and helping other couples to communicate better.

Ri.IP.39: We've come across a number of men that have lost kids and not many of them I feel I could really reach even though, you know, I've offered to have coffee or spend time, often [its] through their wives because a lot of men will not, they just don't know how to talk about it. Unfortunately they want to bottle it up and not admit to the fact that its hurting them badly...when we're talking to groups that we try to help ...its to learn better ways of communicating, better ways of resolving hurt, because its likely that you will face challenges.

Healing through grandchildren. Another immediate joint grieving example arose as the family members discussed how they often think about what Harry would be like now. The family members paused, exchanged glances, smiles, and nods as they pondered this together. Joanne revealed that she often thinks about how Harry and Sally would have been "two peas in a pod." Georgina agreed, "I think so too. Two daredevils." Richard added, "Somehow in her spirit she's got some of Harry in her." The family engaged in a joint activity of imagining these two together. Everyone smiled as the conversation continued and all thoroughly enjoy it.

Ri.FC.67: 'Cause I'm often thinking what Harry would be like now ...

Ja.FC.66: Yeah (smiling).

Ri.FC.68: Thinking well, how would Harry fit into this picture ...

Ja.FC.67: Yeah. Well I just think about you know what him and Sally would've gotten up to (smiling).

Ge.FC.41: Oh yeah. (Looks at Joanne and smiles).

Ri.FC.69: Oh yes, oh yes.

Richard expounded on this in his IP, “I think Sally was a lot of the healing ... yeah we’d love to have Harry around but it hasn’t all been negative. Yeah, definitely, Sally has been a godsend.”

A joint grieving action emerged of Sally bringing healing as well as being a very present, ongoing connection to Harry.

Family grieving summary. The family grieving process as previously mentioned, will be examined through the framework of action theory and family systems theory. For action theory, it will include intentional framework, grieving strategies, and manifest behaviours. For family systems theory, it will be presented from the perspective of system structure, family functioning, relational grieving, as well as several of Nadeau’s (1991) family meaning-making concepts.

Action theory. The family grieving process for this family emerged within multiple ongoing family careers that included the individual, relational, and systemic careers of each family member. Numerous actions were at the forefront of this family grieving process that consisted of relational connections to Harry, to each other, and to other family members such as Joanne’s husband, and daughter, Sally. The family grieving process involved goals and intentions that were explicit actions, but on several occasions the grieving was implicit such as when the family members paused and there were moments of silence as they pondered specific topics. The individual grieving careers were magnified by proximity, as living in separate provinces did not allow them to be together as much as they would have liked to. The family grieving process as seen by the family members related most to their relationship careers, as they interacted through reminiscing, which brought laughter and tears of connection. A spiritual career began after Harry’s death and was part of the marital subset’s grieving process that directly affected the systemic career of the family grieving process. The marital dyad also

utilized helping others as part of turning towards their grief together. The family grieving process was embedded in the context of the family unit.

The intentional framework for this family could be described as seeking joy and comfort in the good memories they have of Harry, appreciating the time they did have with him, as well as expressing both laughter and tears through their joint grieving activities. Goals and intentions included cultivating an ongoing connection to Harry through reminiscing with others, connecting with each other in new family rituals, as well as openly and honestly expressing their opinions about the grief journey. Richard was intentional about engaging with both his daughter and his wife in their experiences, as well as adding in details that were pertinent to him. He was purposeful in including the “good memories” and the joy that Harry brought into their life and he was intentional in disclosing his spiritual journey that was a direct result of Harry’s death. Georgina was intentional in participating in dialoguing with other family members about the grieving process, sharing what she had learned from her counsellor, and always included how joy and sorrow went hand in hand. Joanne was intentional in expressing her viewpoints and tentatively pointed out differences, as well as remained implicit about her protectiveness. Throughout the interview, there is an intention from all family members to participate in answering the research question, as well as allow the other members of the family to participate. The marital dyad revealed their goal in being a part of this study came from their desire to help others through the grieving process, as well as learn new things about their own family. Joanne revealed that she was not sure why she participated initially, but in the end was glad that she did.

The grieving strategy for this family included planned and spontaneous actions. The planned strategies included connecting with Harry through rituals, reminiscing, and remembrances such as the first Christmas after his death when they went to England, the first

birthday when they had a gathering of all of his friends, the funeral service, a year later when they interred his ashes, golfing as therapy, and daily reminiscing about him with their grandchild. Individual grieving strategies emerged for each family member. For Richard this included various spiritual experiences, helping others going through similar experiences, expressing deep appreciation for good memories, recognizing that his granddaughter brought healing to family, and a distinct turning towards his grief with his wife. For Georgina, this involved learning how to continue to laugh and have a good time, being true to herself by acknowledging her mixed emotions, as well as giving specific examples of what her counsellor had told her. For Joanne, the grieving strategy included openly dialoguing about the hole she has in her life without her brother here, tentatively expressing her viewpoints about grieving being an ongoing process, and acknowledging the support she had in her husband and daughter. Spontaneous actions that were part of the grieving strategy arose as moments when the family members paused and pondered in silence together. This occurred when the family was discussing the ongoing process of grieving, when recalling the phone call that Harry had died, when they were imagining Harry and what he would be like today, as well as when they were dialoguing about what Harry and Sally might be like together. These spontaneous joint, grieving actions connected the family members to each other as was revealed by their interactions.

The manifest behaviours for the family included all family members answering questions, describing situations and past events, providing information, clarifying, acknowledging, and agreeing and disagreeing with each other. They often interjected and completed each other's sentences in recalling events. They also included a variety of non-verbal communication such as listening, smiling, nodding, crying, laughing, and pondering in silence. The family members laughed together throughout the interview. They frequently expressed joy, humour, gratitude,

love, and had distinct opinions and perceptions about the grieving process. All family members paused together on numerous occasions to silently ponder anguish or joy as they experienced joint grieving in the interviews. Specific to Richard was interrupting and redirecting the conversation and expressing anger. For Georgina, she often asked for confirmation from other family members, and Joanne listened intently, expressed understanding, and did not initiate questions. Georgina and Joanne both expressed guilt, and described situations of support from their counsellors. All family members engaged in answering the research question.

Family systems theory. The grieving process for this family can be described as functioning from a healthy level of cohesiveness, having the ability to be expressive, as well as engaging in conflict-resolving. The family was specifically recognized for its ability to express the full spectrum of emotions, in the safety of its family unit. The marital dyad is specifically cohesive and expressive, and models this for the family unit. Nadeau's (1998) concepts of family sharing and family speak were evident, and were observed through the above-mentioned manifest behaviours. At times there was an underlying element of protectiveness on the part of the daughter, who mentioned on numerous occasions her desire to not add to her parents pain. The tentativeness that emerged because of this did not diminish the openness in family sharing and disclosing opinions and perspectives. Family speak according to Nadeau (1998) includes agreeing and disagreeing, interrupting, finishing each other's sentences, elaborating, and questioning, which were prominent in this family's conversation. Family members engaged in back and forth dialogue through out their conversation.

The family system structure of roles, rules, and boundaries is expressed within the confines of the parent's "English" upbringing, but this structure was turned upside down in their family grieving process. The pervasiveness of the loss and the depths of the pain in losing Harry

came up against this structure and forced the family system to develop new ways of being. Rules such as “no crying, no hugging, no saying I love you” were released and new family rituals that incorporated these very things emerged. The subsystems in this family of specific dyads, and particularly the marital dyad arose as a significant factor in the grieving process. These all demonstrate the multi-faceted complex nature of grieving in the family system.

Assertions. The family grieving process was authentically lived out in their ability to embrace both tears and laughter, and was embedded in the ongoing individual and relational careers of the family members. All family members agreed that the grieving process was ongoing, that the loss was pervasive, and that they could still have an ongoing, enduring connection to Harry. The family grieving process included both planned and spontaneous actions and was facilitated by family cohesion, family sharing, and family speak, as well as the relational dimensions of grieving together and grieving as encounter. Central to this family’s grieving process was their ability to keep Harry alive through reminiscing and good memories. It was intricately linked to their ongoing connection with Harry, their ongoing connections with each other, as well as with other family members, such as Sally and Joanne’s husband.

Family three. Family three included Zaman (Za), a 69-year-old man, Joan (Jo), a 63-year-old woman, and their two children, Omar (Om) and Aisha. Omar, the eldest and only son is a 32-year-old single man. Zaman and Joan were married in 1981, but separated in 1991. Zaman reported being South Asian, born in Pakistan, of Muslim faith, and currently retired. Joan, a university professor reported being born in Canada, of British descent and identified as atheist. Omar reported being born in Canada, identified as agnostic, and described him self as having a mixed ethnic background. English was the language spoken by all family members.

On September 21, 2007, Aisha—daughter to Zaman and Joan and sister to Omar—died by suicide. During WU, the family introduced the research team to Aisha through stories and a variety of pictures. The family shared memories of Aisha and how she had impacted their lives. Parts of the death event story and how Aisha died were revealed, and the researchers experienced this as a profoundly intimate and sacred place. This included details about Aisha’s medical history of OCD, anxiety, depression, and the deep suffering she experienced. The family described Aisha as thoughtful, introspective, brilliant, and deeply burdened with compassion for people. She was good, strong, capable, and loved motorcycling, learning, woodworking, and scented candles. The family members were filled with joy and deep anguish in remembering and reminiscing about their daughter and sister. The research team expressed that it was an honour to meet Aisha. A genogram is included to provide context (see Figure 5).

Family 3

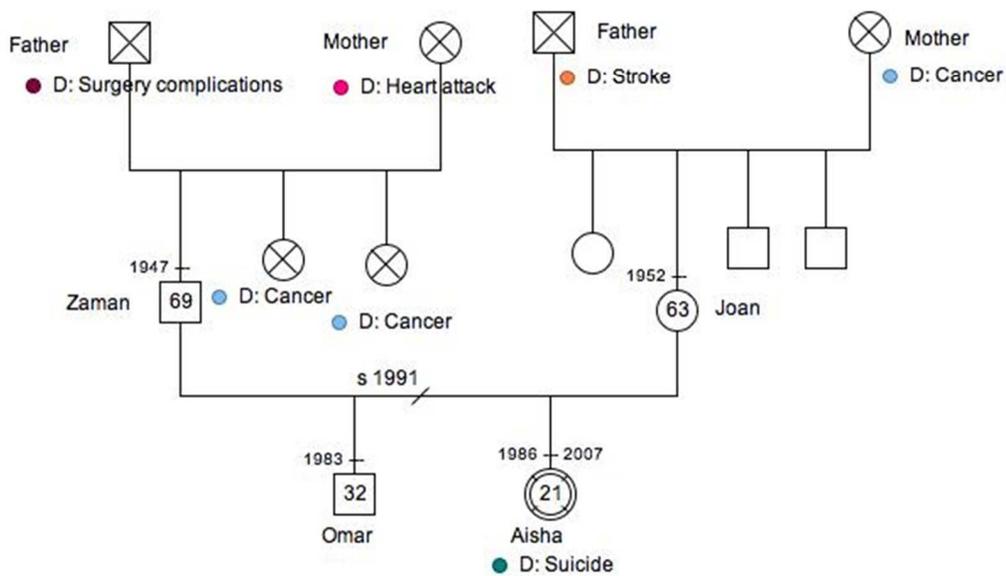


Figure 5. Genogram of Family Three.

Family grieving process. The principal researcher presented a narrative summary to the family members at the member check interview (MC) and through email correspondence. After contemplation, consideration, and interaction about what each part of the narrative represented for them, and an in-depth discussion with all family members, they agreed that the narrative summary fit well for them. The agreed-upon family grieving process for this family can be described as *deeply appreciating and engaging in each other's diverse customs and beliefs, connecting to Aisha through rituals and remembrances, linking objects, and spiritual or compassionate experiences, as well as finding meaning in each other's dreams. It included recognizing their shared pain, supporting each other, and seeking to make sense of Aisha's death, while continuing in life through their ongoing, enduring connection and deep love for her.*

Role of family members. Each family member had a role in this family grieving process, which included individual grieving actions, as well as their part in the joint grieving actions.

For Zaman, this process included initiating conversations to answer the research question, expressing a deep appreciation and valuing of his own spiritual and cultural rituals, as well as the Muslim community and their support. The process involved engaging in discussion about joint grieving rituals, as well as sharing his personal grieving style. He expressed opinions with detail and clarity, openly and honestly discussed his spiritual views, and was purposeful in describing what he thought was good in his grieving process. He was intentional about keeping Aisha alive in his life, in trying to make sense of her death, and in revealing when he recognized that there had been changes in his grieving process. Disclosing significant dreams and imaginings of his daughter and seeing her in a new way was a specific intent. The process for Zaman exemplified an ongoing connection with Aisha that in turn connected him to other family members.

For Joan, this process included initiating conversations to answer the research question by asking other family members to share. The process involved intentionality in allowing others to engage in discussion, and being purposeful in affirming and acknowledging what was said. The grieving process included being true to her experiences and what she upheld to be important aspects of her own grieving process. It included recognizing the significance of her suicide support group and supportive friends in her life, and entailed not having difficulty talking about how Aisha died. She often spoke of the particulars that she had learned about mental illness. Another aspect in the grieving process for Joan was her ability to genuinely emote what she was feeling. This was comprised of sharing her moving experience of being included in the Muslim burial, as well as truly being excited for and with other family members as they shared their experiences. The family grieving process for Joan exemplified an ongoing connection with Aisha, a deep connection to Omar that was purposeful in encouraging and acknowledging his expressed emotion and pain, as well as a closer connection to Zaman after Aisha's death.

For Omar, this process included answering the research question by actively engaging in discussions about their joint grieving activities, intentionality in expressing how deeply he was moved by the Muslim burial and memorial services, as well as articulating how engaging in these events had impacted him. The process involved being open and honest about what the grieving process had been like for him, it was intentional in keeping others on track, and at the same time honoured and validated what other family members were sharing. The process entailed being true to his own feelings of pain, carrying pain for other family members, specifically his dad, and was purposeful in focusing on who Aisha was, not on her illness. The grieving process for Omar exemplified intentionally turning towards other family members

through Aisha, connecting through each other's spiritual and compassionate experiences, and included an ongoing, continuing bond with his sister that had profoundly changed his life.

Detailed description of the family grieving process. The following section represents a detailed descriptive narrative of the family's grieving process as it unfolded during their family conversation and processing interviews. Several factors influenced this process including diverse customs and beliefs, proximity, spiritual and relational dynamics, family system rules, roles, and boundaries, as well as diverse individual grieving patterns of family members. The family grieving process was enhanced by the family members ability to initiate dialogue, allow space for each to share their stories in detail and without interruption, and recognition of the importance contributions others made to the family conversation. It was inhibited by proximity in everyday life as the son did not live close to his parents, by their diverse individual ways of grieving, and there was disconnection at the beginning of the family conversation when the family members were imparting details. The family members shared an appreciation for each other's dreams, as well as individual spiritual and compassionate experiences that linked them to Aisha. This process involved recalling the mourning events of the burial and memorial service, valuing the larger community, giving examples of specific rituals and remembrances, allowing for differences in grieving styles, and sharing dreams and imaginings that provoked shared meaning. Each family member indicated that they had tried to make sense of the death. A shared pain was revealed, as well as an ongoing connection to Aisha that brought family members even closer together.

The family conversation (FC) had an overall comfortable tone, where family members expressed a variety of emotions including joy and sorrow through radiant smiles, deep sighs, sniffles, tears, and nonverbal cues that indicated emotion regulation. The family members were

respectful of each other and gave space for each to share various instances of their joint grieving activities. Throughout the conversation there were examples of intent listening, deep appreciation of what others shared, as well as times when family members were distracted or disconnected. Omar expressed being similar in personality to Joan, and that his sister was a lot more like his dad. Zaman described his relationship with Aisha as “like a soul mate... it was almost like heavenly for 21 years to have that kind of person in your life.” Throughout the interviews, both Joan and Omar expressed concern for Zaman in light of the deep connection he had had to his daughter. Joan initiated several sections, but Zaman directed most of the conversation. For this family, each member completed full explanations and descriptive examples of their experiences, and this seemed to indicate a strong family system rule on how to communicate. Back and forth dialogue was not prevalent, but one person’s experience initiated sharing of another person’s similar experience. At the beginning of the FC, the dialogue was more descriptive, but about half way through the family members turned towards each other and connected in their joint grieving actions. It was evident that Aisha linked them all together. The individual processing interviews (IP) brought out deeper levels of communication, thoughts, and feelings, as well as contextual details from each family member that informed the FC.

Appreciating and engaging in diverse customs and beliefs. The FC began with Joan initiating a discussion about the memorial service and the burial. Zaman proceeded to answer the research question and began to describe in detail the typical Muslim burial that they had all been a part of. It was evident that the other family members were familiar with these procedures. Zaman expressed deep appreciation and valuing of the rituals and traditions associated with his faith background, and the sense of community that he experienced through his daughter’s Muslim burial. Other family members acknowledged and reiterated this deep appreciation, even

though they were not of the same faith. Joan identified as atheist and Omar identified as agnostic. Joan expressed gratitude in being a part of the Ghusl, the final bathing of her daughter.

Za.FC.1: It was a typical Muslim burial and that means that you spend some time with the dead body. You treat it with respect, its washed and a little bit of perfume is used ...then the body is wrapped in a white shroud and that's how it is returned to the earth ...I guess its mandated per custom that if you're Muslim and you see someone has died, you participate in that service. So, you know, we have a community. We end up with people who would participate and support you in that and they help you handle the body and the burial process ...So I was very glad ...to go back to the basics of what our tradition is and respect the body and respect the person the way that at least I think is the proper way and the way I was taught to do.

Jo.WU.37.44: There's a Ghusl ...it's a ceremonial washing of the body of the person you've lost ...there were seven women, who I didn't know previously. They were Muslim ...they volunteered to help with the Ghusl ...they were amazing. So we had Aisha's body, and Aisha was a very modest person always and she was treated with absolute modesty. It took about an hour and a half. We washed her body three times, and shampooed and washed her hair ... she looked just like an angel. She was wearing a long white gown and then seven layers of white cloth and then, she was laid just in a very simple box.

Zaman revealed in his IP that he did not know how things would go in regards to what kind of a service they would have for Aisha in light of the family members differing belief systems.

Za.IP.4: In a sense it was something that worked out well because I had no idea whether this was some question of dispute if I was going to get in an argument with Joan whether she was going to insist on something else ... as soon as the ball got rolling, Joan really got into it and every step of the way was an enlightenment ...she's not Muslim but has come around to the idea of a natural burial.

Jo.IP.9.10: It was very personal and the Muslim community was very supportive ... it meant a huge deal to me that just the whole thing was done with such respect and such personal care.

Omar also expressed gratitude for the Muslim burial and the memorial service, both of which were held for Aisha and all family members noted that Aisha would have been pleased with the services as they represented her well.

Om.FC.1: For me, I guess, religiously I don't think I had concerns as devout as you and Y, but culturally we all relate to the Muslim community and I think it felt perfect the way that it went with the Ghusl and the Mosque, and the fact that the community came and the

fact we were able to bury her. You know, it felt to me like exactly what she would've wanted herself had she been there to see it. And combining that with the fact that we had a nice memorial service with the community where tons of people she knew, probably way more than she ever would have thought, came out. It reflected to me, kind of, you know, the Muslim service was really spiritual, and the proper way to say good-bye ... and the memorial service just showed that people really cared about her.

Family members shared more details of impactful experiences at either the Muslim or memorial services in their IPs. The family joined together in spite of having extremely different belief systems, and choose to honour Aisha and each other by including a variety of death rituals. Several joint grieving actions emerged of deeply appreciating and valuing cultural death rituals, honouring and engaging with diverse customs and beliefs, as well as coming together in their desire to represent Aisha well.

