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The Experience of Losing a Loved One to Sudden Death

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ABSTRACT

Introduction: Losing someone you love is very painful. This is particularly true when the death is sudden and unexpected. Grieving is a natural process through which many people experience loss using their own resources. People who lose their loved ones to sudden death seek counseling frequently as they feel stuck in their grief. **Objectives**: The purpose of this study is to explore the experience of clients who had lost their loved ones to sudden death. **Methods:** An interpretive hermeneutic phenomenology research approach was chosen for this study. This method allows the researcher to describe a phenomenon as it was experienced and attempts to provide an understanding of the internal meaning of a client's experience in a lived world. **Results:** Themes which emerged from the interviews were the respondents' feeling of sadness manifested in *an urge to cry out*. Subsequently, they found sudden death to be *an unacceptable fact. Guilt and self-blame* embraced them for not being able to prevent the death from happening. The respondents experienced *role disruption* which resulted in poor job performance and were unable to continue healthy relationships with their loved ones. At the same time, they discovered that they did not really get over the grief but had merely thought backwards and lived forward in order to achieve psychological equilibrium. Lastly, the respondents *perceived personal growth* when they embraced the concept of frailty of human life and improved their relationship with others. **Conclusion**: The experience of death, loss and grief triggers an awareness that meaning of life is not something that people can directly search for and obtain. The implication of this study is that psychosocial components play an important role in influencing a client's health.

Keywords: Experience, grief, hermeneutic phenomenology, sudden death

INTRODUCTION

Sudden Death

Sudden death denotes a natural or unnatural death which is unexpected, occurs without warning, and in some cases, could have been prevented.[1] Family members are often unable to accept the fact that their loved ones have died as the deaths were immediate, sudden or occurred within a very short period of time, and the last time the family saw the deceased was when he or she was still alive and healthy.

Grief is one's experience after loss. Grieving is a natural process through which many people experience loss in accordance with their own resources. People who lose their loved

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ones to sudden death seek counseling frequently for they feel stuck in their grief. They believe that they have not been able to overcome the grief, that the mourning is not coming to an end, and that they need to get through it and to get back to living their lives. Undoubtedly, some degree of absenteeism or reduced productivity is one possible characteristic of a mourner.

In a prospective study of a large, representative sample of recently conjugally bereaved adults, 38% reported dissatisfaction in their work performance in the first seven months, and 28% still experienced this problem at 13 months post-loss.[2] Bereavement was also associated with various psychological symptoms and illnesses generally most intense in early bereavement are suicide ideation, loneliness, insomnia, depression, anxiety and social dysfunction for a six-month bereavement duration [3] First year bereavement of married men and women was reported to include greater difficulties in their work roles both inside and outside the home, greater difficulties managing spare time, and greater difficulties with their family roles.[4]

The role of a health care professional is to understand the experience of grief and to recognise the impact it plays psychologically, in as much as it leads to interruptions of one's routine activity. Also, an in-depth understanding of the clients' experience may promote a therapeutic relationship between clients and mental health professionals which will further assist in the efficiency of treatment. Although many studies have been conducted abroad regarding grief and loss, this particular aspect is still lacking in local settings. Therefore, the aim of this study is to infer the 'phenomenological field' from clients in order to understand how the experience of clients vary in coping with grief as a resulting from of losing a loved one to sudden death.

Research Question

The study was guided by the following main research question (the sub-questions are displayed in Appendix 1):

Can you tell me about your experience in losing your loved one to a sudden death?
This was then followed with general probing questions such as:
Can you tell me more about this? How did this make you feel?

METHODS

This study is based on the theoretical framework of interpretive hermeneutic phenomenology approach. 'Hermeneutic' is generally translated as carrying the meaning of 'to interpret'. Hermeneutics phenomenology aims to 'unfold' the pre-understanding of reality, make explicit what is implicit, and grasp the meaning of being itself.[5,6] 'Hermeneutic circle' is to describe an author's intention to draw the reader into moving back and forth between excerpts from the data.[6] Moreover, 'hermeneutic circle' is a metaphor that describes the analytical movement between the whole and the part in which each gives the other meaning.[5] This method is suitable for answering the 'what' and the 'how' questions regarding human issues.[7,8] In hermeneutic tradition, the researcher works 'bottom-up' by adopting the position of the learner rather than that of the expert. The respondents need to elucidate the researcher of how they understand their world.[7] The value of research conducted in this

fashion needs no defending. Learning and understanding people's subjective experience have an obvious and multi-faceted importance. It is also a very practical application not least in a 'helping' profession.[9]

