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Walden University
2017

Abstract

Resilience or Recovery: A Phenomenological Investigation Into Parental Bereavement

by

Anita Elderkin

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Clinical Psychology

Walden University

April 2017

Abstract

Facing the death of a loved one is often a traumatic experience; when the deceased is

one's own child, the loss may be the most stressful event of one's life. There has been

very little research into the phenomenon of being a bereaved parent. This study is a

phenomenological investigation into the lived experience of being a bereaved parent and

whether resilience or recovery plays a role in how parents move through and eventually

past such a loss to continue with their own lives. Previous research has indicated that

adjustment to traumatic experiences can take multiple pathways or trajectories,

depending on a variety of factors within the individual coping with the stressful event.

This study involved an investigation into these pathways through the lived experiences of

those who suffered the loss of a child, in an effort to determine whether resilience or

recovery influenced a parent's ability to survive the death. Ten bereaved parents were

interviewed to learn whether resilience or recovery affected their ability to cope and

function in a healthy way despite the loss. These interviews were analyzed to determine

whether there were common themes among unrelated bereaved parents, and whether they

resonated with the concept of resilience or that of recovery. The results of this study

indicated resilience to be a healthier method of adjustment for bereaved parents, with

recovery being an almost offensive concept for those who participated. These results

allow for a greater understanding of the lived experience of being a bereaved parent, as

well as instruct those in helping professions in how best to serve bereaved parents who

need to adapt to new lives that now proceed without the beloved child.

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Dedication

This dissertation is dedicated to my children, without whom all of this would be irrelevant. Additionally, I dedicate this to all bereaved parents, in the hope that one day the field of psychology will offer exactly what is needed for us to find a measure of peace and hope for our future.

Acknowledgments

I would like to thank everyone involved in my life while this project was underway. Special thanks go to my dissertation committee including my chair Dr. Yoly Zentella, and my methodologist Dr. Alethea Baker. The process has been arduous and time consuming, but the patience of these two individuals and the committee as a whole were the key to the completion of this work. Without them and their guidance, I would still be writing.

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Chapter 1: Introduction to the Study

Introduction

Improving understanding of the grief experience requires persistence in research in order to avoid the application of stereotypical expectations to individuals who are grieving (Goldenberg, Biggs, Flynn, & McCarroll, 2010). Nowhere is this need more evident than in attempting to improve understanding of parental bereavement, especially given that much of the current research contradicts itself (Giannini, 2011). Bereavement models represent attempts to name and number grief, and a significant amount of literature has resulted from the effort to provide coping models across a broad spectrum of grieving processes without concern for the cause of the grief (Greeff, Vansteenwegen, & Herbiest, 2011). With this study, I sought to add to the literature by investigating the process by which adult parents of deceased children have adapted to their loss. Specifically, the concepts of resilience and recovery were analyzed in an effort to add to the growing body of knowledge regarding resilience (Bonanno, 2004) and how it can be applied to parental bereavement.

There also appears to be disagreement in the literature regarding expectations for those who are grieving, and whether the goal should be recovery and a return to the former level of functioning (Paletti, 2008) or resilience and healthy adaptation to the loss, integrating current and former functioning (Mancini & Bonanno, 2009). One of the goals of this study was to identify the potential social implications of not improving understanding of the lived experience of those who have become bereaved parents. For example, Giannini (2011) discussed how bereaved parents often perceive themselves to

struggle with fractured identities, as well as social misunderstanding of their experiences, which can lead to oppression and lack of compassion. This study may contribute to social change by improving society's understanding of what it means to be a bereaved parent as defined by the individuals who experience the phenomenon, as well as the personal processes involved in coping with the repercussions of such a loss. Without increased knowledge, Giannini's concerns regarding the marginalization of this population may continue to be relevant, resulting in further emotional distress for this population.

Another potential benefit of this study is directly related to the participants themselves. Dyregrov (2004) discussed positive reactions of many bereaved participants who contributed to research specific to the theme of dealing with the loss of a loved one. Participants reported feelings of having contributed to the knowledge base by sharing their own unique experiences, resulting in a cathartic effect as they not only became a focus of interest, but also felt that they had finally been taken seriously. Moustakas (1994) defined participants in phenomenological research as coresearchers because they must have a substantial interest in the study as well as potential outcomes. Within a phenomenological study, it is hoped that participants develop a sense of ownership in the study process as experts regarding the subject matter. In this manner, they may gain a sense of catharsis from contributing to the overall body of knowledge. In fact, the results of the Dyregrov study suggested that research participation allows the participant to retell a story from the beginning, to a neutral individual who by nature is not likely to pass judgment. This type of reconstruction process, when used in qualitative research, often

results in a reframing of personal identity over and above the context of being a bereaved parent. This suggests that as participants improve their sense of "personal empowerment" (Dyregrov, 2004, p. 397) as a result of participation, they are interested in helping others who struggle with their own emotional pain following the loss of a child.

In Chapter 1, I present the study's background, problem statement, purpose, research question, theoretical framework, nature, definitions, assumptions, scope and delimitations, limitations, and significance, concluding with a summary.

Background

Summary of Relevant Research

The process of grieving is complicated and unique to each individual, with factors such as relationship with the victim and remaining supports often playing a significant role in the effort to return to some semblance of normal life (Greeff et al., 2011). Adaptation to the loss of a family member generally requires healthy coping strategies, as well as use of a variety of resources that can lead to the eventual return of normal functioning. However, when the deceased family member is one's own child, the return to normalcy is frequently no longer a viable goal. Instead, the development of some sense of balance within the new life without the child is often viewed as an appropriate objective (Bonanno, Moskowitz, Papa, & Folkman, 2005) in order for bereaved parents to identify stability without focusing on the unattainable goal of normalcy. The problem in most cases then becomes how bereaved parents achieve this stability, identifying options for adapting to life without the child.

The sense of grief and loss following the death of a child is perceived to be more debilitating and enduring than the experience of loss following the death of any other family member (Giannini, 2011). The lives of parents are forever altered, leading to new difficulties in functioning across most aspects of life. Because grief is a biopsychosocial reaction to loss (Benkel, Wijk, & Molander, 2009; Neimeyer, Baldwin, & Gillies, 2006), the process of reducing the impact of grief is as unique to the individual as the biological, psychological, and social constructs in place both during and following the death. One significant factor involved in the efficacy of any bereavement recovery model is the typical loss or change of identity experienced by the parents, who find that they continue to be parents without the presence of the child (Sandler, Wolchik, & Ayers, 2008). In this situation, a bereaved parent must adapt to not only the absence of the child, but also the modification in identity structure that requires acceptance of the fundamental change that has occurred within the concept of being a parent. In this way, parents are grieving not only the loss of the child, but also the expectations inherent within the social role of parenthood (Toller, 2008). Adjusting to the new, fragmented self probably requires some process such as resilience or recovery, which ideally leads to stabilized functioning despite the effects of the loss. Therefore, for the purposes of this study, *resilience* is defined as adapting to loss and any subsequent change in identity (Sandler, Wolchik, & Ayers, 2008), whereas *recovery* is defined as overcoming loss, allowing for a return to predeath functioning.

Over time, as parents become more distanced from the actual event of the death, various methods of coping are often used to regain a normalized sense of self and

functioning so that bereavement no longer causes as much intense devastation. Giannini

(2011) suggested that the goal in this coping process is to improve functioning after

actively grieving the loss, thereby developing a reasonable semblance of quality of life

that the parent can identify as normal. In that loss of and change in identity are often

major complications following the death of a child, recovery is a return to normal

functioning within an acceptable identity framework defined by the individual as

realistic. There is no expectation that recovery implies a return to the same level of

functioning that the individual had prior to the death, but rather that the loss is overcome

and a new identity is formed, allowing for a normalized sense of self. It becomes

important to identify whether this is a realistic goal for bereaved parents, or if it creates

more tension in an already distressed life (Zautra, 2009). If recovery is inappropriate or

unreachable, then perhaps resilience is a better description of the process of adapting to

this unique set of circumstances.

Gap in the Literature

Some research has suggested that resilience is not always a healthy adaptive

process for coping with stressors. Freitas and Downey (1998) identified how resilience

may serve as a protective factor that, while beneficial in coping with a stressor, may not

necessarily serve as an effective method of overcoming the resulting emotional turmoil.

For example, the authors suggested that using a form of resilience to regulate emotions in

depressive situations may result in heightened anxiety later when these same methods

prove ineffective in other situations. In this way, the offending emotion is avoided rather

than managed in a healthy way. Similarly, resilience may be considered a type of

repressive coping that does not include attending to emotional responses to traumatic events (Coifman et al., 2007). There appears to have been no explicit investigation of the concepts of resilience and recovery for this very distinct population, or whether the role of psychology should be to encourage one over the other. In fact, Holman, Perisho, Edwards, and Mlakar (2010) discussed how this lack of cohesive data affects the ability of medical practitioners to provide appropriate care. Trying to balance the recovery goals of resolution of grief with the opposing theory of resilience, which revolves around meaning making, eventually leads to problems with care as well as inappropriate expectations of adaptation to loss. The authors described resulting inaccuracy in diagnosis and treatment that expands well beyond psychiatric care.

Need for the Study

While some evidence has suggested that a decrease in attending to the experiences surrounding traumatic events can promote a similar reduction in negative emotions (Coifman et al., 2007), there remains a concern that the bereaved parent may eventually experience a decline in subsequent sensitization of the events. Theoretically, this will require more formal interventions for the development of useful coping methods in the future. For example, Terry (2012) offered a very poignant description of her journey through losing a child in a qualitative case study, which included her subsequent difficulty in making sense of her own experiences. She discussed her inability to follow the stage model of grief as initially developed by Kubler-Ross (1969), or even in meeting the social expectations that significant others in her life expected her to develop. Terry's description of reaching out for formal therapeutic interventions relates to the conflict that

appears to be inherent within the literature; her treatment providers seemed to expect her to follow a structured path of recovery, whereas she was simply attempting to be resilient in the face of her loss.

Problem Statement

There appears to have been a significant increase in interest regarding the concept of resilience as individuals adjust to stressful life events (Zautra, 2009). However, there is little data available on resilience in bereaved parents. Whether through resilience, recovery, or some other unidentified process, there is limited information defining the experience of adapting to loss through the lens of those who have experienced the death of a child. In this qualitative study, I used a phenomenological approach to understand the unique experiences of bereaved parents as they adjust to life without the child. The scope of this problem is evident in a study by Harris (2009), who attempted to investigate the differences between what bereaved individuals consider as normal grief and the social expectations of an ill-informed society. When some bereaved individuals attempt to redirect their grief to conform to a perceived norm, oppression and even further damage to emotional health can occur. Applying this theory to the specific population of bereaved parents who likely experience a more complicated form of a grief event (Rogers, Floyd, Seltzer, Greenberg, & Hong, 2008) suggests the potential that social expectations for a recovery model minimize the attempts of parents to adapt to the loss in a healthy way.

There is a gap in the literature regarding whether resilience is an appropriate coping mechanism that results in improved levels of functioning following the death of a

child (Fraley & Bonanno, 2004; Ungar, 2010), or if it is instead an ineffective method of protective avoidance or suppression (Boag, 2010; Freitas & Downey, 1998), repressive coping (Coifman et al., 2007), or a similar type of emotional numbing. Harris (2009) defined her own concept of resilience as "shedding pre-loss meaning structures" (p. 13) in order to make sense of not only her child's death, but also her new world in general. However, Stroebe et al. (2007) suggested that this perception is similar to rumination and distraction, and is therefore a negative form of avoidance. Similarly, Boag (2010) suggested that suppression is a conscious process and perhaps an unhealthy defense mechanism, by which an individual chooses to ignore trauma in an attempt to remove access to painful memories. This study focused on the concepts of resilience and recovery as they were used by bereaved parents to identify how they viewed these themes, and whether they defined their adaptation to the loss of their child similarly to resilience or recovery. In this way, those who endured the experience can better define whether resilience has been a healthy method of adaptation to traumatic change, or if indeed recovering and resuming predeath functioning is an achievable goal.

Purpose of the Study

The purpose of this phenomenological study was to explore how bereaved parents perceive their experience of having lost a child, and to determine whether the concepts of resilience or recovery played a role in the ability to regain some sense of quality of life following the death of the child. Balk (2008) argued the idea that individuals do not recover from bereavement is irrational and that the aversion to use of the term arises from the idea that to recover, one must first regain what has been lost. However, the author

suggested that this problem is one of semantics and that resilience is one part of a multifaceted process of recovery, in that it is one tool of many that can be used to recover from a loss. Paletti (2008) attributed much of the disagreement regarding the concept of recovery to previous definitions of the model that recommend returning to levels of functioning that were typical before the trauma, as well as suggestions that recovery implies psychological dysfunction requiring measurable improvement. Instead of considering the contextual experiences of those who have endured the bereavement process, thanatologists and other grief professionals attempt to use various theoretical psychological frameworks to apply definitions to the models of resolving grief following the death of a loved one. Rather than focusing on problems related to vocabulary and grammar, the issue would be better served if viewed through the identification of outcomes as described by individuals following the experience (Sandler et al., 2008).

The ability of an individual to function within his or her environment is notably affected by the death of a loved one, whether the final outcome of grieving is positive or negative. This is a direct result of the individual's ability to resolve the subsequent functional deficits, if in fact these problems exist within the perspective of the individual coping with the loss (Giannini, 2011). The objective for this study was to increase knowledge regarding a specific problem, for in doing so there exists the potential to identify effective ways to resolve it (Gringeri, Barusch, & Cambron, 2013). Data gathered from interviews with bereaved parents were analyzed to identify how this population perceived their experiences, as opposed to applying potentially inaccurate grief theory to the concepts of being resilient or recovering from the death of a child. It is

my hope that these data will allow for improvement in understanding for anyone who will work with this population in the future.

Research Question

There is a lack of understanding regarding whether resilience is the same as recovering from change, and if one is more desirable than the other following traumatic experiences. Available data are similarly limited concerning whether recovery or resilience is an adaptive tool used by parents following the death of a child. Parents of deceased children often struggle with the idea of recovery, which presumes reclaiming normalcy in emotional functioning (Giannini, 2011). Recovery is often viewed as an invalidation of the child who has been lost. Contradictory research exists regarding resilience, in that some studies suggest it to be beneficial (Bonanno, 2004; Jerga, Shaver, & Wilkinson, 2011; Ungar, 2010), whereas other studies suggest resilience to be maladaptive and a method of avoidance (Freitas & Downey, 1998; Wijngaards-de Meij et al., 2007). Resilience may help bereaved parents live within the contradicting identities of being a parent without the presence of the child, leading to healthy adaptation to this loss without invalidating the experience of it. This conflict led to the development of the research question: What is the role of resilience and recovery in the lived experiences of parents adjusting to the death of a child? Implementing a phenomenological methodology allowed for an in-depth analysis (Moustakas, 1994) into the adaptation process used by bereaved parents, while using the theory of multiple pathways of outcome following trauma and loss (Bonanno, 2004) to understand this process. This theory not only better defines the concepts of resilience and recovery, but also provides

specific insight into whether either of these themes have any influence on parental functioning. Because the researcher applying phenomenology is only interested in the experience of the participant as he or she defines it (Moustakas), the theory of multiple pathways suggests that there is no one correct way to function following trauma and loss. One of the objectives of this study was to understand the individual experience of each participant, with responses viewed through a framework allowing for the possibility of multiple options by which participants survived this specific traumatic loss.

Theoretical Framework

This study was built on Bonanno's (2004) theory of multiple pathways of outcome following trauma and loss. This theory suggests there are several factors that affect an individual's ability to regain a sense of equilibrium following trauma and loss, and it supports resilience and recovery as options for adapting to becoming a bereaved parent. The method in which quality of life is achieved depends on numerous biopsychosocial factors, which are often overlooked in an attempt to promote urgency for the individual to return to pretrauma levels of functioning. Bonanno was careful to point out the differences between recovery and resilience. Recovery implies a temporary loss of normal functioning following a traumatic event, whereas resilience is a more stable level of functioning with only transient episodes of debilitation. Applying these definitions to bereaved parents involves a presumption that reduced functioning is temporary and that it will eventually no longer be affected by the death. Data analysis focused on participant responses, with equal value afforded to every participant's response to every interview question (Moustakas, 1994). These responses were analyzed

for common or recurring themes, allowing for the meaning of an experience to come directly from the participants' own words. Through application of Bonanno's multiple trajectory theory to these themes, individual structural and textural descriptions (Moustakas, 1994) were identified in order to determine whether commonalities occurred across participants. Identifying these commonalities within responses resulted in a consolidated description (Haneef, 2013) of whether resilience, recovery, or another unidentified process influenced parental functioning after loss. Because the purpose of this qualitative study was to better appreciate experience through the lens of those who have experienced it, multiple trajectory theory was applied in an attempt to answer the research question: What is the role of resilience and recovery in the lived experiences of parents adjusting to the death of a child? Phenomenology was chosen as the most effective way to answer this question because the study was specifically designed to view data from the standpoint of those who have lived through the experience. In this way, these results can reduce the gap in the literature regarding experiences of parental bereavement through comparison of the themes identified in participant responses to the multiple trajectory theories regarding resilience and recovery following traumatic loss.

