The lived experience of losing a loved one to sudden traumatic death

Sherry A. Watson

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The Lived Experience of Losing a Loved One to Sudden Traumatic Death

Submitted by
Sherry Watson

In partial fulfillment of the requirements for the degree of Master of Science in Nursing

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The Lived Experience of Losing a Loved One to Sudden Traumatic Death

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University of Toledo

2006
NOTE

This researcher would like to note that the educational institution, Medical College of Ohio, underwent several changes in the name of the institution during the course of this research study. Titles for the institution included Medical College of Ohio, Medical University of Ohio at Toledo, and most currently, the University of Toledo. For the purposes of this research study, use of any of the above titles refers to the same institution.
DEDICATION

This work is dedicated to the memory of my parents, Kenneth and Carole Varnes. I feel so fortunate to have been blessed with two wonderful parents who gave me more love in our shortened time together than most people receive in a lifetime. Fond memories of your kind hearts, generous nature and unconditional love continue to inspire me as I persist on life’s journey.

*We are born for a higher destiny than that of earth; there is a realm where the rainbow never fades, where the stars will be spread before us like islands that slumber on the ocean, and where the beings that pass before us like shadows will stay in our presence forever.*

_Edward Bulwer-Lytton_

I would like to offer a special thank you to my second set of parents, Fred and Martha Watson. You have treated me as one of your own from the very beginning. Thank you for your love and support. I feel blessed to have you in my life.

Most of all, I would like to thank my husband Larry, whose never-ending love and support have guided and sustained me during life’s most difficult times. I thank God for putting you in my life and feel blessed to have you as my husband. I could not have completed this journey without you.
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CHAPTER I

Introduction

For most survivors, the loss of a loved one to death is one of the most significant and stressful events of their lives (Bonnano & Kaltman, 2001; Clements et al., 2003; DeRanieri et al., 2002; Shear & Shair, 2005). All loss may be characterized by some degree of trauma, but when death is sudden and traumatic, survivors’ reactions have been known to be more severe, exaggerated, and complicated than when death occurs from natural causes (Ambrose, 2001; Attig, 2001; Clements et al., 2003; DeRanieri et al., 2002; Neria & Litz, 2003; Rando, 1996; Rubel, 1999). Crisis theorists have long considered sudden traumatic death as a trigger for acute psychological responses that require targeted and immediate intervention (Kaul, 2001; Lindemann, 1944).

Sudden traumatic death is the sudden, unexpected, and often violent cause of death of a loved one, friend, or colleague (Adkins, 2003; Ambrose, 2003; DeRanieri et al., 2002; Handsley, 2001). This includes deaths resulting from accidents, suicide, and homicide. Based on the most recent data available, an estimated 109,277 deaths occurred in the year 2003 in the United States as a result of unintentional traumatic injuries. Deaths resulting from suicide accounted for 31,484 deaths, and homicides were the cause of 17,732 deaths. Accidental deaths are the fifth leading cause of death in the United States. In the 15-24 year-old population, homicide and suicide are the second and third leading causes of death, respectively (National Center for Injury Prevention and Control, 2006). This leaves behind a large number of survivors forced to face the loss of a loved one from sudden traumatic death.
The sudden traumatic death of a loved one often leaves survivors in a state of shock and disbelief. In addition to grief reactions, survivors also react to the traumatic nature of the event. The co-existing trauma may impair grieving because survivors have difficulty recognizing and accepting the reality of the death. The unexpected and traumatic nature of the death creates an added dimension of psychological stress and poses major challenges to the coping mechanisms of survivors (Ambrose, 2001; Kaul, 2001; Purves & Edwards, 2005). Survivors have been found to be at high risk for the development of traumatic grief, which contains two underlying dimensions, trauma and separation distress (Adkins, 2003; Kaltman & Bonanno, 2003; Jacobs et al., 2000; Neria & Litz, 2003). Jacobs et al. (2000) defined the components of traumatic grief as the inclusion of separation distress (yearning, searching for the deceased and excessive loneliness resulting from the loss) and traumatic distress (intrusive thoughts about the deceased, disbelief about the loss, being stunned or dazed, feelings of numbness and a fragmented sense of security and trust (Jacobs et al., 2000).

Victims of sudden traumatic death are often seen in the Emergency Center (EC) setting. Nurses working in the EC will be faced with the challenge of providing care and support to the surviving family members. Survivors are frequently ill prepared to deal with the devastation and distress caused by this unexpected event. In addition, there is often little time to prepare the family for the news of the death. This phenomenological study will provide insight into the individual experiences of survivors who have lost a loved one to sudden traumatic death.

The problem statement and purpose of this research are discussed in this chapter. This is followed by a discussion of the theoretical framework and research methodology
used for the study. A discussion of the research question, significance of the research to nursing, and the assumptions and limitations of the study are reviewed.

**Statement of Problem**

Grief is a universal human experience. Most people will be confronted with the death of a loved one at some point in their lives. The grief response is unique from person to person (Cutcliffe, 1998). Despite the abundance of research studies that exist pertaining to grief, there is still little understanding of how grief is exhibited in the human experience and how healthcare professionals can best care for those who grieve (Reed, 2003). No phenomenological studies could be found in the nursing literature in which the lived experiences of survivors who had lost a loved one to sudden traumatic death were discussed.

The relationship between trauma and grief has only recently been explored in the nursing literature. Because survivors of sudden traumatic death are considered at high risk for the development of traumatic grief, traumatic grief will be discussed here in further detail (Adkins, 2003; Ambrose, 2001; DeRanieri et al., 2002; Jacobs et al., 2000; Kaltman & Bonnano, 2003; Neria & Litz, 2003). Numerous studies have been conducted in the field of psychology that examined the diagnostic criteria for traumatic grief. What some healthcare providers consider normal, others may consider abnormal or pathological. Even in the bereavement literature, there was a lack of consensus on the definition of normal and abnormal grief reactions (Bonnano & Kaltman, 2001; Jacobs et al., 2000; Kaltman & Bonnano, 2003; Neria & Litz, 2003). Traumatic grief has also been associated with Post Traumatic Stress Disorder (PTSD), pathologic or complicated grief (Jacobs et al., 2000; Kaltman & Bonnano, 2003; Neria & Litz, 2003).
Despite a lack of agreement in the literature regarding the definitions of normal and abnormal grief reactions, there is consensus in the literature that survivors of sudden traumatic death are at high risk for the development of negative health outcomes (Bonnano & Kaltman, 2001; Jacobs et al., 2000; Kaltman & Bonnano, 2003; Neria & Litz, 2003; Prigerson et al., 1997). The significance of this problem is one that healthcare providers cannot ignore.

Research pertaining to trauma and grief has been conducted within the disciplines of nursing, medicine, and psychology. Much of this research has focused on the interactions between healthcare professionals and surviving family members at the time of death (Jurkovich et al., 2000; Kirchoff et al., 2002; Ptacek & Ellison, 2000; Tucker, 2002). Most of these studies are quantitative in nature (Jurkovich et al., 2000; Meyers et al., 1998; Ptacek & Ellison, 2000; Tucker, 2002). No phenomenological studies could be found that examined the lived experience of sudden traumatic death survivors.

Encounters with sudden traumatic death survivors are highly stressful experiences for healthcare professionals. There is no easy way to inform survivors of the sudden unexpected death of a loved one (Adkins, 2003; Ambrose, 2001; Clements et al., 2003; DeRanieri et al., 2002; Kent & McDowell, 2004; Valentino, 2001; Warren, 2002). Intense emotional distress is a common reaction of survivors when informed of the death of a loved one (Adkins, 2003; Ambrose, 2001; Clements et al., 2003; DeRanieri et al., 2002; Kent & McDowell, 2004). Healthcare professionals may feel uncomfortable and ill equipped to deal with survivors’ grief reactions. However, healthcare professionals are in a unique position to facilitate survivors’ grief reactions in the early stages of bereavement.
It is important for healthcare professionals to be knowledgeable regarding the wide range of emotional responses that may occur in bereaved survivors. It is also important to be knowledgeable about appropriate methods of delivering the news of death to loved ones, so that this can be accomplished in a sensitive and skillful manner. In the literature, it has been indicated that the emotional needs of survivors are not always met by healthcare professionals (Adkins, 2003; DeRaneiri et al., 2002; Jurkovich et al., 2000; Kent & McDowell, 2004). The manner in which survivors are informed of a death can have a profound effect on the bereavement process and long-term outcomes of survivors (Clements et al., 2003; DeRanieri et al., 2002; Jurkovich et al., 2000; Ptacek & Ellison, 2000). When sudden traumatic death occurs, the circumstances surrounding it are forever etched into the minds of survivors (Ambrose, 2001). The initial encounters with healthcare professionals will likely impact survivors for the rest of their lives.

The absence of any phenomenological studies that focus on the lived experience of sudden traumatic death survivors leaves a gap in the literature that might provide helpful information for healthcare providers who will care for these survivors. This researcher intends to utilize a phenomenological approach to facilitate the discovery of the essence of the lived experience of losing a loved one to sudden traumatic death so that this knowledge can be used to assist healthcare providers in better meeting the needs of survivors.