Sampling

The researcher adopted a combination of purposive and snowballing sampling method due to two reasons as well as due to the nature of the study. Firstly, purposive sampling was used because only those respondents with specific experience (the experience of losing their loved ones to sudden death) are able to provide rich information [7,9,10] for this study. The purposively selected respondents were able to help the researcher to develop a theoretically and empirically grounded concept in relation to the experience of sudden death of loved ones. In this study, a hospital staff acquainted with a patient's relative was introduced to the researcher as the first respondent. Secondly, from the first respondent, a snowballing technique was used to recruit the second respondent whereby the first respondent introduces the following respondents and so on. The rationale of the combination method used is that not everyone has experienced the sudden death of loved ones and the in-depth interview involved an emotional investment. Therefore, the respondents had to be carefully selected and had to be willing to participate in the sharing of information.

Qualitative sampling is an organic practice. It is something that grows and develops throughout the research process, in ways that are crucially related to the emerging shape of the research project.[10] This means that the qualitative researcher may not be able to make their sampling decision in advance.[7,16] In other words the size of the sample is dictated by the social process under investigation. In addition, the researcher samples until he/she reaches theory saturation point (stops telling you anything new about the social process) that gives a picture of what is going on and can generate an appropriate explanation for it. For that reason, the researcher cannot anticipate in advance when and how that point will be reached.

Representational logic in quantitative research leads to the assumption that sampling is inherently about empirical representation of a wider population and is not applicable in qualitative research because such research uses different analytical logic; the pattern generated from representative sampling is rather, static and cross-sectional.[10,15,16] Therefore this approach does not readily facilitate the exploration of social processes through nuance, complexity and detail.

DATA COLLECTION

The purpose of this study is to understand human experience through interview sessions with respondents. Thus the researcher interviewed individual respondents by using the in-depth semi-structured interview method. The interview tends to be circular rather than linear.[11,12] For each interview, the researcher used a form requesting for demographic data and an interview guide with questions (see Appendix 1) to facilitate the data collection process. Every interview appointment with respondents was conducted through the telephone . The researcher audiotaped two to three hours of interviews in three sessions

on different dates. The interviews were conducted at the respondents' convenience such as at home or workplace.

Due to the sensitive nature of the study, the researcher took extra care in monitoring the psychological stress experienced by the respondents in recalling and retelling their stories. The researcher developed a good relationship with respondents although the interview was conducted only three times. However, the interview with the respondents is thought to be difficult because the researcher also found herself close to tears at times.

Instrument

The researcher served as the primary instrument. An audiotape recorder and field notes served as tools in the data collection process.

Data Analysis

The data were subsequently transcribed and analysed consecutively according to the principles of Giorgi's phenomenological analysis,[13] which was modified by Malterud[14]. The analysis was conducted according to the following steps:

1. Listening to audiotapes and reading and reflecting on each transcript to obtain an overall impression
2. Identifying units of meaning representing different aspects of respondent's experience and coding of these units
3. Condensing and summarising the content of each of the coded groups
4. Peers debriefing and member checks
5. Generalising descriptions and concepts concerned

(Giorgi, 1985)

A computer package called 'Nvivo 7' was used to assist the organisation of qualitative data. Each interview was transcribed and analysed as a unit where the final categorisation was based on all the themes of the interviews and were analysed together as a whole. A constant comparison analysis method was performed until the data was 'saturated' where no new data could be identified and the categories were coherent and made sense.[10,15] The themes which developed from the analysis were then validated with respondents and peers.

Ethical Consideration

The researcher explained to respondents the purpose of the study when giving out the consent form before the interviews were conducted, and when requesting permission to record. Each respondent signed a consent form before the interview started. The language used in the interview was English. The respondents were informed of their right to withdraw from the research at any time.[10] Moreover, the researchers ensured that respondent's contact details were obtained only for possible follow up sessions, if necessary. The respondents were asked to choose a pseudonym so that the data could not be traced back to any individual to achieve anonymity.

