

Life after Death: An Interpretative  
Phenomenological Study of Men who have  
Experienced a Sudden Bereavement

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by

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## **ABSTRACT**

The presented study investigated the lived experience of suddenly bereaved men. The aim was to identify the felt impact of such a phenomenon, including the meaning men ascribed to their experience, and to provide insight into interventions which participants recognised as helpful and unhelpful in their bereavement.

Three men whose wives had died of natural causes within six weeks of admission to a hospital critical care setting, volunteered to be interviewed. Interpretative Phenomenological Analysis methodology was adhered to throughout the research process and used to develop themes which represented participants' experiences.

Three super-ordinate themes emerged, focussing on meaningful aspects of participants' experiences. Firstly, 'Sudden Loss' details the impact of the suddenness of the loss and the resulting emotional impact, including the occurrence of an apparent ambivalence towards aspects of social support. The second super-ordinate theme, 'Transitioning Self' brought together features of participants' experiences which were key within the process of transition to a new reality without their wives, including adaptations to their sense of self, re-evaluation of their lives and the felt impact of social influences on their grief. Lastly, the 'Supporting Transition' theme highlights facets which were supportive in navigating their journey post-bereavement.

The findings illustrated the lived experience of a sudden bereavement impacted across multiple aspects of participants lives, including their sense of self, independent futures and considerations for social elements. Conflicting views within their experiences were also impactful within participants' mourning. Implications for Counselling Psychology and professional practice are discussed, highlighting issues surrounding the reduction of social stigma regarding the demonstration of emotion in men's mourning and the supportive value of continued bonds post-bereavement. Suggestions for future research are also identified.

## **TABLE OF CONTENTS**

<b>ABSTRACT</b>	<b>i</b>
<b>ACKNOWLEDGEMENTS</b>	<b>ix</b>
<b>GLOSSARY OF ABBREVIATIONS</b>	<b>x</b>
<b>LIST OF TABLES</b>	<b>xi</b>
<b>LIST OF FIGURES</b>	<b>xii</b>
<b>LIST OF APPENDICES</b>	<b>xiii</b>
<b>GLOSSARY OF TERMS</b>	<b>xv</b>
<b>CHAPTER 1 INTRODUCTION</b>	<b>1</b>
1.1 Introduction	<b>1</b>
1.2 Professional and Personal Experience	<b>1</b>
1.3 Establishing the Focus for Study	<b>3</b>
1.4 Chapter Summary	<b>7</b>
<b>CHAPTER 2 THEORETICAL BACKGROUND AND LITERATURE REVIEW</b>	<b>8</b>
2.1 Introduction	<b>8</b>
2.2 Part One – Theoretical Background	<b>9</b>
2.2.1 A Condensed History of Grief Theory	<b>9</b>
2.2.2 Meaning-Making as a Therapeutic Approach to Bereavement	<b>16</b>
2.3 Part Two – Literature Review	<b>23</b>
2.3.1 Defining Sudden Bereavement	<b>23</b>

2.3.2	Bereavement and Intensive Care Settings	<b>25</b>
2.3.3	The Psychological and Physiological Implications of Sudden Bereavement	<b>27</b>
2.3.4	Comparative Research of Gender Differences in Bereavement	<b>31</b>
2.3.5	Qualitative Research on Men’s Experience	<b>35</b>
2.3.6	Masculinity and Grief	<b>37</b>
2.3.7	Phenomenological Research on Men’s Experience of Bereavement	<b>41</b>
2.4	Chapter Summary	<b>50</b>
<b>CHAPTER 3</b>	<b>RESEARCH METHODOLOGY</b>	<b>53</b>
3.1	Introduction	<b>53</b>
3.2	Study Aims	<b>53</b>
3.3	Expected Outcomes	<b>53</b>
3.4	Methodology	<b>54</b>
3.4.1	The Qualitative Approach	<b>55</b>
3.4.2	Critical Realism as a basis for IPA	<b>55</b>
3.4.3	Phenomenology	<b>57</b>
3.4.4	Hermeneutics	<b>62</b>
3.4.5	Idiography	<b>65</b>
3.4.6	Why IPA Specifically?	<b>66</b>
3.4.7	Summary	<b>68</b>
3.5	Research Methods	<b>69</b>
3.5.1	Participants and Sampling Strategy	<b>69</b>

3.5.2	Participant Inclusion Criteria	<b>72</b>
3.5.3	Participant Exclusion Criteria	<b>72</b>
3.5.4	Ethical Approval	<b>73</b>
3.5.5	Recruitment Process and Procedure	<b>73</b>
3.5.6	Recruitment Target	<b>75</b>
3.5.7	The Interview	<b>76</b>
3.5.8	Data Analysis	<b>79</b>
3.6	Key Ethical Considerations	<b>81</b>
3.6.1	Ethical Research Framework	<b>81</b>
3.6.2	Informed Choice and Consent	<b>82</b>
3.6.3	Confidentiality and Anonymity	<b>82</b>
3.6.4	Safety of Participants and Researcher	<b>84</b>
3.7	Trustworthiness	<b>85</b>
3.7.1	Sensitivity to Context	<b>86</b>
3.7.2	Commitment and Rigour	<b>87</b>
3.7.3	Transparency and Coherency	<b>88</b>
3.7.4	Impact and Importance	<b>89</b>
3.8	Chapter Summary	<b>91</b>
<b>CHAPTER 4</b>	<b>FINDINGS</b>	<b>92</b>
4.1	Introduction	<b>92</b>
4.2	Identified Themes	<b>92</b>
4.3	Sudden Loss	<b>93</b>
4.3.1	No Time	<b>94</b>
4.3.2	Emotional Impact	<b>98</b>

4.3.3	Ambivalence Towards Support	<b>103</b>
4.4	Transitioning Self	<b>108</b>
4.4.1	Adapted Sense of Self	<b>108</b>
4.4.2	Re-evaluation and Looking to the Future	<b>113</b>
4.4.3	Perceptions of Male Coping	<b>119</b>
4.5	Supporting Transition	<b>127</b>
4.5.1	Coping Strategies	<b>128</b>
4.5.2	Keeping her Close	<b>134</b>
4.6	Chapter Summary	<b>139</b>
<b>CHAPTER 5</b>	<b>DISCUSSION</b>	<b>141</b>
5.1	Introduction	<b>141</b>
5.2	Suddenness and Preparation	<b>141</b>
5.3	Emotional Upheaval	<b>144</b>
5.4	Transitions Post-Bereavement	<b>148</b>
5.5	Continuing Bonds	<b>152</b>
5.6	Independent Coping	<b>154</b>
5.7	Gender and Bereavement	<b>155</b>
5.8	Perceptions of Social Expectations	<b>157</b>
5.9	Visual Depiction of Meaningful Features within Participants' Experiences	<b>160</b>
5.10	Implications for Counselling Psychology and Professional Practice	<b>162</b>
5.10.1	Existential Focus	<b>162</b>
5.10.2	Sociocultural Expectations on Men's	<b>164</b>

Experience	
5.10.3 Community Initiatives	<b>166</b>
5.10.4 Continued Relationships	<b>169</b>
5.11 Limitations of the Study	<b>171</b>
5.11.1 Recruitment	<b>171</b>
5.11.2 Confirming Trustworthiness	<b>172</b>
5.12 Recommendations for Further Research	<b>174</b>
5.12.1 Exploring the Essence of Men’s Lived Experience	<b>174</b>
5.12.2 Exploration of Language	<b>174</b>
5.12.3 Study Participants	<b>175</b>
5.12.4 Research with Bereaved Individuals	<b>176</b>
5.13 Chapter Summary	<b>178</b>
<b>CHAPTER 6 CONCLUSION</b>	<b>179</b>
<b>CHAPTER 7 REFLECTIONS</b>	<b>181</b>
7.1 Introduction	<b>181</b>
7.2 Johns’ Model of Structured Reflection	<b>181</b>
7.3 Identifying the Area of Study	<b>184</b>
7.4 Ethics	<b>185</b>
7.5 Recruitment and Interviews	<b>186</b>
7.6 Analysis and Write-up	<b>192</b>
7.7 Summary on Becoming a Researcher	<b>195</b>
<b>REFERENCES</b>	<b>198</b>
<b>APPENDICES</b>	<b>243</b>



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## **GLOSSARY OF ABBREVIATIONS**

**BACP** - British Association for Counselling and Psychotherapy

**BPS** – British Psychological Society

**GP** – General Practitioner

**ICCU**– Integrative Critical Care Unit

**ICS** – Intensive Care Setting

**IPA** – Interpretative Phenomenological Analysis

**NICE** - National Institute for Health and Care Excellence

**NHS** – National Health Service

**PIS** – Participant Information Sheet

**PTSD** – Post Traumatic Stress Disorder

## **LIST OF TABLES**

- |  |                 |
|--|-----------------|
| <b>1</b> Demographics of participants  | Page <b>70</b>  |
| <b>2</b> Super-ordinate themes and the contributing<br>sub-ordinate themes for the participant group | Page <b>93</b>  |
| <b>3</b> Johns' (1994, 2004) model for structured<br>reflection with underlying principles           | Page <b>183</b> |

## **LIST OF FIGURES**

- |   |                 |
|---|-----------------|
| <b>1</b> Smith et al.'s steps for IPA analysis figure                             | Page <b>80</b>  |
| <b>2</b> Visual depiction of meaningful features within participants' experiences | Page <b>160</b> |

## **LIST OF APPENDICES**

- I** Ethical Approval from University of Wolverhampton
- II** Request for Access to ICCU
- III** Letter of Confirmation from ICCU
- IV** Ethical Approval from Research Ethics Committee
- V** Ethical Approval from Health Research Authority
- VI** Approval from Research and Development Department
- VII** Introduction to Good Clinical Practice eLearning Certificate
- VIII** University of Wolverhampton Liability Insurance Confirmation
- IX** Information for ICCU re. Recruitment
- X** Covering Letter from ICCU
- XI** Covering Letter to Participants
- XII** Participant Information Sheet
- XIII** Reply Slip
- XIV** List of Bereavement Care Organisations and Contact Details
- XV** University of Wolverhampton Lone Worker Policy for Researchers
- XVI** Letter of Confirmation
- XVII** Topic Guide Questions for Interviews
- XVIII** Participant Consent Form
- XIX** GP Consent Form
- XX** Letter to GP
- XXI** Symbols for Interview Transcription
- XXII** Smith et al's (2009) Steps for IPA Analysis

- XXIII** Example Initial Noting for Transcripts
- XXIV** Example Emergent Themes into Sub-ordinate Themes (John)
- XXV** Super and Sub-ordinate Theme Table for John
- XXVI** Super and Sub-ordinate Theme Table for Mark
- XXVII** Super and Sub-ordinate Theme Table for Frank
- XXVIII** Super and Sub-ordinate Themes for the Group
- XXIX** Post Interview Questionnaire
- XXX** Participant Thank You Letter
- XXXI** Kvale's (1996) Interview Quality Criteria
- XXXII** Poster for Annual Research Conference, University of  
Wolverhampton 2019
- XXXIII** Publishable Article (Counselling Psychology Review)

Information has been removed from appendices to maintain confidentiality where necessary. Information removed in this way is written in red text within the relevant appendix document to indicate the type of information removed.

## **GLOSSARY OF TERMS**

**Anticipatory Grief/Anticipatory Bereavement** – When a person has time to prepare for or anticipate a death before the bereavement actually occurs, such as in the case of long-term illness.

**Bereavement** – “The situation of losing a loved one through death” (Stroebe et al., 2003b, p. 373).

**Complicated Grief** – When death has a detrimental impact on an individual’s psychological, behavioural or physical health, which is considered out of proportion or of a longer duration than would be considered ‘normal’.

**Existential** – “Of, relating to, or affirming existence” (Merriam-Webster Dictionary, 2019a).

**Feminine/Femininity** - Qualities or attributes of personality, physical appearance and/or behaviour which are typically attributed to women. These stereotypically include such features as beauty, elegance, kindness, empathy and vulnerability.

**Grief** – The emotional and internal reaction to a loss, often the death of a person or loved one.

**Interpretative Phenomenological Analysis (IPA)** - A qualitative methodological approach to research which aims to provide a detailed account of personal lived experiences of a particular phenomenon.

**Integrative Critical Care Unit (ICCU)** – The Integrative Critical Care Unit within the hospital where participants were recruited from.

**Intensive Care Setting (ICS)** – Intensive Care Setting's treat patients recovering from major surgery or those who require intensive medical support due to life-threatening illness.

**Loss** – The experience of losing something of value. This can be a person, as in 'bereavement', or include the loss of a job, special item, divorce or important feature to the individual.

**Methodology** – A specific set of techniques which are applied throughout the research process to inform how the research aims can be met and how data is collected, analysed and presented.



**Masculine/Masculinity** – Qualities or attributes of personality or physical appearance and behaviour which are typically attributed to men. These stereotypically include qualities such as strength, vigour, toughness, ruggedness and ability to manage situations.

**Mourning** – The process by which grief is experienced and adaptations are made to come to terms with the absence the loss represents. This can be overt or more subtle behaviours, perceptions or internal adaptations.

**Natural Causes/Natural Death** – Natural causes describes “death occurring in the course of nature and from natural causes (as age or disease) as opposed to accident or violence” (Merriam-Webster Medical Dictionary, 2018).

**Peritonitis** – “A serious condition in which the covering of the stomach, intestines, and nearby organs becomes swollen and infected” (Merriam-Webster Medical Dictionary, 2019b).

**Phenomenological** – “The study of structures of consciousness as experienced from the first-person point of view” (Smith, 2018, para. 1).

**Sudden Bereavement** – Experiencing a death, which was unexpected, or happened suddenly.

**Sudden Death** – The death is unexpected, unpredictable or happened suddenly. For the purposes of this research study 'sudden death' is defined as death occurring within six weeks of admittance to the integrated critical care unit (ICCU) (Williams et al., 2003).

**Violent Death** – “The name used to describe a death that is not natural or a death [that is] caused by an accident or the actions of another person” (The Law Dictionary, n.d.).

**Widow** - A woman whose spouse has died.

**Widower** – A man whose spouse has died.

## **CHAPTER 1 - INTRODUCTION**

### 1.1 – Introduction

This chapter presents why phenomenological research into men's experience of sudden bereavement warrants attention by providing an overview of the prevalence of sudden death in the UK and the potential impact of sudden death for men. Initially, personal and professional motivations for conducting this research are presented in order to openly acknowledge my experiences and latent assumptions relevant to the topic under examination.

### 1.2 - Professional and Personal Experience

*'I can't show my family I'm upset. I need to be strong, like a warrior'.*

The above phrase is the essence, to my recollection, of what a gentleman said to me during my voluntary time working for a bereavement support charity. He expressed his felt inability to access emotional support from family due to the expectation of his newly acquired role of male head of the family after his father's death. The palpable sense of pressure to conform to familial expectations seemingly prevented him from demonstrating emotion within his family context and required him to act in a manner which was opposed to his internal state. Although it was a gentleman who expressed this sentiment and thus prompted deeper personal reflection, this is a sentiment which does not belong to a specific gender or demographic but could be felt by many who have been bereaved. The impact of hearing such

a statement with the intense emotion which appeared to accompany it conjured a felt sense of restriction and isolation on his behalf and prompted a strong sense of empathy for his situation. This formative conversation, with a man who had called to express that which he felt would not be heard by others, highlighted a potential challenge for bereaved men and formed part of my motivation for undertaking this research.

Whilst completing professional therapeutic placements within a bereavement support charity, an NHS community secondary care hub, a primary school and a private practice setting, I have worked with children and adults who have experienced bereavements of both a sudden and anticipatory nature. One thing which seemed to have a profound impact on individual's experience was the suddenness by which loved ones died, making adjustments seemingly more difficult. Additionally, there appeared to be a stark difference between the number of male and female clients who attended or sought support. These personal observations within professional settings, further inspired the focus for this research.

I have also personally experienced bereavements of family members where death was anticipated and the sudden suicide of a close friend. Further, my own experience of bereavement has been punctuated by supporting my Father through the death of my Mother, providing a more intimate insight into the experience of bereavement for men. These losses have had a profound impact on my life, causing existential uncertainty, questions regarding fallibility and changes in perspective. Given my personal and

professional experience, a focus on the impact of sudden bereavement for men seemed a natural opportunity to explore this with an academic trustworthiness, which could provide further insight into this area for myself and for others.

Reflecting on my motivation and personal experiences highlighted my own views, biases and interests towards this topic (McCormack & Joseph, 2018). Creswell (2013) advised reflection through providing a description of personal experiences regarding the phenomenon ahead of data collection. This is vital to the trustworthiness of the research so the researcher can “avoid interjecting his/her personal experience into the lived experience stories of the research participants” (Alase, 2017, p. 16). Thus, I feel that this personal reflection should precede the theoretical knowledge which will follow, firstly to demonstrate an upfront acknowledgement of my awareness of the need to ‘bracket’ the potentially impactful nature of my own experience, and secondly to provide a context for the individual beyond the researcher, given the subjective nature of the phenomenon under question.

### 1.3 – Establishing the Focus for Study

There is an acknowledgement that experiencing a sudden bereavement can be traumatic and challenging (Sudden, n.d). It has been suggested it can contribute to the development of psychological distress including Post Traumatic Stress Disorder (PTSD) (Marcey, 1996; Kentish-Barnes et al., 2015), depression (Keyes et al., 2014), grief disorders (Horowitz et al., 2003)

and an increase likelihood of suicide attempts (Pitman et al., 2020).

Additionally, links have been suggested between sudden bereavement and increases in health problems including the development of cancer and heart problems (Chen et al., 1999) and increased mortality rates in surviving spouses (Shah et al., 2013). Changes in social contact may also cause increased isolation from others (Prigerson, Vanderwerker & Maciejewski, 2007) at a time when support could be especially valued.

While there is no single agreed upon timeframe of what 'sudden' means in the context of death or bereavement, the unexpected nature often prevents the opportunity to prepare for the death. It has been suggested that sudden deaths may account for 10% of natural deaths (Lewis et al., 2016), whereby the body ceases to function, for example in the case of cardiac arrest.

There were 607,922 registered deaths in England and Wales in 2020 of which the leading cause of death for males was related to the COVID-19 pandemic (Office for National Statistics [ONS], 2021), indicating a significant number of sudden deaths within 2020. Previously, in 2018 the leading causes of death in both males and females between the ages of five and 34 years was 'suicide and injury/poisoning of undetermined intent' (Office for National Statistics [ONS], 2019a). 'Accidental poisoning' was the most common cause of death in males aged 35 to 49 years, 'suicide and injury/poisoning of undetermined intent', being the second most common. These statistics suggest that between the age range of five to 34 years (and up to 49 years for men) the most common causes of death could be

understood as being sudden or unexpected. Although these deaths could also be classed as 'violent death' due to them being non-natural or caused by accident (Law Dictionary, n.d.), it implies that thousands of people every year experience the sudden death of a loved one.

Studies into men's experiences regarding bereavement tend to support the idea that on average men tend to experience more difficulty post-bereavement than women (Stroebe, Stroebe & Schut, 2001). This has been suggested to include increased susceptibility to physical illness (Elwert & Christakis, 2008) including increases in cortisol levels associated with reduced quality of life (Buckley et al., 2012) and vulnerability to mental health difficulties such as depression (Stroebe, Stroebe & Schut, 2001).

Therefore, there is an apparent need to support potentially vulnerable people of whom men who are suddenly bereaved could be included.

However, there are sparse guidelines provided by the National Institute for Health and Care Excellence [NICE] for supporting bereaved individuals beyond the 'Quality Statement 14' regarding 'End of Life Care for Adults' stating "people closely affected by a death are communicated with in a sensitive way and are offered immediate and ongoing bereavement, emotional and spiritual support appropriate to their needs and preferences" (NICE, 2017). This is also true of the British Association for Counselling and Psychotherapy [BACP] and British Psychological Society [BPS], leaving professionals who may be likely to encounter individuals with needs relating to sudden bereavement without guidance tailored towards supporting them.

Research has previously evidenced the impact of sudden bereavement compared to anticipatory bereavement (where a person has time to prepare for a death or the death is expected), however to my knowledge, there has been no phenomenological examination solely focussed on men's lived experience of sudden bereavement using Interpretative Phenomenological Analysis (IPA) (Smith, Flower & Larkin, 2009). Phenomenological enquiry allows for an in-depth perspective of a particular phenomenon to be explored, illuminating its essence and helping to "understand and amplify the 'lived experiences' of the research participants" (Alase, 2017, p. 12). This means that a rich and more holistic picture can be gained, highlighting what is of value to those who have experienced sudden bereavement. As such IPA (Smith et al., 2009) was selected for this study.

This study aims to gain an insight into the lived experience for men who have experienced a sudden bereavement and its perceived impact on the individual's life, including any meaning assigned to their experience. Additionally, identifying men's perceptions of required and received care and support in relation to their experience is hoped to contribute to current research, by providing an evidence-base for psychological practice to inform care and support for men who have been suddenly bereaved. Given the deficit of current research on men's experience of sudden bereavement from a phenomenological perspective, my hope is this research will represent the under-represented male population in bereavement research and provide and insight into the lived experience of such a personal phenomenon.



## 1.4 – Chapter Summary

Examination into the lived experience of sudden bereavement from a male perspective is crucial in developing our understanding of this phenomenon. Given that the research base suggests a comparatively detrimental effect of sudden bereavement and that men tend to fair worse post-bereavement, this is a valuable area to research. This is especially true as to my knowledge, there is no previous research which focusses solely on the lived experience of suddenly bereaved men which has employed IPA methodology. Exploring men's experience will hopefully provide a platform to better understand the unique essence of such a phenomenon and identify meaningful aspects within participants' experience.

The following chapter provides a more in-depth account of bereavement theory, research literature concerning sudden bereavement and identified gender differences within the phenomenon of bereavement, providing an academic basis for the current study. It also reviews some major qualitative and phenomenological contributions based on men's experience of bereavement.

## **CHAPTER 2 – THORETICAL BACKGROUND AND LITERATURE**

### **REVIEW**

#### **2.1 - Introduction**

This chapter is divided into two sections. Part one presents key theoretical literature regarding bereavement and grief. It will discuss some of the major theories of grief and how our understanding has evolved, including a critical discussion on the importance of meaning-making post-bereavement. Part two presents previous research to date relating to men's experience of sudden bereavement. This latter section will define what is meant by 'sudden' bereavement, its impact upon psychological and physical wellbeing compared to anticipatory bereavement, gender differences in bereavement and provide a detailed review of existing phenomenological research specifically addressing men's experiences.

In order to identify relevant theoretical literature and primary research to inform this review, searches were performed utilising the MEDLINE, psychINFO, Psychology and Behavioural Science Collection, Academic Complete and ProQuest databases. The key search terms used included: bereavement\* AND death\* AND grief\* AND loss\* AND sudden\* AND unexpected\* AND phenomenological\* AND lived experience\* AND meaning-making\* AND men\* AND masculine\*. These terms were applied as they represented the aims of the research study. Additionally, given the participant inclusion criteria (see section 3.5.2) only studies focussing on adult's experiences of bereavement were included. To ensure the quality of

research, studies identified as peer reviewed were prioritised for review, as this indicated that publications had been formally reviewed by experts on the subject. The number of academic citations were also used to help identify relevant literature. This supported the identification of works relating to historic grief theory as well as more recent research. Additionally, references drawn from identified literature were examined for relevance to the study aims. These searches were complimented by identifying research through Google Scholar and the ProQuest Dissertations and Theses repository. Literature searching concluded in May 2021.

## 2.2 - Part One – Theoretical Background

### 2.2.1 - A Condensed History of Grief Theory

One of the earliest notable attempts to examine the phenomenon of grief was made by Freud (1914-1916) in his paper 'Mourning and Melancholia'. He proposed that there was a difference between the 'normal' and healthy process of mourning compared to a more 'pathological' disturbance akin to depression which he called melancholia. He identified "distinguishing mental features of melancholia" (Freud, 1914-1916, p. 244) including "an extraordinary diminution in his self-regard" (Freud, 1914-1916, p. 246) in which the libido, or attachment to the lost person (or 'object' as Freud termed it), was not displaced onto another, but was internalised onto the ego. Freud's belief was that 'decathexis' needed to occur, a process of separation by which emotional energy was withdrawn from the deceased

and allowed for healing to take place and reinvestment in other relationships. This process included working through memories of the deceased, termed 'hypercathexis'. Only by completing this 'grief work' would the libido become detached, and psychological wellbeing restored.

However, despite the loved one's absence, detachment prompts an internal resistance due to the emotional bond wanting to be preserved. This reluctance can be so strong that it results in a narcissistic focus on the deceased and denial of reality whereby the bereaved individual seeks to maintain the attachment through "hallucinatory wishful psychosis" (Freud, 1914-1916, p. 244). In the case of melancholia then, the change in self-image combined with a narcissistic focus on the absent person "transforms... (normal mourning) into pathological mourning" (Freud, 1914-1916, p. 250).

Whereas Freud stressed the need to relinquish the emotional bond with the deceased, Bowlby (1969, 1973, 1980) proposed that grief enabled the person to establish a way of maintaining that connection. His theory was based on the idea that every person has an instinctual drive to build an affectional bond with a significant person, an 'attachment' which satisfies our desire for safety and security. Bowlby (1998) described attachment as an "illuminating way of conceptualising the propensity of human beings to make strong affectional bonds to particular others and of explaining the many forms of emotional distress" (p. 39).

He argued that at times of distress or uncertainty, we have a need to be close to the person who represents this bond, however when closeness

cannot be achieved, it causes separation anxiety. In the case of sudden bereavement, this affectional bond is shattered, resulting in an increased yearning for the deceased and the understandable experience of grief (Bowlby, 1961). Rather than the intra-psychic disruption suggested by a Freudian framework, Bowlby (1980) argued that the style of attachment by which the individual operates dictate how they manage in the face of loss. This idea has received some support, including research evidence that those with anxious-ambivalent or fearful-avoidant attachment styles demonstrated higher levels of anxiety, depression, grief and PTSD on standardised measures at four and 18 month post-bereavement reviews, than those with secure or dismissive-avoidant attachment styles (Fraley & Bonanno, 2004). Bowlby (1980) viewed grief as an adaptive process whereby the bond with the deceased could be preserved; placing more importance on the relational aspects of bereavement including considerations for environmental factors, the individual's psychological profile and their place within a biological framework. This offered a more holistic view of the individual and a shift in focus towards a more experiential understanding of bereavement.

Emerging from attachment theory, Bowlby and Parkes (1970) proposed four phases which comprised the mourning process at the loss of a loved one.

These were:

1. Shock and Numbness
2. Yearning and Searching
3. Despair and Disorganisation

#### 4. Reorganisation and Recovery

These phases suggested a definitive manner in which people progress through grief but are somewhat contradictory to the more rounded perspective previously mentioned. This model was criticised for cultural insensitivity as it did not accurately capture the nuances and differences for non-western cultures and beliefs systems relating to grief (Mallon, 2008). These considerations were addressed in order to take account of wider cultural contexts (Parkes, Laungani & Young, 1997).

The idea of identifiable stages of grief and mourning is a mantle which several key contributors to grief theory have shouldered, possibly none which are as well-known as the five-stage model proposed by Kübler-Ross (1969). Kübler-Ross worked with terminally ill patients and developed a model to explain the emotional progression she witnessed when individuals were faced with their own death. The stages she identified were:

1. Denial
2. Anger
3. Bargaining
4. Depression
5. Acceptance

The identifiable differences between the stages suggested by Bowlby and Parkes, and Kübler-Ross could be accounted for by the difference in population, exploring the process with dying individuals, rather than bereaved. However, this five-stage model has been widely applied to loss in

a variety of contexts including bereavement, divorce and unemployment (Kübler-Ross & Kessler, 2014). One of the main criticisms levelled at Kübler-Ross' model, and indeed other stage models, is the expectation that grief is a linear process, which people follow in order, without revisiting previous stages. There is also an underlying message that any deviation equates to an inevitable unresolved or maladaptive grief, potentially adding pressure onto people to grieve 'the right way'.

Moreover, the idea of stages has come under scrutiny, stating there is no evidence for the existence of grief stages (James & Friedman, 1998) as "scientific studies have failed to support any discernible sequence of emotional phases of adaptation to loss or to identify any clear end point to grieving that would designate a state of 'recovery'" (Neimeyer, 2001). Indeed, Kübler-Ross herself later reinforced that these stages do not represent a linear progression and were not based on the study of those bereaved (Kübler-Ross & Kessler, 2014).

Worden (1983, 2009) argued that the terminology of 'phases' or 'stages' indicates a passive relationship between the bereaved and the work required to successfully navigate the process of mourning. Instead, he offered 'tasks' to demonstrate the necessity for the mourner to take an active and empowering role in their own healing. He too acknowledged that these tasks do not need to occur in a regimented order, however, does admit to a certain degree of linearity; for example, stating someone cannot experience the emotional impact of a loss before first acknowledging the reality of it.

Worden's (2009) model, while being praised for helping clients regain a sense of control in their lives (Balk, 2007) has also undergone an evolution particularly in relation to his fourth task from a more Freudian view of withdrawing energy (Worden, 1983) to finding an enduring connection (Worden, 2009) with the deceased. As it stands currently, his tasks of mourning are:

Task 1. To accept the reality of the loss

Task 2. To process the pain of grief

Task 3. To adjust to a world without the deceased

Task 4. To find an enduring connection with the deceased in the midst of embarking on a new life

This shift from relinquishing the emotional bond to finding an enduring connection is more representative of current theory. A paradigm has been suggested by Klass, Silverman and Nickman (1996) regarding the importance of continuing bonds, which has been recently built upon (Klass & Steffen, 2017), and offers further support for the requisite of remaining emotionally connected with lost loved ones. Klass et al. (1996) suggest this can be through rituals of behaviour, thinking about advice the deceased would give or living in a way which would please them. Rather than these behaviours or thoughts being indicative of maladaptive grief, they argue they maintain a healthy bond, where the importance of the deceased person is not relinquished but remains a part of the individual's life. In fact, Volkan (1985)



goes so far as to suggest that forgetting the deceased person equates to “psychic acts damaging to our own identity” (p. 326). This concept of maintaining an emotional bond has become an increasingly dominant paradigm in grief literature (Neimeyer 2012, 2015; Steffen & Coyle, 2010; Worden, 2009).

However, this is by no means a unanimous perspective and it has been suggested that for some individuals, surrendering the emotional bond with the deceased is necessary and can become maladaptive when it is held onto (Stroebe & Schut, 2005), preventing adaptation to the new reality. Klass (2006) clarified that rather than “an antidote to loss” (p. 844) there are possible helpful and unhelpful consequences of such continued relationships, the endurance of which is not always indicative of positive adaptation.

Another alternative to stage models was Stroebe and Schut’s (1999) dual process model. They postulated that people oscillate between loss-orientated stressors and restoration-orientated stressors. The former includes a focus on the deceased, whereby the emotional impact is felt and questions pertaining to the meaning of the individual’s life in the face of this new reality are explored. The latter includes the adaptations which occur to find new meaning and methods of coping with the loss such as mastery of new skills and forming a new self-identity.

While there is an assumption that we cannot occupy both states at the same time, this fluidity of movement between the two performs an adaptive function. It suggests shifting between a focus on grief and a focus on

reformation as parallel activities, occurring independently but simultaneously. This "model provides a framework for understanding pathological, or complicated, form(s) of grief" (Stroebe & Schut, 1999, p. 217) and is able to take account of social and cultural differences (Stroebe & Schut, 1998). An important feature of this model is the opportunity for meaning-making within the restoration-orientated facet, a chance to come to new understanding about any meaning surrounding the loved one's death and their future without them.

### 2.2.2 - Meaning-Making as a Therapeutic Approach to Bereavement

There is increasing focus on the theoretical realm of meaning-making post-bereavement, putting more of an existential focus on such phenomena. Janoff-Bulman (1992) stated that when we experience a trauma such as bereavement, the assumptions that are held regarding the benevolence of the world and our secure place within it are shattered. This challenges our fundamental beliefs about the meaning we assign to events, other people and our own sense of self. Given this shift in world view, it is necessary for these assumptions to be replaced or modified in light of the events which challenged them, to create new meaning and recover from trauma. Attig (1996) supported this concept stating that when death shatters one's life purpose, it is vital to create new meaning from the loss.

The importance of meaning is one which Frankl (1984) explored in depth. He proposed that we each have a "will to meaning" (p. 10) describing a drive to

seek purpose for our lives. He argued that when meaning cannot be achieved, a 'noogenic neurosis' can occur, a psychological impediment stemming from existential difficulties. This notion is reminiscent of Rogers (1951) idea of 'self-actualisation' which suggests we have a tendency to strive, actualise and maintain an enhanced state of being.

On the other hand, Spinelli (2014) used the term "being-always-becoming" (p. 7) to describe a constant existential striving towards meaning rather than being able to achieve an end goal. He stressed that we need to view individuals as grounded within a contextual world; one in which our "relatedness" (p. 8) means "that no self can be 'found', nor individual 'emerge'" (p. 11) without acknowledging our connection with others.

This view is supported by Jaspers (2009) who stated "man is always something more than what he knows of himself. He is not what he is simply once and for all, but is a process" (p. 146). This idea of moving towards rather than attaining a fixed meaning has received support in terms of the meaning-making individuals may experience post-bereavement.

Schwartzberg and Halgin (1991) wrote:

The specific ways in which people find meaning— strategies such as, "there's a spiritual order to the universe," "she drank too much," or "I needed to learn something"— may be less salient than the process itself. In other words, the ability to reascribe meaning to a changed world may be

more significant than the specific content by which that need is fulfilled (p. 245).

Worden (2009) argued that "in the case of sudden death, there seems to be an especially strong need to find meaning" (p. 189). Neimeyer et al. (2010) claim "when losses are premature, sudden and violent, the assault on an individual's assumptive world can be especially severe and protracted" (p. 3). It has been suggested that in the case of sudden bereavement, reaching a sense of meaning is more likely to be prolonged or unsuccessful (Currier, Holland & Neimeyer, 2006).

Despite these potential difficulties for those suddenly bereaved, Neimeyer and Sands (2011) proposed that when a person's reality is altered so drastically by bereavement, the process of meaning-making is required to make the necessary adaptations to restore psychological and physiological well-being. This meaning-seeking includes considerations of practical elements, such as questions attaining to the death itself, relational aspects, including the sudden uncertainty of the person's self-identity, and existential concerns which can have spiritual or religious elements.

Attig (2001) pointed to the process of meaning-making being an active one, highlighting the word 'making' as requiring a conscious and deliberate effort to "bring new meanings into existence as we grieve" (p. 34). In doing so any one-size-fits-all solutions must be disregarded in favour of purposeful realisations which are meaningful to the individual and not dictated by others (Biller, Levinson & Pytell, 2002).

This existential focus on the construction of meaning, the unique import of events and how meaning is used to help reconstruct the individual's beliefs about the world and self, have a clear phenomenological core. This allows opportunity for looking at the "essence" (Husserl, 1989, p. 25) of "the thing itself" (Smith et al., 2009, p. 32) without imposing pre-constructed beliefs onto others' bereavement experiences. It promotes looking at people within a worldly context and acknowledges the impact of relational and existential influences on how meaning is adapted and reconstructed after the challenge that loss can bring.

Research studies have identified several benefits of engaging in a meaning-making process, such as a reduction in psychological distress, reported intensity of grief (Murphy, Johnson & Lohan, 2003; Schwartzberg & Janoff-Bulman, 1991), improved immune function and physical health (Bower et al., 2003; Murphy et al., 2003).

Paidoussis (2010) took an existential perspective on examining traumatically bereaved individuals' experiences. Although she used the term traumatic to describe a death which was unexpected, could not be prepared for and was unpreventable, these features are certainly applicable to sudden death. Additionally, the modes of death could all be considered sudden, including three of the six female participants having been bereaved by heart attack and others including road traffic accidents and murder.

Paidoussis (2010) identified five overarching themes including, 'the embodied reaction to the loss', 'a loss of meaning', 'awakening to the human

condition', 'experiencing the imperative for existing with meaning' and 'experiencing spiritual awakening'. She highlighted aspects of bereavement experiences including existential uncertainty, in which "the world no longer makes sense" (p. 127) and that it now felt unsafe and unpredictable, supporting Janoff-Bulman's (1992) concept of the shattered world, in which new meaning is achieved through the adaptation of previously held assumptions. Paidoussis (2010) identified a "struggle for meaning" (p. 149) in which all participants' experienced a profound drive to find meaning in order to make sense of their own existence, offering support for the importance of meaning-making post-bereavement for those suddenly bereaved. As such, Paidoussis (2010) advocated for an Existential Counselling Psychology approach to therapy, focussing on the uncertainties regarding one's existence and provides a platform for exploration "attending to the client's problems with being-in-the-world" (Paidoussis, 2010, p. 166).

Steffen and Coyle (2010) argued that the phenomenon of sensing the presence of loved ones post-bereavement expresses "the continuing relationship with the deceased" (p. 2) and highlights a spiritual dimension to the process of meaning-making due to the "awareness of or a relationship with a transcendent reality" (p. 9). Such phenomena have been associated with fewer sleeping difficulties and fluctuations in appetite and weight (Rees, 2001), lending further support towards the benefits of continuing relational bonds with the deceased. However, contrary research has been more reserved in making a causal link between presence-sensing and positive outcomes such as lessening of emotional distress (Field, Nichols, Holen &

Horowitz, 1999) and concluded that distress was heightened when bereaved individuals were not able to assign meaning to their loss (Neimeyer, Baldwin & Gillies, 2006).

The phenomena of presence-sensing, and the continuation of a relational bond with the deceased, potentially conflicts with some existing social and religious norms within the multitude of diverse sociocultural belief systems people embrace worldwide. Steffen and Coyle (2010) succinctly summarise the difficulty faced by some heavily Christian influenced societies where “no other spiritual bonds apart from the bond with God/Christ tend to be regarded as permissible” (p. 13). However, research has indicated the prevalence of “post-bereavement hallucinatory experiences” (Castelnovo et al., 2015, title) such as seeing or hearing departed loved ones, as being between 30 and 60% amongst widowers (who often do not admit to such events for fear of being judged mentally ill). Sensing events, absent of physical or sensory awareness, have been widely reported (Steffen & Coyle, 2010), and even been described as “commonplace” (Bennett & Bennett, 2000, p. 140). It is quite understandable then that there has been a call for a “socially sanctioned conceptual framework” (Steffen & Coyle, 2011, p. 5) which recognises the “disconnections between inner and social realities” (Steffen & Coyle, 2010 p. 15) and promotes the unique meaning-making process for individuals whilst recognising influences such as society and religion.

Despite this move towards a more existential and holistic concept of understanding grief, there is still division on the subject, with Castelnovo et al.'s (2015) publication appearing in a journal focusing on disorders and use of such clinical and potentially judgement-laden terms as 'hallucinatory' opposed to a more neutral "experience of presence" (Hayes & Leudar, 2016, p. 207).

Park (2010) argued that the empirical evidence does not match the richness or complexity of meaning-making theory, reflecting "perhaps partly because the abstract and complex nature of the theoretical models renders them more amenable to hypothesis generation than to hypothesis testing" (p. 262). She highlights various methodological limitations including the lack of standardised language and data collection regarding what beliefs were held prior to the important event.

It is important to note that for some, death does not automatically lead to challenging their beliefs in any fundamental way. Davis et al. (2000) identified that within a bereaved population, between 20-30% of individuals showed good levels of functioning without seeming to engage in any meaning-making process. Additionally, of those who had sought meaning, even over a year post-bereavement, less than half reported finding any, and for those that did, some continued their search even after believing they had found meaning. Similarly, studies have found that some individuals have not been able to find any meaning in the death of a loved one, even up to six



years post-bereavement (Keesee, Currier & Neimeyer, 2008) and stopped searching (McIntosh, Silver & Wortman, 1993).

There are clearly differing perspectives on the scientific integrity of the concept of meaning-making, however it continues to contribute an existential perspective on post-bereavement experiences. For those who have experienced events including sudden bereavement, seeking meaning may offer a way to help individuals realise a purpose for their lives, develop an altered self-identity and find a way to maintain a connection with the deceased.

## 2.3 - Part Two – Literature Review

### 2.3.1 - Defining Sudden Bereavement

A death may be considered sudden when there is little to no time for loved ones to prepare for the loss, such as in the instance of a fatal heart attack or accident. This can occur in a variety of settings including the home, workplace, at the side of the road (e.g. in which the person does not survive a vehicular collision) or medical facilities after having been transported from another location or post-surgery. This experience is often very difficult for families, leaving them having to manage their own needs as well as practicalities which may require attention, such as the increased likelihood of legal or medical formalities (Worden, 2009).

There is no single definition or agreed timescale of sudden death, and the definitions applied for the purposes of research may differ to those of individuals who have been suddenly bereaved. In the case of sudden cardiac death, time frames range from an hour (Chugh, 2008) up to 24 hours, particularly if the death itself was not witnessed, but known to have occurred within that period (Myerburg & Wellens, 2005). Alternatively, Kent and McDowell (2004) defined sudden death as occurring “without any warning or period of known illness” (p. 38) within acute care settings. Brysiewicz (2008) added an additional dimension to their definition suggesting sudden death “in some cases, could have been prevented” (p. 224). The idea of preventability has been reiterated by a study of 80 participants who identified that rather than the nature of the death (comparing anticipated, sudden death, drunk driver crash, and murder), perceptions on how intentional and preventable the death was, were associated with increased PTSD symptoms, and more intense grief reactions (Marcey, 1996).

Williams et al. (2003) argued critically ill patients “often die suddenly after a prolonged stay on maximum support where there has still been some hope of a positive outcome” (para. 5). This hope prevents people from preparing themselves for a potential bereavement and thus still has a sudden and unexpected quality. This means that even within a timeframe of six weeks, death within intensive care settings (ICS) can still be perceived as sudden (Williams et al., 2003). For the present study, Williams et al. definition of sudden death is applied, as the recruitment context for participants are comparable. This definition also allowed for men bereaved by a death within

six weeks of ICS admission to be recruited for the current study, increasing the number of potential participants.