Recalling and appreciating support from larger community. Joan proceeded to answer the research question and shared that she appreciated how someone spoke about mental illness at the memorial service. "I think one thing that was good was that we did acknowledge how she died." Both Zaman and Omar focused more on how much they valued people at the memorial service talking about who Aisha was, her friendship with them, her interests, and about her life.

Om.IP.4: I think there's something all three of us definitely agree is that the way we were able to say good bye to her at the Mosque and then we also had a memorial service that was at our local community centre. Tons of people came out, I mean there must have been 200 people there, this was on very short notice and it meant a lot to us because towards the end of her life she had really isolated herself, including from us at the very end. But there were so many people out there to say goodbye to her and to remember the girl she was rather than of the mental illness that consumed her. I think that means a lot to us and its something we all agree on and talk about ... I spoke about my memories of her ...about how much I loved her and all the positive things I remembered about her.

Om.FC.4: What people were talking about was more about who she was as a person rather than her illness ... she was a very unique and good, strong and capable person.

Za.IP.11.13: It was a good celebration of her life, good way to remember her, very nice, good people, good group of people were able to come together ... they helped us... we were able to talk about her, we were able to share what we were going through ... getting

their support ...that made us feel better ... people have continued to share with us over the years. They remember Aisha's anniversary date and ...[get] in touch with us.

All family members expressed appreciation for the number of people who came to support them.

Recalling and appreciating support from the larger community emerged here.

Dreams, concern for others, and change. Zaman directed the conversation by initiating a discussion about the grieving process. He went on to share that "the strongest thing that sustains [him] is the spiritual aspect." This led to describing how he imagined Aisha "with the creator ...and her being in a happy state." He revealed that it had not always been this way as early on in the grieving process his dreams had contained an element that was threatening. Zaman's countenance transformed, as he realized that lately this had changed. He explained how he now imagined Aisha as "a joyful, rambunctious Aisha," and Joan joined Zaman in imagining her daughter in this new way. A transformation also occurred in Joan as her face lit up and she smiled radiantly, while engaging with him in this visualization. Omar responded to Zaman's comments about change and shared that he had been worried about his dad right after the death.

Za.FC.2: I think about this loss of Aisha, I always think about her, so its everyday actually, every day I think of her. I imagine her at a place where she's with the creator and ...just remembering her wherever she is, however she is, kind of imaging her all the time like together with my parents who have already passed away and with my sisters, and her being in a happy state. I used to like for quite a long time, I basically imagined her, dreamt about her as someone who had this threat of this tragic thing about to happen ...this looming thing and I know what is the ultimate end.

Om.IP.14: My dad has had the hardest time coping ...you know him and my sister being so similar, it was the hardest on him. And there were a few years, where I was really worried. It seemed to have drained all the joy in his life. He gave up all of his hobbies ... He just stopped. I think he was just in too much pain ...this is the first time I've heard him say it like this. He's kind of changed the way he looks at my sister and her death and he's back doing all of those things...he's living his life again.

Then Omar disclosed that he too had had dreams about Aisha and in his dreams about the family "she is always there" and it brought him comfort. "It's nice that I dream about her sometimes."

Joan added in details about her dreams and emotions welled up for her as she described them. In

sharing their dreams, the family members connected to each other. This was the first time that some of the disclosures were made.

Jo.FC.6: I find the same thing that I dream about her. Sometimes as a child and sometimes as a young woman and mostly now the dreams are family dreams where she's just there. But for a long time the dreams were ... that there had been a looming threat and that somehow we'd gotten by it that somehow even though she had been at great risk of taking her life, somehow we'd been able to forestall it, that was always what I'd dream for the better part of five years.

For Zaman, recalling his dreams brought up conflicting thoughts and feelings, as his rational side could not acknowledge their importance, but his emotional side seemed to love having them.

Za.IP.17: I've never placed much importance in dreams, but it was kind of weird because going through some very, very vivid dreams with Aisha in them...I feel a lot of love...I start imagining her the way I like to imagine her which is she's actually coming across as a joyful person, which was not the way she was in the later years of her life, but I don't know how much importance to give to dreams...maybe its more important to me now because its always a good experience...it has an impact...from time to time I have this image and I'm there interacting with her...that becomes very important...but generally I don't talk about dreams, I don't really pay much attention to dreams.

A common bond of dreams emerged. Experiencing deep emotion and enjoyment in their dreams and coming together in imagining Aisha in a new way was prevalent. Another aspect of their joint grieving was carrying concern for how others were doing, as well as an acknowledgment of changes that had occurred in their grieving processes.

Spirituality and connection to Aisha. The conversation continued with Zaman expanding on his approach to grieving in saying he thought it was good to keep Aisha present, on their minds, and in their hearts by "getting used to the idea that she was a part of a very precious part of [their] lives." He also explained how important it was for him to have a spiritual outlook on her death. He viewed Aisha as a gift from God, and he expressed his belief that "we cannot understand," yet went into a dialogue with him self in trying to make sense of her death.

Za.FC.3: Did I deserve it? What did I do to deserve that, to get that kind of gift that I was given and granted and I can complain that I lost it, but yah, it was a gift from God that's taken away.

Omar acknowledged his dad's strength and connected with him spiritually in sharing an experience he had had in East Africa pertaining to death rituals.

Om.FC.7: Hearing that, I think, to be able to think about it like that takes a lot of strength. For me, I don't think I would have considered myself as a spiritual person at all before Aisha passed away and that's changed...I was in East Africa ...and I came across this concept ... whereby when someone had died but those closest to them still think about them all the time and are still alive to remember them that person is not really gone ... You know that means, 'cause Aisha, the way none of us are in denial about it, makes me feel like her life did happen and it does have an impact on us, and I really, really related to that in terms of thinking about Aisha.

A joint grieving action that emerged was connection to Aisha in an ongoing sense of her presence with them, as well as the significance of spirituality to this family's grieving process.

Compassion, changes, and turning towards shared pain. Omar then described how he had changed since Aisha's death in becoming a more compassionate person. He recalled giving out food to homeless people and how this connected him to his sister.

Om.IP.7: I see other people who are down on their luck, I remember Aisha was down on her luck and she was the purest, best person, probably the best person I'll ever know and how am I to say that these people aren't good people too? That's not something I would have thought of before, but I think that's a gift Aisha left me with.

Om.IP.23: What all three of us have tried to take is our compassion for those who are not in good places.

Joan was touched by Omar sharing this, and elaborated in her IP. "I found that very moving that he did that with the homeless...he told me about that but with the context with Aisha that was very moving to hear." At this point in the conversation a definitive shift occurred. The family members turned towards each other, and engaged in and supported each other in their pain. Joan rubbed Omar's shoulder when he was sharing about how Aisha had impacted his life, and Zaman turned towards his son and patted him on the shoulder. Joan then divulged that she believed she

was more compassionate now, especially with her students, and Zaman looked directly at her and expressed empathy for her having to work with students the same age as Aisha.

Za.IP.26: We share the pain of tragedy ... we're three people who kind of share that experience ... since it's shared it has brought us together.

Za.IP.19: Dealing with a tragedy, not by keeping it out of my mind, forgetting about it, but keeping it very close, and thinking about it ...

The joint grieving actions that emerged were a turning towards each other through their shared pain, connecting through spiritual and compassionate experiences, and again recognizing significant changes that had occurred in their lives.

Rituals, remembrances, and linking objects. Joan directed the conversation back to rituals and remembrances on special days and linking objects that they each have as a way of keeping Aisha with them. The family members engaged in a dialogue about the significance of getting together and/or talking on these days, and going to the cemetery and reciting a prayer.

Jo.FC.8: On Aisha's birthday and on the anniversary of her death, we always get together every year, [Omar] when you are there, but I guess you're not there very often of course, because those times aren't, but Zaman and I and often [friends] come on occasion, and I've got a friend who every single year on September 21st I come home from work and there's a flower or a plant.

Om.FC.8: Every single year [ex-girlfriend] gets in touch with me like a day or two before and says, 'Don't forget to call your parent's.'

Jo.FC.9: And she always gets in touch with me too. And on Mother's Day, too.

Za.FC.5: So also we got a symbol of the ritual of visiting her gravesite. So it's a symbol, but going through it has its own kind of therapeutic effect. Just to be there and remember her, her life.

Jo.FC.12: And the prayer that you translated for me.

Za.FC.6: And we go through the prayer and, basically, go through the mental process of thinking about her and thinking about how her life was.

Joan then revealed that she goes to the graveside about once a week where she recites the prayer, as a way of connecting to Aisha, and Joan and Zaman go together once a month.

Za.IP.19: I have accepted it. I think about it everyday, you know, but at the right time, and, I deal with it that way, so everything that you know reminds me of her, her possessions, her room, what she did, her pictures, they are totally always in front of me.

Zaman went on to explain how he still has Aisha's room "the way she set it up," how they divided up Aisha's things, and how important it was for him to keep some of her belongings. Joan stated in the WU that she also had left Aisha's room the way it was and she shared how she wears the charm that Aisha had left her. Joan and Zaman revealed in the MC that Aisha had asked them not to give away any of her stuff in the note she left. They commented on how they knew that this was the disease talking, and that they had not kept everything, but their daughter's wishes did come into consideration when thinking about it. Joan stated that she had come up with a creative idea of what to do with Aisha's collection of newspapers. She shreds them and puts a few into her compost weekly, and then uses the compost in her yard, a place that Aisha loved. Joint grieving actions that were prevalent included coming together in rituals and remembrances, keeping Aisha close through linking objects, and sharing an ongoing, enduring connection to her.

Support from each other and the community. The conversation proceeded towards a discussion about support when Joan revealed that she had thought Omar should support them until a friend confronted her and told her that her son was also grieving. Joan expressed a wish to have changed in that respect.

Jo.FC.10: One thing that I think, on what would have been [Aisha's] 25th birthday, so I guess a little over four years after she died, I was hounding you to get in touch with us prior to that and I think [friend] helped me to understand that I should appreciate, I should accept that you also grieve and that I shouldn't look to you to support us. I hope I've backed off a bit on that.

Omar responded by telling her that he had not thought of it in this way and that he believed he was to support his parents. He expanded on this in his IP by saying, “They support me as much as I support them.” Joan shared that she went for counselling and was involved with a grief support group for suicide survivors. On occasion Zaman came to guest speakers at their alumni group. Zaman found support in his faith, through friends, and in visiting the grave with Joan. In the warm-up, Omar stated, “One thing we’ve been able to do as a family is talk about it.” He also disclosed that he had his own support system. He went on to express how much he valued how his mom and dad were dealing with the death.

Om.FC.9: I’m just really proud of you guys, Like I think Dad like, I know you have a ton, a big group of friends here, and obviously Aisha was kind of like in your image, and both of you have managed to find things that still being joy in life and for me that shows incredible strength. That makes my life incredibly easier (Joan touches his shoulder), that I can count on you guys to support each other and support me when I need it.

He expressed being very proud of his mom for not only finding help through her support group, but in her leading and helping others who came to the groups. The emergent theme of support was central to this section—Joan and Zaman supporting each other, Omar valuing and appreciating that his parents supported each other, all family members recognizing the value of outside support, and the significance of being able to talk to each other in their grieving process.

Finding meaning. A conversation ensued about the prayers that Zaman and Joan recite at the grave and how impactful this is for Joan. Omar (in IP) stated, “That means a lot to my mom ...because I think she recognizes who Aisha was and that meaning would have been a lot to her and so she’s kind of adopted that as part of how she remembers Aisha.” Joan then recited the prayer, which ended with the statement “and the wisdom to understand if there’s any good in her death.” She added “and I guess one good thing is that she was suffering horribly and she’s not suffering anymore.” Finding meaning is prevalent in this family’s joint grieving activities, as

well as trying to understand Aisha's death and the mental illness she suffered with. For Zaman, this included trying to make sense of his daughter's death by asserting that it was possibly not the worst thing that could have happened, and finding deep meaning in a dream he had five days after Aisha had died. This dream was meaningful for all family members and will be shared in the last section. For Omar, finding meaning included making sense of the rationale that Aisha had probably thought about suicide for many years and made a decision to take her life as opposed to being upset over a breakup or other things where it may have been more reactionary.

Om.IP.29: I don't think she took the decision in any haste. You know, I think it's clear both based on what she left behind and the way she was suffering, was that it was something she thought about for probably years. In some way, I have to respect that decision.

In the WU, Joan revealed that Aisha had left a suicide note, a three page list, and specific items, all of which helped to make sense of her death.

Jo.WU.51: She left a little, teeny, tiny suicide note. It's literally this big. She had teeny, tiny perfect writing. She wrote 'I'm sorry,' then crossed that out and wrote 'I'm very sorry.' She said 'I can't do this anymore. This world is my hell,' and she said, 'I'll see you again. Love Aisha.' Then she left a three page list. She had some boxes of things including these charms, um it says always with you. She left one for each, her dad and one for me, and then I've since gotten one for Omar.

Jo.WU.51: All three of us loved Aisha, we all tried to help her in our own ways ...so we don't blame each other.

Joan noted that in Aisha's final note to them she said, "Don't blame your self or anyone else."

The family members took this to heart. Emergent joint grieving actions were engaging in sense making and finding meaning through dialogue and items that Aisha left for them.

Ongoing, enduring relationship with Aisha. The family conversation ended by Joan asking Zaman to share a dream that he had had a few days after Aisha died. All family members had heard this before, were profoundly touched by it, and each revealed deep meaning that they had taken from it.

Za.FC.11: We are in an SUV and my dad is driving it and it is me and Aisha in it, and all of a sudden we realize that he's taking us towards this ravine, and we were heading towards this disaster. And Aisha kind of corrects him to get on this right path. And so basically saves us from going off. And then we arrive at this place, this spiritual place and nobody knows what to do and Aisha knows exactly what to say and what to do so kind of helps us out again.

Jo.FC.19: But just a second, let me say, cause the last part is so, what she knew how to do was, what she did was in beautiful fluent Arabic she started to recite from the Qu'ran and Zaman was so proud of her doing that, but he took her in his arms and kissed the top of her head and he woke up as he did that.

Om.FC.14: Yeah, you told me about that dream ...and that really touched me.

Om.IP.30: I think just like to elaborate a little bit, after [Aisha] swerved out of the way they ended up, my dad's dad was really influential in his life ...he had a very commanding presence in his life, and he ended up leaving Pakistan against the wishes of his family and marrying my mom which kind of I think had a profound impact on his life. So the fact that my sister was able to take the wheel from him and his dad like I think that's a powerful symbol even in and of itself. And then when they got to the kind of spiritual very religious place, but my dad and his dad didn't really know how to react or what to do. My sister came and said these beautiful prayers in Arabic, which clearly to him was exactly what was supposed to be done ... so the fact that having that a few days after she died, my dad literally sees that as her coming to say goodbye. I'm not a spiritual person, but I think that may have been what it was.

The final joint grieving actions for this family emerged as appreciating Zaman's dream and his connection to Aisha through it, as well as other family members looking for meaning in these experiences as a way of connecting to her and to each other.

Family grieving summary. The family grieving process again will be considered from within the frameworks of action theory and family systems theory. This will include an intentional framework, grieving strategies, and manifest behaviours from an action theoretical perspective, as well as looking at family structure, functioning, relational dimensions of grieving, and specific family meaning-making concepts.

Action theory. From an action theoretical perspective the family grieving process emerged from within pre-existing spiritual and relational careers for each family member.

However, the preceding spiritual and relational careers were broadened and deepened through the family grieving process. For this family, their grieving processes were embedded in their individual, unique personalities, which influenced their way of grieving relationally. The family grieving process included numerous goals and intentions, which emerged explicitly in their grieving actions. All family members viewed their family grieving process as intricately intertwined with their spiritual careers, and in particular with their deceased daughter's spiritual career, as well as impacted by personal changes that had occurred as a result of Aisha's death.

The intentional framework for the family could be described as seeking comfort through spiritual practices, seeking support from each other, seeking to remain close as family members, and most salient of all was their desire to remain connected to Aisha. The goals and intentions for the family grieving process included nurturing their ongoing connection to Aisha, living out their lives in an authentic way—either spiritually or compassionately, and deepening their appreciation for each other's uniqueness and pain, as well as continuing to talk about their experiences. For Zaman, his intention was to express his opinion on how grieving a child was not like any other, and that he thought it was good to keep his daughter close and on his mind always. For Joan, her intention was to encourage other family members to share their experiences, as well as share in them with them. She was intentional about discussing the support she has had from her family members, as a way of showing others how impactful it had been for her in her grieving process. And for Omar, his intentions were to keep his family on track, acknowledge and validate their pain and experiences, and tell his parents how grateful he was that they have supported each other. All family members acknowledged that their goal in participating in the research was to learn more about each other's grieving processes, and at the same time help others who may be going through the same thing.

Grieving strategies for this family entailed both individual and deliberate joint actions. Deliberate strategies included connecting with Aisha and each other through engaging in rituals and remembrances, such as the memorial service and the Muslim burial, visiting the graveside and reciting a prayer, calling each other on Aisha's birthday and the anniversary of her death, as well as on Mother's day. Other planned actions involved sharing imaginings that were significant to them, and experiencing emotion and enjoyment in discussing these together. As part of their grieving strategies each person had an individual strategy that impacted their family grieving process. For Joan this involved seeking out a counsellor and a suicide support group, taking time to go to the cemetery once a week and reciting the prayer that Zaman translated for her, being with close friends and neighbours, as well as speaking about mental illness and her experience at workshops. For Zaman, his unique individual grieving involved relying on an internal strength that was grounded in his spiritual beliefs, entering a meditative state, keeping Aisha's close to him, and going to the graveside. For Omar, this included calling his parent's often to check in on them, depending on his ex-girlfriend and other friends to support him, going to a suicide group for siblings, and engaging in compassionate experiences inspired by Aisha. Spontaneous strategies occurred when family members shared that they each had had dreams of Aisha and their family, and others had not known about this. The dreams connected the family members in meaningful ways.

Manifest behaviours for this family included answering questions, describing situations and past events and elaborating on them, providing information, acknowledging others, asking for clarification and confirmation, expressing opinions and perceptions, as well as expressing gratitude, desire, joy, beliefs, and surprise. The family members also engaged in listening to the others, agreeing, and disagreeing, they encouraged, expressed realizations, and made evaluations.

Specific to Zaman was describing possibilities particularly in imaging Aisha as she might be, and he also expressed uncertainty and fear when referring to not knowing if he would be able to find a supportive Muslim community. He redirected the conversation on occasion, and often reflects affect in trying to regulate his emotions through nonverbal facial expressions. For Joan, manifest behaviours also included initiating answers, asking questions, expressing disgust in regards to embalming, she often praised her son, and expressed love for him. She interrupted on several occasions and got off track with excitement in sharing details of Aisha's love for studying and examples of her daughter's brilliance. Distinct behaviours to Omar included respecting his parents in allowing them to share first, acknowledging and validating them in their experiences, praising and expressing gratitude and love, and he expressed humour. All family members engaged in exploring individual and joint grieving actions.