Table 1. Description of the informants

Informant (pseudonym)	Age	Ethnicity	Occupation	The deceased	When the death occurred
Simon	28	Chinese	Marketing executive	Father died in his sleep	9 months ago
Rebecca	26	Chinese	Temporary teacher	Sister died of sudden brain hemorrhage	1 year ago
Laily	38	Malay	Secretary	Father died due to a fall	2 years ago

Study Trustworthiness

Study trustworthiness is discussed under three aspects; first, the credibility of the study refers to the strength in qualitative research because the researcher is the primary instrument in the study. [15] In other words, the researcher is the instrument that knows what to measure in the study. Second, the researcher refers the transcript and themes back to respondents for a 'member check' of the data.[15,16] Meanwhile, as themes emerge, peer colleagues are invited to comment on the findings and discussions. Third is the transferability of the study where the findings are not meant to generalise the general population but to serve as a working hypothesis and case-to-case transfer. This working hypothesis will help the researcher to take account of local conditions and offer some guidance in making choices. At the same time, case-to-case transfer means leaving the extent to which the findings of a study apply to other people in this situation. [7,9,15,16]

Reliability versus Dependability or 'Consistency'

Reliability is problematic in the social sciences simply because human behaviour is never static. The logic relies on repetition for the establishment of truth. Replication of study in qualitative research will not yield the same results. Therefore, the traditional approach to reliability seems to be a misfit when applied to qualitative research, a thinking about the 'dependability' or 'consistency' of the results gathered from data where they are consistent and dependable. The question here is not discovering whether the findings will be found again but whether the result is consistent with the data collected.[7, 9,15,16]

RESULTS

Table 1 shows three informants who participated in this study. They consist of two females and one male, age ranging from 28-38 years. Their educational level is from diploma and above. The respondents belonged to the Malay and Chinese ethnic groups. All three of them spoke in English.

The experience of the three repondents in this study cannot be taken as representative of the population of bereaved people. However, the experience of any one of the respondents has shown some similarity within the sub-themes and themes developed. Six themes were developed from the findings as discussed below.

Theme 1: An Urge to Cry Out

Sadness is the most common feeling experienced in bereavement. Laily was at the stage of despair when faced with shock due to the sudden death of her father. Her feeling of sadness manifested through an urge to cry out. She managed to let go of her sadness by crying out in a train on the way home after receiving the news of her father's sudden demise. She describes the following:

> *"I cried and shouted out loudly in the train on my way home. I covered my face with a jacket and I cried all along the journey till I reached home..."*

On the other hand, Rebecca on reaching the hospital received news from the doctor that her sister was already brain dead. She told the following:

> *"I cried and knelt down beside her bed...I kept on crying ..."*

Conversely, Simon contended that a man is not expected in his culture to cry in front of family and relatives. He expressed his frustration in the following way:

> *"...you know a man is not allowed to cry like women, how can I cry in front of them? They cannot accept it! I maintained composure but every time I am alone especially in the car I will cry non-stop until I will have to stop at the roadside..."*

Theme 2: Unacceptable Fact

Suffering the loss of a loved one due to sudden death is a tragedy which is characterised by trauma and pain. Therefore, the bereaved respondent found it difficult to accept or did not accept the fact that sudden death had occurred:

> *"...each time I pass by his coffin, I see him smiling at me; he is still there at home..."*

Simon hallucinated as described about his father whom he believed still smiled at him whenever he passed by the coffin (above). He perceived his dad to still be at home.

Rebecca found it difficult to accept the fact that her sister had gone because she had just talked to the sister the day before, when her sister was still conscious and rational. She recalled feeling how it was simply impossible for the death to happen and she was not prepared to face it. She kept thinking that her sister would still be at home just like what it used to be everyday:

> *"I just joked and talked to her last night very normally. That wouldn't happen to her, I don't believe it...I will see her again later at home..."*

When Laily reached home, she aggressively scolded everyone at home for reminding her that her father was dead. What she felt at that time was that her dad was sleeping as usual and would be awake by tomorrow:

> *"I scolded them not to talk bad words about him, he is just sleeping.....and he will be ok..."*