### 2.3.2 – Bereavement and Intensive Care Settings

When death occurs within an ICS, individuals are thrust into a position of facing bereavement in unfamiliar medicalised surroundings (Von Bloch, 1996) where care units are often isolating and difficult environments to experience a loss (Fauri, Ettner & Kvac, 2000). Symptoms relating to depression and anxiety have been observed in families of ICS patients, even when the patient's stay did not end in fatality, although this was higher in those who experienced bereavement (Pochard et al., 2005). Additionally, in one study, 50% of individuals who experienced the death of a family member in ICS's demonstrated symptoms consistent with a moderate to major risk of PTSD and was linked to increased depression and anxiety along with a reduction in quality of life (Azoulay et al., 2005).

Such findings have been reiterated by a study of 41 intensive care units over a two-year period, which assessed the prevalence of depression, PTSD and complicated grief indicators with relatives who had experienced bereavement in an ICS (Kentish-Barnes et al., 2015). They found a strong link between those who indicated depressive traits at three months and complicated grief at a six month follow up. Over 50% of participants showed signs of complicated grief at six months, which for some persisted for a further six months. PTSD traits were also high at six months but had significantly

reduced by 12 months. These results they argued were alarming due to the high prevalence of bereaved relatives showing capacity towards complicated grief, limiting quality of life (Zisook et al., 2010) and making adaptation post-bereavement more challenging (Kentish-Barnes et al., 2015).

Cuthbertson, Margetts and Streat (2000) also identified that of the 99 next-of-kin participants who experienced bereavement within an ICS, over 50% described sleep difficulties and 32 of the sample reported financial concerns related to the bereavement. Siegel et al. (2008) found that over 30% of bereaved individuals met the criteria for at least one mental health diagnosis including depression, anxiety, panic or complicated grief disorder in the 12 months following a death. This was particularly high in the case of spousal loss. The research evidence suggests that the experience of losing a loved one within an ICS, had a profound effect on participants' mental and physical health up to and potentially exceeding a year after the bereavement.

Nurses and other medical staff therefore, are in a valuable position to provide intervention to suddenly bereaved families, essential for adjustments to be made (Walker, 2010). However, there is also acknowledgment of the challenges nursing staff face which can impact on the provision they can provide at this crucial time (Yates et al., 1990). Warren (2002) wrote "although it is unrealistic to expect critical care nurses to address every aspect of family needs when death occurs, stressors associated with bereavement experiences may be reduced, perhaps significantly, if appropriate and timely interventions are provided" (p. 59).

### 2.3.3 - The Psychological and Physiological Implications of Sudden Bereavement

“People who experience the sudden death of a loved one are at risk of more pronounced and prolonged grief reactions than those who had been expecting the death” (Kent & McDowell, 2004, p. 38). It is well acknowledged that sudden death can be more difficult for those bereaved and the enormity of the disruption this causes to an individual’s life can have an adverse effect on psychological and social factors, increasing the risk of issues such as depression (Burton, Haley & Small, 2006; Weiss, 2011). Evidence suggests that experiencing a sudden death can lead to an increased amount of shame and guilt on behalf of relatives and next-of-kin (Andershed & Harstäde, 2007; Worden, 2009).

Stressors such as not being present at the time of death or feeling that things were left unsaid are more common in the case of sudden death, potentially having an adverse effect on how people are able to adapt to the reality without the person. Such factors can lead to grief being unresolved, becoming debilitating and have a severe impact on mental and physical health (Gordon, 2013).

Worden (2009) described a “sense of unreality” (p. 202) in which those suddenly bereaved can feel disassociated with the world and experience nightmares and intrusive thoughts related to the deceased. Disconnection with the world can also create a “sense of disconnect with people” and “sense of alienation” (p. 8), limiting the social contact that a bereaved

individual may have with family or friends (Prigerson, Vanderwerker & Maciejewski, 2007), causing withdrawal and even abandonment of an individual's support network, heightening the risk of psychiatric issues such as depression (Keyes et al., 2014). This is perhaps especially concerning as a recent study of 3193 participants who had been suddenly bereaved, identified a significant link between loneliness and suicidal attempts and ideation (Pitman et al., 2020). Additionally, complicated grief was associated with a higher likelihood of suicidal ideation of 309 suddenly bereaved adults (Latham & Prigerson, 2004). For those suddenly bereaved, the presence of social support limited the severity of PTSD and depressive symptoms (Scott, Pitman, Kozhuharova & Llyod-Evans, 2020), emphasising the importance of bereaved individuals' access to support.

Research has suggested that of a sample of 27,534 who had experienced multiple traumatic life events, the unexpected loss of a loved one was rated highest by 30%. Additionally, "unexpected death was associated with increased odds of each mood [including major depression, persistent depressive disorder and manic episodes] and alcohol use disorder" (Keyes et al., 2014, para. 16).

Physiological changes have also been identified in people post sudden bereavement including decreased insulin production and Interleukin-6, which support the bodies healthy functioning and infection response (Cankaya, et al., 2009). The lack of preparation time which accompanies an unexpected death potentially heightens the risk of experiencing such physiological issues.

Another concerning implication is that of the heightened risk of fatality for partners who have been suddenly bereft. The sudden death of a partner can create a major life upheaval, and for those who are able to anticipate such an event, preparation offers a protective factor against the negative psychological impact of bereavement (Herbert, Dang & Schulz, 2006) including complicated grief identified at four and nine month follow up by Barry, Kasl & Prigerson, 2002.

Shah et al. (2013) who examined the effects of unexpected bereavement on mortality identified "there was a consistently greater impact of bereavement where the partner died unexpectedly" (para. 19) with the effects being more pronounced where there had been limited (four days or less) contact time with medical services preceding the death. A large sample size of 171,720 couples were used, comparing medical appointment, prescription and consultation data from The Health Improvement Network database for a year prior to, and post-bereavement. Overall, their conclusion was that there was increased risk of mortality for those who had been suddenly bereaved compared to bereavement due to pre-existing and known medical issues, identifying this as a "risk factor" (Shah et al., 2013, para. 23) for poor outcomes post-bereavement. Given the inability to prepare for sudden death which could otherwise "provide opportunity for potential preventative strategies targeting health outcome(s)" (Buckley et al, 2012, p. 136), the value of providing suddenly bereaved partners with access to palliative care services may be crucially needed support (Christakis & Iwashyna, 2003).

There is also evidence to suggest that age or developmental factors impact upon the experience of bereavement, with people over the age of 65 being less likely to receive a referral to bereavement services, and those over 85 being less likely access therapeutic support or information regarding bereavement (Independent Age, 2017). This is despite the finding that of 839 older adults (65 years and older), 70% experienced bereavement within a two-and-a-half year period (Williams, Baker, Allman & Roseman, 2007). However, it has been suggested that only 29% of people had spoken about their wishes upon death and only 12% of people aged 75 years and older had written a will (Shucksmith, Carlebach & Whittaker, 2013). This lack of preparation potentially impacts the perception of bereavement being sudden due to people not speaking about or preparing for death. However, on average people within an older age range (65 years and older) were, more likely to have shared some details about their wishes upon death than younger age groups, suggesting older adults are potentially more prepared for the inevitability of death and bereavement. Having said this, older adults (85 years and older) were “more likely” (Independent Age, 2017, p. 18) to be affected across the four areas which were identified as impacting their bereavement, including, ‘loneliness and social isolation’, ‘mental and physical health’, ‘financial and practical considerations’ and ‘feelings and grief’. Therefore, even though older adults are more likely to have spoken about issues surrounding death and bereavement, the felt repercussions of a spousal bereavement were potentially stronger.



However, these highlighted difficulties are not necessarily completely representative, and many are able to navigate their way towards healthy adaption and continue with their lives without succumbing to physical or psychological illness (Prigerson, 2004; Silverman et al., 2000). Indeed, there has been some attention on the positive dimensions of grief. Experiencing a sudden death can be an opportunity for post-traumatic growth, whereby people can evaluate what they feel is important in their lives including relationships, spirituality, goals or personal well-being (Neimeyer, 2001) and reinvest their attention with a renewed energy. Additionally, those bereaved may feel relief that the deceased person is no longer suffering, being reunited with previously deceased loved ones, be able to focus on their own health and resume previous physical activities. Similarly, social interactions may increase in frequency and the person can find mutual support in others and appreciate relationships in a more profound manner (Gordon, 2013). Attig (1996) suggests that within our experience, we can “reweave the fabric of our lives and come to a new wholeness” (p. 146).

#### 2.3.4 – Comparative Research of Gender Differences in Bereavement

The research discussed in this section is not designed to compartmentalise or reduce the ways in which people grieve based on gender. “Each person’s grief is like no other person’s grief” (Worden, 2009 p. 23) and as such everyone’s experience of the phenomenon of bereavement is unique. What

this critique aims to highlight is the research base of how men experience bereavement compared to women.

Research generally points to the conclusion that men tend to fair worse after experiencing bereavement than women, regarding mortality rates (Stroebe, Schut & Stroebe, 2007) morbidity and development of mental health difficulties such as depression (Stroebe, Stroebe & Schut, 2001). A study of older (60 years and older) widows and widowers who had remarried found "men tended to experience vulnerability whereas women tended to experience resilience" (Koren, 2016, p. 719). Although there was some variation in men's experience (compared to a consistent perspective expressed by women), feelings of loneliness, depression and self-neglect were reported by men. Women on the other hand, reported being able to navigate widowhood and manage independently. Koren (2016) argued this suggests a reversal of stereotypical gender coping in older adults, whereby emotional resilience was demonstrated by women more than men, highlighting bereaved men as especially vulnerable.

Additionally, a review of physiological correlates and bereavement interventions found "men had even higher cortisol levels than women, which was accounted for by their self-reported increased alcohol intake, possibly an indicator of vulnerability to stress" (Buckley et al., 2012, p. 130). These elevated levels of the frequently referred to "stress hormone" (p. 130), persisted for a minimum of the first six months post-bereavement and have

been “associated with increased cardiac risk, reduced immune function and reduced quality of life” (Buckley et al., 2012, p. 130).

Elwert and Christakis’s (2008) longitudinal study of 373,189 elderly couples examined the impact of different types of death on spousal mortality rates for surviving partners. They found that the cause of death had a significant impact upon the mortality rate for the bereaved spouse, and that they were up to 20% more susceptible to particular illnesses and causes of death themselves (e.g. cancer and cardiovascular disease) depending on how the spouse had died. Specifically, “the death of a wife is associated with an 18% increase in all-cause mortality for men” (Elwert & Christakis, 2008, para. 14) and although this figure is similar for widows, it was noted “men on average tend to suffer somewhat stronger repercussions” (para. 15). Furthermore, their findings suggested that when death was anticipated, such as in the case of longer-term illness, this lowered the propensity for some of the adverse effects of bereavement. This highlights again the additional difficulty when someone is suddenly bereaved and suggests a relevant gender difference.

Another study examining the symptoms associated with prolonged grief disorder, identified a gender difference in grief trajectories. Specifically, men showed more baseline symptoms at two months post-bereavement compared to women which reduced over time. Overall “men expressed prolonged grief as an acute, decreasing reaction, whereas women showed an adjourned, mounting grief reaction” (Lundorff, 2020, para. 1).

Although the above suggests that widowers tend to experience more difficulty, it must also be acknowledged that women can find bereavement strenuous. Women are at increased risk of experiencing a bereavement, partly because they are often younger than their male counterparts in a relationship (Stroebe et al. 2003a) and having a comparably longer lifespan, increasing the risk of women being the ones 'left behind'. One study reported that rather than the manner of death, the attachment that women had to the deceased was the greatest predictor of grief becoming unresolved and debilitating (Beverung & Jacobvitz, 2015). This offers support to Bowlby's (1980) perspective of the impactful nature of individuals relational attachment to others within bereavement experiences, particularly for women. Research focussing on women's experience of grief after the death of a child or miscarriage (Brier, 2008; Van & Meleis, 2006), suggested that women are more susceptible to prolonged grief disorder (Kersting & Kroker, 2010) compared to men. Additionally, in the case of spousal bereavement, a longitudinal study spanning four years, documented an increased likelihood of depression for widows, which was not replicated for widowers (Chen et al, 2020).

Both men and women then, may experience difficulty post-bereavement including experiencing a disruption to their life and routines, increased health concerns and developing a changed self-identity (Naef, Ward, Mahrer-Imhof, & Grand, 2013). However, Bennett, Hughes and Smith (2003) stated that the experience of older widowed men is overlooked in research, due partly to the higher proportion of widows compared to widowers. The same is true of

sudden deaths, with the research focus historically having been on widows compared to widowers (Rodgers, 2007). Additionally, men's increased reluctance to participate in research studies compared to women (Bergman et al., 2010; Knudsen et al., 2010) and having comparably shorter lifespans, potentially limits the opportunity to recruit and examine their experiences specifically. These factors may contribute to why research regarding men's experience of bereavement is more scarce compared to women and why the current research focus on men's experience is valuable in developing our understanding.

### 2.3.5 - Qualitative Research on Men's Experience

Silverman and Thomson (2018) analysed the accounts of 33 widowers in relation to Silverman's (2004) three phases of transition 'initial reactions', 'a new reality', and 'accommodation' along with the principle of 'liminality' which described the threshold of a transition.

Within the 'initial interactions' phases they identified a dichotomy between the view that men shouldn't cry and experiencing "extreme emotional distress" (p.138) post-bereavement. Additionally, widowers depicted metaphors to describe their experience and talked about feelings of anger, particularly if they held themselves or another responsible for the death.

The 'new reality' for them included acknowledgment that they had lost multiple aspects of the relationship, not just a spouse, and the necessity to

adapt to a new lifestyle by adopting household tasks. Widowers also reported a felt change in their personalities such as being more caring and a multi-directional shift in their relationships with others, either feeling well supported, avoided or that support was temporary.

To 'accommodate' the new reality, widowers were reported to utilise a range of coping techniques including focussing on work and childcare responsibilities, seeking social support and keeping themselves busy. The importance of continuing a relationship with the deceased was also identified as a valuable process, supporting the concept of continuing a relational bond with the deceased.

Although Silverman and Thomson (2018) provided a thorough account of men's experience, the researchers were cautious not to make generalisations about their findings, acknowledging that voluntary recruitment via a widowers' support organisation included men who had accessed the organisation (compared to those who had not). Even so, they argue that there is a need for additional support groups designed for widowers, which limit the stereotypical gender assumptions and expectations and take account of changing gender roles.

While it has been suggested there is an increasing shift from avoiding domestic activities within male gender roles post-bereavement (Silverman & Thomson, 2018) there is still some evidence to suggest that this pervading view is still relevant in men's experience (van den Hoonaard, 2011). Living post spousal bereavement has been described by widowers in terms of their

home environment being uninviting, leading to limiting the amount of time spent in the home and keeping busy as coping strategies (van den Hoonaard, 2011).

It has been suggested that men talk about bereavement differently to women, for example including language of blame (Silverman and Thomson, 2018). Additionally, Silverman and Thomson (2018) identified a focus from bereaved men on their behaviours and factual information within their experience, rather than emotional aspects. Researchers suggested this served the function of preserving their masculinity (Van Der Hoonaard, Bennett & Evans, 2012).

### 2.3.6 - Masculinity and Grief

The increased difficulties for men post-bereavement is concerning when we consider that men are considerably less likely to seek professional therapeutic support, particularly for issues relating to depression or suicide (Cox, 2014). This is despite evidence suggesting there is no discernible difference in the levels of psychological distress experienced by men and women post-bereavement (Lawrence et al., 2006). Stroebe (1998) stated that whereas women are more likely to access social support, men favour relying on their own resources, and are therefore less likely to use counselling or support services. This could arise for several reasons, including societal expectations or stereotypes of gender and masculinity.

Chandra and Minkovitz (2006) collected questionnaire responses from 274, American 13- and 14-year olds. They found that even from teenage years, males demonstrated less knowledge of mental health issues and services and were half as likely to consider using mental health services compared to females. This was due, in part, to concerns about being perceived as weak. Another reason they suggested was that of parental disapproval, with parents being overall less approving of sons considering utilising mental health support than daughters. This led them to conclude that social stigma regarding mental health for men starts early in adolescence.

Furthermore, there has been an identified view of masculinity encompassing the need to be strong, taking on the role of 'protector' within the family (Bennett, Hughes & Smith, 2003) and not being allowed to show emotion which could be considered a sign of weakness (Emslie et al., 2007). When a man experiences the loss of his wife then, the notion of 'protector' is shattered and 'powerlessness' becomes the new reality, whereby there is no wife to exert dominance over, challenging their masculinity (Calasanti, 2004). It has been suggested that masculinity encompasses emotional suppression and a reduced likelihood of engaging in domestic tasks, which are stereotypically associated with more feminine roles (Moore & Stratton, 2003). Conversely, Calasanti (2004) argued that as men age the presumption of emotional self-control wanes and masculine traits become less associated with men. Widowers face a dilemma then, to maintain their perceived masculine status post-bereavement, whilst acknowledging their loss, within the variable social geography of perceived social expectations.



“These unmet mental healthcare needs, driven from socially constructed ideas about gender, are hurting us – and killing us” (Phoenix, 2014, p. 6). This statement regarding the shared and unhealthy societal gender expectations, preventing men from seeking mental health support, may seem drastic. However, considering that men account for three-quarters of suicides each year, including 6,507 annual deaths across England and Wales in 2018 (ONS, 2019b), up from 4,382 in 2017 (ONS, 2018), it is perhaps justifiable. Males between the ages of 45 and 49 years represented the highest rate of suicide (ONS, 2018) and a study into suicides in older adults (Conwell, Van Orden & Caine, 2011) identified stressors which created a heightened risk for individuals, amongst which bereavement was listed.

Although men are less likely to consider mental health support after bereavement (particularly older men), there are still those who do. When this does occur, there is suggestion that men have different needs or preferences regarding the support they desire or require. Rovers and Vandenberg (2019) highlighted “active coping” (para. 30) methods such as engrossing oneself in work “to suppress the emotions related to grief” (para. 30) and avoid looking “weak” (para. 31). Similar gender differences have been identified relating to the goal-orientated manner in which men often prefer to conceptualise support (Bedi & Richards, 2011; Grove, 2012).

Although in the context of a predominantly female bereavement support group, this concept was illustrated by Silverman and Thomson’s (2018) widowed participant who stated he “got tired of the social aspect and not dealing with issues” (p.145). Based on such accounts they also suggested

that men tended to prefer support from other men when in a group context (Silverman & Thomson, 2018). However, it is worth noting that whilst therapeutic support maybe valuable, Schut and Stroebe (2005) warn against the assumption that therapeutic intervention should be automatically provided to bereaved individuals based upon their experiencing of a bereavement, as the empirical basis for the benefits of doing so is lacking.

Despite the evidence presented so far, it must be acknowledged that men (and women) have diverse responses to bereavement and their experiences can be permeated with feelings of strength and resilience. Of a sample of 51 widowers interviewed two years post spousal bereavement, 14 had remarried and several had already lost more than one spouse (Moore & Stratton, 2003) demonstrating the propensity for men to engage in future relationships post-bereavement. However, even though Moore and Stratton's (2003) publication was entitled 'Resilient Widowers', they acknowledged the potential for men to be "invisible" (p. 4) given the likelihood of remarriage masking grief, and men being less likely to engage in social support post-bereavement.

Furthermore, a study of bereaved widows and widowers suggested that there was no impact on long-term psychosocial functioning, and participants demonstrated a psychological resilience that they found "remarkable" (McCrae & Costa, 1988, p. 138). It is worth noting that although the study used a large sample size (beginning sample of 14,407 with 13,380 being followed up), follow-up data was collected between seven and 12 years after

the initial data collection. This time-period may have allowed the initial impact of bereavement to have waned, affecting the perceived outcome of resilience post-bereavement. It is also vital to recognise that issues surrounding gender stereotypes and masculinity are not necessarily applicable across cultures or even all individuals, and potentially familial upbringing and personality may account for some of the differences in perceptions and coping.

The argument so far suggests that not only do men experience more difficulty in managing post-bereavement and are potentially at higher risk of developing mental health difficulties or physical concerns which can impact on their life-span, but also that the manner in which they prefer to receive support is somewhat dissimilar to women. This is highly relevant to the current research focus on men's experience of sudden bereavement, and the next section illustrates the research efforts made so far in understanding men's experience from a phenomenological perspective.

### 2.3.7 - Phenomenological Research on Men's Experience of Bereavement

A literature search identified four research publications focussing on men's experience of bereavement from a phenomenological perspective (Daggett, 1999, 2002; Moore, 2014; Spaten, Byrialsen & Langridge, 2012; Zylla, 2017). No study solely examined men's lived experience of sudden bereavement, although three out of the four included suddenly bereaved males within their participant group (Daggett, 2002; Spaten et al., 2012; Zylla, 2017). Three of

these studies were in the context of spousal loss (Daggett, 2002; Spaten et al., 2012; Moore, 2014).

In the tradition of phenomenology, Daggett (2002) explored the experience of spousal loss for men aged 40 to 60 years, recruiting eight men who had been married at least five years. Participants underwent two interviews, either in person, via telephone or in one case by providing audio recorded answers to interview questions. A pilot interview was conducted to ensure methodological trustworthiness, however despite stating there were no substantive adaptations made to the methodology, there is a lack of clarity regarding any changes which informed further interviews. Given that this initial interview was included in the research analysis, it raises the question whether this participant had a different research experience to others in the sample.

Daggett (2002) drew upon Morse and Field's (1995) 'qualitative research methods for health professionals' describing a process of four stages of analysis common to all qualitative investigation, rather than following a particular phenomenological methodological framework. However, there is room for explanation as to why this structure was followed in preference to alternative approaches. Even so, she describes a rigorous process of reviewing transcripts and undergoing a process of peer review with a colleague familiar with qualitative research, to check the accuracy of themes. Daggett (2002) identified three themes; 'responding to the loss', 'living through the loss' and 'reclamation and reconstruction of a life'. These themes

describe a process reminiscent of Worden's (2009) tasks of mourning, moving from a position where grief is strongly felt, through to identifying a new meaning for their own life and their wives' death. Although Daggett (2002) may not have intended to present themes in such a linear fashion, there is a clear comparison to grief theory previously presented. This may be partly due to the 'theorizing' stage of Morse and Field's framework which encourages the identification of current theory which best described the phenomenon. However, given the importance in phenomenology of looking at events from an individual's unique perspective, this seems somewhat reductionist.

Nevertheless, her findings identified several components of men's lived experience in the face of spousal bereavement including the expression of grief through anger, supporting Silverman and Thomson (2018), the felt difficulty in accessing social support and the value participants placed in having goals to work towards. A further finding was the undivided belief that the deceased spouse was trying to communicate such as through dreams or events which were compiled into a sub-theme of "continued encounters" (Daggett, 2002, p. 69). There were no differences identified between the three men who were suddenly bereaved and the five who were able to anticipate the death, however this was not a focus for the study.

Spaten, Byrialsen and Langridge (2012) in their phenomenological study, recruited three men who had been bereaved of a spouse or partner between three and seven years prior to the interview. All participants were between

the ages of 32-54 years, thus focussing on a younger age population than previous research (Daggett, 2002; Shah et al., 2013). Although one participant was identified as losing his partner suddenly, the timeframe was not explicitly stated, leaving a question as to whether the understanding of sudden was via medical definition or the participant's perception. Spaten et al. (2012) analysed one-to-one interview transcripts using van Manen's (1990) guidance, focussing on the linguistic and structural elements of the text, as well as drawing support from the work of Gadamer (1975) to demonstrate an acknowledgement of the role of the researcher in analysis. Spaten et al. (2012) identified three themes; 'grief and self-reflection', 'meaning of life and loss' and 're-figuring the lifeworld'. Some of their findings reiterated those of Daggett (2002), such as the increased sense of anger (clustered within the first theme) and the prevalence of both a practical and emotional distance from others. They state "the sense of unfairness, the rupture in their lifeworlds, results in a rage that potentially disconnects them from others able to offer comfort and support" (Spaten et al., 2012, p. 9).

Spaten et al. (2012) hypothesised that this reaction could be qualitatively different for men than women. Furthermore, they found that the phenomenon of continuing bonds was represented, such as seeking to maintain a connection, comparative to the 'continued encounters' described by Daggett (2002). In contrast to Daggett (2002), they focused more on the development of meaning, finding that each participant sought meaning

through some means including helping others who had experienced bereavement, engaging in a new relationship and developing a deepened spiritual awareness. The existential journey from experiencing grief to a search for meaning also support Paidoussis' (2010) phenomenological study with traumatically bereaved women. They suggested that although elements such as the experience of anger could be qualitatively different for men (Spaten et al., 2012), the drive to find meaning is important for those suddenly bereaved, and could be "especially strong" (Worden, 2009, p. 189).

A unanimous view from Spaten et al.'s (2012) participants were that their experience had made them stronger in facing new challenges and resulted in an increased appreciation for family, self-awareness and sense of gratitude. Spaten et al. (2012) suggested that participants had all been able to incorporate their loss into their life story and find a way of continuing their life. This supports the concept of post-traumatic growth and the ability to turn suffering into an opportunity for change. As Spaten et al. (2012) concisely stated "grieving is a complex experience of meaning, meaninglessness, and posttraumatic growth – not through distinct phases but – oscillating between processes of loss and reorientation in their everyday life experiences" (p. 14).

In addition, they identified that the man who was suddenly bereaved experienced a more intense emotional reaction and difficulty engaging with others compared to the other two men. Although this could be due to the unexpected nature of the bereavement, it is worth noting that his experience

included multiple losses (his partner being pregnant at the time of death) and due to being unmarried, he was not entitled to her pension which had financial implications. The other two men in the study also had children who required care, which possibly acted as a protective factor, forcing them to re-engage with the world and formed part of their meaning-making to be a “good enough” father (Spaten et al., 2012, p. 10).

Moore (2014) took a descriptive phenomenological approach, drawing on the guidance of Giorgi (1985, 2009) and instead chose to analyse the written biographical accounts of three writers post spousal bereavement. These included the Anglican theologian, C.S. Lewis (1963), Clinical Psychologist, Romanyshyn (1999) and the author’s own reflective journal after his experience of spousal loss.

Moore’s (2014) analysis was fuelled by ‘depth psychology’, heavily applying a psychodynamic perspective onto his interpretation of the material. For example, within the theme (or ‘meaning unit’ as he terms it) ‘embodied suffering and loss of self integrity’, he highlights the use of physical descriptions to define an internal pain; the “wounds of grief” (p. 169). He describes metaphors such as being “shattered” (p. 95) as the imaginal function of the psyche in experiencing grief. The author acknowledges that the findings are “reasonably consistent” (p. III) with psychoanalytic theory, however it gives rise to the question as to whether the findings were interpreted in such a manner as to align with existing theory rather than the inductive process in which the phenomenon in question is allowed to speak



for itself. Having said this, Moore's findings explored both internal and external dimensions of this phenomenon such as including "homeward alienation" (p. 136) describing the meaninglessness and loss of the sense of self, and "social alienation" (p. 136) to describe the sense of isolation from other people.

Moore (2014) identified seven meaning units of grief across the three literary accounts; 1. Encountering death, 2. Homeward alienation, 3. Embodied suffering and loss of self integrity, 4. Negative affects, 5. Social alienation and disaffection, 6. Agonizing loss and 7. Yielding and enduring. He also identified seven meaning units of mourning; 1. Reflecting, 2. Remembering, 3. Reorientating, 4. Renewing, 5. Releasing, 6. Recovering and 7. Integrating death. This comprehensive breakdown of grieving and mourning theme sets run in parallel. For example, the meaning unit 'reflecting' occurs during the initial 'encountering death' through to reflection on 'social alienation'. Similar to both Daggett (2002) and Spaten et al. (2012), Moore (2014) identified the presence of anger for the bereft men, as well as the felt sense of isolation.

Lastly, Zylla (2017) drew upon van Manen's (2014) theory of phenomenological writing, examining the written biographical contributions of C.S. Lewis (1963) after losing his wife, Wolterstorff (1987) after his son's fatal climbing accident and Nouwen (1980, 1982) after the death of his mother. This is the only study which does not specifically focus on spousal or partner bereavement. Like Spaten et al. (2012), Zylla (2017) uses the 'holistic' and 'selective' reading approach suggested by van Manen (1990),

however the methodology departs from the final 'detailed' reading stage as used by Spaten et al. (2012), to applying some of van Manen's (2014) later specifications for use with phenomenological writings. Zylla (2017) offers clear reasoning for this in relation to van Manen's (2014) work including the belief that such phenomenological writing "evokes transcendent thinking in the reader" (p. 839) and goes beyond the lived experience, although there is perhaps a lack of specificity for this statement.

Zylla (2017) identified a core sense of emptiness in bereaved males, articulating "the experience of mourning itself is eclipsed by the vast emptiness that comes with men's experiences of loss" (p. 840). Zylla (2017) frames this sense of emptiness within men's sense of being displaced and feeling like a stranger in their own lives, a concept reiterated by Spaten et al. (2012) and Moore (2014). Moreover, he identified eight themes including; 'Abruptness', 'Helplessness', 'Absence', 'Sadness', 'Despair', 'Resistance', 'Confusion/Doubt', and 'Loneliness'. The theme of abruptness, born out of two of the authors' experiences describes the unexpected nature of the bereavements and the lack of time to prepare for them. Although sudden bereavement was not the focus of the study, the impactful nature of this experience resulted in a specific theme being identified.

Zylla (2017) identified elements of changing gender roles due to the necessity of continuing with more stereotypical feminine tasks, supporting previous research (Bennett, Hughes & Smith, 2003). He adds that rather than fulfilling a purely practical function, this new role acts as a legacy in

which connection with the deceased can be maintained. In support of Moore (2014), he also refers to a sense of “embodied remembering” (Zylla, 2017, p. 848) in which the physicality of grief is palpable in the body and the imagery of physical suffering is descriptively used to explain emotional anguish. Rather than an outpouring of grief, the findings suggest that the process is largely internalised, offering a phenomenological perspective on men’s tendency not to show emotion publicly.

There are common findings between several of these phenomenological studies such as the expression of anger post-bereavement (Daggett, 2002; Moore, 2014; Spaten et al., 2012) and the felt sense of a physical pain or trauma used to explain an emotional turmoil (Moore, 2014; Zylla, 2017). The concepts of emptiness, emotional distress and social isolation were unanimously identified, along with the desire for maintaining bonds with the deceased. Post-traumatic growth and the search for meaning pervaded some findings (Spaten et al., 2012). Participants were all heterosexual middle aged-men (ranging from 32 to 62 years) and were predominantly from western social environments, demonstrating some demographic consistency, despite the differing methodologies being applied between studies. There were also differences between the accounts such as the impact of masculinity which was explicitly stated by Zylla (2017) and the inclusion of spiritual considerations (Moore, 2014; Zylla, 2017).

In conclusion, although these research studies focused on the experiences of men post-bereavement, none of them solely explored this phenomenon for

men who were suddenly bereaved, although three included men who lost their spouses unexpectedly within their participant group. Of those who represented suddenly bereaved males, there was little exploration as to the difference, if any, of this experience compared to anticipatory death. In addition, the term 'sudden' was ill-defined, although admittedly was not a focus for the research. Moreover, none of these studies employed an interpretative phenomenological methodology such as IPA (Smith et al., 2009). Two studies also used written biographical accounts for analysis which were not (as far as the authors acknowledge) written with the intention of being used for such a purpose, but rather as personal reflections. Neither researcher specified that they sought further clarification as to the writers' reasons for particular word use, or exploration of particular aspects of their account and in some instances the author being deceased, obviously prevented this. It has been suggested that sudden bereavement in particular is "difficult to study due to the affected group being hidden in the overall population of bereaved people" (Rodgers, 2007, p.3). Given the challenge of recruiting suddenly bereaved men in research, this study is of particular value as it focussed on an under-represented group of individuals.

#### 2.4 – Chapter Summary

This chapter presented both the theoretical grounding of grief and bereavement theory and a review of research concerning bereavement for men.

In the first part, an evolution of theoretical concepts was provided from an early perspective of relinquishing the emotional connection with the deceased through to finding a way to maintain the bond (Klass, Silverman & Nickman, 1996; Worden, 2009). Consideration was given to the importance of seeking or creating meaning for one's own existence in the face of loss, and the impactful nature this can have on physical and psychological wellbeing.

In part two, clarity was offered regarding the understanding of sudden bereavement, and the definition being used within the current study. The impact of sudden bereavement has also been examined, drawing upon previous research and highlighting the added difficulties which can be experienced when bereavement is unexpected and cannot be prepared for. Consideration for sudden bereavement occurring within an intensive care setting have been presented.

An analysis of research regarding men's experience of bereavement was made, compared to women, suggesting men tend to fair worse post-bereavement. Factors such as masculinity, gender stereotypes, access/acceptance of support and involvement in research opportunities, have been discussed. In addition to qualitative research on men's experiences of bereavement, four phenomenological studies have been identified and critically discussed, identifying common and divergent findings, pertinent to the current study.

To my knowledge, there has been no attempt so far to examine the lived experience of men solely suddenly bereaved using IPA methodology. This study aims to address this deficit and offer an insight into the underrepresented experience of suddenly bereaved men and the meaning they assigned to this event.

The next chapter will introduce the research aims for the study and the methodology being utilised to meet them, including the principles on which the methodology rests and details of methodological and ethical considerations.

## **CHAPTER 3 – RESEARCH METHODOLOGY**

### **3.1 – Introduction**

This chapter presents the theoretical and philosophical basis of Interpretative Phenomenological Analysis (IPA) (Smith et al., 2009), including its relevance to examining the phenomenon of sudden bereavement compared to other methodologies. It also provides a detailed account of the methodological procedures and ethical considerations which have been applied within this study.

### **3.2 – Study Aims**

- To gain insight into the lived experience of men who have experienced a sudden bereavement, and its perceived impact of on the individual's life.
- To explore the meaning that men give to their experience of sudden bereavement.
- To identify perceptions of required care and support, the nature of any supportive care received, and the helpfulness of interventions in relation to their experience.

### **3.3 – Expected Outcomes**

- To contribute to current research through developing an insight into the phenomenon of sudden bereavement for men.

- To represent the underrepresented male population in bereavement research.
- To provide an evidence-base for psychological practice and inform psychological care and support for men who have been suddenly bereaved.

### 3.4 - Methodology

In order to achieve the study aims, IPA was chosen as a suitable research methodology given its focus on examining lived experiences and the meaning these phenomena hold from the unique perspective of the individual. This emphasis in experiential investigation is based upon various philosophical tenets, each of which has contributed to the methodological approach which is now widely accepted and increasingly used within psychological research (British Psychological Society [BPS], 2015; Smith, 2010; Willig, 2008). The predominant underlying philosophical principles of phenomenology, hermeneutics and idiography will be discussed; highlighting key contributors, theoretical perspectives and justify why IPA is relevant for studying men's experience of sudden bereavement. Firstly, where IPA is situated within a methodological, epistemological and ontological framework will be briefly considered.



### 3.4.1 – The Qualitative Approach

At its most basic, qualitative research is empirical enquiry which does not generate or analyse numerical figures (Pathak, Jena & Kalra, 2013). While this is true, it is the underlying desire to understand “people's beliefs, experiences, attitudes, behaviour and interactions” (Pathak et al., 2013, para. 2) from their own perspective and within the dynamic and changeable context in which they exist (Minichiello, 1990) which gives qualitative research its “naturalistic approach to its subject matter” (Denzin & Lincoln, 1994). This holistic view facilitates a more in-depth perspective to be gathered on particular phenomenon, rather than seeking to reduce experience to numerical data.

The value of qualitative methodologies has become well recognised across the fields of social (Denzin & Lincoln, 2000) and health sciences (Bowling, 2009) as well as psychology, where it has become a mainstream approach (Willig & Stainton Rogers, 2008). It provides a necessary way of examining aspects of human experience and it is within this qualitative research paradigm that the current methodology is situated.

### 3.4.2 - Critical Realism as a basis for IPA

The philosophical position of critical realism distinguishes between the concepts of ‘reality’ and ‘observable phenomenon’. It states that our understanding of the world can only be constructed via our individual

experiences and interactions. Bhaskar (1987), whose writings were fundamental in developing the principle of critical realism, argued that reality (or ontology) had various 'depths', some of which could become knowable through observation, while others would remain out of reach of our understanding. Our knowledge of the world is therefore developed through the epistemological statements we make, which are understood via observation, not the unobservable ontological reality and scientific principles which govern our world. Additionally, given that our individual perceptions are based on imperfect conceptual apparatus and unique assumptions, caution must be exercised when assuming knowledge of reality. The concept of reality also relates to mental processes and perceptions which are real for individuals. As such these processes can be assessed against our own interpretations and understanding, to gain insight into how individuals construct and understand their own knowledge and reality.

In this way, critical realism provides a philosophy which incorporates both ontological reality and epistemological understanding, offering a theoretically rigorous compromise between the realist and constructivist polarities. It adopts a stance whereby the research-participant collaboration is rooted within a shared reality, whilst it is also actively shaped by a dynamic process of subjective interpretation and construction of knowledge.

In terms of IPA, researchers are engaged in a process of interpreting participants interpretations of observable phenomenon, a "double hermeneutic" (Smith & Osborn, 2008, p. 35), therefore "we may never arrive

at an objectively 'true' picture of reality" (Hood, 2015, p. 6). Instead, rather than identifying objective laws, IPA illuminates an idiographic perspective, which is subjectively and interpretatively true for an individual. Critical realism as a foundation for IPA, emphasises the constructivist perspective in how individuals understand and interpret phenomenon from a unique perspective, while allowing aspects of reality to remain unknowable.

### 3.4.3 – Phenomenology

Phenomenology is a philosophical discipline which concerns itself with "the study of structures of consciousness as experienced from the first-person point of view" (Smith, 2018, para. 1). It aims to illuminate how we experience the world in terms of our connected relationship with it, and the meaning we assign to phenomenon which occur.

For Husserl (1927), phenomenological enquiry included identifying the "essence" (p. 25) of experience by focussing on "the thing itself" (Smith et al., 2009, p. 32), examining it devoid of our pre-conceptions or assumptions. Only by doing this can phenomena be understood in their own right. Husserl argued that due to constant engagement with daily activity we can become ignorant of the experience itself and he stressed the necessity for a more reflexive stance whereby "through reflection...we grasp the corresponding subjective experience in which we become 'conscious' of them, in which (in the broadest sense) they 'appear'" (Husserl, 1927, p. 22).

Husserl (1927) coined the term "intentionality" (p. 23) to describe the relationship between an object of focus and our conscious attention towards it. Rather than a passive activity, consciousness becomes intentional, whereby we are always conscious of our own consciousness relating to an object, seeking out and directing our attention towards it. For example, seeing a flower, creates an intentional relationship between the actual object and our conscious attention of 'seeing' and experiencing that flower. This conscious process then constitutes both introspective reflections (Smith et al., 2009) and an external focus of how we relate to objects within the world (Langridge, 2007).

In terms of the current study, this provides an opportunity for reflection on individuals' unique experience of sudden bereavement in order to appreciate the personal essence of the phenomenon, as well as how these experiences shape their interactions within a holistic context. In order to do this, the judgements and preconceptions of the researcher must be set aside to remain focussed on the elements important for the individual.

However, there is an intrinsic difficulty with achieving this existential separation due to our embodied nature within the world (Merleau-Ponty, 1962). Husserl (1927) recognised this dilemma and highlighted the need for "bracketing" (p. 28) our perceptions and prior understanding of the world in order to separate these potential influencing factors from the essence of the phenomena in question. In order to align with IPA methodology, there must be a commitment from the researcher to 'bracket' any preconceptions or

assumptions such as religious, spiritual, cultural or societal influences. This helps to ensure the phenomenological focus remains on the essence itself.

Husserl acknowledged the ultimate impossibility of the task to entirely separate off our experienced world, as did the phenomenological philosopher Merleau-Ponty (1962, as cited in Smith et al., 2009) who stated “all my knowledge of the world, even my scientific knowledge, is gained from my own particular point of view, or from some experience of the world without which the symbols of science would be meaningless” (p. 18). Merleau-Ponty (1962) went further to argue that our bodies are not inanimate objects within the world but a method of communication. This allows interaction to occur in a dynamic and meaningful way where our presence in the world forms part of how we make sense of our experience. This dynamism and “the shared, overlapping and relational nature of our engagement in the world” (Smith et al., 2009, p. 17) results in a jointly constructed meaning towards the world and the phenomena which occur within it (Sartre, 1956).

There seems then to be a contradiction between the need to ‘bracket’ any pre-conceptions about the world whilst trying to acknowledge the impact of our enmeshed position within it. However, both of these concepts contribute to the philosophical basis of IPA. Husserl’s work highlighted the need to understand the unique essence of individuals’ lived experiences, or “life-world” (Husserl, 1989, p. XV), while Merleau-Ponty (1962) focused on our relationship with the world, offering a possible route to further

understanding how this essence can be reached and understood within its rich context.

Husserl (1927) offered further clarification regarding how this essence was to be reached in light of these challenges known as “reductions” (p. 23). By progressing through a series of reductions, the individual is able to limit the interference of any preconceptions to achieve clarity over the essential features of the experience in their own right. Extending the relevance of this concept further, Husserl (1927) argued that by reducing experiences in this manner, an understanding would be reached which provided a universal truth of that experience which could apply equally to others. He termed this “eidetic reduction” (p. 24). The implication here would be that by reducing the impact of prior assumptions regarding sudden bereavement, the core of this phenomenon could be reached, and the essence true for an individual, could offer clarity to another who had experienced such an event.