Conversely, Bonanno's (2004) definitions suggest that resilience is actually an adaptive process that is steadier but potentially long term, as the effects of the loss are better moderated but also recognized as something that will forever alter the life of the parent. Issues of psychopathology may influence various aspects of either resilience or recovery, but neither should by itself be perceived as pathological in nature, unless the individual enduring the experience believes it to be harmful or negatively affecting

functioning. In this way, defining an individual's experience is left to the individual, and not someone who has no frame of reference by which to understand the residual effects of the loss. Bonanno suggested that the tendency to pathologize human experience based on assumptions of normalcy is one reason that there continues to be a misunderstanding in both literature and practice regarding variations between recovery and resilience. Attempting to negate one for the sake of the other could demean individual experience. This theory is investigated in greater depth in Chapter 2.

Nature of the Study

It has become important to appreciate the lived experiences of parents who have dealt with this type of death and to define the methods they implement to adapt to life without the child. Because the purpose, then, is to avoid imposing meanings onto those who have lived the experience (Moustakas, 1994), this study was of a qualitative design using a phenomenological approach. A potential reason for this lack of data is the hesitance of researchers to broach sensitive topics with such a vulnerable population (Hynson, Aroni, Bauld, & Sawyer, 2006). Considerations of issues such as ethics and simple human compassion often lead to a rejection of research questions that subject bereaved parents to careful analysis. However, the lack of empirical data regarding parental bereavement leads to a deficiency in understanding, as well as potential for making assumptions about the factors involved in the adaptation process (Hooghe, Neimeyer, & Rober, 2012).

This phenomenological investigation analyzed perceptions of events as experienced by participants (Moustakas, 1994) in order to determine whether bereaved

parents implement a recovery model for surviving the death of a child or if resilience is a more appropriate description. The primary focus of this study was understanding the lived experiences of the target population and whether the concepts of resilience and recovery can be applied accurately when considering how and if participants perceived having returned to healthy functioning. In the application of Bonanno's (2004) theory of multiple pathways of outcome following trauma and loss, a trend emerged among the experiences described by participants that delineated whether resilience and/or recovery played a role in the achievement of current functioning.

A phenomenological inquiry answered the research question: What are the lived experiences of parents who have endured the death of a child, and do the concepts of resilience and/or recovery have any influence on their unique perspectives? The aim was not to determine whether either recovery or resilience defined (Moustakas, 1994) final resolution of loss, but rather to allow the participants to define their individual experiences, thereby offering a richer understanding of how bereaved parents adapt to the death of their child. The goal for this study was to obtain answers to these questions by interviewing adult parents over the age of 18 who experienced the death of one or more children at some point at least 1 year prior to the interview. Several different accounts of personal experiences from parents who had experienced the death of a child were obtained. Analyzing transcripts of interviews for each participant and making connections among them for common themes and similar experiences allowed for identification of how, and potentially if, participants perceived having adapted to this

loss. In this way, factors within both resilience and recovery were identified that led to a better of understanding of how these themes played a role in parental adjustment.

Definitions

Bereavement: Being affected by the death of someone with whom an individual has an attachment (Zhang, El-Jawahri, & Prigerson, 2006).

Grief: The physiological, mental, emotional, and psychological effects of experiencing the loss of something that has had a positive influence in the life of an individual (Zhang et al., 2006).

Parental bereavement: Being affected by the death of a child (Giannini, 2011).

Recovery: Overcoming a traumatic event (Vogt, Shipherd, & Resick, 2012).

Resilience: A method of adaptation to a stressful event, also commonly referred to as *hardiness* (Ungar, 2010).

Assumptions

There were several assumptions inherent in this study, most importantly that the participants honestly portrayed themselves as a sample of the population of adult bereaved parents. Because the selection criteria only restricted participation based on age and length of bereavement, it was assumed that the participants truly were adults over the age of 18 and had been bereaved parents for at least 1 year prior to the interview. Similarly, the focus of a phenomenological investigation is the experiences of the individual participants; therefore, it was assumed that the participants of this study were experts on the subject and represented those who are most qualified to discuss how recovery and resilience affect parental bereavement. However, there was no way to

factually determine whether each individual participant was a representative of the larger population of bereaved parents without creating bias; it was therefore assumed that each participant discussed personal experiences honestly and as accurately as possible to the best of his or her ability.

Scope and Delimitations

Participants for this study were adults who had experienced the death of a child at least 1 year prior to the interview. There was no consideration for other demographic limitations, other than the requirement that participants speak English. The ideal number of participants was determined to be 10, in that this number would make it possible to gather enough data to identify themes among participant experiences while not being so unwieldy that themes would be diluted within the analysis process. An empirical investigation requires an assumption that the results, acknowledged to be limited to the individual participants, can be generalized to the larger population of all individuals who theoretically meet the research criterion (Klein & Westcott, 1994). Because of this assumption, no consideration regarding race and ethnicity, socioeconomic status, gender, marital status, or any other demographic descriptors were applied to the overall results.

Because of the broad scope of theories regarding death and dying, there are a great many themes that were not investigated. For example, stage theories of grief suggest a linear process of bereavement (Kubler-Ross, 1969) that, when not used to identify progress, can suggest the potential for maladaptive coping and adjustment. This type of research has been fundamental in starting the conversation on how to grieve in the most healthy and functional way possible, but it does not consider the vast experiential

differences among the many potential types of grief. Similarly, there appears to be

increased interest in personality and what effect it has on an individual's grief process.

For example, Boyraz, Horne, and Sayger (2012) used the five-factor model of personality

to identify how individuals may be more or less likely to be resilient in the face of death,

be avoidant and repressive resulting in emotional turmoil, or apply a recovery model that

is focused on returning to predeath functioning. The focus of the current study was not

identifying how outside factors influence parental bereavement, but simply better

understanding how parents define their own experiences.

Limitations

A significant limitation of this study was the acquisition of participants through

response to online advertisements. Lack of randomization may have impacted the results

(Allam, 2010), in that an assumption can be made that the participants had an investment

in the process and/or the outcome. Similarly, there was an inherent conjecture that the

participants were honest and forthcoming regarding their experiences as they related to

the themes. However, it is possible that participant responses were not truthful or

necessarily accurate, thereby potentially skewing the analysis process in which themes

were investigated. Because it may have been impossible to address these issues due to a

lack of prior knowledge regarding each individual participant, the potential for this

limitation was discussed post analysis. Another factor related to participant descriptions

was the potential that in the process of answering interview questions, participants

experienced some form of anxiety that caused misremembering of events. It was for this

reason that participants had to be at least 1 year into the grieving process, as I sought to avoid the potential for retraumatization of the newly bereaved.

Even though there is clear reason not to consider demographic data during data analysis, it is possible that issues related to participant environment affected perceptions of resilience and recovery. For example, a person who self-identified as devoutly religious may have misinterpreted the theories, instead understanding the adaptation process as benefit of a belief system instead of either theme of resilience or recovery. Participants may have been detached from the process of adapting to loss and unable to understand or resolve either recovery or resilience within their own experiences. These factors may have had an impact not only the participation of the individual, but also the attempt to understand the themes implied within participant responses. Finally, recounting traumatic events is generally a painful process that many individuals may not be inclined to endure; this concern likely affected the acquisition of participants. This issue was addressed by including these painful topics, if they arose within an interview, only as descriptive factors related to the themes of resilience and recovery.

As Creswell (2009) noted, the interest of a researcher in a specific topic in and of itself can lead to researcher bias; therefore, it is important to recognize how this interest has the potential to skew results. It was imperative to analyze all data, in this case participant responses to predetermined questions, from as neutral a stance as possible. All interview questions were predetermined and used as a script in order to ensure that every participant had the same opportunity to respond. No other questions were asked, except to clarify misunderstandings or to determine participant meaning was properly

recognized. During the actual data analysis process, careful consideration to avoid misinterpretation or assumption was taken.

Finally, issues of validity and reliability must be addressed (Creswell, 2009). It is up to the researcher to determine validity, to ensure that the interviews are related to the theme, and to determine the accuracy of the findings, thereby avoiding the previously discussed bias. Taking these steps also assisted with assuring transferability, as the small number of participants was expected to represent the much larger population of bereaved parents. The codes that were used to identify patterns within respondent data were cross-checked to confirm that they were accurate and free of erroneous interpretation that would add unintended meaning to responses. These and other aspects of assuring reliability are described in greater depth in Chapter 3.

Significance

The Centers for Disease Control (CDC, 2013) estimated that in 2010 there were nearly 800 deaths in the United States per 100,000 population, with an approximated total of nearly 2.5 million registered deaths throughout the country. Of those, over 45,000 were under the age of 20, and nearly 30,000 were under the age of 5. The overall concept of parental bereavement outcome in its entirety is well beyond the scope of this investigation. However, some research has suggested that the goal for the bereaved should be diminished influence of the negative consequences of the death, thereby recovering from the loss and reacquiring predeath levels of emotional stability (Wijngaards-de Meij et al., 2007). It seems logical to assume that this goal applies equally to bereaved parents.

Coifman et al., (2007) discussed the significance of recent interest in resilience-related research but admitted that little data are specific to various life-changing events. In this study, gaining information regarding the experience of surviving the death of a child can assist with reducing unhealthy expectations and misunderstandings regarding the unique processes inherent in finding a sense of normalcy after such an event. Therefore, improving understanding of this phenomenon could have several potential benefits, including those related to the provision of more appropriate options for the emotional support of bereaved parents. Meert, Briller, Schim, Thurston, and Kabel (2009) found that parents entering psychological treatment seek to find meaning in not only the death experience, but also in their role within the bereavement journey both past and yet to come. The current study can be used as a tool for the development of therapeutic interventions that assist parents in not only answering these questions for themselves, but also gaining a sense of acceptance for their own salient method of adjusting to the loss, whether this includes resilience, recovery, or some other method. This study may also promote social change by developing a better understanding of perceptions and experiences related to the death of a child and reducing unhealthy social expectations concerning how parents should grieve (Harris, 2009; Mancini & Bonanno, 2009). By improving understanding of individual experiences of loss, it is possible to promote increased tolerance and even accommodation of those who are bereaved (Davis, Harasymchuk, & Wohl, 2012).

Summary

Through this study, I attempted to improve understanding of how bereaved parents perceive their experience of having lost a child, and whether either of the concepts of resilience or recovery played a role in resuming healthy functioning following the death of the child. The rationale for this study was investigating the experiences of bereaved parents and determining whether resilience is an ineffective coping mechanism as suggested by some studies (Wijngaards-de Meij, et al., 2007), or if the recovery better describes how parents adjust to the loss of a child (Vogt et al., 2012). The most effective way to gather this data was through interviews with individuals who met a very specific criterion: being a bereaved parent. Phenomenology was identified as the most suitable option for designing a study that provided accurate reporting of these experiences, as it involved realizing the meaning people place on their own experiences so that formal analytical inquiry can lead to better understanding of a phenomenon (Moustakas, 1994). The goal for this study was to help fill a gap in the literature and improve understanding of how resilience and/or recovery affects bereaved parents.

This chapter has included the study's introduction, background, problem statement, purpose, research question, theoretical framework, nature, definitions, assumptions, scope and delimitations, limitations, and significance, concluding with a summary. Chapter 2 is an in-depth analysis of the current literature available regarding the themes identified. It includes an introduction as well as discussion of the literature search strategy, theoretical foundation, literature review related to key concepts, and summary and conclusions.

Chapter 2: Literature Review

Introduction

Zautra (2009) described resilience research as improving understanding of how people "bounce back" (p. 1935), withstand, and move forward in life following stressful events. Further, resilience implies personal sustainability in both psychological and physiological functioning. However, much of the current research regarding resilience is focused on either the process of being resilient as a species, or how resilience can benefit people in certain situations, such as coping with a disease or adjusting to phases of life. There appears to be less research available regarding specific populations, which Ungar (2010) suggested is a problem related to separating social expectations of adaptation from understanding an experience as perceived by an individual. In this study, I examined a specific population whose members had one thing in common: experiencing the death of a child. Using a qualitative study with a phenomenological design, I explored the concept of resilience as it relates to this type of experience.

However, it is important to consider alternatives to resilience with this population, given that it is possible that resilience is not the only mechanism by which bereaved parents have coped with their loss. A common concept in stress management research is that of recovery, or simply overcoming a traumatic event (Vogt et al., 2012). Recovery is often viewed as a process of learning and implementing a certain set of predetermined strategies in order to cope with a stressor and eventually remove the importance of the stressor from everyday living. When applying this concept to bereaved parents, it is likely unreasonable to presume that this stress factor will ever be completely removed

from life. Therefore, Bonanno, Moskowitz, Papa, and Folkman (2005) suggested that a more appropriate goal for grieving parents is to develop a sense of stability within the new reality of bereavement, resulting in a sense of balance as the parents adjust to the loss while their own lives continue. In comparing these two options for adaptation with parental bereavement, the purpose of this study was to answer the research question: What is the role of resilience and recovery in the lived experiences of parents adjusting to the death of a child?

Of concern is the lack of agreement within the literature regarding what exactly constitutes the concepts of resilience, as well as whether it is an effective coping model for bereavement. For example, Freitas and Downey (1998) determined that resilience serves as a protective factor for stressed individuals but does not apply to various situations throughout a lifetime of stress. The authors suggested that resilience may be effective in one situation, only to be not as effective in another. When one attempts to apply resilience strategies in these situations, it is possible that this could result in emotional numbing and avoidance of managing the second stressor. However, other research suggests that resilience is a simple method of improving functioning following the experience of a significant stressor in order to return a typical level of healthy functioning (Fraley& Bonanno, 2004; Jerga et al., 2011; Ungar, 2010). It is important for these and other differences within the definitions of resilience to be considered when applying them to research.

There exists similar disagreement regarding the concepts of recovery, and whether this option has a positive or negative effect when applied to stress management

(Giannini, 2011). Recovery research indicates that this process leads to a goal of normal emotional and psychological functioning following a stress event. Giannini (2011) suggested that this can lead to a perception of invalidation of the death of the child, which generally exacerbates the loss for bereaved parents. In addition, Balk (2008) suggested that recovery models are irrational when applied to bereavement, in that a significant factor in recovery models is a return to what once was. Paletti (2008) added to this argument by suggesting that the process of returning to a previous state of functioning requires an ability to measure improvement or lack thereof. If this is possible, the only measure can come from the individual having the experience.

It is important to resolve these issues in order to appreciate the process of healing, if possible, by understanding the experiences of being a bereaved parent. There is an overall lack of research related to the experiences of bereaved parents, which Hynson et al., (2006) suggested may be a result of hesitation on the part of researchers to investigate the process of parental bereavement. However, this lack of research, especially as it relates to specific populations, may be one reason why there remains a lack of agreement among researchers regarding these concepts. Additionally, it is important to understand parental bereavement because of tendencies to pathologize human experience, in order to offer interventions and treatment to individuals who have not been able to cope with the experience in a way that is expected or typical (Bonanno, 2004). And even in cases where these interventions are warranted, it seems unacceptable to offer treatment when the problem is not better understood.

In this chapter, I provide an in-depth investigation into the concepts of resilience and recovery, as well as how they may be applied to the target population of bereaved parents. It includes an introduction and discussion of the literature search strategy, the study's theoretical foundation, a literature review related to key concepts, as well as a summary and conclusions.

Literature Search Strategy

Journal articles, scholarly texts, and related research information were obtained from the Walden University Library. Databases accessed included Academic Search Complete, EBSCOhost, ERIC, Mental Measurements Yearbook, PsycARTICLES, PsycBOOKS, PsycCritiques, PsycEXTRA, PsycINFO, PsycTESTS, SAGE Journals Online, and SocINDEX with Full Text. Other research tools used were Google Scholar, Microsoft Academic Search, and Directory of Open Access Journals. Search terms used were broad but focused specifically on resilience, recovery, phenomenology, bereavement, and bereaved parents. Specific search terms included *resilience in bereaved parents, recovery in bereaved parents, adapting to child death, phenomenology and bereaved parents, the experience of child death, stage models of grief*, and *bereavement research*. Most terms were used in all databases equally, with appropriate articles analyzed for relevance and included or discarded as necessary.

Theoretical Foundation

This study was guided by the theory of multiple trajectories (pathways) of outcome following trauma and loss (Bonanno, 2004). This theory involves the assumption that resilience and recovery are two distinct options for adjusting to traumatic

events, with the path chosen by an individual based on several factors such as coping skills, social support, the specifics of the traumatic event, and whether or not the individual has dissociated from the event. Bonanno (2004) identified many fallacies regarding an individual's ability to cope with traumatic stressors, including the idea that individuals who experience such events will encounter long-term problems with functioning to such an extent that implementing resilience as a coping mechanism is reserved for only the healthiest of people. The problem with this type of thinking is that it entails an assumption everyone experiences and manages stressors in the same way, and that everyone has access to the same types of coping mechanisms by which they will adjust to these stressors. The multiple trajectory theory offers an option for identifying whether an individual may be resilient, and if not, what other options are available for successful management and adjustment to traumatic life events.

Through a phenomenological study conducted with 10 women and five men, researchers attempted to identify common themes in the lived experiences of the participants following the death of a spouse/partner (Rodger, Sherwood, O'Connor, & Leslie, 2006). The results suggested that there are several ways in which individuals may cope with the death of a loved one, with a main focus on personal adaptation. This can occur in numerous ways, requiring adaptation to many things, not just the loss of a supportive partner. The process of revising one's life is as personal and unique as each experience of loss. Instead of investigating the concept of recovery, the authors found that resolving the grief experience is not only hypothetical, but also potentially out of reach for some bereaved individuals. In fact, individuals who follow a more resilient

pathway toward reconciling partner death may find it unnecessary to completely recover from that loss. The results of this study suggested that quality of life is not dependent on resolving the loss, but instead integrating the experience into the psyche just as any other. In this way, the bereaved individual can identify ways to reduce the intrusion of psychological pain as the person participates in the rest of his or her life.