Theme 3: Guilt and Self-blame

The repondents made connections between death events and their responsibilities. Individual venting of guilt behaviour is influenced by culture, experience, and knowledge. Simon and

Laily felt guilty for not being a filial son/daughter because they did not carry out any preventive measures to hinder death from occurring. Simon related that he should have collected his father's health report earlier so that the medical officer would be able to give advice or prescribe medicine before the death happened. He blamed himself for his selfishness and carelessness, and for neglecting his father's health as seen below:

> *"I should have collected the report earlier and taken him to see the doctor, it was all because of me; I didn't collect the test report even though it was already out earlier..."*

Similarly, Laily was away working in Singapore, but she angrily recalled that she should have found a job nearer to her father and had taken care of him:

> *"Why couldn't I come back and take care of him? I can just easily come back and I actually can come back...."*

Rebecca disclosed her feeling of guilt in taking everything for granted by ignoring her sister's complaints of headache, as seen in the following:

> *"Why didn't I notice any changes in her, why did I take for granted when she complained of headache...I thought it was only normal ..."*

Theme 4: Role Disruption

Bereavement is a harrowing experience for most people. The respondents experienced considerable upset and role disruption in their everyday life. They appeared to struggle in their social roles and jobs.

Simon experienced fatigue most of the time which made him unable to carry out his work duties. His colleagues were surprised to see him in that condition for he was usually very jovial and energetic. Indirectly, grief had disrupted his work. He recalled the following:

> *"...I felt tired and sleepy most of the time and had been on MC for more than 10 days...everyone was surprised why I was so sick but I just couldn't go to work."*

Meanwhile,, Rebecca demonstrated signs of apathy and numbness that she just could not manage simple things like a smile to her boyfriend. Her lack of concern and attention to her boyfriend's needs caused her problems. She expressed the following:

> *"...My boyfriend broke off with me at that time, I think I was not the one he wished to be with and I just couldn't smile and respond to his needs like before."*

Unfortunately, Laily became disorganised in her work soon after her father's death. Being pre-occupied with things and her absent-mindedness caused her further frustration as she had never experienced disruption in her work before. Her superior was disappointed with her job performance. Some of her comments are as follows:

> *"My work was never messed up like that before; I just couldn't do it well. May be because I could't remember what they asked me to do. My boss was disappointed with me at that time..."*

Theme 5: Thinking Backwards and Living Forward

The three respondents showed how indirectly the loss of their loved one played such an important role in the grief resolution process. This kind of bondage and support is evidenced

in remembering everything the loved one said and did. Inevitably, these memories form strength for them to move on in life. When asked how they coped with or got over their grief, the respondents offered different views about not 'getting over' grief but learning to live with it. Simon recalled and related everything his father did in his daily life. However, he admitted that he subconsciously followed his father's sayings as a guidance for the present and the future. In fact, he lives with the memories he shared with his father . The following is taken from his interview:

> *"Since my father died till now, I find myself making connections with him, whenever I talk to colleagues and friends, I will relate everything about him; his saying, his action, his habit... Yes, his past sayings have become some guidance in my life now and I think I will use and appreciate what he said to me in future also."*

Rebecca argued that she never felt she had to cope with grief; everything just happened naturally. She thought back and forth in order to gain a balance for herself. Rebecca realised that her sister was a positive thinker and if she kept on withdrawing herself from society, this would definitely disappoint her sister. Therefore, she deliberately stopped herself from confiding but to reach out to others. Naturally, her ultimate goal was to come out from the misery that would have harmed her psychological well-being. She argued:

> *"I didn't cope with it, but I thought of how she was always thinking positively and I knew she would want me to be like her too, after half a year, I realised it will bring harm to me if I were to lock myself in the room.. I don't want to live a miserable life; I want to come out...."*

Laily felt emotionally relieved when she recalled how her father was the one who taught her to feel good when she was emotionally down. How could she continue to feel sorrow which violated her father's saying? She knew her father loved her dearly and wanted her to be emotionally stable in life. She said the following:

> *"...I can say I'm ok now...I remember when I came back from school with a sour face, he would try to dig out my problem and talk to me until I felt good, I think he wanted me to feel good now that he is no longer around... you know...He loves me so much...."*

Themes 6: Perceived Personal Growth

A situational crisis such as sudden death is perceived by many as a somewhat normal event that can occur episodically during 'the normal life span of an individual'. However, whether the individual comes out of the crisis state productively or unproductively depends on how he/she deals with it.

