Article

Maternal Grief: A Qualitative Investigation of Mothers' Responses to the Death of a Child From Cancer

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Abstract

This study explored bereaved mothers' responses to the death of a child from cancer, with a focus on identifying adaptive and complicated grief reactions. To understand the unique meaning of their loss, in-depth interviews were conducted with 13 mothers at two time points. Interpretative phenomenological analysis—guided by meaning-making theories of loss—revealed five master categories: the perceptions of the child's life with cancer and death from the disease, changed self-identity, coping style, developing an ongoing relationship to the deceased child, and the postdeath social environment. Each of these master categories and associated subthemes provided insights into the characteristics of the bereaved mothers' adaptive and complicated grief responses to their loss. Given all the mothers evidenced multiple forms or types of these responses over time, they could not be categorized as adaptive *or* complicated grievers. However, the varying proportions of each of these responses highlighted differences in overall bereavement adaptation.

Keywords

Child death, Cancer, Loss and Grief, Mothers, Adaptive and Complicated Grief bereavement

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For many bereaved parents, the death of a child from any cause represents a loss of profound and traumatic proportions (Gerrish, Neimeyer, & Bailey, 2014; Lichtenthal, Neimeyer, Currier, Roberts, & Jordan, 2013; O'Connor & Barrera, 2014). Parents who lose a child are at heightened risk of developing complications in the grieving process as compared with other types of bereavement loss (Lichtenthal, Currier, Neimeyer, & Keesee, 2010; Sanders, 1989). However, alongside these complicated responses to loss, many parents respond in highly constructive and adaptive ways to the death of a child (Swanson, Pearsall-Jones, & Hay, 2002). These parents are able to find new meanings, goals, purpose, and significance in their ongoing lives, despite the death (Gerrish, Steed, & Neimeyer, 2010; Holmberg, 2007; Talbot, 2002).

In attempting to understand these frequently coexisting bereavement outcomes, many bereavement researchers have embraced the concept of *meaning-making* as central in understanding adaptive and complicated responses to the death of a child (Barrera et al., 2009; Braun & Berg, 1994; Craig, 1977; Gamino & Sewell, 2004; Gerrish et al., 2010; Keesee, Currier, & Neimeyer, 2008; Klass, 1988, 1999, 2001; Miles & Crandall, 1983; Rubin, 1989–1990, 1991–1992; Talbot, 1996–1997, 2002; Wheeler, 1993–1994, 2001). Although the term *meaning* is difficult to define and has been used in the bereavement literature to describe very different phenomena (Davis, Wortman, Lehman, & Silver, 2000; Janoff-Bulman & Frantz, 1997; Wheeler, 2001), finding meaning or making sense of a loved one's death is "defined generally as finding some degree of coherence, orderliness, predictability, purpose or value in what has happened" (Gamino, Hogan, & Sewell, 2002, pp. 793–794). In line with this definition, two major theoretical perspectives or models that have contributed to the development of these meaning-making frameworks are cognitive-constructivist models (Calhoun & Tedeschi, 1989–1990, 2001, 2006; Calhoun, Tedeschi, Cann, & Hanks, 2010; Gamino & Sewell, 2004; Gamino, Sewell, & Easterling, 2000; Neimeyer, 1995, 1998, 2000, 2006a; Overcash, Calhoun, Cann, & Tedeschi, 1996; Schwartzberg & Janoff-Bulman, 1991) and the dual process model of bereavement (DPMB; Stroebe & Schut, 1999, 2001, 2010).

In terms of cognitive-constructivist models, there is a substantial history of research examining the potentially significant impact of some types of death on the *assumptive worlds* (Janoff-Bulman, 1989, 1992; Parkes, 1975, 2009) and *self-narratives* (Neimeyer, 2004, 2006b; Neimeyer, Burke, Mackay, & van Dyke Stringer, 2010) of bereaved individuals. The death of a child is one type of loss that has been shown to significantly challenge (or decimate) these complex mental structures on which one's sense of identity and meaning in life depends (Braun & Berg, 1994; Currier, Holland, & Neimeyer, 2009; Davis, Wohl, & Verberg, 2007; Matthews & Marwit, 2003–2004; Rando, 1993). In the aftermath of this disruption, some bereaved parents are able to reconstruct a new assumptive world or self-narrative that can accommodate their child's death (Neimeyer, Keesee, & Fortner, 2000). Calhoun et al. (2010) have used the term *posttraumatic*

growth (PTG) to describe these types of responses to bereavement, with others (see Payne, Joseph, & Tudway, 2007) using the term *positive accommodation* to describe this type of change. Payne et al. (2007) also describe two additional outcomes that can follow the breakdown of assumptive worlds and the self-narratives to which they are central—*assimilation* (i.e., return to baseline functioning) and *negative accommodation* (i.e., poorer psychological functioning after the event). In the context of parental bereavement, the former would apply in cases where the parent is able to assimilate their child's death within a preexisting self-narrative (e.g., one that is based around religious beliefs). In terms of the latter, this outcome can occur when a bereaved parent is unable to find any sort of explanation for their child's death nor to change their assumptive self and worldviews to accommodate the death (Gamino & Sewell, 2004).

In terms of the DPMB, this coping-based model of bereavement has been subjected to over a decade of systematic investigation and consequently represents a major theoretical perspective within the field of bereavement research (Richardson, 2010). In broad terms, how a bereaved individual attends to loss and to restoration-orientated coping can facilitate or inhibit meaning-making processes, with implications for subsequent psychological adjustment or maladjustment (Calhoun et al., 2010; Stroebe & Schut, 2001, 2010). In particular, the DPMB postulates that a necessary component of adaptive coping and adjustment is that oscillation occurs between these two coping orientations (e.g., at times, the bereaved person confronts aspects of their loss; but at other times, they seek distraction from their grief through attending to new life changes). In contrast, complications in the grieving process can occur when a bereaved individual maintains an extreme and exclusive adherence to loss-orientated coping (i.e., chronic grief) or to restoration-orientated coping (i.e., inhibited grief). Despite the promise of this model, there are limited studies that have examined its application to parental bereavement adaptation (see Hogan, Greenfield, & Schmidt, 2001; Hogan & Schmidt, 2002; Wijngaards-de Meij et al., 2005, for notable exceptions), with even fewer conducted with bereaved mothers following the death of a child from cancer (see Gerrish et al., 2014).

Despite the understanding that cognitive constructivist and the DPMB have brought to the field of parental bereavement research, two areas warrant further investigation. First, details about the specific meaning-making phenomena underlying parents' adaptive and complicated responses to the death of a child remain limited (Barrera et al., 2007; Lichtenthal et al., 2010). While additional empirical studies are required to better define and quantify these outcomes, researchers should remain wary of "prematurely predetermining the conceptual boundaries" of how they are defined (Massey, Cameron, Ouellette, & Fine, 1998, p. 339). This is because many responses to traumatic events have been shown to have positive (Calhoun & Tedeschi, 2006), neutral (Harvey, Barnett, & Overstreet, 2004), existential (Kessler, 1987; Yalom & Lieberman,

1991), paradoxical (Calhoun & Tedeschi, 1998), and a range of other qualities —all of which may be construed as adaptive (or otherwise) to the individual concerned. Second, in terms of ethical considerations when conducting research with bereaved parents, it is essential that the measures and processes that are employed to assess bereavement adaptation are highly sensitive to the needs of this vulnerable population (Beck & Konert, 2007; Dyregrov, 2004; Omerov, Steineck, Dyregrov, Runeson, & Nyberg, 2014; Rosenblatt, 2001; Sque, Walker, & Long-Sutehall, 2014).

In light of the above, the aim of this qualitative study was to explore bereaved mothers' responses to the death of a child from cancer, with a focus on obtaining an in-depth understanding of the meaning-making phenomena underlying their adaptive and complicated grief responses. This study focused on mothers' responses to the death of a child from cancer, given they have been found to be uniquely affected by the death of a child (Cleiren, Diekstra, Kerkhof, & van der Wal, 1994; Kreicbergs, 2005; Schwab, 1996; Wijngaards-de Meij et al., 2005; Znoj & Keller, 2002). Finally, a priority of this study was to place central emphasis on accommodating the needs and sensitivities of the vulnerable participants involved.

Method

Participants

The findings for this research were taken from a larger mixed-methods investigation of maternal grief (Gerrish et al., 2014). A purposive sample (Patton, 1990) of 13 mothers agreed to participate in the study (M age = 49.5, range: 41–71 years). All had participated in cancer support groups at some stage. All were Caucasian and had Year 10 or higher education; 11 were married, 1 separated (following her bereavement), and another widowed. Six were working on a full- or part-time basis. All had experienced the death of a child from cancer, on average, 4.5 years prior (range, 0.80–9.3 years). These variations in the time since death were not considered an issue given evidence that parents' grief and associated responses can be experienced at any time after the death of a child and even over a lifelong basis (Clarkson, 1992; Keesee et al., 2008; Linley & Joseph, 2004). Finally, 12 of the mothers had between one and four surviving children, with one mother losing her only child. Deceased children ranged in age from 2 to 35 years ($M = 14.8$ years). Eleven of the children had suffered an illness ranging from 3 to 52 months ($M = 19.4$). However, two other children experienced an illness that was considerably longer, as both had periods of remission. In summary, the sample chosen for this study was clearly varied in terms of its characteristics. A more selective sample (e.g., mothers who had children who died at a similar age) was not possible given the difficulties with recruiting mothers for such sensitive research.