Identification of Theoretical Framework

Roy’s Adaptation Model (1999) will be used as the theoretical framework for this study, which focuses on the lived experience of losing a loved one to sudden traumatic death. Roy’s model contains four essential elements: (a) person, (b) environment, (c)
health, and (d) nursing. Roy conceptualized the person as a holistic adaptive system, which is in constant interaction with the environment. Roy’s model is based on the belief that human systems function in a holistic manner and each aspect of the system is interrelated and affected by the others (Roy & Andrews, 1999).

According to Roy (1999), the adaptive system has inputs and outputs that serve as feedback to the system. Inputs are the stimuli that come from the external environment as well as from the person. The three classes of stimuli are focal, contextual, and residual. Outputs are the behaviors that the system exhibits as a result of the stimuli.

The adaptive system responds to the stimuli using regulatory and cognator coping processes. The development and use of coping mechanisms influences the adaptation level of the system. The adaptive modes are physiologic, self-concept, role function, and interdependence modes. Adaptive responses are behaviors that promote and maintain the integrity of the individual. Ineffective responses are behaviors that disrupt or inhibit an individual from moving toward its goals. An individual’s adaptation level is constantly changing based on stimuli and responses at a particular point in time. The goal of nursing is to promote adaptive responses that promote and maintain the integrity of the individual (George, 1995). A more detailed explanation of Roy’s model in relation to this study is provided in Chapter II.

Identification of Methodology

A qualitative phenomenological research method will be used to conduct this study. The goal of phenomenological research is to discover experiences as they are lived (Burns & Grove, 2001). The use of phenomenology is an appropriate method for investigating phenomena important to nursing because it can be used to explore the
integrated whole. The foundation for phenomenological inquiry is a holistic perspective and the study of the lived experience (Speziale & Carpenter, 2003). This holistic perspective relates well to Roy’s (1999) model, which views the person as a holistic adaptive system. The use of phenomenology to discover the lived experience of sudden traumatic death survivors is discussed in greater detail in Chapter III.

Statement of the Purpose

The purpose of this study is to discover the lived experience of survivors who have lost loved ones to sudden, traumatic death. Using a phenomenological approach and guided by the framework of Roy’s Adaptation Model (1999), the focus of the study was to discover the true meaning, or essences, of these experiences as perceived by survivors. Based on the perspectives of individuals who have lived this experience, this knowledge could be used to educate nurses and other healthcare professionals so that the individual needs of survivors are handled in a sensitive and skillful manner.

Research Question

The research question for this study is: What is the lived experience of losing a loved one to sudden, traumatic death?

Definition of Terms

Terms utilized that are important to the theory and study will be briefly explained. The conceptual definition is an expression of the theoretical meaning of a concept or variable. The operational definition is an expression of how the terms will be observed or measured (Burns & Grove, 2001).

Lived Experience
Conceptual definition: The individual’s adaptation to the focal stimulus of the loss of a loved one to sudden traumatic death, as influenced by internal and external stimuli, such as the individual’s coping mechanisms and available support systems (adapted from Roy, 1999).

Operational definition: The reported personal accounts of losing a loved one to sudden traumatic death, as described by participants during the tape recorded interview sessions (adapted from Roy, 1999).

_Sudden Traumatic Death_

Conceptual definition: The focal stimulus that is most immediately confronting an individual (adapted from Roy, 1999) and includes the sudden, unexpected, and often violent cause of death of a loved one, friend, or colleague (Adkins, 2003; DeRanieri et al., 2002; Handsley, 2001).

Operational definition: The sudden unexpected death of a loved one resulting from an accident, homicide, or suicide.

_Loved One_

Conceptual definition: Any person for whom an individual feels a deep affection and identifies as a loved one as influenced by the cognator subsystem, which includes perceptions and emotions (adapted from Roy, 1999).

Operational definition: An adult (18 years or older) parent, spouse, sibling, or perceived significant other of the survivor.

_Significance_

The sudden traumatic death of a loved one leaves survivors at risk for the development of negative health outcomes. Symptoms are likely to be more exaggerated
in intensity and frequency compared with responses to “expected deaths” (Clements et al., 2003; DeRanieri et al., 2002; Jacobs et al., 2000; Kent & Mc Dowell, 2004; Murphy, Chung, & Johnson, 2002; Prigerson et al., 1997). Appropriate support and intervention at the time of death can facilitate the grieving process and assist survivors in recovery and avoidance of pathologic grieving (Buchanan et al., 1996; et al., 2004; Coolican & Pearce, 1995; Kent & Mc Dowell, 2004; Rubel, 1999).

According to Fauri et al. (2000), helping the surviving family members cope through the period immediately following sudden traumatic loss might help preserve the family unit and well-being of individual family members. Fauri et al. (2000) estimated that a gap in the care of those suddenly bereaved might be responsible for approximately 30% of visitations to physicians and psychiatrists related to symptoms of unresolved grief.

The negative health outcomes that survivors of sudden traumatic death may be at a higher risk of developing include cancer, cardiac disorders, high blood pressure, increased alcohol and tobacco consumption and suicidal ideation (Bonnano & Kaltman, 2001; Jacobs et al., 2000; Kaltman & Bonnano, 2003; Prigerson et al., 1997; Steen, 1998). Considering the stress that is associated with sudden traumatic loss, it is not surprising that survivors are at greater risk for these complications. The adverse health outcomes associated with traumatic grief contribute to the rising costs in healthcare. As a result of the negative health outcomes, there is an increase in the number of visits to primary care providers and an increase in the number of hospitalizations for health care.

Emergency nurses are in a unique position to facilitate the grieving process of survivors because they are often the initial contact and source of support for survivors.
when a sudden traumatic death occurs. Researchers suggest that the interactions with healthcare professionals at the time of death have a profound and long-lasting impact on survivors (Ambrose, 2001; Clements et al., 2003; DeRanieri et al., 2002; Jurkovich et al., 2000; Rubel, 1999). It is important to gain an understanding of survivors’ personal accounts of their experiences from the survivors themselves. This research could provide valuable knowledge and aid healthcare professionals in being more aware and sensitive to the specific needs of sudden traumatic death survivors.

This research could also be beneficial in facilitating the development of educational programs for nurses and other emergency department personnel who deal with survivors of sudden traumatic death on a regular basis. A multidisciplinary approach is generally utilized in the care of sudden traumatic death victims. Disciplines such as medicine, social work, pastoral care, and other ancillary personnel could also benefit from the knowledge gained by the discovery of the lived experience of losing a loved one to sudden traumatic death.

This study may also provide information that could aid in the reduction of morbidity, mortality and the rising costs of healthcare. Adverse health outcomes may be lessened if healthcare professionals appropriately and skillfully facilitate the grieving process in the earliest stages (Bonnano & Kaltman, 2001; Clements et al., 2003; DeRanieri et al., 2002; Kaltman & Bonnano, 2003; Rando, 1996; Rubel, 1999). Nurses are in a unique position to facilitate the grieving process in the early stages and possibly impact the occurrence of adverse health outcomes that have been associated with sudden traumatic death survivors. Fewer negative health outcomes would aid in the reduction of healthcare costs.
The discovery of the lived experiences of sudden traumatic death survivors may also benefit friends, colleagues and families of survivors. Most people are unsure of what to say to someone who has experienced the sudden traumatic death of a loved one. Others may distance themselves from survivors due to their own sense of discomfort. Expressions of grief and pain in survivors may drive others away at a time when support is needed the most (Adkins, 2003; Bonanno & Kaltman, 2001; DeRanieri et al., 2002; Hentz, 2002). Survivors who are suffering from grief may feel alone in the world. Younger (1995) conceptualized suffering as a human experience that often brings loneliness and alienation from others and destroys the ability to communicate. According to Younger (1995), society must help sufferers find a language and voice of their own. By allowing survivors to tell their stories, nurses can become more knowledgeable and sensitive to the specific needs of those who have lost a loved one to sudden traumatic death.

Assumptions

Using Roy’s Adaptation Model (1999), this researcher assumed that the sudden traumatic death of a loved one is the focal stimulus, or the stimulus that most immediately confronted survivors at the time of the loss. This researcher also assumed that the ability of survivors to adapt to the focal stimulus of the sudden traumatic death of a loved one was influenced by his or her coping abilities and that nursing interventions can influence survivors’ perceptions of stimuli, use of coping mechanisms and adaptive responses. This researcher used an expert interview technique and also assumed that participants would be honest in their recall of their experiences with sudden traumatic death.
Limitations

Limitations based on Roy’s Adaptation Model (1999) pertinent to this study include survivors’ coping processes, which include perceptual and information processing, judgment, and emotion. Survivors’ perceptions, judgments, and emotions may interfere with survivors’ abilities to share such sensitive information. The ability to gain a greater understanding of participants’ lived experiences was limited to the information that participants expressed during the taped interviews.

Summary

In this chapter, the purpose and significance of this research were discussed, as well as the research question, methodology and theoretical framework used to guide this study. A definition of terms, assumptions, and limitations has also been provided. This researcher expects that the discovery of survivors’ lived experiences would provide valuable information to healthcare professionals, particularly nurses who work closely with clients and family members who have experienced the sudden traumatic death of a loved one.