Husserl postulated that, by employing his concepts of ‘bracketing’ and ‘reductions’, individuals would be able to describe their own experience and the meaning that events held for themselves. However, Heidegger (1962) rejected aspects of his antecedent’s phenomenology, instead focusing on the nature of existence from a grounded perspective of relating to the world. He argued that description alone was insufficient to capture a true understanding of experience, while questioning if understanding can ever occur outside of interpretation. This is because we are cast into a world which is already full of rich context including culture, language, objects and

people, making any attempt to view things from a detached perspective impossible (Larkin, Watts & Clifton, 2006).

Instead, Heidegger (1962) concerned himself with examining what is possible and the meaning things hold due to our connectedness with the world. "Dasein" translated to "there-is" (p. 7) was one of his primary ideas, describing the nature of human experience and meaning-making within a worldly context, including "being with" (p. 66) the people and objects which occupy the world. As Heidegger (1962) stated in his notable text 'Being and Time', "being-alone is being-with in the world. The other can be missing only in and for a being with" (pp. 156-157).

Influenced by Heidegger, Sartre (1956) considered the importance of 'nothingness' and how the absence of something, for example a person, changes how we relate to the world and the meaning that may be assigned to events or objects in that void. Sartre's 'nothingness' has clear repercussions for this study, where individuals are suddenly faced with the absence of a loved one through sudden death, potentially changing how they relate to and understand their world, and the meaning it holds for them.

In summary, it was Husserl's (1989) focus on examining the everyday "life-world" (p. XV) of the individual in order to reduce experiences into their core essence which most influenced IPA. However rather than a purely descriptive method, Heidegger stressed that we cannot examine phenomena from a detached perspective, but instead our understanding comes through how we

interpret and find meaning from our enmeshed position within the world. His concept of understanding human existence while acknowledging the impact of contextual influences within the world was supported by phenomenological philosophers (Merleau-Ponty, 1962; Sartre, 1956), whose thoughts helped to define the phenomenological foundations for IPA.

#### 3.4.4 – Hermeneutics

Hermeneutics can be defined as a theory and methodology of interpretation which “offers a toolbox for efficiently treating problems of the interpretation of human actions, texts and other meaningful material” (Mantzavinos, 2016, para. 1). Originally devised for interpreting religious texts and spiritual wisdom, it has since evolved into a more broadly used system which again provides one of the bedrocks for IPA methodology.

Given the interpretive emphasis Heidegger placed on his phenomenological philosophy, it is not surprising that he made a considerable contribution to the development of hermeneutic understanding for IPA. For Heidegger, a key component in phenomenology was studying the way in which phenomena appear and become known. He believed examining how objects move from a hidden state to an illuminated one could provide valuable insight into how remaining concealed content could be understood.

In terms of the current study, this has relevance in helping to identify the meaning the experience of sudden bereavement holds for individuals, by



examining how information comes to light, and what this could indicate about underlying latent content.

Heidegger also identified phenomenology as incorporating a logical and reasoned element, creating a balance between the perceptual experiencing and the analytical understanding. These interwoven strands are what make phenomenology a hermeneutic study for Heidegger and provide complimentary components to both understand how the phenomenon appears and to comprehend its appearance.

Heidegger (1962) used the terms "fore-having, fore-sight and fore-conception" (p. 191) to explain how interpretation can only occur within each individual's prior understanding. He emphasised that in order to prevent personal biases interfering with the interpretative process, we must "make the scientific themes secure by working out these fore-structures in terms of the things themselves" (p. 195). This is reminiscent of Husserl's (1927) concept of 'bracketing' in which priority must be given to "the thing itself" (Smith et al., 2009, p. 32) rather than seeking to categorise experience into pre-existing structures of understanding.

However, this raises difficulty for anyone trying to offer a phenomenological interpretation, in that the "fore-conceptions" (Heidegger, 1962, p. 191) cannot be identified before engagement with the text itself. This led Heidegger, to propose a cyclical process to interpretation (the hermeneutic circle) whereby the need for 'bracketing' and 're-bracketing' needs to occur as familiarity with the text increases. Gadamer (1975) supported this idea,

highlighting the continual process in 'bracketing' preconceptions as the readers understanding and potential assumptions become apparent. He concisely stated that "the important thing is to be aware of one's own bias, so that the text can present itself in all its otherness and thus assert its own truth against one's own fore-meanings" (Gadamer, 1975, pp. 271-272).

This cyclical process is accounted for within IPA methodology regarding data analysis, demonstrating a commitment to acknowledge and separate the researchers own preconceptions from the pursuit of exploring the experience of participants.

Despite the attempts to separate our own assumptions in this process, interpretations will inevitably be based upon our own knowledge and experience, which is not only true for research participants, but for the researcher themselves. It is for this reason IPA is commonly considered a "double hermeneutic" (Smith & Osborn, 2008, p. 35) approach, as the process requires both the individual to interpret the phenomenon in question and for the researcher to make sense of participants' meaning-making process.

Gadamer (1975) also contributed to the field of hermeneutics by emphasising the importance of the historical and societal context in which the text was produced, linking back to Merleau-Ponty's point of our embodied nature within the world. This acknowledgement provides a useful basis for the interpretation of qualitative information (Smith et al., 2009) and allows us to consider a more comprehensive context for interpretation.

Schleiermacher (1998) believed that interpretation should focus on both the literary elements, by analysing the objective textual information, and consideration for the author's context. He argued this provided a more holistic process, allowing the reader to identify the personal influences of the author and how these impact on the meaning of the text itself. Indeed Schleiermacher (1998) went so far as to say that by engaging in this process "understanding grasped in its highest form is an understanding of the utterer better than he understands himself" (p. 266). Although Smith et al. (2009) acknowledge this process can be beneficial for highlighting aspects which the author is not consciously aware of, they warn against using this as a "licence to claim that our analyses are more 'true' than the claims of our research participants" (p. 23).

#### 3.4.5 – Idiography

The final underlying philosophical influence for IPA is that of idiography. Rather than seeking to extrapolate data to apply as generalizable rules across a population, IPA maintains an idiographic approach whereby attention is paid to the particular and the unique.

This is achieved through a focus of making sense of different experiences for individuals within their singular context and the depth at which details are gained and analysed. As a result, IPA utilises small participant groups or individual cases in order to capture the essence of experience as it appears to the individual. Smith et al. (2009) highlighted various benefits of this

approach including how it can challenge existing assumptions and reveal peculiarities. Thus, points of interest in the findings can be more easily traced back to the individual for further consideration, as opposed to it becoming outlying data whose identity and therefore unique context are lost.

In terms of the research process for IPA, this idiographic approach means that during analysis there remains a singular focus on the account provided by individual participants, before making any attempt at cross-case analysis to highlight deviating and complimentary themes (Smith et al., 2009; Tuffour, 2017).

While there is a dedication to the idiographic principle of studying how the individual comes to understand their unique world, there is also an acknowledgement that the world itself is co-constructed, meaning that individuals cannot claim sole ownership of the worldly context in which they reside (Smith et al., 2009). IPA provides a means for participants to offer their unique truth allowing the focus to remain on their particular perspective within a relational and holistic context.

#### 3.4.6 – Why IPA Specifically?

While there is concern that IPA captures opinions rather than the meaning of events (Tuffour, 2017), Smith et al. (2009) argued that IPA allows expression of unique human experience, along with the meaning which individuals assign to events based on their own perceptions and relationship

with the world. According to Smith et al., understanding individual meaning can only be achieved through interpretation and there is an acceptance of the active role of the researcher in this process. The aim of IPA is to understand the "lived world" (Smith et al., 2009, p. 55) of the individual within their singular context, exploring the diversity of experience as opposed to condensing it into generalizable rules or a single theoretical perspective.

IPA provides a "rigorous and yet sufficiently flexible" (Biggerstaff, 2012, p. 192) approach to offer interpretations of the subjective and unique phenomenon of being "within-the-world" (Heidegger, 1962, p. 33). This means that researchers can apply a framework which is both methodologically trustworthy while allowing participants to reveal their own truth, "expressed in its own terms, rather than according to predefined category systems" (Smith et al., 2009, p. 32).

For the current study, consideration was given to alternative qualitative methodologies. Social constructivist Grounded Theory (Charmaz, 2014) also acknowledges that 'truth' is unique to the individual and the importance of socially constructed realities (Andrews, 2012). However, while caution is advised regarding applying restrictive categories to phenomena (Burr, 2015), Grounded Theory seeks to "develop a general concept or theory" (Castillo, 2018, p. 84), rather than focussing on the lived experience relating to a phenomenon.

Consideration was also given towards narrative methodological approaches, which again align with the underlying principle of individuals constructing their own reality and understanding, based on their integral position within a worldly context. Focus is given towards examining the language itself in participants' accounts in order to understand how their narrative shapes their evolving experience. While both Grounded Theory and narrative methodologies focus on exploring experiences and generate rich data, IPA maintains a focus towards examining the unique lived experience of a phenomenon and the meaning which individuals assign to events. IPA was therefore the most suitable approach in view of the study aims.

Additionally, given the idiographic attention on the individual, "IPA is especially valuable when examining topics which are complex, ambiguous and emotionally laden" (Smith & Osborn, 2015, Para. 3). This argument is relevant to exploring the multifaceted and emotive phenomenon of sudden bereavement. Lastly, the underlying tenets of IPA reflect the core principles of counselling psychology; compassionately considering people as individuals within their unique worldly context. As such the methodology aligns with my personal and professional values.

#### 3.4.7 – Summary

The major influences on IPA which have been discussed, lead to a methodological approach in which there is a dedication to exploring phenomena from a perspective which both values the individual (Langdrige,

2007; Pringle, et al., 2011) and acknowledges the worldly context in which that individual exists (Cohen & Omery, 1994). This makes IPA an appropriate methodology to explore the perceived impact of sudden bereavement for men. It allows participants to share the personal meaning this event holds, while appreciating the realistic connectedness and impact it can have on their environment. Considerations and justifications have been given for adopting IPA rather than alternative methodologies.

### 3.5 - Research Methods

#### 3.5.1 - Participants and Sampling Strategy

Three male participants who had experienced a sudden death by natural causes of a spouse or partner were recruited from the general (rather than the specialist cardio) setting of a hospital Integrative Critical Care Unit (ICCU). The ICCU treats patients recovering from major surgery and those who require intensive medical support due to life-threatening illness.

A purposive sampling strategy and the participant sample size was in line with IPA methodology and recommended for doctoral level study (Smith et al., 2009; Turpin et al., 1997). Purposive sampling was adopted in order to identify participants for a specific purpose, those who could offer an in-depth account of their experience of sudden bereavement.

**Table 1.***Demographics of participants.*

<b>Demographic Information</b>			
Participant (pseudonym)	John	Mark	Frank
Participant age	72 years	84 years	59 years
Participant ethnicity	White British	White British	White British
Relationship of deceased	Wife	Wife	Wife
Length of time married	50 years	62 years	31 years
Age of deceased at death	70 years	81 years	62 years
Registered cause of death	A rare degenerative and fatal brain disorder	Compacted bowel/ nerve damage causing muscle weakness	Peritonitis from unknown infection
Length of time bereaved at time of interview	5 months	10 months	8 months

The three participants represented a homogeneous sample identifying themselves from comparable ethnic backgrounds and were of an older demographic. Two participants were already retired and the third approaching retirement (Table 1). All participants had been married within a heterosexual relationship, although sexual orientation was not stipulated within the inclusion/exclusion criteria.

John was a 72-year-old retired technician who identified himself as of white British ethnic origin. He had been married for 50 years when his wife suddenly started showing concerning symptoms requiring admittance into



hospital. Within 48 hours of arriving at Accident and Emergency she was admitted to the ICCU, fell into a coma and died. A cause of death was only confirmable via post-mortem, although a rare degenerative brain disorder was a suggested diagnosis prior to her death. John's son and daughter-in-law, were closely involved during and after his wife's period of illness.

Mark was an 84-year-old retired mechanic who also identified himself as of white British ethnic origin. Mark had been married to his wife for 62 years and had two sons, each with their own families, both of whom he saw regularly post-bereavement. His wife's health had been deteriorating over several years, however what was identified as a compacted bowel led to her admittance to the ICCU where she was treated for six days, before she died.

Frank was a 59-year-old delivery courier, who was approaching retirement. He identified himself as white British and had been married to his wife for 31 years when she died. Frank's wife was admitted to hospital where she underwent surgery to identify the cause of concerning symptoms. However, she fell into a coma and all attempts to revive her were unsuccessful. During the 17 days she remained on life support, Frank's wife contracted peritonitis from a reportedly unknown cause. Some of Frank's wife's family, including her sister, were able to visit before the life support was removed and she died. They are a continuing source of support to Frank.

The inclusion and exclusion criteria which were used to identify potential participants are listed below. These criteria were selected to best address the

research aims and help ensure a homogenous population while exploring the lived experience for suddenly bereaved men.

### 3.5.2 - Participant Inclusion Criteria

- Adult men.
- Participants had been bereaved for a minimum of three months and a maximum of 12 months at the time of recruitment to the study.
- Experienced the death of a spouse or partner.
- The spouse or partner died suddenly.

For the purposes of this research study 'sudden death' is defined as death occurring within six weeks of admittance to the ICU (Williams et al., 2003).

- The sudden death was due to natural causes.

### 3.5.3 - Participant Exclusion Criteria

- In the event of outstanding proceedings, for example, an ongoing complaint in relation to the hospital recruitment site or the ICU, participants were not eligible for recruitment.

#### 3.5.4 - Ethical Approval

Ethical approval to carry out the study was provided by the Faculty of Education, Health and Wellbeing within the University of Wolverhampton on 19<sup>th</sup> June 2017 (Appendix I).

Written permission to recruit eligible participants from the ICCU at the hospital recruitment site was requested on 1<sup>st</sup> December 2016 (Appendix II) and obtained on 14<sup>th</sup> December 2016 (Appendix III).

The research proposal and supporting documentation were submitted to the Black Country Research Ethics Committee and a favourable outcome gained on 12<sup>th</sup> March 2018 (Appendix IV). This was supported by approval from the Health Research Authority on 16<sup>th</sup> March 2018 (Appendix V).

Agreement from the Research and Development Department within the hospital recruitment site was also granted on 11<sup>th</sup> July 2018 (Appendix VI) allowing potential participant identification and recruitment to commence.

The Good Clinical Practice training was completed (Appendix VII) in advance of data collection and indemnity insurance for the research study was provided by the University of Wolverhampton (Appendix VIII).

#### 3.5.5 - Recruitment Process and Procedure

Once ethical approval was gained, a meeting was held at the hospital recruitment site with an identified member of direct care staff within the

ICCU and an administrative staff member to discuss the process of recruitment. This provided the opportunity for staff to ask any questions and gain a clear understanding of the inclusion and exclusion criteria being applied to participant recruitment (Appendix IX).

A total of twenty recruitment packs were sent to potential participants by the member of direct care staff within the ICCU on my behalf. The recruitment packs were sent in batches of five to prevent participants waiting for interviews, or more participants than necessary being recruited.

The recruitment packs contained:

- A covering letter of invitation from the member of direct care staff within the ICCU (Appendix X).
- A letter of invitation from the researcher (myself) (Appendix XI).
- Participant information sheet (PIS) (Appendix XII).
- Reply slip (Appendix XIII).
- List of bereavement care organisations (Appendix XIV).
- A pre-paid addressed envelope for return of the reply slip.

Individuals who wished to participate in the study were asked to return the reply slip within 10 days. The pre-paid return envelope was addressed to myself, care of the primary supervisor at the University of Wolverhampton, to prevent the researcher's personal contact information being given to participants. Alternatively, potential participants could contact the researcher

directly via email to express their interest or request any information they required to aid their decision.

The PIS contained information to fully inform participants about the voluntary nature of participation, their right to withdraw up to data analysis (commencing one week later) and confidentiality of data. Participants were informed that their decision would have no impact upon any aftercare being provided by the ICCU.

Responses from five individuals were received. Two potential participants expressed support for study and thus responded, however felt unable to contribute due to personal reasons relating to their bereavements. The three remaining interested individuals agreed to take part in the study and completed the process without exercising their right to withdraw.

#### 3.5.6 – Recruitment Target

The recruitment recommendation from Smith et al. (2009) was met, in accordance with IPA methodology. Smith et al. (2009) stated “we would often advocate three as an optimum number” (p. 106), allowing for the necessary in-depth and idiographic attention to cases. This focussed sample size “enables the micro-level reading of the participants’ accounts” (Smith & Osborn, 2015, para. 3), providing wider opportunity to explore rich content. Indeed Hefferon and Gil-Rodriguez (2011) reiterated this by stating “less is

more in IPA: fewer participants examined at a greater depth is always preferable to a broader, shallow and simply descriptive analysis" (para. 9).

Therefore, as this recommendation was met, and the data was deemed of sufficient depth (see section 3.7.2) it was decided to conclude recruitment. However, I acknowledge that had recruitment continued, additional data could have been gained, offering further insight into men's experience of sudden bereavement.

### 3.5.7 - The Interview

Participants were offered the choice of either a face-to-face or telephone interview, to facilitate participant preferences. Telephone interviews have been successfully used in research with bereaved participants (Sque et al., 2014) and remained in-line with the chosen methodology of IPA. Similarly, interviews were to be held at a location mutually agreed by the participant and myself. This allowed participants to choose where they would feel most comfortable to undergo the interview, acknowledging the need for participants to feel safe while exploring potentially emotional content. This was decided in line with the methodology and ethical frameworks used (BPS, 2014; Sque et al., 2014). All participants opted for a face-to-face interview at their homes and the precautions detailed within the University of Wolverhampton's Lone Worker Policy (Appendix XV) were adhered to for my own and participant's safety.

Arrangements for interviews were made by contacting potential participants by telephone or email, according to their preferred method of contact as indicated on the reply slip. The risks and benefits of participation were reiterated from the PIS and potential participants were asked to consider if they felt able to manage the emotional impact of the interview and offered the opportunity to ask any questions. Participants were given the option of attending the interview with a friend or family member to provide support during and after the interview. No participant opted to be accompanied. Participants were sent a letter confirming the details of the interview once arrangements had been finalized (Appendix XVI).

A semi-structured interview using a topic guide (Appendix XVII) was employed to explore participants' experiences of sudden bereavement. This approach was chosen to enable me to ask questions and illicit information, which was of interest to the study, while allowing participants the freedom to respond or take the interview in a direction which most represented their experience. Using a semi-structured interview format "facilitates rapport/empathy, allows a greater flexibility of coverage and allows the interview to go into novel areas, and it tends to produce richer data" (Smith & Osborn, 2008, p. 59). Interview questions, prompts and probes were developed in discussion with supervisors. Questions were open ended to allow for descriptive, narrative, evaluative and comparative accounts in accordance with Smith et al.'s (2009) recommendations.

Immediately before the start of the interview, participants were given the opportunity to ask any questions about the research study and asked to sign a Participant Consent Form (Appendix XVIII) and GP Consent Form (Appendix XIX) in the event they wished their GP to be informed about their participation (Appendix XX), which one participant opted to do. Participants were given copies of all consent forms to keep for their own records.

Interviews were audio recorded and written permission for this gained from participants via signing the Participant Consent Form before the interview commenced. Participants were reminded about the potential for distress as well as the benefits of participation. The half-way point of the interview was highlighted at an appropriate juncture to offer participants a break. The interviews lasted two hours and nine minutes on average.

Drawing upon my professional skills of developing a therapeutic relationship (Norcross, 2010) an accepting and non-judgemental manner was adopted throughout interviews in order to put participants at ease and help ensure they felt able to talk about their experiences. It was explained that the focus of the interview was to gain an insight into their experience and as such they were free to express what they felt was pertinent to them. My own personal biases and assumptions were continually monitored throughout the interviews in order not to pollute the participants' account and were noted to form reflections on the research process which will be discussed in Chapter 7.



### 3.5.8 - Data Analysis

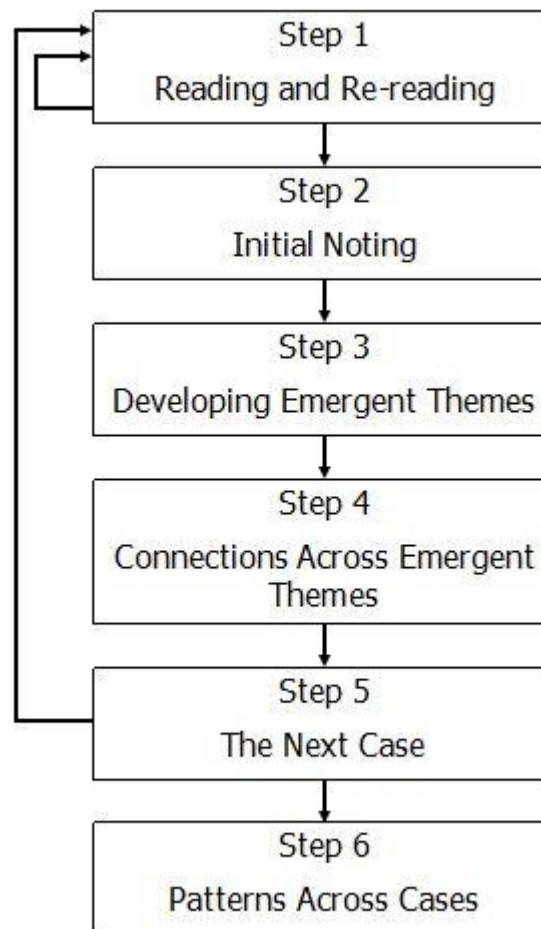
Audio recordings were transcribed verbatim using transcript notation (Appendix XXI) to ensure consistency between transcripts and the accurate noting of reactions such as laughter. Smith and Osborn (2007) highlight the necessity for verbal nuances such as pauses and laughter in speech to be maintained from audio to transcribed formats; making this transcription system appropriate for IPA.

My original intention was to use Nvivo 10 software to support the process of data analysis. I found however, that engaging with interview information manually felt a much more natural process and better promoted the "flexible thinking, processes of reduction, expansion, revision, creativity and innovation" (Smith et al., 2009, pg. 80) central to IPA analysis.

Smith et al.'s (2009) process of data analysis as outlined in Appendix XXII was adhered to. Figure 1. briefly identifies each step of data analysis.

**Figure 1.**

*Smith et al.'s (2009) Steps for IPA Analysis.*



Steps one to four were applied initially on an individual basis, before progressing to subsequent transcripts, in order to remain focused on the unique experience of the individual. An example of initial noting can be seen in Appendix XXIII, including colour-coded conceptual, linguistic and descriptive elements. Following this, emergent themes were printed on individual strips of paper to allow for grouping and re-ordering. Time for reflection during the following days was allowed, to achieve the best reflection of the interview information provided, by making necessary

revisions. Sub-ordinate themes for individuals were derived from summarised transcript notes (Appendix XXIV). The sub-ordinate themes were then organised into super-ordinate themes for individuals (Column A - Appendix XXV – Appendix XXVII).

Once analysis was completed on individual transcripts (step five), the sub-ordinate themes were analysed across participants (step six) to form the sub-ordinate and super-ordinate themes for the group (Appendix XXVIII). Colour coding on individual participants summary tables (Column B- Appendix XXV – Appendix XXVII) details how themes for individuals contributed to the themes for the group. Following these steps ensured adherence to Smith et al.'s (2009) methodology and the phenomenological, hermeneutic and idiographic underpinning of IPA throughout data analysis. Reflective notes were maintained during individual analysis and the research process as a whole. This enabled acknowledgement of personal feelings and views on such an emotive topic, whilst not allowing them to unduly interfere with participants' account.

### 3. 6 - Key Ethical Considerations

#### 3.6.1 - Ethical Research Framework

Sque et al.'s (2014) Framework for Ethical Decision-Making was used to consider and guide decisions regarding bereaved participants' experience of participation in a compassionate and ethical manner. The framework

stipulated recommendations for including bereaved participants in research which were derived from experience. These guidelines have informed aspects of the research study including the inclusion and exclusion criteria, recruitment procedures, participant interviews and have been applied in conjunction with the BPS Code of Human Research Ethics (BPS, 2014).

### 3.6.2 - Informed Choice and Consent

Written information regarding participation was provided within the PIS (Appendix XII) and participants were given the opportunity to ask questions before deciding to participate, and again before interviews commenced. Potential participants were encouraged to discuss participation with friends or family and consider whether they felt able to manage the emotional impact of the interview. Participants were fully informed about the voluntary nature of participation and their right to withdraw from the study up to the point of data analysis (commencing one week later).

### 3.6.3 - Confidentiality and Anonymity

Participant recruitment packs were sent to potential participants who met the inclusion and exclusion criteria by a member of direct care staff within the ICCU. Responses were sent to myself, care of the primary supervisor. This process ensured I only became aware of participant information once they confirmed a willingness to participate, providing confidentiality to

uninterested individuals. In addition, no hospital or ICCU staff were informed which individuals either agreed or declined to participate.

Participants' anonymity and confidentiality of information was assured by assigning pseudonyms to all quotes and names contained within the interview at the point of transcription in line with BPS confidentiality guidelines (2014). Additionally, all identifiable information such as company names or geographical locations were anonymised during transcription. Participant's data and study information was stored solely on a password protected computer provided by the University of Wolverhampton with a back-up on an encrypted memory stick. Any hard copies of data and personal participant information, such as signed consent forms, were stored in a locked filing cabinet, accessible to myself only and unconnected to participant data.

Anonymised information was shared exclusively with research supervisors within the University of Wolverhampton (where necessary) for the purpose of supporting the research. All data will be destroyed after five years from completion of the research study in accordance with University of Wolverhampton policy.

'ICCU' or 'hospital recruitment site' have been used instead of the hospital name which was involved in the study in order to protect the anonymity of the hospital and its staff. Documents evidencing the hospital's or individuals' involvement have also been anonymised for confidentiality purposes.

#### 3.6.4 - Safety of Participants and Researcher

Due to the sensitive and emotional nature of the phenomenon being explored, emotional distress was a possibility. Participants were recruited a minimum of three months after the bereavement in line with Sque et al.'s ethical framework. Participants were also provided with a list of contacts for bereavement support organisations (Appendix XIV) which were included within the recruitment pack for individuals to keep regardless of their participation. Participants were encouraged to consider if they wanted their GP to be informed about their participation when contact was initiated and was reiterated prior to the start of the interviews. Participants who wished for their GP to be informed were asked to provide written consent (Appendix XIX) for me to write to their GP (Appendix XX).

Participants were informed they could request the interview be paused or stopped at any time. Additionally, I was vigilant for signs of distress throughout the interview process to reaffirm this option if necessary. Participants were also given the opportunity to be accompanied at the interview by a friend or relative to offer support during and after the interview. Water and tissues were available to participants throughout the interview.

Given the potential for vicarious emotional distress, planned periods of debrief with research supervisors were utilised, and emotional support through the use of personal therapy was available.

Participants were offered the opportunity to provide feedback on the experience of the interview process by way of a voluntary questionnaire (Sque et al., 2014) (Appendix XXIX) which was provided with a stamped addressed envelope at the end of the interview for them to complete. Participants were also sent a letter thanking them for their participation (Appendix XXX). Reimbursement of travel expenses was offered to participants up to a maximum of £10.00 in the event that the interview occurred in a location other than participants' homes. This was to ensure that participants did not incur a financial loss for their participation. Finally, individuals who participated in the research study were given the option of receiving a summarised version of the findings on completion of the research as indicated on the Participant Consent Form (Appendix XVIII).

### 3.7 - Trustworthiness

The phenomenological focus for this research makes it impossible to verify the findings against an objective and static reality. Rather it is concerned with how participants' subjectively experience and find a personal meaning within the phenomenon of sudden bereavement. Nevertheless, Smith et al. (2009) endorses Yardley's (2000) four criteria to evaluate the quality of IPA research. These criteria will be presented, highlighting aspects of the methodological design and procedure which illustrate the trustworthiness of the current study.

### 3.7.1 - Sensitivity to Context

Yardley's concept of 'sensitivity' applies throughout the research process including sensitivity towards participants, the way data was handled and the cautious interpretation and presentation of findings. This dedication to sensitivity has been demonstrated from the outset by the adoption of IPA methodology, giving a voice to participants and using open-ended questions within interviews. Rather than minimising or classifying experiences, interviews promoted an accepting and open forum whereby participants could express what was relevant to them.

The application of the ethical framework (Sque et al., 2009) also helped to ensure dedication to sensitivity in how participants were treated within this process. Allowing choices such as the method of communication, location of the interview and how interviews were to be conducted (via telephone or face-to-face) all facilitated sensitivity towards participants. Choice was also provided to inform their GP and attend interviews with someone. Details of bereavement support organisations were included in recruitment packs which all acknowledged the potential need for emotional support.

Additionally, participants were clearly informed of the voluntary nature of participation, their right to withdraw and the procedures put in place to ensure confidentiality (see sections 3.6.2 - 3.6.3). Offering an initial opportunity for participants to speak broadly about their experience also facilitated rapport within interviews, a strategy recommended by Smith et al. (2009) to help participants feel at ease and support open communication.



Interview information was also handled sensitively, with the use of pseudonyms rather than numerical codes and providing a summary of each participant beyond their demographics (see section 3.5.1) to provide a sense of the individual behind the anonymised data.

### 3.7.2 - Commitment and Rigour

This criterion questions the care and attention by which the study was conducted and the authenticity of how research findings have been presented. Such a commitment has been demonstrated within the research process by following the guidelines stipulated by the methodology and ethical frameworks (BPS, 2014; Sque et al., 2014). Interviews were transcribed verbatim to ensure the accuracy of information and Smith et al.'s (2009) steps for data analysis (Appendix XXII) were individually applied to transcripts before identifying patterns between accounts. A clear record of analysis and interpretation accompanied each transcript (Appendix XXIII – Appendix XXVIII) allowing for the identification of theme origins and ensure they accurately reflected interview information. Samples of analysis and preliminary findings were reviewed with the primary supervisor to ensure adequate depth of analysis and help limit the potential of individual bias distorting research findings.

A reflective journal was also maintained throughout the research process, to aid the identification of personal biases and offer an opportunity to consider how personal experiences of bereavement impacted upon the interpretation

of the data. These reflections aided the necessity of 'bracketing' information so that my experience did not unduly pollute participants' accounts and findings.

Yardley stressed the importance of the quality of the interviews themselves. To safeguard this vital aspect of the research process, Kvale's (1996) criteria for assessing the worth of qualitative interviews (Appendix XXXI) was applied. Kvale (1996) stated that interview questions should elicit lengthy, rich and detailed responses creating an interview which is "self-communicating" (p. 145), in that the story requires little extra explanation, but develops naturally. This is clearly relevant to IPA's dedication to providing participants an opportunity to express what is pertinent to them in their own words. I believe this was demonstrated within each interview with questions prompting detailed and lengthy responses which clearly progressed participants' accounts. Where ambiguity arises, "the interviewer follows up and clarifies the meaning of the relevant aspects of the answers" (Kvale, 1996, p. 145). Asking questions such as "What do you mean by independent-self?" (quote from John's transcript, p. 30) shows commitment to understanding participants' experience through clarifying language and meaning.

### 3.7.3 - Transparency and Coherency

Transparency refers to the honesty by which processes have been adhered to or adapted, whereas coherency describes the plainness of how processes

have been described. Thus, to follow Yardley's criteria, I have endeavoured to provide a clear and detailed explanation of the procedures used within this study. I have aimed to present a considered rationale behind decisions regarding the choice of methodology, the procedures by which the study has been conducted and how findings have been developed, including supporting evidence where necessary.

Where considerations have led to changes in procedure, for example the amendment to analyse transcripts manually rather than using computer software, an explanation has been provided. Considerations included the methodological or ethical frameworks that guided decision-making, further demonstrating 'rigour' within the research process.

Additionally, the study findings do not claim to present truth but are rather a co-constructed understanding between the participant and myself at a moment in time. The use of reflective journaling again, helped to identify personal 'lenses' through which I view the world, further raising awareness of how I have interpreted participants' accounts.

#### 3.7.4 - Impact and Importance

Yardley's final criterion asked the question 'Is the research interesting or useful?' in evaluating its trustworthiness. In this instance, the study focusses on the experiences of male participants, a population generally underrepresented in bereavement literature. Additionally, the focus is on

sudden bereavement specifically. As previously stated, to my knowledge there has been no phenomenological study employing IPA which has focussed solely on suddenly bereaved male experiences, offering unique insight into this phenomenon.

In addition to contributing to this research area by taking part in the interviews, participants were provided with the opportunity to feedback on their experience of the interview itself by way of a voluntary questionnaire (Appendix XXIX). Two of the three participants provided feedback on the interview process via the optional questionnaire. Both reported that they felt able to cope with the length of the interview and felt understood and able to express themselves throughout. One commented "*I was immediately at ease. I found talking to her was very easy...*"(Mark). Additionally, both indicated that talking about their experience was helpful, suggesting that they directly benefited from participation. Indeed, one wrote "*I would like to say thank you to all concerned in this project for allowing me to take part, if you feel I can help in the future I am only too willing*"(Mark). Such affirmative responses provided further insight into the perceived 'usefulness' of their involvement within the research process and the potential importance it held for them. This 'sensitivity' to participants experiences again demonstrated the dedication of how IPA methodology has been applied and adherence to Yardley's evaluative criterion.

Lastly, the relevance of the findings to Counselling Psychology professional practice will be discussed, highlighting potential challenges and implications

for professionals (see section 5.10), as well as suggestions for further research (see section 5.12).

### 3.8 – Chapter Summary

This chapter focussed on the methodological considerations necessary for the current study, including a discussion of the phenomenological, hermeneutic and ideographic principles underlying the methodology and why IPA (Smith et al., 2009) is the most suitable to explore the phenomenon under examination. A detailed account of methodological procedures has been provided with particular reference to ethical guidelines and evaluation of the trustworthiness of the research.

The next chapter will present the themes derived from participant interviews, with direct quotes in order to support the interpretations made.

## **CHAPTER 4 – FINDINGS**

### **4.1 – Introduction**

This chapter presents each of the three super-ordinate themes and their contributing sub-ordinate themes for the participant group which constitute the findings for this study. These super-ordinate themes will be presented in turn with anonymised quotations from participant transcripts to support the interpretation of the interview data.

### **4.2 – Identified Themes**

Eight sub-ordinate themes were identified from participants' accounts and were arranged into three super-ordinate themes, focusing on apparent meaningful aspects of participants' experiences (Table 2).

**Table 2.**

*Super-ordinate themes and the contributing sub-ordinate themes for the participant group.*

<b>Super-Ordinate Themes for the Group</b>	<b>Sub-Ordinate These for the Group</b>
SUDDEN LOSS	<ol style="list-style-type: none"><li>1. No Time</li><li>2. Emotional Impact</li><li>3. Ambivalence Towards Support</li></ol>
TRANSITIONING SELF	<ol style="list-style-type: none"><li>1. Adapted Sense of Self</li><li>2. Re-evaluation and Looking to the Future</li><li>3. Perceptions of Male Coping</li></ol>
SUPPORTING TRANSITION	<ol style="list-style-type: none"><li>1. Coping Strategies</li><li>2. Keeping her Close</li></ol>

#### 4.3 –Sudden Loss

*“You’re suddenly conscious that you’re on your own”*

- John

The suddenness of participants’ bereavements created a sense that there was ‘No Time’ to prepare, the shock of which was felt physically by participants. Experiencing a sudden bereavement appeared to have a diverse ‘Emotional Impact’ on participants, including a sense of helplessness, anger and loneliness. While such emotions were unanimously identified, there existed subtle differences within their emotional experiences. Lastly, one aspect which impacted upon participants’ experiences were their perceptions of support and the gulf between seeking and

appreciating social support whilst also managing challenges such as its temporary availability, contributing to an 'Ambivalence Towards Support'.

#### 4.3.1 – No Time

One resounding aspect which seemed to deeply permeate participants' experiences was the suddenness by which the bereavements occurred. Not only was this feature directly spoken about but emerged through the language in which participants retold their accounts.

The sense of suddenness was initially presented through the unexpectedness accompanying their spouses' illness and death, in which they were not "*given time to think or to be sad*" (Mark). Such sentiments suggested an impact on both a cognitive and emotional level, which participants seemed to attribute to the sudden nature of their loss. The lack of time seemed to create a sense of urgency to understand and act upon any necessary decisions, whilst also acknowledging their compromised ability to do so, due to the impact across their cognitive and emotional ability.

*"Well, all this happened in a matter of sort of forty-eight hours, we'd gone from stroke to epilepsy to sort of you know, ((laughs)) sort of shaking your head and trying to catch up with it all."* – John

*"...(there is) that much which can't be put off, and under an awful lot of pressure, and you've got to make a decision whether you like it or not..."*

- Mark



The lack of preparation time left participants without the previous sense of order in their lives, prompting a felt sense of being aggressively and unexpectedly attacked and needing to fight to survive:

*"You've got no time to think about it. You've got no time to think about it. It's in chaos...I just actually thought it was a declaration of war, I did." –*

Mark

Such a statement highlights the felt enormity of the challenge and a sense of futility, with an individual having to fight an entire war single-handed, without being able to prepare. This sense of vulnerability seemed to relay participants inability to prepare for a fatality and desire to protect themselves from it occurring again, highlighting participants own anxieties towards death.

In addition to the immediate impact, implications of the suddenness of the death were not simply related to the bereavement itself but appeared longer lasting. The ongoing nature of which revealed itself via the repetition of the absolute term "never"(John):

*"What I suppose I haven't got over, because Anna (late wife)...went into a coma...she never came out of it... and we never got to say goodbye to each other...." – John*

The felt inability to prepare for the loss resulted in a sense of things having "changed dramatically" (Mark) and previous routines and plans having "suddenly disappeared" (Mark). The necessity of this adaption appeared to be linked to the suddenness of

the death and prompted questions pertaining to why the death occurred, hinting towards participants' search for answers and meaning:

*"Well it is 'cause it's, you've lived with somebody for that long, and they're suddenly not there anymore and you don't know why... whether it should have happened, and if it shouldn't have happened, why did it happen."* -

Frank

The consistent use of language such as "no time", "suddenly disappeared" (Mark), "all of a sudden" (John, Mark and Frank) further emphasised the impactful nature of the unexpectedness of their loss.

*"...within two minutes of that (change in breathing pattern) she just took one breath and that was it. She'd gone." – John*

Moreover, participants' use of language such as "strike me" (John), "shock to the system" (Frank) also suggested an embodied sense to the suddenness of their grief, whereby the emotional impact was additionally felt and experienced through physical means:

*"...all of a sudden ((clicks fingers)) that (realisation of being alone) hits you, you're on your own then" – John*

*"...the first couple of days (post-bereavement) you don't know what's hit you" – Mark*

*"...it's a long period of time to go to that stage (years of marriage) and then just have it cut off" – Frank*

The aggression implied within such words as “*hit*”, “*cut*” and “*shock*” and the physicality of the imagery further highlights participants felt inability to prepare and the physical pain which accompanied their bereavements.

Conversely, Frank reported that he did not view his wife’s death as sudden. He attributed this to being able to accept the inevitability of her death due to the lack of improvement in the weeks prior, resulting in it not being “...*such a shock because it didn’t happen suddenly, so it was more or less, expected...*”.

*“You know I’d sort of, come to the conclusion that it was going to happen sooner rather than later. I couldn’t see her condition improving, to be fair.”* - Frank

However, the use of language throughout his account still indicated a felt sense of the personal impact being sudden, contrary to the logical perspective he presented. The discrepancy within his account indicated a possible internal tension within his mourning and that Frank’s felt perspective of what ‘sudden’ meant, varied from his understanding of ‘sudden’, or what he believed others would perceive as ‘sudden’.

*“I think because it wasn’t, like I say like a sudden death. You know like err a car accident where she died suddenly, or you know a heart attack even....”* – Frank

Alternatively, this seeming acceptance could mark the beginning of Frank’s adjustment to his future loss given the inevitable outcome of his wife’s condition.

The theme of suddenness within participants’ bereavements appeared to be a significant factor, impacting upon them in multiple ways and created challenges

associated the lack of preparation time prior to their spouses' deaths. The language used to describe their experiences suggested a deeply physical and painful impact which was linked to the unexpected nature of their loss.

#### 4.3.2 – Emotional Impact

Participants' accounts highlighted a multitude of emotional responses that accompanied their experiences of sudden bereavement, including a palpable sense of helplessness, anger and loneliness which appeared to directly relate to their bereavement.

Implicit in participants' accounts was a sense of helplessness, with their hope and reliance on medical treatment and support being dashed as tests proved "*inconclusive*" (John) and consultations with doctors revealing "*we've tried everything we can*" (Frank), leaving medical professionals, participants and their spouses with no other options:

*"There's nothing you can do to help their situation any other than let them die"* – John

Participants relayed their sense of helplessness through absolute terms including "*everything*" (Frank) and "*nothing*" (John) leaving no room for hope regarding the finality of their wives' conditions. Additionally, such a statement captures a moment of having to confront not only their wives' demise, but applies to participants' own mortality and potential angst toward an inevitability toward death.

This perceived sense of helplessness appeared to be partly experienced in the form of anger which was redirected in the form of blame towards medications or a deity.

*"Could you tell me a little bit about circumstances that led to Mandy's passing?" - Researcher*

*"I can tell you exactly, I can go back to 2003 which caused it. Statins...The statins... she took those, I think it was about a month and she was complaining about her feet didn't feel right... now I said, it's affecting (her) fingers... so I hadn't got not [sic] a clue what was going...on but I had a good idea that all the rest was well, well known drugs, you know (drug name) wasn't... and it was very obvious to me..." -*

Mark

*"...if I'd have been up there (in the position of a deity), I wouldn't have planned it that way (unable to say goodbye)" – John*

Additionally, Frank relayed a particularly difficult experience when attempting to gain information relating to the quality of his wife's hospital care prior to death which *"caused a lot of distress"* (Frank) and a palpable sense of anger during the interview:

*"Really it was, soul destroying, and there was no need I don't, I, I, I don't think there was any need for it, it shouldn't have happened... really shouldn't" – Frank*

This externalisation of anger and blame onto external sources, including hospital care, medications or a deity seemed to direct distressing feelings away from

participants themselves, offering a degree of protection from being emotionally overwhelmed and hinting towards coping strategies, which will be later discussed. Furthermore, the potential denial revealed by repetitive phrases further emphasises the sense of helplessness towards a situation over which "*there's nothing you can do... you've got no control*" (Frank).