Procedures

Each of the 13 mothers who responded to the research flyer was sent a participant information sheet that explained the nature and purpose of the study. During follow-up phone calls, matters relating to informed consent and confidentiality were addressed. In addition, they were informed that formal approval for the study had been obtained from Curtin University Ethics Committee. Following these discussions, all 13 mothers agreed to participate. They were all offered a choice of interview location but all opted for the privacy of their own homes. Although two of the mothers lived in rural locations, their keenness to participate meant this travel was accommodated. Twelve mothers agreed to a second interview (one mother could not be recontacted). At the Time Two interviews, the same interview format from Time One was adopted. Given that the Time One transcripts had been analyzed prior to the second interviews, some additional questions were asked for the purpose of further exploring, clarifying, or elaborating on content or themes from Time One that reemerged at Time Two.

In-Depth Interviews

A semistructured interview schedule was developed in accordance with the principles of interpretative phenomenological analysis (Smith, 1995). After outlining the nature and purpose of the study, mothers were asked how they preferred to speak about their child's death, in terms of the language used (e.g., death of their child, loss of their child, etc.). They were then asked to respond to the following question: "Please tell me about [the child's name] and describe what it has been like for you since her/his death [or loss, passing etc.]?" In keeping with the meaning-making theories or models outlined earlier, bereaved mothers were also asked: "How, if at all, are you a different person following your child's death?" Prompting questions included the following: "For example, in what ways are you different personally, in how you relate and feel about others and in how you see this world in which you live?" When a change was reported, they were asked: "What quality would you assign to this change?" Other prompting questions included: "Would you describe this change as in some way being adaptive or healthy for you?" "Would you regard this as a more negative change?" and "Would you assign some other quality to this change?" To further explore types of changes, Mothers were asked: "Would you say that this change represents a new change that has emerged directly from your experience of loss?" and "Would you say that this change represents a heightening/strengthening/reinforcement of ways you were before your loss occurred?" Finally, in order to examine how the mothers had coped with their child's death, they were asked: "How have you coped with your loss?" A follow-up question was then posed: "How have you coped with other crises/challenges since your loss?" Mothers

were then asked further questions with reference to the DPMB. Specifically, having been provided with a written description of loss and restoration-orientated coping styles, they were asked: "Can you relate to this process as described within your grief experience?" Prompting questions further explored how these coping styles had changed over time, how they varied in response to various events (e.g., anniversaries), what degree of choice was associated with them, and whether they were associated with more adaptive or negative aspects of the mother's grieving process. Two interviews were completed with each mother, resulting in a total of 71.7 hr of interviewing ($M = 5.5$ hr with each mother). This did not include discussions over the telephone at different stages during their participation (e.g., to check they were comfortable following each interview). These interview durations are consistent with other researchers who have sought to build an appropriate level of rapport with bereaved parents (Dyregrov, 2004).

Data Analysis

Interviews were recorded and transcribed verbatim and analyzed in accordance with interpretative phenomenological analysis (Smith & Osborn, 2008; Willig, 2008). At the first level, emergent themes or categories were identified and given descriptive labels that stayed close to the data, reflecting the mother's own words, concepts, and beliefs. At the second level, a more explicit interrogation of the data moved to a more interpretive level (Eatough & Smith, 2008; Smith & Osborn, 2008). In particular, the emergent themes or categories from the first level of analysis were reexamined with reference to existing theoretical constructs—namely those associated with the meaning-making theories or models outlined in the introduction (Willig, 2008). These theoretically derived themes or categories where then compared and contrasted with the emergent themes or categories. This resulted in some of the latter being assimilated into the former but also produced new categories. All the identified themes or categories where then ascribed positive, negative, positive and negative, and neutral labeling, in accordance with how the participants described the quality of their responses to their child's death and with the researcher's own decisions where necessary. Positive themes or categories in particular were considered to represent adaptive grief responses, with negative themes or categories representing complicated grief responses. These categories or themes were then reexamined for the purpose of generating superordinate categories of adaptive and complicated grief responses for each bereaved mother. This entire process of analysis was repeated for the Time Two transcript data. Then, the superordinate categories from both data collection points were compared and contrasted to identify new (other) superordinate categories or for the purpose of enhancing existing superordinate categories. Finally, these superordinate categories were subjected to cross-case analysis and an inclusive list of *master categories* that reflected the adaptive and complicated responses of all 13 bereaved mothers over time was generated.

Results

Five master categories emerged that enhanced the understanding of bereaved mothers' adaptive and complicated responses to their child's death over time. These were as follows: (1) perceptions of the child's life with cancer and death from the disease, (2) changed self-identity, (3) coping style, (4) developing an ongoing relationship to the deceased child, and (5) the postdeath social environment. In this article, each of these master categories and associated subthemes are examined in detail. Findings pertaining to specific mothers and time points (i.e., Time One or Two) are abbreviated (e.g., M5, T2).

Master Category One: Perceptions of the Child's Life With Cancer and Death From the Disease

All the mothers spoke at length about what it had been like to witness their child's life with cancer and their death from the disease. In the following section, four subthemes that informed this master category are described. They are: the suffering endured by their child, the response of the child to their illness, having the opportunity to anticipate and prepare for the child's death, and the perceived preventability of the child's death.

The suffering endured by their child. All the mothers found that witnessing the consequences of medical treatments endured by their children to be highly distressing, and in many cases, horrifying. These consequences mainly took the form of negative side effects that resulted from the chemotherapy treatments administered to their children. The following statements reflected this subtheme:

> We couldn't pick him up because he was so sore . . . He was all bruised and blown up. I had to go, I couldn't handle it, I had to walk out, try and control myself, it was just so hard. (M1, T1)

> He went deaf in the left ear, he went blind in the left eye, he couldn't keep anything down. He'd come out [of the shower] and he'd see himself in the mirror and he'd stand there and cry because he was just like one of the men you see on the, kind of, holocaust . . . you cannot come to terms with their suffering . . . it was horrendous. (M8, T1)

Mothers also made statements reflecting the guilt and anguish they felt about the treatment decisions they made which led to their child suffering:

> There is a lot of regret for everything that led [child's name] to endure any suffering. That is the hardest feeling to cope with when those memories flood in. To watch an

innocent child be subjected to chemotherapy treatment that her parents had consented to was mental torture for us, physical torture for her. It is a choice we made and the consequences we will have to live with forever. There is nothing that can take away that horrific event. (M2, T1)

So he started on pulses of chemo[therapy]. He was at a very difficult age for some of the poison that they were putting in him as far as the development of his heart, it was very frightening. He knew nothing of this, but it was just horrible. I sort of thought what are we doing here and am I creating something that he's going to be miserable for the rest of his life? (M12, T1)

Another mother reported that the treatment choices she had made for her son were the best she could make at the time. She explained that the outcomes of her choices in terms of her son's health were often unpredictable—something she accepted:

We'll always be damned if we did, damned if we didn't, we'll never know whether we did the right thing with [her son] taking the risk and deciding to go ahead with the bone marrow transplant. We'll just never know that. (M7, T1)

Mothers also spoke of the "roller coaster ride" associated with the treatments endured by their children—the oscillation between hope and devastation, and the immense pain that came with watching their children confront the threat and reality of death. One mother described this as follows:

He was so hopeful at the beginning and we were all so hopeful and then eventually [as the treatment failed] we started to realize . . . [In] October [that] year he says I'm going to die mum you know. It's hard to hear an 18-year-old say that. (M13, T1)

The response of the child to his or her illness. For some of the mothers, their child's response to their cancer diagnosis and to their life with the disease had a major bearing on their own grief responses. For one mother, witnessing her son's sadness after his father's death from cancer when he was 9 years old and then his further sadness when he was diagnosed with cancer at age 20, had complicated her grief response:

I just sort of think, Oh it's not, not fair that he had to have . . . a bit of a sad life too . . . never had any great happiness to what I would like him to have had yeah, so I'd like to, to have had a really happy life, but he didn't. (M13, T2)

Another mother described how her son had struggled all his life with a diagnosed mental health disorder. Following his diagnosis of cancer, his mental

health issues escalated dramatically. This had negative consequences in terms of his reaction to his illness and treatment:

> He always had a bit of a problem. I think he had somewhat of a personality disorder ... they [psychiatric assessment] agreed he had a personality disorder. I think he was in total denial [of his cancer]. He was in total denial about the whole thing. [When he was in hospital] he absolutely wrecked the room ... he pulled all the shelves off the walls and absolutely, totally wrecked the room. (M8, T1)

However, for other mothers, alongside the memories of their child's struggle with their illness were accounts of how their response to their illness had assisted their grieving process in some way. For example, one mother described how her son had organized his own wake before he died and how this helped her to prepare for his death:

> He had his own wake before he died. [He] found out he was dying and the week after he had a big party for everybody ... only 4 weeks before he died. Yep, he organized his own funeral, songs, everything so we didn't have to do any of that, we knew what he wanted to do and everything so that make it easier on us too. (M11, T1)

Another mother described how she took comfort in how her son responded to his illness in ways that enabled him to live a more complete life than many people:

> I can take great comfort in that he [her son] lived a full life you know even though it might only have been 5 years and 9 months and 12 days, it was still a full life you know. Yeah, he didn't lose his front teeth and he didn't get married and he didn't do all these things that you're supposed to do, but his whole range of emotions and everything that he was capable of doing and living [it] was the full range. He was happy, he was sad, he you know, he fought with people, he loved people. (M6, T2)

