

" A research project submitted in partial fulfilment of the requirements for the degree of MA by coursework and Research Report in the field of Clinical Psychology in the Faculty of Humanities, University of the Witwatersrand, Johannesburg, 31 July 2012."

Meaning-making in response to the traumatic loss of a child

" I declare that this research report is my own, unaided work. It has not been submitted before for any other degree or examination at this or any other university."

Angeline Michell Chan

31st of July 2012

Word Count: 33 273

Abstract

Recent research supports the theoretical premise that healthy forms of bereavement include meaning making as a coping response to loss as well as a move away from Freud's original postulation regarding the importance of decathexis as necessary to a healthy resolution of grief. However, traumatic bereavement produces particular kinds of difficulties in meaning-making and the possible resolution of this kind of loss. The study explored responses in relation to the traumatic loss of a child through homicide in a sample of 7 parents (2 couples, 3 mothers) who were identified through the The Compassionate Friends (TCF) chapter in Highlands North, Johannesburg and who volunteered to take part in the study. Semi structured interviews were conducted, recorded, transcribed and subjected to an interpretive thematic content analysis. The thematic content analysis revealed that meaning making responses in relation to the loss of a child through homicide, are complex and that somewhat unexpectedly, parents experienced expectations from society and others to engage in particular kinds of meaning-making as counterproductive and alienating. Issues concerning the simultaneous introjection of and de-cathexis from the lost child also proved enlightening. Meaning-making also involves both some degree of trauma resolution and the recognition of what the loss of the significant other entails. The research also explored the choices and decisions that parents reported as being important in response to the traumatic loss of their child, and therefore suggests some useful pointers for those who encounter traumatically bereaved individuals in the course of their work.

Acknowledgements

I would like to acknowledge and extend my heartfelt gratitude to the following persons who have made the completion of this Research Report possible:

My Supervisor, Professor Gillian T. Eagle, for her invaluable input, motivation, patience, careful training and instruction.

The participants of this research project who courageously shared their experiences and honestly expressed their thoughts and hearts.

My friends and family (both physical and spiritual) who encouraged me to persevere and believe in the impossible.

And finally to Raj Chandra. Our paths crossed at the right time and your support contributed significantly to the completion of this research report.

Dedication

This research is dedicated to my Father. You are my fierce warrior, the keeper of my heart, soul, mind and strength. You have truly placed my boundaries in pleasant places.

I also dedicate it to my father, Bing Kiu Chan. Your sacrifice and love for the family will always be remembered and treasured. Your death inspired and spurred me on towards deeper investigation into the field of trauma and bereavement.

Contents

CHAPTER ONE: INTRODUCTION	8
1.1. Brief introduction to study	8
1.2. Aims of the research	9
1.3. Rationale for research.....	9
1.4 Structure of the research report	10
CHAPTER TWO: LITERATURE REVIEW.....	11
2.1. Theorisation on Bereavement, Grief and Mourning	11
2.2 Parental Bereavement	13
2.3. Parental Bereavement through homicide.....	16
2.4. The impact of traumatic experiences	17
2.5. Distinctions between grief and trauma symptoms and the idea of ‘traumatic bereavement’	18
2.6. Meaning-making in Traumatic Bereavement.....	20
2.7. Different interpretations of what is entailed in "meaning-making"	21
2.8. Does meaning-making always lead to healthy resolution?.....	24
CHAPTER THREE: METHODOLOGY	28
3.1. A Qualitative Approach to the Research.....	28
3.2. Access to interviewees.....	29
3.3. Sample of Interviewees.....	30
3.4. Characteristics of the interviewees	30
3.5. The interview technique and schedule.....	31
3.6. The interview process	31
3.7. Analysis of data.....	32
3.8. Ethical considerations	33

CHAPTER FOUR: RESEARCH FINDINGS AND DISCUSSION.....	35
4.1. Description of the interviewees' experience regarding the loss of their child	36
4.1.1. Case I	36
4.1.2. Case II	36
4.1.3. Case III	37
4.1.4. Case IV	37
4.1.5. Case V	38
4.2. Core themes: Traumatic impact, grieving and coping including meaning-making	39
4.2.1. Traumatic Impact	39
4.2.2. Initial Reactions.....	39
4.2.3. Trauma Related Preoccupation with Aspects of the Event	42
4.2.4. Role of the criminal justice system	51
4.2.5. Protecting the reputation of their children	54
4.2.6. Summary of trauma related aspects of response	56
4.3. Grieving	58
4.3.1. The Funeral	58
4.3.2. Realisation and Loss	60
4.3.3. Loss of future related fantasies	62
4.3.3. Anniversaries and Birthdays	64
4.3.4. Afterlife.....	66
4.3.5. Reactions of parents towards remaining children	69
4.3.6. Forgiveness	70
4.3.7 Relationship between trauma and bereavement responses	72
4.4. Coping Responses	75
4.4.1. Role of Professional and Organisational Support	76

4.4.2. Social Support from Family and Friends.....	77
4.4.3. Reading as a form of Self Help.....	79
4.4.4 Religious or Spiritual Influence	80
4.4.5. Reminiscence and Remembrance.....	82
4.4.6. Common beliefs that hindered meaning making processes	84
4.4.7. Choosing to move on despite lack of ‘meaning’ as commonly understood.....	86
4.5. Concluding Summary	88
CHAPTER FIVE: CONCLUSION.....	94
5.1. Conclusions.....	94
5.2. Limitations of this research.....	97
5.3. Reflexivity	98
5.4. Suggestions for further research.....	99
Reference List.....	101
Appendix A.....	107
Appendix B.....	108
Appendix C.....	109

CHAPTER ONE: INTRODUCTION

1.1. Brief introduction to study

An investigation was conducted to explore how parents who have been traumatically bereaved (specifically through homicide), cope with the experience and search for meaning in reaction to the violent death of their children. Stemming out of this investigation into the meaning-making processes of bereaved parents, is also an intention of developing a deeper understanding of the relationship between bereavement and trauma. Although there is some existing research in this area there appears to be a need to expand and deepen the existing knowledge base.

A qualitative research approach was used as Carverhill (2002), and other researchers such as Holland, Currier & Neimeyer (2006), suggested that in the field of meaning-making in relation to loss, research that employs qualitative tools to investigate grieving processes, may add to existing quantitative findings. A number of parents who had lost their children due to homicide were interviewed using a semi structured interview that was developed for the purposes of this study. The data was then analysed using thematic content analysis as described by Braun and Clarke (2006).

Recent bereavement theorists (Bonanno, 2001, Dunn & Civitello, 2009, Field & Filanosky, 2010, Hensley & Clayton, 2008) seem to be moving away from aspects of Freud's (1917) original work on grieving, *Mourning and Melancholia*, and have introduced debate about the theoretical premises that grief needs to be worked through primarily through de-cathexis. Based on the empirical data collected, the study also aimed to contribute to this debate about the necessity for decathexis to take place in order for mourning to become resolved. This was, however, a secondary interest, forming part of the overall investigation into the grieving process.

The study thus represents an investigation into experiential accounts of the traumatically bereaved, in this instance the bereavement stemming from the homicide of a child. Rates of violent death in South Africa are five times higher than general worldwide statistics (Seedat et al., 2009). Seedat and colleagues (2009) also found that in 2000, there were “654 homicides of children younger than 5 years, representing an estimated 0.6% of all child deaths that year” (p.1012) which makes these statistics double the number of international rates. These statistics reflect perhaps the low status of children in South Africa. It was also evident that the perpetrators of violence have often witnessed or experienced forms of violence in their own early childhoods (Seedat *et al.* 2009), which may lead the individual towards further violence in adulthood. This would then imply that a significant portion of the South African population have experienced a traumatic event, especially traumatic bereavement. This context of trauma provides a sample of individuals and their experiences which can contribute towards deeper understanding of meaning-making in relation to traumatic bereavement

1.2. Aims of the research

- To explore the meaning-making experience of bereaved parents
- To explore the relationship between traumatic loss and bereavement
- To explore features that appear to facilitate or prevent adjustment in relation to traumatic bereavement

1.3. Rationale for research

Much research has been conducted within the area of bereavement (for example, Dunn & Civitello, 2009, Hensley & Clayton, 2008, Lemming & Dickenson, 1998, Mahon, 2009, Maj, 2008, Neimeyer & Gamino, 2003, Stroebe, Schut & Stroebe, 2007, Stroebe, Zech & Stroebe, 2005). Within this sphere of research, there has been growing interest in the area of *traumatic* bereavement. Researchers such as Green (2000) and Neimeyer (2002) started investigating the relationship between trauma and loss as they noticed that the fields of trauma and bereavement have developed relatively separately from one another. They argued for further

research to understand the links between trauma impact and loss. One of the major theoretical contributions towards linking these two areas of clinical interest is the conceptualisation of the process of meaning-making in the face of trauma and loss, for example, as explored in the work of Janoff-Bulman (1992). The present study thus focused on post-traumatic bereavement adjustment with a specific emphasis on meaning making. The study aimed to capture the experiential accounts of parents: how they attempted to cope with this unanticipated loss, what had been constructive and non-constructive for them, and how they had attempted to come to terms with the experience.

1.4 Structure of the research report

This introductory chapter has provided a brief background to the study and its main focus. The following chapter covers the theoretical literature pertinent to the study and includes material on traumatic stress, bereavement, meaning-making, and death by homicide specifically. Both theoretical material and the findings of related empirical studies are covered. The subsequent chapter, Chapter three, covers the method employed to generate the findings, including information about the participants, the method of data collection and data analysis. Ethical issues are also discussed. The fourth chapter deals with the main themes that arose out of the study. In keeping with much qualitative research the findings and discussion are included in a single chapter as it proved difficult to describe themes without going into more elaborated discussion of their content. The report concludes with a summary of the main findings and some discussion of the limits of this particular study and suggestions for future research in this area.

CHAPTER TWO: LITERATURE REVIEW

"She was no longer wrestling with grief, but she could sit down with it as a lasting companion and make it a sharer in her thoughts" - George Elliot

The chapter begins with a discussion of the psychological theorisation of the impact of bereavement, including a discussion on the loss of children specifically. This is then followed by a brief discussion of traumatic loss due to homicide and some of the theory related to the impact of trauma and its possible relationship to bereavement and sudden loss. The second half of the chapter then focuses on a range of issues to do with meaning-making, how this is defined and understood and what research seems to indicate about meaning-making in trauma and bereavement.

2.1. Theorisation on Bereavement, Grief and Mourning

The experience of bereavement is universal and the loss of a loved one is not confined to an age group, nationality, race or culture. Individuals will almost inevitably experience the death of a significant other in the course of their lives and this may "shatter" previously held assumptions (Janoff-Bulman, 1992). Despite the commonality of death as part of human existence and experience, there are varied ways of mourning the loss of a loved one that are unique to each individual and culture. Research conducted to understand different forms or ways of mourning in both individual and cultural aspects is relatively recent. Researchers have only become more interested in thanatology and the process of mourning, and in the constitution of healthy and unhealthy mourning processes over the last several decades. One of the earliest seminal contributions towards our understanding of healthy and unhealthy mourning processes is Sigmund Freud's paper on *Mourning and Melancholia* (1957/1917). Subsequently others have both elaborated on and departed from this work.

Pathological mourning according to Freud (1917) occurs when the love ties to the object that has been lost are retained (cathexis), whereas adjustment to mourning occurs through a process of de-cathexis; where the pool of libidinal energy which was previously attached to thoughts and memories of the lost loved one are gradually withdrawn from this object, so that the individual can regain energy that can potentially be transferred to a new object (Stroebe & Schut, 2005). Freud (1917) believed that healthy mourning required a reinvestment of one's libidinal energy into a new love object. This is done through a process called *decathexis*. Freud's description of 'cathexing' can be likened to an investment of energy or 'love' into a new love object (Laplanche & Pontalis, 1988 as cited in Bradbury, 2001). The process of decathecting from a lost love object involves the withdrawing of libidinal energy from this love object, not only so that it can be re-invested in new objects, but also so that it can be used to strengthen the ego. This ego strengthening process involves 'reality testing' whereby the continued remembrance of the love object or the memories of the lost person is/are compared with actual reality (Freud, 1957/1917). When the reality regarding the death of a loved one is too painful to admit or too shocking to realise (as might be the case in traumatic bereavement) it may well be easier to believe that somehow they are still alive, instead of facing the truth that they no longer exist. Unwilling to let go of the lost love object, the mourner "experiences a strong desire to maintain ties to the deceased" (Russac, Steighner, & Canto, 2002, p. 464). In most grieving, the comparison of the memories of the lost love object with reality eventually enables the mourner to realise that the person no longer exists, which leads to eventual decathexis (Clewel, 2004).

Freud's understanding of healthy mourning processes was dominant for many years and became the foundation of many grief work theories. The theory postulated by Freud of grief work and necessary decathexis has come under criticism in the latter part of the 20th century. Theorists such as Klass, Silverman & Nickman (1996) began to challenge existing grief work theories, proposing that continuing a bond with the deceased is not necessarily unhealthy or pathological but that it may also contribute towards the healthy resolution of grieving. In this school of thought, as proposed by Klass, Silverman & Nickman (1996), 'continuing bonds theorists' advocate that maintaining bonds with the deceased does not necessarily indicate

maladjustment but may lead to healthy resolution. Theorists such as Klass and colleagues define continuing bonds as "the continued and active connection between the bereaved and a dynamic inner representation of the deceased via the use of dreams, mementos or other means" (Lalande & Bonanno, 2006, p.305).

Field and Filanosky, (2010) contributed to the theoretical exposition of the continuing bonds theory by including the possibility that bonds that are maladaptive may exist. Field and Filanosky (2010) endeavoured to distinguish between helpful and unhelpful bonds by proposing that 'external' or externalising continuing bonds, such as hallucinations and illusions, indicate maladaptive bonds to the deceased, whereas internal continuing bonds, which consist of internal representations of the departed, may be adaptive. The internal continuing bonds that represent healthy mourning include fond memories that assist the mourner in connecting with their loss and assist in mitigating possible psychological effects such as depression, enabling the mourner to move towards integrated meaning-making processes. The internalised continuing bonds may be further used as a secure base, allowing mourners to be better able to integrate aspects of their fragmented internal world, the fragmentation caused by the loss of their loved one. This integration of their fragmented internal world includes merging of previously held assumptions, such as those theorised by Janoff-Bulman (1992) (as will be discussed later), with their current realities of loss and their memories of the deceased, thus creating a new framework of meaning. The process of building internal continuing bonds is argued by Field & Filanosky (2010) to be a pertinent aspect of mourning that can lead towards better life adjustment.

2.2 Parental Bereavement

Parental bereavement presents a unique grieving experience because societal norms and values as well as biological development perpetuate the expectation that those who are older will die before those who are younger. Grief of parents has been found to be more severe as compared to loss related to the death of a spouse or sibling (Murphy et al., 2002). Bereaved

parents are also a very vulnerable group as those that they would usually turn to for moral support or comfort, such as other family members and friends, are usually in distress themselves because of the tragedy of the death of a child. Parents' vulnerability is increased as each individual within the marital relationship tends to grieve in different ways and each partner has their own way of coping with stressful events. These different ways of coping may lead to a breakdown in communication which can create an added layer of stress in the grieving process. (Wijngaards-de Meij, Stroebe, Schut, Stroebe, van den Bout et al., 2008). Research has also established that the death of a child yields greater intensities of grief responses such as increased experiences of depression, anger, despair and guilt (Rando, 1985). Since the death of a child produces greater intensities of grief responses, researchers have sought to discover what constituted healthy responses in the case of parental bereavement and what tends to lead to complicated grief and maladjusted grieving. Berrera, D'Agostino, Schneiderman, Tallett, Spencer & Jovcevska (2007) found that parents bereaved due to traumatic or sudden death displayed increased grief responses and a greater vulnerability to PTSD as opposed to parents who lost their children due to natural causes. Bereaved parents have been reported to have higher incidences of physical symptoms such as cancer, myocardial infarction and multiple sclerosis (Berrera et. al., 2007, p.147). In addition to the physical symptomology which may be viewed as a by-product of traumatic loss, the intrapsychic worlds of parents are shattered, because of feelings of guilt and self doubt which arise from their personal perceptions regarding their implied incompetence and failure to protect their child from harm (Berrera et. al., 2007).

Other aspects of parental bereavement such as the nature of the relationship between parents and their deceased children before their death, have also been studied . For example, a study was conducted concerning the experiences of children who were living with cancer that developed beyond current treatment capabilities (Hinds et al., 2009). These parents had the opportunity to advocate for the needs of their children, showing their children that they were valued and these parents were able to make decisions based on the child's best interest (Hinds et al., 2009). Furthermore, these parents were able to stay at their children's bedside, forging a closer relationship and bond. The opportunity for parents to be present during their children's

process of dying and advocating for their needs provided experiences that better enabled the bereaved parents to endure the pain related to the loss of their child (Hinds et al., 2009) and facilitated their progression into healthy mourning processes. Rogers, Floyd, Seltzer, Greenberg and Hong (2008) focused on the long term effects of loss of children, on bereaved parents and reported that improved functioning did not necessarily occur with the passing of time. Persistence of grief symptoms, such as a decrease in quality of health and depressive symptoms were found (surprisingly even up to an average of 18 years after the actual loss). These samples of bereaved parents consisted mostly of parents who lost their children through natural causes. The results of Rogers *et. al's* study, (2008) may then highlight the intensity and added complication in grieving that parents who have lost their children through traumatic means (such as homicide) may experience.

Another aspect of parental bereavement that has been studied, has been the effect of surviving children on the parents (Lehman, Lang, Wortman & Sorenson, 1989). This included the influence of the children prior to and subsequent to the death of the child. It was found that the presence of existing children contributed towards greater resilience in coping with the loss. Again, these parents had mostly experienced the loss of their child through natural causes. Another study conducted by Hunt and Greeff (2011-2012) revealed that viewing the body of the deceased child was an important aspect in the parental grieving process and seemed to facilitate acceptance of the reality of the loss. However, there was no specific attention paid to the parental problems of viewing mutilated or damaged bodies as might be the case in traumatic losses such as homicides.

The above mentioned studies contribute significantly to our understanding of the grieving impact, processes and responses that parents have in relation to the loss of their children; however, most studies have generated findings that stem from parents who are bereaved through natural causes. Very little can be found on the experiences of traumatically bereaved parents, and even less on parents bereaved through homicide.

2.3. Parental Bereavement through homicide

Loss through homicide adds another unique dimension in the field of theorisation of traumatic bereavement. Little is known about parental bereavement experiences in relation to children who have been murdered (Murphy, Johnson & Lohan, 2002). An added challenge in the process of meaning-making in the face of violent loss is the wilful and intentional choice of the perpetrator of violence to end the life of another (Currier, Holland & Neimeyer, 2006). The perpetrated violence directly impacts parental and individual beliefs concerning the benevolence of the world. It seems to be easier for parents to create meaning in relation to loss of a child if their death was a result of accident or illness, as it leads towards easier integration of their loss with previously held assumptions about the world (Janoff-Bulman, 1992), although it is not suggested that this process is a simple one. Also, for parents who have lost their children through homicide there is the unique secondary traumatisation related to engagement with judicial and law enforcement systems. It has been found that within the broader social structural systems, "aspects of the criminal justice system often require invasive and lengthy court proceedings, thus rendering these survivor's experiences of grief subordinate to the state's need to exercise justice" (Riches & Dawson, 1998 as cited in Currier et. al., 2006, p. 421).

The grieving processes and experiences for those who have experienced loss through homicide, rarely fit into theories and experiences of normal griever (Riches & Dawson, 1998). Difficulty in the mourning process in relation to homicide is linked to the fantasies of mourners regarding the final state of their children and the potential pain and torture that they may have suffered at the hand of another human being (Armour, 2007). Survivor's of homicidal loss are left with fragmented pieces of information in relation to the final hours of their loved ones, that have the potential to draw them into a cycle of rumination regarding the senselessness of the act and whom to apportion blame to (Armour, 2007). Loss of loved ones through homicide can also lead to feelings of loneliness and stigmatisation which can complicate the grieving process (Armour, 2007). Parents may experience stigmatisation as friends and family sometimes avoid interaction with them and at times place blame upon the parents for the death of their child

(Toller, 2008). Compounding the issue, is the fact that parents themselves often experience guilt, leading to increased vulnerability to depression and shame (Armour, 2007).

2.4. The impact of traumatic experiences

Part of being human includes elements of pain and suffering. Our fascination with these experiences and their effects have filled many books and journals. At what point do these encounters with affliction become traumatic? Arguments about the definition of trauma are complex and varied. The traditional definitions of trauma include descriptions as indicated by the *Diagnostic and Statistical Manual of Mental Disorders (DSM IV-TR)*, American Psychiatric Association 2000), especially in relation to Post Traumatic Stress Disorder (PTSD) and Acute Stress Disorder. The DSM-IV-TR (2000) definition of trauma includes the exposure to events whereby individuals are confronted with actual death, the threat of death or serious injury and a severe fear reaction towards such events. These events would also entail a sense of helplessness or horror (see DSM IV-TR, APA 2000). One of the earliest accounts of traumatic stress providing a plethora of research findings regarding the impact of these events, stemmed from reports of the Vietnam War. Veterans from this war suffered from severe psychiatric problems, and the study of these problems contributed to the creation of a new diagnosis, now commonly known as PTSD. This category was created in an attempt to "capture their psychopathology" (van der Kolk *et al.*, 2005, p. 389). Other definitions of trauma include focus on physical injury or harm (as medical trauma units) and still others focus on the impact of trauma on the psyche, including the idea of trauma involving ruptures or psychic tearing (Garland, 1988). It is apparent that traumatic stressors are of a particular intensity and appear to produce a specific set of responses, which in their most severe way produce psychiatrically diagnosable pathology.

The impact of traumatic experiences include: intrusive traumatic memories and associations, an avoidance of reminders of these memories and associations, numbing of emotions as well as hyper-arousal (DSM IV-TR, APA, 2000). The intrusive fragments of traumata are experienced as

highly sensory, vivid and uncontrollable, which can elicit great distress (Halligan et al., 2003). Multiple consequences of traumatic events have been revealed over time, and researchers continue to contribute further symptoms and aspects of traumatic experiences, such as debates about guilt or self-blame. Descriptions of contributions to our understanding of traumatic impact include the identification of significant problems, including affect regulation, dissociation and a damaged sense of self (van der Kolk *et al.*, 2005, Ford & Courtois, 2009). Changes in affect regulation include alexithymia whereby individuals experience regression in relation to their ability to use affect to gauge the environment as well as an inability to tolerate negative affect (Krystal, 1982). The impact of a traumatic event for some people also includes symptoms of dissociation, especially in cases of severe and persistent trauma (Briere, 2006). A damaged sense of self has been highlighted in bereaved parents as their identity is challenged as a result of their parental bereavement (Malkinson & Bar-Tur, 2005). Having very briefly addressed some of the writing on the impact of traumatic events, it is useful to look at some of the writing comparing and associating the impact of bereavement and the impact of traumatic events.

2.5. Distinctions between grief and trauma symptoms and the idea of 'traumatic bereavement'

As research started to develop within the field of trauma, it became increasingly evident that there needed to be some distinction between symptoms related to grieving in general and symptoms which are related to trauma or exposure to traumatic stressors, as well as some exploration of the possible inter-relationship between the two kinds of experiences, especially when death is sudden and unexpected (Rubin, Malkinson & Witzum, 2003; Newman, 2002). The fields of trauma and bereavement have by and large been studied separately, resulting in either emphasis on bereavement or focus on traumatic stress (Rubin et al., 2003). With this realisation, there has been growing consideration of a new category called traumatic bereavement or traumatic grief (Rubin et al., 2003), with investigators striving to contribute to

more robust theories and interventions in this area. Researchers are starting to develop criteria for the identification of traumatic bereavement and are theorising that traumatic bereavement is not only related to the nature of the loss, such as exposure to an external event that produces shock, helplessness and horror (Beder, 2004-2005, Green, 2000), but it is also related to the *individual's* perspective regarding the nature of the death (as the same incident may produce different responses in different individuals), and the character of relationship the person had with the deceased (Rubin et al., 2003; Tolstikova, Fleming & Chartier, 2005). This suggests considerable complexity in understanding what makes a bereavement a "*traumatic*" bereavement. For example, the loss of a child, whether violent or otherwise, may not necessarily be experienced as traumatic although it might generally be assumed that this would be the case. It is conceivable, for example, that if a child has had a serious drug problem and has caused the family and themselves deep unhappiness, death may be experienced as something of a resolution of a desperate situation. When one has this more nuanced understanding of traumatic bereavement, it can then be defined as "a complex interaction between the bereaved individual who is typically experiencing multiple and varied turbulence in response to the life-shaking experiences connected with bereavement." (Rubin et al., 2003, p.678).

It has been argued that for healthy adjustment of individuals following traumatic bereavement, a meaning centred approach is the best intervention (Holland, Currier & Neimeyer, 2006, Neimeyer, 2002). Neimeyer argues further that reconstructing meaning "is the central experience of grieving" (Neimeyer, 1998, p.83 as cited in Davis et al., 2000). It has also been argued that meaning-making is one of the overlapping characteristics which connects both grieving and trauma (Tolstikova et al., 2005).

2.6. Meaning-making in Traumatic Bereavement

It has been recognised that the experience of grief is influenced by personal assumptions about the world, which in turn affect the way individuals approach and solve problems. These assumptions stem from the individual's culture, personal experiences, schooling and familial background, and incorporate preconceived notions and prejudices (Dalton & Wandersman, 2001). Janoff-Bulman (1992) also added to our understanding of assumptions with reference to traumatic events, as she proposed that most individuals have three basic or fundamental assumptions which are ruptured by trauma exposure, these being the assumptions that: "the world is benevolent, the world is meaningful and the self is worthy" (p.6). The question then arises regarding the traumatic loss of a loved one. How would an individual respond to such a loss? Janoff-Bulman proposes that a traumatic event shatters one's belief in these basic assumptions creating an internal crisis resulting in the disintegration of the person's internal world. Experiences of loss through bereavement are compounded when deaths are sudden, unexpected and traumatic in nature (Asaro & Clements, 2005). These deaths are also viewed as unjust, abnormal and untimely, and these factors often lead to increased feelings of disbelief, shock and anger (Asaro & Clements, 2005). The bereaved experience a world that is opposite to their fundamental assumptions and are faced with thoughts and images of "malevolence, meaninglessness and self abasement" (Janoff-Bulman, 1992, p.63). Janoff-Bulman also proposed that recovering from such trauma required a process of meaning-making whereby the survivors of trauma rebuild their inner world and meaning systems. Other researchers, such as Davis and Nolen-Hoeksema (2001), Neimeyer (2005-2006), Davis, Wortman, Lehman and Silver (2000) and Park and Folkman (1997), built on Janoff-Bulman's work and her theory led to a proliferation of research supporting the importance of the process of meaning-making in healing.