A longitudinal study was conducted in an attempt to understand the pathways of resilience in widowed adults, as well as what factors were involved in individuals who were able to maintain positive emotions over time following partner death (Ong, Fuller-Rowell, & Bonanno, 2010). While the focus of this study was the impact of the marital relationship to the loss, the results also identified a substantial difference in coping abilities among those who identified themselves as having strong trait resilience and those who did not. However, results also seemed to negate some past research suggesting that positive emotional responses and resilience following traumatic events are simply effects of denial or avoidance of a new reality. Instead, this study appeared to indicate that individuals can and often do experience differing methods of positive coping following the death of a spouse. Experiencing positive emotions and/or emotional improvement following loss is possible as a direct result of an individual's ability to implement resilience and subsequent adjustment despite adversity.

Another longitudinal study regarding sexual assault survivors (Steenkamp, Dickstein, Salters-Pednault, Hofmann, & Litz, 2012) was consistent with the concept of multiple pathways following a traumatic experience but contradicted Bonanno's (2004) suggestion that resilience is the most desired outcome. The findings of Steenkamp et al.

(2012) indicated that resilience is a more appropriate predictor of functioning in less severe traumatic situations, and a different set of trajectories related specifically to symptoms and recovery from them was more appropriate, at least within cases of extreme interpersonal trauma such as sexual assault. Participants included 119 women who were followed over a 4-month period in order to identify the impact of post assault posttraumatic stress disorder (PTSD) symptoms. The participants in this study appeared to follow a trajectory more closely related to gradual reduction in the influence of symptoms, or recovery, as opposed to a method of adaptation that resembled resilience. Although some participants did not experience this decline resulting in a chronic trajectory that required clinical interventions, at least for this type of trauma the goal for positive functioning appeared to be based on a recovery model.

The concept of resilience is not a new construct; however, it has only been identified as a psychological perspective since the late 20th century (Bonanno & Diminich, 2013). Early research into the concept was focused on children who had been raised in adversity and traumatic situations, with questions related to why some children grew to be highly functional adults whereas others did not. Progress in the field expanded interest to understanding positive psychological outcomes following many different types of risky, traumatic, abusive, and otherwise difficult life events. Resilience models have often combined developmental and adjustment theory with what was already known about positive coping and stress management.

Recovery is a broad and expansive term that is used in a wide variety of physiological, mental, and emotional situations in which a pathological problem has been

identified, and generally requires some modicum of treatment that will aid in a recovery process (Sandler et al., 2008). When applying this thinking to bereaved individuals, one can imagine the distress this concept might cause, given that the process of grieving and bereavement in and of itself is not a disorder that requires treatment. Additionally, Paletti (2008) suggested that terms such as *emotional release*, *resolution*, and *detachment* serve as common goals in various recovery models, whether used for grief or other psychological concerns. Unfortunately, this leads to the conclusion that recovery models for bereavement use a measurable process of determining when an individual has successfully recovered from the loss.

Bonanno (2004) discussed differences of opinion and interpretation concerning the words *recovery* and *resilience* as resulting in bias, misunderstandings, and limitations in care that can have severely detrimental effects on those who are attempting to cope with trauma. For this reason, it is preferable to consider the possibility of multiple potential pathways, or trajectories, by which an individual can adjust to traumatic events. Such an approach allows an individual to identify personal objectives that may ease the stress caused by the trauma, without concern that he or she is somehow abnormal in the process. Multiple trajectory theory allows for the individualized process of adjustment through resilience, recovery, or any other method that brings about healthy functioning following traumatic life events.

Many types of resilience and recovery models have been researched and reviewed, including integrative recovery (Shapiro, 2008), contextual resilience (Sandler et al., 2008), appreciative recovery (Clossey, Mehnert, & Silva, 2011), and emergent

resilience (Bonanno, & Diminich, 2013), to name but a few. There is little research available regarding these concepts and how they apply to bereaved populations (Bonanno, 2004; Wijngaards-de Meij et al., 2007), including parents who have experienced the death of a child. Additionally, there is limited understanding regarding whether one or more of these concepts is more desirable when coping with the death of a loved one (Fraley & Bonanno, 2004; Holman et al., 2010; Ungar, 2010). It was beyond the scope of this study to analyze these various models for efficacy or implementation within the identified population. Instead, the concepts of resilience and recovery were applied and used to determine how the participants of this study identified how they adjusted to their own personal loss. Applying the theory of multiple trajectories (pathways) of outcome following trauma and loss (Bonanno, 2004) to this study answered the research question: What is the role of resilience and recovery in the lived experiences of parents adjusting to the death of a child?

<div align="center">**Literature Review Related to Key Variables and/or Concepts**</div>

Parental Bereavement

Parental bereavement is the state of being in which parents live their lives following the death of a child. Whether this takes form as identity issues (Toller, 2008), identification and use of healthy coping skills (Harper, O'Connor, Dickson, & O'Carroll, 2011), ability to move forward in life (Giannini, 2011), or simply adjusting to the loss (Wijngaards-de Meij et al., 2007), it is a specific type of grief and mourning that has an effect on all aspects of the parental experience, potentially for the entirety of their remaining lives. Toller (2008) suggested that parental bereavement is a multidimensional

process of managing loss of or modification in roles, resulting in a change in status that subsequently leads to a shift in identity. The death of the child is not the only loss experienced by bereaved parents, who may also face loss related to hope and opportunity, the ability to accept new roles, and understanding of their place and purpose in the world.

Research into how individuals have adapted to parental bereavement is limited (Hooghe et al., 2012; Hynson et al., 2006) for many reasons, including the desire of researchers to not cause further harm that could lead to complications in grieving. Hooghe et al. (2012) described several concerns regarding research into parental bereavement, including ethical problems in researching potentially vulnerable populations. In fact, many prospective studies have failed to receive ethical approval to continue. In many circumstances, the death of a child is considered to be the most tragic loss of all—it has been termed the "ultimate deprivation" (Umphrey & Cacciatore, 2011, p. 142)—but the ambiguity of the situation and ensuing emotional and psychological problems can and likely do impact researchers' ability to effectively study this population. Meert et al. (2008) described ethical and logistical concerns that are often substantial when developing a study regarding parental bereavement, which include but are not limited to assuring confidentiality, identifying voluntary participants, minimizing primary and secondary risk, and guaranteeing that the researcher is qualified to conduct the study design.

A phenomenological study regarding effects of research with bereaved parents (Hynson et al., 2006) found that this population is not necessarily exposed to excessive risk simply by participation in a study. In fact, many participants of the study regarded

this type of research as important and were glad to participate for many reasons, including therapeutic catharsis resulting from the interview process. Another important benefit of research on this population is the ability to identify options for effective treatment during and after the death process (Briller, Schim, Thurston, & Meert, 2012; Holman et al., 2010). Given that much of the research involving bereaved parents has been focused on the subjective experiences of the participants, reducing the hesitance of researchers to study these experiences may lead to a broader understanding of the diversity of options used by bereaved parents to cope with their new realities.

Parental Adaptation to Loss

Bereaved parents often experience complicated grief reactions following the death of a child, including severe depression and anxiety, loneliness, guilt, intense anger, and even existential crises resulting from the challenge to basic presumptions that parents will outlive children (Rogers et al., 2008). Further, these reactions are often complicated by the trauma associated with the death experience, and the reality of having survived a child. The impact of these responses is non-linear and unique to every situation of parental bereavement. For example, a study by Jind, Elklit, and Christiansen (2010) investigated the cognitive processes experienced by parents who experienced the death of an infant. In comparing these responses to those experienced by individuals who had suffered less severe traumatic events, researchers found that participants who had lost a child tended to experience more negative thoughts than those who suffered less severely traumatic events. Additionally, whether or not other traumatic experiences had occurred

in the year prior to the loss appeared to have little effect on the overall postdeath cognitions than had been expected.

Negative consequences of child death are not limited to psychological functioning. Bereaved parents are more likely to experience marital discord and potential divorce (Rogers et al., 2008; Schreffler et al., 2012), they are more prone to physiological complications and health problems (Bonanno, 2004; Wijngaards-de Meij et al., 2007), and even increased tendencies to develop or increase addictive habits such as overeating and use of alcohol and/or other substances (Li, Precht, Mortensen, & Olsen, 2003). Mancini and Bonanno (2009) suggested that determining whether or any or all of these consequences appear following parental bereavement include environmental, supportive, situational, and numerous other factors that influence the subsequent trajectory used by the parents. Gaining better insight into this process can aid in improved understanding of how bereaved parents tend to implement resilience, recovery, or some other path of coping with the death of the child.

Rubin (1999) suggested that the most common coping mechanisms for bereaved parents are related to finding new meaning for life, developing new or a renewed sense of emotional stability, and preserving a sense of attachment to the child while also sustaining relationships with those who are living. While these types of concerns are generally present for most who have experienced the death of a loved one, the intensity of these problems appear to increase exponentially for bereaved parents. Giannini (2011) expanded on this concept by describing the long term effects of the death of a child as destructive and debilitating, leaving parents lost and hopeless as well as attempting to

deal with grief that appears to be insurmountable. The intensity of the situation is somewhat indescribable; yet, in most situations bereaved parents are eventually able to rebuild a life despite the intensity of the loss.

Summary. Results of these studies indicate that the physiological and psychological impact of parental bereavement is often far reaching, and poorly understood. Jind et al. (2010) found that grieving the death of a child can cause a negative cognitive bias for bereaved parents. However, in this study researchers focused on infant death and did not expand results to potential effects in other instances of child death. Li et al. (2003) suggested that contrary to previous opinion, experiencing the death of a child is associated with higher chance of early mortality for surviving parents. However, coping mechanisms and adaptation processes were not addressed in this study; therefore, it is unknown whether mortality rates may have been affected by the use of resilience or recovery models within the population.

Recovery Models in Parental Bereavement

Sandler et al. (2008) argued that the terms resilience and recovery are not synonymous, and when used in the context of grief and bereavement, recovery often implies that grieving is simply an illness that can be overcome or healed. This will then allow the grieving person to return to a previous state of wellness. A more reasonable approach to considering the process by which a bereaved individual grieves and subsequently copes with death, is through the concept of adaptation in which the person adapts to the loss and alters his or her life accordingly. Paletti (2008) characterized the concept of grief recovery as the process by which the bereaved individual identifies ways

to cope with the loss, in order to achieve a goal of returning to a previous state of functioning as was enjoyed prior to the death experience. This process is not to be construed as simplistic by any means, however the objective is in fact to let go of the emotional state of being bereaved. In fact, Paletti cited previous literature which suggested that successful grief recovery includes dissolving the relationship and emotional ties an individual had with the person who has died. In the current study, I examined these dialectically opposed concepts, in order to determine whether recovery or resilience is a realistic goal for bereaved parents.

Giannini (2011) described the death of a child as one of desolation, an often debilitating event that impacts nearly every aspect of the bereaved parent's life. Issues of identity, emotional turmoil, family planning, decision making, and many other aspects of everyday living are likely to be negatively influenced by losing a child. It is not uncommon for the bereaved parent to become incapacitated by the bereavement process, with the goal of moving forward in life despite the death becoming an inconceivable objective. Shapiro (2008) suggested that one way to comprehend this process is to consider it a "developmental transition" (p. 41) by which the bereaved individual works toward some resemblance of a positive outcome following the experience of grieving. Therefore, recovery in this context is focused on developmental outcomes as the bereaved person takes a systems wide approach toward positive personal growth. The individual's environment must be considered, as resources are put into place that can assist the bereaved person in returning to predeath levels of functioning.

Recovery is important to the grief process because bereaved parents often experience impaired function in most if not all aspects of life (Harris, 2009). This may include occupation, education, self-care, relationships with others, financial stability, as well as physical and mental health, to name a few. In most situations the need to repair functioning becomes critical, since the world around the bereaved individual does not conveniently stop. Stagnation in grieving can lead to unfortunate financial, social, cultural, and other problems that may further complicate this difficult situation. While it may be socially acceptable, and even expected, that family, friends, and other social supports will assist during times of bereavement, these acts of kindness typically tend to fade away in only a short amount of time. Additionally, without implementation of a recovery process fairly quickly following bereavement, the health complications of this situation can quickly lead to the development of complicated grief (Greeff et al., 2011).

Paletti (2008) suggested that an educational model of recovery may be appropriate when viewing bereavement from a systems and environmental perspective. Because bereavement is unique to each individual, the ability to recover from experiencing a death should be viewed through a biopsychosocial lens. An aspect of bereavement recovery is positive growth, working toward a personal transformation out of grief and returning to normal functioning (Balk, 2008). Paletti defined the educational model of recovery as the way a bereaved individual learns the most effective way to transform various aspects of the self to achieve normalized functioning. This is not to suggest that personal and professional resources are not an integral part of the personal growth process, but the bereaved parent is presumed to be the subject-matter expert in his

or her own grief experience. Therefore, when using the educational model one assumes that the learning experience can only come from within the individual, as he or she is the only one who knows specifically what is needed to move out of and beyond bereavement.

A more evidence-based approach toward grief recovery is the Dual Process Model (DPM), which when used, the researcher analyzes coping mechanisms used by bereaved individuals in order to determine whether adapting to the loss has become positive or negative (Stroebe & Schut, 2010). Coping in this model is the process by which bereaved individuals adjust to loss instead of the outcomes. Therefore, researchers using DPM are concerned with whether coming to terms with the death of a loved one is focused on the pain of the loss, or the struggle to work for positive management of bereavement. The dual processes in this model are focused on either loss or restoration (Hall, 2014; Hooghe et al., 2012). The loss focus has an emotional emphasis as the death and attempts to cope with it are demonstrative of the grief experience. The restoration focus is more concerned with the requirements of recovering from the death, and allows for a problem solving view of how best to cope with the death in the midst of needing to also cope with the realities of life. A study conducted by Wijngaards-de Meij et al. (2008) found that applying DPM theory to bereaved parents showed that recovery from the death of a child is highly dependent on whether the coping process is focused on restoration or loss. This is not to suggest that emotional responses to the death of a child are somehow inappropriate, but rather that the focus on recovery should be restorative in nature instead of simply trying to reduce the emotions associated with the death.

The meaning reconstruction model is strongly influenced by attachment theory indicating that recovering from the death of a loved one requires making sense of the loss, of not just the individual but also the bond shared with the person who has died (Neimeyer et al., 2006). Healthy recovery from the loss of a loved one, as defined by this model, requires the development of a method to reorganize the bond shared with the deceased. As a matter of identity, this bond is not representative of the individual who has died, but rather the relationship with the individual and the place that person held within the bereaved person's life. Meaning making following a death then can allow for a healthier postdeath recovery, when the bereaved is able to identify ways to change the bond shared with the person who has died. Applying this model to bereaved parents often requires an understanding of the death circumstances of the child, in order to appreciate the lived experiences of parents who had to learn to make sense of the loss and therefore develop meaning (Lichtenthal, Neimeyer, Currier, Roberts, & Jordan, 2013). For example, it is more difficult for parents to make sense of the death of their child when the death occurred through violent circumstances. The concept of meaning making is not simply related to making meaning of one's life after death, but also meaning within the death event itself. When there is no coherent understanding within the circumstances surrounding the death, it can lead to a higher threshold for making a healthy postdeath recovery. Lichtenthal et al. suggested that in the case of parents whose children suffered violent deaths, the meaning can come from areas including identifying a purpose related to the death such as seeking justice. Regardless of the circumstances, this model

presumes that reconstructing meaning in life following the death of a child may lead to a better potential for recovery.

Summary. Analysis of these studies appears to confirm that resilience and recovery are not synonymous, and rather offer different results based on the application of a specific type of recovery model during the adaptation process. Recovery models are far-reaching and do not appear to have many significant commonalities. For example, Paletti (2008) defined grief recovery as a process by which the bereaved will identify and utilize coping mechanisms that allow for the return to predeath levels of functioning. Shapiro (2008) further explained that grief recovery is a developmental process, focused on personal growth through adjusting all aspects of the bereaved individual's life including his or her environment, support system, and personal responsibilities. However, it is difficult to determine from this study what the intended outcome should be or how the individual will know when the recovery process is complete. The Dual Process Model of grief recovery offers options for positive outcome including the reduction of stressful emotional responses as well as a restorative adjustment that leads to recovery (Wijngaards-de Meij et al., 2008). However, the reconstruction model of recovery is based on attachment theory and concepts of identity, with bereaved parents' recovery reliant on the ability to maintain constructs of identity while finding meaning in the altered bonds with the deceased child (Lichtenthal et al., 2013). In the current study, I analyzed if any of these recovery models might be found within the lived experiences of bereaved parents.

Resilience Models in Parental Bereavement

Resilience was defined by Clinton (2008) as the ability of an individual to adapt in the face of life stressors, and engage in behaviors that are constructive and having a positive focus despite the stress. Therefore, resilience is an action taken by those who would choose to function in a healthy way despite difficult circumstances. Clinton attempted to resolve the resilience debate regarding whether it is a human trait, or if it is an outcome derived by a functional process. By suggesting that the trait of resiliency differs from resilience in that resiliency is a characteristic of humans who adapt well, *resilience* then is the action taken in order to achieve that positive adaptation. Recovery in this particular study was defined as being unaffected in the long term by stressful experiences due to an ability to "bounce back" (Clinton, 2008, p. 216) from difficulties. Resilience in this case is application of self-efficacy with a foundation in hope, in order to achieve an outcome of healthy acceptance and adjustment.