Having the opportunity to anticipate and prepare for the child's death. How much time mothers had to anticipate and prepare for their child's death varied. For instance, one mother had minimal time to prepare, with her child dying within 4 weeks of her diagnosis. However, most of the mothers were advised that their child's illness was terminal at a point that gave them several months (or more) to prepare for their child's death. Knowing that their child would likely die, most of the mothers recalled commencing a grieving process. In addition, some of them started conversations with their child about death and dying. For some mothers these conversations and those that occurred when the child's

death was imminent were linked to beliefs and rituals of a religious or spiritual nature:

> I'm a Christian [and] both my husband and I agreed the most important thing was that [son's name] wasn't going to be frightened . . . we talked and talked and talked [to their son] about heaven and what the bible explains heaven to be like . . . that the angels will come for him . . . by the time it [death] came he was quite happy, comfortable with where he was going and what he was going to do. (M6, T1)

> When he was dying he evolved to this [principles of Buddhism] even though it was not directly known to him. He could look at himself in the mirror, physically, and be okay. He didn't like it, but it was only part of him. Spiritually, he was so alive, so present. He also reached an acceptance that this was his way—he stopped being a little boy. (M12, T1)

> When I was living at her place [her daughter] we would sit on the couch and talk in depth about death, what she wanted, how she wanted to go, what flowers she'd like. Just things like that. (M4, T2)

Another mother described how she had anticipated her son's death and had grieved because of this, and how when he actually died, part of her was relieved at knowing he was no longer suffering:

> I think you do a lot of your grieving in the process of them dying you know, you see the pain they're going through and the treatment, what it does to their bodies . . . and I think personally, I think you do a lot of [grieving], rather than a sudden death you know, if it's a sudden death it would be more of a shock whereas you're doing your grieving as it's going along and I think some of it's relief too when they do pass away because of the pain that they are in you know. (M11, T1)

One mother spoke of the incredible sense of confidence and pride she felt when she thought about the way she had approached her son's death. When reflecting on the period leading up to his death, she recalled it as a time when she felt:

> Incredibly open and connected. Knowing that everything in my life up to that time had contributed towards the smooth flowing of his death—my nursing background, my spiritual upbringing, my Buddhist studies, the friends I had made and nurtured, the way I'd conducted myself at work. All contributed towards the incredible level of community love and support. (M12, T2)

Finally, all 13 mothers in this study emphasized how important it had been that they were able to be present when their child died and to say goodbye to their child—even though in some cases their child was not conscious at the time.

However, one mother (M5) described how her grief had been complicated by her daughter's last words:

> Her last words she spoke to me before she went into a coma was I hate my life and that was the first and only time she ever uttered anything that was negative about her life. So that was really hard that they were the last words. (M5, T1)

The perceived preventability of the child's death. Most of the mothers had struggled to some degree with questions relating to whether their child's death might have been prevented. In the majority of cases, their questioning centered upon the treatment decisions they had made. However, for three mothers (M2, M8, and M12), this questioning process was further complicated by what they considered was actual negligence regarding their child's medical treatment. Two years and 4 months after her son's death from a brain tumor, one of these mothers continued to struggle with the question of whether her son's death might have been prevented if his doctor had taken her concerns seriously:

> Whenever I used to look at him [her son] from behind he looked different in his neck. It came straight down on one side, on the left side and several times when I'd take him to the doctors for other things or needles or ill or whatever, I'd say would you take a look at his neck, that doesn't look right to me. [They would say] Oh you mothers are all the same you worry about nothing. (M8, T2)

For one of these mothers (M2), serious delays in diagnosing her daughter's illness meant that following the diagnosis, she died approximately 4 weeks later. This mother had not pursued legal action but instead sought and obtained an apology from the treating specialist concerned. For the other mother (M12), in her mind there was no doubt that negligence had resulted in her son's late cancer diagnosis. Although she had been advised that she had a case to pursue, at Time Two she had decided against this action:

> He just needed to have one ultrasound we'd have seen it. [The tumor] had a blood supply . . . Yeah, it was definitely negligent . . . Oh definitely, there's no doubt about it. There's no doubt about it, it was negligent and it resulted in his [her son's] death I would say. (M12, T1)

> I don't think I'm interested in it [pursuing a legal claim], it's not going to bring [her son] back, it's not even going to protect other children or people in the future because the protocols exist. He should have scanned you know [but] there's not a lot to be gained other than some sort of financial compensation and I mean, that would just be such tainted money I'd get nothing out of it you know, there's nothing to be gained from that. (M12, T2)

Master Category Two: Changed Self-Identity

For all 13 mothers, the death of their child led them to reexamine their self-identity in the wake of their child's death, with most of them reporting changes in their perceptions of self (i.e., personal changes), other people (i.e., relationship changes), or in their assumptions about the world (i.e., worldview changes). Collectively, all of the mothers reported profound changes in their overall self-identity as a consequence of their child's death. In the following sections, three major subthemes: changes in self-perceptions, changes in relationships with others, and changes in worldviews are described.

Changes in self-perceptions. All the mothers reported changes in their perceptions of themselves as a consequence of their struggle with grief. In terms of adaptive changes, one mother explained how she had become less neurotic in the sense she was more willing to face her fears. In addition, she felt more honest and authentic in how she lived her life:

> I have a personal commitment now [since her son's death] to just try and be much more honest you know . . . .I felt neurotic much more [before], unhelpful neurotic you know sort of thing. You are just rolled by it [life]. What I've got to do to feel better [is to] turn around and challenge this a bit and in the longer term I'll feel better. I've only learnt that recently you know. I've learnt that's the beginning of self-care . . . It's just such a profound experience [the death of her son] . . . it just sort of woke me up to another way to feel perhaps that seems much more true to me. (M12, T1)

However, of note, at Time Two, this mother described how many of these adaptive changes in her self-perceptions had been overshadowed by complications in her grieving process. In particular, she felt the onset of a pervasive sense of hopelessness that she attributed to the realization her son was never coming back, that she would grieve his death forever, and that there was nothing she could do about this. She explained as follows:

> There has been an aspect to the last couple of months where it's just felt more hopeless (crying) and I'm not used to feeling that way really . . . and I guess it's the realization that it won't go away (crying) . . . he's [her son] not coming back . . . and I guess I just feel really tired with it. The pain, the unrelenting hardness of it has just been a really significant sort of, realizing that this is going to go on and on . . . it's just . . . he's not you know, anywhere in my future other than lost to me you know and the person that he was. (M12, T2)

In terms of other adaptive changes in self-perceptions, one mother described how her sense of worthiness had been enhanced through her struggle

with grief:

> I always used to feel I had to earn my place in the world. I had to do well to, to be here, to earn the right to be here. I don't feel that anymore. I don't feel like I have to excel at things to earn . . . to feel that I was worthwhile, yeah, that sort of changed. (M5, T2)

Other mothers believed they had become stronger as a person because of their struggle with grief. One mother described this change as follows:

> I think generally speaking, stronger because I think a lot of the bad stuff you know the saying that what doesn't kill you makes you stronger, I think that's true. (M9, T1)

Another mother felt she had become more open to life——a change that had adaptive qualities for her:

> Being open to the process, being open to reading and listening and, but not . . . not forcing the change, just let the changes come subtly and slowly and I guess that's a change in me whereas before I, maybe I would have tried to force it. Now I'm more well I'll be open to it and let's just see what happens sort of thing, yeah. (M11, T2)

Two other mothers described how they had changed their priorities for living as a consequence of their child's death:

> I think the life and death stuff makes you focus on what's really important in life, what are the priorities and I guess that's probably the fundamental change. (M9, T1)

> One thing that definitely I have changed is that I don't put priorities so much on things like doing things, but people you know. I'd much rather let go of everything and put people first whereas I know I used to get really caught up in voluntary work. (M2, T2)

Finally, one mother described how she had become more accepting of her own mortality through her struggle with grief:

> I don't want to die [but I'm] not so afraid of dying anymore. I'm more at peace with how things can be . . . I'm not as attached to living. (M12, T2)

In contrast to these adaptive changes in self-perceptions, other mothers reported changes that they considered to have negative implications for their

self-identity. For example, one mother explained how her child's death had left her suffering from a range of functional and emotional difficulties on a daily basis:

> I cannot think straight. My mind goes into overload. [I'm] not sleeping and eating well. I get very emotional and [am] super-sensitive. I feel full of uncertainty and resentful emotions and angry and frustrated. (M8, T1)

Another mother who had lost her only daughter almost 3 years earlier described how her grief had left her unable to function and totally disengaged from the world:

> I feel like a piece of stone, I don't move, I don't look, I don't see anyone . . . I have put the shutter down [on life]. (M4, T1)

Another mother stated that she had always been a *worrier* prior to her daughter's death, but this was heightened significantly after her death. This had led her to become more protective of her surviving children—something they found difficult to adjust to:

> I always worried like even as a child, [but] I worry terribly now about my children that something's going to happen because I know that it's reality and that kids can die whereas before you only see it in magazines and it's not real, you don't think it's ever going to happen. I was always very protective of my kids anyway, but I think that this [her child's death] has empowered that . . . my kids hate it because they're not allowed to go motorbike riding without a parent whereas all their other friends are allowed to. (M7, T1)

Finally, one mother reported that her experience of losing her child had led her to change her beliefs about how strong she was as a person:

> I always thought I was a strong person, but now I realize I'm not. (M8, T2)

While the above-stated negative changes in self-perceptions were experienced by certain mothers and to varying degrees, all of the mothers described how their child's death had negatively impacted their sense of identity as a Mother. For example, one mother (M1) explained how the death of her son led to a decline in her self-worth, which was intimately connected with being a Mother:

> I didn't want to be a Mother anymore . . . I didn't feel that I could be a good mother anymore . . . I do believe you punish yourself . . . you just try to punish yourself. (M1, T1)