Family systems theory. This family can be classified as supportive and conflict resolving. They have a healthy level of cohesion, and the ability to tolerate differences. They embraced and engaged with the diversity in their belief systems as well as their differing individual grieving processes. The family grieving process can also be described as expressive, as family members engaged with one another in sharing distress and emotionality. Family sharing emerged, as family members were willing to talk about the death. They engaged differently than the other two families in that they would each share without interruption from other family members. This is most likely attributed to cultural norms of honour and respect, as well as family system rules of how to communicate effectively. The family system structure of roles, rules, and boundaries are all underlying mechanisms from which this family functions. The family members would be considered highly differentiated, which includes having clear individuality and identity, as well as healthy levels of independence and interdependence. The parental dyad, which operates as

close friends even after being separated for over 20 years, played an active role in offering support to each other and to their son. The son took on the role of supporting his parent's, not as parentification, but as he indicated this was what he wanted to do. In the earlier years of grieving, the parent-child dyad of Joan and Omar were concerned for Zaman because of his introverted and introspective ways of grieving, but in these interviews, Zaman revealed that he recognized a change in himself. The family features in grieving were substantially more stable as expressed over time.

Assertions. The family grieving process was embedded within this family's ongoing and enduring connection to Aisha, within their ongoing relational and spiritual careers, as well as within their systemic career that included cultural norms and beliefs. All family members noted that their grieving was central to their lives, and was facilitated by their individual and joint grieving processes. The family grieving process was focused on living their lives authentically as individuals, but this greatly impacted them as a family, specifically when Zaman was not doing well. For the parent's, grieving was dominant to their lives, and included distinct plans to commemorate and remember their daughter through daily, weekly, and monthly rituals. For the son, his grieving occurred in relation to his family members, and in relation to how he kept his sister with him in his daily life. Central to this family's grieving process was turning towards each other and Aisha through compassionate and spiritual experiences.

Between-Case Analysis

According to the protocol of both the QA-PM (Valach et al. 2002; Young et al., 2005) and instrumental case designs (Stake, 2005), the second part of the analytical procedure involved a comparison of the individual family cases with the other family cases that participated in this study. This included exploring both similarities and differences between them. To remind the

reader, all families consisted of participants between the ages of 25 and 77, and all were grieving a post loss of between 8 and 24 years. The deceased children were between the ages of 21 and 28. All participants in the study were adults, although one family member was an adolescent when the death occurred. All families had a parental dyad participating, two were married, and one couple was separated, and there were two adult male children, one adult female child, and one adult male child respectively that participated. The cause of death was unique to each family including unknown cause, motor vehicle accident, and suicide, however they were all considered sudden deaths. Faith backgrounds were diverse between and within families. All three families were considered cohesive, conflict resolving, and adaptive in regards to functioning, and all family members participated in family sharing by talking about the death, although the processes they engaged in were unique to their family system structures and rules. All three families engaged in joint grieving activities and demonstrated relational dimensions of grieving within their family unit. Analyses of the family grieving processes revealed distinct categories of joint grieving actions that emerged for all families as commonalities that will be described. Several unique features for each case study will be highlighted. Through this analysis, key assertions emerged and will be presented on how families grieve together in their family grieving process.

Commonalities in the family grieving process. The between-case analysis revealed the following eight prominent categories of similar joint grieving actions for all families that were intricately woven throughout the family grieving processes of the three distinct families. They included (a) an intentional turning towards their grief, (b) participation in mourning events and appreciation of community support, (c) continued rituals and remembrances, (d) experiencing joy and sorrow simultaneously, (e) recognizing, accepting and appreciating different individual

grieving styles, (f) shared, pervasive pain, and ongoing process, (g) healing and finding meaning, and (h) a shared, ongoing connection to their deceased child that connected them to each other.

An intentional turning towards their grief. One common feature of the joint grieving actions of all three families was that at some point in their grieving journey each family member turned towards their grief individually, within specific subsets, and as a family unit. This was an underlying and foundational aspect of the family grieving process and how it manifested in these family units. One part of turning towards included a willingness to talk about the death of their deceased child, which all family members from all three families demonstrated.

In family one, Steven asserted that his grieving process was initiated by preparing his speech for the memorial service. He turned towards his grief by wanting to have a voice at the service and by advocating for his siblings voices. Steven also turned towards his grief through calling all of his aunts and uncles to tell them of David's death. He expressed, "It was a way for me to grieve, too. I think just to get through that process and let family members know." He also found great comfort in being with family and talking about David. Wendy and John turned towards each other on their Sunday night drives, and by going away on weekends. John turned towards Keith in going to his volleyball games and grieving in the top row of the bleachers and Wendy turned towards Steven in carrying his pain.

We.FC.77: I remember just, yah crying, feeling bad for you, Steve. I just think the two of you were always close and I just feel, I still feel you were robbed.

John turned towards his grieving individually in his office where he would go to cry and to pray. Wendy turned towards her grief at the cemetery where she found solace and "a quiet place that I could cry." Keith avoided grieving as a 14-year-old boy, but later in his 20's he turned towards his grief and allowed the tears to come when he was travelling abroad.

Ke.IP.61: I went to South America and ...I remember Skyping with Mom and I was just crying ...I don't know why it hit me there ...that was like six years later.

Steven also grieved on his own at the office on breaks where he listened to David's mp3 and tears would flow. All family members turned towards their grief, including the daughter, in participating in intentional rituals and remembrances, as well as in "those reoccurring things that happened following [the death]" such as seeing an eagle or hearing a song that triggered "these shared memories that do totally get connected." All family members turned towards their grief together when recalling the impact David had on Steven's son and the family tree project.

For family two, turning towards their grief as a family occurred when they were reminiscing about Harry and each person expressed delight in recalling good memories that they had as a family when Harry was alive. While recollecting the family engaged in manifest behaviours of smiling, nodding, laughing, looking at each other, and thoroughly enjoying themselves. They turned towards their grief in moments together in silence in recalling specific events about the death of their son. They grieved as a family over the phone, and when they were reminiscing about Harry with others. Family members turned towards their grief by embracing both tears and laughter in their grieving processes, individually and together. Joanne revealed, "Openly crying, hugging, saying 'I love you' that just got flipped upside down." Turning towards their grief for this family, included going against strong family systems rules of 'no crying.' The marital dyad turned towards their grief and towards each other in deciding that they were going to be there for each other.

Ge.IP.46.47: So we agreed that we'd wake each other up and there were times when neither of us could sleep ...so 4 o'clock in the morning we're walking and just talking ...or sometimes just to wake up and 'will you hold me?' like, 'I'm okay, but I just need to be held' ...It was helpful to have a husband that is articulate and that can listen to you.

Ri.IP.25: I think it happened quite naturally, but we came to a realization that ...we basically maybe formally agreed or it was an understanding that if one of us felt really

upset, we could wake the other person up ...Georgina's a really good communicator. She doesn't hold back ...I think we both felt we were there for each other.

Richard turned towards his grief through his newly found faith. Georgina and Joanne both turned towards their grief in seeking out counsellors to help them in their grief journeys, and then shared what they had learned with other members of the family.

For family three, turning towards their grief occurred in a variety of ways. Omar asserted in the WU, "I think one thing we've been able to do as a family is talk about it." Family members exemplified turning towards each other about half way through the FC in a display of various nonverbal communication such as rubbing an arm, patting a back, handing tissue to another, and attending more to each other. This happened as Omar was sharing about his experience of handing out hamburgers to homeless people and how this connected him to Aisha. Joan turned toward Omar in expressing, "I knew he did that with the homeless, he hadn't put it in the context of Aisha's death. I was very moved by that." The family members individually turned towards their grieving as well. For Zaman it was more of an inner, spiritual approach, for Joan it was through seeking out counselling and support groups, and for Omar it was through his ex-girlfriend and other supportive friends. Joan and Zaman turned towards each other as even though they were separated for over 20 years, they still came together to participate in monthly rituals and remembrances.

Za.IP.25: Joan and I are split, but we continue to have a very cordial relationship, and definitely very supportive of each other ...we listen to each other and understand what the person is going through and to be able to exercise that kind of compassion towards each other, that's still there.

Joan and Omar turned towards each other in concern for Zaman, in supporting each other through communication by phone, and in recognizing that they were similar in personality and in their grieving patterns. There is an example where it was difficult to turn towards each other

exemplified in Omar trying to find common spiritual ground with his father, and perhaps indicates that this had not always been easy. However, Omar does refer his family's connectedness in expressing that "the three of us definitely agree on this ... [we] are disgusted by embalming ...and what all three of us have tried to take is our compassion for those who are not in good places." Zaman also revealed, "We're three people who kind of share that experience, so just that is very valuable." There is a turning towards their grief together in this family.

Participation in mourning events and appreciation of support. The mourning events immediately after the death of the child played a vital role in the family grieving process for each of the three families. These were specific to the individual families, but nonetheless were critical in the family grieving process. For family one, the members collaborated on picking songs and scripture for the memorial service, and then together acknowledged their appreciation for the support of their church in planning most of the service. They were grateful for each other's part in the service and in particular Wendy, as she stated, "I knew I couldn't speak up there." Steven disclosed, "I wanted to make sure I talked, I think being the oldest, I felt not responsible, but that I wanted to have my voice at the funeral for my younger brother and sister." He also revealed that his extended family was a big support to them as a family.

St.IP.18.19: I felt our family, maybe not emotionally, like we didn't spend one-on-one time with each other, but as a whole we were always as a family there together ...so I really valued that time. I thought it was, I felt really loved or warmth or not that we have great conversations or anything like that, but you're just always in each other's presence.

St.IP.21: Trying to get through this together ...but for, like we never, probably close to a month, we never had to worry about meals or like someone was there always either cooking or bringing food, so I look back at that time, I kinda cherish that time.

The larger community was instrumental in this family's grieving process in the first month or so after David died. John described it as, "at that time we needed support, and boy, we got it in bucketfuls."

For family two, they had more difficulty recalling the events that happened initially, but Joanne lists these three major mourning events that they all participated in (a) the funeral service, (b) Harry's birthday in December, and (c) the internment of Harry's ashes, which occurred close to the birth of her daughter, Sally, the following May. Georgina revealed that they were grateful for the supportive community of the church that helped them with Harry's funeral service.

Ge.IP.57: What happened with the funeral was that Harry's girlfriend's mother belonged to a church and so she said to us, 'Do you want somebody to do the funeral?' She gave us a pastor's card and we got him to do the funeral and he did say, 'If afterwards you want to come to church, feel free to.' So we did go to this church that was being run out of a school gym, but what happened there, of course, Richard met some men and everybody's sort of hugging each other and so this was something new for us.

Joanne mentioned that she was thankful for the support of family and friends who attended the funeral service and then came over to the house after. This family also included getting together with friends on the first birthday without Harry and going to England the first Christmas after Harry died. Being surrounded by people at these mourning events greatly impacted the family. Joanne mentioned, "We had a very close family, so it was really a good thing to go back there and do that [spend Christmas together]." The family grieving process included pursuing connection with others to facilitate their grieving process.

For family three, the burial and memorial service were impactful for all family members. They chose a Muslim burial because this was Aisha's chosen faith, and even though some of the family members were not Muslim they participated in the rituals. Joan expressed amazement in being invited into the sacred place of the Ghushl. Omar expressed how much he appreciated both the burial and memorial service, but for different reasons. Zaman was extremely grateful that he was able to find a Muslim community to perform the burial service, so that he could be a part of the customs and beliefs that he valued so greatly. He explained, "So that whole process for me was a little bit of a relief in that how everybody was able to jump in and help and do it in the

proper prescribed way.” Even though he was not a part of this community per se, they welcomed him and the family to participate in the rituals. All family members were appreciative of the support that they received from the community at large. Zaman expounded on his thoughts and feelings about the memorial service.

Za.IP.11.12: It was a good celebration of her life, a good way to remember her, and very nice, good people, a good group were able to come together ...and it had a positive impact, yeah on me and all three of us.

Continued rituals and remembrances. Rituals and remembrances played a significant role in the joint grieving process of all three families. This varied for each family in how they were enacted, but nonetheless they all incorporated them in varying degrees. For family one, this included the memorial service, breakfast and bonfires on the anniversary of David’s death and on his birthday, visiting the graveside (for several family members), lighting a candle and reading a poem at Christmas and Thanksgiving, going to a Josh Groban concert together, giving out a memorial scholarship in David’s name, and pausing to reflect when reminders of David occurred. Family one also noted on several occasions their intention to be more intentional about incorporating rituals and remembrances in the future.

For family two, rituals and remembrances included the funeral service, getting together with Harry’s friend on his birthday, interring his ashes, going to England for Christmas, unexplainable spiritual experiences that connected them to Harry, golfing together as therapy, reminiscing about good memories through laughter and tears, and calling each other on significant days. It also included linking objects such as still having some of Harry’s tools and wearing some on his sweaters.

For family three, Zaman summed it up well in saying, “visiting the gravesite, commemorating her birthdays, celebrating her birthdays, anniversary days that kind of stuff are

all things that bring us together, so we are always keeping close in a sense. “ Rituals and remembrances included the memorial service and burial, phone calls and getting together on Aisha’s birthday and the anniversary of her death, going to the graveside monthly and reciting a prayer, keeping her room the same, having linking objects (charms) that she left them, including putting part of her final note to them on a Compassionate Friends ”enduring love” step.

Experience of joy and sorrow simultaneously. A dynamic part of the family grieving process for all three families involved experiencing joy and sorrow simultaneously. This category emerged throughout the interviews, and especially in the warm up interviews, where family members introduced their loved one to the research team and also recalled the details of the death event story. For family one, the most vivid example of this was when the family members were sharing about the death event and how they had come to know that David had died, as well as sharing pictures and past memories that they each had with him. In this conversation, family members emoted varying expressions of joy, as well as sorrow. In one instant they would be recollecting a memory triggered by a photo and there would be laughter and smiles, and the next someone would share their pain in how they were missing David. Throughout the family conversation there were examples of this, but Keith said it best in the MC, “[its] the presence and the absence at the same time and that is still ongoing. Its that tension ... when you feel his presence, you also feel his absence.”

For family two, experiencing both joy and sorrow came out explicitly. They went back and forth in expressing emotions of utter joy in reminiscing about past days in England, and when Harry was born and what he had been up to, as well as in sharing stories of his mischief. Then all of a sudden someone would be filled with emotion and not be able to speak. Tears would fill their eyes and the other members of the family would sit with them in silence for a

moment, and sometimes tears would well up for them, too. Then they would go back to sharing stories or discussing the value of tears for them in their grieving process. Georgina wrestled with this throughout the interviews in disclosing that she had felt guilty for having a good time, and often wondered how she could feel joy when her son was dead. She gave an example of how they experienced joy and anguish in describing their actions when they were in the hearse. “We’re all in the back and we’re sobbing our hearts out or we’re laughing and joking” and she went on to say this about the get together on Harry’s birthday, “there were people crying and there was laughter and it was a very positive evening.” This went against everything that they had been brought up with in their family system, and yet they were comfortable and conveyed a need to express both joy and sorrow, sometimes at the very same time.

For family three, experiencing both joy and sorrow was evident in their family grieving process, as raw emotion would come up over and over again in the form of tears, getting choked up, and deeply sighing as a way of regulating themselves. And then the tone would change and someone would share how they imagined Aisha “as a joyful, rambunctious, Aisha,” and immediately there would be a transformation in their facial expressions, and they would smile and well up with joy. Then in the next moment again there were tears and sniffles in recalling the depths of Aisha’s pain, as well as the pain they share together in not having her in their lives. Joy and sorrow went hand in hand.

Recognizing and accepting different expressions of grieving. Another characteristic that was common to all families was their ability to recognize each other’s different individual grieving processes. Not only did they recognize them, each family had a unique way of allowing them to be. For family one, this included awareness and grace, which came from Wendy’s conversation about making allowances for the way they each needed to grieve.

We.IP.38: We did talk one time about allowing each other, like giving each other grace because we might, you know, we said, ‘Dad and I might be angry one time and then we’ll, you know, we might just say something that, and please never take it,’ we were very, very conscious of that, about giving each other space and allowing each other to grieve the way they want to, and you know, and if you’re angry, one time and you want to kick something, let that person do it.

John reflected on this in saying, “we all deal with it in different ways,” and then added, “fortunately, Wendy was very understanding and she never pushed.” Steven and Keith were very much aware of the differences between their parent’s individual grieving processes as well as their paces in grieving, especially in regards to their opposing views on going to the graveside.

St.IP.54: We lost a brother, but we didn’t lose a child, right? So I think for my parents compared to us, it’s a different, it’s a different set of circumstances in some ways.

Ke.IP.62: I knew in my head that my parents had their son, and then in my head I go, Steve was like Dave was the younger, little brother, and so again you have that sense of, not that what they are going through is worse than what you’re going through, but a sense of appreciation it’s different and like your heart breaks with that.

Family members expressed that they did not want to push each other.

For family two, differences in grieving appeared throughout the family conversation, as family members expressed their opinions about the grieving process. Joanne believed that there would always be a hole without Harry in their lives, and even though Georgina and Richard both agreed with this statement they added to it. Georgina revealed, “I think things get better though,” and Richard asserted, “despite what Joanne says, I think time does cause you to be more relaxed about the whole thing.” For this family, grieving individually took on a variety of forms. For Richard, it included finding comfort through his faith, for Georgina, it came through the support from a counsellor, and for Joanne, she “sometimes kept [hers] a bit more hidden.” Richard recognized the difference between his grief and that of his wife in stating, “having the baby grow inside you, I definitely think it is tougher.” And Georgina relayed what she had learned from her counsellor about different grieving styles.

Ge.IP.40: ‘There is something that’s different because you’ve carried this child’ and so though Richard’s loss is as valid as mine, it is slightly different ...I think it’s different for every person, every family, every situation.

Family three also recognized and honoured diverse grieving styles of individual family members. Each member of the family identified with their own faith background that influenced how they grieved individually. The family members were respectful of each other’s culture, beliefs, and personality traits. This preceded the death of their daughter, and is evident in how they embraced the Muslim death rituals, and some of the ongoing spiritual rituals. Omar mentioned it was tougher on his dad because Aisha and him were more similar, and Zaman did not have support like his mom and he did. “So it’s taken a lot more internal strength for him.”

Jo.IP.61: I think we’re respectful of how each of us grieve, but it’s interesting. Its been eight years, I’m an atheist ...atheism doesn’t offer a lot of support in a loss like this ...Aisha did consider herself a Muslim and she thought of an after life and believed in God and so for a long time after she died, and less and less, but still to a certain extent, I would be religious in my thinking of [Aisha], like I carry that note that says, ‘I’ll see you again’ and pray always when I go to her grave, but for a long time I explicitly thought in religious terms about her death, while still being atheist, and so I, they are two completely contradictory points of view.

Za.IP.14: I was a little different from Jo, she needed some professional help, counselling...I didn’t and I had to immediately jump into a meditative state...I was sustained by my faith.

Za.IP.15: I never tried to impose anything that I believe at a deeper level on anybody.

Za.IP.24: We’ve recognized each other’s grief and importance of supporting each other and that’s intact, that’s still there.

Shared, pervasive pain and ongoing process. The family grieving process for each family included the elements of shared pain, recognition of the pervasiveness of the loss, as well as acknowledgment that grieving is an ongoing process. For family one, each family member expressed the pervasiveness of the loss and how it permeates their lives. For Wendy, she carries the pain of the loss of her son, but also the pain for her children who she says were robbed of a

relationship with David. She also has a deep desire to keep her family together. For John, he did not want to put up a headstone because when it was not there he could still have a little piece of David with him. John also described the devastation he felt when he got off the airplane and saw his children, and thought, “there’s was one missing.” John mentioned how they always talk about David and he likes that his kids talk about David.

Jn.FC.13: I don’t think a day has gone by since David’s death that we haven’t thought of David in one way or another ...I said even like today, we talk about David and tonight we’re here talking about David. But everyday without exception.

Steven imagined having his brother here today and expressed it as “so those are the losses.”

St.IP.39: It was there and now it’s lost, and so you just, I think it’s more the what ifs, I guess. How would this have played out or, he was also coming into the nursery as well and so how, I still wonder some days, now where I am, where would he fit in, or how would we have fit together.