Simon knew that there was nothing he could do to bring the dead back to life. He concluded that human beings would be in a state of helplessness if they lack spiritual grace. Scientific knowledge is not comparable to spiritual wisdom. Simon started to search for the meaning of life. He commented the following:

> *"... I went to university and attended many training sessions and courses also, at that time, I found myself doing little or nothing!. What I found out is that no matter how knowledgeable the human being is, we cannot bring back the dead to life... You know, we just can't do anything ..."*

Rebecca recalled how she changed her personality from accusing other people of making mistakes to accepting other people's mistake. Thus, to forgive others is her philosophy in life now. She stated the following:

> *"I know I cried day and night, my tears were just non-stop, I thought that all these tears cleansed my eyes , now I can see clearer the many things that have happened in my life, especially I learned to accept people's mistakes...and most importantly to forgive..."*

Relationships between siblings turned for the better after Laily's father passed away. She disclosed how sibling rivalry disappeared and that she and her siblings saw each other more often now. Her siblings rarely sat down and discussed anything before, but surprisingly, they became united at their father's funeral. They also appreciated the good relationship they had built together. It seems that the sudden death had united her siblings. She quoted the following:

> *"....why did we sit together and talk only when we had lost him, why until we had seen his dead body that we talk to each other? ...Why can't we appreciate our siblings before? Why do we see each other frequently only now? Why..."*

DISCUSSION

The goal of this study is to explain the incidence of loss of loved ones to sudden deaths as experienced. It also attempts to provide an understanding of the internal meanings of a person's experiences in the lived world. Readers of this study, as interpreters themselves, participate in the process of interpretation by bringing their own subjective judgments. Therefore, the themes emerging from this study may be different for each reader. However, although the readers may not share the researcher's interpretation, they should be able to follow the pathway that has led to the interpretations given.[5, 6,17]

Forming attachment with significant others is considered normal behaviour not only for the child but for the adult as well. [18] This study has found that if the goal of attachment behaviour is to maintain an affectional bond, certainly some very specific reactions may follow after a loss. As Bowlby mentioned, in such circumstances, one of the most powerful forms of attachment behaviour becomes activated - crying.[19] When the attachment figure disappears or is threatened, intense anxiety and strong emotional protest would be the response. This is a normal reaction to grief. When crying is successfully carried out, the bond is restored, and the states of stress and distress are alleviated.[20] Corey explained that mourners' reluctance to become emotionally involved often is a result of their cultural background.[21] For instance, in Asian culture, many men have been brought up not to express intense feelings openly. They are not allowed to manifest their sadness in the form of tears. As seen in Simon's case, he held on to the cultural belief that men are conditioned to maintain emotional control. Obviously, this is mainly due to his socialisation and individual cultural norm. On the other hand, the phenomenon of not letting go of sadness with tears or suppressed grief can frequently lead to delayed grief and complicated bereavement which will in turn be detrimental to the individual's mental health.[22]

Disbelief or non-acceptance is a different form of numbness where intellectually one cannot accept what has happened and feels that nothing has happened.[23,24] In other words, the respondents have not recognised the painful truth of what had happened. Kubler-Ross explained that this is a protective function which allows the persons affected to assimilate the full impact of what has happened to them over a period of time.[25] Therefore, it is common for the bereaved to take months to accept the finality of death because they assume that the deceased had only gone away and would come back soon.[24,26]

This study has found that the respondents were at the stage of denial when confronted with sudden death. Denial is both a form of defense mechanism and cognitive activity to allow time to assimilate and integrate new information into the cognitive realm. The process of denial does not alter reality but is used to help the person cope with the unacceptable reality - death.[27,28]

Apparently, the respondents wished to make sense of the death and discovered that they only have themselves to blame. This phenomenon usually results in the bereaved going over and over in their mind the events that led up to it. However, this behaviour also has the function of making the death real: allowing the clients to accept the death.[29,30] The feeling of guilt can be an unfinished business which remains in the background. It can also influence the clients' behaviour and perception, and puts them in an emotional state when faced with the same situation or sometime hidden in slightly altered situations.[31]