Balk (2008) proposed that the idea of recovery in bereavement is not necessarily antithetical to resilience, but instead recovery is the overarching theme for adjusting to loss while resilience is a factor in the process. Shapiro (2008) appeared to suggest a similar idea by describing resilience as a unique response an individual may exhibit when faced with stressful or traumatic situations, with recovery being a subsequent result when resilience has allowed for a positive outcome. In this way it would appear that resilience is a trait and recovery is an outcome when the trait is applied appropriately. Bonanno et al. (2005) appeared to agree with the trait concept of resilience by defining it as a human ability, but also as a more action-oriented concept by which an individual adapts to

stressful situations. In this way resilience is the act of adapting, while being resilient is the attribute or trait found within people who utilize this method of coping. Similarly, Ungar (2010) acknowledged resilience as a "capacity of an individual" (p. 6) implying this is an inherent human trait, but he further explained resilience to be a complicated concept that currently carries a significant level of disagreement within the research. Resilience is then a fluid ability that is not merely a potential within an individual, but also a possible outcome when applied by those individuals who relate to a resilient method of adaptation to circumstances (Clinton, 2008).

The outcome of this study did not negate the trait-theory of resilience, but instead focused on the act of being resilient in the face of adversity. Sandler et al. (2008) suggested that not only are resilience and recovery distinctly different concepts, but that resilience is simply the ability to adapt. As previously discussed, if recovery is the ability to return to previous functioning, resilience is adapting to a situation in such a way as to develop a new sense of normal functioning despite circumstances. Freitas and Downey (1998) defined resilience as an ability to achieve a positive outcome, applying characteristics such as personal protective factors in order to achieve effective adaptation to stressors. Resilience in this case is not a trait at all, since the ability to adapt to a situation does not mean the individual can adapt when faced with all types of adversity. Therefore, resilience is not an outcome but a way to achieve an outcome.

The contextual framework of bereavement models of resilience (Sandler et al., 2008) indicate that individuals adjust to disruptions in life by adapting themselves within their environment, in order to meet their basic needs as well as the new needs which often

result from experiencing the death of a loved one. This model provides an opportunity

for understanding both the positive as well as negative ways individuals adapt to loss,

while recognizing that both options are part of a system of potential trajectories of coping

with that loss. The individual's environment consists of a multitude of potential factors

that may play a role in either risk or protection of the person, as the adaptation process

begins and continues during the course of grieving. Zandvoort (2012) provided an

example of the way contextual resilience can be viewed in a recognizable framework.

When faced with grief individuals will have many choices of how to cope, but when

considering risk versus protective factors, those who follow a resilient pathway will often

return to work and other personal responsibilities in order to continue to meet the other

needs of normal life. The environment serves as a protective factor when family,

employment, financial concerns, health, and other personal issues regain focus while the

individual continues to adapt to new circumstances. In this way concentrating on an

environmental context becomes a healthy defense mechanism as the pain of grief is no

longer the most prominent focus in the life of the bereaved.

Fergus and Zimmerman (2005) suggested that the opposite of resilience is

vulnerability, therefore any resilience model should focus heavily on the reduction or

elimination of vulnerability. However, this may lead one to assume that resilience is

simply adjusting or coping with risk in an effective manner. A more efficient view may

be that adjusting and coping are tasks or outcomes of resilience. Within the protective

model of resilience are concerns regarding the resources available to the bereaved

individual, and how these resources can serve as moderators of potential risk. Protective

factors can be external resources such as family and social supports, physical health, or

financial stability; while internal resources can be positive self-esteem, communication

skills, or cultural beliefs and practices (Greeff et al., 2011). The ability of an individual

to apply these protective factors to reduce risk is a factor in successful resilience, but

should not be presumed to completely eliminate the potential for a negative outcome.

The protective model is a process model in that resilience is assumed to be an ongoing

process until the bereavement period has been successfully managed. The application of

protective factors may be a lifelong process in healthy bereavement.

Another similar model of resilience focused on factors that can mediate the

negative variables following an experience of a life-changing stressful event is the

mediation model. This model includes assumptions that psychosocial elements are

available to each individual that allows for a resilient response to the event (Ambriz, Izal,

& Montorio, 2012). Additional assumptions include that in the face of certain stressors

such as the death of a child, most people possess specific traits that mediate the negative

effects of the stress. This resilience model is not focused on the stressor but instead the

results caused by prolonged exposure to stress. Within the mediation process a resilient

person implements personal traits or behaviors that act as a shield to the negative

repercussions of the stress of coping with the death of a child. Shastri (2013) described

these traits as strategies learned throughout the lifelong development of the individual

such as acceptance, internal locus of control, and a positive outlook. Additionally, issues

related to cultural norms heavily influence the mediation process including but not

limited to religion and faith, gender roles, and marital stability. In this way the stressor is

not diminished or eliminated, but instead the psychosocial mediator has the ability to become a protection to the pain associated with the loss of a child.

Summary. Just as with recovery, it would appear that the definition of resilience may be similarly elusive with some studies suggesting resilience to be a trait available within all human beings (Balk, 2008; Shapiro, 2008; Ungar, 2010). Bonanno et al. (2005) further separated the concept of resilience by defining it as a process of adaptation, while the ability to be resilient is an inherent human trait. In the contextual model of resilience, Sandler et al. (2008) focused on the adaptation aspects of resilience, identifying both the positive and negative methods of adapting in order to identify those which are beneficial and allow for positive change within the bereaved individual. In that way, the focus is not on the way the individual is grieving but whether protective factors are used which allow for redefining and engaging in a new way of life. However, Greeff et al. (2011) cautioned that the use of protective factors in this model should not minimize the fact that adaptation to parental bereavement is likely to be a lifelong process, one which will include both positive as well as negative outcomes over the lifetime. The mediation model of resilience differs from trait theory by suggesting that other individual traits act as mediators to reduce suffering (Ambriz et al., 2012). Results of this research indicate bereaved parents who possess these traits are more likely to have a positive outcome to their unique grieving experience, thereby mediating the negative effects of traumatic stress.

The Efficacy of Phenomenological Research Into Parental Bereavement

Recent research appears to have rejected traditional models of grief suggesting that specific processes, when followed correctly, will result in bereaved individuals breaking previous bonds with the deceased in order to resolve the pain of loss that accompanies the death of a family member (Gudmundsdottir, & Chesla, 2006). However, there remains few options for replacing this theory, and in fact some research continues to suggest that maintaining bonds with the deceased causes continued maladaptive functioning. This is especially true following the death of a child, since the concept of severing bonds with the deceased child is often rejected out of hand by most bereaved parents. For example, Giannini (2011) suggested that one of the most difficult aspects of adjusting to the death of a child is loss of identity, and the broken structure within the family unit. The death of a child does not remove the identity of being a parent regardless if there are surviving children. Yet a common struggle for bereaved parents is how to answer the question of how many children they have. However, this issue is even more pronounced when there are no surviving children, or the parent has no physical evidence of ever having been a parent. This example shows the importance of improved understanding of how individuals cope with the death of a child.

Parapully, Rosenbaum, Van Den Daele, and Nzewi (2002) conducted a phenomenological investigation into bereaved parents' ability to thrive following the murder of a child. The concept of thriving in this case was defined as the ability of the parent to experience some form of positive transformative effect from the loss, despite the traumatic events within the situation. The authors found that in most cases, as time

went on after the event, parents were able to develop a sense of acceptance regarding the murders and subsequent loss of their children. This is not to suggest that the loss had no more impact in their lives, but rather that parents were generally able to find meaning within the situation by utilizing a resilience-type model of successful coping. It would appear that the results of this study indicate recovery from murder was not an objective, instead these parents attempted to recover from the debilitating effect of the deaths by thriving, making meaning of the circumstances, and therefore experiencing positive personal transformation within themselves. However, this study only investigated the adaptive processes of parents whose children had been murdered, it seems likely that the experiences of these individuals are not easily equated with parents who are bereaved under different circumstances. Additionally, the study focused on the concept of transformation and how the parents changed themselves within their environments, and does not specifically address the concepts of resilience and recovery to determine how the changes took place. It seems possible to assume that not all bereaved parents will seek out personal transformation as a goal for adapting to the death of a child.

Another phenomenological study attempted to identify how bereaved fathers coped with the death of their children, in order to determine whether the presence or absence of social supports had an effect on this coping (Aho, Tarkka, Astedt-Kurki, & Kaunonen, 2009). The study sample included 8 fathers whose children died before the age of 3. The results found that fathers who had social supports in addition to family and professionals, were more likely to cope in a healthier way than fathers who did not have this additional support. The study focused on support from various individuals involved

in the fathers' lives, the medical treatment of the child before and during death, and people who became involved in the fathers' lives after the death. When the fathers were able to receive genuine empathy, freedom to talk or not regardless of the agenda of the support, and the opportunity to continue these supportive relationships long after the child died, they were more likely to experience a more positive and hopeful grieving experience. However, the authors admitted that the small sample size cannot generalize to all grieving fathers. Additionally, the scope of the study focused on fathers of very young children, and did not address the grieving process of spouses or partners and whether resilience or recovery was involved within these processes. While the findings of this study are important in understanding the needs of grieving fathers, there is no relevant information of how the fathers coped with the loss regardless of the presence or absence of a support.

It appears that many studies are designed to investigate grief processes by looking at external factors that may play a role in the life of the individual coping with bereavement, without taking a closer look at the steps taken within that process to emerge from bereavement as an emotionally healthy individual. For example, one recent study investigated 671 college students who had experienced the death of a loved one between 3 and 24 months prior to the study (Currier, Holland, & Neimeyer, 2012). The purpose was to determine whether bereaved individuals perceived their own personal growth following the death, and whether these students were struggling to manage prolonged grief. The results indicat that people who experience intermediate levels of prolonged grief are more likely to report perceptions of personal growth. Individuals reporting no

prolonged grief were most likely to not observe personal growth from enduring the experience, while individuals who reported high levels of prolonged grief were also not as likely to report personal growth due to continuing to experience difficulties within the bereavement process. If one is to presume that personal growth in this study is similar to the concept of healthy functioning as defined within my study, then perhaps bereaved parents who spend a longer amount of time grieving, but not an extensive amount of time, may fare better in healthy functioning regardless of whether resilience or recovery is an identified model for coping. However, there was no mention in this study by Currier et al. regarding the actual relationship between the bereaved and the individual who died. Also, there was no mention of the processes used by the individuals who were grieving, the only focus was how they were functioning during the study.

There is great need to understand resilience, recovery, and related issues as they apply to a wide variety of populations, including and perhaps especially those who are bereaved (Bonanno et al., 2005). While the overall body of literature related to resiliency, hardiness, and ability to thrive following adversity is growing, how these concepts apply in specific situations and circumstances is not yet well known. Cacciatore, Lacasse, Lietz, and McPherson (2013) suggested that one of the great problems regarding this lack of substantive information is the similar lack of understanding within the helping fields for how best to assist bereaved individuals in implementing adaptive coping strategies. For example, literature is contradictory regarding repercussions following child death. Cacciatore et al. described a study which appeared to invalidate previous research that indicated couples experience more marital

discord following the death of a child, while yet another study found that over 30% of married, bereaved parents divorced following the death of a child (Schreffler et al., 2012). Additionally, Cacciatore et al. reported how some studies have identified substantial increase in physical and mental health problems following child death, while other studies found no such correlation. Zisook and Shear (2009) identified the problem with this lack of cohesive information, since in many cases medicine and psychiatry continue to consider grief to be a disease which should treated medically in order to reduce subsequent distress.

Coifman et al. (2007) suggested inquiries into resilience and similar investigations regarding how individuals cope with adversity is important in order to develop interventions to reduce potential emotional distress following traumatic events. Individuals who exhibit resiliency factors tend to be better equipped to utilize emotion regulation techniques to adjust to stress more effectively, while those who do not have these skills tend to engage in unhealthy extremes of both positive and negative emotional expression. Those who fall into the latter category tend to have reduced levels of healthy functioning and are more susceptible to developing physical health problems, further issues adapting to stress, and vulnerability to emergent emotional and mental health disorders. Since parental bereavement is often defined as one of the worst, if not the worst, experiences a human being can ever endure (Cacciatore et al., 2013; Giannini, 2011, Gudmundsdottir, & Chesla, 2006, Rogers et al., 2008, Umphrey, & Cacciatore, 2011), further investigations into the lived experiences of bereaved parents can only help to clarify contradictory and even absent data regarding resilience and recovery.

There is limited research available regarding bereaved parents (Harper et al., 2011), and even less so within qualitative studies that use a phenomenological design to investigate this experience. If grief models are rejected as previously reported, especially for bereaved parents, there are few if any alternatives which effectively improve scientific understanding of this phenomenon. Phenomenology is the qualitative analysis of the lived experiences of those who have been exposed to or endured a phenomenon (Moustakas, 1994). One goal for my study was to expand the knowledgebase of the lived experiences of being a bereaved parent, along with the potential for development of a grief model that is appropriate for this population.

Rogers et al. (2008) defined the differences within the concepts of resilience and recovery for bereaved parents in a study designed to investigate the long term effects of the death of a child, and the ability of parents to adjust to this death years after the event. Resilience in this study was related to finding meaning and purpose in life, while recovery appeared to be focused on elimination of related symptoms and returning to normal role functioning over a period of time. Adapting to parental bereavement does not fit within any time limitations as generally expected within traditional grief theories, as indicated by this longitudinal study. Out of 428 participants, the average grieving period spanned 18 years. If recovery is returning to pre-death functioning then it is conceivable that bereaved parents might not experience recovery for many years, if at all.

Four typical trajectories of adapting to trauma and stress have been found within research, including adjustment following a death (Bonanno, Westphal, & Mancini, 2010). The least common pathways include *chronic* and *delayed*, while the more common

trajectories are *recovered* and *resilient*. For bereaved parents, the recovery pathway is typically considered to be less desired as it often includes a more painful process of coping with symptoms that lead to functional impairment, with an eventual transition toward a goal of returning to functioning experienced prior to the death event. Resilience appears to be the more preferred trajectory as it tends to be less dysfunctional across most, if not all, aspects of normal life following a stressful event. This is not to suggest that there is nothing requiring distress tolerance or healthy coping, but rather the coping process tends to be more productive and less stressful over the course of the adjustment period, no matter how long it may last.

The importance of my study lies within the research, as well as the lack of it. There is a broad misunderstanding of grief as a singular concept (Goldenberg et al., 2010). Grief studies are often focused on how to cope instead of the circumstances surrounding the loss (Greeff et al., 2011), and there is disagreement in research regarding how to best identify when the grieving process has been successfully completed (Paletti, 2008). There is disagreement in research results regarding the proper outcome of grief (Giannini, 2008), and some studies have identified multiple options for how most individuals traverse the biopsychosocial problems that often occur while grieving (Bonanno, 2004). Resilience as a healthy method for coping with bereavement has been identified within emerging research, allowing for adjustment to the loss while pursuing quality of life (Coifman et al., 2007; Zautra, 2009). However, resilience as simply repressive coping has been indicated in earlier studies, identifying a more appropriate goal for grief management through a recovery process (Freitas & Downey, 1998). The

evident problem with these conflicts is the inability to offer adequate service, resources, and treatment to those who are grieving (Holman et al., 2010).

Summary. There is substantial research available describing various models of healthy grieving, processes for following these models, and options for coping despite the death. However, applying these models to bereaved parents is difficult at best, since there is little data to determine efficacy in this population (Harper et al., 2011). A study into the experiences of parents of murdered children indicate they will never effectively recover from this type of tragedy, and defined a more preferable goal of positive personal transformation despite the persistent pain of this loss. This study did not address how the pain related to this type of death differs from others. Another study focused solely on the way fathers adjust to being a bereaved parent, and whether the presence or absence of social supports had a notable influence in the process (Aho et al., 2009). Similar issues with generalizing the results affect the ability to identify resilience or recovery in a small population of bereaved fathers of young children. The problem with current literature regarding parental bereavement lies not only in the lack of it, but also in the disagreement between concepts of adjustment as well as potential outcome (Giannini, 2008; Paletti, 2008). It is hoped that my study may help resolve some of these conflicts in the future.

Summary

Research suggests that more investigation into the grieving experience is necessary (Goldenberg et al., 2010) for numerous reasons including to reduce conflicting findings (Giannini, 2011) and to assist professionals in offering appropriate services to grieving populations (Gringeri et al., 2013; Meert et al., 2009). Even more elusive is

understanding individuals who have experienced the death of a child and how they have coped with such a devastating loss in order to return to or create a healthy level of functioning after the death (Bonanno et al., 2005; Greeff et al., 2011). Since this experience is predicted to be more debilitating than coping with any other loss (Giannini, 2011; Sandler et al., 2008), the idea that research is contradictory regarding the grieving experience seems to be inadequate at best.

For example, little is known about the process of grieving after the death of a child, but many studies use outdated stage theories to better understand this specific type of loss (Greeff et al., 2011). Further problems in the literature are related to conflicting definitions of key concepts (Giannini, 2011; Sandler et al., 2008), and the subsequent problem with applying appropriate care to bereaved parents (Holman et al., 2010). With interest in resilience evident in the increasing amounts of current literature (Zautra, 2009) it is important to understand how this concept can be applied to bereaved parents. Additionally, it is important to understand whether resilience, recovery, or some other trajectory (Bonanno, 2004) is preferable for grieving parents. It is hoped that my study might help to fill the gap in the literature by describing the lived experiences of bereaved parents, and add to the knowledgebase regarding resilience and recovery in identifying which concept is more recognized by those individuals who have endured the parental bereavement process. In this chapter, a review of the literature found that there is little information available that identifies how bereaved parents function in their daily lives following the death of a child. This chapter also included the literature search strategy, theoretical foundation, literature review of key concepts, and summary.