Keith summed up the pervasiveness of the loss and the ongoing process of grief in their family.

Ke.IP.62: So you look forward to the future of Steve and Dave running the nursery and you see that in your head, those what ifs come into my head quite a bit at family gatherings ...so I’ve always kind of felt that ...10 years is a long time, but that there’s still processes to go through and still what ifs. Those don’t end in one year or two.

For family two, Joanne initiated a discussion about the pervasiveness of the loss in saying that she does not subscribe to the belief that time heals all, and she asserted, “I mean, there’ll always be a hole...you can’t heal somebody being gone.” Joanne also reported that grieving to her is an ongoing process. Georgina and Richard agreed but added their own perspectives.

Ja.FC.85: Well, its not like you know the line or the curve or whatever. Its not that you’ve got to this point and you’re gonna keep going. I mean it’s the back and forth and its just an ongoing process, there’s no start or finish.

Ge.IP.40: I think there is one thing that Joanne says, she has a hole (teary) and it can never be filled. And that’s the reality with grief. You can’t replace, like Sally can’t replace Harry. Somebody else can’t replace, so there’s always that void.

Ri.IP.29: That immediate pain in the first week, the first month, the first year, maybe the first three or four years, it does start to recede. Yeah, you don’t forget.

For family three, the pain of the loss of Aisha permeates the lives of the family members. Each person expressed that this loss affected them deeply, and has changed them in many ways. Omar described that before Aisha died he was “naively happy” and that he will never be as happy and optimistic as he was back then. He stated that sometimes he gets pretty low and “the person that I used to have the luxury of being all the time when I had everything going for me” is no longer there. In the WU, Joan spoke of the deep pain that Aisha was burdened with and her own pain surfaced intensely. Zaman articulated the pervasiveness of his own pain, as well as their shared pain as a family.

Za.IP.17.19: This person is totally is my daughter, she’s totally missing from my life ... Some of our friends said okay you need to move on, and I guess that’s a little bit fast and that’s one meaning but really it doesn’t mean anything, advice that friends and people ... you cannot with a child’s death, you cannot, its just not possible. At least not for me. So really dealing with it in a sense, that loss is always there.

Za IP.26: We share the pain of the tragedy...we’re three people who kind of share that experience, so just that is very valuable ...since its shared it has brought us together because it’s a very common, very strong common thing we have now.

Healing and finding meaning. Dialogues around meaning occurred for all families. For some it arose in trying to explain why their loved one might have died. On numerous occasions this led to discussions of how they have made meaning of the death, and also initiating shared meaning for the families. For family one, finding meaning occurred primarily through holding onto their preceding spiritual beliefs, even when they could not find answers. In their warm up interview, family members shared how David had died of unknown causes and their process of trying to make sense of it. Wendy recalled, “It was just done, nothing, no rhyme or reason for it at all.” John asserted, “It was like, God what are you like?” And he went on to add, “I don’t know if reasons why make it, would that make it easier?” John claimed, “I truly believe that God’s plan is perfect and there is a purpose in everything. Its just the timing we don’t

understand.” Wendy relayed several incidences in her IP of trying to find meaning in why God would have allowed this to happen. John found meaning in going to Keith’s volleyball games and stated, “Here God took one of our kids home and yet here was another child of ours, you know who was able to use his gifts and we could watch that.” Trying to figure out why David had died seemed to add discomfort to their grieving process. Instead, the family found meaning and healing through keeping David’s legacy alive, and specifically through talking about David with their grandchildren and children.

For family two, meaning surfaced in their ongoing reminiscing about Harry and the good memories they have of him. It also arose when they were imaging what Harry would be like now, as well as what he might be up to with their granddaughter and daughter, Sally. Both Georgina and Joanne shared how they talk about Harry with Sally and in a way continue his legacy through her. For the marital dyad, their grand daughter brought new life, as well as some of the ministries they have been involved with. Richard reflected on this numerous times.

Ri.FC.71. Yeah, you know, Sally had been a major part of our healing, I think to have her around, and somehow in her spirit she’s got some of Harry in her.

Ri.IP.14: I think Sally was a lot of the healing. You know, having her to look forward to... We lose one person but a new person comes in unexpected... I think in a lot of ways we have turned our grief into some very positive things ... We’d love to have Harry around, but it hasn’t been all negative. Yeah, but definitely, Sally has been a godsend.

For family three, discussion about meaning emerged often in all of their interviews. The most prominent avenue of shared meaning rose up out of the family members sharing their dreams about Aisha. The most profound moments occurred when Zaman was recalling the dream he had five days after Aisha died. All family members had heard the dream before and had been impacted by it. Joan was the most excited as she made sure to fill in all of the details as she remembered it, and Omar expressed that he was not all that spiritual, but he believed that this

dream had deep meaning for them as a family. Zaman rationalized that he did not really believe in dreams and then went on to express transformative emotions when recalling his dreams.

Za.IP.17: I feel a lot of love, but there's something wrong and so I start imagining her the way I like to imagine her, which is she's actually coming across as a joyful person...its always a good experience ... I have this image and I'm there interacting with her.

Om.FC.6: I dream about her semi-regularly and it's always I wake up ... and I'll be like, 'Oh Aisha was there.' ...she's not dominating the dream, but she's just there, you know, being a part of it. And it's usually with us the family ...all my dreams about you guys, she's a part of...it's nice that whenever I dream about the family, she's there.

Jo.FC.6: So talking about dreams. I find the same thing that I dream about her. Sometimes as a child and sometimes as a young woman and mostly now the dreams are as you described, Omar, are family dreams where she's just there.

Shared, ongoing connection to child that connects them to each other. Central to the family grieving process for each family was their deceased child. The family grieving process for each of the three families took shape by how they integrated the loss into their lives. This included how they were able to keep an ongoing and enduring connection to their deceased child and in turn, this is what connected them to other family members. The child was at the centre of the family grieving process and instead of trying to move on or let go of their child, all three of the families in this study came up with really creative ways to carry their child with them in their ongoing lives. For family one, the shared, ongoing connection with David was incorporated through rituals and remembrances the family members participated in on special days. It involved specific music that reminded them of David, and things like eagles at the nursery, and a shared knowing when something triggered a memory of David. And it was instrumental in allowing families members to continue to talk about David in their ongoing process of grieving.

St.IP.53: Yeah, you don't always have to speak about it, but we all kind of have that common thought process, there's that common bond.

For family two, the ongoing connection to Harry occurred predominantly through reminiscing. This process allowed family members to actually go back in time and re-live the good times when Harry was a part of their lives. It involved connecting with each other when they thought Harry might like something or when they imagined what Harry would be like today and specifically when they saw his friends. The ongoing connection was facilitated through including Harry in conversations with the grandchild.

Ge.IP.56: I don't think you always want to be talking about it. But I mean ...it seems a very natural flow to be able to say, 'oh, Harry would have loved to have done that or would have done that' or yeah, 'do you remember when we were in Hawaii together.' ...there was somebody last night that's got a little electronic boat and they're whizzing it around ...and I thought, 'Hmmm, someone else would have liked one of those little toys.'

Ri.IP.13: I still have some of Harry's sweaters and I still enjoy wearing them.

Ri.FC.42: Overall, I mean, I think of all the blessings that Harry brought us ...really good memories for most of what happened and he touches a lot of people's lives.

Ja.IP.74: I talked to Sally about my brother. I'd say, 'Oh Uncle Harry and I used to do this' or whatever the circumstance might be.

For family three, the ongoing, enduring connection to Aisha was facilitated through imaginings and dreams of being with her and being with their family as a whole unit again. It was maintained through linking objects such as the charm she left each of them, as well as participating in rituals and remembrances weekly, monthly, and on special occasions. For this family, Aisha was a part of the change that each of them experienced in becoming more compassionate people because of who she was in their lives.

Za.IP.19: I have accepted it, I think about it everyday, you know, at the right time, and you know I deal with it that way, so everything that reminds me of her, her possessions, her room, what she did, her pictures that are totally always in front of me.

Om.FC.7: I think I've become a lot more compassionate as a person, a lot more ...often times going home I buy a bag full of McDonalds hamburgers and hand them out to homeless people because I think Aisha would have appreciated that type of thing and when I see other people who are down on their luck, I remember Aisha was down on her

luck and she was the purest, best person, probably the best person I'll ever know, and how am I to say that those people aren't good people, too? That's not something I would have really thought before, but I think that's a gift Aisha left me with.

Unique processes. The family grieving processes of the families that participated in this study had numerous similarities, but there were also several processes that were unique to each family. Distinctions between the three families included faith careers, engaging in diverse customs, reminiscing about good memories, dreams, grandchildren and multigenerational remembering, as well as incorporating new family rituals. Each family will be listed and its uniqueness will be defined.

Family one. Family one was different from the other families first in how many family members were involved in the interview. The other families had three participating members, and family one had four. This family also had an adolescent son, Keith at the time of David's death. The developmental challenges, in knowing how to help Keith at this time in his life, were difficult for the family. Keith expressed being confused and not really knowing what he needed, but did say he wished that the school counsellor had contacted him.

Ke.IP.61: I remember being in school, we had a counsellor there and I had wanted him to ask me. I wasn't going to, I don't know, I felt I'd get a reputation or I don't know what I thought, but I wanted him to ask me, but then he actually never did. And I felt like I wanted someone to talk to ...maybe looking back I did feel lonely or like maybe forgotten ...maybe I did feel that. I just didn't recognize it at the time or I wasn't even aware of my own emotions at the time. I was 14 and had so many other things going on in my head ...but like no hard feelings.

This family in particular was unique in revealing a perpetuating conflict that went on for about six years. The marital dyad had difficulty around the issue of visiting the graveside. Wendy visited her son's grave, but John could not go. Wendy wanted a headstone put up, but John expressed that to him it was just too difficult.

Jn.FC.20: (Heavy sigh) Every time you do something in a sense to use the word figuratively, its one more nail in the coffins, you know. And I guess for me as long as

there was not a um headstone on the gravesite, there was still a little bit of David with us. But once that headstone was there, now he is, you know, no longer with us for sure, physically and so for me it was really difficult. It took me a long time to deal with that.

This conflict was well known amongst family members, and one son even asked the father to explain himself in front of the camera. This was unique to this family, as the other families did not reveal difficulties at this level of intensity.

Family two. Family two was unique in how they included reminiscing right from the warm up interview and throughout their family conversation. Richard, Georgina, and Joanne all thoroughly enjoyed reminiscing about their lives back in England when Harry and Joanne were children, and all of the family excursions they had gone on over the years. The family members had a way of engaging in this process as part of their family grieving that seemed to initiate a lot of emotions, both joy and anguish, and as a result laughter and tears were prevalent. The amount of laughter was also unique to this family's grieving process. Family two was also distinct in that they reported incorporating new family rituals that were a direct result of the death of Harry. The family was from an English background and on numerous occasions, family members mentioned how they had never been a family that cried, or said, 'I love you.' This family system was changed profoundly by the loss of Harry in that they did not take each other for granted.

Ri.IP.9: As a family we started to be much more huggy, much more willing to say 'I love you', which we had not. I don't remember that. I mean, I think one of the few times I hugged Harry was when he was in the coffin, which is kind of bizarre that its something that somehow I don't think English men did. So yeah, it changed the dynamics of our family and we never finish a phone conversation without saying 'I love you,' and so some very simple things came out of all of this.

Family one and two. Family's one and two were unique from family three in that there were grandchildren in their family system. The grandchildren seemed to bring a different dynamic to the family grieving process in bringing new life and purpose. They were also

included in rituals and remembrances, as well as provided a place to talk about the deceased child as a way of leaving a legacy through multigenerational remembering.

Fam1.We.IP.54: [Steven's oldest son] was our angel. Like he, you know, I held him and he made us laugh and stuff, and he really God knew we needed this little guy in our lives at that time and will always be special that way. But he had to give a report in his class last year, in grade 6, of his family tree. And when he came to talking about his Uncle David, he broke down and cried, and so the teacher said, 'that's fine, you can finish it on Monday.' And so he tried again and he started crying again. Yeah and Steven was still, he was, it was really touching to him because he shares a lot with his kids.

Fam2.Ja.IP.70: [Harry] could be a bit impish when he was little and Sally's got that, I call it cheeky side...so I can just imagine what Sally and my brother's relationship would have been like as uncle and niece.

Fam2.Ge.IP.29: It was a big surprise but also a very joyful thing to have happen because everybody wants to be a grandparent ...Harry would have been a lot of fun and he also was into lots of sports and things and a bit of a daredevil of which Sally is, and so I think their personalities, they would have done a lot of things together.

Family three. Family three was the only family that talked about their dreams and this was a vital part of their grieving process. This distinguishing feature allowed the family members to grieve together through describing their dreams, and also through expressing the meaning they had taken from them. Then other family members would engage with them and new shared meanings emerged. This was a unique, but extremely valuable part of their family grieving process. Another feature that stood out for this family was that each family member shared how they had made sense of Aisha's death or how they were trying to make sense of it. This was something that they had talked about as a family previously, as Joan relayed that they took to heart Aisha's suicide where she asked them not to blame each other or themselves. Joan spoke of how the family deals with the aspect of suicide in stating, "what we do acknowledge is how much we both loved Aisha, all three of us loved Aisha, how we all tried to help her in our own ways, and so we do sometimes, I mean its impossible not to blame yourself." Zaman revealed that he did have one regret and that was not sharing more of his faith with Aisha.

Za.IP.16: That's the biggest regret I have ...I didn't get a chance to do that...I kind of get this sense in my mind that that might have helped her, might even of saved her.

Family three spoke of noteworthy changes. One change was seen in how Zaman revealed that he no longer thinks of Aisha with a threat looming. He expressed being pleasantly surprised by this change. Omar also addressed this change in his IP in saying that he was concerned for his dad earlier in the grieving process, and was glad to hear him say that he also noticed the change.

Za.FC.2: I used to for quite a long time, I basically imagine [Aisha], dreamt about her as someone who had this threat of this thing, tragic thing about to happen so every time I kind of see her I say okay, this looming thing and I know what is the ultimate end, how its going to end, and lately that has changed. I don't anymore and I was quite amazed that a few times I dreamt about her as what I think of a normal young woman, a joyful normal young woman okay. I said well that is a pleasant change.

Om.IP.21: For me to hear him say that, I never heard him verbalize it that eloquently and it makes a lot of sense. It means a lot to me first of all that he's clearly looking at it in a much more positive way which is a difficult thing to do I mean you can't just expect someone to do that. I think but I really for me it shows that he's taken incredible strength to work up to that point and it reflected in the way he's enjoying his life more. He's managed to take this perspective on this awful thing and so for me it was really nice to hear ...it's really comforting, and it's really encouraging and it means a lot to me.

Family three was unique in that every member of the family participating in the study identified with a different religious background. Zaman and Aisha were Muslim, Omar was agnostic, and Joan identified as atheist. This added an interesting component to their family grieving process that could have initiated a whole host of conflict. It did not add conflict to their family grieving process as one might think, but instead brought them even closer. Joan and Omar respected that Aisha was Muslim and not only agreed to have a Muslim burial, but they both engaged in the death rituals and found them enlightening.

Key Assertions

The family grieving processes of the three participating families were analyzed through within-case, and between-case analyses. Detailed analyses of both results were combined to

generate the following key assertions or summaries of what I have come to understand through the analysis process that will lay the foundation for a model of family grieving. The four key assertions were constructed after an intensive review of the analyses, considering both the individual families and all three families, and thus represent the key findings of this study.

Assertion one. Bereaved families grieve together by intentionally turning towards their grief, sharing in the pain of the loss, and by giving themselves permission to experience joy and sorrow simultaneously. The family grieving process was fundamentally centered on the loss of their child, and turning towards where life was hurting in order to grieve that loss. Families in this study turned towards their grief even in the mere act of being a part of the study. Grieving together involved taking a closer look at the loss of their child, sharing and talking about the death, initially participating in mourning events, as well as intentionally continuing to participate in rituals and remembrances that commemorated the death of the child, as well as honoured their life. The family grieving process included communicating with other family members in the midst of excruciating individual pain, recognizing and allowing for different grieving patterns, as well as being patient with each other. Family members in this study that were able to discuss the death and work towards coming to an understanding of it together with other family members, not only strengthened themselves, but strengthened the family unit. Grieving was intensified by the relationship of each family member to the deceased. A bereaved mom, a bereaved dad, a bereaved sibling, all had different relationships with the child that affected the way they grieved, but the most essential aspect to the family grieving process portrayed by all three families was an ability to turn towards their grief and engage with it together within their family unit.

Assertion two. Bereaved families grieve together by participating in mourning events, appreciating support from the larger community, and by being intentional about incorporating

ongoing rituals and remembrances. Families in this study took part in the initial mourning event after the death of their child. For many this began their grieving journey. Some family member's were quite involved and engaged more than others, but all participated in some way. The family grieving process involved support from the larger community. Support was facilitated in many ways, such as the family's first experience of it through extended family, friends, and their community stepping in to help with the funeral, memorial service, or burial. All participants expressed gratitude, however, the support only lasted for the first few weeks after the death. Support also came through counselling services that primarily were accessed by the mother's in the families, specialized support groups, Bible study groups, and others who had experienced the same loss. Families found they could not do this alone, especially when the deceased was a child. Families needed as much support as they could get and for a longer time, since all three families revealed that the grieving process did not ease up until well into their third year after and for some the five year mark was significant. Family member's who received outside support were better able to provide support to their families. Also when the family unit was being supported by the extended family and/or the larger community this provided the family with stable ground on which to grieve individually and relationally within the context of the family unit. Participating in ongoing rituals and remembrances of all kinds provided some order to the chaos and were significant in facilitating grieving in the family grieving process.

Assertion three. Bereaved families grieve together by recognizing, accepting, and appreciating different individual grieving styles. Family members grieved individually, in subsets of the marital dyad, the sibling dyad, and the parent-child dyads, as well as together as a whole family unit, and were demonstrated by all three families in varying degrees. One of the most salient factors in the family grieving process was how family members were able to

recognize and accept different expressions of grieving in other members of the family. Each family member had a unique individual way of expressing their grief that at times caused disruption to the family grieving process, but the other family members were aware that this might occur, honoured it as long as it did not interfere with their own grieving, and this acceptance was appreciated. Relational grieving was vital to the family grieving process, but did not discount each family members individual grieving process. It was apparent that the loss of a loved one needed to be processed on multiple levels, and awareness and acceptance of this was central to integrating the loss into their lives individually and together as a family.

Assertion four. Bereaved families heal, find meaning, and connect to each other through their ongoing, enduring connection to their deceased child. In the family grieving process, grieving families found unique ways to connect to their deceased child. Bereaved families continued a relationship with their deceased child by talking about the deceased child with other family members and specifically grandchildren, as well as others in the larger community. They honoured and remembered by commemorating the child's birthday, the anniversary of their death, and/or on special days with planned intentional rituals and events. A shared connection with other family members was facilitated by silent ponderings, reminiscing, and wordless knowing that was often triggered by the deceased child's favourite things, his/her characteristics or utterances, linking objects, or memories of what they had done together in the past and what they might be doing together with him/her in the present or the future. All of these things and many more allowed the family members to keep their deceased child with them - to love them in separation, and facilitated connection to other members in their families, as well as being the very foundation of the family grieving process.

In summation, the findings from this study contribute to the conceptualization of a family grieving process model (FGP). As illustrated, this model (see Figure 6) is situated within the structure of the Family Stress and Adaptation model (Lavee, McCubbins, & Patterson, 1985). A stressor occurs such as the death of a child, and the outcome is adaptation- maladaptive or bonadaptive. The FGP is what happens in between the stressor and the outcome, and includes the process of individual grieving, grieving in dyads, grieving as a whole family unit, as well as grieving in the larger community. Behavioural, emotional, cognitive, and social processes are involved. The FGP is supported by each family member’s individual support systems, as well as is encapsulated by support from the larger community. As shown below, the deceased child is at the center of this process and may well be the link to connecting family members to each other. Multiple levels of relational grieving function within the structure of the FGP.