Another mother experienced this impact on her identity as a Mother in terms of a lost sense of wholeness; something she continued to struggle with 6 years after her son's death:

> [I have tried] restoring myself to that kind of wholeness that I knew before, but this is very hard to do as it doesn't matter how hard you try there's still an aspect of self that's gone . . . I'd like to think that I'll find that wholeness again, but I haven't in 6 years. I guess there is, the bit that's missing is always missing having known my son and loved my son and him being part of my sense of self, his absence in my life, no matter what I do, is always there so that wholeness is never quite whole and I don't feel the same sense of wholeness that I used to feel. (M10, T1)

One mother experienced a loss of purpose in life that was almost entirely derived from being a Mother to her child:

> I actually feel that my only purpose is my kids. My whole world actually revolved around my kids. (M7, T2)

Finally, another negative personal impact experienced by all 13 mothers was a permanent sense of sadness that remained despite the passing of time (i.e., 9 years and 4 months for one mother). As one mother explained, despite being able to find beauty and meaning in life following her daughter's death, she knew that her sadness would always remain:

> It's beautiful to hear [her daughter's] name. Because as soon as you mention it, it just brings up all those feelings, just can't help that it just comes you know. So every day you are coping really, really well and I think life is incredibly rich and beautiful and worth living and I want so much to live and enjoy this life and be here for my other children and witness all the beautiful things that life has given me and I want to appreciate all the gifts that I have got and not focus on what I haven't got now which is [her daughter's name], but every time you do talk about it which I very rarely talk about [her daughter's name] on this level now, it does, it's just touched my heart straight away again, so that will always be sad. (M2, T1)

Changes in relationships with others. All the mothers reported changes in how they related to other people as a consequence of their struggle with grief. In terms of adaptive responses, the majority of the mothers now felt greater compassion toward the suffering of others. As one mother explained:

> You've got to have an extreme loss to be able to have more compassion, far more than you ever did before. Well I do have a greater empathy for just about everything now . . . having suffered yourself. (M7, T2)

However, of note, four mothers explained how their increased compassion for others was only for those who they believed were genuinely suffering from an encounter with a major life event. It did not include feeling compassion for trivial concerns and for people's everyday life struggles—something these mothers had become less tolerant of:

> I'm a lot less tolerant of . . . some things in some areas. A lot less tolerant of people with . . . silly little excuses you know things that . . . they could do something about . . . or you know situations that they get themselves into that they don't need . . . so I've lost a lot of tolerance for that sort of stuff. I can't tolerate bickering and all that sort of silly things that go on between friends or family or whatever. (M6, T1)

> I hear them [other people] talking about "Oh I want a girl because I can dress her up into nice pink clothes and I want this and I want that." I feel like saying perhaps you should just hope you have a healthy child. So there's a part of me that's not as accommodating of people. (M4, T2)

Other mothers reported how they had always been compassionate toward the suffering of others, but since their child's death this had changed in its quality, becoming more authentically experienced:

> I've always been strongly empathic, but it's like the flavor of it has changed somehow [since the death]. See before I was imagining where they [people] were . . . in terms of grief. I always knew [grief] as a concept. But actually knowing a thing . . . you know there's head knowledge and there's heart knowledge— this is where you've lived it. (M9, T2)

For another mother, although her increased compassion for others had many adaptive aspects, it also had negative qualities. In particular, she found that since her child's death she would easily over-identify with others' suffering, to the point that it would reactivate her own grief and she would be left feeling overwhelmed. As a result, she had built a defensive wall around herself as a form of self-protection, but this had negatively impacted on how she related to others:

> I'm very on the defensive . . . I'm inclined to now have a wall around me. I don't let anybody get too close to me now. [I] built a wall around myself as a defensive mechanism to not keep being hurt. (M8, T1)

In terms of their relationships with their surviving children, many mothers described how they had become more protective of their children since the death of their child. However, one mother believed she had become overprotective of her surviving children since her daughter had died, to the extent it had

caused problems for all her family. She explained how she would question her children continuously about where they were going and if she could not contact them straight away, would "start getting that horrible Christ they're five minutes late feeling." She recalled her reactions when one of her children injured his ankle:

> I think it's more a fear of going through it again, losing again. Like I say I knew that [her son] was okay, but I was panicking and couldn't deal with the fact that [the doctor] had to ring the surgeon and, and [I] just had to go outside. I think that's more a fear of my kids are hurting and I don't want to see that again. (M7, T2)

In terms of other changes in the domain of relationships with others, several mothers felt they had become more assertive when dealing with others as a consequence of their child's death. One mother stated:

> I would always put other people first and I still do, but I include myself in the mix more now . . . I realize there has to be a balance and that if I do what's right for me, even though in the short term it doesn't seem like it, in the long term it will benefit everybody to look after myself first. (M9, T2)

In terms of the impact of the death on their marriages, all but 1 of the 13 mothers' marriages had remained intact despite the stress associated with their child's death. However, how the death had affected their marriages varied. One mother described her marriage as stronger:

> When he [the doctor] told us she [their daughter] had Leukemia he said this will either make or break your marriage, but it made our marriage stronger. It was pretty strong then anyway, but it did make it stronger. (M4, T1)

Another mother described how her marriage had remained strong overall, but the death of their son had shattered their collective faith in God. She explained that she had retained a desire to reconstruct their faith, but her husband had no such desire. This had placed a strain on part of their relationship and on the family dynamics in general:

> The impact [of her son's death] on [her husband's] spirituality has basically impacted us as a whole and caused quite a crater in our relationship in a sense because we were a Christian couple and we're not any more you know. I'm a Christian, he's not. There's a whole shift that's occurred within our marriage and within our family life . . . the things that we used to do together as a family to nurture our spirituality you know we say Grace at meal times, but that's pretty much it so that's been fairly significant. (M10, T1)

One mother believed her marriage had remained intact because she and her husband were able to accept their unique ways of grieving:

> But I think something that happens to you as a couple with grieving is that acceptance that you do it in different ways. (M3, T1)

For the one mother whose marriage ended after her son's death, she explained how she had been unhappy in her marriage for some time. When her son died, it catalyzed her realization that her marriage was over:

> I guess for me a big thing that came up after [her son] died was that I wasn't happy in my marriage and it'd been something I'd been raising off and on for a long time. It really came to the fore of I really didn't want another 25 years of that. (M12, T1)

For this mother, the decision to end her marriage left her feeling isolated and terrified. However, at the same time, it led her to the positive realization that in her marriage she had ''completely lost touch with me, my truth, or inner voice.'' Now she felt compelled to reclaim this:

> Yeah, I feel extremely isolated in a way, but at the same time I sort of see it as this is where I have to be. I can choose, I mean I could choose to go back to [her husband] and feel much more secure. I'd love to feel more secure, but then I'm back really being dishonest with myself again so I just, you know it's a bit like a genie out of a bottle, it just doesn't seem to be able to squeeze back in there. (M12, T1)

Finally, another mother described how her relationships with people in her local community had been enhanced through her experience of grief. She described this change as follows:

> . . . Just that sense of belonging, [the] sense of community that you feel at times when you know that you're in the right place and you're with people that matter. Those sort of things, I probably didn't realize were so important before. (M3, T1)

Changes in worldviews. All of the mothers described how their beliefs about the world and life had permanently changed as a result of their child's death. Most of these changes occurred in the domains of spiritual or religious views and in their assumptions about the world. In terms of the quality of these changes, for the majority of mothers, they were seen as adaptive, but for some they had negatively impacted on their self-identity. Furthermore, some mothers reported new changes in their spiritual or religious views and assumptions about the world as a consequence of their child's death. In contrast, other mothers

described how their existing (i.e., predeath) spiritual or religious beliefs and assumptions about the world had been reinforced and strengthened as a consequence of their child's death. The following sections describe how mothers' spiritual or religious beliefs were impacted by their child's death. In addition, how some of their core assumptions about control and predictability, benevolence of the world, and fairness and justice, are described.

Spiritual/religious views. Three mothers (M1, M8, and M11) did not hold any spiritual or religious beliefs prior to their child's death. Following their child's death, two of these mothers (M1 and M11) developed new spiritual or religious beliefs they considered adaptive in nature. For example, one of the mothers described how after her son's death she had on two occasions sensed his presence and this had shifted her views considerably:

> I believe there is something other than here, but what it is I don't know. I [am] probably still a bit sceptical, but yeah I've had the [spiritual] experience, like I experienced the thing so I'm not as sceptical as I used to be about that whole thing. I do believe there is life after here ... I just hope that he [her son] has found peace and happiness wherever he may be. (M11, T1)

However, for the other mother (M8) with no prior-held spiritual or religious beliefs, the death of her son had not led to any adaptive changes in her beliefs in this domain. Instead it further reinforced her belief that there "was no God." This mother could not reconcile how a higher power of any kind could let such tragedies occur:

> No, I'm not religious in any shape, size or form. I know a lot of people when they're in grief turn to religion. I'm the total opposite. It's turned me against it. I mean just about every time you put the news on you're in tears because you, all those people over there ... you cannot even imagine what it must be like and you know, people incinerated in cars in this day and age ... you know ... you cannot get your head around it and it plays on your mind. You go to bed and it's on your mind. (M8, T1)

For the 10 other mothers, all of them held religious or spiritual beliefs of some type prior to their child's death. For six of these mothers (M3, M5, M6, M7, M9, and M12), the death of their child appeared to have challenged (to varying degrees) their spiritual or religious beliefs but not shattered them. As one mother stated:

> I mean certainly at different times [in my grief] I've gone through a crisis of faith for a while where it's like shaken it a bit, shaken it all around a bit and like ... but no it [her daughter's death] never shattered it. (M9, T2)

For these mothers, it appeared their existing spiritual or religious beliefs assisted them to assimilate their child's death in adaptive ways. As a consequence, most believed their beliefs had been strengthened. To provide one example, one mother (M6) described how she did not experience any guilt or self-blame after her son died because she believed it was God's decision to take her child. Furthermore, she described how her beliefs enabled her to reduce her son's fear when he was close to death. Finally, she believed that her son was now in a safe and better place in heaven. Her statements supporting these findings were as follows:

> Jesus says to the people it's not anybody's fault so that my name can be glorified...I didn't, that in itself made me feel, okay it's not my fault and it's not my husband's fault...I think well God's still ultimately in control and we just have to believe, well have to believe that and trust that whatever's the decision that He's made. (M6, T1)

> I'm a Christian [and] both my husband and I agreed the most important thing was that [her son] wasn't going to be frightened...we talked and talked and talked [to him] about heaven and what the bible explains heaven to be like...that the angels will come for him...by the time it [death] came he was quite happy, comfortable with where he was going and what he was going to do. (M6, T1)

Similarly, another mother's religious beliefs assisted her to assimilate her daughter's death in such a way that her beliefs had been fully reaffirmed:

> I would never have dealt with it [child's death] if I didn't believe that there was an afterlife or a Heaven. I never would have coped if I thought there was a nothing. I don't believe I would have ever got out of bed again. (M7, T2)

For the 4 other mothers with predeath spiritual or religious beliefs (M2, M4, M10, and M13), the death of their child appeared to have massively challenged or shattered their beliefs. These 4 mothers were attempting to reconstruct their beliefs, with varying degrees of success. For example, M10 described how her faith had been shattered by her child's death and how she did not have the energy to reconstruct it:

> Certainly [the death] has had a huge impact. I guess in terms of believing that all things will eventually work out for good or believing that prayer has some kind of magical power. Yeah, there's a fair bit of disappointment there in God and not doing what I thought God was going to do and that kind of stuff. (M10, T1)

At Time Two, this mother's disappointment in God continued. However, she had become more accepting of how her faith had failed her:

> Yeah, and I think that there's an element of that [disappointment] still, but there's more a resignation now on my part that so be it, like you can't hang onto that forever. In the scheme of things what happened, happened . . . yeah. (M10, T2)

For M4, through a process of reconstructing her shattered spiritual and religious beliefs, what emerged were *new beliefs* in this domain:

> Mother: I don't believe in the Heaven and God and all that any more.
> Researcher: Has that been shattered?
> Mother: Absolutely.
> Researcher: Although another view has emerged based on this experience?
> Mother: Absolutely. I think it's beyond the sea . . . something out there, but what it is, I don't know what it is . . . [but] I've written out my notice for the paper and I'm holding hands with my beautiful daughter somewhere beyond the sea. (M4, T2)

For M2, her preexisting spiritual beliefs and practices were shattered by her daughter's death, but she was able to reconstruct these into their original form. In addition, at the Time Two interviews, she described how an encounter with a spiritual medium had led her to develop a new set of spiritual beliefs. She explained this as follows:

> She [the medium] just kept going she just gave so much recognition about [her daughter] . . . she definitely talked about this girl and that the girl was playing music and whether or not she picked up all these things in our subconscious, I don't know how it works but she talked about [her daughter] and we came away absolutely singing in the car. It was the first step that I had taken of feeling [her daughter] is somewhere and she is okay. (M2, T2)

Finally, for M13, part of her faith—her belief in the power of prayer—had been shattered by her son's death. However, she was able to reconstruct these beliefs in a way that was more realistic for her:

> I just still feel disappointed really with God, I mean people say Oh you get angry, but I don't think I'm angry, I'm just really disappointed and sort of can't get over that disappointment that God's let me down, let [her son] down. [But] I'm still blessed that he keeps looking after me you know and I'm glad I've got that . . . I mean I still believe he's there and he's still a loving, protecting God . . . but

[now] I'm very realistic about prayer I just know that God can't answer everything. (M13, T2)

Assumptions about the world. All of the mothers described how their child's death had impacted on their core assumptions about control and predictability, the benevolence of the world, and fairness and justice. What appeared to differentiate mothers in terms of these assumptive world changes was the extent to which they were (or were not) able to reaffirm, modify, or change them in ways that were adaptive for their self-identity. For example, in terms of assumptions about control and predictability, one mother explained how she had their life all planned out before her son died:

> I think we had an idea of how our life would be—we'd get married and have children and live happily ever after. We didn't imagine that one of our children would die. (M10)

In contrast to how this mother continued to struggle with the disruption of a planned future for her life and family, another mother explained how she now accepted that much of life was random. This change had lessened the blame she felt for her child's death:

> I think I've come to the conclusion now that I can't change anything [that] is going on around me. I haven't got the power to change it and I've got to resolve myself to the fact you can only do so much. (M8, T2)

Another mother similarly described how she had developed new and adaptive assumptions about the controllability of life as a result of her experience of losing her child:

> I realize now I can't, I can't save them [her daughter] if that's their destiny. I can't save them [but] in some ways I see that as a positive . . . knowing that I can't, I can't control life. (M5, T2)

For another mother, prior to her son's death she already held the view that many of life's outcomes were beyond her control. When describing her son's death, she stated:

> It were beyond anybody's control. (M11, T2)

In terms of assumptions about the benevolence of the world, one mother described how her daughter's death shattered these assumptions, leaving her

with a malevolent view of the world. These new assumptions remained firmly entrenched 5 years on:

> I believe that we live in hell. (M4, T1)

In contrast, for another mother, the death of her son had led her to develop new assumptions about the benevolence of the world—ones that included recognizing the "good and the bad" in all experiences:

> [Since the death] I'm probably more able to accept the good and the bad and work though things. (M3, T1)

In terms of assumptions about justice and fairness in the world, one mother recounted how her son's death had changed her assumptions in this domain entirely. She explained how she could not come to terms with how cruel the world could be, how much suffering it contained, and how unjust it could be:

> There seems to be so much sadness around us on television, papers, and magazines. It seems to override joy and happiness…[I] keep thinking about what life has in store for us and how unfair it can be at times. (M8, T1)

Another mother had felt if she pushed her child to be a good student at school that this would have afforded her some form of protection from harm. This had been shattered when her daughter died. She explained this as follows:

> She [her daughter] could read, she was a very good student and what good did it do her you know, she died. (M5, T1)

Master Category Three: Coping Style

The bereaved mothers were asked how they had coped with the death of their child. Prompting questions were used to explore the nature of their coping styles in more detail and in accordance with areas of theoretical interest to the research. In particular, how they had coped with other life challenges since their child's death and how they had regulated their coping between loss and restoration-orientated coping styles (i.e., in accordance with the DPMB) were explored. Based on these inquiries, four subthemes were identified that collectively defined this master category. Each of these subthemes is described below.

A desire to learn from all life experiences. Some of the mothers described how they had always coped with life adversities by seeking to learn, grow, and find meaning from such experiences. They explained that the death of their child had

activated a similar drive to learn from this experience. For example, for one mother, it was seen as an inevitable reality that her child's death represented another source for such growth:

> The whole process that we went through with [her son's death] has been a learning curve in a way you know; it's part of that discovering ... I don't mean, it's not an indulgence I don't think, but I think if you don't learn from that and learn more about who you are ... I just think you can't not learn from it ... You can't not ... you are going to be a different person. (M3, T1)

Along similar lines, another mother stated how she had always sought to explore the meaning of her life and human existence in general:

> I think about life and death—his and my own in particular—but all of humanities. About the meaning and purpose of life and what constitutes a good life. (M12, T1)

From making sense of the death to finding significance for the loss in one's own life. Some mothers described how their ability to cope with their child's death had improved once they stopped searching for answers as to why their child had died. Many mothers reached this point when they realized they would never find the answers they sought. Some of these mothers were then able to refocus this energy into their own lives. In other words, instead of constantly trying to make sense of the death, they focused on finding meaning for the death in terms of what value and significance it brought to their ongoing lives. One mother provided the following account of how her search to make sense of their child's death had ended:

> I think [I] am probably just a little more resigned to that [now]. I probably don't invest the same amount of energy in asking the questions. I've stopped a lot of that processing. [I realize now] that I won't find the answer to it all. I won't find the peace about it. (M10, T2)

In moving beyond searching for answers to why their child had died, one of the mothers described how she had been able to reinvest in living her own life by drawing on the legacy of her daughter's life:

> I can see [her daughter's] death in a way her gift to me was to give me the courage to be who I am. (M5, T2)

In contrast, despite the passing of time, some mothers remained perpetually locked in a struggle to make sense of their child's death. Typically, these mothers continued to struggle with questions about why their child became sick in the

first place and whether certain decisions (e.g., about their medical treatment) could have prevented their death. Nearly 4.5 years after her son's death, one mother stated as follows:

> [I'm] still trying to get over the fact that he died—the question of why and was there anything we could have done to prevent it. (M6, T2)

Finally, for one mother, a search to make sense of her child's death was never initiated because she always recognized it was a possibility. In particular, her work as a nurse meant she knew that any life could be lost at any time. She stated:

> It's not a question of why, but why not. (M12, T1)