This research may help healthcare professionals become more aware of the meaning of the experience of losing a loved one to sudden traumatic death, as perceived by those who have experienced sudden traumatic death first-hand. Research has indicated that the interactions with healthcare professionals at the time of death have a profound impact on the bereavement process and long-term outcomes of survivors (Buchanan et al., 1996; Clements et al., 2003; DeRanieri et al., 2002; McQuay et al., 1995; Rubel, 1999). This study was intended to help healthcare professionals gain a beginning understanding of the lived experience of survivors who have lost a loved one to sudden
traumatic death. It is hoped that this insight will help healthcare providers facilitate the beginning stages of the grieving process and positively impact long-term outcomes.
CHAPTER II

Literature

The purpose of this study was to discover the lived experience of those who have lost a loved one to sudden traumatic death. In this chapter, the theoretical framework chosen for this study is discussed. Roy’s Adaptation Model (1999) is the theoretical framework used to guide this study. Roy’s model will be discussed in relation to this study. This is followed by a review of the literature pertinent to this study. There were several areas that were most often identified in the literature pertaining to trauma and grief, including survivors’ reactions to sudden traumatic death, traumatic grief, survivors’ perceptions of interactions with healthcare professionals at the time of death, healthcare professionals’ perspectives of grief and perceptions regarding the needs of survivors, examination of bereavement outcomes and bereavement interventions for use with grieving individuals.

Theoretical Framework

Roy’s Adaptation Model

Roy’s Adaptation Model (Roy & Andrews, 1999) was used as the theoretical framework for this study. The model is based on scientific and philosophic assumptions. The scientific assumptions are based on general systems theory and adaptation theory, while the philosophic assumptions are based on humanism and veritivity. Humanism refers to the broad movement in psychology and philosophy in which the person and the subjective dimensions of the human experience as core dimensions of knowledge and value are recognized. This includes the strife to maintain integrity and the realization of the need for human relationships (Roy, 1988). Roy coined the term “veritivity” to
identify the common purposefulness of human existence. This includes activity and creativity for the common good as well as the development of value for the meaning of life, which is rooted in absolute truth (Roy & Andrews, 1991).

Roy’s model is conducive to phenomenological inquiry because it includes a holistic, comprehensive view of the person. Roy’s model contains the key concepts relevant to nursing: the person, environment, health, and nursing (Roy & Andrews, 1999). Each of Roy’s concepts will be discussed in relation to the lived experience of losing a loved one to sudden traumatic death.

A conceptualization of Roy’s Adaptation Model, as it relates to this study, is shown in Figure 1 (p.16). The conceptualization of Roy’s Adaptation Model clearly depicts the dynamic nature of the model. The adaptation level of a person is constantly fluctuating based upon the influences of internal and external stimuli. The person’s ability to adapt to stimuli, or input, is influenced by his or her coping abilities. The behavioral response, or output, also serves as feedback stimuli to the person (Roy & Andrews, 1999). Roy’s model provides a sound theoretical framework for examining the grief response after the sudden traumatic death of a loved one. The model provides a holistic perspective that allows the nurse to individualize care based upon the specific needs of an individual at a given point in time. According to Cable (1996), grief counseling for survivors of sudden traumatic loss must be individualized. The treatment approach must be adjusted to meet the needs of the individual without attempting to “fit the person” into a treatment that is inappropriate for him or her. The timetable of grief must fit the framework of the griever (Cable, 1996).
Figure 1. Theoretical Framework for Proposed Study
The Lived Experience of Losing a Loved One to Sudden Traumatic Death
Conceptualized within Roy’s Adaptation Model (1999)

Potential for Nursing Actions

Stimuli
• Focal:
  Sudden traumatic death of a loved one

• Contextual:
  - Support systems
  - Spiritual beliefs
  - Relationship with loved one
  - Interactions with others after death

• Residual:
  - Personal beliefs and feelings
  - (Internal and external factors, the effects of which are unclear)

(Inputs)

Coping Processes
• Regulator:
  Automatic adaptation
  - Fight or flight response

• Cognator:
  • Perceptual and information processing
    - Perception of event
  • Learning
    - Ability to process information
    - Judgments
      - Problem-solving
      - Decision-making
  • Emotions

Adaptive Modes (Grief Response)
• Physiologic
  - Physical response and needs

• Self-concept
  - Psychological and spiritual

• Role function
  - Patterns of social interaction

• Interdependence
  - Interpersonal relationships
  - Support systems

(Outputs)
• Responses
Roy conceptualized the person as a holistic adaptive system that is in constant interaction with the environment (Roy & Andrews, 1999). Pertinent to this study, the person is the survivor who has lost a loved one to a sudden traumatic death. Persons, as living adaptive systems, respond to stimuli, or inputs, through four adaptive modes: (a) physiologic, (b) self-concept, (c) role function, and (d) interdependence. Stimuli are classified as focal, contextual, and residual. Focal stimuli are the stimuli that are most immediately confronting a person. Contextual stimuli are all other stimuli, internal or external, that might have a positive or negative influence on the situation. Residual stimuli include internal and external factors, of which the effects are unclear. The combined effects of the focal, contextual and residual stimuli influence the adaptation level of a person at a given point in time (Roy & Andrews, 1999).

According to Roy, the focal stimulus is an event (internal or external) that becomes the focus of attention for the person, requiring the person’s energy to maintain or restore adaptation (Roy & Andrews, 1999). Pertinent to this study, the focal stimulus, or stressor, was the sudden traumatic death of a loved one and the perceived meaning of this event to the survivor.

The process of adaptation is initiated by the focal stimulus, which requires an adaptive response. One focal stimulus can affect more than one adaptive mode (Roy & Andrews, 1999). Contextual stimuli are internal and external factors that influence the person’s perception of the focal stimulus. Contextual stimuli play an important role because they are tied to the meaning that an individual ascribes to a situation (Roy & Andrews, 1999). Pertinent to this study, contextual stimuli might include participants’ spiritual beliefs, support systems, relationship with the deceased and interactions with
others after their loss. Residual stimuli are presumed to affect the current situation of the person, but the effects cannot be validated or measured (Roy & Andrews, 1999). In relation to this study, residual stimuli included such factors as personal beliefs, attitudes, experiences, or personality traits.

Changing stimuli are challenging to the coping abilities of individuals. Changing circumstances can change the significance of stimuli at a given point in time (Roy & Andrews, 1999). For example, the focal stimulus of experiencing the sudden traumatic death of a loved one may become a contextual stimulus if the survivor develops an adverse health condition such as a myocardial infarction. The myocardial infarction would then become the focal stimulus, or the stimulus that is most immediately confronting the person at that time. Alterations in stimuli can enhance or inhibit individuals’ abilities to adapt or cope. In many circumstances, nurses can play an important role in altering stimuli to enable individuals to adapt or cope more effectively (Roy & Andrews, 1999).

The control processes of the person as an adaptive system are known as coping mechanisms. The coping processes are known as the regulator and the cognator, and these are considered to be subsystems of the person as an adaptive system. The regulator and cognator subsystems have input and output to the person. The regulator and cognator coping mechanisms act together to maintain the integrity of the person (George, 1995). The individual’s development and use of these coping mechanisms influences the ability of the individual to adapt, or cope, at a given point in time (George, 1995).

The regulator subsystem includes inherited or genetic coping mechanisms that require no conscious thought on behalf of the person. The process of adaptation is
automatic and includes chemical, neural, or endocrine transmitters (Roy & Andrews, 1999). In this study, the regulator subsystem response included the person’s sympathetic nervous system response upon hearing the news of the sudden traumatic death of a loved one. In the initial alarm stage, the focal stimulus causes an activation of the body’s defense system. The hypothalamus is activated and corticotropin-releasing hormone and glucocorticoids are released. The sympathetic nervous system releases norepinephrine and epinephrine. The physical response includes an increase in heart rate, blood pressure, and respiratory rate, vasoconstriction of the skin, viscera, and kidneys, and vasodilation in the vessels of the heart and skeletal muscles (Bullock & Henze, 2000).

The cognator subsystem control processes are related to the cognitive brain functions. These include: (a) perception and information processing, (b) learning, (c) judgment and (d) emotion. Perception and information processing include the internal processes of selective attention, coding and memory. Learning is related to the processes of insight, imitation and reinforcement. Judgment includes the internal processes of problem solving and decision-making. Emotion includes the internal processes of seeking relief, affective appraisal and attachment. Internal or external stimuli may serve as input into the cognator subsystem. The output, or behavioral response, may in turn serve as feedback stimuli to the cognator subsystem (Roy & Andrews, 1999).

When applied to this study, the cognator subsystem control processes included the survivor’s perception or interpretation of the death event and the ability to process the information. Due to the unexpected and traumatic nature of the death, survivors often have difficulty processing and accepting the reality of the death (Ambrose, 2001; Clements et al., 2003; DeRanieri et al., 2002).
A survivor’s previous experience with the death of a loved one and his or her learned response to grieving may also influence the adaptation level of the person. Coping and adaptation are frequently complicated after sudden loss (Ambrose, 2001; DeRanieri et al., 2002; Kent & McDowell, 2004).