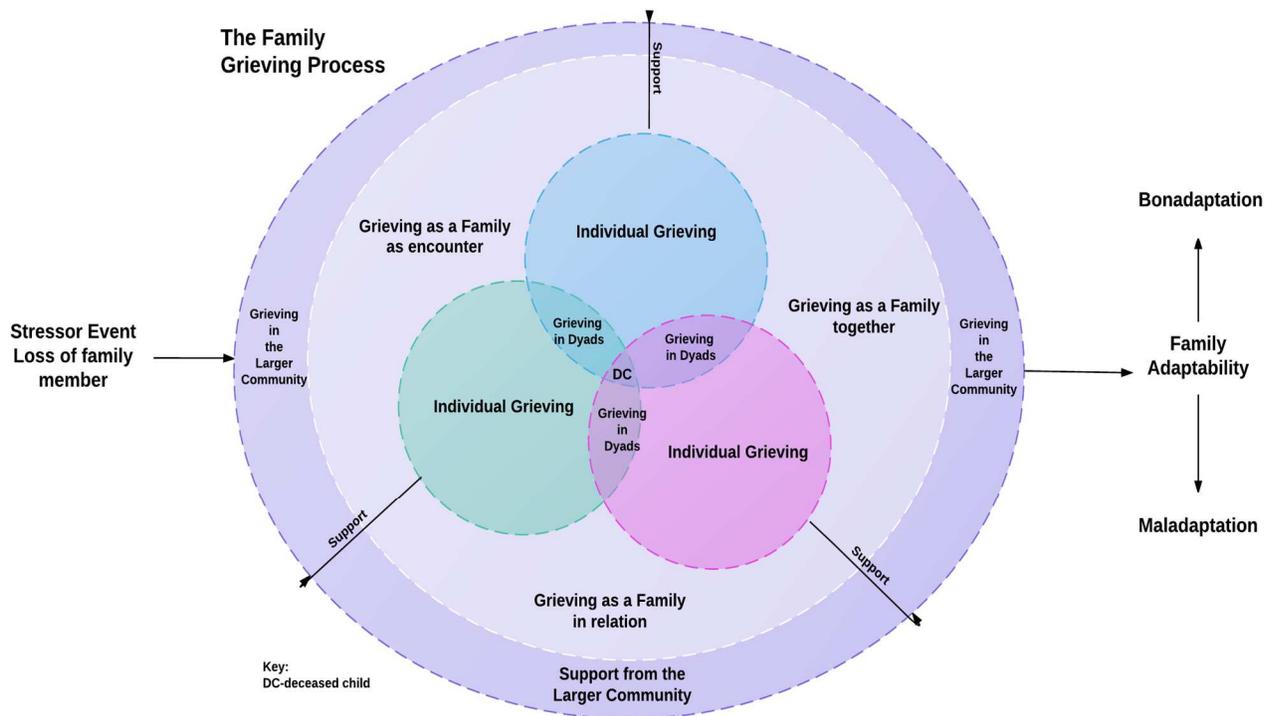


Figure 6. The Family Grieving Process Model

CHAPTER FIVE: DISCUSSION

The purpose of this study was to examine the ways in which bereaved families grieve together after the loss of a child. It also explored the ways in which these families continued a relationship with their deceased child and the implications of this on their family grieving process. The discussion for this chapter will build upon the findings in chapter four and will relate them to the extant literature on family bereavement. I will begin with a summary of the research problem that includes identifying gaps in the current literature on family bereavement and grieving in the context of the family system, as well as the lack of a substantive theory on family bereavement. Through an in-depth analysis using the Qualitative Action-Project Method (QA-PM), four main assertions were made that will aid in the following discussion. I will highlight the findings from this study and discuss how they fit with previous findings in research. I will then present several new dimensions of family bereavement that emerged through the findings. Implications for theory and practice that these findings support will follow. The chapter will conclude with strengths and limitations of the study, and future research recommendations will be made.

Summary of the Research Problem

Despite the fact that bereavement is an inherently interpersonal experience, the vast majority of studies to date have drawn upon theoretical approaches and research methods that highlight the intra-psychic dimensions of grieving. This has been demonstrated through numerous studies that focus on particular groups of individuals such as bereaved women, men, and children (Aho et al., 2006, 2010; Alam et al., 2012; Anderson et al., 2005; Davies, 1999; Forward & Garlie, 2003; Gerrish et al., 2010; Granados et al, 2009; Hill, 2003). However, considering individuals within their relational context is integral to understanding the lived

experience of family bereavement. We are relational in nature (Slife, 2004) and therefore it is essential to recognize that even though we do grieve individually, we also grieve together. Several noteworthy studies have been conducted on bereaved parents and how they grieve within the marital dyad (Barrera et al., 2009; Bergstraesser et al., 2015; Hooghe et al. 2011; Klaassen et al., 2015; Stroebe et al., 2013), and only a few have been devoted to bereaved families (Breen & O'Connor, 2011; Gudmundsdottir & Chesla, 2006; Nadeau, 2008), nonetheless, studies that focus on grieving within the context of the family unit remain scarce. Kissane and Parnes (2014) assert that grieving is a family affair, yet little is known about the process of grieving within a family system, and effectual ways to study this phenomenon. This brings us to the research problem that this study addresses: How do families grieve together? While there is a significant and growing body of literature in this field, the multi-faceted nature of grieving in relationships and the specific ways in which it is expressed in families has yet to be fully explored. A substantive theory of family grief has not been developed to date, and most current grief models have not incorporated a systemic perspective. These factors highlight the need for more research on bereaved families.

Summary of the Findings

To remind the reader, the current study was implemented utilizing the QA-PM, a method that has the unique feature of observing multiple layers of communication, and was chosen specifically because of its inclusion of a joint or family conversation that the family members took part in that did not include the presence of a researcher. This family conversation, allowed the family members to engage in a dialogue with each other that resembled interactions from their everyday life. At the time of the study and to my knowledge, a study of this kind had never been conducted. Collecting data by observing what family members say and do with each other

in face-to-face interactions without a researcher presence was innovative. Examination of the multi-adic interactions provided information that differed from observations of one person, dyads, or of one family member speaking for the whole family. These multi-adic interactions revealed how family members acted in each other's presence and how they related to each other in a dialogue that was not prescribed. This novel method was instrumental in generating findings that come close to the lived experience of the family grieving process.

First and foremost, in summarizing the findings, there is evidence that families actively engaged with each other in the grieving process through joint grieving activities. The results from this study revealed the ways in which they do this. Bereaved families grieve together, (a) by intentionally turning towards their grief, sharing in the pain of the loss and by giving each other permission to experience both joy and sorrow simultaneously, (b) by participating in mourning events, appreciating support from the larger community and by being intentional about incorporating ongoing rituals and remembrances, (c) by recognizing, accepting, and appreciating differences in individual grieving styles, and (d) by healing, finding meaning, and connecting to each other through their ongoing, enduring connection to their deceased child. Through these findings, the following argument can be made. Bereaved families engage in joint grieving activities with other family members, and specifically with the intent of continuing a relationship with the deceased family member. Fostering an ongoing connection to the deceased was in fact the very thing that connected the family members to each other. To gain an understanding of how family members grieved together it was vital to look at the family sphere, and to recognize that all family members were agentic partners in the grieving process, and yet, were a part of a greater whole called the family grieving process.

Discussion of the Findings

The findings from this study contribute to the field of bereavement and more specifically to family bereavement literature in a variety of ways. Many researchers and clinicians have called for attention to be given to grieving in the broader context of the interpersonal domain. The findings from this study contribute to this arena, and are consistent with numerous previous research findings, and also extend previous findings in a few ways. The results include several notable new findings that to the best of my knowledge have not yet emerged in the literature or had not been fully developed at the time of this study. Illustrations will be made to support these claims. This study is in no way exhaustive, but the findings make a meaningful contribution.

Findings that fit with previous studies. The findings from this study fit well with previously identified aspects of bereavement including (a) interpersonal dimensions of grieving, (b) the magnitude, and pervasiveness of the loss, (c) the ongoing process of grieving, (d) the significance of rituals and remembrances, (e) recognition of different expressions of grieving, (f) the significance of family sharing, and (g) meaning making processes.

Interpersonal dimensions of grieving. First of all, the results from this study support the value of further exploring the interpersonal dimensions of grieving that are currently being called for in grief literature (Breen & O'Connor, 2011; Christ et al., 2003; Nadeau, 1998). Neimeyer and his colleagues (2015) suggest that “grief and mourning are not primarily an interior process but are rather intricately social ... both the story of the death itself and our changed relationship to the deceased are personally narrated, socially shared, and expressed in compliance or contradiction to widely varying communal rules” (pp. 485-6). Grieving at an interpersonal level emerged for all families in this study and was shared through retrospective recall of the death event story, joint grieving activities (e.g., the memorial service, burial, or interment), and

included examples of rituals and remembrances that family members participated in throughout the year that connected them to their deceased child. Each family had family members that were at different places in how they had personally narrated the story of the death, and yet their grief and memories were shared at an interpersonal level. This was illustrated particularly well in family two. They had been bereaved the longest (24 years), and yet were not completely comfortable talking about the death event story. They had all processed this individually, but when it came to sharing it with each other, it was evident that this was difficult for them to do. On the other hand this family could talk about the deceased child and their memories of him and with him, tirelessly. They enjoyed reminiscing about their son/brother with each other and with others who had known him. This aspect of their shared grieving process was more developed than the former. This family also expressed contradiction to widely held communal and family system “old English” rules. They did not abide by the rules of no crying, no hugging, and no discussing the person who died. Grieving the loss of their son, as the authors above suggest, was not primarily an intra-psychic process, but was intricately social.

The interpersonal dimensions of grieving were salient throughout the family conversations. This was illustrated by past joint grieving activities being recalled, as well as present joint grieving actions that occurred in manifest behaviours of tears, heavy sighs, sniffles, facial redness, somatic signs, and nonverbal emotional regulation, as well as laughter, smiles, rubbing a shoulder, or patting someone on the back. Family members interacted, reminisced, and emotions were often a part of their interpersonal interactions. This finding supports Klaassen et al. (2015) definition of relational grieving. They suggested that relational grieving frequently emerges spontaneously. Relational dimensions of grieving emerged frequently and often spontaneously as family members discussed their joint grieving activities. The value in

grieving together was expressed by all participants in reporting that they appreciated being a part of the study, mostly because it helped them understand each other better and once again connected them as a family in their grieving processes. Family members were explicit about their intentions to continue to grieve with each other through future rituals and remembrances.

Magnitude and pervasiveness of the loss. Many researchers refer to the loss of a child as an incomprehensible event that shatters the world of the family members (e.g., Gerrish et al., 2010; Stroebe et al., 2008). “While bereavement is stressful whenever it occurs, studies continue to provide evidence that the greatest stress, and often most enduring one, occurs for parents who experience the death of a child (Christ et al., 2003). Klass (1993) confirmed this finding in his work with bereaved parents, where he stated, “like amputation, parental bereavement is a permanent condition” (p. 344). Davies (1999) echoed this for sibling loss as having the potential for lifelong effects, as the sibling bond is ongoing. Participants in this study revealed the magnitude of the loss to their families and the pervasiveness of it in accounts and grieving actions throughout their interviews. John stated that he thinks of David “everyday without exception,” and Zaman asserted this as well in saying, “that idea of get over it move on, you cannot with a child’s death, you cannot. It’s impossible at least for me ...the loss is always there.” He also expressed, “I think about this loss of Aisha, I always think about her, so its everyday actually, every day I think of her.” Joanne maintained that “there will always be a hole” and Wendy echoed this saying, “there is a thread that is missing” in their family system. For these families, the loss of their child, their son, their daughter, their brother or their sister, was an all-encompassing, tension-inducing, earth-shattering event. Keith summed it up well, “[It’s] the presence and the absence at the same time and that is still ongoing ...when you feel his presence then you also feel his absence.”

Ongoing process of grief. Many studies have recognized that grieving has no timeline and that specifically for bereaved parents it is an ongoing process (e.g., Klass, 1996). Grief for bereaved parents is a lifelong process that is complex, ongoing, and non-linear, and they describe it “as a continuing evolving process” (Arnold & Buschman Gemma, 2008, p.659). This is appropriate for bereaved families as well, and was accounted for in this study in numerous examples. Joanne wanted to make sure that we knew that she did not subscribe to the saying that “time heals all.” She explained, “it’s just an ongoing process. There’s no start and finish.” Keith also reported, “ten years is a long time, but there’s still processes that you’re going through and still what ifs. Those don’t end in one year or two.” All of the families in this study revealed that grieving for them was an ongoing process that would likely be life-long.

Significance of rituals and remembrances. Norton and Gino’s (2014) study on rituals explored the impact of mourning rituals after losses and suggested that rituals alleviate grief by helping people regain a feeling of control. Participants who reflected on past rituals or completed novel rituals after experiencing losses reported lower levels of grief. These findings fit with the results from this current study. Rituals and remembrances seem to have provided some semblance of order in a time full of confusion and chaos, as well as have provided an avenue of connection. Rituals and remembrances have emerged in research findings as beneficial to the grieving process for families (e.g., Doran & Downing Hansen, 2006). Gudmundsdottir and Chesla (2006) suggested that the practice of rituals was beneficial and that these practices show movement rather than stagnation. They also claimed that if the loss is openly acknowledged rather than hidden, this brings family members together rather than separating them. This is consistent with the findings from this study. Families in this study acknowledged their losses and revealed that rituals and remembrances were a significant part of

their family grieving process. Rituals and remembrances that emerged in the findings included the initial mourning events of the funeral, memorial service and/or burial, breakfasts and bonfires, visiting the grave, reciting a prayer, lighting a candle, photographs, linking objects such as an item of clothing, tools or a charm, untouched bedrooms of the deceased, going for motorbike rides, going to concerts, playing golf, and many others. Family members described many of these events as therapeutic. One family member reported that initiating these rituals and remembrances happened naturally at the beginning of their grieving process and then sometimes fell by the wayside. Other family members insisted that this was a reason to be more intentional with them in the future. Even 8-24 years after the death the families in this study reflected on the benefits of having these practices in their lives.

Different expressions of grieving. Identifying different expressions of grieving is dominant in the field of bereavement and consistent with the findings of this study. Two areas in particular surfaced in this study, including (a) different individual grieving styles, and (b) gender differences in grieving. Notable researchers have identified different individual grieving styles as instrumental or intuitive (Doka & Martin, 2010), which fits more with personality types of introversion and extraversion (Briggs-Myers et al., 1998). Gender differences have also been highlighted by numerous studies (e.g., Alam et al., 2012) and it has been documented that mothers and fathers grieve differently, and that these differences can add stress to the marital dyad. It is not uncommon to find studies that show evidence of the different expressions of grieving causing some discord in relationships (Breen & O'Connor, 2011).

Different individual grieving styles. In all three families in this study, different individual grieving styles caused some disruption to the family grieving process. For family one, a distinct example was in varying views on the value of visiting the graveside and putting up a headstone.

All four family members viewed visiting the graveside differently. John, the father, had difficulty coming to terms with putting up a headstone for his son. He expressed that “it was like putting one more nail in the coffin.” He also asserted his opinion of not valuing going to the cemetery. This became difficult for his wife, Wendy, as the graveside was a place she went to “be alone and cry.” Steven, the eldest son, liked taking his children to the graveside and said it was actually “fun” to look for people they knew who had died. And Keith, the youngest son, had gone a few times, but it was not something he did regularly. Wendy expressed a considerable amount of stress over John not being able to put up a headstone, as it was affecting the way in which she was trying to express her grief. She was not able to find her son’s marker one day at the cemetery and this initiated a dialogue with John about her need to have a headstone. They came to an agreement to put up the headstone, six years after the death. This is an example of how grieving differently can cause discord in relationships. It also illustrates the dynamics in the family of how they accepted diverse individual grieving styles until it affected them too greatly. The siblings recognized this conflict and did not push, but accepted these were differences. Steven and Keith both voiced awareness of how individual grieving patterns were significantly diverse in their family, not only in the marital dyad, but also the three adult children who expressed their grief in different ways.

In all three families, differences were attached to personality types and those who were more introverted tended to need more solace and time to themselves. Joanne was more internal with her grieving and her parents were more overt in expressing their grief. Others, such as Steven needed to be around people and talking really helped him. Zaman was more inclined to draw on the strength of internal resources such as his spirituality and Joan relied on her suicide support group for strength and comfort. Differences in all families were recognized, caused

some dissention, but overall were accepted and space was given for family members to express their grief the way they needed to. Breen and O'Connor (2011) addressed this in their study where findings revealed that most participants did not get closer to each other through differences, but instead it caused issues of contention. However, in the present study all three families were able to adjust to these discrepancies and still came together to grieve as a family in their family grieving process. This extends the findings in the Breen and O'Connor (2011) study possibly because of the time since the death for the families in the current study.

Gender differences. Numerous studies have described gender differences in grieving. This is consistent with the findings in this study. Aho et al. (2006) revealed that men experienced feelings of guilt, anger, bitterness, physical pain, and consciously withdrew from relationships. The men in this study did report having guilt, anger, physical pain, as well as withdrawing from people in general. It has been suggested that mothers express more intense grief reactions that lessened overtime, are more child-focused, and maintain contact with extended family, while fathers were more task-oriented and were reluctant to talk about their grief (Alam et al., 2012). The women in this study were more family oriented and did maintain contact with their extended families. There are some similarities to previous findings, but also significant differences. All of the men, and all of the women in this study reported crying as a way of expressing their grief. Mothers tended to talk more than fathers, but the sons engaged in lively discussions about their grief. Fathers tended to need more privacy and solace, as well as one of the daughter's. Of course, no one fits neatly into any box, but the three fathers in this study were more cognitive about their grieving, relied on their faith, and did not seek counselling. Hill (2003) suggested, "fathers are less likely to seek counselling than are mothers"

(p. 73). This was supported in the findings from this study. The mothers in the families sought counselling, however, gender was not a consideration in seeking outside support for the children.

Hooghe et al. (2011) bring up an excellent point in asserting that men may not want to talk about their grieving. Their study on couples communication suggested that there is a tension that occurs between sharing and not sharing grief. Each of the families in this study had a unique way of allowing family members that perhaps were more hesitant to share, to be involved in the family conversation when they wanted to. Some of the family members never initiated the conversation, and others listened more often than spoke. This was also illustrated through each family's unique family system rules. There was awareness of how specific family members needed more time and more attending. It was fascinating to see these emerge and observe how the families were able to dance between closeness and distance around certain topics, and this supports the notion of a dialectic tension in grieving the loss of a child (Hooghe et al., 2012). In this study, family members had learned how to be with each other in their grief through acceptance of their different personalities, as well as diverse individual grieving styles, and seemed to be able to come together and go apart when they needed to.

Family sharing. Nadeau's (1998) seminal study on ten multigenerational bereaved families revealed the concept of family sharing described as a willingness to talk about the death. The findings from this study support this concept, as it emerged for all families in this study and was a significant part of their interpersonal grieving. Other notable researchers have defined this concept in various ways, such as expressive or cohesive as it pertains to family functioning (Kissane et al., 1996; Kissane et al., 2007). Cohesive, expressive families have been referred to as adaptive, and family sharing would be a characteristic of these families. Open communication and high levels of cohesion act as a protective factor for family members (Kissane & Hooghe,

2011). All family members in this study were willing to engage in dialogue about the death of a family member as part of participating in the study. When family members shared and were able to engage in discussion about the death of the deceased family member, this initiated a turning towards their grief that facilitated grieving in the family grieving process.