2.7. Different interpretations of what is entailed in "meaning-making"

The process of meaning-making has the potential to become a complex and complicated journey which brings into question the nature and definition of this phenomenon. Different theorists have defined the term 'meaning-making' in various ways. Earlier researchers such as Thompson and Janigian (1988) defined meaning-making as a process of making sense of the event, as they postulated that the most testing experiences are ones that do not seem to make any sense, and where a world that once had meaning is cast into doubt and chaos. Individuals therefore engage in a process of restoration of order and security to their lives in order to contain the chaos and this is what is understood as 'meaning- making'.

In the case of sudden or violent death, sense making may well lead the bereaved into a plethora of questions that compel them to pursue vigorously the answers to questions pertaining to the reason for the death, the cause of the death and the manner of the death. These questions are related to the bereaved attempting to make sense (meaning) of their tragic loss. This method of making sense of the loss seems to occur most prevalently in the first few weeks after the loss of their loved one, as found in a study conducted by McIntosh, Silver & Wortman (1993). However, the importance of making sense of the event seemed to subside for a significant proportion of the participants by the second week after their loss (McIntosh et. al., 1993).

Other theorists believe that central to meaning-making is answering the questions: "why me?" or perhaps further "why my child/ren (Parkes, 1993; Thompson, 1991), as the bereaved individuals feel as though they have been singled out as the recipients of painful experiences that may not make sense in light of their assumptive worlds. Others, like Frankl (1984) believed that it is intrinsic for human beings to search for meaning and that this is "the primary motivation in ... life" (p. 105). Frankl (1984, p.117) also proposed that "suffering ceases to be suffering at the moment it finds meaning", implying that if the bereaved find meaning in their loss, then their suffering may cease to exist or at least, lessen. Frankl (1984) advocated the importance of meaning-making and saw commitment to this process as essential to the survival of individuals after trauma and loss.

More recent advocates of meaning-making processes in bereavement include theorists belonging to the constructivist school of thought who propose that the meaning-making process may be divided into three categories; namely sense making, benefit finding and identity changing. Within the sense making category, theorists such as Janoff-Bulman (1992) are brought to the foreground. Her understanding of sense making assumes an assimilation of the person's grieving experience and loss into pre-loss beliefs. Later theorists such as Neimeyer (2000) built on this premise as he believed that making sense of one's bereavement is fundamental to the bereaved person's experience of grief. Making sense requires attempts by the bereaved to reconstruct a world of meaning that will accommodate or integrate the loss of the loved one into new meaning structures (Davis, Wortman, Lehman & Silver, 2000). It is believed that individuals who do not make sense of their loss face increased vulnerability in the grieving process, leaving them open to greater traumatic stress reactions, such as intrusive images and a cycle of re-experiencing of traumatic symptoms (Currier et. al., 2006). This idea seems to resonate with the proposition of Frankl that meaning-making is necessary to surviving traumatic loss. The second building block in constructivist theory is the importance of benefit finding as part of meaning-making. This includes ways of constructing new meanings which may be based on the loss that the mourner experienced (Gillies & Neimeyer, 2006). Theorists within the cognitive school of thought would equate benefit finding with the process of positive re-evaluation (e.g. Folkman, 1997). There is an implication that grieving symptoms will subside over time if the griever is able to frame their experience in a positive light, which includes changing the meaning of the events, re-attribution and creating explanatory frameworks that contribute to congruent self and world beliefs (Skaggs & Barron, 2006). One possibility may be that an individual frames loss as part of a greater religious or spiritual purpose for example, thus finding some kind of benefit related meaning. Changing the meaning of events includes modifying previously held belief systems to include recent traumatic experiences. Reattribution involves the continual process of meaning-making by searching for answers to loss and incorporating these answers into new meaning structures, and creating illusions involves regaining a sense of control by framing loss in a different light (Skaggs & Barron, 2006). Those subscribing to the constructivist school of thought believe that finding benefit means that

individuals create new meaning structures based on the building blocks of their experience and raw emotions. The final component in meaning-making according to the constructivists is the process of identity change, as they believe that in reconstructing meaning in life, a change in identity is also inevitably part of that process (Gillies & Neimeyer, 2006). Thus, for example, one becomes someone who has lost a child and therefore has greater compassion for others who face loss, rather than someone defined primarily by one's occupational identity.

It has become clear that the clarification of what meaning-making entails, needs to be explored further as it seems to present changes in thinking and meaning construction on many levels which include intrapsychic change in terms of personal identity and existential beliefs, as well as changes to one's social identity and in one's relationship with the external environment.

There has been a fairly large volume of research designed to test the applicability of theories of meaning-making to the responses of those who have been bereaved and the implications of this for recovery and possible therapeutic treatment. Some examples include research that was conducted regarding the meaning-making responses of parents who lost their children to Sudden Infant Death Syndrome (SIDS). It was found that some 14% of these parents appeared not to search for meaning in relation to the loss of their child at all. At the second interview, a further 18% of parents who had initially started searching for meaning stopped at three months post loss (McIntosh, et. al., 1993). An interesting finding from this study was that those who were not searching for meaning, fared better than those who continued searching for meaning, as the former had less anxiety, anger and sadness (McIntosh et. al., 1993). This SIDS related study, therefore suggested that making sense of the death did not necessarily resolve issues for parents, or help them to move on.

More generally it is evident that the death of a child shatters previous assumptions and meanings of the world (Miles & Cransall, 1983 as cited in Wheeler, 2001). These assumptions include the belief that the child will outlive the parent and that the world is an orderly, benign and safe place (Wheeler, 2001). Parents also invest meaning and hopes in their children that stem from the parent's own dreams, needs, wishes and desires (Wheeler, 2001). The death of a child leads to painful ruptures of these parental hopes and essentially leaves an "existential

vacuum” (Frankl, 1984). It has been noted that grief theorists investigating parental bereavement have not investigated certain aspects of the traumatic loss experienced by the parents. These aspects include the parent's perspective of the traumatic loss (Murphy, Johnson & Lohan, 2002). It has recently been recognised that negative parental perceptions of the traumatic bereavement is one of the primary risk factors for the onset of PTSD (Murphy, Johnson & Lohan, 2002). Negative parental perceptions include, but are not limited to, self blame for their perceived inability to protect their children from harm.

Although the present study was designed to investigate the interplay between trauma and bereavement in traumatic bereavement more broadly, it is recognised that the population of interviewees investigated had some specific characteristics. One important element of their experiences was that their loss involved the loss of children, hence the focus on this element of traumatic bereavement in the discussion. This current research project focused on meaning-making as a process that might include all the elements of meaning-making as identified by the constructivists and more. The argument for the need for clarification of meaning-making and the recognition that different understandings of the term might encompass both sense making and benefit finding is fairly recent. In addition, investigators are arguing for research that tests the assumption that meaning-making is always necessary and beneficial (Davis et. al., 2000). Finding meaning may help many parents in their grieving process, but it would appear that the ongoing and continuing search for meaning may be counterproductive.

2.8. Does meaning-making always lead to healthy resolution?

As suggested previously it has become evident that research has yielded contradictory results concerning the assumption that striving to make meaning of a traumatic event necessarily leads to healthy resolution of traumatic loss. The study conducted by McIntosh et al. (1993) referred to previously, revealed that a substantial subset of people did not engage in meaning making processes and yet appeared to have reasonably healthy adjustment. It has been assumed that this kind of response and outcome may be influenced by the nature of the relationship that the

person had with the deceased as well as the circumstances of their death. For some individuals, the death of their loved one seemed to bring relief as it signified for them the end of suffering in relation to terminal illness. This sense of relief superseded their need to continue in further kinds of meaning-making processes from their loss (Davis et. al.,2000). Theoretical explanations for this phenomenon have also been linked to ideas stemming from Bowlby's theory of attachment (Bowlby, 1977). According to Bowlby, early relationships between infant and mother, influence the attachment and relational style of engagement of people in their later years. Children who experienced a lack of attachment with their caregiver could become habitually self reliant and independent in their relationships with others when they mature (Bowlby, 1977). An attachment that lacks bonding implies that these individuals did not have optimal parenting while growing up, as parents were unable to provide a secure base from which their children could explore. As a result, these infants develop tenuous and distant relationships with significant others when they are older (Bowlby, 1977). They also seem to avoid becoming attached to those who are influential or significant in their lives which leads to little need for meaning-making responses at the time of their loss. Thus, unbonded children may become unbonded adults who ironically then appear to be less vulnerable to loss and less inclined to invest emotional and intellectual energy into trying to create a framework within which to process and come to terms with what has happened. It is assumed that such cases are relatively rare, however.

Some bereaved individuals do not make any sense of the loss at all, i.e., they are left confused, conflicted and disorientated, and their preoccupation with sense making contributes to maladjustment, as such individuals continue to ruminate over the nature of the loss (especially in the case of traumatic loss) and yet are unable to find meaning (Lichtenthal, Cruess & Prigerson, 2004). The constant rumination regarding the nature of the loss and the possibilities of possible prevention and possible personal responsibility leaves the individual in a cycle of unhealthy grief which cannot lead towards healing and trying to find meaning becomes a futile and entrapping process (Keesee, Currier & Neimeyer, 2008).

It has also been found that individuals who tended to invest a great deal of energy in sense making regarding the nature and cause of the death did so as the event had led to the experience of some loss of their own identity (Malkinson & Bar-Tur, 2005) resonating with the constructivist idea that this may be a significant part of the meaning-making. This kind of alteration to identity is likely to be more prevalent in parents who lose their children than in many other populations as the bereaved parents not only experience the loss of a loved one, but also a loss of their identity as parent as well (Malkinson & Bar-Tur, 2005).

Furthermore, research (Murphy et al. 2002, Currier et al., 2006) among participants who lost their loved ones through violent means found that these individuals understandably experienced more intense grief symptoms and had poorer outcomes, as they were unable to make sense of their loss, as elaborated previously in the section on homicidal bereavement.

It has been argued by Davis et al. (2000, 513-514) that "loss events that do not challenge one's worldviews, such as the death of an aging parent or deaths from natural causes, are less likely to lead one to try to make sense of the loss". Another postulation brought forth by theorists concerns the role of religion in providing meta-frameworks regarding the explanation and resolution of grief experiences. Some religious doctrines include and emphasise that ultimate meaning is known by God with the implication that sudden death has some overarching meaning or was perhaps destined to take place. For these religious people, this kind of understanding can mitigate existential crises that they may experience at the time of their loss (Parks, 2005). However, it is also possible that traumatic loss stirs up ambivalence about religious and spiritual belief systems.

Overall, it appears that the value and consequences of engaging in meaning-making in the aftermath of traumatic bereavement is open to some debate. Factors that appear to contribute towards positive meaning-making processes include one's perception of the event and its congruence with one's previously held assumptions regarding the world. From an existential perspective several authors have argued that some kind of sense making of the tragedy is necessary in order for the person to re-invest in life and to integrate the experience. On the other hand it is apparent that meaning-making in relation to particular kinds of losses is

extremely taxing and may monopolize psychological resources, leaving the bereaved debilitated and “stuck”. The more incongruent an event is with previously held assumptions, the more difficult it is for the mourner to integrate the loss. Perpetual rumination over one's loss seems to lead to unhealthy bond creation as individuals focus on the nature and cause of death, instead of on fond memories that may enable them to introject the love object and "let go". This inability to "let go" restricts the mourner's ability to integrate the loss into current belief systems. In turn these attempts at meaning-making seem to keep the person in an unhealthy grief cycle, manifesting in increased grief and trauma symptoms. This becomes pronounced in violent and traumatic loss and even more so in the homicidal loss of a child. Such parents appear to be particularly vulnerable to struggles with meaning-making and to the possibility of non-resolution. They thus also represent an important population through which to investigate meaning-making and adjustment in traumatically bereaved individuals as they appear to be a particularly vulnerable and at risk sub-group.

Bearing the debates identified in the literature in mind, this study sought to explore the ways in which parents exposed to homicidal loss were/are able to integrate (or not) the violent loss of their children into their belief systems, and to further understand how these parents try to create congruent global and individual meaning from their experiences.

CHAPTER THREE: METHODOLOGY

This chapter will discuss the rationale behind the use of qualitative methodology for this study as well as the procedures used to conduct the research. The discussion includes the way that research participants were selected, the procedure for data collection used and the process of analysis employed.

3.1. A Qualitative Approach to the Research

Previous research has indicated the need for more research, both quantitative and qualitative in nature, within the field of bereavement (Carverhill, 2002). Investigation into the bereavement experiences of parents is particularly scarce with the consequence that there is limited understanding regarding the grief experiences of parents (Murphy, Johnson, Lohan, 2002, p. 204).

From the discussion in the previous chapter it will be apparent that there are both broad scale and more subtle questions to be explored in relation to traumatic bereavement. This study aimed to deepen (rather than perhaps, broaden) understanding regarding the grieving experiences of parents who have lost their children through homicide. This meant that the primary focus of this research was on the subjective experience of parents, therefore, a qualitative approach to data collection and analysis was considered most suitable.

The nature of the research, i.e., being centrally focused on the meaning-making processes of bereaved parents, lent itself to a qualitative perspective. The basic underlying tenet of qualitative methodology is the assumption that neither “objective” reality nor “universal truth” exist, but rather that knowledge is context specific (Lyons, 2007). Qualitative research allows for this kind of contextually based knowledge generation, taking account of multiple and inter-related elements in the course of the research process. Qualitative tools provide deeper descriptions and explanations of how people make sense of the world and their experiences of

particular events (Coyle, 2007). Though grief is a universal experience, an exploration into the personal and subjective accounts of what this entailed and entails for the particular group of bereaved parents interviewed during the course of this study, allowed for an appreciation of both commonalities and differences in the process and outcome of this kind of bereavement.

While qualitative research is often associated with a more social constructionist epistemology, it is also the case that qualitative research can draw upon realist and interpretive approaches. In this instance, given the clinical focus of the study, a realist approach was adopted in that it was assumed that accounts that interviewees gave of their experiences represented valid data on the phenomenon of interest. In addition, the analysis included interpretive or hermeneutic elements, as it was also assumed that aspects of the interviews might reveal elements of experience that were not necessarily self-evident or entirely conscious. For example, it might be inferred that psychological defences were operative at specific points and it was also important to attend to what was not said and to non-verbal cues that appeared to colour verbal accounts. The researcher thus employed both a realist, descriptive approach to data analysis as well as a more clinically interpretive approach at certain points when this seemed relevant (Annells, 2006).

3.2. Access to interviewees

A study conducted regarding ethical consideration in bereavement related research, highlighted that secondary contact prior to interviews aided the ethical process (Beck & Konnert, 2007). In light of this observation, the researcher approached a co-ordinator of The Compassionate Friends Chapter in Johannesburg. The coordinator referred the researcher to a trauma counsellor who worked with the Compassionate Friends bereaved parents' support group, who in turn became the individual who contacted potential volunteer participants.

3.3. Sample of Interviewees

A specific group of volunteer participants were chosen due to the focused nature of the research. A non probability, purposive sampling strategy was employed as only parents who had suffered the traumatic loss of their children (such as murder) were invited to participate in the study. A list of nine potential volunteers were given to the researcher by the Compassionate Friends counsellor. The list consisted of seven potential volunteers who had been traumatically bereaved through homicide as well as one who lost a child through suicide and one volunteer who had lost a husband. A decision was made to narrow the focus to parents who lost their children through homicide and the other participants were thanked for their willingness to participate but excluded from the final research process.

The term 'homicide' is used in that it was not clear in all cases that the perpetrator intended to kill the victim as would be required for the use of the term 'murder'. However, it was apparent that in many cases the term 'murder' was appropriate. The requirements for inclusion in the sample were that individuals should have lost their child under traumatic circumstances and that this loss had occurred at least a year prior to the interview taking place. This latter requirement was intended to ensure that parents were not interviewed during the acute loss period and also to attempt to ensure that they had had some time to reflect upon the implications of suffering this kind of a loss. In all, seven individuals were interviewed. One of the original couples identified when contacted by the researcher were no longer interested in taking part. The counsellor was informed of this and found another couple who then replaced these parents.

3.4. Characteristics of the interviewees

The sample consisted of two married couples and three mothers. In all but one instance interviewees had lost sons, as a result of gunshot wounds. One mother had lost both a son and a daughter who had been shot by their father (her estranged husband at the time), who had

also killed himself. More elaborated descriptions of the circumstances of each loss are, however, provided as an introduction to the findings and discussion chapter.

All interviewees appeared to come from middle class economic backgrounds and spoke English as their home language. Research participants came from different cultural contexts and religious affiliations. All the children who were killed were young adults, except for the case of family murder where the children were under five years of age.

3.5. The interview technique and schedule

A semi structured research interview schedule based on Davis et al., (2000) was used with the addition of some questions specific to this investigation (see Appendix A). The interviews were audio recorded (with the permission of the participants) and transcribed for analysis. Semi structured interviews have been recognised to be well suited for exploration of beliefs and attitudes (Smith, 1975 as cited in Barriball and While, 1994) and therefore appeared an appropriate tool to employ to understand the meaning-making processes of parents who have been bereaved through homicide.

3.6. The interview process

After the university ethics committee clearance to conduct the study was granted, interviewees were contacted and given the choice to suggest a venue where they would feel most comfortable talking about their painful and difficult grieving and meaning-making processes. In each case all participants chose to be interviewed in their homes and interviews were conducted in the afternoon by arrangement. In each case, parents were very open and were eager to share their journey, from the time of the loss of their children until the interview date. All interviewees were welcoming, nurturing and hospitable, offering tea and coffee as well as sweet treats such as cupcakes and cookies.

Interviews on average took one and a half hours. Interviews were audio recorded and transcribed in full by the researcher. The following section will describe the process of analysis that was used.

3.7. Analysis of data

The transcribed interviews were analysed using thematic content analysis (TCA) as understood by Braun and Clarke (2006). TCA is an adaptable research tool which can provide rich accounts of data (Braun & Clarke, 2006). TCA is also a qualitative tool that is used to identify, analyse and report central patterns and themes that are found in the data (Braun & Clarke, 2006). A further qualitative tool that was used to guide data analysis and was viewed as compatible with TCA was the interpretive phenomenological analysis (IPA) method (Smith & Eatough, 2007). The aim of IPA corresponds with the nature of the present study in that it entails in depth exploration of the individual's particular lived experiences, through an investigation into the sense making experience of their lives and the meanings that they place upon them (Smith & Eatough, 2007). IPA is also generally conducted with small sample sizes with priority being placed on each individual on a case by case basis (Smith & Eatough, 2007).

The stages of analysis suggested by Smith and Eatough (2007) and entailed in IPA are summarised as follows:

“(a) several close and detailed readings of the data to obtain a holistic perspective so that future interpretations remained grounded within the participant's accounts; (b) initial themes were identified and organised into clusters and checked against the data; (c) themes were then refined, condensed and examined for connections between them” (Smith & Osborn, 2003 as cited in Smith & Eatough, 2007, p. 45).

This kind of stage process of analysis, involving initial immersion in the data, the generation of themes and the refinement of themes is also compatible with what is envisaged in the TCA

approach of Braun and Clarke. Based on an appreciation of both TCA and IPA, the following process was followed with regard to this research:

- 1) The transcribed data was read through three times to gain a full perspective of the narrative accounts of each interviewee.
- 2) Themes were extracted and placed in an excel spreadsheet in order to identify frequency of occurrence across interviews.
- 3) Common themes across all interviews were also placed in tabular form in a Microsoft excel spreadsheet.
- 4) Common themes were then clustered into overarching themes that appeared to connect the patterns.
- 5) The researcher's supervisor also read three of the interviews in some depth and assisted in verification and elaboration of specific themes.

3.8. Ethical considerations

This sample of participants was a potentially vulnerable group. As mentioned earlier, a previous study conducted into bereavement research highlighted that secondary contact prior to interviews aided the ethical process (Beck & Konnert, 2007). In light of such information, the researcher consulted a counsellor of the Compassionate Friends support group who in turn contacted potential volunteer participants. Murphy, Das Gupta et al (1999) found greater mental distress between 4 and 12 months post death and a reduction of this distress between 12-24 months post death (as cited in Murphy, Johnson & Lohan, 2002). With this information in mind, the researcher enlisted the voluntary participation of individuals who had lost their child a minimum of one year prior to participation. Although discussion of the circumstances of the loss might mean that those close to the interviewees might be able to identify that they took part in the research, no other identifying information was included in the study and it is not

possible for any person unknown to the individuals to identify anyone who participated in the study. No names or any other personally identifying information are included in the report. Pseudonyms were chosen to refer to each of the interviewees. Participants were made aware of the purpose of the research and of the fact that material from the interviews would be quoted verbatim in the research study. However, they were reassured that specific quotations would not be linked back to individuals in a way that would identify the speaker. (See Appendix B for copy of the Participants Information Sheet). Informed consent was obtained through signed consent forms. A summary of results will be given to Compassionate Friends to be distributed to those who are interested in the final report following final submission. The interviewees were given contact details for the South African Depression and Anxiety Group in case they felt in need of counselling after the interview, although all of them also had the resources of Compassionate Friends to draw upon. The numbers and e mail addresses of the researcher and her supervisor were given to research participants in case they were in need of further clarification or wished to follow up any issue related to the research.

It was apparent that most of the interviewees had offered to take part in the research study in order to attempt to assist others who might suffer traumatic bereavement. From the way in which they engaged in the interviews, in most instances volunteering rich, detailed and personal information, it was also apparent that perhaps they found this a useful opportunity to further process what had happened to their children, their families and themselves. All of the interviewees volunteered that they had found the experience of talking helpful when the interviews came to a close.

CHAPTER FOUR: RESEARCH FINDINGS AND DISCUSSION

Chapter four focuses on the main research findings and themes that were generated from the analysis. To gain a clearer understanding and foundation for the generation of these themes, an abbreviated description of the experiences of the interviewees regarding the traumatic loss of their child will first be outlined. Subsequently the main themes generated in the analysis are presented. The themes are divided into three main sections, namely: *traumatic impact*, *grieving* and *coping* including *meaning-making*, as these arose as a coherent way of structuring the data after careful reading of the transcripts. It will be evident that there is some interplay between the categories of trauma and grieving as this makes sense in light of recent literature on traumatic bereavement or traumatic grief (Rubin et al., 2003), as discussed previously. However, it was evident that some aspects of the data spoke more strongly of evidence of trauma related elements whereas other aspects were more clearly resonant of grief related themes. In addition, it was evident that the participants themselves also offered constructions of their experience in which trauma and bereavement responses appeared both separate and yet closely intertwined.

A critical discussion regarding the kinds of meaning-making responses that appeared to contribute towards adjustment is also offered as a third major section of the discussion, complementing the sections on trauma and grieving, given that the exploration of meaning-making was a core aim of the study. The discussion of meaning-making includes reference to issues which interviewees found to be a hindrance towards healing and this is discussed along with other theoretical perspectives. Freud's understanding of mourning and its healthy resolution is drawn upon to some extent in the discussion as this offers a theoretical framework for understanding what psychic work appears to be required in adjusting to the loss due to bereavement and has relevance for all three core themes, but for meaning-making in particular.

4.1. Description of the interviewees' experience regarding the loss of their child

4.1.1. Case I

Jane's son Bill was 23 years old when he was murdered in a South African informal settlement. Five years had passed between the time of death and the interview conducted. Bill was at a house party and an alcohol shortage led him and a group of his friends on a search for more alcohol in the late hours of the evening. Their search led them to a township bar where Bill was shot several times and apparently beaten by two men. His friend escaped with a bullet wound in his back and his forehead. At the time of the murder, Jane and her other family members were on holiday in a remote part of Mozambique. The car journey back to South Africa took two days, and was described as terrible. The attackers were arrested and there was a subsequent trial which took place over two years and ultimately led to a conviction. The trial was extremely painful for Jane because of the perpetrators' apparent lack of remorse for the killing of her son.

4.1.2. Case II

Bella's son, Jude, was murdered at his 21st birthday party by his cousin Tom. Almost 6 years had passed between the time of the incident and the research interview. There was a debate prior to the event as to whether this cousin should be invited to the party, but eventually the importance of fostering family relations prevailed. Tom acted inappropriately at the party by fondling certain women, which caused distress and anger. Just after midnight, Jude confronted Tom in a well lit parking lot outside the venue. Tom took out a gun and shot Jude in the chest. Jude's older brother, following closely behind, was almost shot as well, but was able to wrestle the gun away from his cousin. Jude's cousin was badly beaten by friends who witnessed the death of Jude and were outraged by the event. A trial followed which placed substantial strain on Bella's marriage; however Bella and her husband (uncle to Tom) were able to resolve issues, resulting in closer bond formation. Tom was convicted and sentenced to 12 years without the possibility of parole.

4.1.3. Case III

Daisy's husband, Bruce, shot and killed himself after having murdered their son, Kurt, who was 3 years old, as well as their daughter, Kiara, who was 2 years old. Two years had passed between the time of the incident and the date of the interview. Daisy had started divorce proceedings and moved out of their home a month before the incident. The kidnapping of her children occurred on the day of her uncle's funeral. He had been hijacked and killed the week before. Daisy contacted a police station when she found out that her children were missing and was told that she needed to call the South African emergency number 10111. A second police station was also unhelpful. A third police station informed her that her car had been located in the parking lot of a major retail centre; however, there was no sign of her family. Two days later, while at a fourth police station, Daisy's brother-in-law, who was with her at the time, was informed that her family was murdered and their bodies found in a hotel that Daisy was very familiar with. The role of media exacerbated her grieving process and the event and its aftermath resulted in an estrangement from her husband's family.

4.1.4. Case IV

John and Mary's son, Joe, was 24 when he was murdered by an employee of a prominent restaurant chain at which he was also employed. Ten years had passed between the time of the incident and the date of the interview. At the time, Joe was a recently hired manager and issued a warning to an employee who was caught stealing. Unbeknown to him, this was the third warning and the employee was subsequently dismissed. Some weeks after the dismissal, the employee shot Joe in the restaurant at evening closing time. The parents were informed by a friend of Joe's that he appeared to be missing and spent several anxious hours trying to trace him before his body was found at his place of work. Joe's father was one of those who found his son's body. The trial resulted in the conviction of one of the perpetrators; however, the murderer's alleged accomplice was released due to a lack of evidence.