Judgment entails what actions the person decides to take after an event occurs and any problem solving processes that occur. The judgment process is continually active (Roy & Andrews, 1999). Emotion is one of the foremost cognitive brain functions that occurs with the sudden traumatic death of a loved one. The overwhelming grief response may lead survivors to search for relief from the intense emotional pain. The survivor’s response, whether seeking support and affection from others or withdrawing into oneself, influences the adaptation level of the person (Roy & Andrews, 1999).

Behavioral responses, or outputs, are classified as adaptive responses or ineffective responses. These behavioral responses, or adaptive modes, also act as input into the system. Roy identified four adaptive modes that result from the regulator and cognator mechanism responses: (a) physiological, (b) self-concept, (c) role function, and (d) interdependence modes. Roy classified adaptive responses as those that promote and maintain the integrity in terms of the goals of the person. Ineffective responses are those that inhibit the person from attaining goals that promote the integrity of the person. The nurse can assess the person’s behavioral responses, or adaptive modes, to identify adaptive or ineffective coping patterns (George, 1995).

The physiologic mode involves primarily the regulator subsystem. This mode represents the physical response to environmental stimuli and includes the needs associated with oxygenation, nutrition, elimination, activity and rest, and protection. The
more complex processes of this mode include the senses, fluid and electrolytes, neurological function, and endocrine function (Roy & Andrews, 1999).

The focus of the self-concept mode is on the psychological and spiritual aspects of the person. Self-concept is how the person perceives oneself. Roy identified the basic need in this mode as the need to know who one is so that he or she can exist with a sense of unity, meaning, and purposefulness in the universe. The self-concept mode includes subcategories of physical self and personal self. The physical self includes body sensation and body image (Roy & Andrews, 1999). The personal self includes self-consistency, self-ideal, and moral-ethical-spiritual self (Roy & Andrews, 1999).

The role function mode includes the patterns of social interaction of the person in relation to others in society (Roy & Andrews, 1999). This includes the person’s ability to maintain and fulfill his or her prescribed role in society. Pertinent to this study, survivors had to revise their roles in relation to lost loved ones and the environment (Adkins, 2003; DeRanieri et al., 2002; Rubel, 1999; Stroebe et al., 2001).

The interdependence mode includes interpersonal relationships and support systems. This mode includes the human values of love, affection, and affirmation. Roy identified the basic need in this mode as the feeling of security in relationships (Roy & Andrews, 1999). Social support has been shown to affect bereavement outcomes (Adkins, 2003; DeRanieri et al., 2002; Murphy et al., 2002; Prigerson et al., 1997; Stroebe et al., 2001).

Roy (1999) defined adaptive responses as behaviors that promote and maintain the integrity of the individual. Ineffective responses are those that interfere with the person’s ability to adapt effectively and maintain integrity (Roy & Andrews, 1999).
Roy (1999) conceptualized the environment as all conditions, circumstances, and influences that affect individuals as adaptive systems. According to Roy (1999), individuals are in constant interaction with the changing environment, and must adapt accordingly. Pertinent to this study, survivors are forced to suddenly adapt to a world where their loved one no longer exists. Without any warning or opportunity to psychologically prepare for the loss, survivors may find it especially difficult to adapt (Ambrose, 2001; DeRanieri et al., 2002; Gamino, Hogan, & Sewell, 2002; Murphy, Chung, & Johnson, 2002; Rubel, 1999).

Health, according to Roy (1999), is a reflection of the interactions and adaptations of individuals. It is the process of being and becoming an integrated and whole human being with a purposefulness of existence (Roy & Andrews, 1999). Applicable to this study, if a survivor responded to the loss of a loved one by withdrawing from society and engaging in high-risk behaviors such as drug and alcohol consumption, he or she would be responding ineffectively to the changing environment.

Roy defined the goal of nursing as the promotion of adaptation in the four adaptive modes. Roy described six steps in the nursing process: (a) assessment of behavior, (b) assessment of stimuli, (c) nursing diagnosis, (d) goal setting, (e) intervention and (e) evaluation. By assessing behaviors and the stimuli affecting behaviors, the nurse formulates nursing diagnoses. Goals are then established and nursing interventions are developed to alter stimuli, when possible, and enhance the coping mechanisms of individuals. Evaluation involves examination of the effectiveness of the nursing interventions in relation to the individual’s adaptive behavior (Roy & Andrews, 1999).
Relevant to this study, the nursing process includes assessment of stimuli and behaviors surrounding the sudden traumatic death of a loved one. The nurse cannot alter the focal stimulus of the sudden traumatic death. A major contextual stimulus that can be altered is the interaction of the nurse and other healthcare professionals with surviving family members. The manner in which the news of the death is delivered and the surrounding circumstances (i.e., environment, attitude of healthcare providers, preparation of survivor for bad news) can have a major impact on survivors (Ambrose, 2001; Buchanan et al. 1996; DeRaneiri et al., 2004; Leash, 1996; Rubel, 1999). Nurses and other healthcare professionals can help to enhance the coping abilities of survivors by delivering the news of a death in a sensitive and skillful manner (DeRanieri et al., 2002; Jurkovich et al., 2000; Kirchoff et al., 2002; Rubel, 1999; Warren, 2002).

The nurse may also influence survivors’ perceptions of the circumstances surrounding the death (cognator subsystem) by informing survivors of the events preceding the death and the interventions attempted to save their loved one. The sudden traumatic death of a loved one could leave survivors feeling out of control and unable to grasp the implications of a loss that is perceived as unbelievable and incomprehensible. Survivors may become obsessed with a desire to know every detail surrounding the death (perceptual and information processing). This knowledge can offer survivors a sense of control in a world that’s spinning out of control (Bloch, 1996; Clements et al., 2003; Leash, 1996; Rando, 1996).

In addition, a caring and supportive attitude by healthcare providers can positively impact survivors’ perceptions of the circumstances surrounding the death (Jurkovich et al., 2000). This includes the ability of survivors to see their loved ones and to be involved
in their care (DeRanieri et al., 2002). The nurse must continuously reevaluate the
effectiveness of interventions aimed at promoting the adaptation of survivors. These
interventions include alteration of stimuli, as described above, and enhancement of the
coping abilities of survivors (Roy & Andrews, 1999).

Review of Literature

There is an abundance of research from nursing, medicine, and psychology
related to grief. Very little research exists specific to trauma and grief, and the research
pertaining to traumatic grief has been written primarily in the field of psychology
(Kaltman & Bonnano, 2003; Prigerson et al., 1997). Furthermore, much of what has been
researched pertaining to grief has used quantitative research methods (Fraser et al., 1990;
Jurkovich et al., 2000; Kaltman & Bonnano, 2003; Leash, 1996; Li et al., 2000;
McQuay et al., 1995; Meyers et al., 1998; Murphy et al., 2002; Payne, Dean, & Kalus,
1998; Ptacek & Ellison, 2000; Robinson, J., 1995; Zisook et al., 1998).

A plethora of research pertaining to grief can be found in the nursing literature.
The majority of these research studies have been quantitative in nature (Kirkhoff et al,
2002; Leash, 1996; Li et al., 2002; McQuay et al., 1995; Meyers et al., 1998; Murphy et.
al., 2002; Ptacek & Ellison, 2000; Robinson, J., 1995; Warren, 2002). No
phenomenological studies could be found in the nursing literature that explored the lived
experiences of individuals who had lost a loved one to sudden traumatic death. It is
difficult for nurses to sensitively and skillfully meet the needs of survivors of sudden
traumatic death if they don’t have a true understanding of what those experiences are like
for survivors. It is only by asking survivors to describe what is true and real for them that
we can gain a greater understanding of the lived experience in relation to a specific phenomenon for this study.

A review of the literature relevant to trauma and grief indicated that several areas were frequently examined in the literature. These areas included: (a) survivors’ reactions to the sudden death of a loved one, (b) survivors’ perceptions of interactions with healthcare professionals at the time of death, (c) healthcare professionals’ perspectives of grief and perceptions regarding the needs of survivors, (d) examination of bereavement outcomes and (e) bereavement interventions for use with grieving individuals. Each of these areas will be discussed as they relate to the literature review and this study.

**Survivors’ Reactions**

Several quantitative studies exist in which researchers have examined survivors’ reactions to the sudden traumatic death of a loved one (Merlevede et al., 2004; Mitchell et al., 2004; Murphy et al., 2002). Results of these studies indicated that there are many factors that influence survivors’ reactions to sudden death. Murphy et al. (2002) studied 173 parents bereaved by the violent death of an adolescent or young adult child. Data were collected using a 53-item Brief Symptom Inventory (Derogatis, 1992) to measure mental distress at 4, 12, 24, and 60 months post death. The findings indicated that the factors that were most predictive of mental distress over time were parents’ gender, self-esteem, and affective and repressive coping. Specifically, mothers with lower levels of self-esteem, lower levels of affective coping and higher levels of repressive coping were found to be at a greater risk for mental distress.

Mitchell et al. (2004) completed an exploratory descriptive pilot study that examined the grief response of 60 adult participants who were relatives of someone who
committed suicide. The study was done within one month of the suicides. The findings indicated that the closely related survivors of suicide had higher levels of complicated grief, as defined using the Inventory of Complicated Grief (ICG) (Prigerson et al., 1995). The ICG is a 19-item scale measuring grief symptoms that have been found to predict long-term functional impairments (Prigerson et al., 1995). The incidence of complicated grief was found to be the greatest in children (80%) and spouses (77.8%). This was followed, in descending order, by parents (66.7%), siblings (57.1%), in-laws (27.8%) and friends and co-workers (14.3%).