When considering the contradicting concepts of resilience and recovery in grief and bereavement, it appeared evident that the lack of understanding as well as unrealistic expectations for coping are not only troublesome (Harris, 2009) but may also have more severe implications for bereaved parents (Rogers et al., 2008) who may struggle with a more complicated form of bereavement (Cacciatore et al., 2013; Giannini, 2011, Rogers et al., 2008, Umphrey, & Cacciatore, 2011). Answering the research question regarding the role of resilience and recovery in the lived experiences of parents adjusting to the death of a child required a careful investigation into the perceptions of bereaved parents, and not merely relying on previous studies which have not yet addressed or considered the explicit lived experience of parental grief. The best way to answer the research question is through phenomenology (Moustakas, 1994), since currently there does not appear to be such a qualitative study that investigates how these two concepts affect parents following the death of a child. Without this knowledge, there is a chance that inappropriate assumptions will continue to be made about parental bereavement (Hooghe et al., 2012), resulting in unsuitable therapeutic interventions being offered (Davis et al., 2012; Meert et al., 2009) due to a lack of understanding of how to best help parents who grieve the death of a child.

The following chapter will investigate the proposed method for investigating resilience and recovery as potential factors in the bereavement process for parents mourning the death of a child. Chapter 3 included the introduction, research design and rationale, role of the researcher, methodology, and issues of trustworthiness, concluding with a summary.

Chapter 3: Research Method

Introduction

This qualitative investigation involved the consideration of the lived experiences of adult bereaved parents through a phenomenological lens to discover whether the themes of resilience and recovery affect parents' ability to regain stable emotional and behavioral functioning post loss. The study was designed to use semistructured interviews to obtain information from bereaved parents regarding their perceptions of adjusting to the loss of their child. This chapter includes subsections addressing the research design and rationale, role of the researcher, methodology, and issues of trustworthiness, concluding with a summary.

Research Design and Rationale

The purpose of this study was to explore the phenomenon of parental bereavement, more specifically the concepts of resilience and recovery and their influence on efforts to adjust to the death of a child. The use of a phenomenological design to conduct qualitative research allows for participants to define their own experiences and thereby identify how they relate to the predetermined variables of the study (Moustakas, 1994). This study was intended to answer the following research question: What is the role of resilience and recovery in the lived experiences of parents adjusting to the death of a child? There is a reasonable expectation of change in physical, emotional, intellectual, and other aspects of individual functioning following the death of a loved one. Yet the specifics of these changes, if they do in fact occur, arise from a unique and subjective process influenced by numerous variables exclusive to the

individual affected by the experience (Giannini, 2011). When a parent loses a child, it is reasonable to assume that the process of reclaiming mental stability will be unique to the individual and different from managing emotional responses to other types of loss. Unfortunately, this process is often misunderstood, with social expectations for typical grieving not applicable and in fact occasionally debilitating to the parent (Fraley & Bonano, 2004; Harris, 2009). Despite recent interest in resilience, the manner in which it is used, and its effect on individuals, there appears to be little information regarding how it and other themes affect parental bereavement. Similarly, research does not adequately address whether other phenomena are prevalent in the process of regaining quality of life following child death (Rogers, Floyd, Seltzer, Greenberg, & Hong, 2008). The purpose of this study was to view the experience of parental bereavement through the lens of individuals who have endured child loss. In this way, the themes of resilience and recovery could be compared in order to determine whether one, the other, both, or some other concept is a factor in returning to effective functioning following the death of a child.

Resilience was previously defined as adapting to a traumatic event, and recovery suggests the ability to overcome such an event (Ungar, 2010; Vogt, Shipherd, & Resick, 2012). Moustakas (1994) suggested that quantitative research cannot reflect true appreciation of human experiences because it tends to break data into pieces in order to explain experiences. This type of analysis loses the descriptive quality of events within human phenomena and instead converts it into sterile data in an attempt to identify why experiences occur. Without investigation into the lived experiences of the individuals

affected by phenomena, there can be no true appreciation of the events and occurrences inherent in simply being human.

There is a significant amount of research available regarding death and dying, grief and bereavement, and other topics related to the end of life. However, there is no clear contextual literature that investigates the mechanisms used by bereaved parents to cope with the death of a child (Essakow & Miller, 2013). If one applies Moustakas's (1994) theories of research to the concept of coping with the death of a child, it becomes important to understand the experiences of those who have survived such an event. In this way, this study adds to what is known about surviving the death of a loved one, and more specifically how the death of a child can be endured by the surviving parents. By exploring the concepts of resilience and recovery with this population, it may be possible to support greater social understanding of the phenomenon. This study helps to fill a gap in the literature regarding parental bereavement and may lead to the opportunity for professionals who work with this population to develop interventions that are more appropriate.

This study was qualitative in nature with a phenomenological design, more specifically interpretative phenomenological analysis (IPA), which was developed by Smith, Flowers, and Larkin (2009) specifically as a way to investigate human experience through the lens of the individuals who endure it (Pringle, Drummond, McLafferty, & Hendry, 2011). Based on the theories of Husserl (1913/1931), who suggested the need to conduct phenomenological inquiry as a way to understand human experience, IPA is conducted with the aim of understanding the lived experiences of individuals who have

been affected by an event or phenomenon as they reflect on it in a conscious manner

(Groenewald, 2004). However, IPA recognizes the existence of an outside influence on

the explanation of experience once related within the context of research. In this way,

hermeneutics becomes part of the IPA process, as the researcher is acknowledged as the

interpreter of the data as well as the facilitator of analysis. However, Smith et al.

cautioned readers about the importance of ideography within IPA, in that the perception

of each participant is carefully examined in detail before the data are applied to more

generalized themes. This allows for the context in which each participant endured an

experience to stand by its own right as an example of the chosen subject matter,

regardless of any potential differences among the lived experiences of all participants.

Role of the Researcher

In the role of researcher, I acted as a neutral observer throughout the processes of

data collection, analysis, interpretation, and reporting. Moustakas (1994) identified

several core tasks for researchers involved in the application of a phenomenological

design, including examination of a phenomenon from every possible perspective until a

unified construct is recognized within the descriptions of related experiences. Similarly,

it is important for researchers not to apply any definition or explanation of data or

concurrent themes within, but rather to simply describe the information as it has been

related in the data collection process. However, researchers are also investigators;

therefore, I will apply reflection and judgment to the data simply by being interested in

the phenomenon enough to undertake the scientific inquiry. It is up to the researcher to

assure that reflection does not in any way skew the collected data or the meaning implied

by each participant. It is also the responsibility of the researcher to ensure that the study design, participant selection, data collection, and publication of results are carried out in a way that is fair, equitable, and as free from harm as possible. I have completed the course entitled Protecting Human Research Participants offered through the National Institutes of Health (NIH) Office of Extramural Research to ensure compliance with federal regulations regarding the use of human subjects in research (Appendix G).

I did not have personal or professional relationships with any participant before, during, or after the study, nor was there be an inherent or unknown power differential within these relationships. However, as an individual who has experienced the loss of children and therefore meets the criteria required of the identified population, I have personal experience with many of the available participant pools available from which to identify appropriate participants. Because of this, I was aware of potential conflict and ensured that none existed that might have affected data collection or the study in general. Similarly, it was possible that I held bias regarding the research due to personal experience. While this bias did not appear to occur, if it had, I would have acknowledged and examined it through journaling, consultation with colleagues, and discussion with university faculty, including but not limited to my dissertation chair and other committee members. Moustakas (1994) described one of the benefits of phenomenological inquiry as the ability for participants to feel "really understood" (p. 12). Due to my personal experience with the subject matter, it was anticipated that participants might achieve this feeling of being understood, thereby experiencing a sense of safety and commonality throughout the interview process.

Methodology

Participation Selection Logic

The population used for this study was composed of adults over the age of 18 who had experienced the death of their own biological child more than 1 year prior to participation. Moustakas (1994) described the ideal participant as someone who has intimate experience with the phenomenon, is willing to be interviewed and recorded, and is willing to allow redacted descriptions of his or her experience to be published. The participants were assumed to have experience with parental bereavement based on their willingness to participate in the study, as well as their recruitment from online grief support groups and word-of-mouth referrals leading to a snowball effect. Creswell (2009) suggested that 10 participants is likely to be ideal for a qualitative study. Using more than 10 participants may result in significant loss of time, and unmanageable amounts of collected data may compromise the ability to identify common themes. Similarly, increasing the number of participants does not necessarily mean that more ideas will be found within the data. Mason (2010) suggested that sample size should be determined by how quickly saturation occurs during analysis, with *saturation* defined as the point at which there is no more new information to be found among participant responses regardless of the number of participants used. Due to the narrow focus of the topic in relationship to the identified themes of resilience and recovery, it was presumed that saturation would occur quickly and new ideas would not be identified even if the sample size was increased.

Instrumentation

I created a semistructured list of questions (Appendix E) designed to collect information from participants regarding the subject matter. Some demographic information such as age and gender was obtained only as a method of identifying participants; participants were made aware that this information was not a factor in data analysis. Fink (2000) identified how demographic information allows a researcher to identify potential similarities among participant experiences that could allow for better understanding of a phenomenon. Moustakas (1994) suggested the development of a list of open-ended questions that will allow the participant to give an all-inclusive account of his or her experience related to the research topic. In this case, the questions were designed to specifically address participants' post loss functioning, as well as the methods they used that allowed them to return to some semblance of normal functioning. The questions did not focus on the actual death experience, but rather the post trauma responses and their impact on daily life. Participants were educated regarding the literature-based definitions of resilience and recovery and were asked to describe if either, both, or none of these concepts seemed to describe how they improved functioning. Interviews were recorded; written consent for recording was obtained from each participant prior to initiation of the interview (Appendix B). In order to ensure that all participants were treated equally, I used an interview protocol (Appendix D) as a guide to a step-by-step process that I followed with each individual.

Pringle, Drummond, McLafferty, and Hendry (2011) admitted that a concern with phenomenological inquiry is related to the subjectivity of individual experience and the

challenge of answering specific research questions due to the difficulty in generalizing from personal impressions. However, this study was designed specifically to explore the perceptions of bereaved parents in relationship to the themes of recovery and resilience. The interview questions were developed to focus solely on these concepts, and data were gathered to address the following research question: What is the role of resilience and recovery in the lived experiences of parents adjusting to the death of a child?

Researcher-Developed Instruments

Landsheer and Boeije (2010) described a concern with researcher developed questionnaires, in that it is necessary to ensure that the quality of the questions is not subpar to the point that the study results can be questioned. Most phenomenological studies are concerned with the beliefs that an individual has about an experience. There are several concerns with this type of investigation, given that outside factors such as time and the fallibility of memories can affect the perception of an experience. For example, Landsheer and Boeije cautioned that the clarity of a participant response can be muted over time, and perceptions of life itself can also change. Seidman (2013) suggested that instead of asking participants to remember an experience, it is better to ask them to reconstruct the events in an attempt to place him or her back at the scene, thereby allowing for more accurate recollection of subsequent feelings surrounding the experience.

Content validity in research and elsewhere requires an ability to assure that what is being assessed is objectively able to test all aspects of a phenomenon (Stoyanov, Machamer, & Schaffner, 2012). Because qualitative research is based on subjective

description of an experience or event, there is concern that test designs may only have

face validity, which indicates that those who participate in the research believe the results

to be valid. However, phenomenology is specific in its purpose of relying solely on those

very same descriptions to define the experience. By default, Stoyanov et al. suggest that

the test design will hold content validity if it initially acquires face validity. Fulford and

Stanghellini (2008) asserted that validity is based on factual data, which originally are

derived from subjective interpretations of reality. Because of this, phenomenology

should carry as much content validity as quantitative statistical information, as the subject

matter experts on any phenomenon must be those who have experienced and defined it.

Procedures for Recruitment, Participation, and Data Collection

Study procedures included obtaining permission from the Walden University

Institutional Review Board (Appendix F) to conduct a study using human participants.

Although, as Moustakas (1994) stated, "there are no in-advance criteria for locating and

selecting the research participants" (p. 107), those selected for participation in a

qualitative study should have an honest interest in the phenomenon as well as the results

of the study. Therefore, participants were identified through online grief support groups,

referrals, and the snowball effect. A letter of invitation that included the specifics of the

study (Appendix A) was sent to online support groups for bereaved parents. Individuals

interested in participating contacted me at a predefined email address, after which I sent

an informed consent form to these prospective participants via email (Appendix B).

Attached to the consent form was a list of referrals (Appendix H) for participants who

experienced distress at any point during the participation process. Participants were

advised to contact any of the referrals should they require assistance in managing distress.

Participants who returned a signed informed consent form were then asked to complete a

brief demographic survey (Appendix C). Demographic information was used for

identification purposes only and to ensure that all aspects of participation criteria were

met. As Onwuegbuzie and Leech (2007) discussed, it may be possible to use

demographic information for identifying themes within the data. For example, it is

possible that one of the themes of resilience or recovery is more readily identifiable

within a subset of the participant population, such as those who are older or who have

experienced a greater gap in time between the child's death and the date of the study.

Each returned survey was assigned a number through a random number generator; this

number was used to identify specific participants during the reporting of results and final

discussion. If a survey had been returned that identified a potential participant as

ineligible, the individual would have been notified and the survey would be archived but

not used in any manner. However, none of the potential participants were determined to

be ineligible.

When an individual returned both the informed consent and the survey, he or she

was then contacted in order to schedule a time for the interview. The interview took

place over the phone or Internet using a service that allows for the recording of

conversations. Both the participant and I participated in the call, with the final recorded

call saved directly to my computer. The participant was reminded that the call would be

recorded as discussed in the previously signed informed consent form (Appendix B) and

asked to give verbal consent prior to the start of the interview. If a participant had

refused consent, the session would have ended and the participant would no longer have been considered an active participant in the research. Interviews were conducted using an approved list of questions directly related to the research. The interview was structured based on those approved questions, with the only other questions asked being related to clarification of a response in order to avoid misunderstanding or applying meaning to an ambiguous statement. This study was developed to understand an experience from the point of view of the individual, rather than to identify how an event is interpreted within the individual's environment. Therefore, the focus of the questions and the interview itself was whether common themes existed among people who had endured the experience. In this manner, the data collected as a result of the interview answered the research question: What is the role of resilience and recovery in the lived experiences of parents adjusting to the death of a child?

Once the formal portion of the interview was completed, the recording of the call stopped. Moustakas (1994) suggested sending a summary of the analysis of results to each participant, in order that each individual can analyze the results for accuracy. In this way clarifications of vague or inaccurate data can be corrected by the respective participant, and avoid the researcher making mistaken assumptions of misinterpreted information. Each participant was informed of this step and requested to participate in the process by clarifying mistakes once he or she received the summary. One interview with each participant occurred with each lasting close to one hour; no clarification interviews were needed. Following each interview, the participant was debriefed. Recommendations for follow up consultation with a relevant resource from the referral

list provided during the consent process was offered, should participant distress have been identified. While each participant briefly discussed the impact of the interview on the potential for emotional distress, none indicated a need to seek out professional help as a result of his or her participation. Since no clarification was needed, there was no further contact with participants other than to send the final synopsis of results.

Data Analysis Plan

Moustakas (1994) described the initial process of data analysis in a phenomenological study as horizontalization, or identifying all relevant data obtained through the interviews and analyzing each piece equally. In order to identify common themes, responses obtained from all participants were organized into clusters of information that were similar. From within these themes "textural descriptions" (Moustakas, p. 118) were identified which categorized the experience of the individual as they related to the concepts of resilience and recovery. These descriptions defined the principle aspects of the phenomenon as experienced by participants, to assure meaning making was derived from within the information obtained in the interviews. Data analysis for this study was conducted by hand, computerized coding was not used in order to avoid loss of potentially important data that might not have been recognized by a software program.

Analysis used a model designed by Groenewald (2004), who suggested that the term *analysis* is a misnomer in qualitative research, because analyzing the related experiences of participants loses the context of a phenomenological design. A better way to view data analysis is to consider it to be a process of interpreting data, in order to

transform it and identify each participant's intended meaning (Husserl, 1913/1931). The five phases used in this interpretation process include (a) bracketing and phenomenological reduction; (b) delineating units of meaning; (c) clustering of units of meaning to form themes; (d) summarizing each interview, validating it, and modifying it if necessary; and (e) extracting unique themes from all interviews in order to develop a composite summary.

This model is similar to phenomenological methods described by Moustakas (1994), in which data is analyzed and common themes are identified and described. Moustakas defined this model, which was developed in order to view a phenomenon through the conscious experience of an individual, as Hermeneutics; a process that attempts to remove as much interpretative critique from the process as possible. However, Groenewald (2004) expanded on this idea by quoting Heidegger (as cited in Groenewald, 2004), who suggested there can be no understanding of another's experience without some level of interpretation. This interpreting of information occurs throughout the process. Beginning with the story-telling of the participant, all the way through to the reader who will also analyze what has been reported. It is for these reasons that interpretative phenomenological analysis (IPA) was chosen as the desired method for data analysis. IPA takes into account the innate interpretations of the participant, the researcher, and the reader. Groenewald suggested that the most appropriate option for phenomenological analysis is to consider the literal observation of an experience, as well as any hidden meanings which could be uncovered through an individual's interpretation.