The use of such a term as "*soul destroying*" (Frank) above also suggested a sense of something fundamental to participants very being having been lost along with their spouses. This suggests a sense of physical loneliness, a physicality which not only related to the absence of their wives, but also to a separation to part of themselves:

*"...we've been that much a part of each other, Anna and me, I hope it never gets like that where I can just put her to one side."* – John

Within participants' experiences there was also an intrinsic uncertainty, which initially accompanied the unexpected nature of the bereavement, previously discussed, to concerns over how they were coping and what the future now held. For Frank, plans for a joint retirement and ability to pay off the mortgage were abruptly changed. This led to increased uncertainty regarding what this milestone step now meant:

*"So, what does retirement mean for you now?"* – Researcher

*"I don't know ((laughs)). I honestly don't know...It's err...Yeah, it's just a word at the moment to be honest. I don't know what err...Yeah I don't know...."* – Frank

His utter uncertainty revealed through hesitations in addition to his words, also reiterates the "*shock*" (Frank) of such a sudden change to his life and potentially

being unable to plan for the future due to having not yet fully accepted the necessity to adapt his plans due to his loss. While the sense of uncertainty was unanimous in relating to aspects of participants' experiences such as their wives' conditions, there were also nuanced differences in the focus of their uncertainty. Frank's concerns appeared to be focussed on emotional and practical aspects relating to his future independent retirement, while John expressed more concern regarding his current coping:

*"If I do decide to retire then what do I do then? How do I fill my time and if I don't fill my time well...if things change, will I change emotionally or you know, will everything else have an effect? I don't know."* – Frank

*"I'm never analysed meself [sic] ((laughs)) if that's the right way of putting it, to know whether I'm doing the correct things in the correct order or whether I should be doing 'em in a different way or I don't know..."* – John

In addition to the uncertainty apparent within each account, there also appeared to be an underlying anxiety or concern within their questioning, given their process of existential re-evaluation. As such participants sought definite answers to complex questions or a prescribed "order" (John) as possible methods of managing their uncertainty.

A unanimous feeling from participants was also a deep sense of loneliness, which was felt to have a significant psychological impact:

*"It's (being alone) been very traumatic and I...I don't know...I felt very, very lonely at times."* - Mark

This sense of loneliness was highlighted by the necessity of returning to a solitary state, whereby the potential benefits of a "good day" (John) with others became quickly inconsequential. The totality of the language such as "wiped out" and "nobody" indicates the pervasive and inescapable nature of the loneliness, whereby there is nothing left of the "good" which came before:

*"For all you've had a good day, for all you've seen lots of people, all of a sudden that's wiped out and you, you've still got to come back here, but there is nobody back here is there, you're on your own."* – John

The all-encompassing sense of loneliness was further revealed through participants comparing their lives prior to their bereavements and the undeniable reality of being on their own:

*"I miss the daily contact with her, talking, 'cause I used to phone her every day and obviously I miss that... the daily contact, the physical contact..."* - Frank

*"Very, very lonely... I could sit here and watch the telly and all of a sudden I'd try to join in a conversation but she's not there..."* - Mark

The repetition of "miss" (Frank) and "very" (Mark) again emphasised the sense of loneliness which permeated through participants' everyday lives, affecting day-to-day routines. The continued engagement in activities such as watching television seemed to provide continual reminders of their loss, creating a sense of loneliness which was



both emotional and physical. Additionally, Mark's realisation of having no conversation partner, reiterates the sense of sudden shock which accompanied this experience. These accounts also highlighted the loss of multiple aspects of their relationships including the loss of a friend and companion:

*"We were close, we were mates, we enjoyed each other's company...we could have banter."* – John

Within this sub-theme, the emotional impact of a sudden bereavement on participants appeared multi-dimensional. Although, certain feelings were unanimously identified, there were also subtle differences between the specifics of some of their emotional experiences such as the direction of their anger and blame. Participants emotional responses underlay their entire experience, affecting their perceptions across key aspects of their experience.

#### 4.3.3 - Ambivalence Towards Support

The final sub-theme included participants crediting involvement from family and friends as vital in providing emotional and practical support post-bereavement. However, there also appeared to be doubts regarding the reliability of support, creating an incongruence within participants' experiences.

Support from others was particularly notable early within their experience, beginning with the outpouring of support at their wives' funerals, where *"there was about two hundred and fifty (funeral attendees)... they was [sic] even standing outside"*

(Mark). The extent of attendance seemed to provide a bittersweet indicator to participants of the value others placed on them and their spouses:

*"I was surprised at how many people turned up...that was a nice I must admit" – Frank*

Participants detailed *"it's nice to have people to turn to"* (John) and expressed the value they placed on support provided by *"close family"* (Frank) and *"big friends"* (Mark). Despite terms depicting closeness with others, use of the word *"nice"* (Frank and John) is a relatively reticent term, suggesting reservations within their perceptions when applied to wider social support. However, there was also a sense of dependability and consistency which was communicated through the use of comparisons to such solid materials as *"rock"* (Frank) for more immediate family:

*"...it's always been a close, close family, my sister lives in (place name) but, erm, yeah they, they just... yeah Louise her sister, she was err, a bit of a rock she was. She sort of got stuck in and, you know if anything I needed, anything it was always there. I could have rung her up at any time and she would have helped out..." – Frank*

There was an element by which participants appeared to crave socialisation, by taking up any opportunities provided to them and creating new routines to ensure contact with others:

*"Sarah (family member) will phone me somet [sic], do you fancy coming over for tea tomorrow night or whenever it is, yeah course I do ((laughs)) and I'm off. I never turn down a meal." - John*

*"We have a block booking there (local restaurant), and I take me [sic] sister-in-law every Sunday now." - Mark*

However, the support provided by others was identified by participants as temporary, with the increased "*empathy*" (Mark) and people "*suddenly wanting to become involved*" (Mark), waning over time. There appeared a potential disbelief in the genuineness of individuals who seemingly surfaced from nowhere and quickly disappeared, echoing participants initial loss, felt loneliness and a sense of disappointment:

*"Lots of people come out the woodwork and, oh we're sorry and all this sort of thing and you come and see us for a cup of tea anytime and you and after weeks and months have gone by like, they've gone" – John*

Added to this was the sentiment of participants valuing time alone as a preferred alternative to being with others, despite the loneliness it could cause, highlighting a paradox within their experience regarding support:

*"I mean the, there, there are times... when you want to be on your own....I don't want anybody round now for the day, I just don't feel in that sort of mood day, tomorrow I might be entirely different but there are times when you just want your own company..." – John*

*"I'm quite comfortable in my own company, I haven't got no problem with that." – Frank*

While the double negative within Frank's statement could represent colloquial speech, it could also reveal that while he appreciated time away from others, he was

not as settled with this as he attempted to portray, given his previous statement regarding missing having company (see section 4.3.2).

An apparent reason for this uncertainty towards support from others seemed to be due to people "*whispering in your ear*" (John), highlighting death and grief being a secretive and private affair. In Mark's case desiring to be away from others led to abandoning his local walk, in favour of a gym membership, where he was less likely to meet acquaintances:

*"I know three women who walk their dogs... this lady said 'hello Mr Ward how are you keeping?' I said 'oh alright'... they said 'hello, Pipper (dog) say hello to this gentleman here', and I thought that's me had it, I ain't having this ((laughs)) talking to bloody dogs and dogs talking to me, so it was just a spur of the moment and I hadn't not a clue as I'd be allowed to join that gym" – Mark*

There existed ambivalent feelings in how participants experienced support; on the one hand seeking dependable aid, whilst also valuing and actively pursuing time alone. This could perhaps represent a parallel process to their experience of bereavement itself. Participants reported dependable relationships with their wives, which were now sought through contact with friends and family. However, due to the suddenness of the loss, the spousal relationship had undergone a significant transformation, now typified by an intrinsic separation. This felt vulnerability perhaps resulted in participants maintaining a distance from some others in order to protect themselves from further unexpected loss, as the perceived less dependable "*acquaintances*" (John) faded. Therefore, although participants' sense of loneliness

was unwelcome, it was also at times preferable to social contact, as highlighted by the contradiction within John's description:

*"...the first few days afterwards (post-bereavement) it's, it's loneliness I think. Like I said you don't want always lots of people around you" - John*

An additional factor in participants' sense of ambivalence related to concerns of how others managed their own emotional reactions. This potentially further intensified participants' sense of loneliness and isolation:

*"A lot of people just don't know how to react do they to when, people when there's been a bereavement... they feel embarrassed themselves because they don't know what to talk about or ((laughs)) how to talk." - John*

Despite the challenges participants had to navigate within their experiences of social support, it also appeared to be credited with preventing participants from continually and uncontrollably spiralling into a pervasive negative state:

*"If they've (people) got no support system, you can understand why they, they'd spiral into a depressive state" - Frank*

Participants accounts therefore revealed a duality to the concept of support and feelings of ambivalence; on one hand appreciating its benefits whilst acknowledging its temporary impact and availability. This further emphasised participants' experiences of loneliness and isolation, not only due to the loss of their spouses, but also within a wider social context. While participants sense of loneliness appeared difficult, it also seemed to provide a form of protection against navigating the

complexity of social interactions and was at times preferable to the company of others.

#### 4.4 - Transitioning Self

*"...you start questioning, questioning what you're doing, and why you're doing it, and what you need to do, and what you would like to do"*

- Frank

Participants appeared to be undergoing a transition in relation to becoming independent men leading to an 'Adapted Sense of Self'. There was a process of 'Re-evaluation and Looking to the Future' whereby participants considered how they wanted to live the rest of their lives. This transition was partly guided by participants' perceptions of social expectations of male grief, providing rules and guidelines by which they could gauge the appropriateness of their reactions (Perceptions of Male Coping).

##### 4.4.1 - Adapted Sense of Self

Participants appeared to be undergoing a shift in their sense of self from being married men to autonomous individuals. This process appeared to be an ongoing one, and while there were challenges to this adjustment, there emerged an element by which their new independence was somewhat enabling.

Participants indicated a process of adaption towards a new reality in which they tried "*very much to think of meself [sic] being always on me own*" (John) suggesting an ongoing shift towards a more independent sense of self. This process seemed to be one which did not come naturally, requiring an intentional effort to make this transition. The inclusion of "*always*" (John) further shows participants' expectations of the continual state of this changed sense of self, suggesting a possible hopelessness regarding future companionship and the infinite and immutable nature of death:

*"...you're looking out to a life on your own... After being with somebody for so long, it's a bit of a shock to the system having to, having to think about those things (future plans)... on your own"* - Frank

For Mark this was further highlighted by a seeming loss of purpose now he no longer needed to "*look after her (his wife), inside out, up and down...*" (Mark) and raised the question of how to spend the time previously dedicated to her care. This re-evaluation in each participants' sense of self was revealed through a recurring shift in language from 'we' to 'I/me' and the use of present tense language when talking about their late spouses:

*"Well **I** talk to her (late wife) anyway so ((laughs)), **I** have had moments where **we're** having a conversation."* – Frank

*"...that's been continued on, even now when **we** (Mark and his late wife) get on that coach, when they're (friends) meeting **me**, they all put their arms around and say how are you doing".* – Mark

*"We are caravanners, Anna (late wife) and me...we've got a little touring caravan..." – John*

This fluctuation was multi-directional with all participants moving back and forth between such collective and solitary terms, demonstrating a dynamic and ongoing process of adjustment to a new reality without their wives. Additionally, such language could be attributed to linguistic habits which had not had time to be fully adapted, or participants' denial of a painful truth and wanting to maintain a sense of unity with their late spouses, a feature of participants' experience which will be further explored. However, the oscillation in language highlights a continuing process of transition for participants.

This adaption to participants' sense of self was made more apparent through the presence of other couples, highlighting participants separation from their spouses by comparison:

*"You're always around couples and you're just on your own... you just notice it more...." – Frank*

The use of such an absolute term as "*always*" (Frank) suggested a continual preoccupation with the characteristic of 'couple' and highlighted participants comparative absence of a companion. Consequently, Frank was "*just*" on his own, a term which seemed to diminish his sense of self and further illustrated the separation from others who still belonged to a 'couple'.



These shifts in perceptions of the self also required a practical adjustment, with all participants identifying “*new skill(s) I’ve had to learn*” (Frank) and adopting household tasks:

*“I’m not a very good ironer, I think I shall need a lot more practise at that...”* – John

*“So no nothing, not doing anything that I haven’t done before or, well taking, well apart from ironing I must admit... I’ve had to err, yeah, learn how to do that rather quickly...”* - Frank

The necessity of taking on roles previously managed by their wives, highlights the unquestionable “*need*” (John) for sudden adaptation, re-emphasised a lack of control, which began with the bereavement itself and appeared ongoing in how participants “*had to*” (John and Frank) adjust. Ironing was specifically identified by John and Frank as a task which required acclimatising to. Participants’ adjustment, as well as a practical requirement, also represented an internal adjustment to domestic roles previously held by their wives, requiring a further adjustment within participants’ sense of self.

Participants’ transition to an altered self, appeared to prompt reflection on what independence now meant. While this was a lonely position, it also appeared to be somewhat of an empowering one, with participants experiencing more freedom to act autonomously:

*"...what...I'm trying to do is make an independent self... I can just come and go as I want, I am independent now aren't I because Anna isn't here..." - John*

*"If I don't want to do something I don't do it, if I do want to do something then I'll do it, that's fairly straight forward and it is easy. It's, makes life a little bit easier I suppose 'cause you're just pleasing yourself..." – Frank*

This appeared to be experienced as a personal freedom to meet their own needs, rather than *"asking permission for what your doing"* (Frank) as well as a practical freedom to act independently and invest in household projects or interests:

*"I'm now looking at the next phase, what I can do next" – Mark*

However, while participants portrayed positivity within their new independence, there also appeared to be some bitterness towards an adjustment which was forced upon them and necessitated because of their loss. Additionally, this newfound freedom appeared to focus on more practical aspects, such as being able to *"come and go as I want"* (John), rather than on the emotional impact of being independent. While this could indicate a possible coping strategy to manage the emotional impact of the topic, it could also highlight the unknown conclusion to an ongoing and current transition.

To manage the uncertainty wrought by this transition to an adapted sense of self, the consensus amongst participants' accounts was that *"you just have to take each day as it comes"* (John) and focus on *"one step at a time"* (Frank). Such views conveyed a sense of needing to move forward, whilst revealing a potential concern

and reluctance to look too far ahead, given the changes participants were currently undergoing. Furthermore, this view could be driven by concerns relating to the unpredictability of death, given the unexpectedness of their bereavements.

Participants appeared to be undergoing a transition in relation to their sense of self, acknowledging their now independent state. This acknowledgement of being alone appeared bittersweet, with the necessity to adapt due to their loss including adopting domestic roles previously managed by their wives, whilst also providing opportunity for increased freedom to meet their independent needs.

#### 4.4.2 - Re-evaluation and Looking to the Future

The experience of a sudden bereavement seemed to cause a shift in participants' perceptions relating to the safety of their physical surroundings. Participants' shaken sense of safety seemed to lead to a re-evaluation of what they wanted from the rest of their lives.

Participants indicated that the physical environment itself had deteriorated in relation to the sense of comfort it provided. The absence of their spouses transformed the home environment to somewhere unfamiliar and unwelcoming, where there was "*nobody here to greet you, the house is dark or cold*" (John), suggesting a projection of their internal feelings of loneliness and alienation into the home. Additionally, these perceptions could represent a parallel process to the death itself, moving from being full of life to "*dark and cold*" (John), further highlighting the separation between participants as living and their late spouses:

*"You can feel when somebody's in the house obviously... coming back to just empty. There's no noise, there's no presence, presence of her..." -*

Frank

These perceived environmental changes were further suggested by the use of the more neutral term "*house*" (John, Frank and Mark) rather than 'home', suggesting the loss of a secure and comforting base, an additional loss within their experience. Integral to this transformation was the loss of their spouses' presence within the home, creating an emptiness which was felt within the physical environment in addition to participants' internal loneliness. Although participants were unanimous in their perceptions of the home environment having changed, they seemed to focus on different aspects, with John centred on the house itself and Frank on the lack of spousal presence.

These adaptations also impacted upon Mark's confidence in home security, with the installation of a "*new locking system throughout the house...*" that was "*high security...*" (Mark) along with additional security measures introduced post-bereavement:

*"I've got more...security cameras knocking around this place than they've got round in Fort Knox." - Mark*

The introduction of these novel safety measures demonstrated the extent of the vulnerability he now felt. The sensed lack of control seemed to have prompted a response to try and protect himself from further tragedy, by exerting control over the physical environment. As such, these actions could be viewed as an attempt to prevent further intrusion from death itself, given the previous lack of preparation

time which accompanied participants' bereavements. However, these safeguards and sensed changes to the home were physical in nature, demonstrating a practicality in how participants attempted to manage their shaken sense of safety post-bereavement.

Participants' expressed concerns relating to former joint activities, concerns which did not exist prior to their bereavements, further highlighting participants changed world view and its impact on previously positive ventures:

*"I liked caravanning and I hope I can still do that so if I find it too distressing I shall...pack it in..." – John*

*"I say going on holiday is quite, well quite a big decision to make actually ((laughs)), from initially thinking about it and actually booking it, then once you've booked it you think well have I done the right thing and, should I have done that... It's just one of those things you have to go through I suppose..." – Frank*

Rather than the practicalities of excursions prompting questioning, participants' concern seemed to be centred around how they would experience previously positive activities when alone and if it would be experienced as "*distressing*" (John). As such their sense of safety within the wider environment was also tainted by their loss, adding a further dimension of uncertainty.

These adaptations to participants' sense of environmental safety prompted reflection on their own mortality, recognising their own temporary state, potentially

exacerbating their unsettled sense of safety, not only within the home environment, but on an existential level:

*"I suppose you start looking at your own mortality... it alters your thoughts on life to be honest."* - Frank

*"You think about, you know, what will happen to you when the time come ((laughs)), when you bite the dust. It happening how it did (sudden death), it just makes you think about what will happen in the future..."* -

John

As such, participants took steps to prepare their families for their own future demise, such as organising legal authority for their finances and maintaining a key safe outside of the property in case family needed to get "...to me one of these days..." (Mark). Such actions again seemed to increase participants' sense of security, providing a practical safeguard against the unwanted intrusion from death, should participants require aid.

Such a transformation within participants' views of their internal and external worlds seemed to lead to a re-evaluation of their perspectives on life. Participants detailed "I used to worry" (Frank) and a reduction of concerns across aspects of their lives:

*"I worry less than what I used to and don't worry about it. I don't let things get to me...No that's the effect it (bereavement) has on me I think, living with something like that."* - Frank

There appeared to be a direct relationship between their experience of sudden bereavement and a changed outlook, one which was intentionally fostered.

However, the idea of "*living with*" (Frank) their experience further supports a continued process of adaptation. Additionally, given the previously discussed sense of loneliness and separation from their late wives, the idea of "*living with*" a bereavement hints at a process whereby the void left by their late wives was now filled by the bereavement itself, personifying the absence and providing it with its own presence.

Participants' experiences prompted reflection on the unpredictability of what lay ahead and a resulting existential adjustment in how they wanted to live the rest of their lives:

*"...just do what you want do, don't put it off or delay doing it, if you want to do something then go ahead and do it, 'cause you don't know what's around the corner."* – Frank

*"...life is...well I think it's too short to worry about it. I intend living my life as I want to do it."* - Mark

The felt of lack of control and missed opportunities such as Frank's joint retirement with his spouse, could have been influential in the development of participants' new outlook, seeking to "*seize the day*" (Frank) and not let future opportunities pass them by. This new attitude appeared to give participants more ownership over their decisions, something which was absent when their wives were taken ill, and a sense of purpose and hopefulness which was previously absent. However, participants did not provide examples of embedding this new attitude, possibly due to the early stage of their bereavement, highlighting this as part of their ongoing transitions.

Participants' development in attitude could indicate an element of personal growth from a difficult situation, suggesting a partly positive outcome for participants themselves. However, there also appeared to be an urgency to their desire to "*do what you want to do*" (Frank) and act upon their new perspective immediately, which was potentially driven by the acknowledgement of their own mortality.

There also existed potential contrasts within participants' processes of transition, including concerns regarding their shaken sense of safety, yet a willingness to seize life and seek opportunities without worrying. Additionally, there appeared a tension between the concepts of living their future lives to the fullest and focussing on immediate day-by-day coping. These contradictions within men's experiences suggest an ongoing development of attitudes, within the early months of such a formative experience and their ongoing attempts to attain a balance within a changed world.

Within this theme participants' perceptions of safety appeared to undergo an alteration. Their internal sense of vulnerability seemed to be projected into their wider environments, causing perceived changes to the physical world. This prompted actions to try and restore participants' sense of safety. However, through their acknowledgement of a changed world, participants were able to re-evaluate what was important in how they wanted to live the rest of their lives, leading to a fostering of an adapted existential perspective on life.



#### 4.4.3 - Perceptions of Male Coping

Participants referred to societal understandings of grief from their own perspective which was an influential factor in how participants responded to their bereavements. Some of these beliefs were assimilated into how participants felt they should have been grieving, providing guidelines by which they could navigate their own experience.

There was a dominant perspective of the need to maintain a "*stiff upper lip*" (John and Frank) whereby "*I don't show me [sic] emotions that well in public*" (Frank). The importance of this understanding appeared to have cultural relevance with one participant specifying this as a "*British*" (John) viewpoint, a context all participants belonged to. This understanding pertains to the ability to maintain an attitude or presentation in the face of adversity, a steadfastness which is predominantly applied to men. More specifically, participants' accounts indicated that putting on a "*brave face*" (John), which does not betray any unwanted emotion, is encapsulated within showing a "*stiff upper lip*".

A motivating factor for John in maintaining this stoicism appeared to be due to fear of judgment from others:

*"I was asked if I'd like to say a few words (at his late wife's funeral) and I said no I wouldn't ((laughs)) I didn't think I was up to it. It was purely selfish reasons I didn't want to get upset and make myself look a fool."* –

John

The idea of “*fool*” (John) being akin to comedy and silliness, would not normally be associated with bereavement, however John demonstrated a concern with being viewed as comical for showing emotion. The result was a felt selfishness in meeting personal needs and maintaining a sense of dignity, rather than adhering to the perceived expectation to “*say a few words*” (John). However, this potentially leaves men in an unwinnable situation of being judged as foolish for showing emotion or selfish for taking steps not to show emotion. This reluctance even appeared true during the funeral itself and was deemed an inappropriate time for emotional expression:

*“I didn’t get upset though (during the music at the funeral), it was upsetting like, but not, you know... I didn’t feel it was the right place. There was [sic] all these people here, and you can talk to us if you need to, shed a tear sort of thing, but no. I didn’t ((laughs)) like everyone else”.*

– Mark

Although offers of support were made, acknowledging the likelihood for emotional expression at an event which is often rife with emotion, there was still an unwillingness and perceived unsuitability of the environment in which this would be “*right*” (Mark) to do. While this reluctance could be related to the physical environment, it stresses a desire not to appear emotional in public settings and further supports the previously identified ambiguity and doubts regarding the perceived legitimacy of support.

The reluctance to show emotion was also made apparent by participants integrating the idea of showing emotion and abnormality, contradicting how they were “*built*” (Mark), rather than a natural reaction to grief:

*“I haven’t been upset today... I hope I haven’t come across as being upset... I hope I’ve come across as ((laughs)) a normal person.”* – John

*“I...admitted I was upset, admitted I shed a few tears. But not really, really down you know, I err, I’m not built like that I don’t think, I’m not built like that at all.”* - Mark

Despite admitting his upset, Mark justifies this as minor by specifying “*few*” and the firm repetition that such an emotional response was not within his nature. Such insights partly relate to the ongoing shift in participants’ sense of self, given the implication of showing emotion as impacting directly on their characters. However, the perceived abnormality accompanying participants’ emotional expression further highlight their concerns for being viewed disparagingly by others. As such, being able to control or “*get rid of*” (John) emotion was indicative of successful mourning:

*“I never felt I was out of control... (that) I needed help to get over it all, it’s anything like that. That, that’s why I think I’ve handled it pretty well...”*

- Frank

This highlights an incongruity within participants’ accounts; on one hand reporting some success in controlling emotion, at least within a public setting, while acknowledging the emotional impact of feeling out of control (see section 4.3.2).

This could mark a progression in their mourning, even within the early months post-

bereavement. Alternatively, it may highlight potential defences such as the denial of an emotional reality that aspects of his experience did feel out of control, or a desire to limit potential adverse judgements from others by not accessing professional emotional support.

Participants shared perspective not to show emotion, particularly in public, seemed to align with predominant “*British*” (John) sociocultural perspectives of men’s grief. However, there appeared to be distinctions within participants’ views, such as Mark’s emotional expression being outside of his character, the negative social judgements portrayed by John, and Frank’s assurances of coping. While differences existed within participants’ focus, each of these aspects seemed to form part of a shared perspective that men do not show overt emotion and should maintain a “*stiff upper lip*” (John and Frank) post-bereavement.

However, given participants’ emotional responses previously discussed, this reservedness appeared at odds with participants’ internal emotional experience, highlighting a discrepancy between participants’ internal and socially portrayed worlds:

*“I feel I haven’t shown the reaction... to a death more to other people... outwardly I’m just carry [sic] on as normal, which I am doing, but... it’s just... how people see you reacting to a bereavement...”* - Frank

Furthermore, participants’ perceptions relating to open displays of emotion were influenced by social encounters:

*"...at Anna's (late wife's) funeral, somebody came up to me and said, if you want to get upset and feel sorry for yourself, do it in your own time and not in company and I've tried to stick to that." - John*

Such words forbid participants from showing emotion, lest they attract social censure. Indeed, the idea of "*feeling sorry for yourself*" (John) can be applied when there is unjust cause for emotion, devaluing participants' feelings of grief and denying their expression of it. This idea of emotional expression being unwarranted was also supported by use of terms such as "*brooding*" (Frank) and experience of "*shed(ing) a tear for the silliest of reasons*" (John):

*"If I hadn't been working, I'd been sat here probably brooding over it (bereavement)." - Frank*

Such phrasing further emphasises the previously identified sense of selfishness in men focussing on their own grief and raises the question of where they felt their attention should lie.

However, such social views also appear to have provided clear rules, which was deemed of ongoing relevance in men's experience. Given the previously identified sense of uncertainty and lack of control, relying on provided or predominant societal stereotypes, potentially offered some stability at a time of confusion. Additionally, this societal guideline could have been even more valuable to participants considering the suddenness by which their wives died and the lack of time to prepare.

While there was a unanimous perspective not to show emotion, Frank also suggested that grief should also include an overt outpouring of emotion, otherwise *"you're not feeling the devastation..."* (Frank).

*"There's a perception about how people should react to bereavement or how they should be behaving in bereavement. You know sort of...gibbering wreck and...full blown tears and collapsing..."* - Frank

These contradictory perceptions of societal views raised questions for those experiencing the aftermath of a sudden bereavement of *"whether I'm doing the correct things in the correct order..."* (John), further highlighting the sense of uncertainty regarding what is expected of men. Concerns arose regarding perceived societal perceptions when emotion was not outwardly shown, additionally leading to a sense of guilt that *"I felt that I should be more emotional, and I haven't..."* (Frank) due to non-conformity to alternative perceived social expectations:

*"I think it (not showing emotion) gives a false impression of how you're feeling. People might think I, you know, he's doing alright he's gotten over it... well he didn't care about her that much or it bother him that much or you know. I feel guilty on that score, obviously that's not the case but... the only way for people to know that, if they don't know you personally and how your relationship was, is to show a lot of emotion..."* – Frank

Rather than be seen as foolish for showing emotion, there appeared concern for being judged as uncaring or emotionally distant due to the absence of apparent emotion. This highlights an opposing social standpoint which could potentially threaten others' perceptions of the sanctity of participants' relationships with their

spouses. Although participants seemed to take account of wider social views, there was not a clear or defined perspective, creating confusion regarding possible expectations for men's grief. Disguising their grief when in public, suggests participants' attempts to meet perceived predominant sociocultural expectations, potentially at a detriment to meeting their own emotional needs at such a formative time. Given the changes to participants' sense of self, participants apparent concerns with how they were perceived could additionally relate to their uncertainty of how they currently perceived themselves.

The consensus of demonstrating emotions being negatively perceived by participants and others was further reinforced by comparisons between genders. This was illustrated by Mark's retelling in which the acceptability of women's emotions being outwardly expressed was counter to that of a male in an equivalent situation:

*"James (son) couldn't stop crying...come outside with me I said and have half an hour...you're upsetting everybody...my two daughters-in-law were crying their eyes out, two granddaughters...I said we'd best get out of here."* - Mark

In this instance, it seems that there was an attempt to hurriedly remove a male family member from the situation; an intention which was not applied to females, highlighting a potential gender inequality in how men and women are expected to conduct themselves in public. Additionally, there appeared to be some amount of blame towards the son for the emotional reaction of others and the suggestion that if he was removed, the reaction from other family members would be different, placing potentially unjust responsibility on him.

It was generally believed by participants that women "...*obviously look at things differently to guys...*" (John) and would thus experience the impact of a sudden bereavement differently:

*"...they (female neighbours) might say to me well you'll find this'll happen (general example), well maybe it does for a woman, and it doesn't so much for a man or it's more for a man...."* – John

The belief that women are more equipped to manage the emotional impact was attributed to women's alleged propensity to talk about their feelings and utilise social support:

*"I think women handle things better anyway on that score, and I think they have big, a bigger circle of friends they can rely on and talk to and open up to. 'Cause that's the way women are in more ways."* - Frank

*"His (son's) wife and me granddaughters will have a natter and a bit of a cry now and then, Samantha gets upset by it like, and Laura, but, they're good girls, they have a chat, like, you know and they're sorted..."* – Mark

These ideas suggest that such gender differences are ingrained aptitudes and behaviours, which directly relate to gender identity, thus 'opening up' emotionally may compromise perceived expectation of stoic and unemotional male coping. It also suggests women have a reliable source of support which they can openly utilise. Given participant's previously discussed ambiguity towards support being partly due to the perceived unreliability of aspects of social support, it raises the question of whether men's perceptions of the need to conceal their emotions somewhat prevents



them from effectively utilising available support, or if there is a qualitative difference in the support available to men and women post-bereavement.

This sub-theme highlights participants' perceptions of social expectations on men's grief. On one hand, there was a strong and united perspective that men should remain stoic and not show emotion publicly to prevent themselves from being perceived as foolish. However, this apparent lack of emotion was shrouded in concerns for being judged by others as selfish or dispassionate. These opposing perspectives present a challenge for men to navigate their experience of bereavement within a social world, potentially adding to their sense of ambiguity regarding accessing social support.

#### 4.5 - Supporting Transition

*"I like to think she's looking down, so to speak"*

-Frank

Through participants' sudden losses and transitions to a new reality without their wives, various strategies to support this process were identified. While participants directly identified 'Coping Strategies', such as keeping busy, others emerged more subtly. Additionally, all participants expressed a desire to maintain a connection with their late spouses, and a sense of 'Keeping her Close', which was unanimously viewed as supportive.

#### 4.5.1 - Coping Strategies

Participants identified supportive strategies which were helpful in navigating their experiences post-bereavement. Keeping busy was unanimously identified as helpful in this process, providing "*a purpose*" (Frank).

There appeared an urgency to keeping themselves occupied as a means of distraction from having time alone to face the reality of their bereavement. Within participants' experiences existed a juxtaposition from having "*no time to think*" (Mark) prior to their spouses' death, to trying to avoid having time to think afterwards, highlighting a further adjustment to come to terms with:

*"I dread sitting in here on my own in the evening, I've got nothing to do, and in fact I've, I'm finding something to do all the while...."* - Mark

*"I think working, work helped as well, that got me through 'cause it, gave me a purpose to get up in the morning to just carry on."* – Frank

Whilst keeping busy was achieved through work for Frank, the same need seemed to be present for other participants, leading to intentionally seeking opportunities to occupy their time. However, while such actions succeeded in occupying time, participants' accounts suggested keeping busy as a strategy to avoid a sense of "*dread*" (Mark) which accompanied them facing being alone or find "*purpose*" (Frank). As such, while keeping busy was common across participants' experiences, the motivation behind it seemed to differ.

All participants provided examples of focussing on practical aspects of their experiences, preventing them from feeling overwhelmed by emotions:

*"Well, that sort of realisation comes (late wife's condition being fatal), it's practical isn't it... I certainly didn't want her to suffer... so if they'd (doctors) said to me it's better if we do this or this (end of life options) then I'd, I'd just say yes, okay, carry on, and that's a practical thing. I didn't look at Anna and then burst into tears and then make a decision I was decision making first."* – John

*"We came in here (participant's home), straight from...the hospital...and we're sitting there about two o'clock in the morning and I said to Hazel (family member), I said whilst you're here I said, I'll get the funeral plan out..."* – Mark

Whilst John's account reiterated the sense of uncertainty with his wife being taken suddenly ill, it also shows a focus towards practical elements of his experience, after a formative realisation of his wife's imminent death. Alternatively, given his agreement with doctors suggested course of action, it could highlight a reluctance to take on the responsibility for decisions. However, his use of "I" (John) suggests recognition of his role and an intentional focus to guard against the emotional impact of his initial realisation. The same seemed to be true for Mark, focussing on funeral arrangements immediately post-bereavement. However, given the changes in perception relating to the home and safety, Mark's account could also have served the purpose of avoiding being alone.

Focusing on the practical also revealed itself through sudden shifts in conversation away from emotive to more neutral topics during the retelling of events:

*"Mandy, was quite normal and one morning she was having breakfast, and she choked on her cornflakes, and hyperventilated which caused her to have a mild heart attack. It was summit else, I mean just out of this world, you just couldn't explain what was going on and I was, I was insured by (company name) it was then. They used to own insurances, they used to just sell sponsor, all repairs on the vans..." – Mark*

The idea of something being "out of this world" (Mark) indicates an extraordinary phenomenon which defies explanation. While this could be the reason for the sudden turn in conversation, it indicates the felt unreality and incomprehensibility of facing losing his wife. Open acknowledgment being therefore difficult, it was perhaps easier to focus on concrete experiences, which contained less emotion.

Moreover, the recurring shift in pronouns from a personal 'her/she' to detached 'it', potentially demonstrated participants desire to keep the conversation more neutral, as a possible defence against emotion:

*"...if **she** crops up in conversation, we just talk about **it**." – Frank*

This shift away from potentially more emotive topics in participants language and wider accounts could highlight a defence against emotion within the ongoing process of adaption, in which participants were still coming to terms with a new reality.

Having a "good sense of humour" (Mark) was directly acknowledged as a supportive factor in managing post-bereavement. However, rather than seeing the 'funny side' of a situation to intentionally "turn (serious things) into a joke" (Mark), laughter occurred at seemingly contradictory points to the topic being discussed. This

suggested a less acknowledged defence against being overwhelmed when reflecting on more challenging aspects of their experience:

*"...the length of time it took to get to that particular point (receiving the coroner's report to confirm how his late wife had died), you know, it was horrendous, I wouldn't want to wish it on anybody to be honest... I blame the hospital for that but ((laughs))...." - Frank*

*"...the bit that wasn't helpful was from the (company name) sending me that letter for Anna's (late wife) return of part of Anna's pension back that wasn't helpful ((laughs)) and that hurt a bit like you know ((laughs))..." - John*

The laughter here would appear to be more accurately described as nervous laughter, rather than containing any actual mirth at their situations. Additionally, the perceived role of third parties within these accounts, could highlight transference of the previously identified feelings of guilt and anger, externalising uncomfortable feelings away from participants themselves.

A predominant method of coping which arose from participants accounts was the shared consensus regarding the necessity to continue by drawing upon an internal determination to *"pick yourself up...and carry on"* (John). While participants identified *"no specific way of doing it (continuing with life)"* (Frank), there appeared an acknowledgement of the need to face something unpleasant and painful in order to manage the impact of their loss:

*"I think you have to sort of bite the bullet...things are going on and you know, you've got to react to it" – John*

This aggressive language could reinforce the previous view of managing the aftermath of bereavement as comparable to fighting a "war" (Mark) and highlights the previously discussed physicality of participants' pain, through metaphor. It also seemed to suggest that participants had no choice but to persevere through adversity. While the use of such language as "carry on" (Frank and John) could either represent a progression towards something different or an attempt to maintain things as they were, participants' re-evaluation supports the idea of a forward-looking perspective, and their sense of determination as supportive within this transition.

Indeed, two participants specifically provided assurances regarding their safety, confirming they would never try "to end it all" (John), while another provided frequent confirmations that he was capable of coping independently:

*"I think it's got past that period now where it...Not that I needed a crutch, but I don't need that emotional help anymore. Not that I needed emotional help initially ((laughs))...." - Frank*

Lastly, participants were also able to identify aspects which had arisen through their experience which ultimately were of some benefit:

*"...I think... some good came from it, if anything came, come from her death, at least, something good came from it, from a bad experience you know, yeah that is good to know ...I think it's helped anyway...." – Frank*

Frank described a "*fraught*" and "*difficult*" experience in trying to gain an understanding about his late wife's care during her hospital stay. However, his and family members' responses to ICU staff, achieved policy and procedural changes within the hospital unit, aiming to improve future practice:

*"I mean the hospital said...the cardiac arrest shouldn't have happened...and they have put things in place to make sure it doesn't happen again."* – Frank

John's late wife "*...was a registered organ donor but of course she wasn't allowed (to donate) because of what she died from...*". However due to the cause of death being from a lesser known medical condition, allowing her "*...brain, lung, part of a kidney*" to be used for research purposes, provided encouragement in the face of loss. This seemed especially true as "*...there are so few deaths in the country... there's no big money thrown at it (late wife's medical condition with caused her death) as far as research is concerned...*" making the contribution even more valuable.

The emotional challenges relating to their spouses' deaths, appeared somewhat moderated by outcomes which could ultimately benefit others in a similar situation. In this way, other deaths and comparable participant experiences could be avoided. This seemed to provide some meaning to participants' loss, reinforcing that their wives' death was not meaningless.

Within the current sub-theme, the coping strategies participants employed to help traverse their experiences post-bereavement appeared to have multiple functions. A predominant purpose seemed to be to help men manage their emotions, for

example by steering away from emotive content to more emotionally neutral conversation. Some of participants' strategies also seemed to more easily allow them to avoid the necessity of adaption or acknowledge their emotions such as keeping busy, thus not allowing themselves time to reflect and think about their loss. Additionally, strategies seemed to be aiding participants to adapt to a new reality without their spouses such as an internal determination to continue. Finding positives within the loss of their spouses also seemed to provide some meaning, particularly for two participants.

#### 4.5.2 - Keeping her Close

Participants placed clear importance on preserving a connection with their deceased wives. All participants described deliberate actions they took to maintain a sense of their spouses' presence in the home:

*"And photos (of his late spouse)... were they there previously?" -*

Researcher

*"No, no only since she died actually. 'Cause she didn't like having her photo taken, so she wouldn't have photos up. I know it, it, it just happened all of a sudden, to be honest, spur of the moment thing...I just wanted to do it for some reason..." - Frank*

*"I put these pictures up (of his late-spouse) straight away, as soon as she'd gone...I don't, I haven't got any intention of taking these pictures down." - John*



In this way, the physical image of their wives still existed within the home environment, still able to be seen. Considering participants' perceptions of their homes having deteriorated in terms of the comfort it provided, photographs could have helped to infuse their spouses' presence back into the home, making it seem more welcoming. Participants also seemed to seek a physical closeness, through proximity to significant mementos:

*"I had this ring made, that's sort of her ashes in there and I've got a pendant...that was just my way of expressing...I know she's close."* - Frank

*"I've always been a very good sleeper... me and Mandy never slept together for I don't know how long it had been... certainly before she had a heart attack because she had irritable leg syndrome, she used to kick me to death... my back bedroom is there, I've gone and moved in since Mandy passed away."* - Mark

*"Right. So you've moved into what once was her bedroom."* - Researcher

*"Yeah."* - Mark

Despite the years spent sleeping apart, Mark's change of routine suggests a desire to achieve a physical closeness with what remained of his late wife. Additionally, given his initial statement regarding being a "good sleeper", this adaption could facilitate better sleep, rather than remaining in his previous bed. Such actions seemed to support participants to maintain an ongoing closeness with their wives, which was further revealed by present tense language including "*I know she's close*" (Frank).

Maintaining this sense of presence was felt to be "*a comfort*" (Frank), easing participants ongoing adaptation post-bereavement. This sense of comfort seemed at odds with the ambivalence towards the support provided by others, indicating the solidarity of their relationships and the ongoing reassurance participants benefitted from in maintaining a connection with their late wives.

*"...somehow, she's still there, she's still standing next to me."* – John

However, the idea of their spouses being "*next to*" (John) or "*looking down*" (Frank) on also created the impression of distance, whereby there was still an intrinsic separation from being 'with' their wives. Therefore, despite participants attempts to keep a sense of their late spouses close, there was also acknowledgment of the previously discussed shift towards being independent men.

Continued communication was a further way in which participants maintained the connection with their late wives:

*"Well I talk to her (late wife) anyway so ((laughs)), I have had moments where we're having a conversation."* – Frank

*"I say goodnight to Anna (late wife) every night."* - John

The fluctuation in language in Frank's account has already been highlighted, demonstrating an ongoing shift in coming to terms with being 'I' rather than 'we' in terms of his sense of self. However, while such communications maintained a sense of their wives' presence, it further highlights the sense of separation with such examples' being a one-way communication.