4.1.5. Case V

Susan and Jack's son, Thomas, was murdered during a robbery of their family business late on a Saturday night. Thomas was 34 years old at the time and 9 years had passed between the time of the incident and the date of the interview. Jack received a phone call at about one am and was informed that his son had been shot. When he arrived on the scene, he realised that his son was dead as he saw his body lying on the ground. Jack desired to hold his son, but was hindered from doing so, because this was a 'crime scene'. There were many eyewitnesses of the event; however, each had a different story regarding the robbery and the subsequent murder of Thomas. Susan and Jack were disappointed in the criminal justice system as the perpetrators were never apprehended despite apparent opportunities that arose for their arrest. The police who handled their case were themselves later arrested for criminal activities.

From these summaries, it is apparent that there were both similarities and differences across the cases. For example, four concern the loss of young to middle adulthood males (cases I, II, IV and V), whereas one concerns the loss of two children, one girl and one boy (case III). Three cases involved killing by strangers (cases I, IV, V) whereas in the other two cases the killers were known to the interviewees. In two of the cases, the killing seems to have been premeditated (cases III and IV) whereas in the other cases it appears that the violence arose in the course of unfolding events. Clearly the family murder, in which the perpetrator killed himself, resulting in Daisy's triple loss, was most anomalous. However, it was apparent that all these cases involved traumatic bereavements and also the loss of a child/children. The latter aspect was related to the fact that the participants were accessed through the organisation of Compassionate Friends which was established specifically to deal with bereavement related to the loss of a child. In terms of furthering understandings of traumatic bereavement it seemed useful that there were these similarities and differences in cases as it allowed for identification of patterns of response that might be common in this kind of bereavement across somewhat different circumstances. The discussion of themes is focused primarily on those aspects of response, adjustment and meaning-making that appeared most common across the participants, although there is also attention paid to more 'exceptional' issues.

4.2. Core themes: Traumatic impact, grieving and coping including meaning-making

An analysis of the transcripts revealed several main themes which arose across all the interviews conducted, albeit with varying degrees of intensity.

4.2.1. Traumatic Impact

This first section divides the experience of the impact of the traumatic stressor as a whole into several sub themes. In the first theme, the initial reactions common to exposure to traumatic stimuli are elaborated.

4.2.2. Initial Reactions

All interviewees described a sense of disbelief, denial, disorientation, loss of reality contact, memory impairment and shock regarding the news of and/or encounter with the death of their children, especially in light of the manner of their death.

Extract 1: Jane

“That feeling that you’ve got is undescrivable, I mean, you can’t describe it, it’s sort of, even now I, if I think of it really you know, when I think that it’s nerves, it’s sort of like shaking inside...”

Extract 2: Bella

“I was very concerned about my husband, about my other son, so it was like I was focusing so much on them that it was still very, very surreal. Then on that morning, we got the phone call and it was my husband’s sister. She phoned him and she asked him if he can lend her the bail money. And it was to me maybe the shock that I needed to jolt me. To make me realise, my son is actually dead. And it was like such a shock to my system that suddenly everything was real.”

Extract 3: John and Mary

"Mary: I was stunned

John: JA, you were stunned. I mean remarkable I am amazed how, obviously you cracked"

Extract 4: Bella

"And after that everything became quite surreal to the extent that I remember the paramedic telling me that. But I don't remember anything after that."

The initial reactions of parents are consistent with the symptomology described in the Diagnostic and Statistical Manual IV- Revised (DSM IV-TR, APA 2000) of people who face actual or threatened death or a threat to the physical integrity of others, and seem to reflect the presence of the kinds of dissociative phenomena or symptoms characteristic of Acute Stress Disorder or the acute impact phase of a traumatic event . The unexpected and violent nature of the parent's encounters with the death of their children by murder seems to have temporarily compromised their reality contact as if the task of both perceiving and knowing what had taken place was initially too overwhelming to bear psychically, requiring some degree of distancing. As Bella says "and after that, everything became quite surreal...".

This kind of response appears to be very common and almost automatic and appears to be linked to the kind of rupturing or shattering of reality as described by Janoff-Bulman (1992). This appears to be a particular characteristic of traumatically induced bereavement, since in more 'normal' bereavement there is often some degree of anticipation of the event, even if this is to do with the broad recognition of aging and mortality and how this signifies the possibility of death. One of the aspects that often appeared to contribute to this initial 'shock' reaction was having to deal with the 'horror' related aspects of the experiences. This very often entailed seeing or dealing with blood, injury, the lifelessness of the body or other visceral stimuli.

Extract 5: Bella

"I knew, I knew he was dead. Even now I have done a first aid course, um, and I remember seeing all the blood coming out because after pressing on his chest. In the meantime, the

ambulance arrived and I just said to everybody to give the paramedics space and of course they still tried to shock him and that and I was still kneeling down when one of the paramedics came to me and she said "I'm sorry, but you've lost him, he's gone (she almost whispers this line). (Silence and cries)....and it was very much, he's gone!... he's here, you know I can see him. I can feel him. I can smell him. (cries)....I just couldn't hear him.

Extract 6: John

"I just feel, and I have, I've tried on a few occasions a while back, let me see if I can re-enact it and then it's unbelievable you know, within a split second your mind goes (clicks with his mouth), cause I found his body. Ja, I was the one who (pauses), the guy said, "Don't come down!" and I said "No, I want to see him", I saw him and thank God my kids didn't see him and that vision will stay with me forever but it's blocked. It's blocked but it's unlocked if you know what I mean and um, it's the only way I can survive, whether I'm wrong I don't know."

Extract 7: Jane

"but he was just lying there all by himself bleeding to death."

These vivid images are not only tangible in description, but appear untransformed over time. Parents learn to manage the emotionally laden pictures they have in their minds which become less intrusive, however, in many instances, as captured by John, the quality of the memory remains as clear as the first day.

Previous research has also emphasised an added dynamic which contributed to trauma in these kinds of bereavements which was the intensely intrusive images that parents experienced in relation to the violent loss of their children (Murphy et al., 1999 as cited in Murphy, Johnson, Wu, Fan & Lohan, 2003). Those of the interviewees who had to deal with the bodies of their children at the scene experienced particularly painful memories that evoked strong emotional responses in the interviews, such as crying, regardless of the gender of the parent. These images were described vividly despite the time that had passed, indicating perhaps a part of the trauma event that may in some instances never be resolved, regardless of the broad process of

healing and grieving. These vivid images are what Blakley (2009, p.25) calls “memory fragments of traumata that are intrusively experienced as flashbacks”. Blakely observes that for both those who witnessed the bodies of their children and for parents who never saw their bodies, there may be “highly-sensorial representations of the violent death that can be fantastical in nature, but similarly experienced as a flashback from actual witnessed trauma” (Blakley, 2009, p.25). *Extracts 5-7* provide examples of this kind of vivid recollection as these interviewees are able to recall seeing the bodies of their children as though they are lying in the room that the interview was conducted in. The images that are portrayed in *extract 5* are verbalised vividly, so that one can imagine the smell, the touch and the sight of the body.

In the above quotations it is also evident that there is an element of re-living of the physicality of the scene in the recovering of these memories. Intrusive recollections are a cardinal element of traumatic stress responses and it seems that the re-experiencing of elements of the incident is very much part of the ongoing traumatic bereavement response. Although these intrusive recollections may become less frequent over time, John suggests that they stay in the mind and can be re-evoked at any moment ("within a split second your mind goes"). Jane's description of "all the blood coming out" also suggests an immediacy to the recollection in keeping with the idea that trauma can interfere with the logic of time, the past becoming easily the present again.

In addition to this feature that characterised the *traumatic* nature of the bereavement, a further trauma related characteristic of the interviewees' descriptions of their experiences was a pre-occupation with the circumstances of the murder/homicide.

4.2.3. Trauma Related Preoccupation with Aspects of the Event

As suggested in the literature review, it has been found that traumatic losses, such as the loss of a child or sudden and violent loss, enhances the chances of complicated grief and distress (Holland et al., 2006). Following on from the initial shock, disbelief, denial and lost fragments of memory, there often appeared to be a need to make coherent sense of the circumstances of

the murder. (This seemed to precede a more comprehensive meaning-making process and had more of the characteristics of trauma related rumination and rehearsal). The construction of a coherent narrative of the events surrounding the death was, however, impeded by the dissociative elements in some instances. The inability to recall or describe events in a coherent and comprehensive manner caused great distress for some parents, appearing to absorb psychic energy that could not then be devoted to grieving.

4.2.3.1. The need to construct a complete, coherent narrative

Extract 8: Jane

"I rather would've, you know that time you want to know everything you know, I'm not one to run away, I, I, really wanted to know everything and um ja, I think I still don't know everything but thankfully if I want to know everything, I can go to the files, but I don't know if that will harm myself you know?"

Extract 9: Bella

"And I said to her that I don't remember them taking Jude away. And it was the blank and it was really, really hard for me because I needed to have all the pieces of the puzzle together and there were holes in my story and I couldn't fill them. And that was, it drove me crazy."

Extract 10: John and Mary

"Mary: ... I don't remember anything

John: you don't remember. She still says today "I don't remember anything"

Mary: I don't know who was there. The children! I don't remember where they were! To this day, I don't know where Jerry and Cerice were.

John: Don't worry now about it (laughs)

Mary: ... Where were the children?

John: Jerry was running around town looking for him. Don't you remember? When we got the phone call from the friend to say she said that she saw somebody driving his car, he ran to (suburb named) and don't know what he was looking for (laughs in disbelief).

John: I don't know where my daughter was. I asked her a few nights ago, I asked her Cerice where were you? And she said that she was sleeping. And she was here. She must've been asleep."

As illustrated by the above quotes, the process of making sense of the traumatic event seems to be ongoing. In keeping with the kind of temporal immediacy associated with discussing the more horrific or gruesome aspects of the traumatic death, there was also a sense in this part of the discussions that the retrieval of information was still significant in the present. During the interviews, parents invested psychic energy in creating a coherent reconstruction of the event, regardless of the time that had passed between the death of their child and the time of the interview. What is evident in these quotations is that there is psychological work still to be done, the work of retrieving all the pieces of the tragedy, probably with the sense that if a full sequential narrative, including knowledge of the most difficult aspects of the event/s, can be constructed in the mind, then the trauma can be better integrated. This would be in keeping with the theory that suggests that what is required in trauma recovery is the transfer of episodic and sensory memories of the trauma into more narrative memory (Brewin, Dalgleish & Joseph, 1996, Hopper & van der Kolk, 2001).

Included within the narrative reconstruction, some parents searched for knowledge about the violence of the trauma and pain that their children possibly went through. Unique to the experience of parents who lose their children through homicide are the anguishing questions that arise in relation to the event. Rumination concerning aspects of death also continued, perhaps in part because of the unknowable nature of their inquiry.

4.2.3.2. Damage children sustained

Extract 11: Jane

"...because I asked her 'what did my son look like' and she said that he was only shot once. But I know she's lying to me...And I said she must tell me and I don't think she wanted to tell me, and she said perhaps they kicked him a little bit which really hurt me and I rather she was, rather she said that he had three gunshot wounds and he was attacked. I think he was actually hit and I should've actually read the police report but I was bit scared to..."

Extract 12: Daisy

"...you question who did Bruce shoot first, did he shoot Kurt, did he shoot Kiara? What were they doing? Were they sleeping? You go through all this and it happens to you anytime...I want to believe it happened in seconds and they didn't feel anything and because looking back and the other mum's been in contact with me and some dad's have stabbed their children, they have axed the children, burnt the children and Angie, that's more painful you know...but in my mind, a gunshot wound is instant..."

Extract 13: John

"Look, we were told he didn't suffer, thank God. I'd hate to know that he was suffering before he died. There was blood and the physician said there was no suffering."

The above quotes reflect a parent's desire to protect their child from harm, and their hope that their children did not suffer. Their identification with their children's possible pain, fear and degradation is very hard to bear, and the trauma impact is lessened via thoughts that if their children did not suffer, that it is better. It was evident that interviewees had done psychological work either to reassure themselves in this respect or to attempt to bear the largely unbearable. For example, Daisy uses a kind of downward comparison with others whose children have suffered more violent forms of attack to attempt to comfort herself.

It is hoped that engaging in an imagined way with how their children met the end of their lives, some sense can be made of the horrifying event and perhaps in some fantastical way they are

able to retrospectively protect their children from harm or pain, despite the violent nature of their deaths. In the case of Daisy and John, they seem comforted by the idea that shooting produces fairly instantaneous death without prolonged suffering. In the case of Jane, there is a sense that she has to face the ugly aspects of her son's death, both on her own and his behalf, even as she recognises that this may be too overwhelming for her. Part of sense-making then, requires dealing with feelings related to maternal or paternal impulses which sought to protect children from prolonged distress and suffering, even if death was inevitable. This psychological work appears designed to alleviate some of the burden of identification with and responsibility for children, that could not be properly fulfilled.

4.2.3.3. Accountability: who to hold responsible

In the sense making process related to the traumatic circumstances of the death, some parents also grappled with a desire to know who should be held responsible, who should be found ultimately guilty, vacillating between holding themselves, the child, the perpetrator, or those with their children at the scene of the crime, as primarily responsible for what occurred.

Extract 14: Jane

"I suppose I would've you know rushed there and I would've held him and I would've done anything, nobody knows, because his friends haven't had the experience you know. I wish I could've been somebody that just could've just saved him and you know,"

Extract 15: Bella

"Because you sometimes, we think that everyone else is good except for us and maybe I caused some way. Maybe I wasn't a good enough parent."

Extract 16: Daisy

"I spoke to my son and he was fine and strange enough that day my son didn't wanna go with his dad and I was just saying 'now what's wrong with you Kurt?'. He said, 'mommy please come

with me', 'why don't you wanna go?' He said 'but I'm frightened of daddy' and I said that 'he's going to take you to the game shop'"

Some parents who survive the homicidal death of their children appear to feel both a conscious and unconscious sense of responsibility and blame themselves for the death of their child, even if indirectly. This kind of survivor guilt has been shown in literature to be more prevalent in populations of parents whose children died a violent death (Murphy et al., 2003). *Extracts 14-16* give some insight into the internal world and thoughts of these bereaved parents. *Extract 14* reflects the internal world of Jane. She imagines that if she had been at the scene of the crime, she would have been able to save her son, linked to an irrational guilt that at the time of his need, she was on holiday in Mozambique. Furthermore, *extract 16* reveals a mother whose guilt is still quite tangible as she relates the story surrounding the final hours of interaction with her son in the first person, as though somehow with the after knowledge she has now, she should have been able to go back in time and change the outcome of the final conversation that she had with him. She feels guilt that she did not take his anxiety seriously at the time and that she reassured him about going to his father, who ultimately killed him. In both instances, these mothers entertain a somewhat omnipotent fantasy that they should be ever-present in their children's lives and available in their time of need or protection. This kind of need to symbolically 'undo' the events of the tragedy is common in traumatised individuals.

Janoff-Bulman (1992) theorised that individuals who experience the trauma of victimisation experience the shattering of certain basic assumptions, one of which, emphasised here, is the shattering of one's ability to view one's self in a positive light. In the instance below, the loss of self-worth was in relation to indirect association with the victim. Jane felt as though she should have been with her son at the time of his death as though in some way she could have made atonement for her child (Bedford, 1990). She seems to blame herself instead of the perpetrators for the death of her son. The reaction of self blame and guilt gives some evidence that the horror of the event was too great in magnitude to process and therefore "surreal". It also suggests that one's fundamental beliefs about the world are not easily abandoned and it seems almost easier to believe that it's one's fault rather than to impart blame onto another.

To impart the blame would mean that parents would have to face the reality that the world is not safe.

Extract 17: Daisy

"You would have your low days and you have your high days and I remember in the beginning, today I didn't cry or I felt strong. I'd wonder what the hell is wrong with me you know, why am I feeling strong today? How can I be feeling strong? Then you're feeling guilty because you're feeling like you didn't cry and you associate that, that sadness and all of that to the connection you have with your children..."

Extract 18: Susan

"You almost feel like you've failed. Like you, you've, you're a failure as a parent as I would say, how did we manage to lose our child you know, you're supposed to always protect them and um and be there for them and how, how, did you manage to lose him and I felt very much a failure. I felt like I um, I was gonna be judged as a failure so I just avoided familiar places and I avoided even socialising."

Daisy felt guilty because she viewed her pain as a form of communication with her children. Her pain is the last connection she had with them. To let go of this pain would seem as though she is letting go of her children. To move on and continue in the grieving process seemed to indicate to Jane that her children's death was not that painful and that their lives were no longer as important to her. Both Daisy and Susan were unable to see the possible goodness that may exist in their grieving process. To feel guilt is to feel responsibility for one's offence (Bedford & Hwang, 2003). Susan felt especially responsible as though she were the one to blame for the loss of her child. She was unable to properly place responsibility upon the perpetrators as she appears to believe that she should have exercised some omnipotent control over the safety of her son. Her assumptive world appears to consist of a belief that parents are supposed to protect their children from harm and she was unable to do so. Her inability to protect her son translated for her as a failure in mothering. Here, there is an interesting interaction between guilt and shame as Susan seems to waver between taking responsibility for

the violent act against her child, therefore feeling guilt, as well as shame in identity in terms of feeling like a failure. Susan's lowered sense of self worth led to an avoidance of familiar places and socialising with other people. These feelings may also interact with traumatic symptoms, such as an avoidance of places associated with the traumatic event, and the avoidance may be a form of denial or repression of psychic pain.

Other parents were able to clearly identify the responsibility for the murder as lying with an external other/s. In so doing, they were more easily able to express their rage and anger towards the world and others, as indicated by *extract 19* below.

Extract 19: John and Mary

"Mary:...I have a huge hate for the manager a HUGE, and I'm very angry with him and with the firm, cause this should never have happened.

John: See, he did not wake up one day and say I want Joe to die but it was pure negligence

Mary: It was pure negligence

John: ...this guy murdered him from being fired. You know, a job is worth a life and there's lots of people I suppose. "

In this instance, the manager who put their son in the way of harm, is the target of their aggression as well as the actual perpetrator of the murder, who is seen in some ways as having a legitimate motive.

Extract 20: Jane

"...when there's a party, I say don't anybody go out at night, sleep here you know and (suburb named) is not a safe place you know and they just let him go out into the dark at night makes me, I think it was unnecessary you know..."

In this instance again it is those who did not anticipate the harmful consequences of certain actions who are held accountable, in addition to the actual killers. It seems as though parents who become involved in such meaning making processes are unable to fully acknowledge that

the world may not be a generally or permanently benevolent place. Their previous assumptions regarding the nature of people as kind and incapable of harming others are challenged and the fragmentation of their sense of order and trust is difficult to repair.

Extract 21: Jane

"He was always a little bit of a, little bit of, not, I won't say wild side but very casual you know and nothing will happen to me and cos, funny enough um, he's the one child that I always warned "don't go to dangerous places", you know because he was a little bit jolly you know."

Extract 22: Susan

"Thomas being quite a little wild child, a, I used to think in the back of my mind that he was going to have a bad accident... he almost had a death wish..., I can't say that I was totally shocked or that surprised you know what I mean. He used to worry me... but then when it did happen, I thought you know, it was almost like in character... and it makes you wonder, could he have prevented it?"

Hardest of all, was the implication in some instances that their children may have been responsible to a degree for their actions and the fact that they became the target of others aggression. Jane says: "I always warned don't go to dangerous places...because he was a little bit jolly you know"; and Susan says "he almost had a death wish...I can't say I was totally shocked...". These parents seem able to forgo a complete idealisation of their child (as is often associated with bereavement) and were able to entertain the fact that they were independent agents over whom they, as parents, did not have total control despite their best efforts. These comments reflect a sense that perhaps their children were not sufficiently risk averse or careful in the world and there is a kind of poignancy to their conversations here as if they have to recognise the limits of their caretaking role.

In the intense search for comprehensive causality, it seemed necessary to look at the roles of all parties concerned. Although the question of location of responsibility was not easily resolved it seemed important to be able to apportion blame. When this was directed towards the self or even to the lost object it appeared that this was related to the need to retain some fantasy of

an omnipotent parental object, who, if powerful enough could operate as both a protective introject in the child as well as a kind of separate magical protective figure. When anger could be expelled outward there seemed to be much less ambiguity in the experience, although even this stance had potentially negative consequences as noted just previously.

4.2.4. Role of the criminal justice system

Harrison (1982 as cited in Riches and Dawson, 1998) argued that the traumatic loss of a child is often exacerbated by the response of the criminal justice system (CJS) as the system often appears to support the appointed officers rather than the individual victims. This emphasis on the nature of the system and set procedures, rather than the victims seems to contribute towards distress on the part of significant others and some sense of loss of control. Themes extracted from the interviews illustrated the helplessness and anger that parents felt in relation to the procedural justice system. It appeared that the process was often perceived as lacking motivation in relation to the prosecution of the killers. This indifference was communicated through the slow process of investigation and conclusion of the trial. The extended period of investigation and trial seemed to perpetuate the trauma that parents experienced regarding the loss of their children in that aspects of the trauma were left open and were dependent on external agency for resolution. The circumstances and reality of the loss cannot be fully integrated until the trial (and any subsequent appeal) is concluded. In addition to the trauma, the grieving process for parents appeared to be delayed as it was important for them to hear the public determination and resolution of the circumstances of the death of their children before they were able to move forward with their grief.

Extract 23: Jane

"I went to all the trials... So they just postponed and postponed and you know, it's not the police, it's the lawyers that because they had private lawyers you know, so we just used the state prosecutor cos she was very good and um, what did I want to say?...oh yes-they sued the police because they got a little black mark when they got arrested and the police were actually quite

good and they just arrested them you know, they had their evidence you know...they can kill somebody those criminals!...it took over two years you know"

Extract 24: John and Mary

"Mary: ... I actually was very disappointed at the courts because they weren't in chains. The murderer and the accomplice. They were being passed through from the gallery from their friends and it was a very trying time because everything has to be done in three languages, so it was a very slow process and um, at the end of it all, the judge took a whole day

John: (interjects) he read the book! He like read the book, the book to us you know! (This statement is In relation to the final court proceedings and pronouncement of judgement).

Mary: in three languages he had to read this book, so you can imagine how we felt, it was never ending. We were biting our lips, we didn't know what sentence he was gonna get. Although what sentence he gets, doesn't really matter. It doesn't really matter if it was the death penalty or not, because nothing would've brought bring him back."

Extract 25: Jack

"The police were very disappointing in their whole approach to the, they were not very professional... We were just left on our own and that's it boy, you sort yourself out and then the crime, this chappie that was investigating the case, about three weeks or four weeks after that he went on holiday and nobody could find the documents and he was away for a whole month and eventually I went down to the police station and I complained bitterly and I said you know, this is totally unacceptable. Um, you know, we will do this and we will do that, they pacified me, we carried on and eventually I just said listen you know and I went and I saw somebody higher up and I complained bitterly about the whole thing...so we just left it. But it was very, very disappointing."

In some cases the sense that justice had been done did bring some relief.

Extract 26: John

"We hear stories of people who don't know who murdered their child and this and that. We knew who did and the process worked and we had a trial and a year later the trial happened, the guy was sentenced to 2 life sentences. It could've been a hundred life sentences, it doesn't make a diff, it doesn't bring my son back, but the law works and the police service were absolutely fair, we even wrote that (looks at Mary) do you remember at the time? We said to the police, 'can we give you something?' He said 'I don't want any presents, just write a letter saying that you're happy with my work.'"

Meaning- making in homicidal loss includes a distinctive feature, that of the role of the justice system in determining the ultimate person to blame. Thus in addition to their own struggles to look at accountability, the traumatically bereaved also look to the social censure of the CJS to apportion blame and determine punishment. The justice system becomes a tool that parents choose to use to make reparation for the death of their children. It allows parents to place the blame squarely on a tangible object, which is the killer or killers. The legitimacy of placing blame on a particular person/s enforced by the CJS, enables the parents to feel some sense of justice, (however short lived it may be) and aids somewhat in their healing processes. The idea that there is some retribution or some cost to the perpetrator also seemed helpful in the main.

All the interviewees seemed to indicate, as illustrated in *extracts 23-26*, that the judicial processes and procedures were important aspects of the event, and this element of traumatic bereavement may be somewhat unique to cases of homicide. Interviewees described their interaction with the justice system in extensive detail without prompting or questioning during the interview. Apparent ongoing preoccupation with the process appeared to indicate that it was a critical aspect in making sense of the loss. This preoccupation suggested that parents may have felt a sense of entitlement to external validation and recognition, an entitlement that needed to be recognised because of the violent loss of their child. Society had failed them, in not preventing the homicide and now needed to provide the necessary tools for reckoning and retribution. Parents focused on their need to believe in the infallibility of the justice system and were therefore appalled when the system they believed should work effectively, was

characterised by flaws. However, when the system appeared to “work”, as John suggests in *extract 26*, they were satisfied and encouraged by the process. While, it was emphasised that this did not alleviate the pain regarding the violent loss of their child, it did seem that the effective response of the CJS was equated to some degree with some social validation of the severity of the nature of the loss they had suffered.

Extract 27: Jane

“I went to all the trials you know. I had to face the murderers. I had to face them.”

Extract 28: Bella

“So he was okay if he pleaded to culpable homicide he would get something like a suspended sentence and my husband was ok with it. And I wasn’t. I thought you know you, we live in a civilised society, there’s cause and consequence to all your actions and he had to go through trials and he had to be punished for what he did. So I said, I won’t take culpable homicide and so as a result he had to plead guilty...I have to speak for my son.”

Some parents felt the need for retribution on behalf of their children. Klass (1988, p.126) describes this kind of need as consequent of “an exaggerated narcissistic injury”. The determination to address the injury gave some interviewees the impetus to continue in the process regardless of the pain that they experienced by attending the trial. It was as if their children were extensions of themselves and parents became the voices of the deceased and needed to ensure that justice prevailed and that their children's deaths were not ignored or devalued (as illustrated in *Extracts 27 and 28*).

4.2.5. Protecting the reputation of their children

The embarkation of the journey towards resolution of trauma and the process of grieving is often characterised by a parent’s idealisation of their lost loved one. As Susan described “*You only seem to remember the good, the good points*”. Misinformation concerning their children

and the circumstances of their death seemed to threaten their idealisation of their children, which in turn produced significant outrage and a need to defend their memory.

Extract 29: Jane

"...they said that they went to buy drugs, my son didn't take drugs and I went to every trial, every year, you know, for every session and there was no mention of drugs. You know, people are very, they, they, they mention something and then they think it's true? I can't believe they, and if you say there was no mention of drugs, they say, I'm sure the children sometimes smoke you know cannabis, what do you call it, I don't know (laughs) but they were you know, not big drugs, you know"

Extract 30: Daisy

"...the media also have a field day and the stories that get told is so different from the truth and um, people just make assumptions..."