Merlevede et al. (2004) studied 74 relatives of 53 individuals who died suddenly and unexpectedly. Of the 53 deceased individuals whose family members participated in the study, 22 died as a result of an accident and 5 died as a result of suicide. The remaining 26 died as a result of natural causes. A semi-structured interview and/or questionnaire (choice was determined by participants) was used to collect data from participants approximately 2 months after the deaths. Of the 72 participants, 60% expressed mental distress and difficulty sleeping. Sudden traumatic death survivors expressed more psychological problems than those whose loved ones died by natural causes. Of note is that 48 of the 53 deceased individuals died outside of the hospital setting.

Hentz (2002) completed a phenomenological study utilizing open-ended interviews with ten females who had lost a loved one with whom they shared a close and “special” bond. The timeframe of the loss was one year or more. The purpose of the research study was to uncover the body memory following a loss, focusing on the anniversary of the loss. Hentz (2002) discovered that the body experience around the time
of the anniversary is relived as it was lived at the time of the loss. Participants also expressed a need to hold on to the memory and had an inability to separate the pain from the memory even though there was often a desire to avoid the anguish and pain of the memory. A common experience to all ten participants was feeling the need to keep their grief hidden because others wouldn’t understand.

DiMasso (2005) completed a phenomenological study using open-ended interviews to examine the lived experience of five adults who had lost a sibling in the past 2-5 years. Results indicated that the cause of death as well as other significant family losses affected the grief reactions and coping styles of participants. Three of the five participants had lost their sibling to a terminal illness and death was perceived as being “more acceptable” than in the other two cases in which the sibling had died suddenly and unexpectedly.

Davis et al. (2000) studied 93 adults coping with the loss of their spouse or child to a motor vehicle accident and 124 parents coping with the death of their infants to discover whether or not three commonly held assumptions regarding coping with sudden traumatic loss were true. The commonly held assumptions according to the researchers were: (a) people confronting such losses inevitably search for meaning, (b) over time most are able to find meaning and put the issue aside and (c) finding meaning is critical for adjustment or healing. Once the study was completed, the researchers concluded that: (a) a significant subset of individuals do not search for meaning and yet appear relatively well-adjusted to their loss; (b) less than half of the participants reported finding any meaning in their loss, even more than a year after the loss; (c) those who find meaning, although better adjusted than those who search but are unable to find meaning, do not put
the issue of meaning aside and move on. Instead, they continue to pursue the issue of meaning as fervently as those who search but do not find meaning.

**Survivors’ Perceptions**

Numerous healthcare studies have been done in which survivors’ perceptions of their interactions with healthcare professionals were examined. Studies have indicated that the needs of survivors have not always been managed in a sensitive and skillful manner. In one of the earliest nursing studies, Fanslow (1983) used a semi-structured interview to examine the needs of seven grieving spouses in sudden death situations. Several needs were identified, including: (a) the opportunity to see the loved one, (b) assurance that prompt attention was given to the needs of the loved one by healthcare professionals, (c) receipt of information regarding the likelihood or possibility that death may occur, (d) demonstration of comfort and support by family members and (e) demonstration of concern and support by healthcare professionals. Although the sample size of seven was small, these identified needs have been recognized in several other studies (Fraser & Atkins, 1990; Jurkovich et al., 2000; Kirchoff et al., 2002; Meyers et al., 1998; Warren, 2002).

The opportunity to see a loved one prior to death was viewed as being important to survivors in several studies. Warren (2002) and Kirchoff et al. (2002) examined the perceptions of survivors who experienced the death of a loved one while in the intensive care unit (ICU). Warren (2002) used Heideggerian hermeneutics to examine 23 family members’ satisfaction with their bereavement experiences after the death of a loved one in the ICU. Participants expressed the importance of having flexible visitation in the ICU, which allowed them to be present at the time of death. This afforded survivors an
opportunity to say goodbye, which is often impossible in circumstances of sudden traumatic death. Similarly, Kirchoff et al. (2002) used focus groups to examine the experiences of eight different family members who had experienced the death of a loved one in the ICU. All of the family members reported a desire to be with their loved ones, and the researchers noted a “hovering” that took place. This “hovering” seemed to take on a protective quality, with family members perceived as looking out for the best interests of loved ones (Kirchoff et al., 2002).

Merlevede et al. (2004) interviewed 74 family members, the majority who had lost a loved one to traumatic death, regarding their perceptions, needs and grief reactions based on interactions with healthcare providers in the EC setting. The majority of respondents felt that viewing the body was helpful in the grieving process because it enabled them to fully realize that their loved ones were dead.

Other pertinent studies related to the opportunity to see loved ones before death include those in which survivors’ desires to be present during resuscitation were examined. Meyers (1998) conducted a retrospective telephone survey of 25 family members who had lost a loved one to traumatic injuries while in the EC to determine their desires, beliefs, and concerns about family presence during cardiopulmonary resuscitation (CPR). About 96% of the survivors felt that they should be able to be with their loved ones during CPR, and many (64%) felt that it would have helped their sorrow following the death (Meyers, 1998). In a literature review on family presence done by Tucker (2002), the author stated that healthcare organizations are being challenged by the increasing volume of research and attention being given to family presence. The documentation of the benefits of family presence has exceeded the perceived risks for
family presence during resuscitation (Tucker, 2002). Rando (1996) further supported the benefit of family presence and the opportunity for loved ones to view the body, stating that in circumstances of sudden unexpected death where survivors are unable to view the body, survivors are at additional risk for bereavement complications.

Further research regarding family presence during CPR would be beneficial in the development of family presence programs. Knowledge and familiarity with such programs might help to assuage any reservations that healthcare professionals have regarding allowing family members to be present during CPR. With increased knowledge and awareness regarding the benefits and limitations of family presence during CPR, the practice of allowing loved ones in to comfort and support the dying can only enhance the relationship between survivors and healthcare professionals (Tucker, 2002).

Communication with healthcare professionals at the time of death is another important aspect of the grief experience that has been examined in the literature. Jurkovich et al. (2000) surveyed family members of trauma patients who died in the EC or ICU to determine family members’ perspectives regarding the methods and characteristics used by healthcare professionals to deliver news of a death. Important characteristics included the clarity of the message and the ability of healthcare professionals to answer questions regarding the events surrounding the death. This concept was echoed in the studies done by Kirchoff et al. (2002), Li et al. (2002), Merlevede (2004) and Warren (2002). Kirchoff et al. (2002) described communication with healthcare professionals as “negotiating the vortex,” which summarized the feelings of family members who felt a sense of frustration and uncertainty due to a lack of communication from healthcare professionals (Kirchoff et al., 2002). Leash (1996)
recommended that survivors be provided with relevant information and details surrounding the death so that the reality of the loss can be internalized and accepted by survivors. It is also important to provide the information in clear understandable terms, avoiding the use of euphemisms (DeRaneiri et al., 2002; Fraser & Atkins, 1990; Jurkovich et al., 2000; Kirchoff et al., 2002; Leash, 1996).

The availability of comfort and support from family members has been determined to be another important aspect of the bereavement experience for survivors (DeRanieri et al., 2002; Fraser & Atkins, 1990; Kirchoff et al., 2002; McQuay, 1995; Warren, 2000). An awareness of family dynamics and circumstances can also be important when assessing the support system available to survivors (Leash, 1996).

The demonstration of concern and support by healthcare professionals has been shown to influence survivors’ perceptions of the care that their loved one received prior to death (Bloch, 1996; Jurkovich et al., 2000; Kirchoff et al., 2002; Klein & Alexander, 2003; Li et al., 2002; McQuay et al., 1995; Warren, 2002). Kirchoff et al. (2002) studied family members who had experienced the death of a loved one in the ICU to determine what their experiences were like during the hospitalization and death. Results indicated that nurses and physicians who went out of their way to be available to family members were valued for their genuineness and this enhanced the confidence and satisfaction of family members. On the contrary, Warren (2002) reported that family members who perceived staff as uncaring and unavailable rated their experiences as dissatisfying. Further highlighting the importance of demonstrating concern and support, Jurkovich et al. (2000) found that the most important feature of delivering bad news, from the perspective of survivors, was the attitude of the news-giver. Of interest to note in this
A study of 54 surviving family members was the discrepancy between survivors’ perceptions of the use of touch by healthcare professionals when delivering bad news. Touching was unwanted by 30% of the respondents, while encouraged or considered acceptable by 24% of the respondents.

As these studies indicated, interactions with healthcare professionals at the time of death can have a profound impact on survivors. The use of a caring, sensitive approach by a well-informed, sympathetic healthcare professional who is able to provide clear, concise information and answer questions can positively impact and facilitate the grieving process of survivors (Jurkovich et al., 2000; Klein & Alexander, 2003; Leash, 1996; McQuay, 1995). Further research is needed to examine survivors’ perceptions and experiences in order to gain a better understanding of the needs of survivors.