However, for Mark this communication was felt to be dual-directional, with reports of curious events that he and another family member experienced such as "*...two white feathers com(ing) in the car...*" whilst his daughter-in-law was driving. The imagery of white feathers could be viewed as having spiritual connotations, perhaps being associated with angels, ethereal creatures of peace and goodness. This perceived communication could have provided reassurance that his wife was at peace, whilst also indicating her potential continued presence:

*"...we had a purple...clematis growing up there...when Mandy (late wife) died, err the (date) of May, by err the end of June that had died. When the spring come...nothing come, so I've had a dig round and the roots have gone as well. And that, that's been established down there for about twelve years...it was Mandy's flower...I just can't believe, you know what I've seen...."* – Mark

The vibrant, colourful flower with its established roots suddenly disappearing without understanding as to why, seemed to represent a comparison to the sudden death of his wife. These events appeared to be assigned meaning beyond the events themselves and connected with his wife, suggesting a continued subtle influence on his world.

However, the desire to maintain a sense of closeness was challenged by practicalities which needed addressing, predominately making decisions regarding personal belongings. In each case, this process remained ongoing over many months:

*"...November, December this year, she died in May, so it was a long time. I've had difficulty getting rid of the clothes...I don't know if it's me...I didn't want to get rid of the clothes, let's put it that way...there's too many memories...."- Mark*

"*Getting rid of*" (Mark) the clothing and belongings seemed to be synonymous with discarding memories, and even part of their late wives themselves, as it meant *"...that's a bit less of Anna..."* (John). However, there appeared a difference between participants' accounts in how they described this challenging process, with a gradual release which was *"...all part of the goodbye..."* for John, compared to the seeming rejection in *"getting rid of"* items for Mark and a matter-of-fact *"sort out"* for Frank. This difference could indicate participant's unique progression with their bereavement experience or highlight possible defences in how they portrayed this process. For all participants, this led to an eventual lessening of her presence as possessions became *"meaningless"* (John). However, despite no longer being used by their wives, these possessions held a valuable purpose in maintaining a sense of their late spouses' presence within the home, along with photographs and significant mementos:

*"...while the things are there, Anna's there, when the things are gone, she's not there." – John*

As this process occurred, there were concerns for their spouses being forgotten, adding to participants' reluctance to lessen her presence in the home:

*"I hope I never forget Anna (late wife), but how long it will be before I don't have to think about it, I don't know. I just, I've no idea." – John*

While such a “*hope*” (John) relates to the transition participants were undergoing, it also highlights the ongoing process of trying to navigate how to maintain a relational connection with their deceased wives and concerns for the longevity of such a connection.

Within this theme, participants all expressed the desire to maintain a closeness to their late spouses and the sense of comfort it brought. However, despite intentional actions to preserve their wives’ presence, there also emerged an intrinsic sense of separation, which was made more apparent by the process of redistributing personal belongings. Overall, participants efforts to remain close to their wives was supportive and meaningful within their experiences.

#### 4.6 – Chapter Summary

The experience of sudden bereavement appeared to have a profound effect on participants, impacting across multiple aspects of their lives. The loss of a spouse seemed to act as a catalyst for reflections and uncertainties regarding participants’ sense of self and safety, resulting in an ongoing process of re-evaluation in relation to themselves and their futures. Participants demonstrated concerns for social views on their mourning process, seemingly adapting their presentation while within a social context. Conflicting social expectations and perceived unreliability of some aspects of social support, contributed towards a seeming ambivalence towards support. Additionally, the lack of time to prepare for their loss presented an additional challenge and had a notable impact upon their experiences. As such, participants detailed coping strategies which were valuable in navigating their grief

journey and which appeared to serve differing functions. Maintaining a relational connection with their wives was also a comforting feature of their experience.

The following chapter will discuss the interpretations and implications of these findings in relation to previous research and their relevance to Counselling Psychology.

## **CHAPTER 5 – DISCUSSION**

### **5.1 - Introduction**

This chapter will present a critical discussion and interpretation of the key meaningful aspects of the study findings. Complementary and contrary aspects of the findings will be synthesised with previous research on the topic of sudden bereavement and other relevant bereavement literature, as discussed in Chapter 2. Theoretical and practical implications of the findings for the Counselling Psychology profession will be presented, along with limitations of the current study and recommendations for further research.

### **5.2 – Suddenness and Preparation**

The suddenness by which the loss occurred was a significant aspect of participants' experiences, necessitating an unexpected adaption whilst managing the painful emotional and physically felt ramifications of their losses. The suddenness of the bereavement appeared to contribute to participants' uncertainty and sense of helplessness, impacting upon their ability to comprehend their own thoughts and feelings. The lack of time to prepare reportedly had longer-term implications, echoing Gordon's (2013) work which highlighted the detrimental effect of missed opportunities such as being unable to say goodbye.

Participants' use of language throughout the interviews indicated the felt severity of their wives' sudden absence, including graphic imagery (e.g.

'hits', 'cuts') to describe its felt impact. Moore (2014) highlighted the presence of aggressive language in men's accounts, describing the "wounds of grief" (p. 146) whereby the painfulness of their experience was expressed in terms of physical injury or violent metaphor. This was further evidenced by Spaten et al. (2012) and Silverman and Thomson (2018) who identified the use of simile/metaphor to express emotional pain. Although these studies focussed on spousal bereavement rather than sudden bereavement specifically, the strength of the language used, suggests features of participants' experience that were of particular relevance. In the present study, the physical imagery applied to the suddenness by which the bereavement occurred suggests that the sudden and unexpected nature of the bereavement significantly impacted participants' experience of loss. This offers some support to the concept of preparation prior to bereavement acting as a protective factor against some of the negative psychological repercussions of bereavement, such as complicated grief (Barry et al., 2002; Herbert et al., 2006). Therefore, individual's perceived preparedness prior to death was an important feature of participants' experiences.

Participants' accounts suggested perceptions of 'sudden' were subject to individual interpretation, with John and Mark viewing the loss as having occurred suddenly and Frank reporting the timeframe was enough to prepare for his wife's death. However, the examples Frank provided, including a heart attack, seemed to indicate a belief of sudden death as being instantaneous. This discrepancy is perhaps not surprising given the variety of definitions of sudden death used in the literature (Myerburg &



Wellens, 2005; Williams et al., 2003) and highlights how the subjectivity of experiences do not necessarily match with medical definitions.

Previous research has suggested that those of an older age group (such as John and Mark) are more likely to have discussed issues surrounding death and bereavement, and are potentially more likely to have prepared for such an eventuality (Independent Age, 2017). However, the findings suggest that John and Mark, did not feel prepared for the actuality of the loss of their spouse. This was despite some preparations having been made, for example Mark's wife having an existing funeral plan. Therefore, participants' experiences suggest that despite having previously spoken about practicalities, the emotional ramifications of sudden bereavement were still present.

Given the age of participants, there is the concerning implication that older men are less likely to access support regarding issues relating to their bereavement (Cox, 2014; Independent Age, 2017). This was somewhat supported by the current study, as two of the participants were aged over 65, and did not engage in any novel means of support post-bereavement. However, as the third was of a younger age group and did not report divergent views in relation to accessing support, no clear difference can be drawn in relation to participant age.

### 5.3 - Emotional Upheaval

One of the most salient findings that emerged from participants' accounts was their sense of uncertainty and helplessness. This sense of uncertainty pervaded their entire experience from the onset of their wives' symptoms to their future capacity to cope post-bereavement. Moore (2014) provided an eloquent analogy describing a journey for bereaved men through unmapped and dangerous territory to describe feeling misplaced and the uncertainty regarding how to manage post-bereavement. This certainly seemed reminiscent of participants' experience, given the existential and practical questions this raised, for example, Frank's questioning regarding the meaning of his future retirement. Participants' experiences offer further support towards previous phenomenological research highlighting the presence of uncertainty within the process of meaning-making (Spaten et al., 2012; Zylla, 2017).

Loneliness was a further key emotional expression within participants' experiences, supporting previous research (Worden, 2009; Koren, 2016). This was largely in relation to the loss of their spouses and the persistent reminders of her absence, illustrated by participants' attempts to talk to their absent wives. The sense of loneliness was perceived negatively, seemingly due to being required to adapt to an unwanted situation. Additionally, the previously discussed suddenness accompanying participants' bereavement suggests a lack of emotional preparation, further exacerbating participant's sense of loneliness. However, loneliness appeared to be multi-dimensional

with participants seeking time away from their social networks, thereby reinforcing and amplifying their sense of loneliness. This self-imposed isolation, despite the loneliness it caused has not previously been identified in the literature and will be discussed further in section 5.9.

The expression of anger was unanimously identified as a significant feature of participants' experiences, supporting previous research studies (Daggett, 2002; Moore, 2014; Spaten et al., 2012 & Zylla, 2017). Specifically, participants directed anger towards medical professionals, rather than towards the self or the deceased spouse supporting Spaten et al.'s (2012) finding. Additionally, anger towards a deity, as highlighted by John, has also been identified by Moore (2014) and Zylla (2017). However, no suggestion has been made as to why the expression of anger seems to be permissible compared to other emotions, although Spaten et al. (2012) does consider that it could have "profound implications for their social relationships and how they (are) perceived" (para. 63).

It is possible that the expression of some emotions are avoided by men because they are stereotypically feminine, whereas anger could be perceived as synonymous with the role of 'protector' (Kimmel, 1994) and is thus a socially acceptable male response. Additionally, Kübler-Ross' (1969) inclusion of 'anger' within her stages of grief, perhaps presents an expectation regarding the expression of anger within the mourning process. If the expression of anger is permissible, it may act as a defence against other perceived socially undesirable emotions or aspects challenging to the self;

for example, being confronted with the inevitability of death, and reduce the chances of being perceived as weak (Rovers & Vandenberg, 2019). Women may also experience anger post-bereavement, however, they may express this differently to men, due to the perceived social acceptability for women to demonstrate emotional upset publicly. This is highly relevant to a therapeutic context, in which men's expression of anger could be partly due to perceived social expectations. However, this perceived 'permission' could still perpetuate social expectations on men's mourning, restricting them by funnelling their emotional expression in a specific and more 'acceptable' direction. Additionally, the expression of anger may be an integral part of men's experience and be justified, especially given the difficulties which Mark reported regarding gaining answers from the hospital. Social perceptions of men's emotional expression had a significant impact upon participants' experiences and will be further discussed in section 5.8.

A further salient feature of participants' experiences was the feeling of guilt post-bereavement. However, while the emergence of guilt within the findings would initially seem to reiterate previous research, Daggett (2002) and Moore (2014) suggested that the feeling of guilt was due to a perceived selfishness of bereaved men focussing on their own distress. However, the current study identified a sense of guilt being due to a perceived expectation of being more emotional than the experienced reality, provides a differing reason than previous findings. Caution therefore must be taken not to assume the reasoning behind individuals emotional experience, reiterating

Worden's (2009) statement "each person's grief is like no other person's grief" (p. 23).

Previous phenomenological studies examining bereavement have identified a deep sense of meaninglessness post-bereavement (Paidoussis, 2010; Spaten et al., 2012), whereby normal life was no longer felt possible. Furthermore, bereavement prompted a preoccupation with death to the extent of being "overtly suicidal" (Moore, 2014, p. 138) and having an "appetite for dying" (Spaten et al., 2012, p. 7) due to the overwhelming sense of despair.

Comparatively, John and Mark specifically stated that they would not contemplate suicide and Frank provided frequent assurances of his current coping post-bereavement. The discrepancy in suicidal ideation between studies could be due to differences in levels of support over time or the impact of additional losses or life events. In the case of Spaten et al.'s (2012) study, participants were also of a comparatively younger age, being a possible influential factor between research findings. Alternatively, participants in the current study could be in shock (Bowlby & Parkes, 1970) given the shorter timeframe used for recruitment compared to previous research. A definitive reason for this discrepancy is outside the scope of this study. Although it has been acknowledged that sudden bereavement outcomes are comparatively worse than when bereavement is anticipated (Kent & McDowell, 2004; Shah et al., 2013; Worden, 2009), in this study the suddenness of the bereavement did not appear to be an indicator of suicidal ideation, at least within the timeframe of the interview. However, it is worth considering that suicidal ideation presented by previous research could

indicate a progression within men's mourning experience. This could have implications for Counselling Psychology and therapeutic practice in helping to ensure the longer-term safety of men post-bereavement. Further implications will be discussed on section 5.10.

Despite evidence suggesting potentially long-term negative implications for those suddenly bereaved (Johnson et al., 2000; Shah et al., 2013) the topic of health concerns was not prevalent. Additionally, none reported any changes in appetite or sleep disturbances, as previously found (Spaten et al., 2012). This could suggest that participants were generally able to negotiate a process of mourning without succumbing to illness, in line with Silverman et al. (2000), and provides support for the idea of 'resilient widowers' (Moore & Stratton, 2003). However, considering again that participants were interviewed within the first 12 months post-bereavement, there was not the opportunity to explore possible longer-term health implications and changes in health could have occurred after the point of interview.

#### 5.4 – Transitions Post-Bereavement

The phenomenon of sudden bereavement seemed to prompt an internal shift in perspective for participants, affecting how they viewed their environments. Places that once brought comfort were now perceived as less welcoming and even less safe. These changes in perceptions relating to the home environment have been described as 'homeworld alienation' by Moore (2014) and as creating an internal 'homelessness' according to Zylla (2017).

The accompanying sense of anxiety and concern for home safety supports Heidegger's (1962) statement "the possibility of anxiety towards death is natural" describing a process by which experiencing the death of another, creates an existential angst in which individuals can no longer deny the inevitability of approaching death, and are forced to re-evaluate life from a position of finite beings. This angst highlights "the impossibility of its (people's) existence" (Heidegger, 2014, p. 341), where the homeland no longer provides a sense of security. The apparent shift from participants' previous sense of security also complements the 'shattered assumptions' model (Janoff-Bulman, 1992), suggesting participants were undergoing a process of adjustments to their previously held beliefs in light of experiencing sudden bereavement.

This phenomenon also appeared to prompt a shift in participants' sense of self and social status, partly in relation from being 'married' to 'widowed', supporting previous research (Moore, 2014; Spaten et al., 2012).

Additionally, Spaten et al. (2012) argued that the label of 'widowed' is furthermore adopted by other people, later becoming integrated as part of the bereaved person's new sense of self. The oscillation in pronouns, including 'we' to 'I', within participants' accounts and reported adaptations to their previously held perspectives and behaviours, hints towards an active process of developing a new sense of self in the absence of their wives.

Previous phenomenological studies suggest men assume the role of both mother and father to their children post spousal bereavement (Daggett,

2002; Moore, 2014; Spaten et al., 2012). In some cases, attempting to be a 'good enough' father supports men's re-engagement with the world, preventing isolation and providing meaning to their experience (Spaten et al., 2012). However, this finding was not apparent within the current study, perhaps because participants' children were adults themselves with their own families. As such, this feature could contribute towards non-engagement with wider social networks, further exacerbating the felt sense of loneliness.

However, participants also spoke of a new independence that appeared to have positive implications, such as the opportunity to make autonomous choices, indicating a dynamic process of re-evaluation and meaning-making (Attig, 2001; Neimeyer & Sands, 2011). This finding offers support for the importance of meaning-making post-bereavement (Neimeyer et al., 2010), which could also be accounted for within the restoration-orientated stressor in Strobe and Schut's (1999) 'dual process model'. Paidoussis (2010) used the term "awakening" (p. 135) to describe arriving at a sense of what is important in life, which was supported by participants' apparent desire to live life by their own newly adapted values. Additionally, participants reported some constructive outcomes from their wives' deaths, such as contributing to research, providing support for the concept of 'benefit-finding' (Davis et al., 1998), even within the first year bereaved. A complementary finding has been reported by Daggett (2002) who suggested that finding meaning for their spouses' death, including research contributions, was positively valued within men's experiences.



Even when death is not sudden, individuals may still adapt their philosophy towards life (Daggett, 2002; Moore, 2014; Spaten et al., 2012). Considering Heidegger's (1962) concept of 'Dasein', such a re-evaluation could express a desire to achieve an authentic engagement with a now changed world and illustrates the adaption of intrinsic beliefs key to the 'shattered assumptions' model (Janoff-Bulman, 1992). However, despite expressing a view of worrying less and openness to what the future may hold, participants concerns relating to perceived social expectations, highlighted a contradiction within participants' accounts. This could in part be due to the re-evaluation and meaning-making for their lives being an ongoing endeavour (Spinelli, 2014), and the potentially long-term process of incorporating contrasting perspectives into a world view that was able to account for or reject divergent beliefs.

The process of adaption which has been suggested so far based on participants' accounts could be fittingly described as:

A shift in perception, knowledge, and/or skill that may occur in survivors who begin to accommodate the effects of a traumatic event, enabling them to recognise positive changes in their interpersonal relationships, in their perceptions of themselves and/or in the philosophy of life (Sheikh & Marotta, 2005, p. 66).

The above quote is a definition of post-traumatic growth, and while caution must be exercised in assuming sudden death is traumatic, it is certainly of some relevance. Moreover, the process described by participants appears congruent with the above and goes some way to suggest that participants demonstrated a propensity towards growth in light of their experience. Participants universally seemed to present a future-focused perspective, whereby they were actively developing a new sense of self, looking towards the future and investing in aspects of life that they felt were valuable. It has been suggested that this process occurs over a number of years (Moore, 2014), however the current findings support Spaten et al.'s (2012) view of participants being future-focussed, even within the early days post-bereavement.

### 5.5 - Continuing Bonds

The desire to maintain a relational bond post-bereavement was unanimously identified by participants. The findings reiterate Worden's (2009) task of finding an "enduring connection" (p. 50) and lends further support to the importance of 'continuing bonds' with the deceased (Klass, et al., 1996). Participants indicated the belief that their continued communication with their late wives and instances of sensing her proximity in some form were reassuring. Steffen and Coyle (2010) highlighted the challenge of defining such a subjective phenomenon as a 'sense of presence' emphasising the felt experience for the individual. This often included a sense of being

protectively watched over and feeling the loved one's presence. This is certainly pertinent to participants' experiences given the unanimously positive and comforting perception that accompanied such presence-sensing occurrences and the desire to maintain a bond with their late wives.

Perceived communications from the deceased were also identified, further supporting the prevalence of presence-sensing events post-bereavement. This finding has been previously suggested in the theme 'continued encounters' within Daggett's (1999) study, whereby all eight participants experienced "unexplainable phenomenon or occurrences" (p. 81) which they understood to be communications from their late spouses. Similarly, Moore (2014) identified 'post-death encounters' such as hearing the voices of the deceased. The prevalence of experiencing such phenomenon post-bereavement seems to be well-reported (Castelnovo et al., 2015), and as difficult as it may be to quantify, participants portrayed a belief that their wives were still present in some form. However, the concept of maintaining relational bonds with the deceased is one that may not be readily accepted within some quarters of society (Klass, 1996; Steffen & Coyle, 2010). This can potentially lead to such experiences being misunderstood or even rejected as hallucinatory wish-fulfilment, pathological symptomology or superstition. Given participants' views of the supportive and comforting functions of presence-sensing events, the current findings provide further support for promoting the social acceptance of such phenomenon, and that maintaining bonds with deceased loved ones can be central in navigating the mourning process.

## 5.6 – Independent Coping

Various coping strategies were identified through participants' accounts, whether directly referenced or subtly emerged through their retelling of events. It has been suggested that men develop specific strategies to suppress public displays of emotion (Daggett, 2002). Participants credited behaviours such as keeping busy and focussing on practical aspects of their lives as helpful. There was a focus on a problem-solving and task-orientated style of coping, such focussing on domestic tasks and home improvements, in line with 'traditional' views of masculine coping (Bedi & Richards, 2011; Grove, 2012). This preoccupation with practical aspects offers a defence against feeling the emotional impact of the bereavement (Rovers & Vandenberg, 2019). The potential tendency for men to rely on their own resources (Stroebe, 1998) and utilise practical and active coping (Rovers & Vandenberg, 2019), may represent another contributing factor in reducing the likelihood of men engaging with therapeutic support which focusses on talking about and processing emotion. This is perhaps especially true as participants seemed to move away from emotive content during the interviews. The focus on practical tasks could limit participants' availability for social opportunities, serving an avoidance function regarding wider social contact and leading to the possible disconnect with people that Worden (2009) suggested. Indeed, participants valued time away from others, which although it exacerbated their sense of loneliness, was seemed easier than publicly managing their uncertainties within a social context (see section 5.9). However, it must not be assumed that solitary mourning or avoidance

through practical activity are necessarily detrimental as this could still indicate a valuable way of coping for men. Participants' accounts highlighted the use of coping strategies as supporting the process of adaptation to a new reality, supporting previous research into the importance of meaning-making post-bereavement (Neimeyer & Sands, 2011) as assisting transition to a new reality.

Daggett (2002) suggested the likelihood of losing contact with extended family, namely the deceased's family over time. This finding was not supported by the current research, as participants credited close family, including their late wives' families, with providing support. However, the current study is set apart from previous phenomenological works (Daggett, 2002; Spaten et al., 2012) due to the timeframe in which participants' experiences were examined. Given the recruitment criteria of between three and 12 months bereaved, this discrepancy could in part be due to the difference in timeframe that participants were interviewed, with Daggett (2002) including accounts of bereaved men up to six years post-bereavement, allowing for a shift in family dynamic over time which was too early to be observed within the current study.

### 5.7 - Gender and Bereavement

The concept of differences between genders arose, especially in relation to men's perceptions of coping. Although with a wholly male participant group, no direct comparisons can be drawn between men and women's coping, it

was a feature that naturally emerged and was unanimously referenced during interviews. All men indicated a view that women manage comparatively better than men post-bereavement, supporting the idea that “a woman can take it” (Bennett, Hughes, & Smith, 2003, title). Although participants were uncertain regarding the support available to those bereaved, they did not indicate that they felt there was a gender difference in support available, somewhat supporting Stroebe et al.’s (1999) finding that bereavement outcomes were not directly linked to the level of support received between males and females. Rather, women’s perceived ability to manage post-spousal bereavement was ascribed to the higher likelihood of speaking to others about their experience, reiterating the concept of men relying upon internal motivation and resources (Stroebe, 1998). However, expectations of grief are not purely a male concern and the perception that women would manage better post-bereavement may itself indicate a gender-related social bias.

Previously identified phenomenological studies which examined men’s experiences of bereavement, have tended to focus on meaning-making for participants themselves, rather than the felt impact of societal expectations. This aspect appeared to be central to participants’ experiences, given their considerations toward the views of others. The recognition of this feature, could be due to the focus of IPA in exploring phenomena within a worldly and embedded context, including perceived socio-cultural expectations.

## 5.8 - Perceptions of Social Expectations

All participants presented perceptions of what they felt was expected of them, their behaviour and manner of coping in the wake of a sudden bereavement, emphasising a social element to their experience. It has been suggested "that persons acquire their manner of grieving in accordance with their socialization and membership within a specific cultural group" (Rovers & Vandenberg, 2019, para. 30). In this instance, participants' perceived understanding that displays of emotion were socially undesirable, seemed to restrict men's mourning into sociocultural acceptable behaviours of maintaining a 'stiff upper lip'. This potentially causes incongruence between men's internal grief and societal expectations, increasing existential uncertainty about their coping, sense of self and acceptance within a social framework. Indeed, existential uncertainty "may arise from a lack of 'fit' between a person's dispositional stance towards being...verses his...actual experience of being" (Spinelli, 2014, p. 9).

It has been suggested that "men are forced to suffer in silence while perpetuating the myth that they are strong, capable, and always in control. This creates an unfair burden on men at a time when they are most vulnerable" (Daggett, 1999, p. 123). Daggett's (1999) synopsis of the challenge facing men post-bereavement highlights a resounding perspective which arose from participants' experience, that of needing to portray themselves as able to cope. In the present study, there appeared to be a view that not requiring support equated to success and no participant

reported initiating or engaging with novel support such as online support groups, in line with previous findings (Daggett, 2002). This mirrors previous suggestions that men are less likely to consider accessing therapeutic support post-bereavement (Cox, 2014; Stroebe, 1998).

A potential contributing factor to the lack of accessing support was the shared perspective that demonstrating emotion indicated a lack of control or even abnormality, building on existing evidence that public displays of emotion are viewed as embarrassing for men (Moore, 2014). Additionally, there is support for the current finding that emotions are perceived as unpredictable and should therefore be suppressed (Zylla, 2017). It was apparent that participants preferred to contain emotion until they were alone, supporting the concept of men's experience of grief being "highly private" and reserved for a "solitary context" (Cook, 1988, p. 305). Zylla (2017) coined the term "mute sufferers" (p. 846) to describe the unseen nature of men's grief, and the "subdued, quiet" (p. 845) way they expressed themselves. However, the apparent pressure on men could cause an internal conflict in trying to "process the pain of grief" (Worden, 2009, p. 43) while outwardly minimising its impact, a dilemma also identified by Silverman and Thomson (2018). This discrepancy between internal and external states could make the mourning process increasingly difficult for men and impact upon the likelihood of them outwardly expressing emotion, which was supported by participants' experiences.



This restriction of emotion supports previous research highlighting the presence of social stigma for men (Chandra & Minkovitz, 2006). There was a strong felt implication that demonstrating emotion would be negatively regarded by others, and characteristics such as 'foolishness' would be applied. While this specification of perceived social judgement offers a slight divergence to the perceived 'weakness' which has been previously identified (Chandra & Minkovitz, 2006; Emslie et al., 2007), it provides further recognition regarding bereaved men's concerns of negative judgement for demonstrating emotions. This drastically devalues men's experience, potentially creating more distress due to conflicting sociocultural expectations regarding the 'correct' way to cope, despite the uniquely personal nature of the experience. On the other hand, there is a potential risk in assuming demonstrating emotion is the 'correct' way to mourn, which could again place restrictions on men's mourning.

However, contrary to this perspective were also concerns for being negatively perceived for a lack of overt emotion, with the perception that others may equate participants' stoicism to being uncaring. This alternatively presented view of social expectations on men's mourning, highlights a dynamic whereby men's demonstration of emotion or lack of, could be both negatively viewed by society. As such, participants seeking time alone could be further impacted by perceived contradictory social expectations on men's grief. Increased time alone was also highlighted by Moore (2014), contributing to the theme of 'social alienation' suggesting a potentially detrimental implication. While this could still have a disadvantageous effect

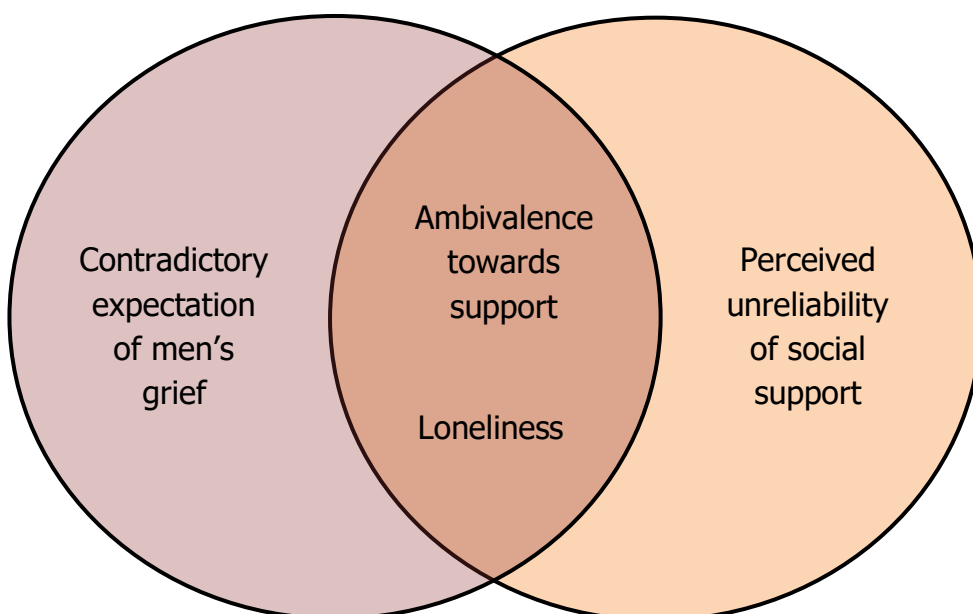
on participants due to increased isolation, it was also something which was sought, suggesting a perceived beneficial element. Participants' apparent reservation relating to aspects of social support leading to a paradoxical seeking isolation has not previously been identified within the literature.

### 5.9 – Visual Depiction of Meaningful Features within Participants' Experiences

Features of participants' experiences as discussed above offer a novel picture of meaningful aspects for participants post-sudden bereavement. Figure 2. presents an interpretation of some of the most salient aspects of participants' experiences.

**Figure 2.**

*Visual Depiction of Meaningful Features within Participants' Experiences*



Participants' accounts highlighted contradictions within their understanding of social expectations relating to their grief, specifically the perceived need to

mourn privately versus demonstrating emotion to offer assurance of their upset to others. However, negative social judgements were perceived by participants whether they expressed emotion in public or not, highlighting a challenging situation for men (see section 5.8). Additionally, participants expressed doubts towards aspects of social support, with the initial contact and empathy from others waning over time, creating a perceived sense of unreliability regarding social support. These two factors seemed to compound participants' experiences post-bereavement contributing to an ambivalence towards wider social support. The uncertainty surrounding time spent with others and the perceived rules around the public expression of grief men should abide by, seemed to impact on participants seeking time alone. However, this highlights a paradox within participants' experiences, as despite seeking time away from others, loneliness was unanimously identified as challenging within their experiences (see section 5.3). While men expressed loneliness as a difficult feature of their bereavements, it appeared sometimes preferable to navigating social uncertainties.

While the current findings support previous research regarding the increased isolation from social networks post-bereavement (Moore, 2014; Worden, 2009), there has been little discussion regarding intentional isolation from wider social encounters and meaningful aspects within this experience for men. Additionally, previous research has focussed on men's denial of emotion in public (Moore, 2014; Zylla, 2018), and while there has been acknowledgement of men's emotional distress post-bereavement (Silverman & Thomson, 2018), social expectation of demonstrating emotion has not

been widely identified. This is perhaps particularly relevant as the benefits of having a social network have been widely identified as protective against challenges including mental health issues (Scott et al., 2002). The interconnections between expectations of men's grief, dynamics of social support, and the impact upon a felt ambivalence towards support and self-induced seclusion and loneliness has not previously been identified in the literature. As such the interpreted meaningful features of men's experience of sudden bereavement represented in Figure 2 offers a novel contribution to research literature.

This interpretation of participants' narratives is not intended to suggest a causal conception of participants' experiences or to propose generalisable rules, as this would not be in keeping with IPA principles. Instead, it aims to represent the seemingly meaningful aspects represented across participants' accounts.

## 5.10 -Implications for Counselling Psychology and Professional Practice

### 5.10.1 - Existential Focus

The findings and Figure 2. highlights participants were undergoing an adjustment in their sense of self and relations towards others, including their late spouses. Questions pertaining to both current sense of safety and future coping also suggested these adaptations represented an ongoing process, which seemed to impact across multiple areas of their lives. Such

considerations have a clear existential focus, given the impact the phenomenon of sudden bereavement had on their sense of self and connectedness with the world.

This is highly relevant to Counselling Psychology practice, as professionals need to have both the awareness and skill to address such concerns with suddenly bereaved clients. For example, the goal-orientated manner in which men tend to prefer support could seem well suited to a cognitive behavioural therapeutic approach. Similarly, a client's portrayal of anger as a defence against more undesirable emotions could be illuminated by a psychodynamic perspective. While there are multiple therapeutic approaches which could benefit suddenly bereaved clients, participants' experiences seem to suggest a need for an approach which can facilitate the exploration of existential concerns. Counselling Psychology principles (such as accepting the individual as unique and situated with a singular context) are well suited to incorporating existential principles into "any contemporary model of therapy" (Spinelli, 2014, p. 7). This provides the opportunity to integrate existential perspectives into other psychological approaches for the benefit of clients.

However, there is increasing focus on existential thought providing "a distinct therapeutic approach in of itself" (Spinelli, 2014, p. 7). Given that "existential therapy confronts some of the most fundamental and perennial questions regarding human existence" (World Confederation for Existential Therapy, n.d., para. 5), it would seem to offer a relevant approach to therapy, considering participants' experiences. Specifically, an existential

Counselling Psychology approach has been suggested as “a particularly useful model of clinical practice for working with traumatically bereaved adults” (Paidoussis, 2010, p. 165). This focus allows for exploration into aspects of a changing sense of self (or ‘mode of being’ as Paidoussis termed it) and meaning-making, which were pivotal features of participant’s experience.

Existential Counselling Psychology’s attention to the idea of a continual search for meaning, as opposed to arriving at a final end, is reminiscent of the ongoing uncertainty and meaning-making process described by participants. Additionally, Spinelli (2014) described a “grounding of relatedness” (p. 8), emphasising that we are intrinsically connected with the world and others within it. Given the consideration participants showed towards perceived conflicting societal expectations and changing relational dynamics with others, such existential principles appear to be significant to professional Counselling Psychology practice with suddenly bereaved men.

#### 5.10.2 - Sociocultural Expectations on Men’s Experience

Understanding the felt societal expectations and restrictions placed upon men’s mourning process is central to Counselling Psychology practice with suddenly bereaved men, as it not only forms part of the individual’s worldly context, but seems to impinge upon their internal perceptions of coping and willingness to show emotion publicly.

The perceived need to demonstrate coping and deny overt public expressions of emotion to avoid looking 'abnormal' or being judged negatively, highlights that grief and mourning are partly socially bound. However, this is complicated by contradictory social expectations of men's mourning. Osterweis, Solomon & Green (1984) stated "bereavement is a social and cultural as well as a psychobiologic phenomenon" (para. 3) due to societal expectations placed upon the bereaved. The potential disconnect between men's felt sense of grief and social experiences/beliefs may lead to suppression of emotion and reduced likelihood of them seeking therapeutic support in order to conform to perceived social expectations. This could be especially true as participants' ability to cope independently appeared to be synonymous with perceived successful mourning. Although there are men who do seek therapeutic support, participants' experiences represent a sociocultural challenge for Counselling Psychology to make the concept of seeking and receiving professional support more appealing to men. This is particularly true considering participants' uncertainties towards aspects of social support and the apparent self-induced isolation, further exacerbating the felt sense of loneliness and potential related psychological health implications.

Counselling Psychologists' professional guidelines state that practitioners must consider "all contexts that might affect a client's experience and incorporate it into the assessment process, formulation and planned intervention" (BPS, 2005, p. 7). Therefore, it is critical for professionals to recognise the impactful nature of sociocultural expectations on men's

experience in order to provide effective therapeutic intervention.

Additionally, practice guidelines for psychological formulation also stipulate an “awareness of social/societal factors” (Johnstone & Dallos, 2014, p. 12), further emphasising the importance of sociocultural considerations in Counselling Psychology. This guidance has existential relevance, as it pertains to the “relatedness” (Spinelli, 2014, p. 8) by which people experience the world.

### 5.10.3 - Community Initiatives

Grief and mourning, seem to have an impactful social element which partly dictates the expectations that bereaved men may experience. However, due to the diminution of community and the shared understanding of rituals it encouraged, “a bereaved person may be unsure about how long and how much to grieve” (Osterweis et al., 1984, para. 9). This uncertainty was represented within participants’ accounts through questioning the suitability of their grief and the differing perceptions of what was expected in relation to emotional expression.

Given the hospital ICCU recruitment setting for this study, it has been postulated that nursing staff are in an ideal position to provide emotional support to individuals suddenly bereaved. However NICE acknowledges “the NHS will not be able to provide a comprehensive service for all without working with social care communities” (NICE, 2017). Subsequently “a compassionate community recognises that care for one another at times of



crisis and loss is not simply a task solely for health and social services but is everyone's responsibility" (City of Wolverhampton Council, 2019). This national Compassionate Communities initiative aims to re-integrate the community into providing end of life support, and promote communication about death, dying and bereavement in order to overcome the taboo surrounding this topic and better support those at the end of life or bereaved (Compassionate Communities UK, n.d.).

The need for the re-education of sociocultural assumptions surrounding grief, which this initiative supports, seems well supported by participant's accounts. Additionally, rather than utilising "specialized bereavement services" (Logan, Thornton, Kane & Breen, 2018, p. 471) the availability of informal support "has the potential to reduce entrenched stigma around death and dying" (p. 471), emphasising the value of community-based support. The current findings support the idea that informal or community support could be valuable to men, especially given the experienced ambiguity towards participants current support networks.

In terms of Counselling Psychology practice the BPS professional guidelines state "Counselling Psychologists will consider at all times their responsibilities to the wider world... and seek to draw on this knowledge to aid communication or understanding within and outside of their work" (BPS, 2005, p. 7). Given the highlighted need to address the detrimental effect of some sociocultural expectations relating to bereavement, and the desire to make therapeutic support more appealing to men, the Counselling

Psychology profession has a potential responsibility to support such community efforts. For example, Counselling Psychologists' expertise in psychological formulation encompasses a sense of existential "relatedness" (Spinelli, 2014, p. 8), considering clients interactions and roles within worldly and social frameworks. Counselling Psychologists' ability to understand the impact of sociocultural influences on individuals could benefit an initiative which aims to make death and grief "more of a social issue" (Murray Hall Community Trust [MHCT], 2013).

The findings from the current study suggest that initiatives such as Compassionate Communities may be of particular relevance when the suddenness of a bereavement denies individuals time to prepare for bereavement, an experience represented within participants' accounts. Additionally, the ambivalence and avoidance regarding aspects of social support within the current findings, suggests a potentially beneficial impact of access to a socially supportive culture and to reduce loneliness. However, although the Compassionate Communities initiative has helped identify some particularly vulnerable populations (MHCT, 2013), it does not recognise the comparative challenges identified within this study relating to gender or the suddenness of the bereavement. Given the lack of professional guidelines for supporting suddenly bereaved men, the findings from this study offer several insights into men's lived experience. Additionally, the findings offer a direction for developing a better research understanding in the future, a further contribution to support such community initiatives which Counselling Psychology could make.

#### 5.10.4 - Continued Relationships

Another crucial finding was that of the importance of maintaining a relational connection with the deceased and the comforting perception participants felt this had, supporting the literature on continuing bonds (Klass, et al., 1996). This has clear implications for Counselling Psychology practice to recognise the positive value which clients may place upon continuing a relationship with the deceased. However, the potential lack of sociocultural acceptance of such a bond (Klass, et al., 1996; Steffen & Coyle, 2010) potentially imposes further expectations upon bereaved individuals to express their grief in a socially approved manner. Consequently, bereaved individuals may limit their acknowledgement of or felt need to continue the relationship for fear of judgement (Castelnovo et al., 2015). This again presents a challenge for Counselling Psychology to enable individuals to express their grief and potential continued relationships in a way which is beneficial to them without fear of sociocultural constraints.

Such sociocultural expectations also highlight personal implications for Counselling Psychologists, to challenge their own assumptions regarding expectations of grief and continued bonds in order to provide effective therapeutic support to clients.

For Counselling Psychologists, an ethical balance is required between showing "respect for the dignity of persons and peoples...across geographical and cultural boundaries" (BPS, 2018, p. 5) including an appreciation of societal customs, whilst "challeng(ing) the views of people

who pathologise" (BPS, 2005, p. 7) behaviours or beliefs based on demographics such as gender. This raises a professional quandary, to respect the beliefs of individuals and societal views, whilst also challenging perspectives which could be detrimental to individual's mourning post-bereavement. Counselling Psychologists are constantly working with the unique and contradictory aspects of human experience. This applies not only to helping clients navigate a route toward improving their mental health, but also in their professional roles and personal views. Counselling Psychologists should thus be well equipped to balance such dilemmas, through professional awareness and commitment to non-discriminatory and ethical practice. This separation of personal biases is reminiscent of the principle of 'bracketing', discussed in terms of the research procedure applied within this study. It is also a hallmark of existential therapy. As Spinelli (2014) stated:

The attempt to 'un-know' suggests the counselling psychologist's willingness to explore the world of the client in a fashion that not only seeks to remain respectful of the client's unique way of being-in-the-world, but also to be receptive to the challenges to the counselling psychologist's own narrational biases and assumptions (Spinelli, 2014, p. 12).

For Counselling Psychologists, there must be a commitment to accepting and respecting the lived experience of suddenly bereaved men and the

importance they place on aspects of their experience, without seeking to reduce or judge based upon personal assumptions.

Although the implications discussed have primarily focused on the Counselling Psychology profession, these considerations are relevant to other psychological practitioners or therapeutic professionals such as bereavement support workers. For example, appreciating the relevance of sociocultural expectations on men's grieving process is relevant to many professionals who may work with bereaved men in a therapeutic capacity. Similarly, understanding the ramifications of sudden bereavement as opposed to anticipatory bereavement is important to appreciate aspects of their experience such as a felt lack of closure.

## 5.11 – Limitations of the Study

### 5.11.1 - Recruitment

As previously mentioned, research has identified differences in the frequency of participation in research studies between men and women, with men being less likely to participate (Bergman et al., 2010; Knudsen et al., 2010). Lobato et al. (2014) suggested that women took account of the views of family, friends and "altruistic considerations" (para. 3) more than men. Given that the method of participant recruitment was via voluntary response, it is worth noting that the experience of sudden bereavement for participants may differ from that of those who declined participation. For example,

participants willingness to participate in the current study could help to indicate a desire to temporarily alleviate their felt sense of loneliness.

Although IPA has an idiographic focus, and thus does not make claims of generalisability regarding findings, there is a potential implication that the experiences of those who felt able to verbalise their experiences may differ from those who declined participation.

The comparative difficulty in recruiting male participants meant that this study was based upon the accounts of three men. Although three participants within IPA (Smith et al., 2009) research has been described as "optimum" (Smith et al., 2009, p. 106) and allows for greater depth of analysis, maximising the commitment to the ideographic (see section 3.5.6), recruiting additional participants may have helped to develop a deeper understanding of this phenomenon. Nevertheless, the current study offers further insight into an under-researched area and thus progresses research understanding of this topic.