Extract 31: John and Mary

"You hear stories in newspapers about, about him being a drug addict, he was mafia and the mafia had him offend. You know the truth of it and that's basically what counts."

Anger arises when parents feel threatened by misinformation surrounding the circumstances of the death of their children. Defamation of their children's character enrages them as they seek to keep their children in mind as good and sometimes idealised objects. Parents therefore, may feel as though they are not only fighting against the indifference of the judicial system, but they are also fighting for what they view as an accurate representation of their children's character. Again, while this element of their response is related to grieving, it is also evident that it was the violent or traumatic nature of their death that creates some sensationalism and possible social censure. Thus trauma related deaths seem to require added work on the part of parents to protect the 'image' of the deceased.

Freud postulated that a libidinal attachment to the love object is shattered when a slight or disappointment comes from this love object (Freud, 1917). This results in difficulties in

withdrawing of the libido and displacement onto a replacement. For parents to decathect from their lost love objects, it seemed important that they were able to piece together the fragments of representation first, before they were able to begin to withdraw some of their libidinal energy. This may explain the importance of idealisation in the process of trauma resolution as well as in the movement towards healthy grieving. An inability to piece together the fragments of representations of various kinds (including who was responsible for the events), seems to keep parents in the perpetual cycle of trauma and grieving. The object needs to be psychically intact before de-cathexis from the object is possible. This element of the interviewee data is discussed at greater length in the following sections, however.

4.2.6. Summary of trauma related aspects of response

Losing a loved one is a difficult and heart wrenching experience that is both universal and yet unique to each individual. Research recognises that the loss of a child is one of the most traumatic experiences an individual can encounter, and this is compounded when the child is lost in a violent way, such as through homicide. The initial reaction to this human inflicted event reveals that in order for parents to cope with such overwhelming images or news, there is a need to dissociate from the event or “numb” themselves in order not only to deal with the overwhelming nature of the event, but also to engage with the practicalities surrounding the death of their child. Such practicalities include involvement with the criminal justice system, which is a somewhat unique aspect that distinguishes those who have been traumatically bereaved through homicide, from those dealing with accidental or normal bereavement. Their interaction with the judicial system seems to delay the relative’s ability to work through the shocking experience, and yet at the same time, it becomes part of their sense making process. The experiences of the parents who were interviewed seemed to support previous research suggesting that the world is shattered in many aspects. As interviewee Bella describes it: *“everything feels like it’s being ripped apart”*. The remaining shards that seem never to be integrated into a meaningful comprehension of events are the fragments which Blakley (2009) calls traumata. These have intrusive qualities to them as these images tend to appear without

warning, painting a pictorial landscape that is engraved in the minds of the traumatically bereaved. While they may become less invasive over time, the images are clearly remembered.

The fragmentation of their worlds motivate the traumatically bereaved to seek a coherent narrative of events that makes linear sense in terms of time and place. In their quest for comprehensibility, parents engage in a search for accountability, wondering who should ultimately be held responsible for such an atrocity, vacillating between apportioning blame to themselves, the killers, those present during the event, or even the victims themselves. The homicidally bereaved desire justice and/or retribution and the search for justice is used as a tool to restore a degree of order in their ruptured inner worlds. Their basic assumptions regarding the benevolent nature of the world have been shattered as well as their sense of identity in terms of being a good parent or caretaker. Parents engaged wholeheartedly in their interaction with the justice system as though they were acting on behalf of their children. In this respect parents became the voice of their dead children, whom they attempted to protect in death (perhaps as vicarious extensions of each other) in a way they had been unable to do at the time of loss of life. It is apparent that many aspects of response following death by homicide are aligned more strongly with traumatic features than is the case in circumstances of anticipated or more 'normal' bereavement (such as death following a long illness). Aspects of dissociation, intrusive imagery and the need to attribute blame, were commonly described in features of the interviewees' responses. In addition, it was evident that the 'basic assumptions' of many of the participants had been shattered in the way that is characteristic of trauma. There was also some evidence of the need to symbolically 'undo' the event, aspects of repetition compulsion in the mental engagement with the process, and of the need to restore an 'undamaged' object in the mind—all aspects of trauma response as described in the literature.

Having highlighted some of the main trauma related aspects of the interviewees' description of their responses, the discussion turns to the more clearly grieving and loss related aspects (although it is worth re-iterating that the two aspects were integrally related in many respects).

4.3. Grieving

Parker (1996, p.5-6) asserts that “The pain of grief is just as much a part of life as the joy of love; it is perhaps the price we pay for love, the cost of commitment. To ignore this fact is to pretend that it is not so and to put on those emotional blinkers which will leave us unprepared for the losses that will inevitably occur in our lives and unprepared to help others cope with the losses in theirs” (p.5-6). It is evident then, that vulnerability to grief is a consequence of emotional attachments. However, in the case of the interviewees, the nature of the loss they suffered produced a particularly intense kind of grief that this study sought to better understand and describe. It is not so much the experience of grief that is significant, but the working through of grief that is also important in the context of this research. Themes that were generated in the thematic analysis that appeared to be related to mourning and some form of working through centred on the funeral, realisation of the loss, the subsequent “missing” of the interviewees’ children and the contentious issue of forgiveness.

4.3.1. The Funeral

Associations to the funeral emerged as a major concern for cases 1-4. While the parents in case 5 referred briefly to the theme of funerals, they did not discuss the details of the funeral of their own son. Overall it seemed that the funeral was an important component of the loss narrative which implies that this ritual is a pertinent aspect of the grieving process.

Extract 32: Jane

“...it was actually a nice funeral as it was in a church building and they had nice pictures of my son and all his friends were there. There were alot of people and his teachers from school some of them... And I treasured what all the kids organised you know, the funeral and my whole son’s life story and they really you know did everything and I treasured it you know, It was sort of like a little present.”

However, Jane also expressed ambivalence regarding the funeral proceedings as she displayed anger towards people who criticised the event.

Extract 33: Jane

"Afterwards my best friend had also lost her son and she asked 'why did you have that, that in a church? If you want to have an unreligious ceremony then you must have it in a hall somewhere'. You know! So angry! People are so unnecessary and then my family... 'Why wasn't the service in, in Afrikaans? Why was it in English?'"

It was apparent that the funeral had been significant to Jane in terms of allowing for some communal acknowledgement of the loss and that criticisms from significant others of the funeral were received with considerable distress. All these elements appeared quite alive in her memory.

Extract 34: Jane

"I managed to translate during the ceremony for my father. My father is a pastor and he managed to say a few words and I translated through him..."

Extract 35: Bella

"Wednesday was the funeral and I had um my husband and my kids together and um Ang, we had them at the (suburb named) cemetery and had the funeral here and that was that... I just found that God gave me the strength to make some decisions and I'm glad I did. Even if it was just going with the flow of things at that time, I'm glad we did things the way we wanted..."

Themes related to the funeral highlighted the importance of agency for these parents in terms of their ability to be involved in the funeral proceedings and their need to appear strong for their children and others around them. However, this focus on a kind of public 'performance' may have been, in part, indicative of the initial shock that these parents experienced and the more instrumental coping mode they used to deal with the immediate aftermath of the event. The funeral seemed to be a temporary medicinal dosage that enabled parents to compensate to a degree for their sense of disintegration and to manage their raw emotions. The funeral

often appeared to be recollected at some distant perspective. Although it was perceived as an important aspect of the death, recollections of the actual funeral seemed somewhat patchy. As suggested, there seemed to be something about the collective nature of the funeral ritual that was important, the fact that others were standing together with them marking the loss or rupture. The need to make decisions and arrangements also appeared to mobilise the bereaved, even if temporarily. Since funerals cannot be repeated, it was also important to the interviewees that they had been conducted in a way that aligned with their need to cherish those who had been lost. The funeral appeared to be an important marker of what had happened but seemed to play a limited role in the working through of grief. It was evident that the major burden of the loss became more apparent with the passing of time.

4.3.2. Realisation and Loss

Several parents described the first year of loss particularly as one of shock and disbelief. However, as disbelief subsided, a realisation of the loss sets in and several sub themes emerged as parents discussed the longer term impact of the loss of their child.

4.3.2.1. "Missing" the Child

As parents seem to overcome the initial trauma stage of shock and denial, the movement into grieving is highlighted by several themes. One of the first themes to arise from the analysis of the text could be referred to as the ongoing "missing" of the child.

Extract 36: Bella

"If part of me is not sad, then I don't think that is normal as I miss him everyday so you know, it's the pain you feel when you have an amputation so I feel that pain."

Extract 37: Daisy

"...I love him and there are days that I miss him and there's days that I hate him and there's days where I'm very angry... And it's so hard Angie, because you get a cake and you getting flowers and you're getting balloons and they're not there."

Extract 38: Susan

"As you know, a matter of fact, I would say that the first year was hard, was not difficult as perhaps the second, the third and the fourth because you know, it's not because of the shock that your child is dead. It's actually this longing to see them again, the missing. The missing is what becomes very difficult which is what; I mean the part that really gets to me even now. It's the missing, the longing, it's the missing, the longing to see them, to speak to them, to, but um, so it doesn't really get better with time."

The feeling of "missing" for parents did not appear to abate over time and the memories of their children's antics and mannerisms seemed as poignant in their minds during the interview as if they were still alive or very recently absent. Yet, at the same time, they were especially aware of their absence. Time seemed to distort in the minds of the interviewees and it appeared to spiral rather than move in a linear direction. The spiralling nature of time related to the loss was evident in the fact that parents seemed to come back to the same conclusion, that their child was indeed no longer alive, yet they came to this point each time as if for the first time again. This process of "missing" their children seemed to be related to the process of reality testing, a process that Freud (1917) believed to be part of a healthy mourning process. The loss of the love object is so unbelievable that the individual engages in constant reality testing. Freud believed that individuals who engage with this aspect of the mourning process are able to realise, in gradually increasing measure, that the love object is no longer alive. Pain and sadness accompany reality testing as the memories, fantasies and expectations of their children to "*run through the door*", as Daisy described, are met with realisations that this will not occur because their love object has died and the loss is permanent. Considerable psychic energy seemed to be expended in coming to terms with reality of the loss and finding some way of holding the lost object in mind.

However, Daisy experienced ambivalence towards one of her love objects (her husband, Bruce) because he was not only a dead object, but also the perpetrator. Daisy wavered between missing her love object and hatred towards him. Although in relation to a particularly complex set of circumstances, Daisy's experience revealed that the process of mourning was not as streamlined as is sometimes portrayed, but requires a working through of the myriad of emotions that may have arisen out of the loss and fragmentation of one's inner world. Daisy seemed to struggle with understanding what exactly she missed about Bruce, as any entertainment of positive thoughts was immediately met by a recollection of his aggressive act. It may also be the multitude of losses that Daisy faced, which further contributed to her reported difficulty in finding a way of locating the deceased in her mind. Although this was not the focus of the study, Daisy's response also suggests some of the difficulties that those who lost their significant other by suicide may face. In this instance both homicide and suicide were involved.

4.3.3. Loss of future related fantasies

The second theme related to grieving is the loss of aspirations and dreams that parents may have had regarding their children and their future. Material that emerged about this included both their own fantasies and the fantasies of their children.

Extract 39: Jane

"...he had so many, he was on the verge of, he did some courses and he loved nature and he was sort of just starting a life for himself and it was so sad for him..."

Extract 40: Bella

"I've just had to go this year to weddings of three of Jude's close, close friends, so when you lose a child, you don't just lose that person, you lose the dreams you had for them. I lost grandchildren that I would've had. Um, I used to look at his girlfriend and say wow-you're gonna have stunning grandchildren you know. Um, so it's all this loss."

Extract 41: Daisy

"I would pick up a dress at the age she is now, she's four, and I would imagine what she would look like in that dress."

Extract 42: John and Mary

"John: He was doing so well, a go getter

Mary: He wasn't doing so well in school but he proved himself after school

John: He passed his matric, but he was a hard worker and he had a good business brain."

Extract 43: Susan

"It's not so much what dreams I had, but he was that type of person that he would tell me you know what his ambitions were and his dreams and the fact that he, he didn't live to fulfill a lot of those dreams. That actually upsets me more than what I wanted for myself."

In all five cases, parents raised the theme of loss of future fulfilment of fantasies, as different instances reminded them of their children. It was not only the loss of their child in the present that was significant but also their investment in their future and an imagined engagement over time, some of which may again have been related to a natural narcissistic investment in one's child as an extension of oneself. From the age and period of life that their children died, came unfolding narratives of their lives and future possibilities, as parents imagined their children reaching certain developmental milestones. Some parents realised that those who were involved in their children's lives at the time of their death, had moved on in their life tasks and stages. The awareness of the passing of time in this way again emphasised the finality of the loss. These bereaved parents, appeared to be fixed in a bubble as though they experienced a type of 'Ground hog day'. Though others moved on and developed, their children remained encapsulated in time.

To keep their children alive, some parents engaged in fantasies and wishes that were related to their children's fantasied growth and development, as in the case of Daisy, who described her

fantasy of her daughter's growth (*extract 41*). Parents also felt deprived of the time that they could have spent with their children, as Jane for example, felt robbed of her future fantasies as *"he didn't live to fulfil alot of those dreams"*. These kinds of fantasies appeared to intensify the emotional or libidinal attachment that they had with their children, which made it difficult to decathect from their loved object, at the same time representing something not achieved or achievable. These parents do not seem ready to completely embrace the non-existence of their love object as the idea of introjecting a damaged and lifeless love object is still too difficult. The reference to fantasies of future development and ongoing being thus appeared to reflect a simultaneous denial and acceptance of loss. The child lives on in the mind of the parent, but the reality of their arrested development is also painfully obvious at times.

4.3.3. Anniversaries and Birthdays

The third theme related to grieving that emerged from the interviews was a preoccupation with anniversaries of their children's death as well as their birthdays. Bella and John chose to remember the birthday of their children through celebration. Most noted was Daisy, who decided to have a large celebration of her son's and daughter's birthday in the first year after their deaths by inviting a group of children from an orphanage . Subsequent birthdays were celebrated on a smaller scale. Several of the interviewees spontaneously described how they marked anniversary events.

Extract 44: Bella

"He was larger than life so 6 years on, I know his friends still make plans to meet on his birthday to celebrate his birthday and the three of us we still celebrate and we go first to a restaurant and we celebrate his life."

Extract 45: John

"We've been very lucky in that sense, unfortunately the kids, my daughter and son never talk, even to this day, they don't talk about it you know. When it comes to birthdays we celebrate, we

would say that “do you know that today’s Joe’s birthday?” and they’d say “ja, no”, so they know absolutely. They don’t discuss it, they carry on.”

Extract 46: Mary

“I get more emotional everytime, every year, birthdays, I can’t handle birthdays and anniversaries. They’re too sore, they’re too painful and I’ve tried everything.”

Extract 47: Jack

“I used to get panic attacks before, um, you know because his birthday was approaching and he shares a birthday with Mandela, 18th of July and so there’s always so much hype around that particular day...”

Anniversaries and birthdays were clearly events that affected parents across all cases. Most parents spoke about the birthdays of their children. *Extracts 46 and 47* highlight the struggle and pain that these parents seem to live through on these days, anniversary days which intensify the mourning process of the loss of their child. The passing of time, especially for Mary, signifies greater pain. Anniversaries may reactivate the original grief processes, again pointing to the spiral nature of grieving. Jack and Susan seemed particularly angry and distressed about the anniversarial nature of the birthday of their son. Jack voices this more adamantly, suggesting that his son’s birthday may reactivate the trauma responses that he had at the time of his son’s death, especially because he had to engage with his son’s body (Morgan et al., 1999). Jack and some other interviewees’ responses seemed to resonate with the finding that trauma related bereavement may produce feelings of irritability and frustration that cannot be explained and appear to increase around the time of birthdays and anniversaries (Jordan, 2003).

Others deliberately chose to celebrate the lives of their children and Interviewee Daisy spent considerable time and effort in explaining the elaborate celebration that she had for her children in her first year of bereavement. She revealed that she was exhausted by the time the event took place as it involved hiring of jumping castles, getting take away food and liaising with the orphanage coordinators. This effort that she expended was linked to a conscious desire

to reparate. She had promised a birthday party for one of her children before he died, which gave her the impetus to plan a large birthday celebration for other deprived children. It seemed to be her way of remembering her child and of fantastically communicating to him that she had not forgotten his request. On an unconscious level, her working of herself towards exhaustion, may have served to protect against psychic pain and facing the reality of her loss. Her investment in keeping her children alive illustrates a parent's ambivalent process of both holding on to their children and yet letting go. This resonates with the observations made earlier about future related fantasies. The enormously difficult task of mourning is related to the vexed question of how to both retain and let go of the object simultaneously, a task that Freud highlighted in his *Mourning and Melancholia* paper. This task seems particularly difficult in response not only to the loss of a child, but loss of a child due to homicide. The need to deny the horrific (trauma related) circumstances of the loss, as well as the need to reparate (for damage sustained and inability to protect), means that letting go of, or de-cathecting from the lost child object feels almost impossible. These parents thus have to find a way of psychically holding on at the same time as embracing a reality which requires letting go.

Two parents exerted great effort to celebrate the lives of their children which seemed to reflect a desire to gain back some kind of potency in retaining the good associated with their children. To be witness to the damaged and lifeless bodies of one's children and to realise that their death was a result of deliberate human action, creates feelings of helplessness that are not only related to physical rupture, but also to the loss of faith and trust in a benevolent world. These parents showed determination to ensure that their children were remembered in a positive or even 'happy' way, believing that their efforts were able to keep their children symbolically alive and in some way restored to wholeness, even if only in memory.

4.3.4. Afterlife

Another important theme that arose from the thematic analysis was what might be referred to in some bereavement literature as the 'relocation of the deceased' (Worden, 1991) and parents' understanding of where their children might be, in the sense of entertaining some

notion of a spirit or afterlife. This seems to link with the reality testing aspect of the grieving process, as parents struggle with the idea that there may no longer be a continuation of life for their children. Some drew upon religious beliefs to make sense of 'the place' where their children might be, whereas others drew upon more general understandings of a 'spirit life'.

Extract 48: Jane

"...he said even, mama I don't mind to die and I don't think, I think he was quite spiritual? And you know, perhaps he's going to another life. But why would he say that you know?"

Extract 49: Bella

"If he's looking down he's saying "now what a bunch of sissies, you know, look at them, just get a life, move on because it's the type of person he was..."

Extract 50: Daisy

"I pray for Bruce and I want him to heal and I want him to make a home for my kids and I and um, 'til we reunite again. So ja, and I know I, if he's watching, I would hope that he would want the best for me as well, because I, because it's done now Angie, what can we do, Kurt and Kiara are not coming back. I've got to send them love and pray for the best."

Extract 51: Mary

"I think Joe is a spirit, perhaps he's looking down on us because I know that, well I went to a medium and she said that Joe's birthday, he doesn't want you to be sad. He can see that you're sad and he cannot have a good time unless he can see you are happy."

Extract 52: John

"I just imagine if Joe's watching down on us from somewhere, he'll say, what the hell are you crying about? I mean I'm in a grand, I'm in a better place you know (laughs). That's the only way

I look at it. It's the only way I think. Maybe I'm wrong. Whether there is such a thing as an afterlife, I don't know."

Extract 53: Susan

"Nobody really knows if they are in a better place or not, you know. We hope they are but um, there's no guarantee that they are."

Upon the violent death of their children, all parents were forced to re-evaluate their belief systems as their assumptive worlds were shattered. Piecing together their worlds required an anguished re-evaluation of their beliefs in a god or higher power. It appeared that most parents chose to believe that their children were in a better place and in some instances their language suggested an ongoing existence in a different sphere. For example John and Susan attribute thoughts and feelings to their deceased son in the present and Daisy talks about Bruce making a 'home' for her children. It is hypothesised that this belief in the possibility or probability of an after-life existence stems from their desire to relocate their children in a place where they are no longer in pain and are protected from further harm, even if they are aware that this is a 'symbolic place'. A couple of the interviewees experienced a change in their religious beliefs and no longer practiced rituals related to their previous spiritual belief system. They chose to adopt other belief systems that seemed to give them greater understanding of the relocation of their child, in some instance turning to mediums to establish some connection with the 'spirit' of their dead child. Parents who invested time using mediums desired concrete answers regarding the state of their children. These parents needed to know that the future was better for their children. Belief in a better afterlife meant that their grief could be more bearable and that they had some sense of permission to continue living their lives in a constructive manner.

Other parents seemed ambivalent about the possible continued existence of their children, which consequentially led these parents to question every aspect of their belief system. The task of 'relocating the deceased' in the mind of the bereaved is a difficult one and reflected considerable ambivalence across the sample. Even those who were able to entertain the idea of an afterlife found themselves wondering if their beliefs were credible. Religious beliefs,

although helpful in some instances, were not necessarily so, especially given that the circumstances of the loss had challenged the idea of a benevolent, omnipotent presence. In addition to the grieving manifesting in fantasy engagement with the deceased (in terms of both a future life to be lived and an afterlife existence), grieving also affected everyday behaviour.

4.3.5. Reactions of parents towards remaining children

Relations with remaining children of some parents changed somewhat after the death of their child. Themes relating to parents' reactions reflect relationships that have been strained somewhat with greater anxiety about the welfare of remaining children and a recognition that this needed to be managed, as well as some difficulty in not directing libidinal energy to the deceased at the expense of living children. They wished to remain parents who were engaged and interested in the lives of their living children, despite some idealisation and continuing emotional investment in their dead children.

Extract 54: Jane

"...you just want that child with you and you actually neglect your other children and that love for that child that's you know, not there anymore, it's overbearing. It's um, I had to be strong because my daughter you know was here, so I really, sort of, you know, I had to carry on."

Extract 55: Susan

"I find that I actually got to watch myself because when we do sit down and often we do on a Sunday after lunch we will say you know Thomas was like this or like that and we're inclined, Jack and I are inclined to just make him seem like this perfect human being and I have been doing it more lately... I feel that you gotta be careful that your other children don't feel, that they are less than this child was."

Parents are aware of the need to decathect from their lost love object as they realise that this continued cathexis is limiting the emotional investment that they can utilise for their living children. However, they seem to grapple with the fear that if they decathect from their love

object, they will somehow forget their dead child's existence or be seen as bad parents who have abandoned their children by no longer thinking of them.

Perhaps there is also some fear of losing existing children (based on prior experience) and parents may also fear reinvesting their libidinal energy in remaining children as they are not guaranteed that they will not lose another child. There may be some unconscious need to protect against the pain of this kind of loss, which is almost too terrible to bear.

A final and somewhat different theme related to loss and ongoing grief work was a preoccupation with issues of forgiveness and its place. Psychic work related to forgiveness was integrally linked with how the deceased was held in memory and parents felt a sense of responsibility in bearing witness to the events of their death.

4.3.6. Forgiveness

The theme of forgiveness was introduced by parents in all cases, which suggests that this is a pertinent aspect of bereavement related to homicide or deliberate infliction of harm committed by another. The role of forgiveness seemed to be a controversial topic among interviewees, however, it appeared to demonstrate an important part of the grieving process. Forgiveness also appeared to be one of the links that connects the grieving process with the process of meaning- making.

Extract 56: Jane

“...there are very few people that counsellors that can help. Very few! The one actually forced me to forgive. That lady that helped me, she recommended that counsellor and she actually forced me to forgive him, forgive him! It was a few weeks after! How can I forgive? How can the counsellor? They had no training I’m sure!... ja, it’s up to me to forgive, um, and then I think I will never forgive them. I think it’s up to me how to handle it isn’t it?”

Extract 57: Bella

"Forgiveness, um, I love that word...there's so much emphasis on forgiveness and it's not just religion, because, it's not just Christianity. Any religion puts emphasis on forgiveness, as does psychology because and I understand that it's good for the soul, it's good for you, it frees you, but I learnt that forgiveness is a daily decision...have to renew everyday and sometimes I succeed and sometimes I don't. But I found that alot of people kept saying to me:'have you forgiven him? You have to forgive him'. And they create alot of resentment because I think to myself I don't have to do no such thing. It's my choice. I decided to, I actually for a long time didn't say his name and now I actually said that I forgive Tom for killing my son. And I mean it now. Tomorrow I try again."

Forgiveness is a contentious issue in both the religious and academic realm, with theorists arguing that it is difficult to define exactly what forgiveness is (Glaesar, 2008, Van Denend, 2007, Zaibert, 2009). Extracts 56 and 57 indicate that forgiveness is not merely a moral or religious condition that requires obligation to fulfil, but is a deliberate decision to reinstate the person who perpetrated the transgressive act into a place of neutrality instead of deserved animosity. Jane was infuriated when a counsellor insisted that she forgive. She emphasised that it was her choice to forgive, perhaps because the inflicted pain was directly related to Jane and not others, which places the decision making in her power. Bella reiterated the importance of bestowing forgiveness as an act of choice and clarifies that it is not a decision that is made once and then becomes perpetual. Forgiveness for Bella implied a daily decision that she sometimes reached, but also accepted herself for days on which this was not possible. Forgiveness seems to be an important part of the healing process as it allows individuals to let go of psychic energy. Homicide seems to initiate the formation of mental bonds with the perpetrators in the minds of the bereaved which are not intentional or volitional. This link is formed, in part, through the workings of the CJS, as individuals (especially those who attend the murder trial) are invested in an ongoing, though toxic, relationship with the killer (Beiser, 2006). Forgiveness or the decision to let go of hateful thoughts and impulses, frees up energy to be used elsewhere. However, this process of letting go, as Freud (1917) would comment, takes time and

requires work. As Bella, emphasises *"I forgive Tom for killing my son. And I mean it now. Tomorrow I try again."* Her statement emphasises that the process of mourning takes energy and psychological work.

There has been considerable debate in recent times about what constitutes healthy mourning and what determines pathological mourning. Researchers have argued for new categories related to more pathological forms of mourning that, for example, might include aspects of traumatic stress related symptomology that are not found in normal bereavement, to be included within the new DSM of the APA . This research reveals that grief is indeed a process that is multi- faceted, with a range of different aspects that are highlighted depending on the circumstances of the death and the meanings that individuals attach to their losses.