When looking at the health consequences of bereavement, psychosomatic type of illness characteristics such as fatigue, preoccupation, apathy, numbness and social withdrawal are common.[3, 24] Parkes pointed out that the blocking of sensation as a defense against what would otherwise be overwhelming pain would be seen to be extremely normal. This feeling of sensation associated with acute grief reaction is often overlooked, but plays a significant role in the grieving process when role disruption occurs.[32]

The respondents were thinking backwards and living forward in order to face the fact of sudden death. The researcher interpreted that they invited themselves to look back, and remember holistically about the deceased. Alternatively, the respondents' minds moved back and forth in order to reach psychological equilibrium.[33, 34] In grief, the bereaved were willing to walk back into time and history, recalling anecdotes about their loved ones. Meanwhile, they learned how to face it and continue to live and to move on.[35 36]

A situational crisis like sudden death may highlight a potentially beneficial as well as potentially hazardous aspect of a crisis state.[37] In addition, growth is preceded by a state of imbalance or crisis that serves as the basis for future development. Without crisis, development is not possible. As a person strives to achieve stability during a crisis, the coping process itself can help him/her achieve a qualitatively different stability.[37,38]

The limitation of this study approach is time: it was time-consuming in terms of data collection and analysis. Therefore, it became expensive and involved an emotional investment because of the depth of the data shared. In addition, the hermeneutic phenomenology approach helped in anticipating future events but did not assist in prediction.

The implication of this study is that psychosocial component plays an important role in influencing a client's health status. The relevance of clinical practice is that grief associated with the loss of loved ones would result in ill health. The role of health care professionals is to support and to provide holistic care to a whole person instead of solely focusing on

physical health. Therefore, health care professionals are required to shift their perspectives: to see the world as the patients see it because this is important in providing competent care (client-centred care) in order to meet the needs of the patients.

CONCLUSION

Grief is experiencing sorrow and emotional suffering caused by loss. When death and loss occur, they are accompanied by grief. Typical characteristics of grief in sudden death such as an urge to cry, denial, guilt, role disruption, thinking backwards and living forward and perceived personal growth have been found in this study. Grief can be interpreted hermeneutically and grief itself is also a hermeneutic experience. Thus, we come to understand the feeling of the respondents who have suffered the loss of their loved ones due to sudden death. By listening to their experiences, it becomes reasonable to conceptualise the grief process. The process shows structure, sequence, a beginning and an end. However, grief is also viewed as a state of wave, moving back and forth in the memories of the bereaved in order to achieve homeostasis. As a result, grief will appear in the shape of a particular form, depending on how respondents mould it. The experience of death, loss and grief triggers an awareness in which the meaning of life is not something that people can directly search for and obtain. This is evident when the respondents realise that something had arrived in their life and that life would never be the same again. The implication of this study is that the psychosocial component plays an important role in influencing a client's health.

REFERENCES

[1] Brysiewicz P. The lived experience of losing a loved one to a sudden death in KwaZulu-Natal, South Africa. Journal of Clinical Nursing 2008; 224-231

[2] Suchter S, Zisook S. The cause of normal grief. Cambridge: University Press, 1993.

[3] Stroebe M., Schut H, Stroebe W. Health outcome of bereavement. Lancet 2007; 370 :1960-73

[4] Tudiverm F, Hilditch J, Perumaul JA. A comparison of psychosocial characteristic of new widowers and married men. Family Medicine 1991; 23: 501-505

[5] Heidegger M. Being and time. Harper & Row: New York, 1990.

[6] Gadamer HG. Truth and method. Sheeh and Ware: London, 1976.

[7] Blaikie N. Designing social research. Cambridge: Polity, 2000.

[8] Fisker T, Strandmark M. Experience of surviving spouse of terminally ill spouse: a phenomenology study of an altruistic perspective. Scandinavian Journal of Caring Science 2007; 21: 274-281

[9] Crotty M. Phenomenology and nursing research. Melbourne: Churchill Livingstone, 1996.

[10] Mason J. Qualitative researching (2nd ed.). Sage: London, 2002.

[11] Wimpenny P, Gass J. Interviewing in phenomenology and grounded theory: is there a difference? Journal of Advanced Nursing 2000; 31(6): 1485-1492.