#### 5.11.2 – Confirming Trustworthiness

IPA as a qualitative methodology does not seek to present a single truth but is open to subjective interpretation. As such different researchers are unlikely to analyse interview transcripts identically. This has raised concerns regarding the reliability of analysis due to the potentially impactful nature of individual bias. Checking the validity of analysis by asking other professionals

to review the researcher's interpretation can be used to help limit this bias (McCormack & Joseph, 2018). However, this was not a procedure used within this study. A possible limitation then is that reported findings overly reflect my personal views to the detriment of participants' experiences, rather than being grounded within interview data. Although, Smith et al. (2009) acknowledges the impact of individual experience upon interpretation of data, procedures were established to limit this potential bias.

Yardley's (2000) criteria for ensuring the trustworthiness of qualitative research was rigorously employed (see section 3.7), along with following Smith et al.'s (2009) steps for analysis (Appendix XXII). Additionally, including verbatim transcript extracts "allow(s) the reader to make his or her own assessment of the interpretations made" (Brocki & Wearden, 2006, p. 30) demonstrating research transparency and enhancing the credibility of interpretations. Although allowing others to cross-check the accuracy of my interpretation of interview transcripts could have highlighted possible personal influences on this process, it could have also compounded analysis with multiple perspectives. This could have instead produced a mutually agreed understanding of participants' experience, rather than capturing an interpretative essence of the phenomenon in question. I believe the steps taken were sufficient to safeguard the quality of the study and its findings.

## 5.12 – Recommendations for Further Research

### 5.12.1 – Exploring the Essence of Men’s Lived Experience

As previously stated, to the best of my knowledge, this study represents new enquiry into the lived experience for suddenly bereaved men utilising IPA methodology. Additionally, a figure has been presented as an interpretative representation of apparent meaningful aspects of participants’ experiences. The novelty of this study and associated interpretative findings presents opportunity for further exploratory research to develop, refine, confirm and/or challenge the interpretation made. Specifically, participants seeming intentional isolation post-bereavement, despite the sense of loneliness they also attempted to avoid, highlights a potential area for further study. While there are no claims being made that the current findings represent the generalised experience of suddenly bereaved men, they are helpful in identifying areas for future research.

### 5.12.2 – Exploration of Language

The use of graphic language emerged from participants’ accounts in relation to the suddenness of their loss. Although the use of language has been highlighted by previous studies, these did not focus on the experience of sudden bereavement. This raises a question regarding a potential difference in the qualitative use of language, between those whose bereavement was



sudden compared to anticipated. Therefore, opportunities exist to explore the comparative use of language using a narrative or linguistic focus.

### 5.12.3 – Study Participants

The study was specifically limited to men who had experienced a sudden bereavement of a spouse or partner. The definition of 'sudden' for this study was deemed appropriate based upon the similarity in recruitment settings with the criteria used (Williams et al., 2003). Given that the findings suggest the suddenness by which bereavement occurred was subject to individual interpretation, further research is needed to better understand the meaning of sudden bereavement from the unique perspective of individuals who view their bereavements as 'sudden'.

Additionally, the youngest of the participants (59 years old) did not view his bereavement as sudden. This raises the questions as to whether age or developmental factors have an impact on the perceived suddenness of a bereavement. Further research would be valuable in exploring if men within different age groups have a qualitatively different experience of sudden bereavement, and if developmental factors and the perceived preparedness when facing bereavement, impact upon the understanding of sudden bereavement.

Of those who participated, all identified as White British ethnic origin, heterosexual and were older men either approaching retirement or already

retired. Further research could be beneficial to identify the phenomenological experience of sudden bereavement for men across a wider population, paying attention to any influence of ethnic background, age or sexual orientation of the participants.

Additionally, participants were recruited within the first-year post-bereavement when they were in the process of making adaptations to living a life without the deceased. Re-interviewing participants at a later time could provide further insight into any longer-term impact and potential progression regarding their experience. Applying a longitudinal design to such a phenomenon could illuminate relevant experience. However, it poses a potential challenge regarding recruitment as previously discussed.

#### 5.12.4 - Research with Bereaved Individuals

Bereavement has previously been identified as a 'sensitive' topic for research due to the potential intrusion into a deeply personal subject (Cowles, 1988) and the impact on participants such as the likelihood of causing emotional distress (Lee, 1993). Issues surrounding death are also socially bound, causing potential difficulty when internal feelings do not meet with other's expectations or cause uncertainty regarding the correct etiquette (Dayes, Faull, Green & Croucher, 2018). This reinforces the impact of sociocultural expectations and norms on individuals mourning process.

Although it has been acknowledged that research “would lead to substantial good in terms of increasing knowledge” (Lee, 1993, p. 21), it has been argued that this sensitive aspect of human experience should be preserved (MacIntyre, 1982 as cited in Lee, 1993). However, Sque et al.’s (2014) ethical framework suggests the benefits for participants and the increase in subject knowledge when bereavement is empathetically explored, highlighting a progression in research prospects over time.

The questionnaire responses from participants (see section 3.7.4) suggest that the opportunity to contribute to research was valued by participants and that they even felt benefits from talking about such a sensitive topic as bereavement. As well as the application of Sque et al.’s (2014) framework, supporting ethical and compassionate decision-making, providing an opportunity for participants to discuss their bereavement was helpful, further reiterating the ‘importance’ (Yardley, 2000) of research which allows men to talk about topics which could be considered too sensitive. This appeared to be true despite men’s propensity to avoid emotive content. Future research is important to offer further insight into the sensitive topic of sudden bereavement and offer an opportunity for men to express their experiences. Not only would this further our research understanding, but may also provide therapeutic benefits for participants, when interviews are compassionately conducted. I therefore believe Sque et al.’s (2014) ethical framework is relevant to future research with people who are bereaved.

Given the lack of professional practice guidelines from the NICE, BACP and BPS for working with suddenly bereaved men, this study provides useful insight into men's lived experiences, taking account of the experiential aspects of this phenomenon. The findings suggest directions for further enquiry which could contribute to the development of professional guidance for practitioners in the future.

### 5.13 – Chapter Summary

This chapter offers a critical discussion, interpretation and synthesis of the study's findings. Consideration has been given to possible reasons for discrepancies between the findings and existing literature. Figure 2 presented a Visual Depiction of Meaningful Features of Participants' Experiences, which highlighting a novel contribution to the research literature. The trustworthiness of the study findings and their implications for the Counselling Psychology profession have been critically discussed. Limitations of the study have been presented along with recommendations for future research.

The next chapter provides a concluding statement on the research findings and the extent to which the study aims have been met.

## **CHAPTER 6 – CONCLUSION**

The findings from this study suggest that the impact of experiencing a sudden bereavement was felt across multiple areas of participants' lives including considerations for perceived social expectations and their relationships with others, including with their late wives. Additionally, their experiences led to uncertainty about their sense of self, the world around them and their futures as independent men. This suggests sudden bereavement prompted existential concerns for participants.

The Counselling Psychology profession is well situated to helping promote the societal acceptance of continuing a relationship with the deceased, as well as helping to progress societal views to reduce the expectation on men's mourning and stigma regarding demonstrating emotion. The value of Counselling Psychology professionals adopting or incorporating existential principles into their practice has been highlighted in order to better appreciate this unique phenomenon and support men in navigating their mourning process.

I believe this study has met the research aims set out in section 3.2. In relation to the first aim, participants' accounts helped to illuminate the phenomenon of sudden bereavement from their unique perspective. The changes in perception relating to themselves, their environments, social worlds and futures all suggested how they perceived their experiences impacted upon them. Aspects of participants' experiences relating to social contact, including the perceived reliability of support and expectations of

men's grief offered an insight into the impact of their bereavements.

Additionally, the existential adaption to participant's world view including a rekindled sense of living life on their own terms also further supported this feature.

Participants suggested a process of both making sense of their loss and finding benefits from an undesirable event, relevant to the second research aim. There appeared to be an on-going process of adapting to a life without their spouses' and re-evaluating previous behaviours and assumptions important to forming a new sense of self. Seeking to maintain a connection with their late wives' and finding benefits from their deaths also suggested an important part of participants' meaning-making.

Lastly, in relation to the third research aim, the support of close family and friends was valued by participants (although ambiguity occurred within a wider social context). Various coping strategies were identified within participants' accounts, however these seemed to serve different functions, including avoidance of emotionally challenging material and to support the process of adaption post-bereavement. Conversely, the suddenness by which the bereavement occurred presented additional challenges and the perceived sociocultural expectations seemed to add to participants' sense of uncertainty.

The final chapter will offer a personal perspective of the evolution I have undergone as a researcher and reflections on the research process itself.

## **CHAPTER 7 – REFLECTIONS**

### 7.1 - Introduction

This chapter provides an account of my own personal journey through the research process from initial conception to completion. A critical perspective of the challenges and learning derived from such an experience will be presented using Johns' (1994, 2004) Structured Reflective model.

### 7.2 - Johns' Model of Structured Reflection

Johns' (1994, 2004) model of Structured Reflection expands Carper's (1978) Fundamental Ways of Knowing, proposed as a framework for understanding the variety of origins from which we draw our knowledge. Johns stressed the importance of reflecting on experience as a way of understanding how we accumulate and apply our understanding, adding '*reflexivity*' as a distinct category to Carper's '*aesthetic*', '*personal*', '*ethical*' and '*empirical*' typologies (Table 3). Johns makes the distinction between the process of '*looking in*' at one's own thoughts, feelings and motivations, compared to '*looking out*'; taking account of empirically verified knowledge, contextual information and ethical factors.

**Table 3.**

*Johns' (1994, 2004) Model for Structured Reflection with underlying principles.*

<b>Reflective heading</b>	<b>How knowledge is derived</b>
<i>Looking In</i>	Focussing on a person's internal thoughts, feelings and motivations. Examining personal reactions to aspects of an event which seem significant.
<i>Looking Out – Empirical</i>	Drawing upon factual, scientific and empirically verified knowledge. Using models or theory to inform decisions and consider what additional knowledge is required in a given situation.
<i>Looking Out – Personal</i>	Knowledge and beliefs which are derived from personal experiences, self-reflection and empathising with others.
<i>Looking Out – Ethical</i>	Applying knowledge which is gained from ethical frameworks or principles to inform moral decisions. Considering whether actions are congruent with a personal belief system.
<i>Looking Out – Aesthetic</i>	Awareness of the unique situation of another person, considering their surroundings and relevance of the immediate situation. Thinking about the implications of a person's context on a range of other factors such as the self, others and professional practice.
<i>Looking Out - Reflexivity</i>	Reflecting on actions or decisions to identify changes in perspective, attitudes, knowledge, how it relates to previous experiences. Considering the potential value of alternative courses of action.



Although Johns' model was initially designed for nursing trainees within health care settings to reflect on professional practice and empathetic response towards patients, it offers a "more critically reflexive accounts of practice" (Finlay, 2008, p. 9). It has been criticised for being too prescriptive, offering little room for individual values and perspectives (Quinn, 2000). However, it has also received praise for providing a "comprehensive" and "wholistic" structure to "encourage deeper reflection", with more recent publications taking increasing account of "reflexive, spiritual and phenomenological dimensions" (Finlay, 2008, p. 9). Given the value placed upon both personal introspection and reflection through discourse with others, Johns' model reflects the dual process of developing as an independent researcher whilst also utilising supervision and support from professionals. Additionally, the emphasis on considering external influences compliments the underlying principles of IPA, examining phenomenon within a worldly context. "As a matter of fact, [an] interpretative phenomenological analysis (IPA) research study holds that it is important that every research study give a detail account of the mountains each study has climbed to get to their individual final destinations" (Alase, 2016, p. 18). The framework chosen to record my process of reflection is thus in accordance with IPA methodology.

### 7.3 - Identifying the Area of Study

As discussed in section 1.2, I had both professional and personal motivations which influenced my decision to undertake research in this area. *Looking In*, this felt a natural choice. Having previously completed training to be a bereavement support worker within a charity setting and having personally experienced bereavements which had a significant impact on me, I already had some prior knowledge of the subject area. Given my focus from the outset was examining the lived experience of participants, IPA seemed the most appropriate choice. I felt this was especially true considering I already had some knowledge base, making disingenuous the application of a methodology such as Grounded Theory (Charmaz, 2014), where researchers are “commonly discouraged to conduct a literature review before data collection” (Ramalho et al., 2015, para. 1) and minimise preconceptions to ensure findings are grounded within the data.

However, I had very limited experience with conducting research and no prior experience of employing IPA. *Looking In*, this had the implication of making me feel deskilled, triggering a sense of ‘conscious incompetence’ (Adams, 2019) whereby I was aware of my deficit of knowledge. *Looking Out (Reflexivity)*, in reality ‘unconsciously incompetent’ (Adams, 2019) was more accurate, as I did not fully appreciate the scope of the undertaking and had minimal experience on which to draw from. Nevertheless, developing a focus for the initial research proposal was a positive process, and *Looking In* felt confirmatory when it was accepted as a valuable area of study.

#### 7.4 - Ethics

*Looking In*, gaining the required ethical approvals to conduct the study was draining and I found it difficult to maintain my initial motivation during this lengthy process. Progression at this point felt out of my control and *Looking Out (Reflexivity)*, it would have been more beneficial for me to have continued with other aspects of the research process I was able to manage independently. This could have helped maintain personal motivation and professional progression.

Despite the inherent challenges, *Looking Out (Ethics)*, it was an illuminating process. In an original proposal I had advocated for the inclusion of participants who did not have English as a language, via the use of interpreters. I reasoned that participants should be "selected on the basis that they can grant us access to a particular perspective on the phenomena under study. That is, they 'represent' a perspective, rather than a population" (Smith et al., 2009, p. 49) in line with IPA methodology.

Additionally, this could give a voice to potential minority groups (Murray & Wynne, 2001) demonstrating a commitment to ethical and non-discriminatory practice within research (BPS, 2014). *Looking In*, this felt an ethically led decision and one which aligned with my personal values of acceptance and equal opportunity. *Looking Out (Ethics)*, although based on ethical principles, I was requested to remove this option by the Research Ethics Committee in order to gain the necessary ethical approval. This exclusion felt incongruent to my personal beliefs, creating a tension between

my values and imposed requirements. *Looking Out (Reflexivity)*, I acknowledge this inclusion could have caused practical difficulties, and the necessity for translation could have impacted upon aspects of the interview, dynamic between myself and participants, and later interpretation. Given my inexperience as a researcher this adaption allowed me to focus on participants' direct accounts and encourage open engagement without having to balance additional dynamics. It also gave me more confidence when analysing the interview transcripts that the accounts provided an accurate representation of participants' lived experience without been modified through translation. If I had the opportunity to conduct the research again, using interpreters to include the accounts of individuals without English as a language maybe something I would promote more firmly in order not to potentially overlook relevant contributions based upon language, however I feel it was a sound decision in this instance.

### 7.5 - Recruitment and Interviews

The process of recruitment was challenging, and at times, frustrating. *Looking In* the unexpected delay to recruitment due to organisational constraints on the service acting as the hospital recruitment site, reduced my motivation and caused concerns regarding the timescale to complete the study. *Looking Out (Aesthetics)* it illuminated the reality of challenges that researchers can face when working with or through organisations; and the impact organisational structures and resource management can have on

research. This was also made apparent by the need to adapt my original intention to recruit participants through the bereavement charity I was involved with after my request was refused. *Looking Out (Reflexivity)*, although this was disappointing at the time, had participants been recruited from the bereavement charity which was initially considered, men's use of therapeutic support could have impacted upon their mourning process and meaning-making post-bereavement, compared to those at the beginning of this process. Given the waiting list for bereavement support was at least several months, this could have also had the implication of limiting recruitment possibilities given the timeframe applied from the ethical framework (Sque et al., 2014).

*Looking In*, the necessity of recruitment caused an internal tension for me despite the application of the ethical framework (Sque et al., 2014).

Recruiting bereaved men to participate for the purposes of completing a research study felt intrusive and selfish, and prompted me to reflect on my motivations for choosing this area of study. Having seen my Father struggle with aspects of his experience of spousal bereavement, I felt at a loss as to understand what he was experiencing from his perspective. My knowledge of grief theory which I had accumulated by this point suddenly seemed to lack substance and did not satisfactorily describe the realism of the grief I witnessed. My felt sense of 'conscious incompetence' (Adams, 2019) and desire to gain a deeper understanding of the lived experience of such a loss was one thing which spurred me to undertake this research. Reflecting on my motivations, helped me to reconcile this tension, as it reminded me that

the true purpose of the research was to help illuminate the phenomenon of sudden bereavement for the benefit of others.

*Looking Out (Empirical)* there was a 15% uptake of the offer of participation from the recruitment packs sent, supporting the previously suggested challenge in recruiting men for bereavement research (Knudsen, et al., 2010; Bergman, et al., 2010). *Looking In*, I was concerned about gaining an appropriate number of participants and alternative recruitment methods were considered such as using online bereavement support forums. Although this would have potentially provided a wider recruitment population, it could have resulted in contact from men across the country, limiting the availability to provide aspects of 'support' and 'compassion' stipulated within the ethical framework (Sque et al., 2014). As such, recruitment was solely conducted via the hospital recruitment site and I was relieved when enough interest was shown by participants to adhere to IPA methodology and Smith et al.'s (2009) advocacy of focussed participant group size to achieve in-depth analysis.

Approaching the interviews, *Looking In*, I felt very nervous having never done anything like this before. I was concerned about my own performance and ability to conduct the interviews in an effective manner, again making me feel 'consciously incompetent' (Adams, 2019). Due to my increasing awareness of research literature and having utilised supervision meetings to help prepare me for data collection, I believe I had moved into a position of 'conscious incompetence' (Adams, 2019), not being confident with

conducting interviews, but aware of the need to gain this experience.

*(Looking Out) Reflecting* on the first interview helped confirm this position, as I was able to identify areas for improvement (often vital to this learning process) for future interviews. This progressed my skills towards being 'consciously competent' (Adams, 2019), where I had more knowledge of how to complete the interviews although doing so still required conscious effort and focus, both to conduct the interviews effectively, and maintain a researcher as opposed to a counselling role with participants.

As well as my performance, *Looking In*, I was concerned about gaining valuable data for the study. This agenda again felt somewhat selfish and was fuelled by an *(Looking Out) Empirical* understanding of the increased challenge in recruiting men for research and awareness of impacting *(Looking Out) Aesthetics* including limited recruitment availability and timeframe in which to complete the study. This is one aspect of my experience which required 'bracketing' (Smith et al., 2009), so my own anxieties did not influence participants responses, and in order to demonstrate the necessary compassion as a core principle of Counselling Psychology and when working with bereaved individuals for research (Sque et al., 2014).

*Looking In*, the opportunity to meet participants in their homes was an honouring one, providing further insight into their experience than just the words captured on audio recording. Being invited to see where significant events within their accounts took place and the changes made to the home

to maintain a sense of presence, felt a deeply personal experience to be included in, even temporarily. It also offered an insight into their unique (*Looking Out*) *Aesthetics*, providing more context to their experience both prior to their loss, for example seeing 'where she sat', and post-bereavement with additional mementos. Consequently, it allowed me to gain a deeper awareness into what participants' lived experience looked and felt like from an observer's perspective at that moment in their journey.

*Looking In*, hearing the accounts of participants prompted me to reflect upon the changes I had made in order to keep a sense of loved ones close, particularly my Mother. This affinity with features of participants' experience illuminated aspects of my own loss, such as memories and thoughts previously believed to have been forgotten or reconciled, on which I was provided a novel perspective. Reflective journaling was helpful in processing the personal impact of this research and make sure I was not vicariously traumatised by participants' accounts or rekindled reflections of my own experience. Having personal experience of the topic could be viewed as a negative implication of conducting such research, as it risks the focus drifting towards the researcher's experience rather than that of participants.

However, (*Looking Out, Personal*) key words were noted during interviews to prompt reflection at an appropriate juncture, 'bracketing' used and (*Looking Out, Ethics*) safeguards for both participants and researcher followed to help overcome this potential issue.



*Looking In*, I found the emerging message that demonstrating emotion even after the loss of a spouse was something to be avoided, especially difficult as it is a concept which I strongly disagree with. This was partly fuelled by having witnessed the relief from several bereaved men, including my Father, when they felt able to express emotions. When such examples were offered during the interviews, I could feel my frustrations rise and a desire to correct (from my perspective) this unhelpful stereotype. *Looking Out (Personal)*, I was able to reflect that my prior professional experience of working with clients and knowledge derived from examining literature on men's experience of bereavement (*Looking Out, Empirical*) was influencing my motivations on how to respond. *Looking In*, I wanted to react from an emotive stance, driven by personal beliefs. Recognising this, enabled me to maintain a more neutral position during the interview, temporarily 'bracketing' my own feelings in order to remain focussed on "the thing itself" (Smith et al., 2009, p. 32) These in-the-moment reflections, are far more in keeping with an (*Looking Out*) *Ethical* standpoint, respecting the contribution of participants without seeking to impose my own beliefs onto their experience, and aligns with the ethical considerations of 'compassion' and 'respect' stipulated within the ethical framework applied in this study (Sque, et al., 2014).

## 7.6 - Analysis and Write-up

This 'bracketing' was also a continual process during analysis of the interviews and development of themes. *Looking In*, I was aware of my responsibility as a researcher to accurately represent the lived experience of participants, without imposing my own views. However, *Looking Out* at the *Empirical* feature of the 'double hermeneutic', derived from the methodology, IPA acknowledges the ultimate impossibility of this separation, given the researchers integral role in interpreting participants' attempts to make sense of their experience. *Looking In*, this process was therefore one which required careful balancing and continual monitoring of my own thoughts and feelings which arose from analysing interview transcripts.

*Looking In*, analysis was occasionally emotionally challenging, given the necessity of deeper engagement and interpretation prompting questions and reflections on my own experience which I had previously not considered. I felt able to relate, to some degree, to participants' sense of uncertainty given my own inability to confirm answers to questions I wanted to ask of deceased loved ones. I was aware of the potential for my uncertainty to permeate analysis via the differing ways of grouping emergent themes, reflecting my own experience of bereavement. It was therefore vital for me to pause interview analysis when necessary, in order to process how information from participants impacted upon personal perceptions, and thus, better apply Heidegger's (1962) 're-bracketing' concept before re-engaging with transcripts. I found keeping a personal reflective journal, alongside the

process notes and interview analysis required for the research, a helpful way of keeping the reflective processes for myself and the study distinct. This strategy demonstrated adherence to Yardley's (2000) criteria 'commitment and rigour' (see section 3.7.2) to help ensure the trustworthiness of interview analysis. *Looking Out (Reflexivity)* although an emotionally taxing process at times, this afforded me the opportunity to re-evaluate some of the assumptions I had made regarding my own experience and Father's presentation.

Alternatively, (*Looking Out, Reflecting*) seeking professional therapeutic support would have offered a reflective space. However, I found it valuable to access a way of navigating this process which I could utilise when necessary, rather than being restricted by the availability of a therapist. Having said this, I feel at times I could have been more mindful of my (*Looking Out*) *Aesthetics* and recognised quicker the impact of situations which were occurring within my own context, for example, the emotional ramifications of personal bereavement anniversaries. This acknowledgement would have at times reduced the pressure I felt by shifting my expectations to take account of additional factors which were impacting on me and therefore potentially upon the research process. This recognition would have prevented me from having to review my analysis or write up to ensure methodological trustworthiness.

The process of analysis was facilitated by engaging with transcripts by hand, rather than using NVIVO software as originally intended. *Looking In*, I felt I

was able to engross myself in participants' accounts in a more authentic manner when using pen and paper, rather than getting distracted by having to follow computer procedures. *Looking Out (Reflexivity)* I feel this adaption to the research process was beneficial as it still maintained a high ethical and procedural standard (following the steps recommended by Smith et al., 2009) (Appendix XXII) with the addition that I found this method comparatively more enjoyable too, increasing my motivation.

*Looking In*, although I believe the application of IPA (Smith et al., 2009) methodology was the most suitable for the research aims, I found it a difficult process to reduce participants' experiences into themes. Some features of what participants reported naturally gravitated together, however I felt resistant to what seemed a reductionist way of analysing accounts, naturally preferring a spider diagram style way of thinking with connections between different aspects of their experience. *Looking Out (Personal)*, I believe this preference is partly due to the doctoral training I have received, being encouraged to look beyond what is superficially presented and aid clients to make connections between different aspects of their experiences, development and learning. *Looking Out (Reflexivity)*, I feel this ability had the implication of enabling me to engage at a deeper level with participants' accounts during analysis, identifying potential meanings, contradictions and patterns within and across interviews. Yet, it also posed a challenge when condensing the richness of participants' experiences into the most salient component parts to report on, whilst still attempting to portray the essence of their lived experience. Although a professional challenge, this process is

central to IPA allowing for the interpretation and amplification of participants' lived experience in order to gain a "true and deeper understanding" (Alase, 2016, p. 12) of a phenomenon.

### 7.7 – Summary on Becoming a Researcher

*Looking In*, I feel that I have progressed from a state of 'unconscious incompetence' (Adams, 2019) whereby I had very limited understanding of what conducting this research would entail, to a position of 'conscious competence' (Adams, 2019) where I have now increased my knowledge and had the opportunity to apply it. However, this has not been a linear process and I have shifted between these positions as novel challenges have presented themselves, for example starting the learning process afresh when conducting participant interviews, analysing transcripts or disseminating findings. I believe that I would require considerably more experience before I could consider myself as 'unconsciously competent' (Adams, 2019), whereby some of the processes required for academic research become second nature. Nevertheless, this has been a valuable learning process and I feel I have become more proficient as an independent researcher.

The decisions I have faced such as use of interpreters, and challenges to recruitment have provided the opportunity to consider my own perspective on issues (*Looking In*) as well as the need to balance (*Looking Out*) aspects of *Aesthetics*, *Ethics* and *Empirical* knowledge. This in turn has developed my

understanding of the requirements placed upon researchers and the ability to adapt whilst observing ethical and methodological standards.

*Looking In*, one valuable aspect of this experience was the opportunity to disseminate and discuss my research with peers and other professionals. This was done partly by means of presentations at research conferences (an example of which can be found in Appendix XXXII) and the requirement to produce an article of publishable standard (Appendix XXXIII) which could be submitted to an academic or professional journal. *Looking Out (Empirical)*, the contributions of others enabled me to further my understanding of the scientific basis and theoretical knowledge of my focus area and address any deficits in knowledge where necessary. Such events also provided the opportunity to think critically both about others work and increase my *(Looking Out) Reflexivity* as a researcher, by applying such critique to my own work.

*Looking In*, undertaking research with a focus that I have related experience of, both provided a deeper passion for completing it as well as additional challenges, particularly in relation to emotional safety and ensuring the findings accurately represented participants' lived experiences. The application of ethical frameworks (BPS 2014; Sque et al., 2014) and criteria to ensure the trustworthiness of the research (Smith et al., 2009; Yardley, 2000) helped to preserve the integrity of the study.

Conducting this research with its focus on the existential phenomenon of bereavement has raised the possibility of incorporating a more existential

perspective into my future professional practice. There has been suggestion that Existential Counselling Psychology offers a distinct approach to therapy (Paidoussis, 2010; Spinelli, 2014), providing a focus on some of the unique dilemma's humans face regarding aspects of our existence. *Looking In*, this research has illustrated the potential value of such an approach and may direct future study. However, in the spirit of "being-always-becoming" (Spinelli, 2014, p. 7) this may be an aspect of my professional practice I continually seek to incorporate or improve.

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**Appendix I**  
**Ethical Approval from University of Wolverhampton**



19<sup>th</sup> June 2017

Emily Finney (Wendy Walker)  
University of Wolverhampton  
FEHW

Dear Emily Finney (Wendy Walker)

**Re: Psychological care and support for men who have experienced a sudden bereavement submitted to the Chair Faculty of Education, Health and Wellbeing Ethics Sub-panel (Health Professions, Psychology, Social Care & Social Work)**

Upon review by the Chair of the Ethics Sub-panel on your Resubmitted Research Proposal was passed and given full approval (**Code 1 - Pass**). You are free to continue with your study. We would like to wish you every success with the project.

Yours sincerely

*H Paniagua*

Dr. H. Paniagua PhD, MSc, BSc (Hons) Cert. Ed. RN RM  
Chair – School Ethics Committee

*Richard Darby*

Dr Richard Darby PhD, BSc  
Chair – Ethics Panel

**Appendix II**  
**Request for Access to ICCU**



Dr Alexandra Hopkins RN PhD MSc MBA RNT RCNT DANS  
Dean of the Faculty of Education Health and Wellbeing

(Name and Professional Title)  
Integrated Critical Care Unit  
(Hospital Name)  
(Hospital Address)

University of Wolverhampton  
Millennium City Building  
City Campus Wulfruna (South)  
Wolverhampton  
WV1 1LY

Telephone Codes  
UK: 01902 Abroad: +44 1902

Switchboard: 321000  
Fax: 518660

**Study Title:** Life after Death: An interpretative phenomenological study of men who have experienced a sudden bereavement.

Internet: [www.wlv.ac.uk](http://www.wlv.ac.uk)

1<sup>st</sup> December 2016

Dear (Professionals Name)

Thank you for the opportunity to meet with you and (Professionals name).

As part of my Professional Doctorate in Counselling Psychology course at the University of Wolverhampton, I am proposing to conduct a research project into the above subject. To do this, I am writing to seek your agreement to conduct this study at (Hospital name) within the Integrated Critical Care Unit (General ITU). I would require your support and the assistance of a key person in the ICCU to identify eligible participants, and to send a pre-prepared recruitment pack to each potential participant on my behalf.

Approval for the study to proceed will be obtained from the University of Wolverhampton's Faculty of Education, Health and Wellbeing Ethics Committee, the Health Research Authority (HRA) and The National Research Ethics Service (NRES).

The research will help to identify perceptions of required care and support, the nature of any supportive care received and the helpfulness of interventions in relation to participants' experience. The findings will provide an evidence base to inform psychological care and support for men who have been suddenly bereaved.

I have enclosed a stamped and addressed envelope for your convenience to respond to this request. The envelope is addressed to (name of research supervisor) of the University of Wolverhampton and research supervisor for this study to ensure secure receipt of your reply letter on my behalf.

Please do not hesitate to contact me should you require any further information.

I look forward to hearing from you.

Yours sincerely

Emily Finney  
(Counselling Psychologist in Training)

cc. (Professionals name)

(Hospital name)



NHS Trust

**Appendix III**  
**Letter of Confirmation from ICCU**

(Hospital address  
and Contact  
details)

Emily Finney  
C/O Dr Wendy Walker  
University of Wolverhampton

Reference Number:

14<sup>th</sup> December 2016

-

Dear Emily

Thank you for your correspondence and it was a pleasure to meet and hear about your proposed study into bereavement issues for male partners. I can confirm following our meeting we have had subsequent discussions and we would be delighted to participate. (Name) as our research lead is keen to support your request and we look forward to hearing the results of your findings.

(Name and title) will be your person for contact to coordinate applicable relatives and to send out letters for the trial.

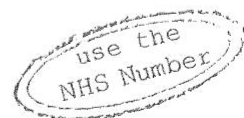
Kind regards

(Signature)

(Name, professional qualifications and title)

Chairman: Jeremy Vanes  
Chief Executive: David Loughton CBE  
Preventing Infection - Protecting Patients

A Teaching Trust of the University of Birmingham  
Safe & Effective | Kind & Caring | Exceeding Expectation



**Appendix IV**  
**Ethical Approval from Research Ethics Committee**



**Health Research Authority**

**West Midlands - Black Country Research Ethics Committee**

The Old Chapel  
Royal Standard Place  
Nottingham  
NG1 6FS

**Please note:** This is the favourable opinion of the REC only and does not allow you to start your study at NHS sites in England until you receive HRA Approval

12 March 2018

Mrs Emily Finney  
Post-graduate Student Researcher  
University of Wolverhampton  
Wulfruna Street  
Wolverhampton  
WV1 1LY

Dear Mrs Finney

<b>Study title:</b>	<b>Life after Death: An interpretative phenomenological study of men who have experienced a sudden bereavement.</b>
<b>REC reference:</b>	<b>17/WM/0442</b>
<b>Protocol number:</b>	<b>1</b>
<b>IRAS project ID:</b>	<b>225967</b>

Thank you for your letter of 3<sup>rd</sup> March 2018, responding to the Committee's request for further information on the above research and submitting revised documentation.

The further information has been considered on behalf of the Committee by the Vice Chair.

We plan to publish your research summary wording for the above study on the HRA website, together with your contact details. Publication will be no earlier than three months from the date of this opinion letter. Should you wish to provide a substitute contact point, require further information, or wish to make a request to postpone publication, please contact [hra.studyregistration@nhs.net](mailto:hra.studyregistration@nhs.net) outlining the reasons for your request.



## Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation as revised, subject to the conditions specified below.

## Conditions of the favourable opinion

The REC favourable opinion is subject to the following conditions being met prior to the start of the study.

Management permission must be obtained from each host organisation prior to the start of the study at the site concerned.

*Management permission should be sought from all NHS organisations involved in the study in accordance with NHS research governance arrangements. Each NHS organisation must confirm through the signing of agreements and/or other documents that it has given permission for the research to proceed (except where explicitly specified otherwise) .*

*Guidance on applying for NHS permission for research is available in the Integrated Research Application System, [www.hra.nhs.uk](http://www.hra.nhs.uk) or at <http://www.rdforum.nhs.uk>.*

*Where a NHS organisation's role in the study is limited to identifying and referring potential participants to research sites ("participant identification centre"), guidance should be sought from the R&D office on the information it requires to give permission for this activity.*

*For non-NHS sites, site management permission should be obtained in accordance with the procedures of the relevant host organisation.*

*Sponsors are not required to notify the Committee of management permissions from host organisations*

## Registration of Clinical Trials

All clinical trials (defined as the first four categories on the IRAS filter page) must be registered on a publically accessible database within 6 weeks of recruitment of the first participant (for medical device studies, within the timeline determined by the current registration and publication trees).

There is no requirement to separately notify the REC but you should do so at the earliest opportunity e.g. when submitting an amendment. We will audit the registration details as part of the annual progress reporting process.

To ensure transparency in research, we strongly recommend that all research is registered but for non-clinical trials this is not currently mandatory.

If a sponsor wishes to request a deferral for study registration within the required timeframe, they should contact [hra.studyregistration@nhs.net](mailto:hra.studyregistration@nhs.net). The expectation is that all clinical trials will be registered, however, in exceptional circumstances non registration may be permissible with prior agreement from the HRA. Guidance on where to register is provided on the HRA website.

**It is the responsibility of the sponsor to ensure that all the conditions are complied with before the start of the study or its initiation at a particular site (as applicable).**

## Ethical review of research sites

### NHS sites

The favourable opinion applies to all NHS sites taking part in the study, subject to management permission being obtained from the NHS/HSC R&D office prior to the start of the study (see "Conditions of the favourable opinion" below).

### Approved documents

The final list of documents reviewed and approved by the Committee is as follows:

<i>Document</i>	<i>Version</i>	<i>Date</i>
Covering letter on headed paper [Covering letter from hospital]	version 1	28 February 2017
Evidence of Sponsor insurance or indemnity (non NHS Sponsors only) [Insurance Details]		20 July 2017
GP/consultant information sheets or letters [Letter to GP]	Version 1	28 February 2017
GP/consultant information sheets or letters [GP Consent Form v2]	Version 2	03 March 2018
Interview schedules or topic guides for participants [Topic Guide Questions for Interview]	Version 1	28 February 2017
IRAS Application Form [IRAS_Form_15112017]		15 November 2017
Letter from sponsor [Confirmation from Sponsor]	Version 1	20 July 2017
Letters of invitation to participant [Letter of Invitation to Participants]	Version 2	03 March 2018
Non-validated questionnaire [Post-Interview Questionnaire]	Version 1	28 February 2017
Other [Request for Recruitment Access]	Version 1	01 December 2016
Other [Participant Reply Slip]	Version 1	28 February 2017
Other [Lone Worker Policy]	Version 1	
Other [Good Clinical Practice Certificate]	Version 1	07 June 2017
Other [Faculty Ethical Approval]	Version 1	19 June 2017
Other [Ethical Framework for Research with Bereaved Participants]	Version 1	
Other [Dr Magi Sque summary CV]	Version 1	
Other [Access Letter of Confirmation]	Version 1	14 December 2016
Other [Letter of Confirmation]	Version 1	14 December 2016
Other [Reply Slip]	Version 1	28 February 2017
Other [Participant Thank You Letter]	Version 1	28 February 2017
Other [List of Organisation and Contact Details]	Version 2	03 March 2018
Other [Clarifications for the Ethics Committee]	Version 1	03 March 2018
Participant consent form [Participant Consent Form v2]	Version 2	03 March 2018
Participant information sheet (PIS) [Participant Information Sheet v3]	Version 3	03 March 2018
Research protocol or project proposal [Research proposal ]	Version 2	03 March 2018
Summary CV for Chief Investigator (CI) [Researchers CV]	Version 1	12 September 2017
Summary CV for supervisor (student research) [Dr Maria Bisconti summary CV]		

### Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research

Ethics Committees and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

### **After ethical review**

#### Reporting requirements

The attached document “*After ethical review – guidance for researchers*” gives detailed guidance on reporting requirements for studies with a favourable opinion, including:

- Notifying substantial amendments
- Adding new sites and investigators
- Notification of serious breaches of the protocol
- Progress and safety reports
- Notifying the end of the study

The HRA website also provides guidance on these topics, which is updated in the light of changes in reporting requirements or procedures.

### **User Feedback**

The Health Research Authority is continually striving to provide a high quality service to all applicants and sponsors. You are invited to give your view of the service you have received and the application procedure. If you wish to make your views known please use the feedback form available on the HRA website:

<http://www.hra.nhs.uk/about-the-hra/governance/quality-assurance/>

### **HRA Training**

We are pleased to welcome researchers and R&D staff at our training days – see details at <http://www.hra.nhs.uk/hra-training/>

**17/WM/0442**

**Please quote this number on all correspondence**

With the Committee’s best wishes for the success of this project.

Yours sincerely

**Dr Joseph Arumainagam**  
**Vice Chair**

Email:nrescommittee.westmidlands-blackcountry@nhs.net

*Enclosures:* “After ethical review – guidance for researchers”

*Copy to:* Dr Sarah Sherwin

*(Staff name and hospital name), Research and Development*



**Appendix V**  
**Ethical Approval from Health Research Authority**



**Health Research Authority**

Mrs Emily Finney  
Post-graduate Student Researcher  
University of Wolverhampton  
Wulfruna Street  
Wolverhampton  
WV1 1LY

Email: [hra.approval@nhs.net](mailto:hra.approval@nhs.net)

16 March 2018

Dear Mrs Finney

**Letter of HRA Approval**

<b>Study title:</b>	<b>Life after Death: An interpretative phenomenological study of men who have experienced a sudden bereavement.</b>
<b>IRAS project ID:</b>	<b>225967</b>
<b>Protocol number:</b>	<b>1</b>
<b>REC reference:</b>	<b>17/WM/0442</b>
<b>Sponsor</b>	<b>University of Wolverhampton</b>

I am pleased to confirm that **HRA Approval** has been given for the above referenced study, on the basis described in the application form, protocol, supporting documentation and any clarifications noted in this letter.

**Participation of NHS Organisations in England**

The sponsor should now provide a copy of this letter to all participating NHS organisations in England.

*Appendix B* provides important information for sponsors and participating NHS organisations in England for arranging and confirming capacity and capability. **Please read *Appendix B* carefully**, in particular the following sections:

- *Participating NHS organisations in England* – this clarifies the types of participating organisations in the study and whether or not all organisations will be undertaking the same activities
- *Confirmation of capacity and capability* - this confirms whether or not each type of participating NHS organisation in England is expected to give formal confirmation of capacity and capability. Where formal confirmation is not expected, the section also provides details on the time limit given to participating organisations to opt out of the study, or request additional time, before their participation is assumed.
- *Allocation of responsibilities and rights are agreed and documented (4.1 of HRA assessment criteria)* - this provides detail on the form of agreement to be used in the study to confirm capacity and capability, where applicable.

Further information on funding, HR processes, and compliance with HRA criteria and standards is also provided.

It is critical that you involve both the research management function (e.g. R&D office) supporting each organisation and the local research team (where there is one) in setting up your study. Contact details and further information about working with the research management function for each organisation can be accessed from the [HRA website](#).

## Appendices

The HRA Approval letter contains the following appendices:

- A – List of documents reviewed during HRA assessment
- B – Summary of HRA assessment

## After HRA Approval

The document “*After Ethical Review – guidance for sponsors and investigators*”, issued with your REC favourable opinion, gives detailed guidance on reporting expectations for studies, including:

- Registration of research
- Notifying amendments
- Notifying the end of the study

The HRA website also provides guidance on these topics, and is updated in the light of changes in reporting expectations or procedures.

In addition to the guidance in the above, please note the following:

- HRA Approval applies for the duration of your REC favourable opinion, unless otherwise notified in writing by the HRA.
- Substantial amendments should be submitted directly to the Research Ethics Committee, as detailed in the *After Ethical Review* document. Non-substantial amendments should be submitted for review by the HRA using the form provided on the [HRA website](#), and emailed to [hra.amendments@nhs.net](mailto:hra.amendments@nhs.net).
- The HRA will categorise amendments (substantial and non-substantial) and issue confirmation of continued HRA Approval. Further details can be found on the [HRA website](#).

## Scope

HRA Approval provides an approval for research involving patients or staff in NHS organisations in England.

If your study involves NHS organisations in other countries in the UK, please contact the relevant national coordinating functions for support and advice. Further information can be found through [IRAS](#).

If there are participating non-NHS organisations, local agreement should be obtained in accordance with the procedures of the local participating non-NHS organisation.

## User Feedback

The Health Research Authority is continually striving to provide a high quality service to all applicants and sponsors. You are invited to give your view of the service you have received and the application

procedure. If you wish to make your views known please use the feedback form available on the [HRA website](#).

### HRA Training

We are pleased to welcome researchers and research management staff at our training days – see details on the [HRA website](#).

Your IRAS project ID is **225967**. Please quote this on all correspondence.