4.3.7 Relationship between trauma and bereavement responses

Data revealed that engaging and working through trauma and bereavement, though separate processes, are intertwined on different levels, one part affecting the other. Some researchers have argued that individuals who have lost loved ones through traumatic bereavement have to cope with the trauma inflicted as well as the grieving process (Raphael & Martinek, 1997 as cited in Litz & Neria, 2003) and this was certainly reflected in this study as already illustrated in the discussion of themes. Bella and Daisy discussed the interaction between trauma and grieving in considerable depth, providing further experientially based evidence in support of current theory advocating the importance of dealing with *both* loss and trauma, especially in the case of death by homicide.

Extract 58: Bella

" ...I've now come to understand that you cannot grieve fully if you don't deal with the trauma first. That is my experience... because dealing with trauma will sort of define the way that you're going to deal with your grief because if you don't, you don't understand things, it's like you sit with your pain but you don't know why am I feeling for example, why am I sweating so much all the time? Why am I shaking so much? Why? And you think that you're having a heart attack

because you've got all these palpitations and you think, is this what grief does? But then it's actually the trauma side that you haven't processed yet, so because you're concentrating on those little things you know, you don't give your grief the attention it deserves. I say that grief is holy, it is holy, you have to bow down to it because it's that big and only I think that only by bowing down to it, like, you know, the bamboo? You do that, you know, (gestures a motion bending downwards with her arm). If you make that (stiff arm straight upward), you will break, if you don't you just, stiff upper lip, you know, I will do this, um, it will break you."

Some theorists, such as Kübler Ross (1969), suggest that individuals go through certain stages of mourning. However, theorists such as Kübler Ross based their theorisation on observations of samples of individuals who mourned more 'natural' loss of life, such as the death of terminally ill patients. These theories shed light on normal bereavement processes, which follow natural and progressive deterioration, whether it is through illness or aging. A unique dynamic arises when death of a loved one does not follow conventional ideas of the unfolding of life and death. The bereavement process seems to be complicated when a traumatic event occurs. This observation is not to minimise the grieving process of others (such as those affected by cancer related death, for example), which may also be experienced as traumatic to the individual. However, the sudden death of a loved one through homicide brings into question whether it was indeed their time to die (amongst other existential issues) because there is a direct but largely incomprehensible cause for the death of the loved one. The emotional stress that homicide survivors encounter, tends to emulate traumatic stress symptomology as described in the Diagnostic and Statistical Manual, Fourth Edition, Text Revision (APA 2000), as well as carrying other loss related features. Parents were confronted with a traumatic event that produced feelings of helplessness and horror. For Bella, this translated into physical symptomology that was suggestive of panic attacks as she described feeling "palpitations", "sweating" and "shaking" and times during which she thought that she may have been experiencing a "heart attack".

Bella also suggests that parents need to know the difference between mourning and traumatic stress. They also need to realise that they not only lost their loved one, but also faced the

trauma of their dreadful deaths. She further implies that grieving can never be resolved if trauma is not processed and managed. Her testimony tends to support the work of current theorists who are arguing for a new diagnostic category of 'complicated grief'. They assert that homicidal bereavement, for example, cannot be integrated into the same category as normal bereavement and requires different conceptualisation and management.

Bella seems to supply self-observational data in support of Freud's idea that traumatic grief requires work as she describes the process as one that entails "attention" and "is holy, you have to bow down to it because it's that big". Resistance to the task of mourning will only lead, in her terms, to pathological mourning which will eventually "break you". If parents are unaware of their traumatic stress related symptoms, psychic energy may be used to repress trauma related associations and to maintain everyday functioning and hinder mourning processes. Once trauma is worked through and processed, libidinal energy is then released and can be used to focus on engaging with the mourning process. To try and work through both concurrently may well prove too taxing and anxiety provoking for the individual and if one insists on being stoic in the process, it may eventually 'break you', implying some kind of psychological collapse. The material generated from the interviews further suggests that the process of mourning ebbs and flows and may not be as linear and stage specific as some bereavement theorists seem to argue.

Extract 59: Daisy

"I mean, I know a loss is a loss, Angie, but I think if Bruce was involved in an accident that night or somebody else killed them then it would be completely different, because here Angie, I'm dealing with a whole lot more, it's a different, I'm dealing with my husband who killed our children and a father who they trusted and um Angie, if, um, if there was anybody that I trusted with my children, was Bruce, because there was no ways that he would harm them."

As described by Daisy, a loss through traumatic events evokes a different grieving pattern which includes dealing with the trauma. As this is dealt with, one is able to process more clearly one's grieving related responses and so Daisy emphasises this process. Daisy also suggests that there are variations of traumatic impact, which implies that treatment pertaining to the mourning

process cannot be generalised. She also brings into the foreground the almost incomprehensible aspect of one human being choosing to fatally harm another, an act that separates homicidal loss from normal bereavement. What is evident from Daisy's statement is that meaning-making in the aftermath of human inflicted trauma and related death involves considerable psychic work that requires engagement with the human capacity for aggression. This knowledge has to be integrated alongside the tenderness for the lost object and the hope of restoring a more benign and intact sense of the world in order to go on living in a meaningful way. This appears to be a further distinctive feature of homicide related bereavement.

Having focused the discussion up to this point primarily on the nature of the impact of homicidal bereavement as described by the interviewees, the discussion now moves to explore the ways in which the participants talked about their efforts to deal with this impact and what in their experience proved helpful and unhelpful, with specific attention to meaning related aspects.

4.4. Coping Responses

Several important themes related to post- homicide coping and adjustment arose out of the interviews. An important thread running through the discussions was the need to make some sense of what happened and to find some kind of meaning, even if this entailed accepting some not-knowing. The first two themes address the ways in which the support of other human beings was important to the interviewees, both at a formal and informal level. A further theme concerned the kinds of self-initiated activities that interviewees used to comfort and soothe themselves, as well as to create some purpose in living. There was also some discussion of the rituals or behaviours that individuals engaged in, in order to integrate the lost object into their ongoing being in some way.

The theme of social support was central to the interviewees' accounts of their ability to cope and work towards meaning and was raised spontaneously in all of the interviews. Those who encountered a lack of social support experienced this as particularly painful and as a hindrance

to healthy meaning- making, as energy had to be expended in managing the disappointment related to this lack of support. Others, however, described very positive experiences of social support.

4.4.1. Role of Professional and Organisational Support

In some instances, professional support helped parents to deal with their initial loss and to start them on the path towards healing. However, Jane experienced the role of the counsellors that she went to as unhelpful and the support group for bereaved parents further contributed to her distress. The other interviewees described the role of the The Compassionate Friends (TCF) bereavement support group for parents to be most helpful in dealing with their loss.

Extract 60: Daisy

"I'm at a different space in my life. I'm at a different level. I um, I go for help. I am not shy to say I go for counselling. I need counselling, I need help. Um, I am not in denial. I am working through, not just grief, but I'm working through so many other aspects of my life that has happened to me in terms of my marriage, in terms of abuse, to be honest I feel that I have evolved and um, to a large extent Angie, I'm at peace."

Extract 61: Mary

"I feel quite good after I've been to the psychologist, in that I can offload you know. She also lost a member of her family through tragedy so I can relate to her and the psychiatrist and her work hand in hand. I mean with medication and I guess that's I suppose how I must carry on with my life. With two people that mean something to me and who are trying to help me."

Extract 62: Susan

"I found that the Compassionate Friends were very, very, kind and helpful and the fact that everybody sitting in that room has experienced the loss of a child makes quite a difference."

Professionals and peer support groups provided tools for parents to digest and make meaning of their losses and seemed to provide constructive contributions towards this process.

Bereavement support groups seem to enable parents to make some sense of their loss, however not all parents desired to have support after the first year of bereavement. Mary experienced the support groups as “too painful” and preferred individual counselling. Listening to other parents relay their tragedies failed to help Mary make sense of her loss and intensified the sense of meaninglessness of the loss of her son. However, she felt her psychologist and psychiatrist to be strong allies in her healing.

4.4.2. Social Support from Family and Friends

Beyond the support offered by professional and volunteer counsellors and organisations, interviewees made reference to their use of more informal support systems, those of family, friends and colleagues. Again interviewees offered accounts of both negative and positive experiences, the negative and uncaring attitudes of others appearing to be particularly distressing and sometimes anger provoking.

Extract 63: Jane

“I think I’ve kept my distance because you know even my brother says he doesn’t care, you know he’s got no sympathy for us because we carry on with life and it was a year after and what must we do?”

Extract 63 reflects the hindrance that those closest to us, such as our families, can be in the grieving process by their lack of understanding of the mechanisms of grieving. For Jane’s relations, they appeared to have processed the loss relatively quickly compared to the immediate family and had an expectation that Jane and her family would have made sense of the loss in the same time period. Jane seemed frustrated that her family did not understand her grief and she could not comprehend how they could expect her to process her loss in a year.

Extract 64: Susan

"Nobody said to me, you know your husband's working those long hours, can we come and sit with you perhaps from seven in the evening 'til ten or... Um, Thomas' girlfriend um, she couldn't go back home after that happened and I, I mean I didn't know her very well and they'd only been going out for a couple of months and you know she would come over for lunch and she'd come over at times on a Sunday but I didn't get to know her well enough but she came in and moved in with me and in a way that was very nice because in a way I did have a little bit of company for the first two months..."

Susan experienced partial support from those around her which helped her in the beginning stages of her grieving process. However, the concern of others was seen as insufficient in relation to the magnitude of pain that she experienced and she did not feel sufficiently held in mind by her significant others. She tried to reason through the unavailability of support and seemed ambivalent about the support provided, wavering between gratitude regarding the extra effort that her son's girlfriend made to be with her and disappointment with the lack of thoughtfulness from her wider circle of friends.

However the majority of participants had more positive experiences.

Extract 65: John

"If I didn't have children, I don't know how I would've, I might've left. But the kids helped me. 'Dad, just go out, just go for a drive, go and relax', 'Go and have an ice-cream, do whatever you know, just get out, we understand.'"

Extract 65 shows how the support and understanding of family could contribute positively towards the parent's ability to cope and how the intimacy of other children helped pull this parent back into life.

Extract 66: Bella

"And I was very if I can use the word lucky that I have got the most amazing circle of friends. And you get to learn who your friends are, but the by and large, the majority stayed."

The above extract demonstrates that loss can lead to a re-evaluation of one's support system based on the response of others to this life event. Such re-evaluation can include a deep appreciation for those who choose to provide continued support despite the tragic circumstances. The continued support seems to enable parents to retain and/or rebuild some sense of a benevolent world that tempers the shattering of assumptions about the trustworthiness and goodness of fellow humans. However, Bella also had to reach an understanding that there are those whom she trusted who did not sustain their relationship with her after the tragedy. Despite this she chose to focus on the good support she had received.

Parents who suffer tragic losses seem to feel loneliness and isolation and desire to be held together by those around them. The fragmentation of their inner worlds, leave them vulnerable to further pain and disintegration and social support seems to buffer the sense of helplessness parents feel, especially in the first few years of grieving. The interviewees desired understanding from those around them because the loss that they faced seemed so unimaginable. They also appeared to value the company of others, perhaps as some buffer against the painful awareness of the absence of the lost object, and they also seemed to value the fact that relationships with others pulled them into an interpersonal world again. The enduring nature of support from some people seemed particularly valued.

4.4.3. Reading as a form of Self Help

In addition to reflecting upon the benefits and costs of support and non-support from others, interviewees also made reference to the manner in which they had embarked on personal efforts to come to terms with and live with what had happened. One of the central themes to arise from the interviews was the search for answers and meaning in the initial stages of grieving and trauma. Some interviewees reported that they had read avidly in their quest for solutions and understanding in order to alleviate their sense of isolation and loneliness.

Extract 67: Jane

"I think, the only thing that helped me was reading, I still read alot about these things..."

Extract 68: Bella

"I have not seen um any counsellors, psychologists, nothing, it was purely by reading first."

Extract 69: Daisy

"Reading, I would say that certain books will appeal to you at certain times."

Reading as a self help tool was widely used among parents as though the search for knowledge might facilitate meaning making or fill the gaps in understanding. The information gained appeared to have resonated differently with parents at different stages of their grieving process. As Daisy said: *"certain books will appeal to you at certain times"*. It seemed that reading was helpful in offering a reflective space (perhaps similar to that cultivated in some mindfulness therapies). Sharing with others could take place at a distance and did not entail the same level of effort involved in face to face interpersonal exchanges. In addition, the individual could exercise agency in relation to what to read, how much to read and whether to continue with a book or not. It was interesting how the participants seemed to reflect a spontaneous employment of bibliotherapy in this circumstance. In addition to reading, participants also talked about how their more existential or religious beliefs and practices were or were not of help to them.

4.4.4 Religious or Spiritual Influence

In all interview cases parents, brought up religious or spiritual influence as part of their repertoire to draw upon, in an attempt to create meaning in relation to their loss, illustrating the emotional investment that parents had in this channel of thinking. Spiritual beliefs of some kind or another were a central dimension of the meaning- making process

Extract 70: Jane

"I'm a little bit spiritual but in a different way you know, not like people say or think about God. They say, God only takes the best people and you know I really can't believe in a God because he won't be so cruel. God is not cruel. Look what's happening to the world. How can there be a God?"

Extract 71: Bella

"I always prayed and I always thanked God for everything..., I've become a lot more aware of the blessings of God and I'm grateful for it, very grateful for it."

Extract 72: Daisy

"I want to believe that God has created a perfect life for each one of us and when we come down to earth, when we are born, it's by the choices that we make in life, um, and we are the masters of our own destiny. I firmly believe that and, and obviously we make certain choices and maybe it wasn't supposed to be in that path, but we made those decisions and if we die, I think, you come back again until you get that life that God had intended for you, like from the beginning and that's why I believe we are always connected to certain people in so many different lifetimes and that's my take on it."

Extract 73: John and Mary

"Mary: Well, we were like a seven day wonder and we actually lost, believe me, I'm not even joking, although we are Jewish and will always be Jewish. I'd like to be a Jew where I really believe

John: (interrupts) Well, we're not practicing. Not that we were ever practicing before but you know, you think to yourself, is there a God out there

Mary: You know, we lost total, total belief with Joe. And I can ask the rabbi and talk to them and they will say, you ask why, why and they cannot give answers."

Extract 74: Susan

"I, started looking at things differently, yes, you know their philosophy is mostly you know, you do come into this world to learn and it's not only gonna be pleasant, you know the teachings and the experiences. There will be the difficult ones and the difficult ones are the ones your soul grows from. Spirit grows from difficult times. It doesn't grow when things are easy."

Previous belief patterns at a broad level seemed to remain largely intact for most interviewees and were used to explain some aspect of the relocation of their children. Yet simultaneously, the death of their children led to incorporation of new teachings into their previously held belief systems. For John and Mary, the sensationalising interest of their religious community caused great pain and created a mistrust of their religious society, ultimately leading to an abandonment of their previously held belief system. For Jane, continuing to believe in the same kind of an omnipotent god she had previously entertained would have meant having to embrace a malevolent one, due to her underlying question regarding how such a God would allow pain and suffering to continue. She suggested that she had therefore developed a different and more personal kind of spiritual belief system. Drawing upon spiritual ideas and belief systems seemed in the main to facilitate existential meaning- making for parents and to allow for some kind of sensed continual connection with their children.

4.4.5. Reminiscence and Remembrance

Interviewees revealed that an important part of coping in the grieving process involved the deliberate recalling of memories of the loved one and active engagement in rituals, tasks or behaviours that kept their memory alive through particular kinds of remembrance. While this has already been addressed to some extent in the discussion of anniversaries, these days generally seemed to be trauma coloured, whereas the rituals described here are of a more positive nature and reflected a kind of remembrance that was woven into the fabric of everyday life.

Extract 75: Jane

"I try to sort of you know, feed the birds because he loved birds. I have a garden full of bird baths."

Extract 76: Bella

"I kept his desk, no, no, I took his bed and it's a place, it's my quiet space, it's my nurturing space but it's not a space where I say that I feel his presence., No, it's now my study and everything had to, I mean, my sister, she's a doctor. After Jude died, she specialised and when she was done with her thesis, she dedicated her thesis to Jude, and that to me is wonderful you know. It's a memory in a good way, cos in a way, it is a mode to help us to keep moving and doing things and doing more to help us. We try to live the life. I try to live my life in a way that he would and funny enough, it's not what he would have done himself, its dreams he had for me."

Extract 77: Bella

"I always prayed and I always thanked God for everything...I've become alot more aware of the blessings of God and I'm grateful for it, very grateful for it."

Extracts 75 and 76 seem to indicate that these individuals have introjected good parts of their love objects. Jane has a garden full of bird baths so that in some way her son is still part of both her external and internal worlds. Bella said that she tries to live her life in the way her son would have wanted for her, not becoming the loved object, but introjecting the part of his memory that he had for her. These parts include the dreams that he desired for her to live, but she has an understanding that he is separate and does not need to consume her internal world. Bella still has parts of the original furniture that belonged to her son which have been used in a room converted into a study. She is well aware that this room does not contain his presence but still feels it still has his influence. Bella's son then is still part of her internal world but is clearly an external object with whom she no longer has direct ties, but the memories remain part of where she invests her libidinal energy.

Extracts 77 and 78 (below) seem to indicate that keeping the memories of children alive, aid in the process of healthy mourning, as remembrance of happier times seems to alleviate the pain that parents carry and allow bearing of this traumatic burden a little easier.

Extract 78: Jack

"He enjoyed life and he grabbed life with both hands. I mean, one day his friend phoned him at 9 o'clock in the morning and he says Thomas, I'm going to the Maldives, you wanna come with? Thomas says yes. So I said, he's leaving that night, he's catching the plane. Thomas, you haven't booked, your passport has, don't worry dad. So help me boy and it was a Saturday! I don't know how he got everything organised, 3 o'clock, 4 o'clock we took him to the airport. He got on the plane and he went. That was it. He was that type of person, he enjoyed life, he um, we'd be going along and he'd say, let's stop off for lunch here dad. Like a Nandos or something like that and it, it was an occasion. I don't know how he managed to do it."

The discussion now focuses in more narrowly on meaning- making and its vicissitudes which were highlighted as important by the interviewees. As suggested earlier, adjusting in some way to the traumatic bereavement inevitably entails some form of meaning making. However, it was clear that understandings of meaning- making and what is entailed in this process were particularly complicated and suggest some need for re-evaluation of conventional understandings of this dimension of mourning.

4.4.6. Common beliefs that hindered meaning making processes

All parents expressed anger towards people who said things that hindered meaning- making in their time of loss. These individuals seemed to propose commonly held societal beliefs that were influenced by the secular world or by religion. The emotional investment and intensity of their response highlighted the importance of this extracted theme which seems central to the meaning- making process.

Extract 79: Jane

"...alot of people judged me because they think it happened to me because God was punishing me, I find it extremely dumb (laughs)...I can't find another word for it. And then that made me angry, it makes me very angry but you know, if they think of my son, that God is, they've got a God that is so mean, that is so mean, that allows your child to be killed in that way. God is not like that! I mean my, if there is a God, that's not my.. you know..."

Extract 80: Bella

"If I see any sense, any purpose, there can't be no purpose. I refuse to believe in a God that plans things like this... so I sometimes think maybe he allowed it to happen because he gave us free will and that man's free will impacted on my life."

Extract 81: John and Mary

"Mary: ooh they say to me well, three years down you know, carry on with your lives. You should now move on."

John: ja, carry on.

Mary: move on you know. His contract on this earth is now over. It was over and that's why he was taken.

John: you don't believe enough (laughs)

Mary: that's right, you don't believe enough.

John: ja, ja, that's it's your fault you know. Terrible. You know I just switch off. Tell this people and they get annoyed and it's my God...

Mary: and they say it's meant to be."

John: or they were supposed to die and I think why, why?

Mary: (sarcastically) there's a reason for everything"

Extract 82: Daisy

“People will tell you Angie, everything happens for a reason, even I believed that before this, that everything happens for a reason... And when this happened, there is no solution, there is no solution, I have to live with this...”

Extracts 79 and 81 reveal that parents were angered when people tried to place meaning or make sense of the loss of their children using religious or secular reasoning, particularly when this involved either overt or implied blame, or justified retribution on the part of a divine power. Extracts 80 and 82, while perhaps reflecting a somewhat more benign perspective, suggest that the outcome was inevitable and that in some way the curtailed lifetime of the deceased was predetermined. There is the suggestion that parents should resign themselves to some sort of external locus of control and accept the outcome. In all of these quotations it is evident that the expression of these kinds of sentiments produced cynicism, outrage and/or disdain and distancing. In contrast to arguments in support of meaning- making that require finding some kind of acceptable reason or explanation for the loss, insistence on making sense of the actual loss of the child in this kind of way seems to be a hindrance towards healing. Thus in terms of the prior discussion of forms or aspects of meaning- making both the idea of sense making or comprehensibility and the idea of benefit finding seemed to be strongly resisted amongst this group of interviewees. No reason can be attached to the violent loss of a child, a loss that was deliberately caused by another human being. This brings into question, how one moves on from this kind of trauma if no meaning of this nature can be placed on the loss?

4.4.7. Choosing to move on despite lack of ‘meaning’ as commonly understood

Surprisingly, the topic of ‘choice’ came up without prompting and became one of the prominent themes that parents presented as important in the healing process. This theme of choice included an understanding of the choices that others make and your own choice to continue on your journey (or not, as the case may be).

Extract 83: Jane

"I guess I suppose that I must go forward, you can't your whole life. You've got a choice, you can either die or you can live, you know, you've got, everybody's got a choice... the main thing is that you have a choice. You can be bitter and full of hatred and full of, you know, bitterness or you can try to you know, be good."

Extract 84: Bella

"Again its choice, isn't it? And to me, I think it's literally been my salvation. It's the choices I make... we all go through any traumatic thing that happens in your life, it doesn't have to be a death, but you choose how to react. You allow it to break you or make you and I do believe very much that the choice you make, um, when you lose a child... I'm feeling sorry for myself for the rest of my life or I'm never having a chance of rejoining the world of the living or am I going to choose to slowly, because it's going to be slowly, take steps to actually live a normal, a normal as possible a life again, so to me it's very much about choice."

Extracts 83 and 84 give further insight into the limitations of meaning- making in the face of homicidal loss of a child. Recovery, ironically in certain respects, entails letting go of the investment in meaning- making and in attempting to make sense of something that is without sense; choosing to let go and move forward. These parents believe that one needs to make the choice to continue living and abandon the meaning- making process in the conventionally understood sense. To continue to be caught in the futile attempt to make sense of this aspect of loss will keep you imprisoned in the past and may eventually "break" you. Eventually it is important to make the choice to decathect some of the libidinal energy invested in the love object, particularly that part invested in undoing or in omnipotent hindsight, and to turn to "join the land of the living".

Extract 85: Daisy

"...but it's about choices we make and um, it's by Bruce's choice that he has altered my life path and um, so um, that is what I have come to."

Extracts 85 and 86 are two examples that show the understanding that some parents arrive at, that it was by the choice of the perpetrator or (possibly the victim) that the atrocity occurred and these events were in some way 'senseless'. There is no longer psychic energy being used to make sense of the loss, or manifested in self blame. Parents are able to locate agency for the event outside of the self, freeing them for the opportunity to reinvest their energy in another object or in other ways to do some of the identity work suggested to be important in the constructivist understanding of meaning, aspects of which have been alluded to in the prior sections of the discussion. The lost object is retained in the internal world but the energy invested in understanding the circumstances of the loss is no longer all-consuming. There seems to be some recognition of the impossibility of 'undoing' what has been done and the need to engage with the reality of the loss in a way that allows for the self, or the ego, to continue to exist and operate. In a sense, meaning can only come from acknowledgment of both the reality of and the incomprehensibility of the event.

4.5. Concluding Summary

Braun and Berg (1994) argued that the ability of individuals to create meaning for the loss of a loved one within a broader framework will contribute towards adjustment in the grieving process. Janoff-Bulman (1992) also added a significant contribution to the trauma and meaning-making literature with her premise that the experience of trauma shatters basic assumptions, as discussed previously. She argues that consequently healing from trauma involves the restoration of assumptions, even if in modified form. In both perspectives the importance of meaning-making in response to bereavement and traumatic events is emphasised. In recent times, Freud's theory on death related loss and related models of 'grief work', has been heavily criticised by Klaas, (2006), Lalande & Bonanno, (2006) and Stroebe & Stroebe, (1991). Recent research (Bonanno, 2001, Field, 2006, Rothaupt & Becker, 2007, Rubin, Nadav, Malkinson & Koren, 2009) leans towards the theoretical premise that continuing a bond with the deceased rather than decathecting from the love object, aids in the healing process, providing that the investment is not all consuming and is modified in some way. It was thus evident that the

existing literature on trauma related bereavement was not clear cut and that there was room for further observation and investigation.

This research sought to explore and further develop an understanding of the adjustment and meaning- making processes entailed in traumatic bereavement. In this instance the understanding was derived through reported experiences of parents who had been traumatically bereaved and their reflections upon how they responded to and attempted to comprehend their loss, as well as how this may or may not have contributed towards psychic healing. It became evident that in our understanding of traumatic bereavement it is important to tease out those aspects that belong to grieving and those that relate more clearly to trauma. In the case of homicide, it appears that the traumatic event requires unpacking in the grieving process, as trauma related symptoms become intertwined with grief responses during the course of bereavement, making it difficult for parents to understand their experience and to begin to comprehend what has happened and its impact. There are aspects of the grieving process that are clearly trauma related. The themes that were extracted from the analysis that related to trauma pertained to the initial reactions of shock, horror and disbelief. Observations in this regard supporting current research that has been published that is related to homicidal loss (Armour, 2007, Hibberd, Elsworth & Galovski, 2010, Murphy, Johnson, Lohan, 2002, Murphy, Johnson, Chung & Beaton, 2003, Newman, 2002,). A significant aspect of traumatic bereavement was the occurrence of traumata, where it became evident that parents carry images and sensory traces of the trauma that are not alleviated over time, remaining apparently as vivid at the time of the interview as when the original event/s took place. There was a suggestion that the passage of time does not temper some memories but instead they are carried through the years, sometimes in the form of intrusive flashbacks.

A shattering of their basic assumptions concerning the world, the self and others leads parents on a quest to make sense of the unbelievable loss that they have faced. During early stages of traumatic bereavement it becomes evident that the process of sense making is different from the process of attributing meaning to the event. To make sense of the traumatic nature of the actual event that produced the bereavement requires piecing together the event in a coherent

and linear fashion and filling in the missing gaps in the narrative. An element that seems to delay the anticipated progression of the grieving process and to cause secondary victimisation for some parents is the role played by the CJS. It is a unique element that parents who have been bereaved through homicide need to engage with, whether it is through bearing witness during the trial or liaising with the police. Interviewees revealed that the meting out of justice, despite being important at some level, did not alleviate the pain that they experienced, as no amount of retribution brought back their child and their murder remained largely meaningless in their minds.