**Healthcare Professionals’ Perspectives**

Research literature findings pertaining to healthcare professionals and grief indicated that healthcare professionals often feel ill equipped to meet the needs of grieving survivors (McQuay et al., 1995; Ptacek & Ellison, 2000; Stewart, 2000). Studies examining the perspectives of healthcare professionals indicated that healthcare professionals often lacked the education and training necessary to deal with bereaved survivors.

Leash (1996) conducted a 15-year review of biomedical and nursing literature to determine whether the professional literature offered a consensus regarding the death notification process. After discovering that very few articles existed, Leash conducted a survey of 200 medical professionals, 100 university students in graduate-level death and dying classes, and 100 family members of patients who were hospitalized in an ICU.
After data collection and analysis, the researcher developed essential steps for death notification, and implemented this program in the institution where the researcher worked.

Ptacek & Ellsion (2000) utilized descriptive surveys to study 115 healthcare providers’ perspectives on breaking bad news to patients. Nurses accounted for 65% of respondents, physicians accounted for 16% and the remaining 19% of respondents included students, social workers, and clergy. Findings indicated that there were significant differences in the perceptions of nurses and physicians as to the extent to which certain characteristics of bad news transactions were typical. Those that had less observable experiences believed that physicians did a better job at delivering bad news. The majority of respondents expressed frustration regarding the manner in which bad news is delivered and felt the need for improvement.

Bloch (1996) suggested that education of healthcare professionals regarding the wide range of emotional responses of bereaved survivors might ease some of the anxiety that healthcare professionals associate with caring for bereaved survivors. Payne, Dean, & Kalus (1998) did a comparative study of death anxiety between 23 hospice and 20 emergency nurses. As hypothesized by the researchers, hospice nurses reported lower death anxiety than emergency nurses. A variable relevant to this study was the higher level of colleague support reported by the hospice nurses. On the contrary, emergency nurses reported a lack of colleague support and lack of opportunities to share their feelings with colleagues (Payne et al., 1998). Despite the small sample size and limited generalizability, this study suggests the relevance of experience and support in determining nurses’ comfort levels in dealing with the bereaved.
In a study by Coolican et al. (1994), the researchers examined 650 baccalaureate nursing education programs to determine the level of education that was being provided in the area of death, dying, and bereavement. The results indicated that many schools were using outdated models. Davidhizer & Kirk (1993) stated that nurses need to be aware of activities that are helpful to survivors of sudden death. What nurses say and do may be helpful and healing or possibly detrimental to survivors.

The literature review pertaining to grief from the perspectives of healthcare professionals indicated that further education and training are necessary in order to effectively meet the needs of bereaved survivors. Further research is needed to determine whether healthcare professionals are currently receiving adequate training to meet the needs of bereaved survivors in a skillful manner. The ability of healthcare professionals to positively impact long-term outcomes of survivors is a driving force in the need for further research in this area.

*Examination of Bereavement Outcomes*

A review of the literature indicated that certain risk factors affect bereavement outcomes. Bereavement-specific risk factors include aspects of the bereavement situation that affect the impact and recovery of bereavement (DeRanieri et al., 2002; Jacobs et al., 2000; Prigerson et al., 1997; Stroebe et al., 2001). One of the models seen most frequently in the literature pertaining to grief is that of Elizabeth Kübler-Ross (1969). This model was designed for patients diagnosed with a terminal illness and geared towards facilitating the acceptance of the stages of dying.

In a classic nursing study related to bereavement outcomes after untimely death, Murphy (1988) examined 69 bereaved family members and close friends of deceased
disaster victims of Mount Saint Helens volcanic eruption. A criterion for participation in the study was for participants to score 7 or higher on a 1-9 scale of closeness to the deceased. The aim of the study was to examine mental distress at one year after the disaster and again at three years post disaster. Results suggested a dynamic nature to the bereavement process (Murphy, 1988). Bereavement was not time-limited and did not fit into the commonly accepted paradigm of bereavement recovery—denial, anger, bargaining, depression and acceptance (Kubler-Ross, 1969). Instead, the bereavement process was found to be a lengthy process that was influenced by numerous personal and social factors, as well as other events (Murphy, 1998). Steeves (2002) supported this concept, noting “rhythms of bereavement” in a study of 29 elderly bereaved spouses in the rural South. Participants expressed rhythmic waves of grief, with the stages of grief often overlapping.

In a similar study examining the patterns of mental distress of 173 parents following the violent death of an adolescent or young adult child, Murphy, Jung, & Johnson (2002) found that parents’ gender, self-esteem, and affective and repressive coping were predictive of changes in mental distress over time. The Brief Symptom Inventory (Derogatis, 1992) was used to measure mental distress. Interestingly, although parents’ initial levels of posttraumatic stress disorder (PTSD) were the best predictor of baseline mental distress, they did not predict reductions in mental distress five years later. Caution must be used when applying these results to the loss of adults due to violent death because the victims in this study ranged in age from 12 to 28 years of age. Another limitation of this study was that the reported mental distress was only representative of the preceding seven days (Murphy et al., 2002). It is possible that some of the mental
distress of participants was related to factors other than the death of their loved one.

Prigerson et al. (1997) conducted a study that examined 150 widows’ and widowers’ symptoms of traumatic grief as a risk factor for mental and physical morbidity. Traumatic grief was measured using a modified version of the Grief Measurement Scale. Results indicated that the presence of traumatic grief symptoms approximately six months after the death of a spouse predicted such negative health outcomes as cancer, cardiac problems, high blood pressure, suicidal ideation, and changes in eating habits at 13- or 25-month follow-up. The researchers concluded that the presence of psychiatric sequelae such as traumatic grief are critically important in determining which bereaved individuals will be at risk for negative health outcomes (Prigerson et al., 1997).

Similarly, Kaltman & Bonnano (2003) examined 87 participants who had lost a spouse to sudden or violent death within the previous three to six months. The researchers used questionnaires and structured clinical interviews to determine the relationship between PTSD and other psychological sequelae commonly associated with loss. The results indicated that violent deaths resulted in the development of PTSD over and above the normal grief response and may contribute to a more severe grief response. However, there were no differences in levels of depression scores across time between survivors of sudden, unexpected loss and expected loss, whereas the violent death group maintained consistent levels of depression across time (Kaltman & Bonnano, 2003). Likewise, in a study of 350 newly bereaved widows and widowers, Zisook (1998) reported no significant differences in PTSD between those who had lost a loved one
suddenly and unexpectedly and those who had lost a loved one as a result of chronic illness.

A review of the research pertinent to bereavement outcomes indicates that violence, versus suddenness and unexpectedness, is a predictor of mental distress following the death of a loved one. The sudden traumatic death of a loved one certainly qualifies as a violent death, and research findings indicate that survivors are at a greater risk for adverse mental and physical outcomes (Kaltman & Bonnano, 2003; Prigerson et al., 1997; Zisook, 1998). Further research is warranted that examines the bereavement outcomes of survivors of sudden traumatic death. This research might be useful in identifying those at risk for poor bereavement and negative health outcomes.

**Bereavement interventions**

The benefits of bereavement programs designed to facilitate grieving for survivors have been described in the nursing literature. When a loved one dies in the hospital setting, healthcare providers must shift care from the patient to the survivors (Coolican et al., 1995). Several studies examined survivors’ perceptions regarding the effectiveness of bereavement programs. Adamowski et al. (1993) compared the responses of survivors using a mail survey before and after implementation of a bereavement program. Results of the survey revealed greater levels of satisfaction in all areas for survivors who had participated in bereavement programs compared with survivors who had not participated in bereavement programs. The researchers found that the grief experience surrounding the sudden, unexpected loss of a loved one can be alleviated somewhat by the use of a structured program combined with staff sensitization and education. Other researchers
have reported similar findings regarding the benefits of a bereavement program (Buchanan et al., 1996; Coolican et al., 1995).

Several studies exist in which the educational needs of healthcare professionals related to caring for bereaved survivors were examined. McQuay et al., 1995 studied the effectiveness of the development of a teaching tool and videotape used to educate staff in the theories of grieving, and the proper technique to inform family members about the sudden, unexpected death of a loved one. The researchers found that the tools were effective methods of increasing the knowledge and skills of the 45 residents and medical students who had varying levels of experience in notifying survivors of death. Steen (1998) provided a comprehensive framework for primary care of grieving survivors. Due to the negative mental and physical health outcomes associated with traumatic grief, it is important for primary care providers to screen for traumatic grief, facilitate the grieving process of bereaved individuals, and mitigate the risks for bereavement complications and health deterioration (Steen, 1998).

Examination of the literature relevant to the use of bereavement programs suggests that the use of bereavement programs and educational tools might benefit healthcare providers in facilitating the process of grieving. An increase in the incidence of palliative care programs has occurred in hospitals across the United States. It is estimated that approximately 24% of American hospitals now have palliative care programs (American Hospital Association, 2005). These findings suggest that healthcare providers have an increased awareness of the bereavement needs of families in the acute care setting. Further research surrounding the use of bereavement programs and other
educational tools would be helpful in determining the perceived benefits to survivors, including survivors who have lost a loved one to sudden traumatic death.