Dealing with additional life stressors following the child's death. Many of the mothers had to cope with additional life stressors they encountered after their child's death. Some of these stressors included the following: conflicted relationships with family members, illness and death of other family members, personal health crises, and dealing with practical life changes (e.g., moving house, changing employment). For some mothers, these stressors were so overwhelming that they complicated their grieving process. For example, one mother explained that in the 3 years after her son's death "so much had happened" that she had not had the time for her grief to settle. In particular, her partner of many years had left shortly after her son's death because he could not "cope with [the death] you know ... it [was] easier to pack a bag and go." This forced her to sell her house. In addition, she spoke of the hurt and rejection she felt when her son's widow repartnered so quickly after his death. When referring to her relationship with her daughter-in-law, she stated:

> My [daughter-in-law's] expectations of me are enormous particularly with finances. I cannot see any future reconciliation with her. I will continue to try. She has moved on and does not even talk of my son anymore. I find this very difficult to understand. (M8, T1)

However, for other mothers, when faced with additional life stressors, they felt better able to cope. Many attributed this improvement in their coping ability to having survived the death of her child. As one mother stated:

> The only good that I think I sense in myself [out of the death] is a greater resilience ... I don't think anything could happen to me that I couldn't deal with now. Having survived the death of my son I can't imagine anything could be worse than that so I kind of have a greater sense of resilience I guess. (M10, T1)

At the Time Two interviews, this same mother had experienced a number of additional life stressors, including her surviving daughter developing diabetes. When describing how she had coped with this, she stated:

> I guess having lost a child with cancer, having a child with diabetes is not such a big deal in the scheme of things. Our previous experience made our experience of having a diabetic child somewhat mundane, as traumatic as it was ... so it's in a context which is probably different to what most people experience diabetes in. (M10, T2)

Finally, another mother described how her daughter's death had helped her to cope with the subsequent death of her father. She explained this as follows:

> I know I got through that journey okay [death of her daughter] and so as it happened with dad, I knew that it was going to be okay and that it was going to be sad and difficult, but I just knew and I'm sure that comes from having done it before to such a closeness. (M7, T2)

Regulating loss and restoration-orientated coping. All the mothers identified with the central concepts of the DPMB, namely that their grieving process included both loss and restoration-orientated styles of coping. Furthermore, regardless of what time had passed since the death, they all experienced times when they felt their grief (i.e., loss-orientated coping) and times when they were focused on completing tasks associated with moving on with their lives in the absence of their child (i.e., restoration-orientated coping). Finally, all of the mothers believed that they would continue to experience both these styles of coping for the rest of their lives. However, in examining the findings in more detail, differences emerged in how mothers had coped in these ways. In particular, some mothers appeared to struggle more than others in oscillating between these two coping styles. For example, four mothers (M4, M5, M6, and M8) continued to engage in high levels of loss-orientated coping, despite at least 5 years having passed (at Time Two) since their child's death. However, two of these mothers (M4 and M8) in particular evidenced an almost permanent state of loss-orientated coping. As one of these mothers (M8) explained:

> Researcher: Are there any things you do, or experiences you have, such as attending to the day-to-day tasks, that allow you to move away from the painful feelings, or the loss feelings?
> Mother: I'd have to say no. I mean it's what 5 years now you know and to me it all seems like it was still yesterday.
> Researcher: Does it always seem like it's just yesterday or sometimes it does?

Mother: Yeah, pretty much.
Researcher: Can you stop those [grief] feelings and get on with something once they start?
Mother: No, not really they seem to take you over a little bit. (M8, T2)

For these two mothers, various life experiences continued to randomly trigger their loss-related feelings. As a result, one of them (M4) avoided many situations and particularly people that reminded her of her loss (e.g., parents with children). She believed this had a negative impact on her overall life. In contrast, for most of the mothers, once a period of time had passed since their loss (typically around 1–2 years) moving between loss and restoration-orientated coping styles had become a normal part of their grieving process. As one mother explained:

In the beginning I couldn't control that [loss orientated coping]. It encompassed me, it was almost like it just consumed me…it attacked me…but now I can choose in a way, because I've chosen today, for example, to expose myself to it and I'm fine now. (M2, T2)

Furthermore, these mothers' loss-orientated feelings occurred less frequently with the passing of time and were less distressing when they did come:

I would say that in certainly in the first 6 months or so…quite intensely [it was] loss coping. Then I think that as time goes on you move away from it, certainly for the first probably the first year that sort of the intensity of that decreases. I found once we've gone past the first lot of anniversaries things [get a] little easier it just seemed like it was easier to navigate through because you know. (M3, T1)

For some mothers, when their loss-oriented feelings arose, they did not try to avoid them. One reason for this was the connection to their child these feelings brought:

The deepest grief is, to me certainly, like being held under water and…and when you are getting dumped you must relax and wait for it to pass. You've got to be present, but you've got to, you mustn't struggle with it. [It's at these moments] that I can see [her son], it's like he's absolutely here. I can feel him, I can hear his jokes and then suddenly it has gone, it has moved on and I'm consumed with something that's a bit of forward planning. (M12, T1)

Other mothers deliberately sought to return to their grief (i.e., loss-orientated feelings) by seeking out reminders of their child (e.g., returning to their room,

holding their possessions, or simply focusing on these feelings). One mother explained this as follows:

> I can honestly say that I bring them [loss-orientated feelings] back say once per month. (M1, T1)

For these mothers, despite knowing that returning to their grief would be painful, they also knew that in this pain they found connection to their child. In addition, some believed that it was in these periods of loss-orientated coping that they experienced personal growth:

> It is those strong emotions [loss-orientated feelings] that have, over much time, guided me to live more in peace with myself and with life itself. (M2, T2)

Other mothers spoke of the interrelatedness of their loss and restoration-orientated coping processes within their grief:

> The first one [loss-orientated coping] works in conjunction with the second one [restoration-orientated coping]... I can be in deep grief but simultaneously and at the same time I can be getting on, laughing even... they seem to run parallel for me, they have always done this. (M12, T1)

Finally, for one mother, the passing of time had meant she no longer engaged in loss-orientated coping. Although she felt this was healthy for her on one level, it also left her feeling guilty:

> Yeah, I don't get the emotional side of it any more, I can go through the anniversaries and all that sort of stuff and that's where I get that guilt thing happening as to why I don't get emotional on her birthday or ... but to be honest with you now, those days just pass by and if I didn't have a calendar I wouldn't even be aware that that was happening so. (M7, T2)

In summary, 9 of the 13 mothers demonstrated an ability to regulate their loss and restoration coping styles in ways that were mostly adaptive for their overall grieving process. For most of these mothers, triggers and reminders of their child's death were an expected part of their life and something they believed would never change for as long as they lived. As one mother stated: "That will never leave you... that will never go." But these triggers and reminders did not result in any lasting deterioration in their functioning. In addition, for many mothers, returning to their grief (i.e., loss-orientated coping) provided them with connection to their child.

Master Category Four: Developing an Ongoing Relationship to the Deceased Child

All 13 mothers described how they had developed and maintained an ongoing (symbolic) relationship to their deceased child—one that most anticipated would be lifelong. As one mother stated:

> Learning to live with an invisible [her child's name] is what I do now. I will always love and admire her for everything that she was during her lifetime and that bond we have will never die. (M2, T1)

The forms that this ongoing relationship took varied across mothers. To provide some examples, one mother spoke of her regular visits to the cemetery and how this connected her to her daughter and gave her peace:

> I go to the cemetery every weekend, either Saturday or Sunday, and people say, "Why do you have to go every weekend?" and I say to them: It's because I want to not because I have to—it's where I find my peace. I can stay there and talk to her and do whatever I want to do and feed the kangaroos and the fish and do all those sort of things. I stay there for quite some time and I go very early in the morning when there is nobody around. (M4, T1)

Other mothers maintained spiritual connections to the deceased child. One mother explained how she and her surviving children used their religious beliefs to stay connected:

> Maybe if it started raining today they'd [her children] say to me that she's [her daughter] playing with the hose in heaven. (M7, T1)

For several mothers, being involved with grandchildren was central to maintaining an ongoing connection to their deceased child. One mother described how she and her granddaughter facilitated this connection via ritual and conversations:

> On [her son's] birthday we've always gone and got some balloons blown up and we've always gone to somewhere to let them go...[Also] I do talk to her [granddaughter] about her dad and we often get out photograph albums. I don't want her to forget. (M8, T1)

For two mothers, it was their involvement in community-based activities that assisted them to maintain a connection to their child. One of these

mothers started up a special project which involved children sending out special cards to sick children. Another mother described how she had maintained a bond to her son through involvement in an annual community event:

> We've always participated in the Cancer Council's relay for life which is where we walk around Perry Lakes and we have a team and our kids have always had a tee-shirt with [her son's] name. That event for us is quite an important time for our kids and for our family and friends. [It] gave people an awareness that I didn't have to actually say to people. We now invite new friends to be part of that event too- they become part of [her son's] story for the future. (M10, T2)

In summary, all the mothers believed the ongoing relationship they had developed with their deceased child served an adaptive function. However, the pathway taken by one mother in reaching this point had not been without complications. This mother described how her relationship to her daughter when she was alive was one "without boundaries." She believed this had led her to experience intense suffering throughout her daughter's illness and following her death.