IPA also takes cognition into consideration during data analysis (Smith, Flowers, & Larkin, 2009), and the meaning making that occurs individually by every person who will encounter the descriptions provided by participants. However, it is important to consider *discrepant information*, or descriptions of participant experience which bear no relevance to the research question. If this type of data was identified, it was noted but not included in the final analysis. If a substantial number of these type of inconsistencies occurred, the thematic process would have been altered to identify previously unknown patterns that emerged as a result of these discrepancy concerns.

Bracketing and phenomenological reduction. Based on the theories of Husserl (1913/1931), bracketing and reduction involves the removal of the researcher's preconceived ideas regarding the phenomenon, thereby reducing the chances for data contamination due to researcher bias (Groenewald, 2004). In this way, the reduction of data to smaller objective pieces required me to let the information apply its own meaning, instead of applying my own predetermined and subjective beliefs to the data. I transcribed each recording myself, and made notes both during and after the study. Groenewald was careful to describe the purpose of bracketing at this stage as being related to the researcher's preconceptions and biases, to assure that subjectivity was removed from the literal interpretation of the data.

Delineating units of meaning. I analyzed each interview extensively to identify every statement made by each participant that was related to the research question: What is the role of resilience and recovery in the lived experiences of parents adjusting to the death of a child? Groenewald (2004) described this phase as the careful consideration of

each statement, identifying the literal content and not applying subjective suppositions, and eliminating duplicate statements that may have been made throughout the interview. During this phase, the data was scaled back as I eliminated duplicated statements and those which were not relevant to the research question.

Clustering units of meaning to form themes. I utilized professional judgment to examine each unit of meaning, to form clusters or groups of statements made by various participants that were labeled as similar in context (Groenewald, 2004). In this way, as more non-redundant clusters were created, themes were identified among the various grouped statements. Groenewald defined this process as "interrogating" (p. 20), as objective definitions related to the research question were applied, then the common threads of each theme were recognized as they stood on their own merits and not my preconceived ideas.

Summarize each interview, validate, and modify. Each theme that had been identified was then validated and a summary statement developed, which incorporated the specific aspect of the theme that had been directly related to the research question (Groenewald, 2004). The research at this point was expected to allow for a holistic understanding, not only of the various experiences described by each participant, but also how these descriptions were not only related but could answer the research question. It was possible at this stage that I would have wanted to gather follow-up information from participants to assure no bias altered the meaning of the participant experience, but rather allowed the statements to stand on their own merit as germane to the study. This follow up step was determined to be unnecessary.

Extract unique themes for all the interviews and develop a composite summary. I should be concerned not only with common themes that flow throughout participant narratives, but also as I looked for those statements that varied enough from the norm that valid counterpoints could be observed (Groenewald, 2004). The purpose of this study was not to validate the research question, but to identify an honest answer to the research question based on the clustered themes. A summary was developed that identified the relevant information gleaned from the composite and unique themes, to give a sound theory regarding how the data answered the research question. Explicit statements from both the generalized and discrepant themes were identified, allowing them to be included as evidence for determining how resilience and/or recovery fit within narratives of the lived experiences of bereaved parents.

Issues of Trustworthiness

Phenomenology is research specifically designed to understand a phenomenon from the viewpoint of one who has direct experience with it, therefore the participant is the subject matter expert (Moustakas, 1994). However, through conducting the study and subsequent collection and analysis of the data, the researcher will eventually become an expert as well. Credibility (internal validity) occurs when the results can be directly aligned with the information obtained from participants, and there is no direct influence from the researcher which can negatively affect the outcomes (Scoboria, Wysman, & Otgaar, 2012). Credibility was established in this study by asking specific interview questions of each participant that were directly related to the research question. Participants could define their own experiences as they wished, I did not apply external

meaning or personal perspectives to this data and instead allowed the experiences to stand on their own merit as described by the participants.

External validity, or the ability to transfer results to a larger population (Creswell, 2009), was obtained by identifying the participants from places directly related to the subject matter. Support and focus groups, and word of mouth referrals allowed for the assumption that the participants had direct experience with parental bereavement. This type of convenience sampling often results in skewed data, due to the inability to guarantee that an outside factor has not somehow influenced the experience (Nielsen & Einarsen, 2008). However, as a result of the narrow focus of the study and the atypical criterion which was met by prospective participants, I assumed that transferability to a larger population of bereaved parents can be determined by analyzing the final data to check for content accuracy. This allowed for the presumption that the research question had been accurately interpreted as a result of my study, and the data analysis was then focused on the final outcome of each participant's interview.

Assuring dependability required me to develop an audit trail in order to carefully document the step by step process used during data analysis, in order to describe how the procedures I used remained consistent (Creswell, 2009). This included a variety of options including intensively checking data to assure consistency, as well as avoiding errors. Shenton (2004) described dependability as being able to define the data analysis procedures in such a manner that the study can be replicated by another researcher in the future. Also, this description must be detailed enough that readers can understand the analysis procedures used, in order to determine whether the methods were effective in

quantifying the final results. Shenton suggested this analysis description should include describing the planning process and whether the study itself followed the plan, discussing the events of the study especially identifying occurrences that may have been out of the norm, and giving a careful evaluation of the process in order to identify discrepancies, if any occurred.

Similar to dependability is determining whether the results are reliable, or that another researcher using the same techniques would have the same results (Creswell, 2009). In this case, intercoder reliability affirmed the accuracy of the results through several steps. For example, it is important that I implement a process of check/recheck in order to assure no mistakes had been made in transcription of interviews or subsequent categorization of themes (Groenewald, 2004). Creswell (2009) took this one step farther by suggesting that no change, broadening, or narrowing of meaning occur as themes are developed. I must be able to assure that all themes have been identified by applying the same meaning for any specific code across all themes within the data. One way to do so is through the use of member checking, in which transcripts of the interviews are sent to participants in order to assure that what was transcribed from the interview is actually what the participant intended (Shenton, 2004). Additionally, this can lead to follow up interviews in which the researcher clarifies the emerging patterns and subsequent themes found within the data. In this way the participants themselves play a role in assuring reliability by verifying that contextual meaning within each interview is accurate.

Confirmability in qualitative research occurs by assuming there is little if any room for subjective interpretation of any information gathered during the study process.

However, this is almost antithetical to phenomenology that relies nearly exclusively on the subjective descriptions of those who have had a specific experience (Gough & Madill, 2012). One option for improving confirmability is in developing standardized instructions for data gathering, with any variances from these rules carefully documented and the information gathered assessed carefully to identify potential subjective contamination. Moustakas (1994) cautioned that confirmability requires researchers to avoid making inferences regarding raw data, and to only analyze verbatim transcripts for the predetermined research themes. Gough and Madill suggested that it is possible to carefully discuss any potential agenda of the researcher and the subsequent potential for bias through *reflexivity*, acknowledging the possibility for researcher bias effects that may be identified by the reader. The authors discussed the potential for a more cohesive analysis of the data and subsequent acceptance during peer review, if the reader understands that potential bias may actually be similar to researcher expertise, if in fact any bias actually exists.

Ethical Procedures

Phenomenological analysis requires the acquisition of first person, experiential descriptions of events from individuals willing and able to offer this information (Moustakas, 1994). However, any research that includes human participants requires predetermined steps that will be taken to assure the rights of the participants, as well as the ability of subjects to assure their safety and comfort at any point in the research process (Creswell, 2009). Written approval for participation was obtained from each participant (Appendix B). Issues addressed through this written informed consent

(Appendix B) included the purpose of the study, voluntary participation and how to withdraw at any point of the research without penalty, potential risk, confidentiality, potential benefits of participation, and options for contacting me in case of questions. Participants were also made aware that there would be no remuneration or other incentives offered for participation. Similar approval for the study itself was obtained from the university's institutional review board [02-12-16-0061491] (Appendix F).

Potential participants were advised of any possibility for harm that may have arisen from participation such as increased depression or a return of intrusive thoughts regarding the death of their children. Participants had an opportunity for debriefing following participation in the interview stage, during which any reemergence of trauma that may have occurred as a direct result of participation was discussed. Should these or other issues of mental instability have arisen at any point in the process, participants were made aware of options to assist them in coping with these or any other emergent symptoms (Appendix H).

All participants remained anonymous throughout every step of the study, they were not identifiable by any of the analysis materials nor the published results. There was no direct contact with participants since all interviews were conducted electronically. Should an individual who was known to me have requested participation, he or she would have been declined to avoid any potential conflict of interest that may occur at the time of participation or in the future. However, I did not know any of the participants, nor did any of the specific events of the death event identify a participant. Participants were identifiable only through random numbers assigned once written consent was received. I

was available to answer questions from any participant at any point during the process, and the voluntary nature of the study was addressed in writing as well as before and after the interview process. Participants were made aware of data storage procedures, all written information including transcribed interviews and notes are stored in a locked cabinet at my residence. Electronic information has been encoded and stored in a computer file that is also not accessible by anyone other than myself. I am the only entity with access to the raw data. Destruction of all data will occur three years after the results are published, electronic data will be erased and hard-copy information will be shredded. Should a participant have chosen to withdraw or refuse to continue, withdrawal would have been guaranteed without fear of repercussion. However, none of the participants asked to withdraw from the study. Each participant received recommendations for follow up care, should emotional disturbance have occurred because of participation.

Summary

This study is an in-depth exploration into the experience of being a bereaved parent, and how individuals have developed a new life following the death of a child. The data obtained throughout this study focused on identifying the influence of resilience and recovery for participants. Interviews were conducted with 10 participants with subsequent data analyzed using interpretative phenomenological analysis. This allowed for common themes to be identified, allowing for determination of whether resilience or recovery were identified by participants as having any bearing on their level of functioning following the death. Thorough coding recognized the delineation of meaning implied by the participants, leading to the identification of common elements and themes

that occurred between the individual participants. As these themes emerged, the results answered the research question regarding whether either concept of resilience or recovery played a role within participants' own unique experience of living as a bereaved parent. Validity and other issues of trustworthiness were addressed by following strict guidelines inherent in both the study design, as well as by following the protocol identified within the chosen analysis model. All ethical considerations were addressed through all phases of the study, participants not only gave written consent to participate but were allowed to withdraw at any point during the process.

This chapter included the introduction, research design and rationale, role of the researcher, methodology, instrumentation, researcher-developed instruments, procedures for recruitment, participation, and data collection, data analysis plan, issues of trustworthiness, and ethical procedures, concluding with a summary. In chapter 4, the data and subsequent results will be discussed. This includes the introduction, setting, demographics, data collection, data analysis, evidence of trustworthiness, results, and summary.

Chapter 4: Results

Introduction

The purpose of this phenomenological investigation into parental bereavement was to explore the experience from the perspective of those who have lived it, as well as to compare the concepts of resilience and recovery in order to identify whether they play a role in the healing process. The focus of this study was the perceptions of parents who suffered the death of a child, and whether parents resonated with either resilience or recovery as they reflected on their unique journey with bereavement. Gaining an understanding of these unique perceptions allowed for the development of an answer to the research question: What is the role of resilience and recovery in the lived experiences of parents adjusting to the death of a child? This chapter addresses the study's setting, demographics, data collection methods, data analysis, evidence of trustworthiness, and results, concluding with a summary.

Setting

Interviews took place electronically so that participants could be recruited from a global audience. Additionally, this allowed participants to remain in a comfortable environment in order to relate personal and intimate details of their experience of losing a child. Participants were notified prior to the interview that follow-up interviews might be required for clarification, but this was not needed. There did not appear to be any conflicts between me and the participants, or any other conditions that might cause bias or otherwise skew the results. None of the participants were known to me prior to the interview. Due to the sensitive nature of the topic, debriefing occurred following each

interview. None of the participants expressed discomfort at the completion of the interview that suggested a need for intervention or other type of treatment as a result of participation.

Demographics

Ten participants were recruited to participate in this phenomenological study. Eight were identified through an Internet-based grief support group, and two were recruited through the snowball effect. Seven participants resided in the United States, two lived in Canada, and another was from the United Kingdom. All participants were adults ranging in age from 28 to 70 years. There were nine female participants and one male participant. The age ranges of the children lost ranged between 3 months and 27 years. Two of the parents had lost more than one child. No other demographic information was collected.

Data Collection

Ten participants ($n = 10$) took part in electronic interviews that lasted approximately one hour each. Each interview was recorded electronically, allowing for verbatim transcription of interviews upon completion. Interviews took place between March and May 2016. Participants took part in a formal informed consent process prior to participation (Appendix B) and completed a demographic survey (Appendix C) to ensure that they met the qualifications necessary for participation in this study. Upon receipt of both the informed consent and the survey, I sent an email to participants to schedule an interview at a mutually convenient time. Both forms were conveyed and responded to via email and remain stored on my personal computer's hard drive.

Each interview was initiated by reviewing the informed consent policy as well as discussing the rights of participants, including but not limited to voluntary participation and the right to withdraw. If participants had questions prior to the interview, these were answered before recording was initiated. Each participant was formally asked to give verbal consent for the interview to be recorded. Once this was granted, the formal interview began, following the approved interview protocol (Appendix D) and using predetermined questions (Appendix E). Prior to use of the scripted questions, participants were educated about the concepts of resilience and recovery using the formal definitions provided in Chapter 1. While the scripted questions were followed as closely as possible, other questions arose as part of the phenomenological investigation process in order to understand each participant's unique experience. Upon completion, I transcribed each recorded interview. Participants were assigned a random number between 200 and 500 through a random number generator; this number allowed participants to be identified for tracking purposes without disclosing any personal information. Data were collected and coded during and after the transcription process. All data were collected as outlined in Chapter 3. The only unusual circumstance encountered occurred when I attempted to contact potential participants through the support group. The owner of the group asked for verification from the university confirming the veracity of the study before agreeing to post the request for participants. My chairperson sent a letter of verification, and the request was granted.

Data Analysis

Data analysis followed the horizontal process (Moustakas, 1994) defined in Chapter 3, using the Groenewald (2004) model of interpretative phenomenological analysis (IPA). This method allows for the unique interpretation of the data by each individual who encounters it, including the participant, the researcher, and the reader(s). Analysis, however, requires a more neutral stance; therefore, the first step in the process is bracketing and phenomenological reduction. This helps to reduce the researcher's preconceived ideas about the phenomenon and subsequently lower the chance for bias in determining the results. Additionally, it allows for the development of smaller, more manageable chunks of data (instead of, in my case, 10-hour-long interviews). For example, many participants in this study chose to disclose the death stories of their children. While this information is important, much of the data was focused on the experience of the participants and their concept of resilience or recovery. Therefore, most if not all historical information was eliminated from the analysis process.

The next step of analysis, delineating units of meaning, entails careful analysis of each participant statement to determine its relevance to the research question. In this study, I made lists of participant statements relevant to the research question and used numeration to determine the frequency with which similar statements were made among participants. For example, five participants talked at some length about living in a state of shock for a period of time following the death of their child. Seven participants discussed having isolated themselves from friends and family, and five of those stated

that they continued to do so at the time of the study. These statements were not analyzed for meaning at this stage of the process; they were simply compiled.

Next, I engaged in clustering units of meaning to form themes. Common statements between participants were identified and grouped in order to identify themes that seemed to flow between participants despite differences in circumstance or experience. Common themes included needing to find a "new normal" after the child died, not knowing what to do in order to "come to terms" with the loss, and the most common theme, being unable to relate to the concept of recovery.

The next step in IPA involves summarizing each interview, validating, and modifying in order to review the common themes as well as each interview in relation to the research question. The final step is to extract unique themes for all interviews and develop a composite summary. Specific statements related to the research question were identified, and a theory was developed that led to an answer to the research question: What is the role of resilience and recovery in the lived experiences of parents adjusting to the death of a child? The most common theme related to the research question was the negation of the idea of recovery. One participant stated, "You can't recover from the death of your child, because that would imply the child can be recovered." This theme carried through most of the interviews.

None of the participants appeared to identify with the concept of recovery as it applied to potential recovery from parental bereavement, and one participant also did not necessarily identify closely with the concept of resilience. Participant 417 spoke at length about her religious and spiritual beliefs, which she stated had helped her through

her grieving process. She identified with the idea that resilience might be an avoidant

trait (Boag, 2010), and she went on to relate that to her use of prayer when she felt

overwhelmed with emotion and loss. She said,

> I know I will never recover, and I will never be the same. But at the same time I
>
> am not resilient. I am here because God wants me to be here, and all I can do is
>
> wait for the day he allows me to come home and be with him and my son once
>
> more.

This participant showed that neither resilience nor recovery played a role in her

ability to adapt to her loss; instead, her faith and her belief in religious promise gave her

the strength to continue on her own life's journey.

Evidence of Trustworthiness

In order to assure trustworthiness in this study, it was important to ensure that the

data provided were obtained in the manner outlined in Chapter 3 and that the analysis

could withstand independent scrutiny. Credibility was established in the development of a

structured data collection protocol as defined in Chapter 3, which was followed with each

participant. In this way, I did not bias participants, interviews, or the data provided. I did

not apply any meaning to the participant data or to the data analysis process. This

ensured that the results were impartial and conveyed the meaning inherent in the

participant responses. Within transferability lies the expectation that the results can be

applied to a larger population of the same type of participants. In this case, I used the

strategies outlined in Chapter 3 to generalize assumptions about the population of

bereaved parents and suggested that in most cases, others in similar circumstances would

offer similar types of responses to validate the research. Although it would never be possible to presume that all bereaved parents would answer questions in the same manner, based on the responses from the participants of this study, it would seem safe to imagine that the results can be generalized to a larger population of bereaved parents.