Yours sincerely

(Name)

Senior Assessor

Email: [hra.approval@nhs.net](mailto:hra.approval@nhs.net)

Copy to: (Name) – Sponsor contact  
(Name), (Hospital name), Research and Development – R&D contact and  
NHS site

## Appendix A - List of Documents

The final document set assessed and approved by HRA Approval is listed below.

<i>Document</i>	<i>Version</i>	<i>Date</i>
Covering letter on headed paper [Covering letter from hospital]	version 1	28 February 2017
Evidence of Sponsor insurance or indemnity (non NHS Sponsors only) [Insurance Details]		20 July 2017
GP/consultant information sheets or letters [GP Consent Form v2]	Version 2	03 March 2018
GP/consultant information sheets or letters [Letter to GP]	Version 1	28 February 2017
HRA Schedule of Events [HRA Schedule of Events]	2.0	18 January 2018
HRA Statement of Activities [HRA Statement of Activities]	2.0	18 January 2018
Interview schedules or topic guides for participants [Topic Guide Questions for Interview]	Version 1	28 February 2017
IRAS Application Form [IRAS_Form_15112017]		15 November 2017
Letter from sponsor [Confirmation from Sponsor]	Version 1	20 July 2017
Letters of invitation to participant [Letter of Invitation to Participants]	Version 2	03 March 2018
Non-validated questionnaire [Post-Interview Questionnaire]	Version 1	28 February 2017
Other [Request for Recruitment Access]	Version 1	01 December 2016
Other [Participant Reply Slip]	Version 1	28 February 2017
Other [List of Organisation and Contact Details]	Version 2	03 March 2018
Other [Clarifications for the Ethics Committee]	Version 1	03 March 2018
Other [Lone Worker Policy]	Version 1	
Other [Good Clinical Practice Certificate]	Version 1	07 June 2017
Other [Faculty Ethical Approval]	Version 1	19 June 2017
Other [Ethical Framework for Research with Bereaved Participants]	Version 1	
Other [Dr Magi Sque summary CV]	Version 1	
Other [Access Letter of Confirmation]	Version 1	14 December 2016
Other [Letter of Confirmation]	Version 1	14 December 2016
Other [Reply Slip]	Version 1	28 February 2017
Other [Participant Thank You Letter]	Version 1	28 February 2017
Participant consent form [Participant Consent Form v2]	Version 2	03 March 2018
Participant information sheet (PIS) [Participant Information Sheet v3]	Version 3	03 March 2018
Research protocol or project proposal [Research proposal ]	Version 2	03 March 2018
Summary CV for Chief Investigator (CI) [Researchers CV]	Version 1	12 September 2017
Summary CV for supervisor (student research) [Dr Maria Bisconti summary CV]		



## Appendix B - Summary of HRA Assessment

This appendix provides assurance to you, the sponsor and the NHS in England that the study, as reviewed for HRA Approval, is compliant with relevant standards. It also provides information and clarification, where appropriate, to participating NHS organisations in England to assist in assessing and arranging capacity and capability.

**For information on how the sponsor should be working with participating NHS organisations in England, please refer to the, *participating NHS organisations, capacity and capability and Allocation of responsibilities and rights are agreed and documented (4.1 of HRA assessment criteria)* sections in this appendix.**

The following person is the sponsor contact for the purpose of addressing participating organisation questions relating to the study:

Name: (Name)

Tel: (Telephone number)

Email: (email address)

### HRA assessment criteria

Section	HRA Assessment Criteria	Compliant with Standards	Comments
1.1	IRAS application completed correctly	Yes	The NHS organisation is a Participant Identification Centre (PIC) site.
2.1	Participant information/consent documents and consent process	Yes	No comments
3.1	Protocol assessment	Yes	No comments
4.1	Allocation of responsibilities and rights are agreed and documented	Yes	As the NHS site is acting as a Participant Identification Centre (PIC) the statement of activities has been provided for information purposes only.  Although formal confirmation of capacity and capability is not expected of all or some organisations participating in this study (see <i>Confirmation of Capacity and Capability</i> section for full details), and such organisations would therefore be

Section	HRA Assessment Criteria	Compliant with Standards	Comments
			assumed to have confirmed their capacity and capability should they not respond to the contrary, we would ask that these organisations pro-actively engage with the sponsor in order to confirm at as early a date as possible. Confirmation in such cases should be by email to the CI and Sponsor confirming participation based on the relevant Statement of Activities and information within this Appendix B.
4.2	Insurance/indemnity arrangements assessed	Yes	Where applicable, independent contractors (e.g. General Practitioners) should ensure that the professional indemnity provided by their medical defence organisation covers the activities expected of them for this research study
4.3	Financial arrangements assessed	Yes	No application for external funding has been made and no funding will be available to site to support this study.
5.1	Compliance with the Data Protection Act and data security issues assessed	Yes	The NHS site is expected to ensure that an appropriate staff member who is part of the direct care team identifies potential participants.  The sponsor has confirmed that their policies do not cover students using their own machines and the researcher has been advised by the sponsor to use encrypted University computers for data.
5.2	CTIMPS – Arrangements for compliance with the Clinical Trials Regulations assessed	Not Applicable	No comments
5.3	Compliance with any applicable laws or regulations	Yes	No comments
6.1	NHS Research Ethics Committee favourable opinion	Yes	No comments

Section	HRA Assessment Criteria	Compliant with Standards	Comments
	received for applicable studies		
6.2	CTIMPS – Clinical Trials Authorisation (CTA) letter received	Not Applicable	No comments
6.3	Devices – MHRA notice of no objection received	Not Applicable	No comments
6.4	Other regulatory approvals and authorisations received	Not Applicable	No comments

## Participating NHS Organisations in England

*This provides detail on the types of participating NHS organisations in the study and a statement as to whether the activities at all organisations are the same or different.*

There is one NHS participating organisation; therefore there is one site type. The NHS organisation is acting as a PIC site.

The Chief Investigator or sponsor should share relevant study documents with participating NHS organisations in England in order to put arrangements in place to deliver the study. The documents should be sent to both the local study team, where applicable, and the office providing the research management function at the participating organisation. For NIHR CRN Portfolio studies, the Local LCRN contact should also be copied into this correspondence. For further guidance on working with participating NHS organisations please see the HRA website.

If chief investigators, sponsors or principal investigators are asked to complete site level forms for participating NHS organisations in England which are not provided in IRAS or on the HRA website, the chief investigator, sponsor or principal investigator should notify the HRA immediately at [hra.approval@nhs.net](mailto:hra.approval@nhs.net). The HRA will work with these organisations to achieve a consistent approach to information provision.

## Confirmation of Capacity and Capability

*This describes whether formal confirmation of capacity and capability is expected from participating NHS organisations in England.*

The HRA has determined that participating NHS organisations in England **are not expected to formally confirm their capacity and capability to host this research**, because the organisation is acting as a Participant Identification Centre only.

- The HRA has informed the relevant research management offices that you intend to undertake the research at their organisation. However, you should still support and liaise with these organisations as necessary.
- Following issue of the Letter of HRA Approval the sponsor may commence the study at these organisations when it is ready to do so.

- The document “[Collaborative working between sponsors and NHS organisations in England for HRA Approval studies, where no formal confirmation of capacity and capability is expected](#)” provides further information for the sponsor and NHS organisations on working with NHS organisations in England where no formal confirmation of capacity and capability is expected, and the processes involved in adding new organisations. Further study specific details are provided the *Participating NHS Organisations and Allocation of responsibilities and rights are agreed and documented (4.1 of HRA assessment criteria)* sections of this Appendix.

## Principal Investigator Suitability

*This confirms whether the sponsor’s position on whether a PI, LC or neither should be in place is correct for each type of participating NHS organisation in England, and the minimum expectations for education, training and experience that PIs should meet (where applicable).*

Neither a local Principal Investigator (PI) nor Local Collaborator (LC) is required for this study.

GCP training is not a generic training expectation, in line with the [HRA/MHRA statement on training expectations](#).

## HR Good Practice Resource Pack Expectations

*This confirms the HR Good Practice Resource Pack expectations for the study and the pre-engagement checks that should and should not be undertaken.*

No access arrangements are necessary as the NHS site is acting as a PIC site only.

Use of identifiable patient records held by an NHS organisation to identify potential participants should be undertaken by a member of the direct care team for the patient, so it would not normally be acceptable for this to be done by staff not employed by that organisation.

## Other Information to Aid Study Set-up

*This details any other information that may be helpful to sponsors and participating NHS organisations in England in study set-up.*

- The applicant has indicated that they do not intend to apply for inclusion on the NIHR CRN Portfolio.
- Please note that the remit of HRA Approval is limited to the NHS involvement in the study.

(Hospital name)



NHS Trust

**Appendix VI**  
**Approval from Research and Development Department**

Research & Development Directorate

11 July 2018

Mrs Emily Finney  
Post-graduate Student Researcher  
University of Wolverhampton  
Wulfruna Street  
wolverhampton  
WV1 1LY

(Address  
and  
contact  
details)

Dear Emily,

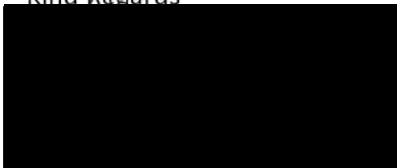
RE: IRAS 225967

**Study Title:** Life after Death: An interpretative phenomenological study of men who have experienced a sudden bereavement.

**R&D Number:** 18SURV02

The Royal Wolverhampton NHS Trust acknowledges receipt of the HRA approval letter for the above named study. As we are not required to formally assess our capacity and capability please accept this letter as confirmation of our participation.

Kind Regards



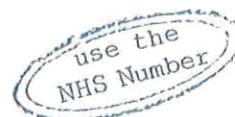
R&D Directorate Manager

cc. (Name and hospital name)

University of Wolverhampton

Chairman: Jeremy Vanes  
Chief Executive: David Loughton CBE  
Preventing Infection - Protecting Patients

A Teaching Trust of the University of Birmingham  
Safe & Effective | Kind & Caring | Exceeding Expectation



**Appendix VII**

# CERTIFICATE of ACHIEVEMENT

This is to certify that

**Emily Finney**

has completed the course

Introduction to Good Clinical Practice eLearning  
(Secondary Care)

June 7, 2017

**Modules completed:**

Introduction to Research in the NHS  
Good Clinical Practice and Standards in Research  
Study Set Up and Responsibilities  
The Process of Informed Consent  
Data Collection and Documentation  
Safety Reporting

*This course is worth 4 CPD credits*

**CPD**  
The CPD Certification Service



**Appendix VIII**  
**University of Wolverhampton Liability Insurance Confirmation**



To Whom It May Concern

Our ref: MK/IND

20 July, 2017

**Zurich Municipal Customer: University of Wolverhampton**

Zurich Municipal  
Zurich House  
1 Gladiator Way  
Farnborough  
Hampshire  
GU14 6GB

Telephone: 0800 335500  
E-mail:  
paul.sullivan@uk.zurich.com

Zurich Municipal is a trading  
name Zurich Insurance plc  
A public limited company  
incorporated in Ireland  
Registration No. 13460

Registered Office: Zurich  
House, Ballsbridge Park,  
Dublin 4, Ireland.  
UK Branch registered in  
England and Wales  
Registration No. BR7985. UK  
Branch Head Office: The  
Zurich Centre, 3000 Parkway,  
Whiteley, Fareham,  
Hampshire PO15 7JZ.

Zurich Insurance plc is  
authorised by the Central  
Bank of Ireland and  
authorised and subject to  
limited regulation by the  
Financial Conduct Authority.  
Details about the extent of our  
authorisation by the Financial  
Conduct Authority are  
available from us on request.  
Our FCA Firm Reference  
Number is 203093.

This is to confirm that University of Wolverhampton has in force with this Company until the policy expiry on 31 July 2018 Insurance incorporating the following essential features:

<b>Policy Number:</b>	<b>NHE-02CA01-0013</b>	
<b>Limit of Indemnity:</b>		
Public Liability:	£ 25,000,000	any one event
Products Liability:	£ 25,000,000	for all claims in the
Pollution:		aggregate during
		period of
		insurance
<b>Employers' Liability:</b>	<b>£ 25,000,000</b>	any one event
		inclusive of costs
<b>Excess:</b>		
Public Liability/Products Liability/Pollution:		Nil any one event
Employers' Liability:		Nil any one claim

**Indemnity to Principals:**  
Covers include a standard Indemnity to Principals Clause in respect of contractual obligations.

**Full Policy:**  
The policy documents should be referred to for details of full cover.

Yours faithfully

Underwriting Services  
Zurich Municipal  
Farnborough

## **Appendix IX**

### **Information for ICCU re. Recruitment**

#### **Identifying Potential Participants:**

#### **Participant Inclusion Criteria:**

- Men, aged eighteen years or over.
- Minimum three months, maximum twelve months bereaved at the time of recruitment to the study.
- Experienced the death of a spouse or partner.
- The spouse or partner died suddenly, i.e. within six-weeks of admission to the ICCU.
- The sudden death was due to natural causes.

(‘Natural causes’ describes “death occurring in the course of nature and from natural causes (as age or disease) as opposed to accident or violence”).

#### **Participant Exclusion Criteria:**

- In the event there are outstanding proceedings, for example, an ongoing complaint, in relation to (Hospital name) or the ICCU, eligible participants will not be recruited.

When searching the database for potential participants please start from the most recent deaths (minimum of three months) to send packs to bereaved husbands/partners, working backwards to a maximum of twelve months.

#### **Sending Recruitment Packs:**

- Please send out recruitment packs in batches of five. The twenty recruitment packs provided allow for four batches to be sent on separate dates. All postage costs have been covered.
- Documents already included:
  - Invitation letter from researcher (pre-signed)
  - Participant Information Sheet
  - List of Support Organisations
  - Reply slip for interested participants
  - Addressed reply envelope
- There is also a covering letter to be completed and signed by (Professional staff member’s name). Examples of this letter are provided with highlighted



segments to indicate where action is required, e.g. adding signature or name. An electronic version has been emailed to allow for completing details such as the deceased/ potential participants name.

- An additional envelope with 'Please read this first' is also enclosed for the covering letter from **(Hospital name)** and signed by **(Professional staff member's name)**. Please place the completed letter inside the envelope and place inside the large A4 envelopes with the other documentation.
- The invitation letters from the researcher have all been signed, however they need the name of the potential participant to be completed at the top. Please complete the letter with Mr. XXX when completing the name.
- Please address the A4 envelopes with the address of the recipient of the enclosed letters.
- 

<b>Suggested dates for sending out recruitment packs</b>
W/C 14 <sup>th</sup> January 2019 (x5 packs)
W/C 28 <sup>th</sup> January 2019 (X5 packs)
W/C 11 <sup>th</sup> February 2019 (x5 packs)
W/C 18 <sup>TH</sup> February 2019 (x5 packs)

#### Additional Information

- Participants will respond directly to the researcher **(Name)** via **(Primary supervisor's name)**. Therefore, **(Hospital name)** or staff will not know which potential participants have responded in order to help preserve their anonymity. When a suitable number of participants have been recruited the researcher will contact you to let you know that no more recruitment packs need to be sent out.
- If more recruitment packs are necessary, these will be provided by the researcher.
- Please feel free to contact me if you have any questions or concerns: **(Researcher's email address)** or **(Researcher's mobile number)**.

Thank you so much for supporting this research and taking your time to help recruit participants. Your help is very highly valued.

(Hospital Name)



NHS Trust

**Appendix X**  
**Covering Letter from ICCU**

(Hospital name,  
address and contact  
details)

**Study Title** -Psychological care and support for men who have experienced a sudden bereavement.

**Dear**

It is now ..... months since the death of **(first name)** on the Integrated Critical Care Unit at **(Hospital Name)**, **(Location)**. We acknowledge the circumstances of your bereavement, and we hope that with the passage of time, the pain of your loss is lessening.

To further inform the care and support for men who have been suddenly bereaved, our hospital has agreed to facilitate a study which will explore men’s experiences of sudden bereavement. The purpose of this letter is therefore to invite you to take part in this study.

The study, which is being carried out by a student researcher from the University of Wolverhampton with the support of an experienced supervisory team, involves an interview between you and the researcher, and will be held at a time and place convenient to you, or by telephone if you prefer. It will not be necessary for you to return to **(Hospital Name)**, and will not involve any of the staff from this hospital.

Please find enclosed, an introductory letter from the researcher and further information about the study.

Thank you for considering this request and for taking the time to read this letter.

Kind regards

**(Name and Title)**

Document Version 1 (28/2/2017) IRAS:225967

**Chairman: Jeremy Vanes**  
**Chief Executive: David Loughton CBE**  
**Preventing Infection - Protecting Patients**

**A Teaching Trust of the University of Birmingham**  
**Safe & Effective | Kind & Caring | Exceeding Expectation**



**Covering Letter to Participants**

**Study Title** - Psychological care and support for men who have experienced a sudden bereavement.

**Covering Letter**

Dear

I am writing to invite you to take part in a research project, which I am conducting as part of my Professional Doctorate in Counselling Psychology at the University of Wolverhampton.

Please find enclosed a Participant Information Sheet which provides details of the aims of the project and what taking part would involve.

Briefly:

If you are willing to take part in the study an interview will be arranged at a date and time which is convenient to both of us. You will only be required to attend one interview which will last no longer than two hours. The interview can either be face-to-face or via telephone, depending on what you would prefer. If you would prefer a face-to-face interview we will arrange to meet somewhere which is suitable for both of us.

If you would like to ask any questions before making up your mind about taking part, please contact the researcher, Emily Finney, directly by emailing ([email address](#)). Alternatively, you can contact the researcher supervisor for the study, Dr Wendy Walker directly on: ([telephone number](#)).

If you would like to take part in this study, please complete and return the enclosed reply slip using the stamped addressed envelope provided within 10 days of receiving this letter. I will then contact you to arrange a mutually convenient time to arrange an interview.

If you would prefer not to be involved, please disregard this letter. You will not be contacted again.

Thank you for taking the time to read this letter and consider participating in this study.

Yours Sincerely,

Emily Finney

Counselling Psychologist in Training

University of Wolverhampton

**Participant Information Sheet**

**Study Title:** Psychological care and support for men who have experienced a sudden bereavement.

**Participant Information Sheet**

**Invitation**

I (Emily Finney) am inviting you to take part in a voluntary research study. This information sheet explains the purpose of the study, why you have received this invitation and what is involved if you decide to take part. Please take your time to read this information and discuss it with others if you wish. You are very welcome to contact me if you have any questions or you would like some more information before making a decision.

Thank you for reading this.

**What is the purpose of this study?**

Men are under-represented in research exploring bereavement. As such, much of the understanding we have about the bereavement process and support which is offered may not accurately represent the views of bereaved men.

This study aims to investigate the experience of men who are suddenly bereaved. It will help to further our understanding of your experience and inform the care and support we provide for suddenly bereaved men in the future.

**Who is running the study?**

I (Emily Finney) am carrying out the study as a post-graduate student completing a Professional Doctorate in Counselling Psychology at the University of Wolverhampton. I am being supervised by Dr. Wendy Walker and Dr. Maria Bisconti of the University of Wolverhampton.

**Why have I been chosen?**

You have been chosen to take part in this study as a bereaved spouse or partner of a person who died within the Integrated Critical Care Unit (ICCU) at (Hospital Name), (Location).

### **Do I have to take part?**

No. It is your choice whether you decide to take part or not. You may find it useful to discuss participation with your family or friends before making a decision. If you do decide to take part, you can still withdraw up to a week after the interview and do not have to provide a reason for withdrawal.

### **What will happen if I decide to take part?**

I am asking you to share your experience of bereavement in an interview.

An interview will be arranged at a date and time which is convenient to both of us. You will only be required to attend one interview which will last no longer than two hours. The interview can either be face-to-face or via telephone, depending on what you would prefer. If you would prefer a face-to-face interview we will arrange to meet somewhere which is suitable for both of us. The interviewer may take informal notes during the interview as a reminder to ask you about something you raised in the interview.

After interview arrangements have been made, you will receive a letter confirming the details of the interview such as the date, time and location. Expenses for travel will be reimbursed up to a maximum of £10.00.

You are welcome to bring a friend or family member with you to the interview and will have the option of informing your GP about participation in the study.

Before starting the interview I will explain the purpose of the study and provide you with the opportunity to ask any questions. I will then ask you to sign a Consent Form to indicate you have agreed to take part in the study and you will be given a signed copy of this to keep. With your consent, the interview will be audio recorded to ensure there is an accurate record of the experiences you share.

Once the interview has been completed, you will be offered the opportunity to feedback on how you found the interview by means of a short questionnaire. You can take the questionnaire away with you to complete later and send it back in a pre-paid envelope. The questionnaire is completely voluntary and is designed to give you the chance to comment on your experience of taking part in the study.

### **What are the potential benefits and risks of taking part?**

The interview may be emotionally tiring and you are able to take breaks if needed, by just letting me know. I will also tell you when the interview time is approximately half way through to offer a break from the interview. You may like to attend with a family member or friend, for support during and after the interview is complete. You can end the interview at any point without providing a reason. With this information you will also find a list of contact details for bereavement support organisations, should you wish to contact them.

The information you provide will offer an insight into your experience of a sudden bereavement, and the impact you feel it has had on your life. This information will be used to help inform care and support for men who have experienced a sudden bereavement.

### **Will my taking part be kept confidential?**

Yes. All the information you provide will be treated with the strictest confidence. Your name will not be recorded anywhere within the study. The interview will be transcribed (written word for word) in order to be analysed by the researcher. A pseudonym (fictitious name) will be used in place of your name at this stage to ensure confidentiality throughout the research process.

If you disclose something during the interview that raises a concern for your welfare or the welfare of others, I may be required to share this information with a third party.

### **What will happen at the end of the research study?**

The information you provide will be written in a research report, along with information from other participants. Anonymised (not identifiable by name) comments from the interview will appear in the report. The results of the study may be published in an academic journal. Information will be held securely for a maximum of two years after the completion of the study then destroyed. Information you share will only be accessible by myself for the purpose of completing the study, and no identifiable information will be shared with other.

I will also provide a summarised version of the findings, once the study has been completed if this is something you would like to receive.

### **What if I have a problem or concern?**

If you have any concerns or complaints about any aspect of the study please contact the Dean of Faculty:

Dr Alexandra Hopkins  
Dean of the Faculty of Education Health and Wellbeing  
University of Wolverhampton  
Millennium City Building  
City Campus Wulfruna (South)  
Wolverhampton  
WV1 1LY

### **Contact and Further Information**

If you have any questions or would like some more information about taking part in the study please contact Emily Finney via email: [\(email address\)](#).

Alternatively you could contact Dr Wendy Walker (Research Supervisor) to ask that she make contact with me:

Dr Wendy Walker  
(Address and contact details)

If you are interested in taking part in the study please return the reply slip using the stamped addressed envelope enclosed within 10 days of receiving this letter. Your reply will be sent to Emily Finney, care of Dr Wendy Walker at the University of Wolverhampton to be held for me to collect.

**Many thanks for taking the time to read this information and considering taking part.**

**Appendix XIII**  
**Reply Slip**



Dr Alexandra Hopkins RN PhD MSc MBA RNT RCNT DANS  
Dean of the Faculty of Education Health and Wellbeing

University of Wolverhampton  
Millennium City Building  
City Campus Wulfruna (South)  
Wolverhampton  
WV1 1LY

Telephone Codes  
UK: 01902 Abroad: +44 1902

Switchboard: 321000  
Fax: 518660

Internet: [www.wlv.ac.uk](http://www.wlv.ac.uk)

**Study Title:** Psychological care and support for men who have experienced a sudden bereavement.

**Reply Slip**

If you would be willing to take part in this study, please complete the information below so the researcher, Emily Finney, can contact you to arrange an interview.

Name \_\_\_\_\_

Postal address \_\_\_\_\_

Email address \_\_\_\_\_

Telephone number \_\_\_\_\_

I would prefer to be contacted by: post/ email / telephone (please delete)

Please indicate if there are times which would be easiest for you to discuss arranging an interview, for example, afternoons or weekends: \_\_\_\_\_

I would prefer the interview to be: face-to-face / telephone (please delete)

I would like to bring someone with me for support: Yes / No (please delete)

Any additional comments: \_\_\_\_\_

\_\_\_\_\_

I look forward to meeting you.

Emily Finney

Counselling Psychologist in Training  
University of Wolverhampton

**Many thanks for agreeing to take part in this study.**






## Appendix XIV

### List of Bereavement Care Organisations and Contact Details

**Study Title:** Psychological care and support for men who have experienced a sudden bereavement.

#### List of Bereavement Care Organisations and Contact Details

Below is a list of support organisations and charities which can offer support to you.

<p><b>Cruse Bereavement Care</b> Supporting adults and children who have suffered bereavement.</p>	 <p>Cruse Bereavement Care <i>Somewhere to turn when someone dies</i></p>	<p>National Helpline - 0808 808 1677 Wolverhampton Branch - 01902 420055 Email address - <a href="mailto:helpline@cruse.org.uk">helpline@cruse.org.uk</a></p>
<p><b>Age Concern</b> Supporting 60 year olds with emotional and practical issues.</p>	 <p>ageUK Love later life</p>	<p>National Helpline - 0800 169 2081</p>
<p><b>Sue Ryder</b> Online support for those bereaved of loved ones.</p>		<p>Online support forum - <a href="https://support.sueryder.org/community/coping-death-loved-one?gclid=CJXwi7yt9s8CFWgz0woduPgEEQ">https://support.sueryder.org/community/coping-death-loved-one?gclid=CJXwi7yt9s8CFWgz0woduPgEEQ</a></p>
<p><b>Macmillan Cancer Support</b> Providing support from those bereaved by Cancer.</p>	 <p>WE ARE MACMILLAN. CANCER SUPPORT</p>	<p>National Helpline - 0808 808 00 00</p>
<p><b>Support Line</b> Provides telephone emotional support and further information of other organisations to help support bereavement.</p>		<p>National Helpline - 01708 765200 Email- <a href="mailto:info@supportline.org.uk">info@supportline.org.uk</a></p>

**Appendix XV**  
**University of Wolverhampton Lone Worker Policy for Researchers**



**Centre for Health and Social Care Improvement**

**Guidance Notes for Researchers**  
**Conducting Data Collection Off-Campus and Working Alone**

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These guidelines are primarily intended to help assure the safety of researchers who conduct interviews alone with participants, particularly when such work is undertaken off campus. Compliance with this guidance should assist in:

- Protecting researchers by reducing their risk of exposure to physical threat or abuse.
- Preventing researchers from being placed in a situation in which they might be vulnerable to accusations of improper behaviour
- Protecting participants by providing researchers with advice on best practice in this area.

**1. Design of Research and Risk Assessment**

Before undertaking data collection as a lone researcher, particularly off-campus, a risk assessment should be conducted taking into account the key questions below to minimise the risks in undertaking research work on behalf of the university. It may be necessary to amend or redesign proposals following such an assessment.

- **Method:** Is it necessary to collect data in a one-to-one context, or would an alternative methodology be more appropriate? Is it possible for researchers to work in pairs?
- **Interview location:** Where should interviews take place? A public place may be a safer option than the participant's home.
- **Researchers:** Who should conduct the interviews? Which researcher(s) have the appropriate skills/experience?
- **Participants:** Who are they? Are they members of a vulnerable or potentially dangerous group?

**2. Preparation for Lone Working Off-Campus**

**2.1 Understanding the Environment**

- Wherever possible, researchers should review a map of the area, or visit the location in advance.
- Knowing in advance the location of hubs of activity such as shops, pubs, schools or the local police station may provide researchers with a possible escape route should this be necessary.
- Researchers should be aware of any social or cultural tensions in the area.
- If travelling by car, researchers should consider the safest place to park, eg. a well-lit area after dark.

- If using public transport, researchers should check its reliability and also carry the telephone number of a reputable local taxi firm.

## **2.2 Understanding Participants**

Researchers should take time to investigate and understand the individual circumstances of participants before conducting an off-campus interview. If appropriate, researchers should be aware of the psychological/behavioural history of interviewees. Being aware of potentially volatile individuals and/or circumstances in advance can help researchers to plan accordingly.

## **2.3 Training**

- New staff should have general training on conducting off-campus interviews, and basic interview skills during their induction period. This may include accompanying a more experienced colleague on an off-campus visit.
- Researchers conducting off-campus interviews should be trained in techniques for handling threats, abuse or compromising situations.
- Some research may require additional specific training such as understanding cultural/religious norms.

## **3. Precautions When Conducting Interviews Off-Campus**

### **3.1 Personal Safety**

The personal safety of researchers working off-campus is paramount and should be considered more important than the successful completion of the interviews.

Researchers **SHOULD NOT:**

- Enter someone's home if they feel uncomfortable or unsafe.
- Enter a house if the person they have arranged to see is not there.
- Undertake an interview or assessment in a bedroom.
- Give a personal telephone number or address to an interviewee.

Researchers **SHOULD:**

- Ask a colleague to accompany them if they feel uncomfortable.
- Upon arrival, explain their research role and the conditions of confidentiality to the interviewee(s) and offer them the opportunity to ask questions.
- Consider an appropriate exit strategy (what to say etc) should they wish to terminate an interview early.
- Take steps to leave a situation immediately if they feel unsafe or uncomfortable.
- Adopt a friendly and professional manner when conducting interviews but be careful not to be over-familiar.
- Ask for household pets to be shut in another room if their presence during the interview is a cause of concern.

### **3.2 Maintaining Contact**

It is essential that researchers conducting off-campus interviews maintain contact with a nominated colleague (PI or other if researcher is PI).

The Researcher should ensure the nominated colleague knows the following:

- Name, address and telephone contact of interviewee(s)/destination.
- Researcher's mobile telephone number.
- Time of leaving the office.
- Method of transport to interview location (car registration if appropriate).
- Time of interview and expected duration of visit.

Researchers should contact their PI when they arrive at the interview location, particularly if this is out of hours. In the presence of the interviewee, the Researcher should inform their nominated colleague where they are and who they are with.

If at any point during the interview, the researcher feels unsafe; they should excuse themselves, go to another room, and call for assistance using their mobile phone. Codes may be agreed in advance to convey the need for support in a confidential manner.

Once the interview has been completed, the researcher should contact their nominated colleague at an agreed time to let them know they have left safely. If the interview is still in progress when the deadline for contacting their nominated colleague approaches, the researcher should contact their nominated colleague to inform them.

If the deadline passes and the researcher has not been in contact, their nominated colleague should ring the mobile phone of the researcher. If there is no answer, the nominated colleague should ring again 10 minutes later. If there is still no reply, the Director of Research and Enterprise must be informed. With the agreement of the Director of Research and Enterprise, two members of staff from the department may proceed to the interview location to check on the researcher's safety.

### **3.3 Mobile Telephones**

All researchers who conduct off-campus interviews should be provided with a mobile telephone. Mobile telephones should be left switched on throughout the interview. Researchers should bear in mind that mobile telephones are sometimes out of range and cannot be depended upon entirely. Over reliance on mobile telephones must not substitute for proper training in inter-personal skills and personal safety techniques.

### **3.4 Personal Alarms**

All researchers who conduct off-campus interviews should be provided with a personal alarm. Researchers should carry the alarm in their pocket or hand (not in their bag or briefcase) so that it is easily accessible.

### **3.5 Identification Card**

All researchers who conduct off-campus visits should carry an official identity card with photograph. It is good practice to invite interviewees to check the card.

### **3.6 Money**

Researchers should always carry enough money for expected and unexpected expenses, including the use of taxis. However, it is sensible not to appear to be

carrying a lot of money. Researchers should also carry a phone card in case they need to use a public telephone.

#### **4. Debriefing and Support Following Off-Campus Interviews**

When off-campus interviews are complete, it is likely to be helpful for researchers to reflect on their adherence to safety guidelines and raise any difficulties encountered during the project. Where necessary, individual experiences should be used to inform the design of future projects/interview protocols.

Any incidents that occur during the interviews should be formally recorded and dealt with immediately. Serious incidents should be discussed with safety officers or professional associations. If violent or traumatic incidents have occurred which may have some impact on the physical and/or psychological well being of researchers, these should be reported to the appropriate department (e.g. health and safety officer, occupational health, counsellors, police).

Formal arrangements should be in place for researchers to be accompanied by a colleague for subsequent interviews if there have been any incidents giving cause for concern on the first occasion.

#### **5. Further Information**

This is not intended to be an exhaustive list of considerations when planning research involving working alone off-campus. However, it is hoped that these guidelines will encourage researchers to adopt best practice and familiarise themselves with the relevant safety issues.

The following website may also be of interest <http://www.suzylamplugh.org/>

**Appendix XVI**  
**Letter of Confirmation**



Dr Alexandra Hopkins RN PhD MSc MBA RNT RCNT DANS  
Dean of the Faculty of Education Health and Wellbeing

University of Wolverhampton  
Millennium City Building  
City Campus Wulfruna (South)  
Wolverhampton  
WV1 1LY

Telephone Codes  
UK: 01902 Abroad: +44 1902

Switchboard: 321000  
Fax: 518660

Internet: [www.wlv.ac.uk](http://www.wlv.ac.uk)

**Study Title:** Psychological care and support for men who have experienced a sudden bereavement.

**Letter of Confirmation**

Dear

Thank you for agreeing to take part in the research study above. Below are the arrangement details for the interview.

You have indicated that your preferences for the interview is:

Face to Face / Telephone interview (delete as appropriate)

Interview date:

Time:

Location (face-to-face only): [Full address]

Place of meeting: (if different from location e.g. entrance lobby of building)

If you are unable to attend, or have any further questions, please feel free to contact me on: (email address) so the interview can be rearranged for a more convenient time.

I look forward to meeting you.

Emily Finney

Counselling Psychologist in Training  
University of Wolverhampton

**Study Title:** Psychological care and support for men who have experienced a sudden bereavement.

**Topic Guide Questions for Interviews**

- Could you tell me a little about (name of deceased), your relationship to them and what they meant to you at the time of their death.
- Please can you tell me about the circumstances that led to the death of your Partner/ Wife's death.
- How did you feel at that time?
- And in the months that followed?
- What, if anything do you feel helped you in the first days/in the months that followed after X died?
- What, if anything do you feel was not helpful in the first days/ in the months that followed after X died?
- How do you feel the death of X affected you in the first days/ in the months that followed after X died?
- How does X's death affect you now?
- What do you feel has been the most significant change for your life since X's death?
- What do you feel is important to you now? Is this different from before X died?

Follow up questions:

These questions will not necessarily be used during the interview, but are designed to encourage the participant to expand or clarify on their account.

- Could you explain further about that?
- What do you mean by Y?
- Could you say a bit more about that?
- What happened after that?
- How did that impact upon you?

**Appendix XVIII**  
**Participant Consent Form**



**Study Title:** Psychological care and support for men who have experienced a sudden bereavement.

**Participant Consent Form**

**Please initial boxes**

1. I confirm that I have read and understand the Participant Information Sheet Dated 3/3/2017 (version 3) for the named study above and have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I can withdraw, without giving any reason, up until commencement of data analysis (the week following the interview).
3. I understand that the information I provide will be stored securely and confidentially, and that I will not be identifiable in any report or publication.
4. I understand that the researcher may wish to publish this study and any results found, for which I give my permission.
5. I agree for my interview to be audio recorded and for the data to be used for the purpose of this research study.
6. I agree to take part in the above study.

.....  
Name Date Signature

.....  
Name of person taking Date Signature  
consent (if different from researcher, state position)

.....  
Researcher Date Signature

I would like to receive a summary of the study findings once the research study has been completed.

**Please Initial:**

Yes  No



**Appendix XIX**  
**GP Consent Form**



**Study Title:** Psychological care and support for men who have experienced a sudden bereavement.

**GP Consent Form**

I give permission for Emily Finney to inform my GP that I am taking part in the named study above.

**Please initial box**

**Yes**

**No**

**Name of GP:**

**Address of GP:**

Name of Participant

Date and signature

-----

Name of Researcher

Date and signature

-----

(1 copy to remain with Participant, 1 copy for Researcher)

**Study Title:** Psychological care and support for men who have experienced a sudden bereavement.

**Letter to GP**

**Dear Dr (name)**

Your patient, (name) has been invited and has agreed to participate in the research study named above. [He/She] has given permission for me to inform you of [his/her] decision. To help you understand why the research is being carried out and what it involves for (name), please find enclosed, the research Participant Information Sheet which has been provided to your patient. Should you need to contact me, please find my contact details on the Participant Information Sheet provided.

Kind Regards

Emily Finney

Counselling Psychologist in Training

University of Wolverhampton

Enc.  
Participant Information Sheet

## **Appendix XXI**

### **Symbols for Interview Transcription**

A key of the symbols used in the process of transcribing interview data and their meanings.

text (Umm) text      Speech inside brackets which appears within text denotes any verbal responses from the person who was the listener which did not interfere with the flow of speech from the active speaker. E.g.

Therapist: A situational formulation allows us to identify any thoughts, feelings and behaviours (Um hm) you have associated with that situation.

In this example the (Um hm) is the verbal response from the client, showing his understanding which happened simultaneously to the therapist speaking but did not interrupt them.

( R )                      The speech of the researcher was too unclear to transcribe.

( P )                      The speech of the participant was too unclear to transcribe.

(( ))                      Shows contextual information such as a cough or sigh.

- (7) A number inside brackets indicates the number of seconds (5 seconds or longer) a pause lasted for. In some cases a reason is also presented such as time for writing.
- [ Open square bracket which shows where overlapping speech begins or has been/caused an interruption.
- ] Open square bracket which shows where overlapping speech ends.
- ... Shows a short gap or pause in speech which lasted for less than 5 seconds.
- (Bold Text)** Indicates information which has been removed or a pseudonym used for confidentiality purposes, such as place names e.g. St. Johns Street, University of Wolverhampton.

## **Appendix XXII**

### **Smith et al.'s (2009) Steps for IPA Analysis of Interviews**

A summary of the steps taken from Smith et al. (2009) and applied within the current study to analyse data from participant interview transcripts.

<p>Step 1 Reading and Re- Reading</p>	<p>This initial step involves multiple readings and reviews of the transcribed data with the purpose of enabling the researcher to immerse themselves in the participants account and creates a singular focus on the individual. This also includes listening again to audio recordings to absorb interview content which is not present within the transcript such as emotional reactions and hesitations. This process also provides the opportunity to identify any contradictions or areas of particularly rich data. Personal reflections on the interview process or content are recorded separately to allow the researcher to temporarily bracket off their own perceptions and remain solely focussed on the data. At this stage there is no attempt to reduce the information.</p>
<p>Step 2 Initial Noting</p>	<p>Producing initial notes on the transcript allows for analysis of the semantic content and language which the participant uses. This in itself can be done in three stages, drawing out three levels of information, the descriptive, linguistic and conceptual elements.</p>

	<p>Each level provides a deeper understanding into how the participant thinks about and perceives the issue with their personal context. Participant comments with a phenomenological focus then emerge providing insight into the meaning of the language used. The aim of this step is to develop an accurate commentary of the interview which again remains focussed on the presented data rather than interpretation or reduction of information.</p>
<p>Step 3 Developing Emergent Themes</p>	<p>Developing emergent themes involves reducing the expanded data created by the researcher's initial notes into concise statements which still maintain the meaning and complexity within the participants account. This is achieved by analysing individual segments whilst maintaining an awareness of the information as a whole.</p> <p>It involves working with the researcher's notes rather than the transcript, however if previous steps have been done correctly, the notes will present an accurate representation of the original data. As the themes start to emerge from the initial notes, the researcher's perspective becomes more involved in the process, requiring a balance to be struck between participant's description and researcher's interpretation.</p>

<p>Step 4</p> <p>Connections Across Emergent Themes</p>	<p>Identifying connections involves looking broadly at the themes which have emerged to identify patterns and similarities between emergent themes, asking which themes gravitate together and which are distinct. Smith et al. (2009) suggests various methods of achieving this synthesis, such as abstraction, polarisation and numeration to highlight key themes and contradictions. Once this process is complete, the organisation of emergent themes should be created, for example in table.</p>
<p>Step 5</p> <p>The Next Case</p>	<p>The inclusion of this step acts as a more formalised warning to the researcher highlighting the need to bracket off themes developed so far in order to start the process afresh with a new data set. In this way new themes are able to emerge, demonstrating the idiographic commitment integral in IPA (Smith &amp; Osborn, 2015).</p>
<p>Step 6</p> <p>Patterns Across Cases</p>	<p>This final step in the analysis describes looking for patterns across individual accounts using the table of themes created in step 4. Being inquisitive is necessary for considering, what similarities there are between accounts, the most frequent themes and how reflecting on one participants account can provide further insight into another's.</p>

	<p>This may lead to further re-organisation of themes and the creation of super-ordinate themes which related sub-ordinate themes can be organised into. The researcher should be able to feel a sense of completeness looking at the organised themes, that they accurately represent the data gathered on an individual basis and as comparable within a group.</p>
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Reference: Smith, J. A., Flower, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. London: Sage.