Family sharing was different for each family. Families one and two also engaged in Nadeau's (1998) concept of family speak (verbal weaving), where family members went back and forth in dialogue by agreeing and disagreeing, referencing, interrupting, echoing, finishing sentences, elaborating, and questioning. Family three took a different approach and allowed each family member to share without interruption, and specifically allowed the father space to collect his thoughts and then express them. This was indicative of how this family had figured out how to communicate to include all family members, and may be attributed to cultural or family system rules. The results from this study extend previous findings in this area to include not only sharing in verbal dialogue, but also having the freedom to not share, as these all contributed to how the family sharing was enacted. Family sharing in this study was demonstrated by taking into consideration the verbal dialogue, but also the silences, the listening, and the pauses. It was just as important to recognize what was not said as what was said, and in particular in the encounters that were experienced by family members when they were grieving together in silence, pondering or through a silent knowing that occurred numerous times.

Meaning making processes. Meaning is a construct that has taken a central role in the field of bereavement over the past decade. In relating this topic to the family, Kissane and Hooghe (2011) suggested that sharing grief generally aids in healing and the cultivation of relational meaning is a key component in adaptation to losses. Neimeyer (2000) has been at the forefront of meaning making and grief literature, and the components from his meaning

reconstruction theory fit well with the findings of this study. They are reflected in a recent study conducted with bereaved parents. Meert and colleagues (2015) contend that there are four types of meaning making processes among bereaved parents. These include (a) sense making, (b) benefit finding, (c) continuing bonds, and (d) identity reconstruction. The findings from the current study support these and were illustrated in the following ways.

Sense making as defined by Meert et al. (2015) was seeking biomedical explanations for their child's death, revisiting decisions and roles, and assigning blame, which all families in this study engaged in in one form or another during their family grieving process. Family one sought medical explanations and doctors reported that the child had died from unknown medical causes, which they explained as QRT syndrome or SADS and family members all revealed these explanations during the warm up interview. Family two tried to make sense of their son's death by discussing how unsafe roads had been when he died. In family three, each individual person made sense of the death in their own way. Zaman came to understand his daughter's death through his spirituality, Joan expressed that her daughter's suffering had now ended, and Omar stated that it was not a quick decision, but rather thought out and that he had to respect that. Blame was a part of family three's process, but was alleviated because of their daughter's note that was left to them with explicit instructions not to blame themselves or each other. New meanings arose for this family through dreams and imaginings of a "joyful, rambunctious Aisha" as well as through a profound dream that Zaman had had five days after her death.

Benefit finding is described as exploring positive consequences of the death, including helping others. Family one found benefit in offering a yearly scholarship in their son's memory, family two found benefit in helping others who had gone through similar experiences, and family three found benefit in helping others through a support group and through feeding the homeless

as a way of remembering their daughter. Family three looked for positive consequences to their daughter's death by assessing that she was no longer suffering, family two looked at the "good memories" they have of Harry and that they have a granddaughter now. Family one illustrated benefit finding through building a legacy for David through multigenerational remembering. Grandchildren knew whom David was and were impacted by his life. This was demonstrated when the oldest grandchild and son of Steven's had to do a family tree presentation at school. When he got to his Uncle David's name he started crying and could not go on. All of the family members recalled this incident with a kind of pride in knowing that David's memory lived on. Wendy said that this grandchild was "an angel from God." Each family had their own way of finding meaning that seemed to give them hope and purpose in continuing on in their lives.

Continuing bonds were defined as parents ongoing connection with their deceased child manifested by reminiscing about the child, sharing photographs and discussing rituals, linking objects, and community events to honour the child. Continuing bonds were prevalent in the current study, and more details will be given in the continuing bonds section to follow.

Identity reconstruction is the fourth and final type of meaning making process identified by the Meert et al. (2015) study. It was defined as changes in parent's sense of self, including changes in relationships, work, home, and leisure. Findings in this study support and extend this meaning making process to the family unit and to family identity that was reconstructed. Family members in this study reported many of the identity changes listed above. Their relationships with each other had changed, their work environments changed, particularly for family one in all working in the same family run business, home life was an overarching place of change for the parents specifically, and leisure was not the same as before the loss.

Omar reflected on “the person I had the luxury of being all the time when I had everything going for me” was no longer there. A unique aspect of identity change occurred for each family that participated in this study based on the role of the family member who had died. For family one, David was the second eldest and closest in age to Steven. Steven commented on how this had changed who he is and how he still ponders what it would be like to have David in his life. Keith talked about the “what ifs” and how they continue on, and how it is especially difficult for him when he is with the larger extended family. The family was no longer who it was before. Roles and rules changed in the family that were now a part of their new identity. Family two in particular included new family rituals that forever impacted their family identity. Richard emphasized how it changed the dynamics of their family and they now “always said I love you” at the end of every phone conversation and that they hugged more often. Joanne expressed how family rules “just got flipped upside down after losing my brother.” The four meaning making processes suggested by Meert et al. (2015) as part of the grieving processes for bereaved parents were also found in the bereaved parents in this study, but this study contributes to the extension of the above-mentioned study findings to include bereaved families.

New findings. This study also identified several novel dimensions of family bereavement that to my knowledge had not yet come forth or been fully developed in bereavement literature. These include (a) intentionally turning towards grief individually and together, (b) experiencing joy and sorrow simultaneously, and (c) continuing bonds facilitating the connection to their deceased child, but also connecting family members to each other.

Intentional turning towards loss. The findings from this study illuminate the specific action of “turning toward” as foundational to facilitating grieving in the family grieving process (Längle, 2003, 2012). Bereaved families from this study demonstrated grieving together by

intentionally turning towards their loss, sharing in the pain, and encountering each other in meaningful ways. Grieving occurrences demonstrated a deliberate turning towards their grief and encountering it on levels, such as the parental dyad, sibling dyads, and parent-child dyads, as well as encountering each other as a collective whole. Personal decisions to turn toward their own loss influenced grieving in the family system, and at times initiated the grieving in others.

Turning towards was demonstrated, first, and foremost in family members being willing to participate in this study. They were asked if they would be able to engage in dialogue about how they had grieved together as an eligibility criterion. Manifest behaviours in the family conversations illustrated this best. For family one, each person shared an example of how they had grieved individually and some of the examples had never been heard before. Family members expressed being touched by hearing about how others had grieved. Subset grieving emerged when Wendy turned towards her son, Steven, and told him she thought he had been robbed in losing David. John turned towards Keith in expressing how impactful it was to watch him play volleyball and simultaneously, Keith turned towards his father as tears filled his eyes.

For family two, examples emerged of turning towards their grief together when a memory was brought up and all three of them would pause, glance at each other, and sometimes tears would roll down their cheeks or other times laughter and smiles erupted. For family three, turning towards their individual grief was apparent, but there was also a distinct turning towards their grief together in honouring diverse customs and death rituals. Also for all three families, the parental dyads turned towards each other on numerous occasions, such as going for drives together, going to the graveside and reciting a prayer, getting each other up at nights and going for walks. Families turned towards their grief as whole units when they enacted rituals and

remembrances on special days together. Grieving in the family seemed to require an intentional turning towards their grief individually and together, in subsets, and as a whole unit.

Experiencing joy and sorrow simultaneously. In most studies to date, there is acknowledgment that those who are grieving experience a spectrum of emotions during the grieving process, however many suggest that this occurs in oscillation between loss orientation and restoration orientation (Stroebe & Schut, 1999). Hooghe et al. (2012) recognize a dialectic tension between the need to be close to the deceased child and the need for distance from the pain, and Rosenblatt and Barner (2006) echoed this in their depiction of a dance between closeness and distance. This study extends these notions to suggest that those who are grieving may experience both joy and sorrow simultaneously. Families in this study demonstrated the ability to hold joy and sorrow together as opposed to switching between dualities (Stroebe & Schut, 1999), or needing to distance themselves from the pain (Hooghe et al., 2012). Expressing joy and sorrow together is a novel concept that was prevalent in this study. There was a distinct tension in the lives of the bereaved as the absence of their child brought deep anguish and the ongoing connection to them brought enjoyment, and even elation. For Zaman, Joan, and Omar when talking about how their daughter died they often were filled with pain, but when imagining Aisha as “joyful and rambunctious” this initiated transformative expressions of pure joy.

The findings in this study revealed that when family members gave themselves permission to have both and all feelings this actually enhanced their ability to grieve together. This was demonstrated in family two where Richard, Jennifer, and Joanne all shared their experiences of tears and laughter occurring often in their grieving processes. Jennifer struggled with this at first as she was not sure if it was okay for her to “have a good time” when her son had just died. A counsellor helped her recognize that it was important for her to allow all

feelings to emerge. Jennifer took this advice and decided to keep her “English humour” as well as allow tears to come when they arose. Her husband, Richard mentioned not really ever crying before Harry died, but now he said he cries more than his wife. Richard also looks at humour as a God-given gift and a way of connecting with his son. This family most exemplified holding both joy and sorrow, simultaneously.

This new concept of joy and sorrow occurring simultaneously was illustrated most profoundly in the warm up conversation when families shared the death event story with researchers, as well as introduced their deceased child to them. Sharing these two experiences initiated the tension between reminiscing about “good memories” as well as sharing vivid recall of the death event story. Family members would go from laughter to tears within seconds. Keith expressed this well. “Its that tension ... when you feel his presence, you also feel his absence.” These families held the tension between sensing their deceased child’s absence and their presence, at the very same moment. Findings from this study reflect how these particular families carefully and delicately held the space for the tension of joy and sorrow, even unknowingly at times, but somehow did and therefore, were able to develop a deeper bond in their relationships with each other. The findings from this study suggest a concept of grieving that allows for experiences of laughter and tears, joy and sorrow, anguish and elation, simultaneously as they surface and being comfortable enough not to have to regulate them. This concurs with the recent study by Stroebe et al. (2013) that claim, although bereaved parents tried to protect their partners through partner-oriented self-regulation (POSR), this effort had the opposite effect. POSR was associated with increases in the grief of the person trying to regulate their emotions, as well as an increase in the other partner’s grief. These findings have implications for how family members’ also might use POSRs.

Continuing bonds connected them to each other. One central finding in this study and one of the most consistent findings in current research in the field of bereavement is the presence of the continuing bond (Field, 2006; Foster, 2008; Klass, 1999; Klugman, 2006). Most studies reveal that continuing bonds are a healthy part of adaptation to the loss of a significant person, and in particular for bereaved parents (Klass, 1996). Klass (1993) began to document this phenomenon over twenty years ago when working with a group of bereaved parents, and suggests that an inner representation of the deceased child brings solace to bereaved parents. This current study supports these findings and extends them in several ways. The continuing bond was prevalent in the family grieving process, the continuing bond connected family members to their deceased child, and the continuing bond that connected them to their deceased child was instrumental in connecting them to each other. The continuing bond for these three families included an inner and a relational representation of their deceased child.

Findings from this study support the notion that continuing bonds are prevalent after child loss, as all three families and all family members did not question including their deceased child as an ever-present and ever-absent part of their family unit. Continuing bonds appeared in a variety of ways and some were unique to each family, while others were common. All families in this study fostered an ongoing connection with their deceased children through rituals, remembrances, linking objects, sharing photographs, reminiscing, activities inspired by the deceased child, multigenerational remembering, dreaming, imaginings, as well as encounters with the deceased. These bonds comforted the family members in this study and were a significant part of their integration of the loss into their lives and into their new family identity.

However, the findings of this study go beyond the continued bond to the deceased and add the inclusion of a deeper encounter with other family members through this bond. To my

knowledge there are no studies that have suggested this deeper interpersonal connection within the family unit as a whole. There are studies that recognize the significance of a continued bond, how it connects a person and parents to the deceased, but in the current study this was the very thing that also deeply connected them to each other as a family. Klaassen (2010) in his dissertation on bereaved parents extended Klass's continuing bond phenomenon in describing it at a dyadic level as an enduring, relational representation. Findings from this study support this and further inform the continuing bond theory in suggesting that it intricately connects family members to each other at a multiadic level in the family system.

The development of a continued, ongoing, enduring relationship with their deceased child was the bridge that connected the family members to each other. This was exemplified in the family grieving process for each family in this study. In family one, Steven and Keith were talking about triggers that remind them of their brother David. The family members all work together at a nursery and Keith relayed this story. "I remember after David passed away, there were lots of eagles that year like in the creek ... around our nursery ...and any time you see an eagle, some of those reoccurring memories that always come, so there's a few of those things that, it was kinda neat seeing that, and that's not me [just] seeing the eagle, it's like Mom, Dad, Steve, sister, anyone, and even with songs, right? ...we all have these shared memories that do totally get connected even though you're not talking about it ... those memories are still there." Steven added to this. "Yeah, like there's a Japanese maple tree me and David, were grafting Japanese maples, and we both had a hand in making this tree and so I gave it to my mom 2 or 3 years after he had passed away, so she has planted that in her garden now and now it's growing. I look at it and David's the first thing that comes to my head, and I'm sure my mom has that same. We all probably have that first thought when we see that tree there...you don't always

have to speak about it, but we all kind of have that common thought process, there's that common bond." A shared connectedness through David is described. These grieving encounters profoundly affected the family grieving process. The findings from this study add to the already growing body of literature on continuing bonds.

Theoretical Implications

The findings from this study both support and challenge existing theories and models in the field of bereavement. Findings also add to the ongoing construction of bereavement theories, exemplified by the movement from relinquishing ties to continuing bonds. Likewise, Attig's (1996) relearning the world model, the EA model of grieving (Längle, 2012), relational dimensions of grieving (Klaassen et al., 2015) and the continuing bonds theory are consistent with the conceptualization of family bereavement that is revealed in this study. However, the EA model is lacking an interpersonal dimension and the dual process model (Stroebe & Schut, 1999) misses a key element of integration of the loss in its approach, both of which call for further discussion. The family grieving processes of families in this study lend support to family systems theory (Nichols, 2011), stress and resiliency theory (Patterson, 2002), as well as concepts of family functioning (Kissane et al., 1998).

Relinquishing ties to continuing bonds. Freud began the dialogue in 1917, almost 100 years ago, with the first systematic analysis of bereavement in his paper, *Mourning and Melancholia*. He proposed a relinquishing hypothesis of letting go, saying goodbye, and finding closure that is still largely believed by Western societies today, even though its basic tenets lack empirical validation (Stroebe & Schut, 1999). "Pathological grief was therefore, failing to relinquish attachments to the deceased. If the bereaved had not successfully [done this] the goal of psychiatric intervention was to help them do so" (Neimeyer et al., 2015). The good news is

that the field of bereavement has never been static, and monumental progression has been implemented in the past several decades alone. New understandings have emerged through cutting edge research, and theories have been presented, tweaked, and re-submitted, in an ever-changing and evolving field. It is exciting to see the changes being made to grief theories and models, as many have changed several times or have added or adjusted key components (Worden, 2009). Research suggests we are transitioning from relinquishing ties to continuing bonds (Murphy et al., 2003). Change is and will continue to occur as new evidence is being presented. We have just begun to comprehend the many facets of the multi-dimensional process of grieving. Findings from this study support the movement from relinquishing ties to continuing bonds as all families that participated had fostered an ongoing, enduring relationship with their deceased child and this bond was a healthy, adaptive way of integrating the loss into their lives. Acknowledgement of continuing bonds as a healthy part of the family grieving process will have far-reaching implications.

Dual-process model. Stroebe and Schut (1999) present a well-known model of coping with bereavement, called the dual process model (DPM). The dual process model of coping conceptualizes grieving as “a dynamic, regulatory coping process of oscillation, whereby the grieving individual at times confronts, at other times avoids, the different tasks of grieving” (p. 197). The authors propose that adaptive coping includes movement from side to side in confronting and avoiding loss and restoration stressors. Findings from this study support the action of confronting the loss, as all family members turned towards their grief in participating in the study, but also raise questions about the DPMs conceptualization of the grieving process, as solely coping between confronting and avoiding. Shear (2010) is one of the few studies that contrasts the DPM in proposing that the bereaved do not oscillate between loss and restoration

focused coping, but rather the processes overlap or occur in tandem. Hooghe et al. (2012) confirm the implication of the current study on this model in asserting, “to advance theoretical understanding of the oscillation process, the interaction of different factors can best be observed at the level of the case ...combined with the use of systems theory” (p.1221).

The findings from this study contribute to and propose another way of looking at grieving not as coping, but as integrating the loss into one’s life. The DPM does not seem to account for this. The findings from this study suggest a process where avoidance is replaced with turning towards grief and integrating both joy and sorrow. This more closely depicts the reality of the lived experience of the bereaved families in this study. As a way of healthy integration, the families allowed for and incorporated both tears and laughter into their grieving. The family members recognized that there was a tension, and they were comfortable with the dichotomous emotions being present even at the very same time. Families from this study were between eight and twenty-four years post-loss, which may account for their ability to hold the space for this tension. If they were newly bereaved, they may more likely exemplify the duality suggested in the DPM’s model of coping. The implication of this study on the DPM may be to initiate dialogue on how the DPM model conceptualizes integration, as the findings from this study suggest that the bereaved were comfortable allowing both loss and restoration to co-exist.

Relearning the world model. Attig (1996) proposed an existential phenomenological way of looking at grieving and claims that we have to relearn the world holistically after the death of a significant person occurs. He suggests that it is not a matter of relearning information, but rather relearning how to be and act in a world that is now significantly changed after the loss of a loved one. Attig describes relearning our relationship with the deceased as learning how to love in separation. The findings from this study lend support to Attig’s relearning the world

model, as learning how to be a family again and how to love their deceased child in separation were key to their family's emerging new identity.

Reactive and active grieving. Planned and spontaneous grieving occurred in the family grieving process and these findings are consistent with Attig's (2004) definition of reactive and active grieving. Attig (2004) defined reactive grieving as our emotional reaction (coping) and active grieving as engaging with the loss (processing) that includes choice. Both of these aspects of grieving were central to the findings from this study. Reactive grieving occurred often in earlier grieving experiences and active grieving was illustrated in the explicit joint grieving actions that each family chose and participated in. In this study in particular, using the protocol of the QA-PM, action was the means by which the results were interpreted. Joint grieving was the primary feature. Family members acknowledged that they had a choice in their grieving and this choice was directly related to how they wanted to integrate the loss of their loved ones in to their lives. Attig (1996) purports, "bereavement happens to us, grieving is what we do in response to it...we can choose how we reshape our lives" (p.19).

The findings of this study support and extend Attig's perspective on active and reactive grieving. For the families in this study, both chosen intentional active grieving, as well as deliberate decisions to allow their emotional responses or reactive grieving, to be arose. Choice was a consideration for both. This was demonstrated well when family members were recalling specific parts of the death event story or particular memories and this triggered a reaction of grieving. Active grieving occurred simultaneously, when the family members choose to enter into the grieving together with other family members. This was illustrated by pausing, glancing at each other, deep breathing, and allowing the reactions to come. In one instance it was described as "a knowing" where words were not needed. Family members were triggered,

emotions rose up, space was given for them to be, thus connecting them to each other in an active, intentional encountering of their reactive grieving. This aspect opens the dialogue to how Attig would account for these encounters with emotional reactions. Attig himself validates this study in saying, “I hope for broader recognition that ‘the things themselves’ to be studied here are the experiences themselves and that the best available evidence or foundation for theories about them is in the stories those having them have to tell” (Attig & Stillion, 2015, p.14).