Dependability in qualitative research requires the data collection process to be repeatable and defined in a manner that is understandable. Data collection was straightforward, using 10 participants. The interviews followed the interview protocol, and no follow-up interviews were required. Data analysis followed the processes described in Chapter 3, and was lengthy and repetitive. This resulted in identification of commonalities among and between interviews until finally unique themes were identified that clearly answered the research question. Confirmability requires the researcher to account for any personal bias that may exist before, during, and after data analysis, and explanation of how it may have impacted the results. I am a bereaved parent. It is possible that bias is present in the way I have viewed the overall topics of resilience and recovery as they impact bereaved parents. However, the data were analyzed following the guidelines established in Chapter 3, which included identifying themes in verbatim transcripts of the participant interviews. I did not imply or infer interpretations in any way that could contaminate the meaning within experiences of the participants; the themes were identified from the statements and not any meaning that could be suggested within the statements. Therefore, outside the potential for bias that could be implied by my academic expertise, there should be no prejudice found within the data analysis itself.

Results

The focus of this study was understanding how participants viewed the concepts of resilience and recovery as they reflected on their lives following the death of a child. Overwhelmingly, participants appeared to align with the concept of resilience as previously defined as adapting to a stressful event, instead of recovery, which presumes overcoming the stressful event. As previously mentioned, every participant made some type of statement to the effect that parental bereavement is not an event from which one can recover. For example, Participant 484 stated, "It's almost insulting, that there is not more information out there about us. Children dying is not a new phenomenon, yet the parents get lumped in with everyone else and we hang our heads in shame every time someone asks us why we haven't gotten over it yet."

There were several themes that became apparent in data analysis. Many of them were eliminated as unrelated to the research question. Examples of these included shock and anger following the death of the child, feeling out of touch with reality, isolating from friends and family, and reaching out to support groups for help. Additionally, there were many examples of issues that arose for participants after their children passed away. These included divorces, quitting jobs or getting fired, physical and mental health problems, losing interest in hobbies or activities, turning to or away from religion, thoughts of suicide, and developing unhealthy addictions, to name a few.

Theme 1: New Self-Identity Following Death of Child

The most common theme found among participants was the idea that following the death of their children, they found themselves to be someone different than they were

before. This was especially true for parents who had lost their only child and struggled with the identity of being childless, or for those who had no surviving children in the home. Participant 392 described her experience:

> I went to bed the night before like I always do. I cannot tell you what I did, I probably thought about work the next day or the argument I had with his dad. I just don't remember. Then I got up the next morning like I always do. Brushed my teeth, took a shower, made them breakfast. My husband got there first, like he always did. I yelled down the hall to tell my son to get out of bed or he would be late for school, like I always did. Then I banged on his door, like I always did. Wasn't I supposed to know something was wrong? People talk about that you know, having a feeling that something is off or different. I didn't have that. <quiet sob> But when I opened his door to scold him, that's when I knew. There wasn't anything odd about the placement of his body, he was still in bed. There was no blood. He was under the covers and facing away from me. But he was so, so still and quiet. In that moment I knew that my life was over and I would never again be the same. Only later would I be resilient enough to accept that fact.

This is an example of the overwhelming devastation caused by simply recognizing that a child has died, one that Toller (2008) suggested may be similar to feeling fragmented. Without having had this experience, one can only imagine what occurs to identity schemas through the ensuing weeks and months as a bereaved parent adapts to the loss. This does not take into consideration more simplistic aspects of the self, such as where to live, work, and play. For example, Participant 417 described

having been 3 days from closing on her dream home in the country, where the family would move so her son would have more room to engage in the activities he enjoyed. She stated, "losing our dream house and future was nothing compared to losing our son." Over time, she learned to be resilient in order to find a new future for herself. However, one cannot minimize the impact of these two additional losses, compounding the grief of losing her son.

Theme 2: Being a Bereaved Parent Never Ends, the Journey Changes Over Time

Another theme common among nearly all participants was the idea that being a bereaved parent never ends. Whereas some losses and even deaths can be adapted to over time, the loss of a child is ever present, no matter how long ago the actual death occurred. Participants discussed various methods of coping and attempts to normalize the loss. Perhaps Participant 461 summed it up best with her statement that "being a bereaved parent is a process, and it simply becomes part of who you are just like being a woman or getting older." This same participant discussed her journey in bereavement as one of duality in which she is constantly sad and functioning at the same time. She said that she feels she is expected to live a certain way to meet social expectations in order to maintain a fairly realistic lifestyle, but at the same time she lives with a constant void and sense of sadness due to the loss of her son. She is frustrated that there are expectations for her to move on from this loss when she does not know what that means in a very literal sense. Participant 392 said something similar: "I guess that's what resilience means. Moving on when you don't really know what that means but everyone expects you to do it anyway."

Participant 339 delivered a different and interesting take on this concept of the journey of being a bereaved parent:

My journey into being a bereaved parent started when I learned my son had a terminal illness. It is a lonely process because I didn't know anyone else who understood what it was like or what I could expect on my journey. But once he actually died, and I found other bereaved parents, they helped me develop a sense of safety so I could find my identity. Professionals don't understand that what you need when your child dies is to feel safe. There is no way you can start the journey toward resilience until you can find that safety. Only then can we allow ourselves to test our new boundaries and limits, find out what our new world holds for us. Without that safety we just stay home in bed, under the covers, and cry. And want our children back.

This participant not only appears to agree that parental bereavement is a process, but also suggested that the best place for her to seek assistance was from other parents, and not professionals, in order for her to feel safe. This seems to confirm some research which suggests psychology does not yet know how to properly assist those who have endured the death of a child (Davis et al., 2012; Harris, 2009).

Theme 3: I Must Go On Because He or She Would Want Me To

Nearly all participants discussed the idea that at some point realization came about that their children would want them to go on with life in the best way possible. Participant 370 stated "if I don't get up every day then it is a disservice to my son." She went on to describe starting a non-profit organization in her son's memory as a way to

not only keep herself busy, but also "to find a way to practice what he showed us." This theme was common with parents who felt their children came to the world to give a positive message to others. Participant 392 shared,

> I did better right after my daughter died. I guess I was in shock. I went through all the rituals, I talked to the news, I buried her, I listened to family. All the nonsense. But then everyone left, I went back to work, and I fell apart. I took family medical leave and laid in bed for three months. And those three months became three years. My husband left and took the other two kids. I didn't care. I lost my house, I stayed with friends until they got sick of me. I would sit in the cemetery until they kicked me out. Then one day my son said to me, "you know mom, I think she would hate you for doing this to the rest of us." I just looked at him like he kicked me in the face. But I heard him. He saved my life, because he was right. And I put my life, and my family, and my marriage back together because she would have wanted me to live my life. And eventually I realized I wanted me to live my life too. It doesn't mean I don't miss her every day, but it hurts less to miss her while I am living my life than to miss her while my life is falling apart all around me. I wasn't resilient, but now I am.

This poignant example shows how bereaved parents often need to find meaning after the death of a child in order to be resilient. And sometimes that meaning can come from the memory of the deceased child, or being reminded of the child.

Theme 4: Things Will Never Be the Same

The final theme that seemed to carry across most interviews is the idea that life as it was before the child died, is gone forever. Literally every parent made a statement to this effect. Whether this was related to the interaction with the child such as Participant 417's statement: "in an instant I had the realization that I would never talk to him again" or that everything about a life is forever altered such as this statement by participant 252: "in that moment the world kept going but my life came to a stop." While it is likely these types of statements might be made by anyone who experiences a death, what differs is the persistence of this feeling. Participant 484 summarizes this difference,

> There is a 20-year gap between the deaths of my two children. Not a day goes by that I don't think of them and miss them. I hate that. This is not the life I signed up for, you know? And I can't have any more children. Sure, I have a relatively decent life, you would walk by me on the street and think me to be normal. Resilience did that. But my heart is broken. I am broken. Can you imagine what it is like to be my friend, or God forbid be in a relationship with me? I don't date much because I don't want to expose people to my reality. If it's too much of a burden for me, how can I ask anyone to help me carry it?

This participant shared how resilience helps her carry on with her life, but she feels broken as a result of her grief. Additionally, she adds that her grief is burdensome, which causes her to avoid close relationships with others for fear that it may be too much for them. This issue follows Giannini's (2011) theories that loss of identity following the

death of a child can be commonplace for an individual. For this particular participant, conceptualizing the idea that nothing will ever be the same goes beyond mere identity.

Summary

The results of this study indicate that bereaved parents relate much more strongly to the concepts of resilience and hardiness, than they do recovery and overcoming the loss. The common themes suggest that parents recognized changes in identity that are irreversible following the loss, and that the new identity of being a bereaved parent is persistent. This new label brings with it a journey, or process, but it is a shifting and changing progression unique to the individual. Parents eventually may realize at some point in their bereavement journey that they must go on in their own lives whether they want to or not, for themselves or for the memory of the child who has passed. And finally, bereaved parents come to terms with the idea nothing will ever be the same, not just the changes in identity. Perhaps this is the most relevant concept when considering the ideas of resilience and recovery. For if things were to simply go back to the way they once were, there would be no need to adapt or overcome.

For this study, participants answered the research question:

RQ1. What is the role of resilience and recovery in the lived experiences of parents adjusting to the death of a child?

Participant responses overwhelmingly indicate that resilience is an adaptive process used by bereaved parents to adjust to the death of a child. This coincides with the resilience model of adaptation defined by Clinton (2008) who suggested that individuals adapt to life stressors by engaging in action-oriented behaviors despite difficult

circumstances. Participants described positive and negative actions, and debilitating

experiences following the deaths of their children. But each of them appeared to have

found their own unique sense of an adaptive process that worked for them, despite what

others might have wished for them or even expected of them. Participant responses did

not seem to correspond to any of the recovery models defined in Chapter 2, which

propose that returning to a pre-event sense of functioning is an ideal goal.

The following chapter will discuss the impact of these findings. Chapter 5

includes the introduction, interpretation of the findings, limitations of the study,

recommendations, and implications, culminating with the conclusion.

Chapter 5: Discussion

Introduction

This qualitative study was an examination into the experiences of parents who had endured the death of a child, with the aim of understanding how they endured the trauma and returned to healthy functioning. Research into parental bereavement is extremely limited, especially qualitative analysis into what it means to be a bereaved parent. Because of this, a phenomenological design was chosen for this study in order for participants to have an opportunity to describe their own experiences as well as processes used to manage the trauma of losing a child. The purpose of the study was to determine whether resilience or recovery play a role in their experiences, or if some other factor was more significant in the process. Relevant literature appeared to be conflicted, with some studies suggesting resilience to be a necessary factor in overcoming many of life's challenges (Fraley & Bonanno, 2004; Mancini & Bonanno, 2009; Ungar, 2010). However, other research implies that recovery from hardships should be the goal, in that resilience may be little more than avoidance (Boag, 2010; Freitas & Downey, 1998; Paletti, 2008; Stroebe et al., 2007). Therefore, it appeared that the best way to understand how parents cope with this loss was to develop a study focused on their unique perspectives into their own experiences.

The results nearly overwhelmingly indicate that bereaved parents identified resilience as a factor in how they resolved the death of their children. Every participant summarily rejected the concept of recovery, with nearly every participant making some form of statement suggesting that "there is nothing from which to recover." Many

participants appeared to become frustrated by the concept indicating that recovering from their grief would somehow return them to predeath functioning. Participants suggested that the only way for this to occur would be for the child to have never passed away. Instead, many parents described how resilience helped them to figure out how to function despite the death of the child. In this way, they could develop a new reality despite the missing child and discover a new type of normalcy within their new lives.

Interpretation of the Findings

Perhaps the most common finding within participant responses was the unique journey each of them took, and continued to take, in order to find new meaning within their lives. This confirms similar research by Meert et al. (2009), who suggested that parental grief processes are based on the need to find new meaning not only as a result of the death, but also within the overall grief journey on which parents will find themselves for the remainder of their lives. Findings appear to confirm the suggestion of Zautra (2009) that despite situational setbacks caused by circumstances such as the loss of a loved one, individuals seek to withstand the circumstances and move forward in life. Study participants often made similar references, stating that at some point it became essential to not necessarily move past the loss but move forward in spite of it. This contradicts recovery research that implies it is necessary to learn how to cope with stressful circumstances in order to overcome them (Vogt et al., 2012). For this study, that theory would suggest that child-death is simply an event in which specific coping strategies, once applied, would allow the parent to be the same person he or she was before the loss occurred. Although one might speculate that this process of overcoming a

traumatic event is possible with other experiences, it is likely unrealistic for anyone who has experienced the death of a loved one, much less one's own child.

These concerns are magnified when interpreting participant responses for this study. For example, Paletti (2008) suggested that expectations of recovery for any bereaved individual require the ability to measure improvement. This would necessitate a measured understanding of an individual's functioning both before and after the stress-inducing experience. Another assumption would be that the individual was functioning in an emotionally and psychologically healthy manner prior to the event. Then comparisons would need to be identified and measured, as if the ability to fully understand any individual's psychological health could be determined through a system of abstract measurements. Participants in this study seemed to suggest an alternate view, that emotional wellness flows along a continuum. Parents discussed fluctuations in well-being that changed sometimes as often as several times a day. Additionally, external factors play a substantial role in functioning. For example, availability of supports, exposure to triggering events, and even time of year play a role in psychological functioning for bereaved parents. There is no way to measure at any given moment whether the parent is doing better or worse than at any other time without considering all of these known and unknown factors.

This study was based on the theory of multiple trajectories of outcome following trauma and loss (Bonanno, 2004), which presumes that an individual has several options for coping with traumatic events. Participants appeared to support this theory, clearly separating the ideas of resilience and recovery within each of their narratives. In fact,

one participant did not identify with either concept, and instead claimed that her faith and religious beliefs held the sole responsibility for her ability to continue functioning following the death of her child. She described her belief in God and the ability to see her child again in heaven as her motivation for moving forward in her own life. Without this faith, she did not believe that resilience or recovery had any hope of helping her function without her child. This participant showed how other pathways outside resilience and recovery may help grieving parents cope with loss and find a new semblance of normal functioning.

Just as coping with loss can take many pathways, it is also important to consider that bereavement itself is multifaceted, with numerous dimensions within the change process that occurs as a result of experiencing a death (Toller, 2008). Participants identified a great many changes within their lives outside the loss and change in roles. Parents reported identity shifts that led to change or loss of career, altered relationships with others, modifications in activities and interests, and many other changes in virtually all aspects of life. In fact, many participants discussed complete changes in identity. For example, one participant reported having quit her job after her child died and spending so much time isolated from others that she was struggling with social anxiety and agoraphobia. While this same participant rejected the idea of recovery and defined how resilience played a role in her current functioning, she also could be considered someone who did not necessarily identify a new sense of normal functioning. This is similar to research by Umphrey and Cacciatore (2011), who suggested that parental bereavement can be so ambiguous that emotional and psychological problems simply cannot be

overcome. Parental bereavement is not a typical life event, even though it is not

uncommon. Parents who lose a child deal with a multitude of new realities, not simply

accepting the new role of bereaved parent. Giannini (2011) suggested that the death of a

child can leave parents destroyed and debilitated, grief becoming an impenetrable barrier.

While not all participants of this study described this level of personal devastation

following the death of their child, not all were able to rebuild a new purposeful life

regardless of being resilient.

This study also appears to confirm emerging research that suggests that older grief

theories and models are no longer effective (Gudmundsdottir & Chesla, 2006).

Participants discussed lack of cohesive or identifiable "stages" within their unique grief

experiences. Some parents discussed what could be considered additional grief stages,

such as complacency and avoidance. Given that some recovery models indicate that

avoidance is unhealthy and will negatively impact functioning (Boag, 2010; Freitas &

Downey, 1998), this begs the question of the impact of avoidance on bereaved parents.

Nearly every participant discussed times when avoidance helped in achieving goals or

moving forward in the coping process. Perhaps what is important in this discussion is

what is being avoided, not the avoidance process itself. Bereaved parents reported

avoiding triggers or reminders of the child's death. In most cases, parents are not

avoiding memories of the child; rather, they avoid putting themselves in situations in

which the pain of being a bereaved parent is the focus. This appears to suggest that not

only do recovery models of coping not apply well to bereaved parents, but even the

negative presumptions with the theories can occasionally have a benefit for parents in

some situations. This confirms literature that clearly indicates that there simply is not

enough research available to gain a better understanding of the experience of parental

bereavement (Harper et al., 2011; Hynson et al., 2006).

Limitations of the Study

The main limitation of this study was the small sample size in the context of

attempting to generalize results to the entire population of bereaved parents. This study

used a design typical for phenomenological studies. However, there is no way to account

for all the biopsychosocial and environmental factors that complicate every bereaved

parent's attempt to implement resilience or recovery. Additionally, the study design

purposefully did not account for demographic differences, even though not all

participants were from the United States. One participant identified her religion as the

protective factor that helped her cope with her loss; a larger study with a greater variety

of participants might return different results.

Recommendations

Recommendations for further research are based on understanding more about

what bereaved parents require to improve functioning. For example, many participants in

this study described having attempted to engage in some form of grief therapy or

counseling. However, every participant who reported having received therapy discussed

believing that the therapist did not effectively treat his or her specific needs. Further

research could identify how counselors can treat parental bereavement, as well as

determine what sort of specialized education and training may be needed to work with

this population. Another area for study is the long-term impact of parental bereavement.