## Appendix XXIII

### Example Initial Noting for Transcripts – John (Steps 1+2 of Smith et al.'s (2009) Analysis

Student Number: 1319880

Participant 01

<p>258 <i>Cause of death unusual</i></p> <p>259 <i>therefore created more</i></p> <p>260 <i>uncertainty.</i></p> <p>261</p> <p>262 <i>Moving from uncertainty</i></p> <p>263 <i>to understanding</i></p> <p>264 <i>Realisation of severity.</i></p> <p>265 <i>Need to adjust to new</i></p> <p>266 <i>reality.</i></p> <p>267 <i>Idea of a bullet pausing</i></p> <p>268 <i>things. Bullets would</i></p> <p>269 <i>inflict injury.</i></p> <p>270 <i>Like a foreign body taking</i></p> <p>271 <i>parts away.</i></p> <p>272 <i>Explanation of 'eaten' due</i></p> <p>273 <i>to comparison?</i></p> <p>274 <i>Woodworm - virulent, does</i></p> <p>275 <i>more damage internally than</i></p> <p>276 <i>you can see.</i></p> <p>277 <i>Neutral - 'person' not 'Anna'</i></p> <p>278 <i>compartmentalising?</i></p> <p>279 <i>Shifts back to personal exp.</i></p> <p>280 <i>sense of helplessness/body</i></p> <p>281 <i>not operating -</i></p> <p>282 <i>process of passing beforehand</i></p> <p>283</p> <p>284 <i>Seeking physical closeness</i></p> <p>285 <i>reassurance</i></p> <p>286 <i>Lacking normal responses.</i></p> <p>287 <i>changes - no longer Anna</i></p> <p>288 <i>sense of something already</i></p> <p>289 <i>having past.</i></p> <p>290 <i>Repetition for emphasis.</i></p> <p>291 <i>Lifeless - confirming new</i></p> <p>292 <i>reality - she's not there.</i></p> <p>293 <i>Support + compassion from</i></p> <p>294 <i>hospital staff.</i></p> <p>295 <i>Praise for hospital staff.</i></p> <p>296</p> <p>297 <i>Contradiction - also says</i></p> <p>298 <i>there was no goodbye due</i></p> <p>299 <i>to time - Didn't have the need</i></p> <p>300 <i>last moments - identifying</i></p> <p>301 <i>changes in breathing</i></p> <p>302</p> <p>303 <i>Transitional moments.</i></p> <p>304 <i>no longer there. Absence.</i></p> <p>305 <i>After discussing moment of</i></p> <p>306 <i>passing turns to information</i></p> <p>307 <i>and focus on other people.</i></p> <p>308 <i>Avoidance in thinking about</i></p> <p>309 <i>last moments - focus on others.</i></p> <p>310 <i>Sudden shift to knowledge</i></p> <p>311 <i>research (safe topic/avoid)</i></p>	<p>mean lots of doctors never see anything like CJD.</p> <p>Researcher – Yeah.</p> <p>John – Erm, there's only about one hundred cases a year in the country (Right) so, you know a lot of them can probably a load of GPs have never seen it, don't know about consultants in hospitals but lots of GPs would never have seen it (mmhmm). <u>Then at that point I had to realise that what she'd got was fatal.</u> And looking back and, and reading up on it and listening to err, reading information and listening to what doctors are saying... it's, it's always fatal, nobody ever recovers from CJD (Right) and if they'd got a <u>magic bullet</u> as the doctor said to me <u>we could stop her from getting worse but what we can't do is make her better</u> (Right), it affects the brain. Once the brain has been <u>eaten away</u> (hmm) then that's it there's err, there's no repairing. He likened it, he was sitting at the table and he said if this table had got <u>woodworm</u> you'd see little holes on the outside of the leg (Yes) if you broke the leg or cut the leg you would see inside holes where the little grubs had gone, (little tracks) the tracks of where they'd been and that's just what the brain is like. You only see minute bits from the outside the little holes but there is all sorts of damage done on (hmm) the inside which you can't see. But that's irreparable of course and it's <u>that that kills the person,</u> they just go err, <u>they gave her</u> all sorts of drugs and in effect she although she was off the breathing machine they still had to <u>pump drugs into her</u> to make sure she wasn't in pain (yeah) and that sort of thing, and erm <u>she opened her eyes for about two days, forty eight hours before she died, not fully opened but they were open sort of half way,</u> you could just about see the pupil of her eyes (Yeah). Anyway this one night I was there and I, <u>I touched her and I put my hand over her face over her eyes</u> to see if there was any change in whether the pupils would dilate or anything. <u>Nothing, and she'd got lovely blue eyes and these were grey, proper grey, lifeless</u> (Right) you know, wasn't good at all really. Erm and you have to just take it each day as it comes. The day she died on the Sunday night, erm I was due, they, they'd brought a bed to the side of Anna's bed so I could sleep on the spare bed, and they moved us from the main ward into a little side ward where it was quieter. And the nurse cause it was <u>marvellous nursing one to one nursing and the nurse said to me I think you'll find it better in here tonight</u> (hmm) so thank you very much okay but they realised or must have realised that <u>Anna was</u> (Yeah) not going to last you see. So erm, Alex was there with me and we are <u>saying our goodbyes,</u> we are going to go off in a minute Anna see ya, well that was what Alex was saying, I was going to stay there and she <u>started breathing funny</u> ((breathing heavily)) taking going like this then she'd take a <u>real deep breath and hold it and all of sudden it would come out and this isn't right,</u> so I went to fetch the nurse and explained to her and she said yes Mr Smith I think she is err she's on she's on her last legs sort of thing and within two minutes of that she <u>just took one breath and that was it, she'd gone.</u> But I mean <u>we know now in hindsight about what CJD does and how you react to it but we didn't know anything about this</u> (mmm) at the time you know (No) and Alex found a little bit out on the computer erm, believe it or not we had a lady from <u>University name</u> the leader of this research unit into CJD came to see me a couple of weeks ago (right) <u>was here, asked similar to you</u> (yeah), would you like to take part in, you know we're going to ask you a few questions about your wife and all this (Yes), I said by all</p>
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## **Appendix XXIV**

### **List of Emergent Themes from Transcript sorted into Sub-ordinate**

#### **Themes – John (Step 4 of Smith et al.'s (2009) Analysis**

##### **NO TIME TO SAY GOODBYE**

Realisation of finality of condition. Responsibility for care/ decisions

Realisation of fatality of condition

No planned last words – lost opportunity

Unable to prepare

Lack of time to say goodbye given sudden nature. Couldn't have that closure – still outstanding

Sudden/ unprepared for reality of Anna's condition being fatal

Suddenness causing difficult months on – not able to say goodbye, no closure

No chance to say goodbye- unprepared for the end

##### **GENDER DIFFERENCES**

Gender differences in perspective re. bereavement

Questioning gender differences in support

Experience for men/women different

Men and women having to adopt new tasks. Common challenges between genders post-bereavement

Gender roles – female 'home makers' helping with household tasks

No improvement over time for support for men that he is aware of

##### **CREATING AN INDEPENDENT SELF**

Wanting closure as soon as possible – to be able to move forwards/ not be held back

Shifting from 'we' to 'I' – forming a new identity as an individual

Striving for independence

Shifting to a place where she is not physically present to talk to

Adjusting role- picking up new responsibilities regarding finance, insurance, etc. which are unfamiliar

Forming a new 'independent' identity

Learning process to be independent

Finding new routines fitting for one person

Transition of identity to a single man, shifting in thinking

### **CONTINUED PRESENCE**

Anna still here-in the ern

Keeping in mind Anna's perspective on current situations

Concern that wife will be forgotten over time

Wanting to maintain her presence in the house

Continued presence – saying goodnight

Ensuring continued presence – putting up photos

Keeping her close by keeping belongings

Not wanting to forget – maintaining connection/ memory

Not able to say goodbye yet

Not ready to let connection fade

### **CAN'T SHOW EMOTION**

Showing emotion in private

Cultural influences on men not showing emotion

Upbringing – don't show emotion

Not showing emotion seems good advice – striving to maintain

Difficulty expressing extent of emotion

Not wanting to appear upset to researcher

Showing emotion also indicates a change in character

Negative self-perception on if he got upset during funeral. Concerns for judgement from others

Confirming his suspicions about judgements from others – can't show emotion from another source

Concern for upsetting others with own emotion – fear of judgement/ abandonment

Can't show emotion – need to be brave, at odds with true emotions. Need to hide

Don't show emotion in public

Not showing emotion- stay quiet

No other way than resisting showing emotion

Concern of rejection/ judgement from others is showing emotion

Fear of judgement if showing emotion leading to loss of social support

Social uncertainty of how to react to bereaved people/ not wanting to feel embarrassed as explanation for loss of connection

How you behave in a group/ showing grief different to when you are on your own

## **LONELINESS**

Loneliness post-bereavement

Loneliness longer term

Suddenly aware of loneliness

Close friends remain, but less close connections get lost over time re. support

Reduction in social contact (every week to a few times in previous 4 months)

Isolation – only one in the house/ others unaware

**Appendix XXV**

**Super-ordinate and Sub-ordinate Themes - John**

<b>John</b>	
Column A	Column B
Super-ordinate and sub-ordinate themes for John	Sub-ordinate themes for the group
DEATH OF IDENTITY Uncertainty Loneliness Helplessness No Time to Think/Say Goodbye Changes in Perception	No Time Emotional Impact Emotional Impact No Time Adapted Sense of Self
CONTINUED PRESENCE Continued Presence Going through it Together Still us	Keeping Her Close Keeping Her Close Keeping Her Close
SECURITY THROUGH SOCIETY Can't Show Emotion Gender Differences Helpfulness vs. Limitations of Support	Perceptions of Male Coping Perceptions of Male Coping Ambivalence Towards Support
DEFENCE MECHANISMS Avoiding Decisions vs. Needing Decisions Keeping Busy Rationalisation Use of Humour/Laughter Practically Speaking Need to Continue	No Time Coping Strategies Coping Strategies Coping Strategies Coping Strategies Coping Strategies
WHO I WANT TO BE Independent Self Re-evaluating Life's Importance Future Uncertainty	Adapted Sense of Self Re-evaluation and Looking to the Future Re-evaluation and Looking to the Future

Super-ordinate themes for the group	
	SUDDEN LOSS
	TRANSITIONING SELF
	SUPPORTING TRANSITION

**Appendix XXVI**

**Super-ordinate and Sub-ordinate Themes – Mark**

Mark	
Column A	Column B
Super-ordinate and sub-ordinate themes for Mark	Sub-ordinate themes for the group
EARLY DAYS Emotional implications Suddenness	Emotional Impact No Time
CONTINUED RELATIONSHIP Relationship with wife Continued presence	Keeping her Close Keeping her Close
SOCIAL DIMENSIONS OF GRIEF Unwanted emotions Gender differences Female support Social expectations of grief Support network Others initiating contact Challenges with organisation	Perceptions on Male Coping Perceptions on Male Coping Perceptions on Male Coping Perceptions on Male Coping Ambivalence Towards Support Ambivalence Towards Support Ambivalence Towards Support
COPING STRATEGIES Keeping busy Use of humour/Laughter Practically speaking Medication to blame	Coping Strategies Coping Strategies Coping Strategies Coping Strategies
CHANGING WORLD Fallibility Changes in perspective Uncertainty about coping Future focus Additional losses	Adapted Sense of Self Adapted Sense of Self Emotional Impact Re-evaluation and Looking to the Future Emotional Impact

Super-ordinate themes for the group	
	SUDDEN LOSS
	TRANSITIONING SELF
	SUPPORTING TRANSITION

**Appendix XXVII**

**Super-ordinate and Sub-ordinate Themes – Frank**

<b>Frank</b>	
Column A	Column B
Super-ordinate and sub-ordinate themes for Frank	Sub-ordinate themes for the group
<b>ADAPTION</b> Changes over time Everyday adaptations Changes in perspective Sudden adaption vs. Predictability Continued presence	Adapted Sense of Self Adapted Sense of Self Re-evaluation and Looking to the Future No Time Keeping Her Close
<b>CHANGED FUTURE AND SELF</b> Future self Living for today Uncertainty for future Increased independence	Adapted Sense of Self Re-evaluation and Looking to the Future Re-evaluation and Looking to the Future Adapted Sense of Self
<b>LIMBO</b> Lack of closure Lack of control Uncertainty with wife’s condition Emotional implications of investigation	No Time Emotional Impact Emotional Impact Emotional Impact
<b>QUESTIONING</b> How am I grieving? Emotional uncertainty Feeling the loss	Ambivalence towards Support Emotional Impact Emotional Impact
<b>PERCEPTIONS OF GENDER</b> Gender differences Perceptions of emotion	Perceptions of Male Coping Perceptions of Male Coping
<b>CONFIRMATION OF COPING</b> Meaning from misery Helpful aspects I can manage Status quo Practically speaking Depersonalisation	Coping Strategies Coping Strategies Coping Strategies Coping Strategies Coping Strategies Coping Strategies

Super-ordinate themes for the group	
	SUDDEN LOSS
	TRANSITIONING SELF
	SUPPORTING TRANSITION

**Appendix XXVIII**

**Sub-ordinate and Super-ordinate Themes for the Group and Contributing Themes for Participants (Step 6 of Smith et al.'s (2009) Analysis)**

Super-ordinate theme for the group	Sub-ordinate themes for the group	Contributing sub-ordinate themes from participants
SUDDEN LOSS	<p>No Time</p> <p>Emotional Impact</p> <p>Ambivalence Towards Support</p>	<p>Uncertainty</p> <p>No Time to Think/Say Goodbye</p> <p>Avoiding Decisions vs. Needing Decisions</p> <p>Suddenness</p> <p>Sudden adaption vs. Predictability</p> <p>Lack of Closure</p> <p>Loneliness</p> <p>Helplessness</p> <p>Emotional Implications</p> <p>Uncertainty about Coping</p> <p>Additional Losses</p> <p>Lack of Control</p> <p>Uncertainty with Wife's Condition</p> <p>Emotional Implications of Investigation</p> <p>Emotional Uncertainty</p> <p>Feeling the Loss</p> <p>Ambivalence Towards Support</p> <p>Support Network</p> <p>Others Initiating Contact</p> <p>Challenges with Organisation</p> <p>How am I Grieving?</p>
TRANSITIONING SELF	Adapted Sense of Self	<p>Changes in Perception</p> <p>Independent Self</p> <p>Fallibility</p> <p>Changes in Perspective</p> <p>Future Self</p> <p>Increased Independence</p>



	<p>Re-evaluation and Looking to the Future</p> <p>Perceptions of Male Coping</p>	<p>Re-evaluating Life's Importance  Future Uncertainty  Future Focus  Living for Today  Uncertainty for the Future</p> <p>Can't Show Emotion  Gender Differences  Unwanted Emotions  Gender Differences  Female Support  Social Expectations of Grief  Gender Differences  Perceptions of Emotion</p>
<p>SUPPORTING TRANSITION</p>	<p>Coping Strategies</p> <p>Keeping her Close</p>	<p>Keeping Busy  Rationalisation  Use of Humour/Laughter  Practically Speaking  Need to Continue  Keeping busy  Use of Humour/Laughter  Practically Speaking  Medication to Blame  Meaning from Misery  Helpful Aspects  I can Manage  Status Quo  Practically Speaking  Depersonalisation</p> <p>Continued Presence  Going through it together  Still us  Continued Presence  Relationship with Wife  Continued Presence</p>

Colour key for participants:

[Green]	John
[Yellow]	Mark
[White]	Frank

**Study Title:** Psychological care and support for men who have experienced a sudden bereavement.

**Post Interview Questionnaire**

1. Did you feel that you were able to cope with the length of the interview?

- Yes, quite easily   
Only just   
No

2. Did you find talking to me in the interview helpful?

- Yes, very helpful   
Yes, a little   
No

3. Did you feel the interview caused you distress?

- Yes, a lot   
A little   
No

4. Did you feel that I was understanding during the interview?

- Yes, very understanding   
Yes, a little   
No

5. Did you find it easy to talk to me during the interview?

- Yes, very easy   
Difficult at times   
Extremely difficult

If you have any other comments please write on the reverse of this page.

**Thank you for completing the questionnaire**

**Study Title:** Psychological care and support for men who have experienced a sudden bereavement.

**Thank You Letter**

Dear

This letter is to say a personal thank you for coming to the interview at... on... and sharing your experience after the death of (deceased name) with me. I deeply appreciate the time which you generously gave to help with this research project.

I would be happy to provide a summary of the research findings once the project has been completed.

Thank you again for your time and assistance.

Kind Regards,

Emily Finney

Counselling Psychologist in Training

University of Wolverhampton

## **Appendix XXXI**

### **Kvale's (1996) Quality Criteria for Qualitative Interviews**

Kvale offered six criteria which provide guidelines for the development and administration of interviews in qualitative research.

1. The extent of spontaneous, rich, specific, and relevant answers from the interviewee.
2. The shorter the interviewer's questions and the longer the subjects' answers', the better.
3. The degree to which the interviewer follows up and clarifies the meanings of the relevant aspects of the answers.
4. The ideal interview is to a large extent interpreted throughout the interview.
5. The interviewer attempts to verify his or her interpretations of the subject's answers in the course of the interview.
6. The interview is "self-communicating" – it is a story contained in itself that hardly requires much extra descriptions and explanations.

Reference: Kvale, S. (1996). *Interviews: An introduction to qualitative research interviewing*. London: Sage.

# Life After Death: An Interpretative Phenomenological Study of Men who have Experienced a Sudden Bereavement.

Researcher: Emily Finney

Supervisors: Dr. Wendy Walker and Dr. Lamprini Mangiorou, University of Wolverhampton

## Background

Neither the National Institute for Health and Care Excellence (NICE) or British Association for Counselling and Psychotherapy (BACP) offer any definitive guidelines for engaging in therapy with those who have experienced a sudden bereavement.

However there is an acknowledgement that sudden bereavement can contribute to the development of psychological distress including PTSD (Van De Kolk et al. 1994) and grief disorders (Horowitz et al. 2003). Additionally, an increase in physical health issues (Lundin, 1984; Latham & Prigerson, 2004) and mortality rates for suddenly bereaved spouses (Shah et al. (2013) have been reported.

Studies into gender differences have also highlighted that men tend to experience more difficulty post-bereavement including increased susceptibility to physical illness (Elwert & Christakis, 2008) and mental health difficulties such as depression (Stroebe, Stroebe & Schut, 2001). This is especially concerning as men are less likely to seek professional emotional support (Cox, 2014).

Despite this, there has been limited research into the lived experience of suddenly bereaved men.

## Objectives

- . To gain insight into the lived experience of men who have experienced a sudden bereavement, and its perceived impact of on the individual's life.
- . To explore the meaning that men give to their experience of sudden bereavement.
- . To identify perceptions of required care and support, the nature of any supportive care received and the helpfulness of interventions in relation to their experience.

## Design

This study will use Interpretative Phenomenological Analysis (IPA) (Smith et al., 2009) to allow for a focus on the essence of unique human experience, offering a way to capture a detailed picture of how men who have experienced a sudden bereavement make sense of their loss and the meaning it holds for their lives after a sudden death (Neimeyer 2015, Heidegger 1962). This 'meaning-making' (Smith-Landsman 2002) is often vital to the grieving process.

## Conclusion

The implications for Counselling Psychology and therapeutic practice are to provide professionals with a further evidence base of support for men who have suffered a sudden bereavement. Through exploring men's experiences of sudden bereavement, the study will highlight interventions and strategies which they have found both helpful and unhelpful.

## Method

Five to six adult males, who have experienced a sudden bereavement are being recruited from a hospital critical care unit. Recruitment packs are being sent to eligible individuals, for voluntary response from participants.

A semi-structured interview using a topic guide method has been used. Interviews (maximum of two hours) were conducted face-to-face or via telephone according to the participants' choice and held in a mutually agreed location. Individual interview data will be analysed using Nvivo 10. In addition, individual analysis will be synthesised to allow commonalities of themes and patterns to be identified.

## Expected Findings

- . To contribute to current research through developing an insight into the phenomenon of sudden bereavement for men.
- . To represent the under-represented male population in bereavement research.
- . To provide an evidence-base for psychological practice and inform psychological care and support for men who have been suddenly bereaved.

## **Counselling Psychology Review Cover Page**

**Title:** Life after Death: An Interpretative Phenomenological Study of Men who have Experienced a Sudden Bereavement

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**Declaration of Interests:** The author reports no conflicts of interest. The author alone is responsible for the content and writing of this paper. This paper has not been published elsewhere and is not under consideration elsewhere.

**Informed Consent:** Participation was voluntary, and all participants were fully informed as to the risks and rewards of participation and the purpose of the research. Participants were assured confidentiality would be maintained and permission was gained to include anonymised contributions within the research write-up. Ethical approval was gained from the Faculty of Education, Health and Wellbeing within the University of Wolverhampton, The Black Country Research Ethics Committee and Health Research Authority. Approval was also gained from the Research and Development Department within the hospital recruitment site.

**Word Count:** 3583/5000 words

**Keywords:** Bereavement, Sudden, Men, Phenomenological, Meaning-Making, IPA.

**Abstract (Research) - word count:** 249/250

**Aims/Objectives** – To explore the lived experience of suddenly bereaved men, including the felt impact of the phenomenon and any meaning participants ascribed to their experience. Interventions which were recognised as helpful and unhelpful were also explored.

**Background** – Sudden bereavement can contribute to increased psychological distress and increases in physical health issues and higher mortality rates compared to anticipatory bereavement. Additionally, men tend to experience more difficulty post-bereavement than women, including increased susceptibility to physical illness and mental health difficulties. Despite this, no research solely focussing on the lived experience of suddenly bereaved men was identified.

**Methodology/Methods** – Three men whose wives had died of natural causes within six weeks of admission to a hospital critical care setting, volunteered for a face-to-face, semi-structured interview. Interpretative

Phenomenological Analysis methodology was used to develop themes which represented participants' experiences.

**Findings** - Three super-ordinate themes were identified. Firstly, 'Sudden Loss' details the impact of the suddenness of the loss and the emotional impact, including the occurrence of apparent ambivalence towards aspects of social support. The second super-ordinate theme, 'Transitioning Self' brought together features of participants' experiences which were key within the process of transition to a new reality, including adaptations to their sense of self, re-evaluation of their lives and the felt impact of social influences on their grief. Lastly, the 'Supporting Transition' theme highlights facets which were supportive in navigating their journey post-bereavement.

**Discussion/Conclusion** – Participants' experiences are relevant for Counselling Psychologists to help understand the phenomenon of sudden bereavement from a male perspective, including the professional challenges it represents.

### **Background**

There is an acknowledgement that sudden bereavement, where death is unexpected, can contribute to the development of psychological issues including depression (Keyes et al., 2014) and grief disorders (Latham & Prigerson, 2004; Horowitz et al., 2003). Social contact may also be limited post-bereavement (Prigerson, Vanderwerker & Maciejewski, 2007). Additionally, links have been proposed between sudden bereavement and increases in health issues (Cankaya, et al., 2009) and higher mortality rates (Shah et al., 2013).

It has also been suggested that on average, men tend to fair worse regarding physical health issues (Buckley et al., 2012), mortality rates (Elwert & Christakis, 2008) and the development of mental

health issues (Lundorff, 2020; Stroebe et al., 2001) post-bereavement. Moreover, men tend to be less likely to seek therapeutic support (Cox, 2014), preferring to utilise their own resources (Stroebe, 1998). This is perhaps in part due to gender stereotypes and social perceptions of masculinity, which dictate that men should maintain the role of strong protectors (Bennett, et al., 2003) rather than showing traditionally feminine traits such as vulnerability (Brannon, 1976), which could be interpreted as weakness (Emslie et al., 2007). Men's reservation regarding showing emotion can lead to grief being 'highly private' and 'solitary' (Cook, 1988, p.305).

For those who do access therapeutic interventions, men's priorities of the support they desire may be different to women's, with

men preferring more a practical or goal focussed approach to coping (Bedi & Richards, 2011; Rovers & Vandenberg, 2019). However, there are sparse guidelines provided by the National Institute for Health and Care Excellence [NICE] or the British Association for Counselling and Psychotherapy [BACP] specifically regarding sudden bereavement, leaving professionals without guidance on how to support men who have experienced this phenomenon.

There is increasing focus on the theoretical realm of meaning-making post-bereavement, putting more of an existential focus on such phenomena. Whereas Frankl (1984) described the difficulties which can arise when meaning for a person's life is not achieved, Spinelli (2014) used the term 'being-always-becoming' (p.7) to describe a constant existential striving toward meaning. When a person's life is altered by sudden bereavement the process of finding meaning may be required to make the necessary adaptations to restore psychological and physiological well-being (Neimeyer & Sands, 2011). One feature which requires adaptation within the individual's life is adjusting to the absence of the deceased person. However, there is support for the adaptive function of establishing a continued bond (Klass et al., 1996) within the mourning process. Previous phenomenological studies into men's experience of bereavement have highlighted changes in the bereaved self-identity, engaging in meaning-making and existential

uncertainties (Daggett, 2002; Moore, 2014; Spaten et al. 2012).

The current study aimed to offer further insight into the experience of suddenly bereaved men specifically, along with any meaning they assigned to this event. The perceived helpfulness or unhelpful of interventions also formed a research focus.

## **Methodology and Ethical Considerations**

### **Design**

Interpretative Phenomenological Analysis (IPA) (Smith et al., 2009) was chosen as an appropriate methodology given its focus on exploring the unique lived experience of individuals within their worldly context. It encourages participants to share what is pertinent to them, offering an insight into specific phenomenon and the meaning people assign to events.

### **Recruitment**

Participants were recruited from a hospital Integrative Critical Care Unit (ICCU) via voluntary response to recruitment packs. Recruitment packs explained the purpose of the research and provided contact details enabling individuals to show their interest or clarify information. Adult male participants were recruited between three and 12 months bereaved in the instance their wife or partner died suddenly (within six weeks of admission to



the ICCU (Williams et al., 2003) of natural causes.

### **Interviews**

Participants attended face-to-face semi-structured interviews which they chose to be conducted in their own homes. Participants were informed about their right to withdraw and given the opportunity to ask any questions. Participants were asked to sign a consent form stating they understood relevant aspects of the research procedure, agreed to participate and provided permission for their anonymised accounts to form part of the research write-up. Interviews were audio recorded for later verbatim transcription. A topic guide was used to help progress the interview and provide prompts to aid participants to share details of their experiences. Interviews lasted an average of two hours and nine minutes with breaks where requested.

### **Ethical Considerations**

Sque et al.'s (2014) Framework for Ethical Decision-Making was used to consider and guide decisions regarding bereaved individuals' experience of participating in research. The framework stipulated recommendations for including bereaved participants in research which were derived from

experience. These guidelines informed aspects of the research study including the inclusion and exclusion criteria, recruitment procedures, participant interviews and have been applied in conjunction with the BPS Code of Human Research Ethics (2014).

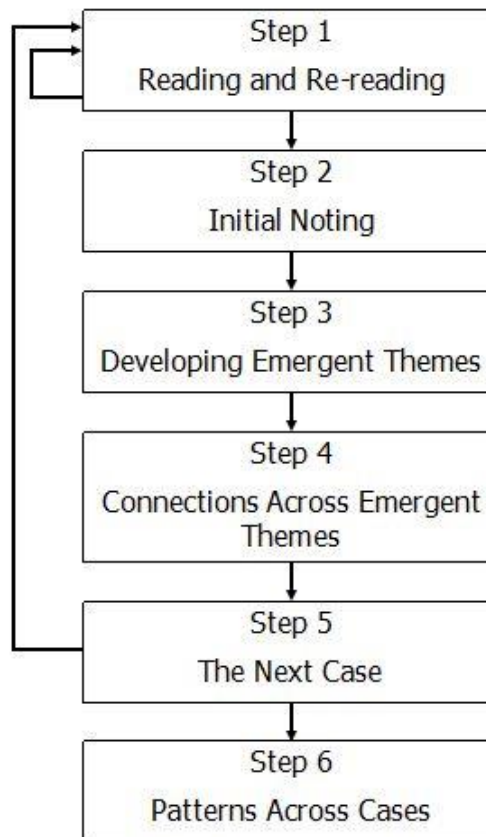
Participants were fully informed about the purpose of the research and confidentiality of their data. All data was stored securely available only to the researcher. The anonymity of participants was assured by assigning pseudonyms at the point of transcription. Additionally, any identifiable information from participants' transcripts or which identified the hospital recruitment site or staff were anonymised.

The option was provided for participants to be accompanied by a friend or family member for emotional support during the interview and to inform their GP about participation. The contact details for bereavement support agencies were provided within recruitment packs for individuals to keep regardless of their decision to participate.

### **Data Analysis**

Interview transcripts were analysed using Smith et al.'s (2009) suggested steps in accordance with IPA methodology (Figure I).

Figure I. Smith et al.'s (2009) Steps for IPA Analysis.



Listening to audio recordings and reading transcripts promoted familiarity with participants' accounts including conceptual, descriptive and linguistic elements. Following this, notes were reviewed to identify emerging themes and organised into subordinate themes to highlight the complimentary and contrasting elements within accounts. These themes were then grouped into super-ordinate themes for each participant, representing their experience. Once analysis was completed for individual participants, patterns across cases were identified and the subordinate and super-ordinate

themes for the group were formed (Table I).

## **Findings**

### **Participants**

Responses were received from five male participants, with three agreeing to participate in the study. All men were between the ages of 59 and 84 years and had been married within heterosexual relationships lasting between 31 and 62 years. Two participants were retired whilst the third was approaching retirement. All participants identified as white British.

### **Identified Themes**

Eight sub-ordinate themes were identified from participants' accounts and were arranged into

three super-ordinate themes, focusing on the apparently meaningful aspects of participants' experience (Table I). The super-ordinate themes which emerged were: 'Sudden Loss', 'Transitioning Self' and 'Supporting Transition'.

Table I. Super-ordinate themes and the contributing sub-ordinate themes for the participant group.

<b>Super-Ordinate Themes for the Group</b>	<b>Sub-Ordinate These for the Group</b>
SUDDEN LOSS	<ol style="list-style-type: none"> <li>1. No Time</li> <li>2. Emotional Impact</li> <li>3. Ambivalence Towards Support</li> </ol>
TRANSITIONING SELF	<ol style="list-style-type: none"> <li>1. Adapted Sense of Self</li> <li>2. Re-evaluation and Looking to the Future</li> <li>3. Perceptions of Male Coping</li> </ol>
SUPPORTING TRANSITION	<ol style="list-style-type: none"> <li>1. Coping Strategies</li> <li>2. Keeping her Close</li> </ol>

### **Sudden Loss**

One resounding aspect which seemed to deeply permeate participants' experiences was the suddenness by which the bereavements occurred, in which they were not *"given time to think or to be sad"* (Mark). Such sentiments suggested an impact on both a cognitive and emotional level.

Implications of the suddenness of the death were not simply related to the bereavement itself but appeared longer lasting:

*"What I suppose I haven't got over, because (late wife)...went into a coma...we never got to say goodbye to each other...."* – John

The consistent use of language such as *"no time"*, *"suddenly disappeared"* (Mark), *"all of a sudden"* (John, Mark and Frank) further emphasised the impactful nature of the unexpectedness of their loss.

Moreover, participants' use of language such as *"strike me"* (John), *"shock to the system"* (Frank) also suggested an embodied sense to the suddenness

of their grief, whereby the emotional impact was additionally felt and experienced through physical means:

*"you don't know what's hit you" – Mark*

Implicit in participants' accounts was a sense of helplessness, whereby *"There's nothing you can do to help their situation any other than let them die"* (John). This helplessness seemed to be partly experienced in the form of anger, which was directed to external sources:

*"Really it was, soul destroying, and there was no need... for it, it shouldn't have happened" – Frank*

There was also an intrinsic uncertainty relating to both current and future concerns, whereby participants questioned *"how do I fill my time and...if things change, will I change...?"* (Frank):

*"...whether I'm doing the correct things in the correct order or whether I should be doing 'em in a different way" – John*

Participant's loss was permeated by a feeling of loneliness which was felt to have *"been very traumatic..."* (Mark) and appeared ongoing, particularly given the continual reminders on their spouses absence.

Support from *"close family"* (Frank) and *"big friends"* (Mark) was valued by participants, offering a temporary reprieve from their loneliness. However, there appeared a potential disbelief in the genuineness of individuals who seemingly surfaced from nowhere

and quickly disappeared, echoing participants initial loss and felt loneliness:

*"Lots of people come out the woodwork and, oh we're sorry... and after weeks and months have gone by like, they've gone" – John*

Additionally, participants sought time alone, highlighting a paradox within the concept of support, on one hand appreciating its benefits whilst acknowledging its temporary impact and availability. While the sense of loneliness was challenging, it also appeared to be somewhat preferable to navigating some social interactions and the possible disappointment when support waned over time.

### **Transitioning Self**

Participants appeared to be undergoing a shift in their sense of self from being married men to autonomous individuals. This ongoing shift was partly revealed through a recurring shift in language from 'we' to 'I/me' and the use of present tense language:

*"We are caravanners, (late wife) and me...we've got a little touring caravan..." – John*

While this independence was a lonely position, it also appeared to be somewhat of an empowering one, with participants experiencing more freedom to act autonomously:

*"If I don't want to do something I don't do it, if I do want to do something then I'll do it, ... It's,*

*makes life a little bit easier I suppose...*" – Frank

This transition impacted across multiple areas of participant's lives including their sense of comfort and safety in relation to the home environment which was now experienced as "dark or cold" (John). This led to the introduction of novel safety measures such as a "new locking system throughout the house..." that was "high security..." (Mark), highlighting a possible attempt to manage their sense of vulnerability through adapting their physical environments.

These adaptations to participants' sense of environmental safety also prompted reflection on their own mortality, recognising their own temporary state:

*"I suppose you start looking at your own mortality... it alters your thoughts on life to be honest."* - Frank

Such a transformation within participants' views of their internal and external worlds seemed to lead to a re-evaluation of their perspectives on life:

*"...life is...well I think it's too short to worry about it. I intend living my life as I want to do it."* - Mark

However, within this transition participants appeared to share the view of maintaining a "stiff upper lip" (John and Frank) and concerns for negative social judgements should participants' demonstrate public emotion:

*"I didn't want to get upset and make myself look a fool"* – John

Being able to control or "get rid of" (John) emotion was indicative of successful morning:

*"I never felt I was out of control... (that) I needed help to get over it all, it's anything like that. That, that's why I think I've handled it pretty well..."* - Frank

Furthermore, participants' perceptions relating to open displays of emotion were influenced by social encounters, with a strong perspective that showing emotion was undesirable. However, a contradictory perspective was identified that bereaved individuals should react with "full blown tears and collapsing..." (Frank), otherwise they would be viewed as uncaring.

Participant's perceptions of social expectations of male coping were further supported by perceived comparisons between genders, whereby participants expressed a belief that "women handle things better" and have a "bigger circle of friends they can rely on and talk to" (Frank).

### **Supporting Transition**

Participants identified various coping strategies which were helpful in navigating their experiences post-bereavement. Keeping busy was unanimously identified as helpful in this process, providing "a purpose" (Frank) and avoiding time to think about difficult aspects of their bereavements and reduce their sense of loneliness:

*"I dread sitting in here on my own in the evening, I've got nothing to do, and in fact I've, I'm finding something to do all the while...."* - Mark

This potential avoidance also revealed itself through shifts away from emotive topics during the interviews and shifts from personal to more neutral language:

*"...if **she** crops up in conversation, we just talk about **it**."* - Frank

Coping strategies appeared to serve different purposes, such as shifts in conversation helping to avoid becoming emotionally overwhelmed, whereas incongruent laughter and consideration for the positives within a difficult experience appeared to support participants' adaptation to their new reality.

*"if anything came, come from her death, at least, something good came from it, from a bad experience...I think it's helped anyway...."* - Frank

Participants placed clear importance on preserving a connection with their deceased wives. All participants described deliberate actions they took to maintain a sense of their spouses' presence, particularly within the home:

*"I put these pictures up straight away, as soon as she'd gone..."* - John

Participants also seemed to seek a physical closeness, through proximity to significant mementos:

*"I had this ring made, that's sort of her ashes in there and I've got a pendant...that was just my way of expressing...I know she's close."* - Frank

While all participants spoke about continued communication with their late wives, one also reported curious events such as *"...two white feathers com(ing) in the car..."* (Mark), which appeared to be assigned meaning beyond the events themselves and connected with his late spouse.

However, the idea of their spouses being *"next to"* (John) or *"looking down"* (Frank) also created the impression of distance, whereby there was still an intrinsic separation from being 'with' their wives. Therefore, despite participants' attempts to keep a sense of their late spouses close, there was also acknowledgment of the previously discussed shift towards being independent men.

Despite challenges to maintaining the desired closeness to their late wives, such as redistributing her belongings, maintaining a sense of presence was felt to be *"a comfort"* (Frank), easing participants' ongoing adaptation post-bereavement.

## **Discussion**

Figure II. presents an interpreted representation of key aspects within the study findings.

Participants' accounts highlighted contradictions within their understanding of social expectations relating to their grief,

specifically the perceived need to mourn privately versus demonstrating emotion to offer assurance of their upset to others. However, negative social judgements were perceived by participants whether they expressed emotion in public or not, highlighting a challenging situation for men. Additionally, participants expressed doubts towards aspects of social support, with the initial contact and empathy from others waning over time, creating a perceived sense of unreliability regarding social support. These two factors seemed to compound participants' experiences post-bereavement resulting in an ambivalence towards wider social support. The uncertainty surrounding time spent with others

and the perceived rules around the public expression of grief men should abide by, seemed to impact on participants seeking time alone. However, this highlights a paradox within participants' experiences, as despite seeking time away from others, loneliness was unanimously identified as challenging within their experiences. While men expressed loneliness as a difficult feature of their bereavements, it appeared sometimes preferable to navigating social uncertainties. Such a representation of meaningful aspects with men's experiences of sudden bereavement has not previously been identified, therefore offering a novel contribution to research literature.

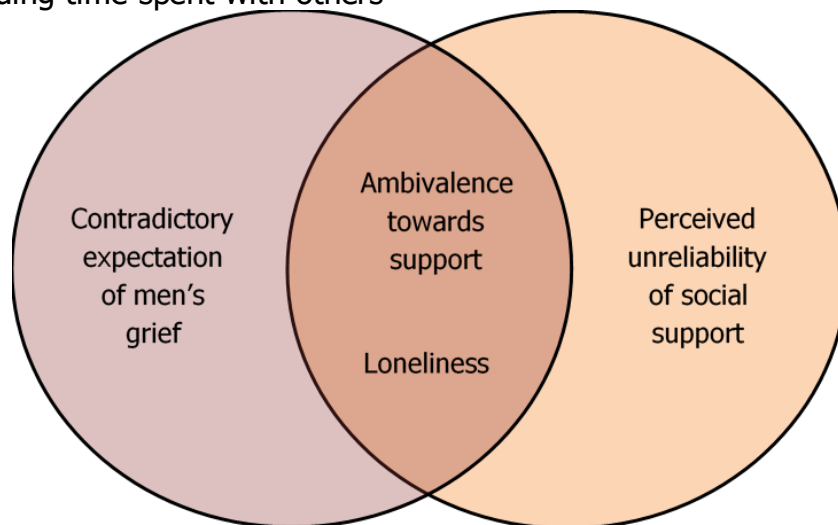


Figure II. *Visual Depiction of Meaningful Features within Participants' Experiences*

*Experiences*

The suddenness of the bereavement disallowed participants the time to prepare, highlighting the potentially detrimental effect of missed opportunities such as being unable to say goodbye (Gordon, 2013).

The use of graphic language has been previously identified (Moore, 2014; Spaten et al., 2012) to describe emotional pain post-bereavement. In this case, the forceful imagery applied to the suddenness by which the

bereavement occurred suggests that the unexpected nature of the bereavement significantly impacted participants' experience.

Changes in perception regarding the home environment have been previously identified (Moore, 2014) as well as changes in self-identity from being married to widowed (Spaten et al., 2012). One aspect of this on-going change was the apparent adaptation to participants' philosophy of life, and living life by their own values, supporting previous phenomenological studies (Daggett, 2002; Moore, 2014). Although there was uncertainty regarding their futures, there was a felt sense of being able to adapt to a new way of life.

Perceived societal expectations that demonstrating emotion in public is disagreeable for men supports previous research (Emslie et al., 2007; Moore, 2014). Participants' internal perception of displaying emotion as undesirable also appeared to be reinforced by social encounters. The apparent pressure to conform to predominant perceived social expectations, drastically devalues men's experience. Additionally, the identified conflicting sociocultural expectations, may cause further distress and confusion beyond the bereavement itself.

Continuing a relational bond post-bereavement (Klass et al. 1996) was unanimously identified as comforting. However, maintaining a bond with the deceased is not consistently accepted within some societies (Klass et al. 1996; Steffen & Coyle, 2010) potentially imposing further societal

expectations onto bereaved individuals. This presents a challenge for Counselling Psychology to enable individuals to express their grief and potential continued relationships in a way which is beneficial to them without fear of sociocultural constraints.

For Counselling Psychologists, an ethical balance is required between showing 'respect for the dignity of persons and peoples... across geographical and cultural boundaries' (BPS, 2018, p.5) including an appreciation of societal customs, whilst 'challeng[ing] the views of people who pathologise' (BPS, 2005, p.7) behaviours or beliefs based on demographics such as gender. This raises a professional quandary, to respect the beliefs of individuals and societal views, whilst also challenging perspectives which could be detrimental to individual's mourning process.

Counselling Psychologists also have a professional responsibility to utilise their knowledge for the advancement of the wider world (BPS, 2005), for example, supporting initiatives which promote communication about issues surrounding death and bereavement to reduce social bias and stigma (Compassionate Communities UK). Given the lack of NICE guidelines regarding supporting suddenly bereaved men, the findings of the current study advocate for further research to help illuminate this phenomenon and the potential development of professional guidelines in the future.



## **Conclusion**

To my knowledge, there has been no previous attempt which solely examines the lived experience of men suddenly bereaved using an interpretative phenomenological methodology. Additionally, there has been no prior attempt to depict a visual representation of meaningful aspects within participants' lived experiences post-sudden bereavement. As such the findings offer valuable insight into this phenomenon.

Experiencing a sudden bereavement seemed to impact across multiple aspects of participants' lives including how they viewed themselves, the world and their futures. The importance of maintaining a bond with their late wives was apparent and seemed to serve an adaptive purpose within participants' mourning process. Although social support from existing friends and family was valued, perceived societal expectations seemed to impinge upon men's experience, somewhat dictating how they felt they should respond in the wake of a sudden bereavement. However contradictory perceptions seemed to create an ambivalence towards aspects of social support. This seemed to exacerbate participants' sense of loneliness, including an apparent self-induced isolation as a preference for navigating social uncertainties. Given the restrictions this placed upon men's grief, and possible resulting emotional impact there needs to be a re-education of potentially unhelpful societal expectations. Counselling Psychologists should

be aware of the potential impact of sociocultural expectations and the suddenness of a bereavement on men's experiences.

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