Existential Analysis (EA) model. Längle (2003) founder of EA proposes a model of grief that is consistent with the findings of this study. Längle (2012) presents grieving as a personal activity of turning towards the loss. The families in this study exemplified turning towards their grief as a personal response to the loss and this was vital to their ability to grieve in the family system, and influenced how the family grieving process was enacted.

In family one, John and Wendy had conflicting individual grieving styles, but still chose to turn towards their grief individually and together. Steven had an innate ability to turn towards his grief that can be explained by an existential phenomenological openness to turn towards the loss of David. Keith was 14 years old at the time of his brother’s death and recalls this time in his life as “confusing.” He asserted that he really did not know how or what to do, but he knew that he wanted to be included in adult conversations about his brother. However, he was not able to turn towards his grief, until later in his adult life. He recalls a distinct turning towards his grief when he was travelling abroad and had called home. The family members all expressed their grieving, allowed it to be, and had sympathy for themselves and other family members.

The shortcoming is that Längle does not account for the interpersonal dimensions of grieving in the context of the family, and therefore some of their phases do not fit well with the findings of the grieving process in families. There was inner dialogue that was revealed as well

as dialogue with the world and each other in their grieving processes. They had taken up a new relationship to their deceased child and they were future oriented in many respects. Family members from all three families had instances of this throughout their retrospective and present grieving actions. Implications from this study on this model of grieving would be to begin a dialogue on how grieving is conceptualized within the context of the family, as turning towards occurred at multiple levels, from individual to dyad to the whole family unit.

Relational dimensions of grieving. Dimensions of relational grieving are proposed by Klaassen, on the basis of his research with bereaved parents (Klaassen, Bentum, & Gallagher, 2015). According to Klaassen (2015), relational grieving can be described in three ways: (a) grieving as encounter, (b) grieving together, and (c) grieving in relation. Grieving as encounter is described as turning towards their grief and each other's simultaneously. Grieving together is defined as participating in the same ritual or activity that is oriented toward their deceased child, but only limited sharing or turning towards each other occurs regularly. Grieving in relation is defined as participating individually in grieving activities, with a mindfulness of the presence of others. Klaassen includes the existential phenomenological conceptualization of grief from an EA perspective, and describes grieving as an encounter. He asserts that relational grieving is the personal (decided) engagement with loss in which we share our turning towards with another person. Findings from this study are consistent with Klaassen's conceptualization of relational grieving. This was illustrated in all three participating families, but in unique ways.

For family one, relational grieving occurred as together, as relation, and as encounter. The story of this family engaging together in being triggered with an emotional reaction after seeing an eagle at their family nursery, seeing other family members also being impacted, glancing at each other in a "knowing" that it was a reminder of David, and then reflecting that

there was a common bond represents the essence of grieving as encounter. For family two, the marital dyad exemplified grieving as encounter. They turned towards their grief and each other often in talking about it, being there for each other when one or the other could not sleep, and generally encountering their grief together. Family two as a whole, tended to grieve together in turning towards their grief, but in a limited capacity as was reflected in being a bit more tentative in sharing details and opinions of their grieving experiences. However, they did have moments of encounter, when a few specific topics came up. These included the ongoing process of grieving, getting the phone call that Harry had died, and imaging Harry and Sally together.

Relational grieving emerged as well for family three. Proximity impacted their family grieving process, as Omar had not lived at home for many years. He grieved in relation with the other family members' as he was supportive by calling often and checking in on them. Omar played more of a supporting role on a daily basis, but in the interviews engaged in grieving together. For Joan and Zaman, who live down the street from each other, there was a very active grieving together that occurred. Both Joan and Zaman expressed that they are even closer now after the death of Aisha. They grieve together in going to the graveside once a month and reciting a prayer. Grieving as encounter transpired close to the end of family conversation when the family members turned towards each other. Omar shared an experience of connecting to Aisha through giving hamburgers to homeless people, an emotional reaction ensued, and both Joan and Zaman turned towards their son. They then exemplify grieving as encounter when they all turned towards their emotions of joy and elation together in imaging Aisha as joyful and rambunctious. This study lends support and extends Klaassen's definition of relational grieving from the dyadic relationship to the family system.

Continuing bonds theory. Continuing bonds is a theory that was developed by Klass et al. (1996). The main premise of this theory is the idea that we do not cut ties with our deceased loved one at the time of death, but rather continue our bond with this person throughout our lives. The authors describe this connection as an inner representation of the deceased. The continuing bond can manifest in numerous ways such as linking objects, memories, dreams, internal conversations, talking about the deceased, journaling to them, feeling a sense of guidance from them or a sense of their presence, finding signs from them, and many others examples that connect people to the deceased. The most salient feature in the findings from this study aligned with the continuing bonds theory.

Klass's (1993) conceptualization defines continuing bonds as an inner representation of the deceased child, which was revealed in all three families in this study, but it did not encompass whole families. Families described their "continuing bond" with their deceased child in a variety of ways. Results from this study suggest that there is a deeper relational dimension to this bond that connected the family members to each other, as well as to their deceased child. This connection between family members can be described as an interpersonal dynamic of the enduring relational connection (Klaassen, 2010) that is not solely an inner representation. Klass (2006) revealed, "we do not yet know all the interactions that comprise what we now call continuing bonds. We are still developing a common set of terms with which to talk about them ...but we have begun" (p. 857). He also suggested that individuals and families construct and maintain their bonds with the deceased within a series of nested, social narratives, which shows that the discussion has begun. This study contributes to the phenomenon of continuing bonds by revealing findings that hope to facilitate dialogue towards the development and implementation of a broader definition of continuing bonds that includes an interpersonal dimension.

Family bereavement. One of the most significant limitations in the extant literature on bereavement is the lack of a substantive theory on family grief. Conceptualizations of how stressful events influence families have been made from various frameworks such as family systems theory, family stress theory, and family resiliency theory, but in my search and to my knowledge at the time of this study there was not a theory or theoretical model specific to family bereavement. The findings from this study lend support to the development of a theoretical model on the family grieving process, as well as inform systemic theory in various ways. The family stress and adaptation model is a family stress model that this study lends support to in conceptualizing family grieving within its structure.

Family stress theory. Reiss and Oliveri (1980) claim that family adaptive capacities are linked to its responses to stress. Components of the family stress theory are consistent with this study's findings. Hill's (1949) ABCX family stress and crisis model theorized that there were two buffers that impact stressors and they include social relationships and family perception (as cited by Adams, 1988). Lavee, McCubbin and Patterson (1985) contend that there are protective factors to consider and they present the Double ABCX theory of family stress and adaptation by building on Hill's model and adding post crisis factors to it. The current study aligns with these protective factors, and specifically the McCubbins and Patterson's bB factor of family adaptive resources. The authors suggest that the family, like all systems, tries to maintain balance in functioning or homeostasis, by using its capabilities or resources and coping behaviours to meet the demand of the stressor. Rando (1998) adds to this, "like systems, families require the ongoing support of each individual component (family member) to keep the system operating in balance" (p. 122). The findings from this study show that families had to reorganize, find new meaning, and incorporate the loss into their lives through a family grieving process that was

unique to their needs. The deceased child and the family itself were both resources that lead to adaptation, which lends support to the family stress and adaptation theory.

For bereaved families in this study, family members relied on each other to meet the demand of the loss of their child. The family unit itself and the individual members acted as a resource for each other to an incomprehensible stressor of losing a child from their family system. The magnitude of this stressor was significant, as each of these families had lost a child suddenly to either an unknown medical cause, to a motor vehicle accident, or to suicide. Patterson (1988) links many stress models by suggesting that common across these models are three conceptual domains (a) sources of stress, (b) mediators of stress, (c) outcomes of stress. All three areas were factors in this study. The source of stress was the death of a child, the mediators of this stress included the natural resource of the family itself and coping behaviours that were unique to each family. Outcomes were focused on changes in functioning. The results from this study support scientific and applied value in looking at family grief through family stress theory and the Double ABCX family stress and adaptation model.

The family grieving process and the Double ABCX model. The family grieving process (FGP) model emerged from this study and is a meaningful contribution toward developing a model of family grief. However, it is important to note that due to the small sample size it serves only as a guide to initiate conversation in this direction. The FGP diagram (see Figure 6) represents the findings of families in the current study who were thought to be adaptive in their functioning and who had the ability at this point in their grieving process (8-24 years later) to give voice to what they had been doing together in grieving the loss of their child. A model of the FGP emerged from this study and includes significant features from McCubbin and Patterson's Double ABCX model of stress and adaptation (Lavee et al., 1985). The X factor (the

crisis) began the process for bereaved families. The loss of their child initiated a crisis that was incomprehensible for the families. The FGP could be considered the Double ABCX model's bB factor and it is through the families grieving process that adaptation occurs. This adaptation can either be bonadaptive or maladaptive. The Double ABCX model provides a structural framework in which the FGP model (see Figure 6) can reside.

Clinical Implications

At the heart of this study, was its desire to reveal characteristics of how families grieve together after child and sibling loss. This study suggests several implications for practice. The counselling implications that emerged from the findings of this study include: (a) family grieving as a shared, relational process, (b) acceptance for different expressions of grieving, (c) ongoing family rituals and remembrances, (d) strengthening the continuing bond and how it connects them, and (e) keeping up to date, as well as receiving training to work with families. In using an instrumental case study approach, the findings will only reflect the experiences and practices of the bereaved families who participated in this study. Recommendations have been made that are meaningful, but clinicians will need to keep in mind that the information is only a guideline.

Family grieving as a shared, relational process. It is important for clinicians to recognize that family grieving is a shared, relational process. The courageous family members that participated in this study were willing to open up and share their experiences, thus we were able to see that grieving is indeed a family process. The family's unique stories and grieving journeys reflected that not only do people grieve intra-psychically, but they also grieve together in families. Family members intentionally turned towards their grief individually, in subsets, and as a whole family unit. This included grieving with other family members in dyads, such as the marital dyad, the sibling dyad, and the parent-child dyads. Using the family grieving process

(FGP) model that illustrates these dimensions may be helpful for the clinician, the client, and the family members. All families grieved together on numerous occasions within their whole family system. This began with the memorial service, burial, or funeral. This highlights the importance of recognizing that clients who are bereaved, are not alone in their grieving. The family system they belong to can bring context to the clinicians understanding of how their client is grieving or not grieving. A genogram might be helpful to pull the family into the room with an individual client, as well as bring context to previous or multiple losses in the extended family system.

Accept different expressions of grief. It is important that clinicians help families build acceptance for different expressions of grief in the family unit. The families in this study exemplified grieving together and had an innate ability to recognize, and acknowledge differences in their grieving styles. Psycho-education could help family members to become more aware of this. Clinicians could help their clients to accept each other's different individual grieving patterns, as this was one of the most salient features of the families that participated in this study. For all families, the mother had gone for counselling and was given information about the need for family members to recognize and not put pressure on each other. This is a valid clinical implication as the more families that are aware of their differences the more understanding there will be. Clinicians can support families and aid in negotiating discord that may arise from different expressions of grieving. Doka and Martin (2010) note that research has shown that men and women grieve differently, but what is most important when working with couples is to help them understand that differences are based on a variety of factors and do not mean that one loved the deceased any more or less.

Ongoing family rituals and remembrances. Clinicians can help families facilitate joint grieving activities by suggesting various ideas of what the family can do together on special days

such as the anniversary of the death, the deceased child's birthday, and other special occasions throughout the year. Ideas are available through online resources, hospice websites, and books on grieving techniques and interventions. The counsellor can facilitate these in session with family members, and inform them of when something is happening in their community.

Hospices offer many resources and activities that families can be a part of to honour their loved ones. Families in this study spoke often of how difficult special days could be. It may be valuable for clinicians to inform clients that since special occasions occur monthly, this may bring the loss to the forefront. Awareness of this can help to alleviate feeling like they are not normal and can assist clients in preparing themselves.

For most of the members of these families, they spoke of the first five years as the most difficult, and then there seemed to be a bit of a shift, but eight to twenty four years later there was still a hole and family members missed their deceased child more. Recognizing this could be advantageous. Families in this study found new meaning in sharing dreams, imaginings, and reminiscing about their child, and incorporated new family rituals such as saying "I love you" or hugging more. Meaning emerged for each family that seemed to connect them to each other. Encouraging families to share their dreams, and imaginings with each other could be beneficial, as well as facilitating discussions about what the family members would each like to do for rituals in the future. Planning ahead with the family members would be valuable.

Strengthen continuing bonds as connection to each other. It is important for clinicians to recognize the value of continuing a relationship with the deceased and how that connects the family members to each other. In this study, the families had many unique ways of continuing in relationship with their deceased children. These included and are not limited to sharing spiritual experiences that they had had with the deceased, going to concerts that were the

deceased child's favourite artists, sharing new compassionate ways of helping that were inspired by the deceased child, sharing moments of knowing that connected them to each other and to the deceased. Two of the family's were continuing the legacy of their deceased child through multigenerational remembering as they included the grandchildren in rituals and remembrances and taught them about their uncle. Another family gave out a memorial scholarship every year.

The implication for practice will hopefully be to remove the judgments surrounding the ways in which the bereaved choose to carry their deceased loved ones with them as they continue on in life. Continuing bonds emerged in this study as more than just adaptive to the grieving process, they were the bridge to connecting the family members to each other. Clinicians can encourage families to do whatever they need to do, in order to be able to go on in life with their loved ones close by them. One of the most important findings from this study was that the families needed this connection. Walters (1999) asks the question, "How do we manage to related to the dead in a rational secular society that has not place for the dead? (as cited in Klass, 2015, p. 115). In light of the findings from this study, bringing bereaved families closer together will require clinicians to be comfortable talking about the dead and may mean confronting their own personal death awareness. There is a shift towards a more open, diverse, and tolerant society, and for the first time in over a century it may be respectable to talk openly about sensible contemporary bonding to the dead (Klass, 2015). Clinicians can help to facilitate this process.

Keep up to date and train to work with families. It is important for clinicians to keep up to date on current grief theory and models addressing interpersonal processes and get training to work with bereaved families focused on the family system. This study illuminates the ever changing and dynamic field of bereavement and the importance of specifically addressing the interpersonal dynamics of grieving in the family system. According to the findings from this

study, it is vital for clinicians to take steps towards training and education with an emphasis on the family system. There are many seminars and workshops available that focus on these areas of development. It would also be important to look into continuing education in the area of new interventions for working with families. There are a few notable studies that have been conducted implementing interventions specifically for the bereaved family that include family focussed grief therapy (e.g., Kissane & Hooghe, 2011), meaning centered grief therapy (Lichtenthal et al., personal communication, April 9, 2015), and the family bereavement program (Ayers et al., 2014). All of these studies have components that would be beneficial to bereaved families. Also Kissane and Parnes (2014) have edited a recent book called *Bereavement Care for Families* who include many interventions for those who have family members that are dying as well as the bereaved. Its strength is in clinical application and it is a valuable resource. However, further empirical work is needed to support the clinical implications of this study.

Strengths and Limitations

It is important to consider the strengths and the limitations of this study. One of this study's greatest strengths was in exploring the process of grieving from an interpersonal perspective of examining the bereaved family as a whole, using the QA-PM's protocol of interviewing family members together with no researcher present. According to Manning and Kunkel (2015), "family members will communicate differently as the full family creates a different context [and] multiadic interviews are open to multiple possibilities" (pp. 187-88). The use of the QA-PM was a definite strength as it enabled the development of original, descriptive, systematic, multiadic, contextual, and data-driven illumination of the family grieving process for the three participating families following the sudden death of a child. Specifically pertaining to qualitative studies conducted on families, Ganong and Coleman (2014) suggested that qualitative

approaches are excellent ways to investigate family dynamics and family relationships. All four of their identified goals were met in this study, and thus the findings from this qualitative study provide insight into the interpersonal dimensions of grieving in the family unit and the particularization of four key assertions about the family grieving process.

Naturally there are also limitations to a study of this nature. These include (a) the small sample size, (b) the lack of a longitudinal design, (c) the lack of younger siblings among the families, (d) the lack of age diversity among the deceased children, and (e) selection criteria. These limitations do not necessarily invalidate the insight from the current findings, but highlight where further research would be indispensable.

Sample size. A limitation that needs to be addressed was the small sample size of three families, as it may be difficult to transfer findings to other populations. This study could have been strengthened by a larger number of families participating. A fourth family did volunteer that had two children still living at home and the deceased child died of a terminal illness. If a family such as this would have participated it would have allowed for addressing more dimensions of grieving, such as anticipated death, and how younger children living at home influence the family grieving process. Comparisons could have then been made of the family grieving process in regards to sudden death or anticipated death of their child. The sample from this study included some diversity, but including participants from other cultures would have permitted for more comparisons between such groups. The inclusion of more diverse families would have permitted more thematic comparisons between the individual unique case studies of each family, and may have strengthened or called into question the current findings.

Lack of a longitudinal design. Another limitation in this study has already been mentioned in chapter three, but warrants repeating. The QA-PM protocol of utilizing a

longitudinal component was not incorporated into this study. The findings lacked this valuable aspect, as research on parental bereavement specifically has shown that it is a longitudinal process that changes over time (Klass, 1999). QA-PM (Young et al., 2005) research generally examines joint action as it unfolds over time and the protocol includes collecting data at two separate time periods, with journaling in between. Due to the nature of this study being for a master's thesis, this was not possible. The family grieving processes were therefore, only reflective of how participants were grieving together at one period of time and with recall of activities that they had participated in the past adding historical context. Statements could not be made on how their grieving processes had evolved or changed over time.

Lack of younger siblings. Another area where this study may have benefited would have been by the inclusion of younger siblings. The study sought to have children included, but in the end all families that volunteered only had adult children. However, one family member was 14 years old at the time of his brother's death. This brought to light several dimensions of adolescent sibling bereavement, but with only one member there was not sufficient data to warrant inclusion in the thematic findings. The presence of adolescent siblings would have legitimized a deeper look into how they grieve within the family system. The inclusion of children still living at home would have permitted this study to explore the family grieving process in the context of how family members living with each other navigate the grieving process together, and may have illuminated different ways of expressing grief. A comparison of the family grieving processes of those families with adult children and those with children living at home could have extended the findings of this study by reflecting the ways in which the family grieving process was enacted in families with younger children.

Lack of age diversity among deceased children. A fourth area of limitation to this study is the lack of age diversity among the children who had died in these families. The families in this study all had adult children that died between the ages of 21 and 28. The age of the child may not be a significant factor, but by including younger children or adolescent deaths, this factor could have been explored. By including more families with different ages of deceased children, the findings of this study would have been enhanced. The inclusion of perinatal loss or the loss of younger children would have allowed for comparisons that would have illuminated more dimensions in the grieving process. Having additional families that had lost a child at different developmental stages could have illustrated the unique ways in which these families grieved together with varying expressions of childhood and adolescent grieving patterns.

Selection criteria. The selection criteria of participants being willing to talk about their grief in order to be included in the study, is a limitation worthy of notation. All family members that participated in this study were willing and able to share about their grieving experiences, and this author recognizes that this is not the case for every person. It is important to note that the actions being described as the family grieving process are representative of family members who were able to talk about their grief and do not represent the family members who cannot or do not talk about their grieving experiences.

Future Research

The field of bereavement continues to call for research on family bereavement as “there is little research on the impact of bereavement upon the family unit” (Breen & O’Connor, 2011, p. 99) and Klaassen (2010) reports, “there is much work to be done” (p. 255). This study points to several areas where more investigation is needed that includes the interpersonal dimensions of grieving currently and over time, the various ways family members express their grief and how

this impacts the family unit, how the continuing bond is enacted within the family grieving process, as well as how this process fits within the family stress literature.