The focus of this study was on the impact of resilience and recovery; however, a longitudinal study to determine how these concepts affect a participant over an extended period of time could provide greater knowledge of bereavement over the remainder of a parent's life. This could be especially important to learn whether traditional developmental stages and other phase-of-life issues impact parental functioning over the remaining lifespan.

There is a need for more intensive study regarding the parental bereavement process in general (Coifman et al., 2007; Davis et al., 2012; Harris, 2009; Hooghe et al., 2012; Hynson et al., 2006). Because emerging research suggests that step-models of bereavement may not be adequate, it is important to better understand how grief impacts specific populations to avoid the potential for complicated bereavement (Greeff et al., 2011). This again speaks to therapeutic interventions that may not be appropriate for a bereaved parent, as well as to other treatment methodologies that can assist in avoiding complicated grief. Lichtenthal et al. (2013) suggested that a main focus for parents and their care providers is engagement in meaning making in order to identify a new meaning for life as well as the meaning in the child's death. Without further research into this population and understanding members' perspectives into what they need, it will only be possible to continue to apply perhaps ineffective theories that continue to cause bereaved parents to believe that they are misunderstood and therefore not receiving the care they need.

Implications

The implications for this study are numerous, but perhaps what is most notable is that there simply is not enough research available that can help improve the understanding of what it means to be a bereaved parent. In relation to the theoretical implications of the concepts of resilience and recovery, it would seem that many research assumptions cannot be properly applied across all populations. Results indicate that bereaved parents tend to identify more with the concept of resilience, suggesting that recovery is not only impossible, but also potentially offensive. This empirical implication confirms Bonanno's (2004) theory of multiple pathways of outcome following trauma and loss, which presumes that returning to normal functioning after a traumatic event is unique to each individual. Additionally, one participant did not identify with either recovery or resilience and described a unique protective factor. This theoretical implication suggests that Bonanno's theory, which indicates that what is an unhealthy outcome for one individual may not be the case for another, can be affirmed due to the fact that an undiscovered factor led to improvement in functioning for one of the participants. Yet even resilience is shown in the results to not be without controversy, in that many participants reported using some form of avoidance in order to cope. Research has previously shown avoidance to be repressive and having a negative impact on functioning in some way (Wijngaards-de Meij et al., 2007). This study shows a clear need for cohesive agreement in the research into the positive and negative impact of numerous factors inherent in the parental bereavement process.

Positive Social Change

A common complaint by participants of this study was the experience of being misunderstood, disenfranchised, or even marginalized as a result of their experience of losing a child. For example, one mother described losing her job as a result of her grief because her employer did not understand her need for extra time away from work to grieve. Most participants described being told by significant others to "get over it" or something similar, months and years after the death. This implies that parental bereavement is some sort of typical experience that anyone can overcome after a brief period of time. This study may help shed some light on the experience of parental bereavement and how detrimental it can be to basically all aspects of functioning. Although functional improvement is not only possible but necessary, to imply that the loss of the child can somehow be overcome at all speaks to a level of misunderstanding about this phenomenon. Giannini (2011) described the marginalization of bereaved individuals as a result of misconstrued social expectations. Unfortunately, this further complicates parental bereavement by minimizing the importance of the child and the unique grieving process for parents.

Another potential benefit is for the participants, and potentially the larger population of bereaved individuals and parents most especially. Goldenberg et al. (2010) suggested that until more researchers are willing to investigate the complicated landscape of bereavement, psychology will continue to function based on conflicting data. Many researchers are hesitant to conduct studies with populations whose members have endured sensitive and painful experiences; however, Dyregrov (2004) suggested that

participants often express positive outcomes from study participation. Some participants of this study reported satisfaction in being able to share their stories, knowing that they may have a positive impact for future bereaved parents. In fact, more than one participant described some form of cathartic experience from simply being able to tell their story without fear of judgment. Dyregrov defined this as a process that helps participants reconstruct their own unique perspectives of their own identity and perhaps find new aspects of meaning while retelling their stories. If this is assumed to be true, perhaps this study can assist other bereaved parents in becoming more willing to participate in similar research without fear of judgment or other reprisal.

Conclusion

This phenomenological investigation addressed the lived experiences of bereaved parents and how they view the concepts of resilience and recovery in their own adaptive processes. Authors within the current literature disagree about resilience and recovery, as well as how grieving individuals should best deal with their personal losses. Additionally, literature is very vague when it comes to bereaved parents, and in fact there are very few studies that focus explicitly on this population. This study very specifically focused on not only the experiences of bereaved parents, but also and perhaps more importantly, their perspectives on how their losses have affected them. The results of this study not only appear to suggest that resilience is a better option for parents in improving functioning following the death of a child, but also give a clear look into the actual experiences of this population and just how difficult coping with this loss can be. Results indicate resilience to be a much better option for bereaved parents, in that recovery

implies returning to a life that no longer exists. However, results appear to show that the division within the literature regarding grief and bereavement, resilience and recovery, and what constitutes healthy functioning is literally felt by bereaved parents. It is hoped that this study promotes further interest into this population in order that they can receive the support and treatment options they need, instead of feeling minimized and misunderstood by a field guided by divided and uncertain research.

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Appendix A: Invitation to Participate in Research

To Whom it May Concern:

I am a doctoral student at Walden University, pursuing a PhD in Clinical Psychology. I am currently conducting a study regarding the concepts of resilience and recovery, and whether these are factors used by bereaved parents as they pursue improved quality of life following child death. The purpose of this study is to increase the data available regarding this phenomenon, in order to improve understanding for those who may work professionally with this population in the future. I am requesting that you, as the owner of an online group dedicated to helping this population, would consider posting the below invitation for members who may be interested in participating such a study. I am seeking ten individuals to participate in an online interview, to share their personal experiences regarding losing a child.

Anyone interested in participating or gaining more information can contact me at resiliencestudy2015@gmail.com. While there is no compensation for participation, one goal for this study is to broaden what is known about bereaved parents in order to more effectively offer assistance to those who suffer from this type of loss. Additionally, those who express interest are under no obligation to participate, and can withdraw from the process at any time without fear of recrimination. Thank you for your consideration.

Anita Elderkin
Doctoral Student in Clinical Psychology
Walden University

Please post the following message to your group:

A member of our Grief Beyond Belief internet support group is a PhD student at Walden University, and is seeking participants for a research study into the concepts of resilience and recovery as they apply to bereaved parents. Involvement in this study includes participating in an interview, to answer questions regarding the individual's personal experience in losing a child. The interest lies in whether the individual used a process of resilience, recovery, or some other method to resume or develop a manageable quality of life. All information gathered at any point in this process will be confidential and available to no one other than the researcher, and the researcher's university faculty. If you are an adult over the age of 18 who has experienced the death of a child more than

one year ago from today, and are interested in learning more about participation in this study, please contact the researcher at resiliencestudy2015@gmail.com for more information. There is no obligation to participate, and anyone expressing interest will remain completely confidential. No one in this group other than the researcher will know the identity of any participant.

Appendix B: Informed Consent

Thank you for your interest in participating in this study. The purpose is to identify how parents who have experienced the death of a child have learned to cope with their loss. Specifically, the study will investigate whether resilience or recovery concepts play a role in bereaved parents' ability to adjust to life without the child. Participation in this study will include answering predetermined questions regarding the participant's personal experience in improving his or her life following the death of a child. These interviews will be conducted electronically and recorded in order for the researcher to develop verbatim transcripts of the conversation. All information gleaned at any point in the process will be confidential and available to no one other than the researcher, and the researcher's university faculty. Confidentiality will be guaranteed throughout every portion of the study, as well as during and after publication of the results. However, it is important to note that should any participant disclose current danger to self or others, this will be reported to the proper authorities as required by law. In addition, should any participant disclose having committed an egregious act of harm to another in the past, this may also be required to be reported.

All participants must be adult individuals over the age of 18, who have experienced the death of a child a minimum of one year prior to participation in this study. Participants must be able to read and speak English in order to communicate with the researcher. There are no other requirements to participate in this study. Participants must be willing to participate in an electronic interview utilizing Skype. This will be an audio recording, not video, and should last approximately one hour. Prior to scheduling the interview, the participant will be asked to complete a demographic survey in order for the researcher to assure requirements for participation are met. This survey should take no more than 5-10 minutes to complete. Following completion of the interview, each participant will be sent a copy of the transcribed interview in order to assure accuracy. Participants may be asked for a follow up interview should information need to be changed or clarified. This interview should take approximately 15 minutes, should it

occur. No further contact will be necessary, however the researcher will send each participant a summary of the final results, once completed.

All participation is voluntary, any participant can withdraw at any time without penalty. Additionally, participants may choose to refuse to answer any specific question, while continuing to participate in the overall interview. While the study itself does not pose foreseeable risk or danger to participants, it is possible that participation could result in emotional difficulties caused by relating the details of your experience. Attached to this form is a list of referrals for you to seek assistance with managing any distress participation may have caused. There is no compensation for participation, other than the opportunity to expand the knowledge base regarding the experience of losing a child and how bereaved parents learn to cope with the loss. Again, participants have right to withdraw at any time without penalty.

Potential participants must follow the directions below in order to consent to participate. I will contact you further in order to discuss further steps in the research process. I humbly appreciate your willingness to assist me in this process of enhancing the knowledge base of the experience of losing a child, as well as understanding the tools used by those who have learned to cope with this loss.

If you have any questions regarding this research, or potential participation, please contact me at the same email address noted above. You can also contact my dissertation chair, Dr. Yoly Zentella at Yoly.zentella@waldenu.edu. Additionally, should you have questions about your rights as participants you may contact my university's research advocate at irb@waldenu.edu. Thank you.

Sincerely,

Anita Elderkin, PhD Candidate – Walden University

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I agree that I have read the above information regarding this study, and assert that I have interest in participating. I understand the potential risks in participation as described above, and I also recognize there is no compensation for my involvement. I further

acknowledge that I have the right to withdraw my consent to participate at any time without penalty. I will reply to the sender of this email at resiliencestudy2015@gmail.com with the words "I consent" written in the body of the email. This response will be sufficient to acknowledge my agreement to participate in the above described research study. I will keep or print a copy of this consent form for my records.

Appendix C: Demographic Information

Please provide the following information which is intended to be used solely as a method

of tracking participants, and will not be utilized within data analysis nor will this

information be made public.

1) Participant initials

2) Gender

3) Age

4) Date of child's death

5) Current country of residence

6) Are you currently receiving psychological treatment as a result of the loss of your

   child?

   a. (If yes) Do you believe this treatment will impact your ability to

      participate in this study?

7) Do you foresee any barrier to participation in this study? If so, what?

Appendix D: Interview Protocol

Interviewer Plan

1) Contact participant

2) Gather demographic information to assure applicability as participant

3) Discuss purpose of study, define concepts of resilience and recovery

4) Reiterate informed consent policy

5) Schedule interview, give instructions for participation

6) Discuss recording procedures, gain written consent

At scheduled interview time

7) Reiterate study purpose, informed consent and right to withdraw without penalty

8) Obtain permission to record

9) Upon completion of interview, ask if participant has other information to offer

Post-Interview

10) Thank participant, offer a list of resources.

11) Inform participant that a transcript will be sent when available, request follow-up interview for member checking purposes

Appendix E: Interview Questions

1. Basic information regarding deceased child such as age, circumstances of death, how parent was informed (if applicable), etc.

2. Please tell what it was like for you to experience the loss of a child.

   a. Please describe how one, both, or neither of the predefined terms of resilience and recovery played a role in your experience.

3. Please tell what it was like for you to experience the process of making sense of being a bereaved parent.

4. Please tell what it was like for you to experience returning to a sense of functioning that is normal or typical for you after developing an understanding of your new role as a bereaved parent.

5. Please tell what it was like for you to experience resilience or recovery between then (having returned to your normal functioning) and now, if applicable.

6. Please describe your current experience of being a bereaved parent, and how it has changed over time.

7. If you could have done anything differently as you experienced the death of your child, how would you have applied either resilience or recovery to change your experience?

8. Please add any additional information you believe important in order to better understand your personal experience of being a bereaved parent as it may apply to resilience and/or recovery.

Appendix F: Walden Institutional Review Board Permission

foreseeable risk or danger to participants, it is possible that participation could result in emotional difficulties caused by relating the details of your experience. Attached to this form is a list of referrals for you to seek assistance with managing any distress participation may have caused. There is no compensation for participation, other than the opportunity to expand the knowledge base regarding the experience of losing a child and how bereaved parents learn to cope with the loss. Again, participants have right to withdraw at any time without penalty.

Potential participants must follow the directions below in order to consent to participate. I will contact you further in order to discuss further steps in the research process. I humbly appreciate your willingness to assist me in this process of enhancing the knowledge base of the experience of losing a child, as well as understanding the tools used by those who have learned to cope with this loss.

If you have any questions regarding this research, or potential participation, please contact me at the same email address noted above. You can also contact my dissertation chair, Dr. Yoly Zentella at Yoly.zentella@waldenu.edu. Additionally, should you have questions about your rights as participants you may contact my university's research advocate at irb@waldenu.edu. Walden University's approval number for this study is 02-12-16-0061491 and it expires February 11, 2017. Thank you.
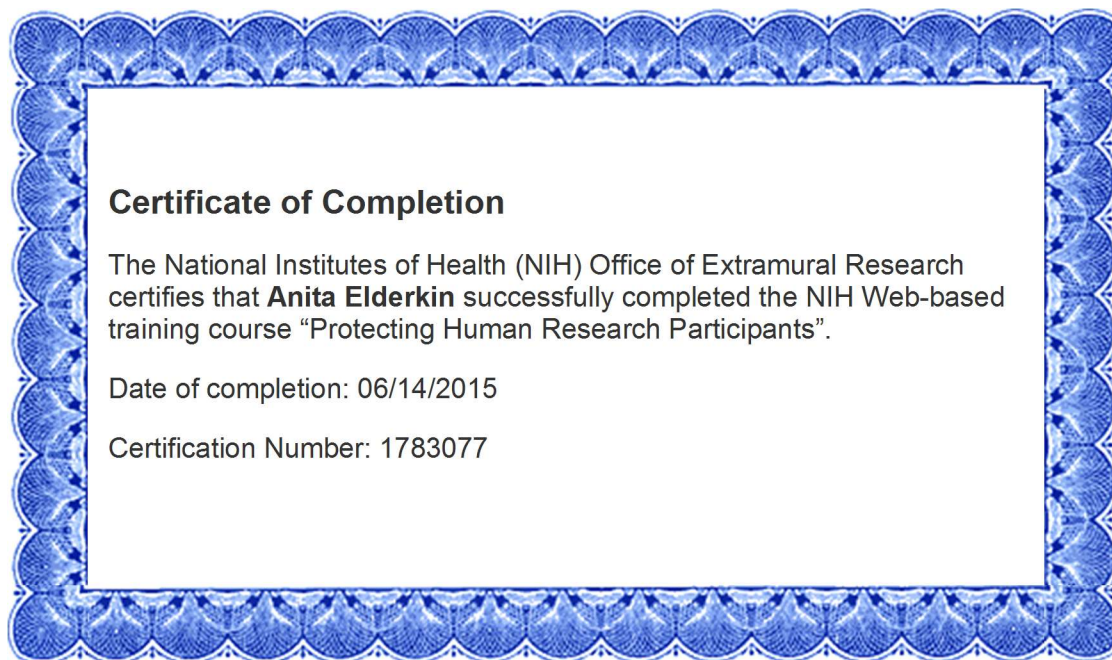
Sincerely,

Anita Elderkin, PhD Candidate – Walden University

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I agree that I have read the above information regarding this study, and assert that I have interest in participating. I understand the potential risks in participation as described above, and I also recognize there is no compensation for my involvement. I further acknowledge that I have the right to withdraw my consent to participate at any time without penalty. I will reply to the sender of this email at resiliencestudy2015@gmail.com with the words "I consent" written in the body of the email. This response will be sufficient to acknowledge my agreement to participate in the above described research study. I will keep or print a copy of this consent form for my records.

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Appendix G: Certificate of Completion—NIH Training

Certificate of Completion

The National Institutes of Health (NIH) Office of Extramural Research certifies that **Anita Elderkin** successfully completed the NIH Web-based training course "Protecting Human Research Participants".

Date of completion: 06/14/2015

Certification Number: 1783077

Appendix H: Resources

The design of the study in which you have agreed to participate does not contain foreseeable risk for participants. However, it is acknowledged that in discussing your experience of coping with the death of your child you may encounter mental and/or emotional distress. Because your participation occurs in a virtual environment it is difficult to adequately identify appropriate resources in your local area. However, the following list should offer adequate options for assisting you through this difficult time:

- If you are experiencing a crisis and require medical assistance, please dial 911.

- The Compassionate Friends is an International Organization designed specifically for assisting individuals who have endured the death of a child. They can link you to local chapters and other resources in your area. You can reach them toll-free at 877-969-0010 or online at www.compassionatefriends.org

- A similar nationwide support group, more heavily focused for parents who are in the first few years of grieving the death of a child is Bereaved Parents of the USA. You can reach them at 800-273-8255 or online at www.bereavedparentsusa.org

- If you are experiencing difficulties related to the specific situation or cause of your child's death, an online resource offers options for many issues such as parents of murdered children; children who died due to miscarriage, stillbirth, or early infant death; SIDS; or other focused issues can be found online at www.griefnet.org/resources/parents.html

- Another online resource for death-specific support and resources can be found at www.mygriefangels.org/Grief_Support_Directory.html

- Your local yellow pages may list counselors and other mental health professionals in your area who specialize in working with bereaved parents.