The grieving process starts after the initial shocking news and the funeral is a marker where parents begin to realise that their children are no longer alive. It seemed as though different tastes of reality confirmed to them that their love object no longer existed. An example of this is the trial procedure. The reality of the horrific loss is emphasised by their attendance of the court proceedings where they see the perpetrators over a considerable length of time, which brings home the reality that their child indeed was murdered. As the grieving process continues, the reality of their loss leads to a 'missing' of their children and further realisations of other losses such as their dreams for their children, and importantly, the loss of time and memories that could have been formed if their children had lived. This 'missing' appeared to become too unbearable for parents, acting as a catalyst towards engaging in an existential search for some imagined location of the deceased, some sense of the final state and place of their children. The possibility of a continued existence for their children became important for most of these parents, the idea of existence in an 'after world' where their children were no longer suffering. Parents' investment in the traumatic loss of their children threatened to hinder their relationships with their existing children and they struggled to discontinue their idealisation of their lost child, even though they were aware of the effects that this was having on their remaining children.

One of the driving forces for a parent's search for existential understanding was their sense of guilt rooted in their belief in their 'failed' parenting. Some parents experienced guilt related to self blame as they seemed to fantasise that their presence at the scene of the crime would have

saved their children. They seemed unable to place full responsibility with the perpetrators of the crime, which indicates perhaps some difficulty in facing or acknowledging the possibility of a malevolent world where people are untrustworthy. However, the sense of personal responsibility also appeared to be tied to a deeply ingrained sense that the role of a parent is to protect children from harm in an almost omnipotent manner. When blame was placed on an external object, parents often felt forced or obligated by other people to forgive the perpetrators. This led to outbursts of anger as the parents believed that they should not be compelled to adopt this stance. However, when given the choice, most parents were inclined to forgive. Forgiveness was not seen as a once off decision but as a daily choice to let go of the anger and hatred that they felt towards the killers. One father chose not to forgive the perpetrators as this act was felt to undermine the value of his child and to allow for unwarranted approval of something unacceptable.

Parents were invested in some forms of meaning- making, however when the focus was on some comprehensible explanation for their child's death no meaning appeared possible or acceptable. Those who seemed invested in a search for meaning surrounding the death of their children seemed stuck in the grief cycle and unable to move on in their passage towards healing. Almost all of the interviewees stated that it was only through a conscious effort or choice to let go of the search for comprehensibility, that they were able to integrate or live with the reality of what had happened and to re-engage with the world and others in it.

Based on the observations of this research it is hypothesised that the process of grieving seems to be rippled in time likened to when a stone is thrown into a pond. The initial impact of the trauma is dramatic, enveloping and intrusive, shattering the self and the inner world of parents. However, with the passage of time, returning to the point of initial impact of trauma takes longer. The traumata that remain with parents become gradually less overwhelming and more bearable. Parents' ability to cope and bear the pain does not imply that pain is alleviated or that traumata are always filtered. Nevertheless their choice to move on and let go of the pain and bitterness allows them to reach that raw experience of pain at later and later points in their grieving process and with some decrease in intensity.

The process of grieving, trauma and meaning- making is by no means linear, which is perhaps why theorists seem to argue against one another as each one discovers a different aspect of the grieving process. It appears that the range of theoretical expositions put forward in the literature are in fact different facets of the same prism, at the heart of this prism is the individual experience of both violation and loss. It seems to be an experience which shines light through different facets depending on the aspect that is tilted forward. In the case of homicidal loss, parents engaged in meaning- making processes such as the implications of forgiveness or the more existential question of where has my child gone in death? However the overarching question appeared to be whether there is meaning that can be given to the violent, deliberately caused, loss of one's child? This is where it seems that meaning- making processes appears to have limitations. As the world seems to operate in dialectical forms it seems that one aspect of meaning should be the entertainment of meaninglessness. For the interviewees it seemed that the only way of reconciling with the death of a child through homicide was through embracing the meaninglessness of the event. This is a fairly radical and significant stance to take up, one that requires courage and some departure from conventional wisdom, but one that seemed to be based profoundly in lived experience.

In the case of the homicidally bereaved this stance creates some difficulties for incorporation of the lost object and continuation of being. How can one continue a bond with an object that appears to have become potentially defiled in this state of meaninglessness? This is where Freud's postulation based on his work on mourning and melancholia sheds some light. In the process of mourning (as opposed to melancholia) once mourning individuals realise that the object no longer exists, they continue to withdraw attachment. This process is not streamlined as people do not easily abandon this libidinal position, particularly as parents of a child to whom they were deeply attached. This bond or cathexis was evident in memories and recollections such as those which were ventured by the interviewees as they reminisced over aspects of their children's behaviours, beliefs and mannerisms. It seems as though these memories are introjected back into the ego for further strengthening after the individual is able to decathect from their love object and to face the truth that their child is no longer alive. The continuing bond therefore is not a relationship with the external object but a bond with the

reintrojected memories of the child, representing some incorporation of the object into the self or ego.

Freud does not seem to explain how the process of decathecting from the love object and reinvesting psychic energy into another object occurs. The interviewees shed some light on the process by highlighting that it is by choice that one decides to move on. Parents need to reach the point of acceptance that their loved one is no longer alive and that there is no meaning for the loss of their child, and thereafter, choose to continue on their journey towards healing which is a daily decision that is sometimes won and sometimes lost. There appears to be an inherent wisdom in this position that may well be of help to others in this kind of circumstance and that requires the respect of those professionals engaged in the work of assisting to support the traumatically bereaved.

CHAPTER FIVE: CONCLUSION

5.1. Conclusions

A growing body of research recognises that a continued search for meaning in relation to premature death is related to poor bereavement outcomes (Currier, Holland & Neimeyer, 2009). There appears to be limited understanding regarding complex bereavement outcomes and this research aimed to add to the research in this area by exploring the accounts of parents bereaved by homicide. The research focused on their experiences of the events and of their sense of what has been helpful and unhelpful for them in trying to manage the implications of such a loss, including their thoughts about what is understood as meaning making. The research also aimed to compare and contrast the data and findings from this study with previous research.

Previous research into parental bereavement and consequent responses has tended to focus on more overtly clinical signs, such as physical symptomology and mental illnesses. In addition, most of the research samples consisted of parents that were bereaved through natural causes and as a result there seems to be limited understanding of the grieving process of parents who have been traumatically bereaved. Furthermore, investigations into responses of parents whose children died from deliberate harm and injury inflicted by a human perpetrator is scarce. The study aimed to explore the sense making experiences of traumatically bereaved parents, and features that appeared to aid or prevent adjustment to parental traumatic loss (as volunteered by the participants themselves). The investigation also furthered exploration into the intersection between trauma and bereavement, in the context of recent literature recognising the importance of acknowledging and examining the impact of trauma on bereavement and vice versa.

The main observations from this research supported previous research findings regarding initial reactions towards traumatic loss, in that there was evidence volunteered about the manifestation of the symptomatic responses of disbelief, anger, shock and horror, which are commonly related to trauma. Traumatic memories from the initial stages of the events

appeared to remain with parents throughout the grieving process and were often experienced vividly; regardless of the amount of time that had elapsed since the death of their loved one. This suggests an intrusive quality to the material that is related fairly specifically to the traumatic or gruesome nature of the death, i.e., to trauma related stimuli.

An interesting finding was related to the difference between sense making and meaning-making for parents bereaved through homicide. It was evident that sense making involved piecing together information that left gaps in the narrative account surrounding the death of their children and was independent of the attempt to attribute some kind of existential meaning to the event. Thus parents wished to find a kind of factual explanation for what had transpired, as is common in the reconstruction of trauma related narratives, but found it much more difficult to think about why their child had to die at all and what this meant for their relationship with themselves, others and the world.

For most of the interviewees the resolution of more existential meaning related questions lay in the acceptance of non-meaning or the fact that the world is not controllable and predictable. Despite their inability to find meaning (in the conventional understanding of the phrase or task), most of the parents interviewed reported that they were able to over time, continue with their daily life activities without the intensification of grief responses and symptomology over time. It appeared that it was not the attribution of meaning to the event that enabled some parents to "let go", but their (largely conscious or 'willed') choice to move on from the trauma related loss. All of the participants in this research at some point articulated that part of their journey in grieving entailed acceptance and realisation of meaninglessness. The acceptance of the lack of meaning seemed to assist parents in reconciling previously held assumptions about the world with their traumatic experience.

Although the deaths were viewed as 'meaningless' in the sense of 'senseless' or purposeless, some parents engaged in attempting to understand the role of others in the deaths of their children and this provided an avenue for some parents to externalise blame. This process aided to some extent in the alleviation of guilt and the compromised sense of parental identity. However, it was also evident that some parents continued to feel guilty about the loss of their

child and their inability to protect them from harm. The process of meaning-making for these parents included the unique impact of the outcome of criminal justice hearings which brought some formality to the attribution of responsibility for the events and the degree of transgression involved. This determination was complicated, however, as parents did not necessarily experience the court findings as sufficiently comprehensive or sufficiently personal. They were often left with their own psychological work to do, independent of the court findings. The attribution of responsibility or determination of whom to hold accountable for events appeared to be part of the trauma work component of the traumatic bereavement, whereas the more overarching questions as to why the event happened at all and what this signalled for a life going forward carried both trauma and bereavement related elements.

The overall process of grieving was by no means linear in the sense of following a progressively more coherent pattern, but included an ebb and flow of responses that eventually enabled parents to continue from the initial state of early traumatising. In some instances it was evident that the effects of the traumatic bereavement remained as poignant after many years as on the day the original loss occurred. It seemed that the process of grieving for these homicidally bereaved parents did not proceed through fixed stages (as suggested by some previous theories of grief processing), but appeared to have a rippled effect whereby the initial impact of trauma was never fully erased. However, it appeared that over time the immediacy of the events and the intensity of responses did diminish, similar to the impact of a stone which is thrown into a pool and creates waves of diminishing strength as they travel outwards. However, it was evident that the wave motion could be started anew with re-triggering of memories or associations.

The interviewees were united in their wish to attempt to share their experiences to the benefit of others and their participation in the research was clearly based in this motivation. Their experiential accounts were deeply moving and the researcher was profoundly affected by the interviews. In many respects what the participants conveyed was the necessity to retain a kind of dual stance in life, a part of them arrested and forever engaged with the loss, and another part of them attempting to live a life that could be as constructive as possible in the face of

what had happened. Coming to terms with the senseless nature of events and the fact that the loss could not be undone seemed to be core to meaning making, suggesting that the term or idea may need to be revisited. In addition, there was a suggestion that the cultivation of 'ongoing bonds', based on the symbolic introjection of the deceased, was necessary to allow for whatever resolution was possible for each of these parents. It was apparent that processing a traumatic bereavement involves psychic work of an enormously taxing kind, requiring both management of anxiety, dread and horror, as well as uncontrollability and loss. Both external and internal resources appeared to be important in doing such psychic work.

5.2. Limitations of this research

Limitations of this research included a range of features. Firstly, as has been acknowledged already, the findings were very much influenced by the nature of the participants who chose to take part in the study. Three mothers and two couples were interviewed and it was apparent that the interviewing of couples was somewhat more complex as interactional dynamics had to be managed and taken account of, even when the couples appeared to concur on many issues. The use of a previously designed interview schedule aided in bringing some uniformity to all of the interviews, however. The researcher was also aware that other than in the one case, all the victims were young adult males, which again may have brought a specific 'tone' or 'shape' to the data. The sample was also drawn from particular race groups (White and Indian) and from a particular socio-economic cohort (largely lower middle class and upper middle class), based on the access through the intermediary from Compassionate Friends . This demographic slant may also have meant that the range of spiritual belief systems that interviewees had drawn upon during their bereavement was constrained, in this instance being largely limited to Christian, Jewish and Hindu frameworks of belief. Finally, it is also possible that the people who volunteered to take part in the study were in some sense better adjusted to what had happened and therefore more willing to talk about and revisit their experiences than parents who did not wish to take part. All of these elements, to a greater or lesser extent, limit the scope and generalisability of the findings and conclusions.

It is also acknowledged that all victims were victims of homicide which is a somewhat unique circumstance within the range of what might qualify as traumatic loss. Thus it should be noted that traumatic bereavement can also stem from motor vehicle and other accidents, from natural disasters and from sudden onset illnesses and medical conditions. Traumatic bereavement through the murder or homicide of a loved one, although clearly archetypically traumatic, also carries particular consequences such as having to engage with the criminal justice system and the possible secondary victimisation associated with this. It could be argued, however, that focusing research within a subsection of traumatic loss served to aid in deepening understanding of aspects of traumatic bereavement, including the interplay between trauma and bereavement.

A further limitation of the research was perhaps the fact that only one interview was conducted with each participant or set of participants. Although the interviews produced very rich data, further interviews would perhaps have allowed for deeper exploration of the way in which the post-trauma adjustment had taken place. It is also acknowledged that the interpretation of the interview material was dependent on the researcher's capacity and perspectives. Some of the considerations related to this subjective element of the research are discussed in the following section on reflexivity. Given concerns about limitations in interpretation the supervisor of the project also read three of the transcripts and aided in the identification of key themes. The process of a co-analysis provided some degree of consensus or objectivity to the interpretive process.

5.3. Reflexivity

Data interpretation may have been inflected by the researcher's own views and assumptions regarding the nature of the world in light of traumatic loss. The researcher has personally experienced various types of bereavement, and several of these bereavements have been relatively recent. Thus the researcher was mindful of the possibility of over-identification with participants and also of the possibility that her own experiences may have influenced the way

in which she pursued or emphasised particular issues. Again the use of an interview protocol and the involvement of the supervisor in the analysis were important in addressing this possibility. It has been found that within the field of bereavement research, it is often a personal loss that provides the impetus for further research, and thus entering into the field of thanatology research based on a prior history of having experienced different losses is not unusual.

It is also possible that the researcher's own experience of loss allowed her to engage particularly empathically with interviewees. Whatever the role of identity related characteristics and personal experiences in the research, it seemed that the interviewees felt relatively free to engage and share their experiences. The researcher's identity as a trainee psychologist also meant that she had some skill in conducting the interviews and appeared to be accepted because of her apparent commitment to helping others in pain.

5.4. Suggestions for further research

The inclusion of a broader sample in future research could enrich research findings, for example, in relation to whether demographic characteristics and religious beliefs and orientation appear to affect the form that traumatic bereavement might take. Further research could also include relatives of female victims of homicide. It would also be useful to look at differences in response amongst parents of children who have died in less intentional traumatic circumstances and of children who have committed suicide. This might allow for a greater refinement of understanding of how people are affected by and deal with traumatic loss.

It is also acknowledged that the intention of the research was to focus on meaning making responses of parents who had been traumatically bereaved, but that the scope expanded to include the overall process and adjustment of traumatically bereaved parents. Given some of the complexities involved in meaning making, including for example whether meaning necessarily implies 'benefit finding' or the attribution of some higher order purpose to the traumatic loss, future research might be designed to investigate such issues more

systematically. In addition, the distinction between sense making in relation to piecing together the elements of the traumatic event and how they transpired, and the more over-arching existential questions as to why the event happened at all and what this might mean for a life going forward, would also be useful to explore more carefully. The role of the criminal justice system in meaning making also seemed worth investigating more thoroughly.

In relation to coping and adjustment it was evident that the role of social support and the complexities of how this was offered and received was important. In addition, in relation to the debates about de-cathexis versus the ongoing retention of psychic bonds it was evident that there was considerable tension in the negotiation of this element of bereavement. It was apparent that future research could be designed to look at several of the issues that emerged in the research, both in greater depth and in greater breadth.

Reference List

- Anells, M. (2006). Triangulation of qualitative approaches: hermeneutical phenomenology and grounded theory. *Journal of Advanced Nursing*, 56 (1), 55-61.
- Armour, M. (2007). Violent death. *Journal of Human Behaviour in the Social Environment*, 14 (4), 53-90.
- Asaro, M. R., & Clements, P. T. (Fall 2005). Homicide bereavement: A family affair. *Journal of Forensic Nursing*, 1 (3), 101-106.
- Barriball, K. L., & While, A. (1994). Collecting data using a semi structured interview: A discussion paper. *Journal of Advanced Nursing*, 19, 328-335.
- Beck, A. M. & Konnert, K. A. . (2007). Ethical issues in the study of bereavement: The opinions of bereaved adults. *Death Studies*, 31, 783-799.
- Beder, J. (2004-2005). Loss of the assumptive world: How we deal with death and loss. *OMEGA*, 50 (4), 255-265.
- Bedford, O., & Hwang K-K. (2003). Guilt and shame in Chinese culture: A cross cultural framework from the perspective of morality and identity. *Journal for the Theory of Social Behaviour*, 33 (2), 127-144.
- Berrera, M., D'Agostino, N. M., Schneiderman, G., Tallett, S., Spencer, L., & Jovcevska, V. (2007). Patterns of parental bereavement following the loss of a child and related factor. *OMEGA*, 55 (2), 145-167.
- Blakley, T. T. (2009). Triggers, flashbacks and fantasia: Intrusive death imagery following homicide loss. *Illness, Crisis and Loss*, 17 (1), 25-37.
- Bonanno, G. A. (2001). Introduction : New Directions in Bereavement Research and Theory. *American Behavioural Scientist*, 44, 718.
- Bowlby, J. (1977). *Attachment and Loss*. Harmondsworth: Penguin.
- Bradbury, M. (2001). Classics revisited: Freud's mourning and melancholia. *Mortality*, 6 (2), 212-219.
- Braun, M. J, & Berg, D. H. (1994). Meaning reconstruction in the experience of parental bereavement. *Death Studies*, 18 (2), 105-129.
- Brewin, C. R., Dalgleish, T., & Joseph, S. (1996). A dual representation theory of posttraumatic stress disorder. *Psychological Review*, 103, 670-686.
- Carverhill, P. (2002). Qualitative research in Thantology. *Death Studies*, 26, 195-207.
- Clewell, T. (2004). Mourning beyond melancholia: Freud's psychoanalysis of loss. *Journal of the American Psychoanalytic Association*, 52, 43-68.
- Coyle, A. (2007). Introduction to qualitative psychological research. In C. E. Lyons, *Analysing Qualitative Data in Psychology* (pp. 9-28). Los Angeles: Sage Publications.

- Currier, J. M., Holland, J. M., & Neimeyer, R. A. (2009). Assumptive world views and problematic reactions to bereavement. *Journal of Loss and Trauma, 14*, 181-195.
- Currier, J. M., Holland, J. M., & Neimeyer, R. A. (2006). Sense making, grief and the experience of violent loss: Towards a mediational model. *Death Studies, 30*, 403-428.
- Dalton, J. H., Elias, M. J., & Wandersman, A. (2001). *Community Psychology: Linking individuals and community*. Belmont, CA: Wadsworth.
- Davis, C. G., & Nolen Hoeksema, S. (2001). Loss and meaning: How do people make sense of loss? *American Behavioral Scientist, 44*, 726.
- Davis, C. G., Wortman, C. B., Lehman, D. R., & Silver, R. C. (2000). Searching for meaning in loss: Are clinical assumptions correct? *Death Studies, 24* (6).
- Dunn, D. S. & Civitello, T. (2009). Grief is many things: Current perspectives on bereavement. *Journal of Social and Clinical Psychology, 28* (7), 937-941.
- Field, N. (2006). Continuing bonds in adaptation to bereavement: Introduction. *Death Studies, 30*, 709-714.
- Field, N.P. & Filanosky, C. (2010). Continuing bonds, risk factors for complicated grief, and adjustment to bereavement. *Death Studies, 34*, 1-29.
- Folkman, S. F. (1997). Positive psychological states and coping with severe stress. *Social Science Medicine, 45*, 1207-1221.
- Ford, J. D. & Courtois, C. A. (2009). Defining and understanding complex trauma and complex traumatic stress disorders. In C. A. Courtois (Ed.), *Treating Complex Traumatic Stress Disorders: An Evidence-Based Guide* (pp. 13-30). New York: The Guilford Press.
- Frankl, V. (1984). *Man's Search for Meaning: An Introduction to Logotherapy*. New York: Simon & Schuster.
- Freud, S. (1917). Mourning and Melancholia. *Standard Edition*, 243-248.
- Gillies, J. & Neimeyer, R. A. (2006). Loss, grief and the search for significance: Toward a model of meaning reconstruction in bereavement. *Journal of Constructivist Psychology, 19*, 31-65.
- Glaeser, M. (2008). What does it take to let go? An investigation into the facilitating and obstructing factors of forgiveness- the therapist's perspective. *Counselling Psychology Quarterly, 21* (4), 337-348.
- Green, B. (2000). Traumatic loss: Conceptual and empirical links between trauma and bereavement. *Journal of Personal and Interpersonal loss, 5*, 1-17.
- Halligan, S. L., Michael, T., Clark, D. M., & Ehlers, A. (2003). Post traumatic disorder following assault: the role of cognitive processing, trauma memory and appraisals. *Journal of Consulting and Clinical Psychology, 71* (3), 419-431.

- Hensley, P.L. & Clayton, P.J. (2008). Bereavement: Signs, symptoms and course. *Psychiatric Annals*, 38 (10), 649-654.
- Hibberd, R., Elsworth, L. S., & Galovski, T. E. . (2010). Risk and protective factors for Post Traumatic Stress Disorder, prolonged grief, and depression in survivors of the violent death of a loved one. *Journal of Loss and Trauma*, 15, 426-447.
- Hinds, P. S., Oakes, L. L., Hicks, J., Powell, B, Srivastava, D. K., Spunt, S. L., Harper, J., Baker, J. N., West, N. K., & Furman W. L. (2009). " Trying to be a good parent" as defined by interviews with parents who made phase 1, terminal care and resuscitation decisions for their children. *Journal of Clinical Oncology*, 27 (35), 5979-5985.
- Holland, J. M., Currier, J. M., & Neimeyer, R.A. (2006). . (2006). Meaning construction in the first two years of bereavement: The role of sense-making and benefit finding. . *OMEGA*, 53 (3), 175-191.
- Hopper, J. W. & van der Kolk, B. A. (2001). Retrieving, assessing and classifying traumatic memories: A preliminary report on three case studies of a new standardized model. *Trauma and Cognitive Science* , 33-71.
- Hunt, S. & Greeff, A. P. (2011-2012). Parental bereavement: a panoramic view. *OMEGA*, 64 (1), 41-63.
- Janoff-Bulman, R. (1992). *Shattered Assumptions: Towards a New Psychology of Trauma*. New York: The Free Press.
- Jordan, K. (2003). What we learnt from the 9/11 first anniversary. *The Family Journal*, 11 (2), 110-116.
- Keesee, N. J., Currier, J., & Neimeyer, R. A. (2008). Predictors of Grief Following the Death of One's Child: The contribuion of finding meaning. *Journal of Clinical Psychology*, 64, 1145- 1163.
- Klaas, D. (2006). Continuing conversation about continuing bonds. *Death studies* , 843-858.
- Klass, D. (1988). *Parental Grief: Solace and Resolution*. New York: Springer Publishing Company.
- Klass, D. (1988). Toward a model of parental grief. *OMEGA: Journal of Death and Dying*, 19 (1), 31-50.
- Krystal, H. (1982). Alexithymia on the effectiveness of psychoanalytic treatment. *International Journal of Psychotherapy*, 33, 353-388.
- Kubler-Ross, E. (1969). *On Death and Dying*. New York: Simon & Schuster.
- Lalande, K.M. & Bonanno, G. A. . (2006). Culture and continuing bonds: Prospective comparison of bereavement in the United States and the People's Republic of China. *Death Studies*, 30, 303-324.
- Lalande, K.M. & Bonanno, G. A. (2006). Culture and continuing bonds: Prospective comparison of bereavement in the United States and the People's Republic of China. *Death Studies*, 30, 303-324.

- Leming, M.R & Dickenson, G. E. . (1998). *Understanding dying, death and bereavement* (4th ed.). Fortworth: Harcourt Brace College Publishers.
- Lichtenthal, W. G., Cruess, D. G., & Prigerson, H. G. (2004). A case for establishing complicated grief as a distinct mental disorder in the DSM-V. *Clinical Psychology Review, 24*, 637-662.
- Lyons, E. (2007). Doing qualitative research: Initial questions. In E. (. Lyons, *Analysing Qualitative Data in Psychology* (pp. 3-8). Los Angeles: Sage Publications.
- Mahon, M. M. (2009). Taking it to the streets...and the hospital, the school, and the workplace: Bereavement research in the 21st Century. *The Gerontologist, 49* (2), 285-291.
- Maj, M. (2008). Depression, bereavement and "understandable" intense sadness: Should the DSM IV approach be revised? *The American Journal of Psychiatry, 165* (11), 1373-1375.
- Malkinson, R. & Bar-Tur, L. (2005). Long term bereavement processes of older parents: The three phases of grief. *OMEGA, 50*, 103-129.
- McIntosh, D. N., Silver, R. C., & Wortman, C. B. (1993). Religion's role in adjustment to a negative life event: coping with the loss of a child. *Journal of Personality and Social Psychology, 65* (4), 812-821.
- McIntosh, D., Silver, R. C., & Wortman, C. B. (1993). Religion's role in adjustment to a negative life event: Coping with the loss of a child. *Journal of Personality and Social Psychology, 65*, 812-821.
- Morgan, C. A., Hill, S., Fox, P., Kingham, P., & Southwick, S. M. (1999). Anniversary reactions in Gulf War veterans: A follow up inquiry six years after the war. *The American Journal of Psychiatry, 156*, 1075-1079.
- Murphy, S. A., Johnson, L. C., Chung, I. & Beaton, R. D. (2003). The prevalence of PTSD following the violent death of a child and predictors of change 5 years later. *Journal of Traumatic Stress, 16* (1), 17-25.
- Murphy, S. A., Johnson, L. C., & Lohan, J. . (2003). Finding meaning in a child's violent death: A five year prospective analysis of parents' personal narratives and empirical data. *Death Studies, 27*, 381-404.
- Murphy, S. A., Johnson, L. C., & Lohan, J. (2002). The aftermath of a violent death of a child: The integration of the assessment of parents' mental distress and PTSD during the first five years of bereavement. *Journal of Loss and Trauma, 7*, 203-222.
- Murphy, S. A., Johnson, L. C., Wu, L., Fan, J. J., & Lohan, J. (2003). Bereaved parents outcomes 4 to 60 months after their children's death by accident, suicide, or homicide: A comparative study demonstrating differences. *Death Studies, 27*, 39-61.
- Neimeyer, R. A. (2005-2006). Complicated grief and the quest for meaning: A constructivist contribution. *OMEGA, 52* (1), 37-52.
- Neimeyer, R. A. (2000). Searching for the meaning of meaning: Grief therapy and the process of reconstruction. *Death Studies, 24*, 541-558.