Firstly, more studies need to be conducted with the family as the unit of analysis, and in particular bereaved families with a variety of losses. Nadeau (1998) suggests that “very little has been done to collect systemic data” (p. 1). Future research with a larger number of families would contribute to a broader and deeper understanding of the family grieving process. Research is needed with more than one family member in the room to further address the multidimensional aspects of the grieving process, and these interpersonal relational dynamics of grieving within the family system would build upon this study and add to the field of bereavement.

Secondly, research could explore the ways in which family members express their grief in the family at various developmental stages and how this impacts the family grieving process. This study examined the relational dimensions of family bereavement after child loss with three families that had all lost children suddenly, and the siblings were all adult children. Studies could be conducted with families who have lost children to a terminal illness, as this would bring out a different dimension to family bereavement that would include how the families anticipated the death, and how they began the grieving process even before the child died. There is a need for future studies that explore how families grieve when the siblings are children or adolescents, still living at home. And longitudinal studies with families are vital to understanding how grief is expressed over time and would be instrumental in understanding more about the complex nature of grieving in families. It would also be helpful to extend this to communities.

Thirdly, further research is needed into continuing bonds and how they are enacted within the family system. The findings from this study suggest that the continuing bond was not only adaptive, but was the bridge to connecting the family members to each other. More studies are

necessary to see if this also emerges. Klass (2006) claims that individuals and families construct and maintain their continuing bonds within a series of nested narratives, and he suggests that much of the data to date needs to be interpreted in a social context. More studies that are specifically designed to observe the continuing bond within the family system and the larger community would be beneficial and could illuminate the findings of this study as well.

And finally, future qualitative research that looks at family stress theory and the family grieving process would inform the field of bereavement and possibly “generat[e] theory where little good theory exists” (Stroebe et al., 2008, p. 154).

Conclusion

Death is a central experience of life, and yet it is one of the most difficult experiences with which one must deal. The death of a child, in particular, has long been acknowledged, as “one of life’s greatest and most interminable tragedies” (Cacciatore et al., 2013, p. 184). While research has increased with bereaved parents as the focus, the interpersonal dimensions of the grieving process remain scarcely understood, and especially, grieving within the family unit (Nadeau, 1998). When families experience the death of a child, this leads to a multilayered and dynamic family grieving process. This study investigated the ways in which families grieve together, what joint actions they participated in, and how they continued in relationship with their deceased child. The study examined family bereavement through a multiadic qualitative method (QA-PM) that included a family conversation and generated rich, descriptions of the family grieving process. The findings revealed that families do grieve together through planned and spontaneous joint activities, and that the continuing bond with their deceased child was central to their grieving process. Fostering this ongoing relationship with their deceased child helped to facilitate a deeper connection to the other members of the family.

Three courageous bereaved families invited us into their grieving process, a place of vulnerability and sacredness, and through this a glimpse of the lived experience of grieving as a family emerged. The ways in which the families in this study grieved the loss of their precious child together, were unique to their own family systems, but also had numerous commonalities with the other families in the study. The similarities that emerged included intentionally turning towards their grief, participating in mourning events, rituals, and remembrances, sharing in an ongoing pervasive pain, engaging in joy and sorrow simultaneously, accepting different individual grieving styles, finding healing through reminiscing, dreams and imaginings, as well as the significance of the continuing bond that connected them to each other. For the families in this study, finding ways to continually honour and remember their deceased child came through connecting with the child and with each other.

This study adds to the growing body of literature on family bereavement (Breen & O'Connor, 2011; Hooghe et al., 2014; Kissane & Parnes, 2014; Nadeau, 2008) in exploring the interpersonal dimensions of grieving in the family system. The findings from this study provide meaningful insight into the family grieving process, but much more research is required in order to make a considerable contribution. Understanding the interpersonal and relational processes of family bereavement is in its infancy (Neimeyer et al., 2015), but continued research in this area will lead to new theories about families and grieving, improve family and bereavement research methods, and will help clinicians intervene more effectively with all clients and in particular, bereaved families. It is my sincere hope that others will continue to dialogue and further research this fascinating field of study, to not only add to our understanding of family bereavement, but also offer significant theoretical contributions and insight into the foundation for a substantive family grief theory.

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Appendix A- Recruitment Poster

VOLUNTEERS NEEDED FOR FAMILY BEREAVEMENT STUDY

Families that have lost a child (3 or more years ago).

You and/or your partner and at least one other family member (over 10 years of age now) are jointly willing to participate in the study. Grandparents are welcome, too.

You would be willing to discuss how your family has been grieving (eg. anniversaries, birthdays, memory books, significant ways you carry your loved one with you).

Your experience is extremely valuable and will help us understand how families – individually and together – grieve the loss of a child or a sibling.

Involvement includes one audio/video-taped interview and a follow-up session to confirm summary statements.

For further information and to participate, please contact

Tammy Bartel (also a bereaved parent)

leaving your name, phone number,
and a message telling me that you are interested in participating.

Thank you so much for your consideration.

Appendix B- Screening Template for Participants

Family Bereavement Study
Template for Screening Family Members

Date of screening call:**Name/contact info:**

Introduction of who I am and explain that I am returning his or her call regarding participating in the family bereavement study. Thank participants for their interest in this study.

Can I ask how you found out about this study?

The purpose of this call is to explain the study to you and to determine whether your experience fits with the purpose of the project. There is potential for this phone call to take up to 30 minutes.

Is it all right to proceed or would another time be more suitable?

For you to be included in this study, I first need to ask you a series of questions about your experience of losing a child. I want to make sure that you fit the criteria for inclusion in the study. Is it all right to proceed?

Semi-structured questions:

1. I need to have some basic information about you and your child. When did _____ die? (In order for the parents to be included in the study, the child has to have passed away in the past 3+ years. Should the potential participants not meet these criteria, they will be informed of this fact at this point, thanked kindly for their interest in the study, and the phone call ended).

2. Can you tell me a bit about your bereavement experience? How did you cope initially with the death of your child? What is it like now?

3. Has there ever been a time when you medical or counselling assistance to help you cope with your grief? What were the reasons for seeking such assistance?

4. Have you experienced a psychiatric crisis (e.g., called a crisis line, seriously contemplated suicide) since the loss of your child? If so, when did this take place? How are you doing now?

If the potential participant indicates that s/he is presently suicidal, the screening portion of the call will be terminated immediately as the potential participant will not meet the requirements of the study. In its stead, the researcher will conduct a brief suicide risk assessment and direct the potential participant to the appropriate level of care. Questions that may facilitate such a risk assessment include:

Have you ever attempted to hurt myself or tried to commit suicide in the past?

How often do you presently think of harming yourself?

Do you presently have a plan or a timeframe to harm yourself?

Has anyone in your family or among your friends committed suicide or attempted to harm themselves in the past?

If the potential participants indicates that s/he is at a greater risk for suicide (e.g., is thinking about suicide daily, has a current plan/timeframe for committing suicide, has recently attempted suicide), the participant will be encouraged to call a suicide hotline (e.g., 1-800-SUICIDE 784-2433) and will be given the information of their local public mental health centre (e.g., Abbotsford Mental Health; 604-870-7800). In the event that this potential participant has a mental health provider, s/he will also be directed to contact him or her. In the event that a potential participant is actively suicidal during the telephone screening call (i.e. indicates that s/he plans to commit suicide), the potential participant will be required to seek professional help immediately (eg. call his/her doctor, psychiatrist, counsellor, or 911).

5. Would you be willing to discuss ways that you have continued a bond or relationship with your deceased child/sibling? (eg. anniversaries, birthdays, memory books, significant ways you carry your loved one with you, etc.).
6. Is your partner interested in participating in this study? If so, could I speak with him/her (or have his/her phone number) to explain the study to him/her? If the person is present and there is sufficient time, speak to the partner at this point. Otherwise schedule a second phone call. Proceed with question #3-6.
7. Which other family member/members would also be willing to participate in the study (need at least one)? If the child is under age 16 do you give consent for them to be a part of this study? If the child/adolescent is over 16+ and can give their own consent, ask to speak to them and adjust the above information accordingly.

To conclude this intake interview, proceed to summarize the two meetings, compensation, their rights to withdraw at any time, and indicate that upon confirmation of the second person in the family the information will be mailed out to both persons. They can review the informed consent forms and bring them to the first interview.

Ask if there any final questions that they would like to ask?

Appendix C- Demographic Questionnaire for Parents

Family Bereavement Study

Background Information from Parents

Name: _____

Gender: MALE / FEMALE

Date of Birth: _____

Current education (check only one option):

____ Completed High School

____ Completed College or Trade/Technical Institute

____ Completed Undergraduate Degree (e.g., Bachelor of Arts, Bachelor of Science)

____ Completed Graduate Degree (e.g., Master of Arts, PhD, MD, etc.)

Current profession:

Were you born in Canada? YES / NO

If NO, what country were you born in: _____

How many years have you lived in Canada: _____

How would you describe your cultural or ethnic background (e.g., Welsh; German; Taiwanese; French-Canadian; East-Indian; First Nations, Latino):

How would you describe your current spiritual/religious background (e.g., Christian [Mainline Protestant, Catholic, Evangelical, Christian Reformed, other], Buddhist, Hindu, Sikh, Muslim, etc.):

What language do you usually speak at your home (e.g., English): _____

Appendix D- Demographic Questionnaire for Siblings

Family Bereavement Study

Background Information from Siblings

Name: _____

Gender: MALE / FEMALE

Date of Birth: _____ Age: _____

What grade are you in school? _____

What language do you usually speak at your home (e.g., English): _____

How many brothers and sisters do you have?

Names and ages:

How old was your sibling at the time of his/her death? _____

When did your sibling die? _____

How did your sibling die? _____

What have you done to cope with the loss of your sibling? (e.g., support from family (which ones in particular), support from friends, support groups, counselling, etc.)

Appendix E- Informed Consent for Participants

Family Bereavement Study

Principal Researcher: Tammy Bartel, BA/BSc, Counselling Psychology, Trinity Western University

Supervisor: Dr. Derrick Klaassen, Counselling Psychology, Trinity Western University

Contact info: If you have any questions about the research project itself, contact Tammy Bartel.

If you have any concerns about your treatment or rights as a research participant, you may contact Ms. Sue Funk in the Office of Research, Trinity Western University.

Dear Participants,

Thank-you for your interest in this study, which is designed to explore the ways that bereaved families grieve together for their deceased child/sibling.

Overview of the Study

Once your family agrees to participate, you will be asked to take part in two interviews over a two to three month period. The interviews will be audio- and video-recorded. The purpose for these recordings is to enable the research team to transcribe and analyze what you have said. These interviews involve several stages. Initially, we want to get to know you, your family and your child. We will invite you to bring pictures of your child to the interviews in order to get to know him or her a little better. Interviews will include observed conversations between the participating family members, individual interviews with researchers, and joint interviews with all family members and researchers. After each interview, we will write up a brief narrative summary of the interview and present it you for your feedback.

Time Commitment

The total time commitment involved in this study is approximately 4-5 hours. Three hours will be required for the first set of interviews and 1-2 hours for the second interview. If you are interested in the results of the study, you will be given the opportunity to leave your contact information so that we can send you a summary, once we have finished with all families that are participating in this study.

Potential Risks and Benefits

The potential risks of participating in this study are more than minimal, meaning that participating in the study will most likely involve risks that go beyond what you normally experience in your daily life. The focus of this study is on how you grieve together as a family. Some people may find it embarrassing to be video-taped, or uncomfortable talking about their grieving. If you ever feel uncomfortable, you can take a break from the interview, or even decide that you no longer want to continue at all. It is important to remember that some level of disagreement about grieving is normal. However, if problems in the relationship or in the grieving process do develop over the next two to three months, we will be available to help participants find an appropriate grief or relationship counsellor, depending on your needs.

Your participation in this study will help us explore and understand more how families grieve together and how they continue the relationship with their deceased child/sibling. Some families may also discover that participating in this study will be helpful to them in their grieving process.

Your Rights and Compensation

Your participation in this study is entirely voluntary and you may refuse to participate or withdraw from the study at any time.

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law.

Specifically, we will store all information and recordings from interviews in locked filing cabinets and password protected computer hard-drives and email accounts; only the investigators will have access to the information. A professional transcriptionist will also have access to the information gathered in the study, but will be bound by the same confidentiality agreement as the investigators. The data (transcriptions only – video and audio recordings will be destroyed) will be stored securely for 5 years. All data from participants who choose to withdraw will be destroyed. Should you wish to discontinue participation, you may advise the researchers in person or by phone or email using the contact information provided above.

Your signature below indicates that you have had your questions about this study answered to your satisfaction and have received a copy of this consent form for your own records. Your signature also indicates that you consent to participate in this study as it is described in this consent form and that your responses may be put in fully anonymous form and kept for further use after the completion of this study (i.e. no identifying information about each of you or your child, or video or audio recordings of the interviews will be included in the results of the study that will be published and/or presented at conferences).

- I am willing to participate in the study as described in this consent form
- I consent to my child/children's participation in this study
- Received child/children's verbal assent to participation in this study
- I am willing to allow my data from this study to be kept in anonymous form for up to five years for further research.

Signature _____ Date _____

Participants Name (please print) _____

Signature _____ Date _____

Researchers Name (please print) _____

Date of Research Ethics Board Approval: _____

Appendix F- Master List of Codes

Acknowledges	Disagrees	Expresses surprise
Advises	Disapprove	Expresses uncertainty
Agrees	Dismissive or diminishing statement	Expresses understanding
Ambiguous response	Elaborates	Female Partner
Answers question	Encourages	Incomplete statement
Apologizes	Evaluative or judging statement	Interrupts
Approves	Expresses anger	Invites or elicits a response
Asks for clarification	Expresses belief or disbelief	Laughs
Asks for confirmation	Expresses desire	Paraphrasing
Asks for information	Expresses disgust	Partial agreement
Asks for justification or reasons	Expresses dissatisfaction	Pause
Asks for opinion or belief	Expresses doubt	Praises
Asks for speculation or hypothetical scenario	Expresses fear	Provides information
Clarifies	Expresses gratitude	Reflects affect
Complains	Expresses humour	Reflects cognition
Confirms	Expresses joy	Requests
Continues others statement	Expresses love	States a plan
Demands	Expresses opinion or perception	Suggests
Describes future	Expresses realization	Unintelligible response
Describes other	Expresses sadness	
Describes past		
Describes possibility or hypothetical situation		
Describes self		
Describes situation or event		

Appendix G- Personal Relationship to Family Bereavement

In research it is important to recognize that the researcher can never be value-free, as personal experiences often lead us to study specific phenomena. For this reason, I wanted to include my personal experience of family bereavement. My own lived experience of losing my 15-year old precious daughter, Elli-Rose is the reason I was drawn to study bereaved families. Being a bereaved mom, I have entered the club that no one ever wants to join. Unfortunately, we do not have a choice in the matter. On September 9, 2005, my life changed forever. On September 8 of that same year, I was a woman, in my early 40's with a wonderful life -filled with the love of a devoted husband, three amazing, beautiful teenage daughters that were my best friends, close friends and family, a strong, unwavering faith, and a desire to change the world through my non-profit helping widows and orphans in underdeveloped nations. I had just returned to school to pursue a life-long dream of becoming a nurse, so I could use my skills on my humanitarian trips abroad. Life was good. I will never forget the day we got the unspeakable phone call. It is etched in my memory forever, and still makes the hair on the back of my neck stand on end. Time stood still. My mind could not comprehend what had happened or the reaction of my heart. I was screaming on the inside, but nothing came out. All I wanted to do was go to sleep and escape this nightmare, with hopes that I would wake up and it would not be true.

My two daughters had been driving home on a flat Saskatchewan highway in the fall, so there wasn't even any snow to make the driving conditions impaired. The car rolled several times, and my youngest daughter, Elli-Rose, was killed instantly. My middle daughter, Jessalayne was seriously injured having a broken neck and a severe head wound. The car was smashed in on the driver's side and you would have thought that the driver died, too, but fortunately Jessalayne was alive. And so began our journey ...

The loss of a child is most certainly all encompassing, pervasive, and the grieving process is ongoing. The most difficult part for me aside from the devastation of losing my beautiful baby girl was the way people reacted to me. I had just experienced every parent's worst nightmare and instead of receiving compassion and empathy, people got really awkward. I didn't know what was normal, and I honestly thought I was going crazy. The things people said and did were what almost sent me over the edge. What I needed was support and for people in my life to be able to walk alongside of me in this excruciating pain. What I got was advice on what I "should" be doing, and I almost felt rejected and cast out. Who would have thought that when you were going through your darkest days, no one would know how to be with you. Needless to say, this is what brought me back to school and to pursuing a degree in counselling. My children tell me I have always been a counsellor, but what I really wanted to learn was why people reacted so peculiarly. I was intrigued with human behaviour and needed to come to an understanding of what I was going through. Each member of my family went through their own experiences that included social anxiety, PTSD, and suicidal ideation, and I truly believe that my schooling was instrumental in helping us heal as a family.

Through my personal experience, my desire has been to work with bereaved families. I am familiar with the difficulties that arise after losing a significant person in your life, from my own personal experiences, and now from the experiences of the bereaved. I have been working with hospice as a counsellor for individuals- children, teenagers and adults, and have also been a

group facilitator. I have also been a research assistant for a study on relational grieving working with bereaved parents. I am truly grateful for the opportunity to be studying family bereavement and for the courageous families that volunteered to participate with me in this research. These families have taught me so much and I have a deep sense of reverence for them. Walking alongside of those who are grieving is an honour and a privilege that I hold sacred.

In regards to the study itself, I was not sure if being a bereaved parent would be beneficial or not. As it turned out, it was helpful in the recruitment process, as those who participated in the study expressed that it was one of the reasons they volunteered. Zaman, one of the bereaved fathers expressed that sharing the experience with others “is very valuable ...anybody else who is valuable you know, like talking to Tammy cause she has a different understanding of that issue than anybody else would.” One of the siblings, Joanne said, “I think it makes a difference also because you’ve sat in our shoes, or you sat in Mom and Dad’s shoes, right? And so you have some understanding of what this feels like, right?” Being a researcher, as well as a bereaved parent served as a comfort to most of the participants and created a buffer of safety. This bias was also taken into consideration during the process of data collection and analysis, as I was keenly aware that it could potentially influence the findings. I used a process of scrutiny to make sure this did not happen, and through discussions with the research teams and with my supervisor bracketing took place. I am confident that the findings presented in this study are certainly related to the experiences of the participants rather than based on my own biases and presumptions. Although, I do have to admit that some aspects closely relate to my own experiences. Having said this, I take full responsibility for the direction that the study took, the questions that were posed, the topic that I picked to research and the way in which it was analyzed. I did have a significant impact on this study, and it had an impact on me. I will forever be changed.

Ganong and Coleman (2014) summarize qualitative research on family relationships with this paragraph that resonated with my experience in conducting this study:

Qualitative research methods are perfect for “nosy” scholars who are intensely curious about how and why families do the things they do. We want to observe, hear, and tell family stories, and qualitative research allows us to do so. Qualitative family research is sometimes messy and overwhelming. It requires tact and patience to collect data that move beyond the surface story to deeper underlying processes and meanings. It requires researchers to become immersed in data; we carry family stories in our heads for weeks and months until we can make sense of them in a coherent way. Qualitative methods are not unlike detective work: What is going on in this family? How is family process affecting what we see or hear? Answering such questions is as satisfying as solving a mystery. Finally, qualitative family researchers have to have keen interest in and respect for the family members in their studies. What we learn from many of them will stay with us forever; their quotes, insights, struggles, and triumphs. Just as great novels influence and affect readers, good family qualitative research also has the power to change how we think and feel about families. (p. 457)