*Summary*

In this chapter, Roy’s Adaptation Model (1990) was discussed as the theoretical framework that will be used to guide the discovery of the lived experience of survivors who have lost a loved one to sudden traumatic death. The review of the literature revealed various findings relevant to grief. These findings were examined in relation to survivors’ perceptions, healthcare professionals’ perceptions, examination of bereavement outcomes and the use of bereavement interventions to facilitate the grieving process. Perspectives differ regarding the concept of grief and the bereavement outcomes associated with grief. The results of the literature suggest that healthcare providers can positively impact long-term outcomes of survivors of sudden traumatic death. The results of the literature review also suggest the need for education of healthcare professionals regarding the grief process and healthcare professionals’ perceptions regarding the needs of survivors. A gap in the literature exists regarding the use of qualitative studies to examine the lived experiences of survivors of sudden traumatic death. This supports the need for the use of phenomenological studies to examine the lived experience of survivors who have lost a loved one to sudden traumatic death.
CHAPTER III

Method

The purpose of this study was to discover the lived experience of survivors who have lost a loved one to sudden traumatic death. This chapter includes a description of the research study design, the sample population, materials and procedures used for data collection and analysis and issues surrounding the protection of human rights.

Design

A qualitative phenomenological research design was used to discover the lived experience of survivors who have lost a loved one to sudden traumatic death. Qualitative research provides access to the lived reality of individuals, facilitating the discovery of people’s internal construction of their personal worldview (Morgan & Drury, 2003). Participants were asked to describe their lived experience of losing a loved one to sudden traumatic death during a tape-recorded interview with the researcher. A phenomenological method was used to discover the lived experience of this phenomenon for participants.

The purpose of phenomenology is to describe particular phenomena as lived experience (Speziale & Carpenter, 2003). The use of a phenomenological design was appropriate for this study because the purpose was to discover the lived experience of a population in relation to a specific phenomenon. Phenomenologists believe that truth and understanding of life emerge from people’s experiences (Byrne, 2001). In this study, the population was survivors who had lost a loved one to sudden traumatic death. The phenomenon of study was participants’ lived experience.
Phenomenological inquiry was well suited for use in this study because participants were asked to describe their lived experiences (Speziale & Carpenter, 2003). The aim of phenomenology is to produce a description of a phenomenon in order to understand its essential structure (Priest, 2000). This study used phenomenological inquiry in an effort to help us understand the reality of the lived experience, as seen through the eyes of survivors who had lost a loved one to sudden traumatic death.

**Participants**

Participants were obtained utilizing network sampling, in which social networks are used to locate participants who have characteristics in common (Burns & Grove, 2001). The common characteristic pertinent to this study was the loss of a loved one to sudden traumatic death. Participants were referred to the researcher by a third party who was aware of the researcher’s topic of study. A referring party gave a flyer (Appendix B) about the study to potential participants. The referring party was a friend, colleague, or acquaintance. The researcher sought a sample size of 5 participants who volunteered to be in the study as a result of responding to the flyer.

Participation in the study was voluntary. The criteria for inclusion in the study were: (a) adult survivor, at least 18 years of age, who has lost a loved one to sudden traumatic death, (b) the loved one lost to sudden traumatic death must be an adult parent, sibling, spouse, or perceived significant other, (c) the sudden traumatic death was a result of an accident, homicide, or suicide, (d) ability to speak and understand English, and (e) willingness to participate in the study and share their lived experience.

A contact phone number for the researcher was included on the flyer to allow potential participants an opportunity to express interest in participating in the study or to
obtain further information about the study. Potential participants were asked to provide a contact phone number where they may be reached. Any identifying information was kept in a separate locked file in order to protect the identities of participants.

The researcher obtained informed consent (Appendix E) and permission to tape record the interviews prior to the start of the interview. Participants were reminded that they could stop the interview process at any time, and participants could decide to withdraw from the study at any time without any consequences. Interviews were held in a private setting on the campus of the Medical University of Ohio at Toledo. This was mutually agreeable to participants and the researcher. This was determined ahead of time when the researcher and participant initially spoke via telephone.

Material

After informed consent (Appendix E) was obtained, basic demographic data was gathered during the interview utilizing a demographic interview guide (Appendix C). The basic demographic data included age, gender, racial/ethnic background, marital status, employment status, educational level, cause of the loved one’s death, relationship to the deceased and the length of time since the death occurred.

One face-to-face interview was held with each participant. An interview is a source of data collection that allows entrance into another person’s world. The interviews lasted approximately 60-120 minutes. The interviews were audio taped and professionally transcribed verbatim. The direction of the interview was determined by the participants’ responses to questions. Open-ended probes were used to prompt participants to share their experiences. Examples of open-ended probes that were used are included in Appendix D. Attentive listening, treating participants with respect and showing a genuine
interest in participants’ shared experience were essential in order for the researcher to improve the accuracy, trustworthiness, and authenticity of the data (Speziale & Carpenter, 2003).

The purpose of the phenomenological interview is not to explain or predict, but to understand the meaning of experiences as described by participants. A phenomenological method allows the researcher to discover a vivid picture of the lived experience as described by participants (Sorrell & Redmond, 1995).

Qualitative criteria

The criteria utilized to evaluate qualitative research that were applied to this study are discussed further here. Trustworthiness refers to the validity and reliability of qualitative research. This includes ensuring an accurate representation of participants’ experiences. Authenticity refers to the methods by which the researcher ensures that the findings of the study are real or true (Speziale & Carpenter, 2003). Determining rigor in qualitative research necessitates attention to and confirmation of information discovery. The goal is to accurately represent each participant’s experience (Speziale & Carpenter, 2003).

Lincoln & Guba (1985) identified four operational techniques that support the rigor of qualitative research: (a) credibility, (b) dependability, (c) confirmability, and (d) transferability. Each of these will be discussed in further detail. Credibility refers to activities that increase the probability that credible findings will be produced (Lincoln & Guba, 1985). Validation with participants that the exhaustive descriptions reflect their personal experiences is a method to increase the validity, or credibility of the data (Speziale & Carpenter, 2003). This was done by confirming the accuracy of the
researcher’s interpretation of data with participants. Dependability cannot occur without credibility (Lincoln & Guba, 1985). Dependability is achieved when another researcher reading the study would come up with similar conclusions based on the information provided by the researcher (Streubert & Speziale, 2003).

Confirmability is a process that involves illustrating as clearly as possible the evidence and thought processes that led to the conclusions. This can be done through the use of an audit trail. The purpose of the audit trail is to document how decisions were made (Lincoln & Guba, 1985). Transferability refers to the probability that the research findings have meaning to others in similar situations. “The expectation for determining whether the findings fit or are transferable rests with potential users of the findings and not with the researchers” (Streubert & Carpenter, 2003, p.38). The researcher must describe as fully as possible the means for applying the information in other contexts (Stringer, 1999).

Other methods of increasing the accuracy of data interpretation include:
(a) prolonged immersion in the data to ensure an accurate description of the data (Speziale & Carpenter, 2003); (b) peer evaluation, whereby findings are regularly presented to other colleagues for analysis and evaluation (Robson, 1993; Speziale & Carpenter, 2003); (c) ensuring technical accuracy in recording and transcribing data by reviewing the written transcripts while listening to the audiotapes (Perkäylä, 1997); (d) immersion in the data between the time of collection and interpretation (Erlandson et al., 1993); and (e) ensuring accurate interpretation of the data through the use of verbatim illustration, or the exact words of participants (Johnson, 1997). Generally, the use of saturation is also included in the criteria for evaluating qualitative research (Speziale &
Carpenter, 2003). However, due to the small sample size included in this study, it was unlikely that saturation would occur.

**Data Collection**

**Sampling**

Once participants had verbally agreed to participate in the study, the researcher contacted participants by telephone to answer any questions that participants might have had regarding the study. At this time, the researcher also arranged dates, times, and locations for the interviews that were mutually agreeable to the participants and the researcher. The location of the interviews was on the campus of the Medical University of Ohio at Toledo. The location was selected to allow for privacy, comfort and safety for the participants and researcher.

**Protection of Human Rights**

It is understood that the personal nature of phenomenological research may result in ethical considerations for researchers. There is no way to know what may transpire during the interview process (Speziale & Carpenter, 2003). In order to protect human rights, approval for the study was obtained from the Institutional Review Board of the Medical University of Ohio. Informed consent (Appendix E) was obtained prior to the beginning of the first interview.

All participants were informed, prior to beginning the study, that involvement in the study was strictly voluntary and that they could withdraw from the study at any time. The participants were also assured that their names would remain confidential and that their identities would not be revealed. Code numbers were used to identify audiotapes, transcripts, notes, and demographic data forms. A codebook containing the code numbers
and identifying information of participants was stored in a locked file separate from all other data.

All interviews were audio taped. Participants were informed that they could stop the interview process at any time without any consequences for doing so. A professional stenographer was used to transcribe the tapes verbatim. Audiotapes were destroyed once the written transcription was verified for accuracy. Written transcripts will be saved for 7 years at the Center for Nursing Research and Evaluation at the Medical University of Ohio.