- Neimeyer, R.A. & Gamino, L.A. . (2003). The experience of grief and bereavement. *Handbook of Death and Dying, II*, 847-853.
- Neria, Y. & Litz, B.T. (2003). Bereavement by traumatic means: The complex synergy of trauma and grief. *Journal of Loss and Trauma*, 9, 73-87.
- Newman, M. (2002). Bereavement and trauma. *Bereavement Care*, 21 (2), 27-29.
- Park, C. L. & Folkman, S. (1997). Meaning in the context of stress and coping. *Review of General Psychology*, 1, 115-144.
- Parker, C. M. (1996). *The cost of commitment*. Philadelphia: Taylor & Francis Inc.
- Parkes, C. M. (1993). Psychiatric problems following bereavement by murder or manslaughter. *British Journal of Psychiatry*, 162, 49-54.
- Parks, C. L. (2005). Religion as a Meaning-Making Framework in Coping with Life Stress. *Journal of Social Issues*, 61 (4), 707-729.
- Rando, T. A. (1985). Bereaved parents: Particular difficulties, unique factors, and treatment issues. *Social Work*, 30 (1), 19-23.
- Riches, G. & Dawson, P. (1998). Spoiled memories: problems of grief resolution in families bereaved through murder. *Mortality*, 3 (2), 143-159.
- Rogers, C. H., Floyd, F. J., Seltzer, M. M., Greenberg, J. & Hong, J. (2008). Long term effects of the death of a child on parents' adjustment in midlife. *Journal of Family Psychology*, 22 (2), 203-211.
- Rothhaupt, J.W. & Becker, K. . (January 2007). A literature review of western bereavement theory: From decathecting to continuing bonds. *The Family Journal: Counselling and Therapy for Couples and Families* , 15 (1), 6-15.
- Rubin, S. S., Nadav, O. B., Malkinson, R & Koren, D. . (2009). The two track model of bereavement questionnaire (TTBQ): Development and validation of a relational measure. *Death Studies*, 33 (4), 305.
- Rubin, S.S., Malkinson, R. & Witztum, E. (2003). Trauma and bereavement: Conceptual and clinical issues revolving around relationships. *Death Studies*, 27, 667-690.
- Russac, R. J., Steighner, N. S., & Canto, N. I. (2002). Grief work versus continuing bonds: A call for paradigm integration or replacement? *Death Studies*, 26, 463-478.
- Seedat, M., van Niekerk, A., Jewkes, R., Suffla, S., & Ratele, K. (2009). Violence and injuries in South Africa: prioritising an agenda for prevention. *Lancet*, 374, 1011-22.
- Skaggs, B. G. & Barron, C. R. (2006). Searching for meaning in negative events: concept analysis. *Journal of Advanced Nursing* , 559-570.

- Stroebe, M. & Stroebe, W. (1991). Does 'grief work' work? *Journal of Consulting and Clinical Psychology*, 59 (3), 479-482.
- Stroebe, M., Schut, M. & Stroebe, W. . (2007). Health outcomes of bereavement. *The Lancet*, 370 (9603), 1960-1974.
- Stroebe, W., Zech, E. & Stroebe, M. . (2005). Does social support help in bereavement? *Journal of Social and Clinical Psychology*, 24 (7), 1030-1051.
- Thompson, S. C., & Janigian, A. S. (1988). Life schemes: A framework for understanding a search for meaning. *Journal of Social and Clinical Psychology*, 7, 260-280.
- Thompson, S. (1991). The search for meaning following a stroke. *Basic and Applied Social Psychology*, 12, 81-96.
- Toller, P. W. (2008). Bereaved parent's negotiation of identity following the death of a child. *Communication Studies*, 59 (4), 306-321.
- Tolstikova, K., Fleming, S., & Chartier, B. . (2005). Grief, complicated grief, and trauma: The role of the search for meaning, impaired self- reference, and death anxiety. *Illness, Crisis & Loss*, 13 (4), 293-313.
- van Dendend, J. (2007). Crime: Self and society: Psychoanalytic Perspectives on taking responsibility and moving forward. *Journal of Religion and Health*, 46 (1), 63-74.
- van der Kolk, B. A., Roth, S., Pelcovitz, D., Sunday, S., & Spinazzola, J. (2005). Disorders of extreme stress: the empirical foundation of a complex adaptation to trauma. *Journal of Traumatic Stress*, 18 (5), 389-399.
- Wheeler, I. (2001). Parental bereavement: The crisis of meaning. *Death Studies*, 25, 51-66.
- Wijngaards-de Meij, L., Stroebe, M., Schut, H., Stroebe, W., van den Bout, J., van der Heijden, P. G. M., & Dijkstra, I. . (2008). Parents grieving the loss of their child: Interdependence in coping. *British Journal of Clinical Psychology*, 47, 31-42.
- Wijngaards-de Meij, L., Stroebe, M., Stroebe, W., Schut, H., van den Bout, J., van der Hedjen, P. G. M., & Dijkstra, I. (2008). The impact of circumstances surrounding the death of a child on parents' grief. *Death Studies*, 32, 237-252.
- Worden, J. W. (1991). *Grief Counselling and Grief Therapy: A handbook for the Mental Health Pracitioner*. London: Routledge.
- Zaibert, L. (2009). The paradox of forgiveness. *Journal of Moral Philosophy*, 6, 365-393.

Appendix A

Interview Schedule

- 1) Can you tell me as much as you are comfortable with about the circumstances surrounding the death of your child?
- 2) Have you been able to find meaning regarding the nature of the death of your child? If not, can tell me more about why you feel that way. And if yes, please clarify how you have been able to find meaning
- 3) Can you tell me about the things that have made coming to terms with the loss worse or more difficult?
- 4) Can you tell me about the things that have made this easier or better at times?
- 5) Have you been able to find meaning or sense in your own life since the death of you child?
- 6) In what ways have you been able to make sense of the loss?
- 7) Do you remember the stress that you experienced and perhaps are still experiencing since losing your child? (will perhaps ask for specific symptoms related to trauma and bereavement after this)
- 8) If you were to attempt to assist others who encounter a similar loss in the future, what kind of advice or sharing would you give? Has this event changed your spiritual or philosophical beliefs in any way?

Appendix B

Participant Information Sheet

To the potential volunteers of research

My name is Angeline Chan and I am a Masters student currently studying at University of the Witwatersrand. I hope to conduct research in the meaning making processes and experience of loss in partial fulfillment of my degree.

My research aims to investigate the meaning making process of parents after the traumatic loss of their children. An invitation is extended to you as potential participant to take part in this research. I am looking for volunteers who have experienced sudden loss of children through homicide no less than 12 months ago and are over 21 years of age. Participation is voluntary and no one will be advantaged or disadvantaged from participating in this research or choosing not to participate in this research. Confidentiality will be adhered to and you will be able to remain anonymous as I will not require any personal details such as name or ID number. Due to ensuring your confidentiality, volunteers will not be getting individual feedback.

Your participation will require that you partake in an hour interview that will be audio recorded and parts of it transcribed for analysis. Once the data is transcribed and it is ensured that the data is correct data will either be destroyed or the adapted data set (in terms of removal of identification) will be kept in a secure place upon submission to the course coordinator. If the article is published, the data will be kept in a secure place for two years and if not published, data will be kept for six years in a secure place.

If counseling is required after completion of the interview, you can call a toll free helpline for the South African Depression and Anxiety Group. Their number is (011) 262 6396 or 0800 20 50 26. Another option for counselling is the Emthonjeni Centre at University of Witwatersrand. Their number is (011) 717-4513.

My e mail address is angeline.michell.chan@gmail.com if you want further clarity. Contact details for my supervisor who is overseeing this research project is Professor Gill Eagle: e mail address is gillian.eagle@wits.co.za

Kind regards

Angeline Michell Chan

Appendix C

Sample Transcription

B: do you have questions?

A: um, I do have a set structure to the interview but wherever this may take us, because the main themes that I'm trying to extract for my research is just about how people make sense of the loss and if they make any sense and meaning from it and um what has helped you to cope, um, what didn't help you at all, just both sides. The reason that I want to get as much information, I would like to see if I can contribute to parents for the future of traumatic loss. Ja, so um, I just wanted to, um, can you please tell me about what had happened and your experience of your loss?

B: So basically it was Jude's 21st and um, and at the last moment we decided that we're going to have a party because he all his friends started putting a bit of pressure on him and he was always the party animal so he had to have one. And from not wanting a party, suddenly there was a lot of people. His girlfriend suggested we have it at the um, what do you call it?, at the clubhouse at the place where she lived at (place named) and um, it only accommodated a certain amount of people so when we were drawing up a list, I put you know close friends and we tried to actually cut down. And then we went down the list and then he saw his cousin's name. He said to me "ugh mom, why him, we've got nothing in common?" (sighs) and I said "oh darling, It's family! And that's what you do isn't it? " It's family-yeah right!". Um, and my son, they had nothing really in common. They didn't grow up close. They were very different people so he didn't see the need to have him there and then I said "it shouldn't be". And then at the party, um, it was brought to my attention that particular person was misbehaving. He touched the girls, he didn't know anybody at all. He was older than the rest of the crowd, he was almost 28 and so one of the friends came to tell us, you know, he's behaviour is not acceptable. And I told my husband that to sort of go and speak to him. His parents was also there as was his sister and brother in law. And um, my husband saw that Jude my son had put his arm around him and was tapping him on the back so he thought ok, he sorted it out good. So he didn't actually speak to him, himself, Um, after that I walked outside to say goodbye to my sister in law and she said to me ugh you know what? I think my son today is looking for a hiding and then I said why is that? She said "didn't you see? He's really not behaving properly?" And um someone is going to give him a hiding? And i said, don't worry, we'll keep it under control. After that, Jude's girlfriend's brother saw him go behind a girl and grabbed her butt and she was very upset, she was very worked up. And the brother saw it and went to tell Jude but when Jude looked he wasn't inside the room anymore because it was quite a big venue. There were a couple of different rooms so he said where is he and someone said he walked outside. So he went outside to see where he was just to say to him you know, either behave or leave.

A: mmmm

B: and he didn't see him and someone said, no he just walked to the car. Now the parking lot was very well lit because it's inside the complex like this

A: so it was in the evening?

B: ja, it was evening but by now it was just after 12 o'clock at night. Um, so Jude walked up to the car and my other son, my eldest son said "what's happening?" and he just said is still carrying on. SO he walked with the car and my eldest son walked sort of behind him and um when Jude got to the car he put his arms on top you know and it was um "kitch is cool" was the theme of the party and it was um, what do you call it, you know? Dress up! Ja, it was a costume party and he looked inside you know, he had leopard print um boxers and he had a wig so there was nowhere that he could be armed and he actually got to the car and put his arms on top of the car and he said "what you doing Tom, are you trying to spoil my party?" And um, I didn't know that he was parked, um I was actually sitting inside. I tried to settle the bill with the caterers and my husband ran in and he just said: "Our child has been shot!" and I rushed outside and I saw that the friends, this man was on the floor and the friends were kicking him and hitting him and I saw my child just lying there. And I knew. I knew he was dead. So I actually put myself in front of the other guy and I said just leave him alone because God will deal with him. It was all surreal. What then happened was that my oldest son was standing behind his brother and when Jude said you know "are you trying to spoil my party". He heard a noise and he thought it was a cracker because it was so out of place that he never in his wildest dreams thought he would be shot. But with the impact, Jude was turned you know, he turned because he was, it was point blank so it was right next to his chest and with the impact he turned you know and my eldest son said his eyes were just very wide open and he dropped. Um, so the guy that turned the gun on my other son, but he was a bigger boy, with all the adrenalin, he managed to wrestle the gun away from him and threw it and got him out of the car and started hitting him. I don't know, looking back, it sounds quite evil in a sense because he was so badly beaten by the friends and Angie, he didn't have one broken bone. He was, he had a lot of blood, he didn't have a broken bone, broken tooth, nothing. Now that I look back, it was quite strange. So I saw Jude lying there and his friends were trying to do CPR on him but I just knew and a friend. A very good friend of mine had a dream a few months before and um, I don't know if I told you but we were very, very close. She's my soul sister and I had just come back from Portugal and we met for lunch and she said to me: "You know, I had this strange dream, but I don't know if I should tell you?". S, of course I said "now come out of with it". And then she said you know, I dreamt that Jude died and it was horrendous because he used to call her mom number two, they're very, very close. So she said the pain was terrible and we sort of embarked on a trip and you were on this bus, this journey and you were a vegetable. You were just completely broken and I was trying to help but the pain was so bad and I cried out to God and I said just help me help her and suddenly the dream changed and it wasn't Jude that was killed, it was Mark her youngest child. And suddenly all the pain that I was feeling was multiplied a hundred thousand times because suddenly it was my child and I screamed and I asked God, why did you take my son? And God said to me, it was not Mark, it was Jude that died, but for a moment I needed you to feel the pain of a mother that loses her child because your friend is going to need you. So when my husband ran in and said "Our child has been shot", I didn't ask which one. I somehow knew. Even though no one told me that you know. I stood up like a mother and I'm a Christian and I used to pray for my children but it was a dream you know. It never registered that there was anything to it, um, premonition whatever you want to call it but I knew when he ran in, I knew it was Jude and I just lay there and I tried to shook him, but I knew, but I just knew that he was dead and he wasn't coming back and his girlfriend was cradling him by the feet and just sobbing and the friends were trying to do CPR and there was still dozens of youngsters all screaming. It was surreal and absolutely surreal and I just

remember my husband saying. I've got to go home and when he said that, the only thing that crossed my mind was he owned a gun and my eldest son because he was still staying at home and he also owned a gun. He was doing bodyguarding at that stage and I just said to one friend. He had the keys. Go home, take those guns away from the house because you know all sorts, everything goes at a hundred kilometres a minute never in an hour in your mind. And he came and he did that. And I just remember lying down on that parking lot and pleading with God. I knew, you know, they said that it starts with denial, shock, bargaining, denial, whatever, and if there's anything I've learnt, it's by no means a linear experience. You go from one to the other and then you live the stage again and over the years you know, um, you go through all those stage all over again. So I remember the bargaining, I remember going on my knees and just promising God the most you know, I'd be the best person on the face of this earth if only if he'd bring my child back. And then I remember because there was, when I looked at him there was just a very small hole. There was no blood or anything and when I looked again, because I was holding but somehow but they were still doing CPR and then I looked again, there was blood coming from all you know the openings of the face and I said to them stop you know, he's not coming back. I knew, I knew he was dead. Even now I have done a first aid course, um, and I remember seeing all the blood coming out because after pressing on his chest. In the meantime, the ambulance arrived and I just said to everybody to give the paramedics space and of course they still tried to shock him and that and I was still kneeling down when one of the paramedics came to me and she said "I'm sorry, but you've lost him, he's gone (she almost whispers this line). (Silence and cries)....and it was very much, he's gone!... he's here, you know I can see him. I can feel him. I can smell him. (cries)....I just couldn't hear him. And after that everything became quite surreal to the extent that I remember the paramedic telling me that. But I don't remember anything after that. I remember all the people around me, I remember Francis which is that friend of mine arriving because she had already left and we had found that she came back. But, there's a lot then from there. I remember arriving home and all the people at the house and then I remember a lot of stuff but I blocked a lot of that away until about 3 years ago, that's a long time because it will be 6 years in September that Jude was killed. It was about two years ago that I was watching TV and I wasn't watching TV, the TV was on and I heard someone cry on TV but I wasn't paying attention. And then I heard someone saying she's having to let go of her son (cries) and then at that moment I lost it completely and I was just brought back to that moment. And I remember sitting in this small guest toilet here with my back to the, the

A: wall?

B: wall and my feet to the other side and just banging my head on the wall. I lost it completely and what was getting to me was that I didn't remember them taking Jude away so I kept screaming and I screamed and then my husband he was wonderful shame, and he just held me, and I kept saying, "I don't remember" and "I don't remember". And I phoned Francis and I said that I have to see you tomorrow and she's a very high powered business woman and she said ok. I'll be there. And I said to her that I don't remember them taking Jude away. And it was the blank and it was really, really hard for me because I needed to have all the pieces of the puzzle together and there were holes in my story and I couldn't fill them. And that was, it drove me crazy. And she actually said to me "do you remember lying down on the floor in the parking lot with Jude?" and I said "no". She said "you, you, your husband and

nunu (that's my son), you actually, the four with you, with Jude, the four of you were lying down on the parking lot for hours waiting for them to come and fetch him and then she said you are (mumble and crying) and you didn't let go and I was so scared that I just let him go you know. They just took him and it was terrifying and she said that you didn't let him go. You stayed with him for hours there but then they were taking so long and I kept phoning and then they said to me ok, please take the family away because there's been a couple of accidents and we're not brining and ambulance. It's a real you know what you call a meat wagon and there's other bodies in the wagon and you don't want the parents to see so please take them away so she brought us home and then she left them to take Jude's body away. Then, the next, this was the Sunday, and the whole of Sunday morning early hours, the whole of Sunday was very much a blur of um friends, I just remember phoning my brother overseas and saying Jude's gone and, and um, I remember that but I don't remember much else. I was very concerned about my husband, about my other son, so it was like I was focusing so much on them that it was still very very surreal. Then on that morning, we got the phone call and it was my husband's sister. She phoned him and she asked him if he can lend her the bail money. And it was to me maybe the shock that I needed to jolt me. To make me realise, my son is actually dead and her son has been charged and she wants us to give the money for the bail. And it was like such a shock to my system that suddenly everything was real. Everything just was real and I said to him you know, if you do that, you're so used to bailing people out, I told him that you know, I said, you do that and I'm walking out of this house and you're never going to see me again. So he said "no, he didn't give the money". And then I remember Francis coming and saying that we need to identify the body and everything, I think that was possibly, I was there when he died, I saw him lying there and all that, but the overriding image in my mind is that of when we went to identify the body and I cannot stress enough how traumatic that was and I wish in my mind, I still want to do something about that. I haven't yet done anything, but it's something that I know that I have to do something about because it's the most horrendous experience you know. You watch all the TV programmes and it looks so clean and when they took us it was dirty and it was so, it smelt. And there's a glass and it was my husband was standing with Francis and I thank God with her for her everyday and they wheeled him, there was a glass, but they don't tell him how it is and in your mind, yes, they're going to open a draw and they're going to unzip something and they've cleaned him and that's what's going to happen. And when they uncovered him, um, he was, his face was caked in dry blood and that was not what was explained.... and his face was covered in green flies..... and I do believe that for a moment, I think I was (?dead, mad), I did, it was I don;t know how to explain it to you but it really is the most, it, it feels actually as if you've been ripped apart (cries).....I felt the loss of my son in a very, very physical way. It wasn;t just emotional pain, it was a very real physical pain. It felt as if my, my insides were being ripped apart and it's actually, I discussed it with other parents and mothers, especially they say that they felt that sort of ripping of, a female, your womb,and everything feels like it's being ripped apart and at that moment when Is aw him, I just remember banging on the window and literally just I thought I was not making it and then I felt myself fall and then I felt myself being lifted up and then I just started (crying....).....I don;t know how but I started praising God (crying)...because in my mind, I believed that he was in control of our lives and in my mind, there had to be reason for this, a purpose and I couldn't see it but it helped me sort of regain my power and keep my sanity. And then the journey started. And as I said it's by no means a linear because then I got angry. The funeral, I was very, everybody thought I was on something you know, meaning tranquilisers and I refused to take anything

because I wanted to be present. I didn't want. I had another friend that lost children and they used to say to me that I was so drugged that I don't remember this and I wanted to feel. I was, I've gotta feel all the pain that goes with my child's death. SO I wasn't on anything but somehow I managed to translate during the ceremony for my father. My father is a pastor and he managed to say a few words and I translated through him and I was very if I can use the word closed. Until it came the time that he was buried, until the time, traditional family throws the soil on the coffin. I ran away. I literally ran away, um, I couldn't (cries....), I couldn't...I ran, I just ran and I was running. I just sat down by a grave after that (crying).....and um, I got angry, I got so angry and I learnt that anger actually is not a bad thing. Anger is not a bad emotion that alot of people think it is and you know, you're less of a person and you know whatever, if you're angry. I understood that my anger was directed at the right person and it was so I used it to um work with the police and tell them. This guy has two passports, make sure he surrenders both you know, um, with the court case, you know, I got all the guys to give statements, all the friends, it was my driving force, I was driven by anger but I think it drove me in the right direction. Um, and in the meantime I had to concentrate on keeping my husband functioning and my son. My parents were you know, elderly and they came from overseas. Um, so I was very much focusing on everybody else rather than myself. And there are alot of things now that I wish that I had the presence of mind then to have done. Because one of Jude's beliefs and something that he felt very very strongly about was he wanted organ donation and we had discussed bone marrow register together the following week and at that stage, I was in no state of thinking anything but someone had approached us I could've said, the cause of death was very clear and they didn't have to an autopsy, they could've used his organs and that is one deep regret that I've got, that no one actually asked me you know, if um, if we wanted to do that. You're in no condition of thinking for yourself, you need alot of guidance. So I was very driven, um, for a long time. My way of dealing with things is by learning more about process of things so I needed to learn about the grieving of things. I needed to learn about um, what it is to lose a child from other people's perspectives, what they've gone through and two months after Jude was killed, I found TCF, compassionate friends and I remember saying my son is dead and I think I'm losing my mind because I think at home we were all trying to save each other, trying you know, I didn't want to cry in front of my husband because I didn't want to turn him off so we were all looking out for the other and none of , I used to cry and scream and sob on my own, but I wouldn't allow myself to do it in front of my husband because I was too scared of sending him off and he was then starting to. He was not smoking and he started you know chain smoking, he was drinking too much and because of that i felt I had to keep them all together and I wasn't giving myself all the space so I was giving myself to grieve on my own but if I felt really bad with them, I wasn't allowed, and it wasn't because they didn't give me the permission, I didn't give myself the permission to lose it in front of them and I decided I needed to learn more so I joined Compassionate Friends and I started a counselling course and it was wonderful because we took classes together. It was a good thing we did thing we did then and we started the February after Jude was killed and it sort of helped me for a while cos I had something to focus on. And i was very if I can use the word lucky that I have got the most amazing circle of friends. And you get to learn who your friends are but the by and large, the majority stayed. It made me sad that one or two didn't stay the course because it's too scary, it's a journey no one wants to take. It's almost as if they think it's contagious you know, or they don't know how to deal with it so they don't want you to talk about your child because it's too painful for them to witness your pain and they can't make it better. So a couple of them, um,

eventually the friendship fizzled out. But the majority they, they caring and they just carried me for a long time. I, I, to this day I can talk about Jude with them. If I'm not feeling well, they know, they give me space. They talk about him. They bring him up and it's wonderful because you all really scared that our children are going to be forgotten. That is probably the scariest thing of them all. You think your children will be forgotten. He was larger than life so 6 years on, I know his friends still make plans to meet on his birthday to celebrate his birthday and the three of us we still celebrate and we go first to a restaurant and we celebrate his life. We celebrate his life and everyday you know when I pray, I say thank you God for my husband and thank you for my eldest son and thank you for Jude because to this day, he continues to be um an incredible blessing in my life. And he is really the force that drives me to do what I do today which is working with other bereaved parents. (she smiles)