> With [her daughter] I had no boundaries between myself and her suffering. I didn't know where her pain left off and mine began. It was all just intermingled. I didn't know where I finished and she began. What was happening to [her daughter] was happening to me, but worse. (M5, T1)

For this mother, her relational bond with her child after she died had remained one without any boundaries. As a consequence, her child's suffering in the past had become her own suffering in the present. Furthermore, this mother felt her sense of worth was depleted when her child died. However, at the Time Two interviews, she described how she had experienced two "turning points" in her thinking that led to a change in the nature of her ongoing bond with her daughter. First, she consulted with a medium and because of this she believed she had psychologically separated from her daughter. She described this turning point in her relationship bond with her daughter as follows:

> Basically she [a medium] said to me that [her daughter] had given me my wings and I needed to fly by myself. She explained it to me that [her daughter] needed to go off and learn more and do things and she couldn't whilst she was still hanging around here ... neither of us was growing while I was still hanging on like that and whether or not it's true, I don't know. But I think there is some truth in what she said to me. (M5, T2)

Second, in making this separation from her daughter, this mother came to realize that her daughter's cancer had been "her journey—that was what she had to do." She was then able to refocus her suffering from her daughter's life (which

was ultimately unresolvable and therefore meaningless) to considering what this suffering *meant for her own life*. When describing this new focus, she stated:

> I made a conscious decision to stay with it to see where it took me and where it led me. I guess prior to that I never felt the pain was actually teaching me anything [but] I did this time. It was a real change in my thinking. (M5, T2)

Importantly, this mother's ability to reinvest in her own life did not represent an ending to her relationship bond with her daughter, rather it represented the beginning of a new form of relationship, one that she was not sure (at the time of the Time Two interview) where it would go. However, ultimately she viewed it as one that was likely to be less distressing for her:

> I feel like it has come back again [her relationship bond with her daughter]. [But] it's definitely different . . . I feel like I've just started . . . it's just the beginning. (M5, T2)

Master Category Five: Postdeath Social Environment

A major finding from this study was that 12 (of 13) mothers experienced complications in their grieving process that related to the failure of others to support them (in the ways that they needed) in their grief. The majority of these failures in support came from friends, family members, and medical professionals. One mother recalled the hurtful comment her best friend had made immediately after her son's death:

> He'd [her son] only been passed away a couple of weeks and she said to me: "Oh, now that it's all over we'll get together." (M6, T1)

This same mother recalled how the support she needed was not forthcoming—both during her son's illness and after his death:

> Some people don't like sick people because you might catch it you know. You've then got the other people who want to organize everything and have it all their way and take care of you and you don't want that either, you want your own space and do things in your own time and your own way. But [these] people, if they can't help their way, then don't want to help at all you know. (M6, T1)

Another mother reported how in the early days following her child's death that she found simply being asked: "How are you?" hurtful and offensive:

> In the early days when they [other people] use to say: "How you going, you getting better?" I would just stare at them and I would be very rude to them. I used to say

"How the fuck do you think I'm going" and they would just shut up. They knew that they had touched a live wire with me . . . but I actually used that word to them, it wasn't nice saying it and I use to feel bad after, but I wouldn't go back and say I'm sorry. (M4, T1)

For another mother, her inability to control her grief at certain times had impacted on her self-esteem because when she became upset in front of others, she felt negatively judged:

I think your self-esteem gets eroded because sometimes you can't control your emotions so you're not quite sure what's going to happen . . . then [people] look at me and see an irrational over-emotional bereaved mother. (M5, T1)

This same mother explained how her previously held benevolent view of others had been shattered by her daughter's death as a result of the failure of others to respond appropriately to her grief:

Because I was like everybody else, I expected the experience [of her daughter's death] would be different, I expected people would be there for you, I expected that the hospital would offer you counselling, support. I just didn't expect that this was what it would be like . . . to find yourself in a place where you walk in the shops and people see you and head the other way. People at school who used to be your friend who I taught [would not] even speak to me any more. People just avoided you, it's like you had the plague. People just avoided you at all costs so all your relationships had all changed with people. [So] what I thought would be the case wasn't the case, that people would be caring and helpful and supportive, so that was a huge bursting of my illusion of what it was going to be like yeah. The reality was something completely different. (M5, T1)

Several mothers responded to the failure of others to support them in their grief by totally withdrawing from people. One mother described this in the following way:

[I] built a wall around myself as a defensive mechanism to not keep being hurt. I'm very on the defensive . . . I don't let anybody get too close to me now. (M8, T1)

For other mothers, their grief was complicated by an absence of support from the people they most expected to receive it from (e.g., family members). As one mother explained:

I found that friends, close friends, especially friends that we have in our community have been fantastic. Yet the family has been a bit weird . . . we almost don't see, don't have very much to do with family [since the death]. (M3, T1)

For two mothers, their experience with medical staff during the course of their child's treatment had contributed to difficulties in their grieving process. One mother felt the knowledge she possessed as a Nurse was not valued by some of the medical staff:

> [The] doctors don't always cooperate with you, they don't necessarily see what you see, they don't necessarily give you credibility . . . anything I could do at home, not everybody was happy with that, some staff were very unhappy about that situation, they felt that I should have just been Mum and that's it, never mind what else you know or what [her daughter] wanted or anything like that. (M9, T1)

Another mother felt that the medical staff had been overly optimistic about her son's illness and prognosis and that ultimately this proved unhelpful to her grief. She explained as follows:

> . . . it would have been better to have imagined the worst and then proved it wrong . . . They [the medical staff] had this amazing desire to see positives even if the negatives are glaring you in the face. We were very happy to hear it, but they didn't need to say it. (M12, T1)

In the face of these perceived support failures from others, some mothers were able to minimize the negative impacts in a number of different ways. One major way was to carefully consider whom they disclosed to about their child's death. Two mothers explained this as follows:

> My core group of friends knew [her son] extremely well and that's what's important. I don't feel like I need to tell [other] people you know. (M10, T1)

> Well I think you chose your friends very carefully. I'm very protective about who I talk to. It's almost like someone has to earn that privilege. (M3, T1)

For another mother, by recognizing that people grieve in different ways, she was better able to understand the responses of others to her own grief—including that of her husband:

> My husband and I don't talk about it [their son's death] too much now. I just recognize that we're different. There were times that you know I'd be in bed crying and I would want him to just you know, comfort me, but he wasn't able to do that because he was so grief stricken himself so I've had good friends that have been supporting me and at the end of the day it's not his job to make me feel better or vice versa. I think we needed to honor each other's experience and I think we've done that in a way. (M10, T1)

Another mother described how she had come to realize that much of her grief had to be experienced on her own and so she accepted that the support of others would not always provide her with what she needed:

It's such an isolating pain you know it's (crying)... when do we get to tell people what it's like so, you don't really. I do tell some people. Sometimes talking about him [her son] helps [but] it doesn't always help. (M12, T2)

Another major way that many of the mothers found the support they needed was through attending bereavement support groups. Eight mothers (M2, M3, M4, M5, M6, M8, M9, and M12) had attended support groups at some stage following their child's death. Six of these mothers felt they had benefited from this attendance. One described how she had benefited in the following way:

... they're very good because when you go there everybody's in the same boat you know, people with children been murdered even you know... and you go there and everything's acceptable. If you want to scream, shout, swear you know, it's, everybody is quite accepting of that. It's not very many places you can do that, not in front of other people any way. (M8, T1)

For the two mothers that reported minimal or no benefit from attending support groups, one (M4) did not elaborate on why this was the case. The other (M12) attributed her lack of benefit to no one in the group having lost a child to cancer. She explained as follows:

I've been to a couple of meetings [where] most of them have experienced the loss of a child. I was sort of hoping that I might find some of that shared feeling about our experiences. But I was struck that I didn't necessarily identify with what I was hearing at the meetings... none of the Mums had lost their child to cancer which was a pity for me... Most of the women had lost their children in very unexpected circumstances... car accidents or suicide and so I guess that's such a different trajectory of grief. (M12, T1)

Consulting with helping professionals was another way that mothers obtained the support they needed. Five mothers had attended a psychologist or a psychiatrist at some stage and had found this to be beneficial (M4, M5, M8, M12, and M13). One mother explained how it had been important to find someone who was capable of connecting with her "inner world":

I was aware that a lot of the clinical psychologists in town... you know, I'm not a mind reader, but you can [tell] when someone's reached their end of their comfort zone. I know death is difficult [but] I don't just need to be able to learn about assertiveness training or [how to] make "I statements" you know. I'm not interested

in being palmed off with that. I really want to be able to talk about my inner world. (M12, T1)

Finally, one of the mothers (M11) reported receiving only positive support from others—both during and after her son's death. This mother felt well supported by her friends, family, work peers, and the medical staff that had treated her son during his illness.

Discussion

This study identified some of the central meaning-making phenomena (i.e., characteristics and coping processes) underlying bereaved mothers' adaptive and complicated grief responses to the death of their child from cancer. Many of the mothers' responses were consistent with how cognitive-constructivist theorists and the DPMB understand individual responses to traumatic events, including some bereavements. For instance, in terms of the former, all 13 mothers described how their child's death had led them to experience profound changes in their self-identities (i.e., assumptions about self, others and the world) that reflected the psychological outcomes of both PTG (or positive accommodation) and negative accommodation. In terms of the DPMB, differences in how the mothers coped with their grief using loss and restoration-orientated coping styles—including the degree to which they were able to regulate or oscillate between these two styles over time—appeared to differentiate more adaptive as opposed to complicated grief responses to the child's death. Importantly, the mother's positive feedback about this model as a means for understanding their grief provides support for its use in future research endeavors with this population.

However, the findings from this study also extended how these meaning-making theories or models might be used to better understand these types of responses, particularly in relation to parental bereavement following the death of a child. They also added to other research that has examined how the death of a child from cancer impacts on bereaved parents in general (Barrera et al., 2009; O'Connor & Barrera, 2014; Shanfield, Benjamin, & Swain, 1984; Spinetta, Swarner, & Sheposh, 1981) and bereaved mothers specifically (Barrera et al., 2004; Gerrish et al., 2010, 2014; Holmberg, 2007).