[12] Whitehead L. Enhancing the quality of hermeneutic research: decision trail. Journal of Advanced Nursing 2004 ; 45(5): 512-518

[13] Giorgi A. A sketch of a psychological phenomenological method. Pittsburgh: University Press, 1985.

[14] Malterud K. Qualitative research: standard, challenges, and guidelines. Lancet 2001; 358 :483-488

[15] Merriam SB. Qualitative research and case study application in education: revised and expanded from case study research. San Francisco: Jossey-Bass Publishers, 1998.

[16] Lincoln YS, Guba EG. Naturalistic inquiry. London: Sage, 1985.

[17] Benner P. Interpretative phenomenology. London: Sage, 1994.

[18] Hoffman L, Paris S, Hall E. Developmental psychology today. New York: McgrawHill company. INC, 1994.

[19] Bowlby J. The making and breaking of affectional bonds I. British Journal of Psychiatry 1977; 130: 421-431

[20] Bowlby J. Attachment and loss: retrospect and prospect. American Journal of Orthopsychiatry 1983; 52:664-678

[21] Corey G. Theory and practice of counseling and psychotherapy. (6th ed.), USA: Brooks/Cole, 2001.

[22] Worden J W. Grief counseling and grief therapy. (3rd ed.). New York: Springer publishing company, 2002.

[23] Stedeford A. Facing death: patients, families and professionals. London: William Heinemann Medical books Ltd, 1984.

[24] Bonano G, Kaltman S. The varieties grief experience. Clinical Psychological Review 2001; 21(5): 705-734

[25] Kubler-Ross E. On death and dying. New York: Macmillan, 1970 .

[26] Bonano G, Kaltman S. Trauma and bereavement: examining the impact of sudden and violent deaths. Anxiety Disorders 2003; 17:131-147

[27] Ross Russell RI , Nussbaumer A. Bereavement support following sudden and unexpected death in children. Current Pediatrics 2003; 13: 555-559

[28] Harkreader H. Fundamental of nursing: caring and clinical judgment. Philadelphia: W.B Saunders Company, 2000.

[29] Kaltman S, Bonanno GA.. Trauma and bereavement: examining the sudden and violent death. Journal of Anxiety Disorder 2002; 414: 1-17

[30] Figley C, Bride BE, Mazza N. Death and trauma: the trumatology of grieving. London: Taylor & Francis, 1997.

[31] James R.K, Gilliand BE. Theories and strategies in counseling and psychotherapy. (4th ed.), Boston: Ally and Bacon, 1998.

[32] Parkes CM. Bereavement: studies of grief in adult life. New York: International Press, 1972.

[33] Laakso H, Paunonen-Ilmonen M. Mothers' grief following the death of a child. Journal of Advanced Nursing 2001; 36(1): 69-77

[34] Stroebe M., Schut H, Stroebe, W. Grief work, disclosure and counseling: Do they help the bereaved. Clinical Psychology Review 2005; 25: 395-414

[35] Moules NJ. Legitimizing grief: challenging beliefs and constrain. Journal of Family Nursing 1998; 4(2): 142-66

[36] Moules N J, Simonson MP, Angus PM, Bell J. Making room for grief; walking backwards and living forward. Nursing Inquiry 2004; 11(2) 99-107

[37] Kenel K. A guide to crisis intervention. New York: Brooks/Cole Publishing Company, 1999.

[38] Caplan G. An approach to community mental health.. New York: Grune & Stratton, 1961.

APPENDIX 1

Interview guide

Socio-demograhic profile of informant:
1. Gender
2. Age
3. Educational level
4. Occupation
5. Marital status
6. Date of losing a loved one

Main research question:
Can you tell me your experience of losing your loved one to a sudden death?

Sub- research questions
1. How long ago did your loved one pass away?
2. I sensed that you love him/her so much, could you relate some memorable moments that you shared together. Do you want to think about it for a while?
3. What did you do when you knew he/she had gone suddenly?
4. Can you tell me your experience on the funeral day?
5. Would you like to describe an ordinary day after the funeral?
6. How did you manage the situation?
7. How did you cope with all these experiences?
8. Would you say that returning to a normal self like before is different from what you expected /or impossible?
9. Can you relate the whole experience of losing him/her and what you are now?