A: so it sounds like journey still continues

B: ja, I expect it to continue until my own death. Really because I'm sure you've heard the expression before. It's like you're losing a limb. You lose a part of you and the analogy I usually use I say My heart was broken when Jude died in a thousand pieces and then somehow, those pieces, it's like I've got a beautiful vase that breaks and then you have it restored and then you look at it, it looks fine, it looks beautiful still, you know, you can lose it as an ornament but the cracks are very very fine. They are glued but the cracks remains and that's how I feel. It's that my heart, the pieces are all back together. Somehow you know, it's never the way it was before. So I don't expect the journey to be over by any means while I am still alive. Um, there are always things, little milestones, or little happenings, I mean I've just had to go this year to weddings of three of 3 of Jude's close, close friends, so when you lose a child, you don't just lose that person, you lose the dreams you had for them. I lost grandchildren that I would've had. Um, I used to look at his girlfriend and say wow-you're gonna have stunning grandchildren you know. Um, so it's all this loss. Now you look at these friends getting married and again at every wedding, they mention him you know and, I know that wherever he is, he's probably thinking what a bunch of soppy you know (laughs) but to me it warms my heart that they do that, and um, you know the Saturday, no the previous one that past, his girlfriend got married and I love her to bits and I hope she is really really happy but it also means that I lost her. She used to call me mommy. We had a wonderful relationship but the new husband um, but I totally understand. And he's not happy that she's close to us because she has a very close relationship with his family and also, who wants to compete with a dead man. Dead people are always perfect in our eyes. And Jude's relationship with his girlfriend was always good. They didn't have a chance to ever have it bad like any normal relationship with ups and downs, so she only remembers the good things and I can understand how her husband can feel threatened by that because if you're ever in an argument she'll think I had a wonderful relationship with this other one what could it be. No one wants to compete with a dead man so as a result, I was his mom. And so all these things that happen now and then. If it is a celebration, or if it is something sad that happens and I think he's not here to share this with us you know, so optimist, extrovert, and um, so it's all those things. The um, trial, when it came to a close, that to me was very hard because I had to take the stand and what happened Angie was that he tried to plead to a lesser charge and I didn't agree with that. I consulted with the senior prosecutor and he said it was much (mumble) ..it caused a rift between my husband and myself and as I'm sure you know. Men grieve very differently and our grief

was made even more difficult due to the fact that because it was his own flesh and blood that killed his son, it created, I mean his pain, if I can conceive that, his pain was even worse than mine because he was having to deal with that as well as the loss of his child. But on the other hand, he felt that because it was his flesh and blood, he didn't want his sister to go through the pain of losing her child, because it was her child going to prison. So he was okay if he pleaded to culpable homicide he would get something like a suspended sentence and my husband was ok with it. And I wasn't. I thought you know you, we live in a civilised society, there's cause and consequence to all your actions and he had to go through trials and he had to be punished for what he did. So I said, i won't take culpable homicide and so as a result he had to plead guilty because um, he was seen by so many friends doing it. HThere were alot of witnesses. Um, so he pleaded guilty and as a result I'm so grateful for that. No one else had to take the stand. They didn't have to put autopsy reports up and you know pictures and whatever which to me was a great relief. But they asked me to take the stand, um, and that was basically to make my child real to the judge because it's just another number you know. Unfortunately, um, death in our country is quite common so, the prosecutor asked me to just answer a few questions on who my child was, what his death, what was the result of his death on myself, on my husband and my surviving son. So it was that type of questioning, but she did say to me, is I, I want you to think very clearly before you say yes, because she was aware of my husband's position and my position and how different they were and she said it can mean the end of your marriage. And i said that I need to, I have to speak for my son and I came home and I told my husband and I have to give him credit because he said that I will support you in what you have to do. And then the parole officer came to speak to us and that was a shock to the system because I wasn't aware that criminals are actually allocated a parole officer even before they're sentenced. And I thought, this was actually coming. We had no right as in it wasn't us against him but it was the State against, so we had had to pay for someone to get a lawyer to just keep watch on the proceedings until we were then (mumble), because it kept on being postponed all the time and when the parole officer came to see us again, my husband looked at the suspended sentence and community service. And I said that anything less than 10 years will, I will not accept it, I will have no choice what the judge sentences him for but in me, I will never accept it. So I understand that my husband was very supportive and um, he got 12 years without possibility of parole. To be honest, you know, I looked at him there and I felt that the judge, the, the prosecutor because he, he asked me the question and then his lawyer, his defence lawyer asked me a few questions as well, and he said if you was the judge today what sentence would I pass. And I was so taken aback that I just actually, I didn't answer him directly, but I turned to the judge and I said to him, your honour, I'm just glad that today that I am not sitting in your place because I would not have the wisdom needed to give sentence. I mean, if I wanted to be the good girl, you know, shame, not too harsh, but everything in me screamed send him to jail for life, don't let him come out you know, but I knew that was just my pain speaking as well. So I would never be able to say, this is a fair sentence. I knew the maximum was 15 because it was not the regional court but it was the high court. So he was sentenced to 12 years. He's never showed any remorse. He was never, according to his sister show even to her, or to his parents, when he was out on bail he was living a normal life. Going out, doing whatever he wants, and before he was sentenced. I still feel because I know where he is, he was sent to Sun City then transferred to a prison to PTA because it's very (mumble). People ask me um, would you ever try to contact him or to see him, honestly I don't think so. I have no wish to ever speak or see him. But I, he's got no power over me Sometimes I find myself

thinking of him and then I make a conscious decision to stop because I don't want him to have any power over me. Forgiveness, um, I love that word. And because I'm a Christian. It's very loaded and one of my experiences is that um, Christians sometimes I think there's a book called, I haven't read it, why do Christians shoot the wounded? And I sometimes felt that way because there's so much emphasis on forgiveness and it's not just religion, because, it's not just Christianity. Any religion puts emphasis on forgiveness, as does psychology because and I understand that it's good for the soul, it's good for you, it frees you, but I learnt that forgiveness is a daily decision. It's not like you can click your fingers and then okay, I forgive you, you know. Um, I want him to be well and I want him to be okay, and I want him to be happy and come out in whatever number of years and resume his life and be forever you know happy. Um, sometimes I feel that way, other times I think, burn in hell, so, as I say, it's a decision that I have to renew everyday and sometimes I succeed and sometimes I don't. But I found that a lot of people kept saying to me have you forgiven him? You have to forgive him. And they create a lot of resentment because I think to myself I don't have to do no such thing. It's my choice. I decided to, I actually for a long time didn't say his name and now I actually said that I forgive Tom for killing my son. And I mean it now. Tomorrow I try again. But to lose a child, I don't know, there is a lot of experiences, different losses that are totally devastating that could husband and wives and relationships and the pain is very real. But the pain of losing a child you know, you shouldn't go through that, that wound. Um, you walk for the rest of your life with as if a part of you is missing so it doesn't mean you can't be happy. I am happy, I think I literally Angie, I can tell you that I missed, if you think Kubler Ross and you think of the depression? I can honestly say, I did not go through the depression. I felt sadness of course, incredible heart wrenching sadness and pain but I was not depressed. I could still find joy in my surviving son, in my husband, in things I do, in helping other people, in just in nature, in a good book. Good book took me a long time because for a long time I couldn't read. I was totally unable to focus, but I could still find pure joy you know. I could still and the first time that I heard myself actually laughing heartily it was like HOA! What was that! But it was a sign that there was hope. You know, that I wouldn't be forever in this dark place that was so so painful I could feel other things besides the pain. So pain is not all consuming. That is my experience and I know that a lot of parents cannot see past that pain for a long long time. And there are days, more nights because I as a result of the trauma, um, I had developed Fibro Myalgia. It's deep tissue pain, so I live in constant pain and it's usually caused by a trauma-either physical or emotional. Usually manifests two years, 18 months after the trauma and mine was a direct result of Jude's death. So some of the symptoms are um, lack of energy you know, I'm always tired um, incredible pain, it feels like you've got dogs chewing on your body all the time and um, because of that, insomnia and so my dark nights are literally dark because it's usually at night. So I can't sleep so I start playing things back, ja and my friends, as I usually say, my faith, my family and my friends have been my salvation and (mumble)....because if I see any sense, any purpose, there can't be no purpose. I refuse to believe in a God that plans things like this and he pulls strings and whatever, but my idea of God is a loving God, you know, that will inflict pain on someone just because he doesn't like for example the colour of your eyes. I believe in a God of love, so I sometimes think maybe he allowed it to happen because he gave us free will and that man's free will impacted on my life. Ok, um, so does it mean that God allowed my son to die? No, he gave the other one the free will and he chose to kill my son, so my son died. But what I do with that or what way I decide to view that will impact on my life, on my well being and on my future. And, I in my mind, I decided that God allowed it happen, um, I don't know what

the future holds for my son and as much as I loved him physically, um maybe there was something in his future that wasn't going to be good for him and he was very, very much a people's person as I am. He was very much an extrovert, like his dad and I was always the more quiet one. But he loved people, he really um, he had to be surrounded by people all the time and he was always had to be the centre of it. And we had (let him go?), so I decided you know, for so many years I felt that I had to do something and , where people were concerned and I never had the opportunity and when this happened I thought, I will use my experience to do something with it and it's become my life purpose. I told you I work with TCF, I also work at the trauma unit, I work with victims of crime, trauma, because I was a victim of crime, trauma, it was traumatic the way he died and then of course his loss as a bereaved parent.

A: and which one, if there is one, which one came first for you in terms of getting through the trauma and then the grieving, or the grieving and then the trauma? Or is it just a mix altogether?

B: You know what, definitely in my case, because I started studying very soon afterwards, until then I was grieving, I wasn't even touching the trauma. I sort of filed the trauma, right here (she indicates the back of her head) you know. I just filed it, very randomly, I wasn't touching it. I was living on, concentrating on putting one foot in front of the other, dealing first with the practicality, then trying to make a life where my son was not present. I was not dealing with the trauma. When I started studying as I said, September, October, November, December, January, so five months later when I started studying and we started touching on trauma, I realised I've got to deal with that side of it so it was a conscious decision. I have not seen um any counsellors, psychologists, nothing, it was purely by reading first and then by speaking to some of lecturers first then I started dealing with the trauma and basically forcing myself to bring it from here to here (points from back of her head to the front of her head), you know by thinking of what happened, trying to remember the sequence of it, trying to put all the pieces of the puzzle together, allowing myself to really, really feel the pain. Um, giving myself the time to feel all my emotions, not beating myself for any of them. Try to actually, you know, when I started to do the trauma side of it, that's when I started giving myself a lot of leeway, because I started thinking to myself, I'm going crazy, I can't concentrate, um, I can't pay attention to anything for a long period. I didn't realise that for so many weeks that I was so adrenalized and I couldn't function normal and it actually very much was a biological thing as well as a um emotional thing. So I have dealt with a lot of survivors of suicide, of families of children who've committed suicide, now because of the work I do and I actually now make sure that, but of course if I'm called to a scene, it's just containment but when I start seeing them, I start touching on the trauma side because I've now understand that you cannot grieve fully if you don't deal with the trauma first. That is my experience. You have to understand, you have to put the pieces together, you have to understand why your body is now doing this or not doing something to be able to actually grieve because now you understand why you're doing this and you actually allow yourself to sit with the grief because grief requires your full attention. Your whole total, absolute attention. You have to sit with it, you have to allow it to engulf you. And then as you deal with it, you start seeing the light and you go forward, and you go forward, but if you don't deal with the trauma and you still have something filed here randomly (indicates the back of her head) like I did for such a long time not knowing that I, that I was lying in the parking lot with Jude for such a long time, it was still filed there somewhere but I hadn't brought it to consciousness and I think you have to allow yourself to deal

with the trauma. So everyone that loses a child in traumatic circumstances, or loses someone that you love in traumatic circumstances should have trauma counselling as well as grief counselling you know because they go hand in hand. Because one will help, because dealing with trauma will sort of define the way that you're going to deal with your grief because if you don't, you don't understand things, it's like you sit with your pain but you don't now why am I feeling for example, why am I sweating so much all the time? Why am I shaking so much? Why? And you think that you're having a heart attack because you've got all these palpitations and you think, is this what grief does? But then it's actually the trauma side that you haven't processed yet, so because you're concentrating on those little things you know, you don't give your grief the attention it deserves. I say that grief is holy, it is holy, you have to bow down to it because it's that big and only I think that only by bowing down to it like you know the bamboo? You do that, you know, (gestures a motion bending downwards with her arm). If you make that (stiff arm straight upward), you will break, if you don't you just, stiff upper lip, you know, I will do this, um, it will break you. I've got a lot of parents that I work with on a weekly basis that have been going through this journey for a few years that are very very broken. So you must deal with the trauma, because then it will help you then to deal with your grief.

A: so for your sense making, it was important for you to fit all the pieces of the puzzle together and there's no missing part and when you've been able to make sense of the whole picture, that's when you've been able to come form of better understanding and sense making of the whole situation?

B: yes, I didn't have to have all the pieces together but I had to have, I had to make a decision myself that there had to be a purpose to this. That I had to make a purpose, so, it was very much a conscious thing. I decided ok, Isabel, I cannot turn back the clock, I cannot do anything about it, but I can choose on how I'm going to deal with it. Either I will bend and I will focus my future, make myself, give myself goals, try reach out to others um, do something that is constructive and it will honour my child's memory because for a grieving parent, honouring that memory is very important, so I do something like that and by doing something I will have a purpose in my life and a sense of this was meant to be. I am where I am so, this is where I'm supposed to be after what happened. And um, but I made that decision and I have peace with it, and I have joy with it, but I didn't have to have the whole puzzle complete. The trial was still going on when I was doing this. I was still having issues in my marriage because of our divergent views on the sentencing and that, but I had decided to do this. Um, I didn't start dealing with bereaved parents immediately, because I think that's important because you're not strong enough. You think you are but you're not. And one thing that I've learnt very much is to be aware of my own limitations and looking after myself because sometimes you think "I've gotta help others, I've gotta help others", and it becomes your whole focus and you forget about nurturing yourself. Before you know what happens, you can burn out, so I've learnt when it's becoming too much, like now, I've taken a leave of absence from Compassionate Friends for 3 months. I only see a couple of people that I see on a regular basis. I've created boundaries, I've said I'll see you twice a month, um, because I can feel, because I know when my body is starting to go down and then you know, I'll do something to help myself get up again. It's a journey and sometimes things happen that take you right back down and you've gotta make sure that you pay myself some attention, build myself and then I can give others attention again. But, definitely

the work I do, helping other people that are in the same boat um, have become my focus and given me a sense of purpose.

A: so what will help people to cope is the decision, a choice....

B: (interrupts) choice, choice, choice. Is you know, we all go through any traumatic thing that happens in your life, it doesn't have to be a death, but you choose how to react. You allow it to break you or make you and I do believe very much that the choice you make, um, when you lose a child you think it's the end of the world. You don't know that other people can still laugh and all of a sudden you're surprised that people can take enjoyment from life so what happens is that you start feeling sorry for yourself because you get in your car in the morning and people are living a normal life and you don't understand why the world has not come to an end, because you feel that your world has come to an end, so you feel incredibly sorry for yourself. That's when you have to stop and think, ok, am I going to stay in this? I'm feeling sorry for myself for the rest of my life or I'm never having a chance of rejoining the world of the living or am I going to choose to slowly, because it's going to be slowly, take steps to actually live a normal, a normal as possible a life again, so to me it's very much about choice. It's very much about surrounding yourself with the right people, with the right information, because everyone will have a sadder story to tell you. I'm so sorry for this but I know so and so who lost two children and you know what and so you think, no one understands how I feel so I'm just going to feel sorry for myself all the time so choice, surrounding yourself with people that will lift you up and really it's about, if this person comes to you and it's all about her and they don't give you a chance to speak about your pain and your child move on, choose another friend because this one is not helping you anyway. That is very important. And it's about hope, the first time I walked into Compassionate Friends, it was for a general meeting and I heard people talking to each other and laughing and I thought oh! They are laughing! I wasn't shocked, it was like, hope! And what I wanted to know was how far down this journey are you? And they said to me a year, two years, five years and I thought, that gives me hope, because if she can do it after a year, or after two or after 5, it means I can. It's not always going to be like this. So that is always hope. So surround yourself, talk to people that have been there and that have made a life after that. Um, because misery loves company so don't just associate with people who are only in that dark, dark place and talk to others who have made a life.

A: so being able to speak to people who have learnt to cope and carry the burden and still be able to be joyful....

B: that's it, never lose hope. You can find joy in the most incredible things. I remember when Jude was killed, my whole family came from overseas because I don't have, like my brother's here from Mozambique, so I don't have family of my own except for my husband and son so the whole family came and my sister is much younger than me, she's got two little kids and at that stage they were two and six months, and I remember then, I think it was the day of the funeral and looking at those two little boys and feeling this incredible you know heartwarming feeling just looking at them and this love and then I think I can still feel things you know, so it's giving yourself the chance because alot of people don't. They just think my child is dead, i've got no right to ever be happy again or feel anything else but pain and it is a choice. So to me it was about learn, learn, learn, you know, I read, I've got a whole

collection on bereavement, and grief and loss and I went back to study at UNISA and for me it was about educating yourself, um, learn about different ways, different ways, different cultures and learning about different people helped me. Who says that the Portuguese know how to grieve, who says that South Africans know how to grieve? And I've learnt a lot of things that have been such a help to me and to do what other cultures do, I thought, why not? You never know you know, is it crying all the time or not crying at all? It's long, it's a life long learning process.

A: so from what you've learnt so far from everything that you've read, what has been the most helpful?

B: give yourself time and be patient with yourself. Be patient with yourself because I, I'm the type of person, like when I decide to do something, I have to do it. So I set myself a time and I have to do it perfectly and it was a source of great frustration that for a long time I couldn't, I could not read, because I read the same page five times before and it didn't make any sense. I started something and I left it halfway. I could not think that everything that I was doing wasn't perfect and I was getting incredibly frustrated and mad at myself and when I start reading and you know what, it's part of the trauma, you cannot concentrate, you are irritable, your, your, you know, your brain is not able to process everything the way that it is used to and when I gained that information, I was like oh! Ok! So what do I have to do? I have to give myself time; I have to be patient with myself. I was being patient with everybody else, but not with myself. So to me it was very difficult. I must tell you that I'm more patient with myself and I nurture myself better now after losing Jude than I ever did myself before his death, ever!

A: so did you find the loss of Jude change your world view?

B: Oh ja, it changed. One, you become so much more aware of suffering around you, of pain, you become ALOT more patient, ALOT more empathetic towards others, um I always say that you cannot help with coming through something like this without being better, you have to. Because why is it because you learn, you get to learn what really matters in your life you know, it's not about the latest pair of shoes, the latest, it's not about that, you really learn about what matters and you become so more attuned to the pain of others you know, so definitely wiser, and definitely better because you want to make others, you want to reach others and make them better as well. So it has definitely changed my life. I've become, everywhere, and we've become, we've become very blasé about things like gratitude and yes, we were, everyone's talking about gratitude, but very, very honestly, you become so much more grateful about everything. You know, I always prayed and I always thanked God for everything. Thank you God for what I've got and thank you God for my children, thank you God for my husband. Thank-you God for Kevin, Brian and for Jude and I tell him why I am grateful because I really am. And I always do find the best in other people and I always do look for the best in other people and I think I've just become and I think it's become a lot less about me. Even though I nurture myself more, I've learnt that I am a good person and that you know very Victor Frankl, no Aaron Kushner, good things, no bad things do happen to good people, um, but, he said that but it's true, I realised that these things didn't happen to me because I was a bad person. Because I did something that I shouldn't have done or anything like that but it happened but I'm a good person. But I've become aware of that, I've become a lot more aware of the blessings of God and I'm grateful for it, very grateful for it. But also very aware of the transiency of life, how quickly you can lose someone. Maybe because of that, I value life so

much more, so does your world view change? Oh yeah, I think it does. And I think, the good thing is that your world view changes but again in a sort of better and wiser way, you don't become bitter because of what happened.

A: Now, how was it that you've been able to be more not bitter but to move on, to I guess, perhaps a more positive viewpoint because I know that different parents have grieved differently and some are incredibly bitter.

B: I am not, I can honestly say, I was bitter, um, for a while and then I decided, why, I analysed everything and I had to think why am I bitter okay, and I thought okay, I'm bitter at my husband because he um, wanted a lesser sentence for that man and then I had to think, okay, now why is he thinking that way? So I thought no, I have to understand his heart, it's because he is a good person, that he's reacting that way, so it's actually positive, so I had to learn that I have to look at myself because when my son asked why are we inviting him? I was blaming myself so there was a lot of self resentment and I had to think why. And my exploring why's I was able to arrive at the conclusion that I couldn't have helped this, my husband couldn't have helped this, that man decided in the spur of the moment or premeditated. I don't know and it doesn't matter because it will not you know, bring my child back to life, but I could not change his decision, so there's nothing and my bitterness would not help me change everything but it would hold me back and I would not want anything to hold me back. Um, and I do believe that all those things, all those negative emotions will hold me back. Anger, if not properly directed will hold me back. So it was by the whys and the bitterness and the reasons for it that I needed to let go. I'm very good at writing down and when I'm feeling low, writing in my journal and because I was able to put down on paper the reasons why I was feeling this way and that way and looking at it and does it make sense, does it not make sense? And where there were things that um, I thought no, this can only be bad for me, this can only hold me back, then I could actually tear it up and let it go.

A: and with letting go, what did that mean for you emotionally and physically?

B: It's physical in the sense that um, if you resentful or if you're angry or bitter and you're always focusing on that thing, it will manifest physically. Um, then of course it does things like insomnia which is a direct cause of that. I know that in times of great distress and if I am more um, not handling my stress, I will feel it physically. SO, when I was going through that, letting go of the bitterness, of the resentment, I felt physically tired because I was having terrible headaches, terrible migraine headaches which became sort of gone and then again it's very much a conscious decision. Ok, do I want to feel like this for the rest of my life or do I want to have a better quality of life. And I thought "no", I will not give this person, because it was mainly directed to the power to hold me back. He's taken enough from me. And I thought "No" and that's why it's conscious. And so when I go to bed and I'm having difficulty falling asleep and I have this tape that starts to play in my mind, I've learnt to actually learnt, picturing in my mind, taking the tape out and putting another tape in and I put in a happy tape. You know, I do put in a happy tape of me, of us with the kids when they were small running on the beach or anything but I put in a happy tape. I change it. It's, I know it sounds silly but it's the thing that I've actually learnt to do. I picture myself and then I think of them. SO the way I deal with my emotions, my negative emotions, it's very much on a conscious level. I decide, do I want to feel this way, no! And I let go of it and that is

basically by not thinking about it or the issue anymore. It doesn't mean that the issue doesn't come back and I don't think about it ever again. Of course I do but then as it comes, so I let it go. I don't swell on those things. It's a survival mechanism.

A: so you choose to change your mindset?

B: Again it's choice, isn't it? And to me, I think it's literally been my salvation. It's the choices I make. For example there are days that I am down and I wake up and somehow for a brief moment that Jude comes to mind and I have this wave of sadness that just engulfs and I become quite melancholic and as it happens, I immediately think, okay, am I going to stay in this and sometimes I allow myself to because I can have a sad day now and then. If part of me is not sad, then I don't think that is normal as I miss him everyday so you know, it's the pain you feel when you have an amputation so I feel that pain. But sometimes I stay in the pain for a while and I allow myself to really feel it. I allow myself sometimes to feel when I know I'm down, okay, I'm going to feel it. Okay, and then I have a good cry and then I decide now it's up and it's shower time and I think the worse that I feel then I put on my make up, I think what am I going to do today that is going to make me feel good about myself and it's going to, I'm going to be of help to anyone, whatever, so I change it. I allow myself to stay in the moment. To feel it because I think there is a danger if you don't allow yourself to feel Just allow yourself to be up and you know perky all the time. It's also not normal so I allow myself to feel for a while and then I think okay, now it's turning to a pity party, get out and do something and those days that I feel as though it's going to be a pity party, that's the day that I decided to go out and not stay at home, otherwise I'm going to stay at home and have a big wobble> And it's good to have a good wobble but....silence.

A: So you're also choosing to be kind towards yourself?

B: it is essential. I always say to my bereaved parents, to mourn you have to feel your pain but you must've been a great parent to your child. You must've loved your child to feel this. And so try and see your child as they see you as this wonderful mother, this wonderful father that gave them so much. Try to look at yourself from your child's point of view and nurture that perspective. Because you sometimes we think that everyone else is good except for us and may be I caused some way. Maybe I wasn't a good enough parent, whatever, so i always say, try to look at yourself through the eyes of your child. You know and nurture that person.

A: So it sounds like you were really close to Jude and do you think that helped your grieving process?

B: Oh yes, oh ja, no doubt because i knew him so well as a person, as a human being, um, I believe in being a mother first, but I believe in a real close relationship with your children. So there was never any secrets between us so we talk about everything from goals and dreams and whatever, to girlfriends and sex and we talk about everything so I knew him not just as a child, but I knew him as a person, as a human being. And because of that, um, I think that it helped me, because if there were parts of his life that I wasn't, I knew his good parts and I'm not trying to idealise him, I knew his good parts and his not so good parts because as I said, I knew him as a human being and as a human being he had good things and not so good things. I hated the fact that he smoked and I was always on his case because of it. Um, so I knew those as well, but there is a very big tendency to idealise him then and I once had to sit my

husband down and say let's talk about this because it was "I love Jude", Jude did this and Jude did that and then I said "darling, Jude was our child and I loved him. We'd hold him in our hearts but do not canonise him because he was not a saint. I've got a parent at the moment and this is literal. He is building a chapel to saint so and so. You know, saint, but I don't want to give names, it's the name of his son, so literally, physically he is building a chapel to saint so and so because in his mind. His child was a saint. We all tend to believe that you know, so I had to say to my husband, let's honour our child by remembering him as he was with everything. The good with the not so good. Not that there was anything BAD with him besides being a normal 21 year old okay, but um, he was always very outspoken so even through adolescents and teenage years it was always loud, He would say, I don't agree with you, explain why this or whatever, so we had that was our kind of relationship so we have to remember him exactly as he was and we knew him that well. That's why I'm saying sometimes when we're talking and feeling sad whatever, I said to my husband you know what maybe we can go to the cemetery and sometimes I do cry at the cemetery but it's not a place of pain and just agony. No I sit there under nature and I write in my journal and sometimes it's fun things and sometimes it's not such fun things but it's not a place of grief and despair, No! His essence is not there so to me you know it's a place I go and I sit under a tree and I wrote a little not but whatever. My husband does have a tendency to lose it when he goes there so more often than not he goes by himself and I go by myself, but this last time we went together. And he was sort of losing it a bit and I sat there and I said to him. If he's looking down he's saying "now what a bunch of sissies, you know, look at them, just get a life, move on because it's the type of person he was" and then he laughs and then he says that you're right and he will so not enjoy this you know and like last year August, my sister was here from overseas and we went to the cemetery and we decided to take 26 balloons and we wrote little notes and those little girls that are now 7 and 5 wrote little notes and tied it and spoke about their cousin and there was another friend. And we're very open and we spoke about life and death and we answered all their questions in an age appropriate way and so I walk around the cemetery and they ask me a lot of questions and answer them. Like what type of person he was and who his friends are and then one of the girls asked. Dear Bela, where are the balloons going? Do you think they're gonna go to Jude? One of the other friends says, most probably to the nearest pub and we had such a good laugh because it's being real. Probably it's his birthday, he would've been having a drink at the nearest pub and that's how I want to remember my child. Not he would've been sitting being holy, no! He was a normal 21 year old so that's what he would be doing. I think it's important to remember them as they were.

A: so to be honest with yourself and the person he was ?

B: absolutely, no doubt about that. I say I always want to be his mother because I was honoured to be his mother. I've been blest with wonderful children and he's still very much a part of my life.

A: so keeping his memory alive also helps you to keep on going?

B: oh ja, yes, absolutely. You know like his bedroom, you know that there are a lot of people who say, you can't touch it, do things with it and eventually, there's never a good time to do that but I said that it's in your time to do it. If it takes you 6 months, if it takes you 6 years, it's ok, you know, it's when You can do it and when you've reached a decision that you are comfortable with at the end of the day um

with my husband, we went through Jude's clothes, we had two beautiful, beautiful quilts, I'll show you, done with his clothes, one for him because he moved out (Jude's brother) and one for us here and they are in his room. I made it into a study, so it's my quiet space, it's my space where I do my things and I've got a big name stitched that just says Jude, so it's just that, um, you know it reminds me, I kept his desk, no, no, I took his bed and it's a place, it's my quiet space, it's my nurturing space but it's not a space where I say that I feel his presence, no, it's now my study and everything had to, I mean, my sister, she's a doctor, after Jude died, she specialised and when she was done with her thesis, she dedicated her thesis to Jude, and that to me is wonderful you know. It's a memory in a good way, cos in a way, it is a mode to help us to keep moving and doing things and doing more to help us. WE try to live the life. I try to live my life in a way that he would and funny enough, it's not what he would have done himself, it's dreams he had for me. He used to say, you're so good with people, why do you want to be a lawyer? You should've gone into psychology, so you know, you see, so what I've done and what I'm doing now, it's in a sense he's behind it. He is the one who is pushing it and urging me on so, it works and there's no better sound, sweeter sound than when I heard Jude. A lot of people are saying the name. How is he or she going to react? Every parent who's lost a child, loves listening to their child's name.

A: okay, you've been able to answer the questions without me needing to ask. DO you have any questions for me?

B: not really, if you remember anything else, just drop me an e mail and I'll gladly answer.

A: Thank you so much, I really do appreciate it and I'm grateful for your openness and your vulnerability.

B: it's a pleasure.