First, this study found that the psychological outcome of assimilation appeared to be minimally represented among the bereaved mothers. Instead, most were transformed in some way (i.e., along adaptive lines, or otherwise) by their child's death (i.e., they did not return to their predeath identities). As Hogan and Schmidt (2002) explain, it is simply not possible for many bereaved parents to return to their former self after the death of a child.

Second, many of the mothers described adaptive changes in their self-identity that they did not associate with massive challenge or shattering of their predeath

self and worldviews, but which had significantly transformed their lives. Rather than representing PTG or positive accommodation, this type of adaptive change was termed: positive assimilation. For these mothers, aspects of their self-identity were reinforced, possibly refined, but ultimately strengthened, as a consequence of their child's death. Some researchers (see Calhoun & Tedeschi, 2006) have suggested that PTG that follows the shattering of self and worldviews is more likely to represent what is termed: veridical growth (i.e., real growth, as opposed to positive illusions of growth—see Lechner & Antoni, 2004; Taylor & Brown, 1988, for further review). The findings from this study—that is, mothers' accounts of positive assimilation in response to their child's death, are consistent with other researchers who do not regard full-scale schema change as a necessary precursor to experiences of meaningful and transformative personal growth (McMillen, 2004; Nerken, 1993; Park, 2004; Wortman, 2004).

Third, all of the bereaved mothers evidenced adaptive *and* complicated responses to their child's death over time. Based on this finding, it was not possible to categorize them as adaptive *or* complicated grievers. However, an examination of the *proportions* of adaptive versus complicated grief responses within each mother's thematic results revealed notable differences in their overall adjustment to their child's death. In particular, four mothers (M3, M9, M11, and M12) evidenced the highest proportions of adaptive grief responses, along with some complicated grief responses; three mothers (M4, M5, and M8) evidenced mostly complicated grief responses, along with some adaptive grief responses; and the remaining six mothers (M1, M2, M6, M7, M10, and M13) evidenced a more equal distribution of adaptive and complicated grief responses. To provide an example of a mostly adaptive grief response, M11 reported significant relief following her son's death because she knew he was no longer in pain (Master Category One), she developed greater compassion for other people's suffering (Master Category Two), she was mostly able to move between loss and restoration-orientated coping styles as part of her grieving process (Master Category Three), she established a spiritually based ongoing relationship bond to her child (Master Category Four), and she reported receiving only positive support from others throughout her grieving process (Master Category Five). However, at the same time, the death of her child left her feeling more closed off from others, less inclined to share her feelings and with minimal desire to plan anything for her future. In terms of a mostly complicated grief response, one mother (M8) remained devastated by her son's negative response to his illness which was triggered by his mental health issues (Master Category One), felt weaker as a person because of his death (Master Category Two), was mostly locked in a loss-orientated coping style as part of her grieving process (Master Category Three), and continued to suffer from the massive loss of support she experienced when her partner left her shortly after her son died (Master Category Five). However, at the same time, this mother had established an ongoing and meaningful bond with her son (via rituals performed with her

granddaughter) and had developed a heightened capacity to cope with future stressful life events—a change she attributed to having survived the death of her child. Finally, an example of a more equally distributed pattern of adaptive and complicated grief responses was evident in the case of M13. This mother continued to suffer from witnessing her son struggle to accept his cancer diagnosis in light of his father having already died from the disease (Master Category One). She also developed new aspects to her religious framework that assisted her to make sense of her world (Master Category Two). She continued to experience highly distressing intrusions of grief (Master Category Three), but also established a number of rituals for maintaining an ongoing relationship bond with her son (Master Category Four). However she also continued to be frequently hurt by the "insensitive remarks of others" in response to her grief (Master Category Five).

Fourth, this study found that mothers' perceptions of their child's response to their cancer had a major impact on their own grief response. In particular, where their child was seen to have responded to their illness in some adaptive way(s) (e.g., experiences of personal growth), this appeared to be associated with a more adaptive grief responses (or at least countered against the negative impacts of witnessing their child's suffering). In contrast, where bereaved mothers believed their child had responded to their illness or death in mostly negative ways, complications in their grieving process were more likely. This finding is supported by other research that has found that bereaved parents' perceptions of the quality of life of their child prior to death is important in determining bereavement outcomes (Barrera et al., 2004, 2007; McCarthy et al., 2010).

Fifth, this study placed central emphasis on accommodating the needs and sensitivities of the vulnerable mothers involved. One key example of this was the language adopted when asking questions about potentially adaptive changes that occurred following their child's death. In particular, when any change in any domain (i.e., perceptions of self, others, and worldviews) was reported by a mother, they were then asked: "Would you describe this change as in some way being adaptive or healthy for you?" This wording is consistent with others who have investigated parental bereavement following the death of a child (see Lehman, Wortman, & Williams, 1987; Miles & Crandall, 1983). It is in contrast to empirical studies that have asked bereaved parents the qualitative question: "Despite your loss, have you been able to find and benefit from your experience of loss? If so, please, in a brief paragraph, describe the benefits you have found?" (Lichtenthal, Neimeyer, Currier, Roberts, & Jordan, 2013, p. 318). While the term *benefit-finding* has an empirical research base (see Davis, Nolen-Hoeksema, & Larson, 1998, p. 561), its use in studies with bereaved parents requires further consideration. In particular, parents have been found to "react negatively" (Lichtenthal et al., 2010, p. 801) and to report being "confused and offended" (Keesee et al., 2008, p. 1160) when asked about perceived benefits in the wake of their child's death. As Calhoun and Tedeschi (2001) state: "the very idea that

anything that was in any way positive could have emerged from [a] loss may be repellent to some people'' (p. 167). In addition to issues related to sensitivity, there is also the associated risk that an absent or negative endorsement of the benefits construct could potentially relate to participants' negative reactions to this type of question. In seeking to accommodate this possibility, in their investigation of parents' search to find meaning in the wake of their child's death, Miles and Crandall (1983) deliberately used open-ended and indirect questions to ask parents about "meaning and growth [as] it was felt that directly asking parents these questions would bias their responses towards the negative pole, since bereaved parents are sensitive about the idea that growth could occur because of their child's death'' (p. 22).

Sixth, 12 of the 13 mothers experienced negative responses from their social environments, which in turn complicated their grieving. However, some of the mothers were able to employ certain actions (e.g., seeing a psychologist) or strategies (e.g., becoming more discerning about who to trust with their disclosures about their loss) to lessen the degree to which their grief was complicated by these support failures. The important role that social support plays in facilitating (and inhibiting) bereaved parents' adaptive grief responses to loss (e.g., personal growth) has been well documented (Barrera et al., 2009; Doka, 1989, 2002; Hogan & Schmidt, 2002; Lepore, Silver, Wortman, & Wayment, 1996; Riley, LaMontagne, Hepworth, & Murphy, 2007; Schaefer & Moos, 1992).

Finally, another major finding of this study was that all 13 mothers continued to experience a chronic and permanent feeling of sadness in relation to their child's death, despite an average 5.7 years (i.e., at Time 2) having passed since their death. Furthermore, all of the mothers anticipated they would feel this sadness for the rest of their lives. Most of the mothers had learnt to live alongside this sadness. However, several mothers suffered considerable disruption to their daily functioning as a consequence of their sadness. In terms of the research concerning this finding, some studies have found that parental grief does lessen with time (Feigelman, Jordan, & Gorman, 2008–2009; Kreicbergs, 2005), with others suggesting that the grieving trajectory of bereaved parents is typically lifelong (Arnold & Gemma, 2008; Arnold, Gemma, & Cushman, 2005; Brice, 1991; Clarkson, 1992; Malkinson & Bar-Tur, 2005).

Study Limitations

This study is subject to several limitations. In particular, the conclusions are derived from a small sample of bereaved mothers and so the results cannot be generalized to larger populations. In addition, the data were obtained from a self-selecting sample. Finally, this study focused on mothers, given they have found to be uniquely affected by the death of a child. However, further research with bereaved fathers is also warranted, given other studies that have revealed minimal

gender differences between bereaved mothers and fathers in terms of their adjustment to bereavement (Matthews & Marwit, 2003–2004; Rando, 1983).

Conclusions and Implications

In conclusion, this study highlighted the complex and multifaceted nature of bereaved mothers' adaptive and complicated grief responses to the death of a child from cancer. In broad terms, their responses were found to relate to how they perceived their child's life with cancer and death from the disease, how their self-identities or assumptive worlds were impacted in the wake of their loss, and how they coped with their grief, their ability to establish a meaningful ongoing bond with their child, and the nature of the social support they received following their child's death. All of the mothers evidenced multiple forms or types of adaptive and complicated grief responses to their child's death over time, such that none of them could be clearly categorized as adaptive *or* complicated grievers. Despite this, some evidenced greater and lesser proportions of each of these types of responses within their thematic results. Using a proportion-based method of assessment, differences in the mothers' overall bereavement adaptation were identified. This approach to understanding and assessing grief responses is consistent with others who view the interplay between pathogenic processes on the one hand, and personal growth experiences on the other hand, as central in understanding bereavement outcomes (Gamino & Ritter, 2009; Williams, Gamino, Sewell, Easterling, & Stirman, 1998). Finally, in terms of future research, while empirical studies are required to better operationalize and measure bereavement-related outcomes such as PTG and prolonged complex bereavement disorder (American Psychiatric Association, 2013), further qualitative studies are also required to better elucidate the meaning-making phenomena that underpin the bereavement responses of bereaved mothers. Furthermore, these investigations should be conducted with a particular emphasis on accommodating the needs and sensitivities of this vulnerable population.

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