The researcher was aware of the potential for anxiety and emotional distress that could result from the interview and observed participants throughout the interview process for any signs of anxiety and emotional distress. When this occurred, the researcher rendered support and participants were reminded that they could stop the interview process at any time. The researcher was available to talk to participants if they desired to further discuss their feelings. Participants were provided with the researcher’s phone number. According to Alty & Rodham (1998), research that focuses on sensitive issues may stir up emotions of such intensity that not providing participants an opportunity to talk about their feelings may be perceived as irresponsible. Participants were referred to their primary care providers for evaluation and treatment if necessary, or to Rescue Mental Health Services, a local hotline resource that is free of charge.

Assumptions

Assumptions are statements that are believed to be true that influence the logic of research (Burns & Grove, 2001). Assumptions underlying the study included: (a) participants would be willing to share their experiences with the researcher, (b)
participants would provide truthful information regarding their experiences, (c) sharing stories might be painful and emotionally difficult for participants due to the sensitive nature of the topic and (d) the researcher identified and bracketed any personal thoughts, beliefs, and biases about the topic in order to approach the study honestly and openly. This researcher’s personal beliefs and biases are included below.

This researcher has 18 years of nursing experience caring for trauma patients and families. Based on 13 years of critical care experience with trauma patients and another 5 years working as a trauma case manager/trauma coordinator, this researcher has had numerous professional encounters with family members who have lost loved ones to sudden traumatic death. Most of these encounters occurred in the emergency room or intensive care unit setting.

This researcher had also personally experienced the loss of both parents to sudden traumatic death. Having lost a father in a motor vehicle crash and a mother to murder, this researcher was acutely aware of the impact of this event on the researcher’s own life. The researcher’s personal and professional experiences fostered an interest in discovering what this experience had been like for others.

As a result of personal and professional experiences, the researcher was aware of several presuppositions prior to beginning this study. These included: (a) the sudden traumatic death of a loved one is an overwhelming and distressing experience that challenges the coping abilities of survivors; (b) survivors may find it emotionally challenging to share their personal experiences; (c) survivors may be grateful for the opportunity to share their stories; (d) healthcare professionals often find it uncomfortable to deal with survivors of sudden traumatic death; (e) healthcare providers do not fully
understand the lived experience of survivors who have lost a loved one to sudden traumatic death; (f) healthcare professionals may lack the education and training necessary to effectively deal with survivors of sudden traumatic death; and (g) it will be beneficial for healthcare providers to discover and understand the experiences of those who have lost a loved one to sudden traumatic death in order to better care for this client population.

Limitations

Limitations of the data collection process included: (a) participants would only be able to describe their experiences as they recalled them and were able to express them to the researcher; (b) the ability to gain a greater understanding of participants’ lived experiences was limited to the information that participants expressed during the interview process; (c) emotional distress and anxiety that might be experienced during the interview process could interfere with participants’ abilities to share their experiences; (d) the researcher’s lack of experience in conducting interviews might have influenced the quality and type of data obtained from participants; (e) anxiety experienced by the researcher might have interfered with the interview; and (f) the inability to reach saturation based on the small number of participants. Speziale and Carpenter (2003) defined saturation as repetition of data that is obtained during the course of a qualitative study that signifies completion of data collection on a particular phenomenon.

Despite the potential risks and limitations, the researcher strongly believed that the use of a phenomenological research method to examine the lived experience of survivors who had lost a loved one to sudden traumatic death was indicated. According to Parahoo (1997), qualitative research, such as phenomenology, fits well with nursing
research because of the individualized approach. A phenomenological approach seeks to
discover the uniqueness of an individual’s experience. Given the lack of qualitative
nursing research studies on the lived experience of losing a loved one to sudden traumatic
death in the literature, the need for a phenomenological study to examine this
phenomenon was further indicated.

Data Analysis

A number of approaches currently exist to analyze data collected in
phenomenological research. Data analysis begins as soon as the researcher begins
listening to descriptions of the phenomenon and requires the researcher to become
Methodology was utilized to analyze the data for this study. Struebert developed this
method to investigate and analyze experiences. This methodology is a result of the
synthesis of the work of several phenomenological researchers, including Colaizzi, Oiler,
van Manen, Patterson & Zderad, and Speigelberg (Streubert, 1999).

Streubert’s Phenomenological Methodology of data analysis includes several
steps, as outlined by Streubert and Carpenter (1999). The steps of this process will be
enumerated and explained in terms of this study:

1. Explicating a personal description of the phenomenon of interest.

   The researcher documented in a journal any pre-conceived ideas about the
   experience of losing a loved one to sudden traumatic death. A reflective journal is
   a valuable asset to guiding the reactive processes of interpretation and countering
   bias within the research process (Thorne, 1997). Journaling allows the researcher
   to separate one’s assumptions and beliefs from the raw data (Speziale &
The researcher used a reflective journal to document thoughts and feelings prior to and following each interview. This allowed the researcher to maintain conceptions and biases foremost in her consciousness prior to and during data collection and analysis.

2. Bracketing the researcher’s presuppositions.

Bracketing involves the deliberate identification and suspension of any pre-conceived ideas about the phenomenon under investigation prior to and throughout the phenomenological study (Speziale & Carpenter, 2003). By bracketing preconceptions and presuppositions about the world as experienced by participants, the phenomena can be revealed in its true form (Wimpenny & Gass, 2000). Bracketing must be continuous throughout the investigation for descriptions to achieve their purest form (Speziale and Carpenter, 2003). The researcher bracketed several presuppositions and assumptions about the experience of losing a loved one to sudden traumatic death prior to beginning this study.

3. Interviewing participants in comfortable surroundings.

Interviews for this study were conducted in a private setting on the campus of the Medical University of Ohio at Toledo. The setting was mutually agreeable to the participants and the researcher. It was important for participants to be in a comfortable and safe environment in order to feel at ease in sharing their stories. The more comfortable participants are, the more likely they will be to share their stories (Speziale & Carpenter, 2003). All participants expressed feeling comfortable prior to the start of the interviews.
4. Carefully reading the transcripts of the interview to obtain a general sense of the experience.

   Once the audiotapes were transcribed, the researcher read the transcriptions while listening to the audiotapes to verify the accuracy of the transcriptions. Speziale and Carpenter (2003) recommended that the researcher become immersed in the data by reading and rereading the interviews over and over. The researcher read and reread the transcripts in an attempt to gain a general sense of each participant’s experience.

5. Reviewing the transcripts to uncover essences.

   Probing through the data to discover essences involves searching for common themes and establishing patterns of relationships shared by particular phenomena. Essences give common understanding to the phenomena under investigation (Speziale and Carpenter, 2003). The researcher searched through the data to find commonalities and possible relationships that existed among the data.

6. Apprehending essential relationships.

   The researcher sought to uncover the relationships that existed among the essences that were derived from the stories of participants. Significant statements were identified and extracted as the researcher became immersed in the data. The researcher then sought to capture the essential relationships among the statements.

7. Developing formalized descriptions of the phenomenon.

   The formalized description of the phenomenon is the result of the researcher’s analysis of the data and the relationships among the themes resulting in a formalized view of the phenomenon. This phase of data analysis includes
preparing an exhaustive description of the phenomenon. The researcher will explain how central themes emerged and how these themes are connected to one another. Speziale and Carpenter (2003) stated that it is critical to identify how themes emerged and how they are connected to one another in order to provide a comprehensive and exhaustive description of the data.

8. Returning to participants to validate descriptions.

The researcher contacted each participant to share the essences extracted from the data analysis. The researcher strove to validate with each participant that the understanding of the essences extracted were accurate. The researcher incorporated any added or deleted content into a revised description.

9. Reviewing the relevant literature.

Reviewing the literature relevant to the experience of losing a loved one to sudden traumatic death prior to interviewing participants may influence or bias the researcher. The absence of qualitative studies regarding the loss of a loved one to sudden traumatic death allowed the researcher to approach this study with an open mind, unaware of any documented lived experiences of others.

10. Distributing the findings to the nursing community.

The research findings will be shared with the nursing community through a presentation of the research findings at the Medical University of Ohio at Toledo. No identifiers were utilized in order to protect the confidentiality of participants. The goal of the researcher was to discover knowledge that could be shared with healthcare providers in an effort to provide a better understanding of what this experience has been like for survivors.
Summary

In this chapter, an overview of the phenomenological research design that was used to discover the lived experience of survivors who have lost a loved one to sudden traumatic death was provided. The advantages and disadvantages of using a phenomenological design were discussed. Also included was the method for selection of participants, including provisions for the protection of human rights.

The materials that were used for data collection were also discussed in this chapter, as well as strategies to increase the reliability and validity of the findings. Lastly, the steps of Streubert’s Phenomenological Methodology (1999) that were used to analyze the data were enumerated and explained in terms of this study.
CHAPTER IV

Results

The purpose of this study was to discover the lived experience of survivors who had lost a loved one to sudden traumatic death. In this chapter, the participants are described and the findings of this study are presented. Streubert's (1999) Phenomenological Methodology was used for analysis of the verbatim descriptions given by participants. Data were thoroughly examined and five themes emerged. These themes, or essences, are discussed using verbatim excerpts taken from participants' interviews as they described their lived experience of losing a loved one to sudden traumatic death.

Participants

Five adult females participated in this study. The demographic data from the five participants are provided in table 1. The length of time between the death of their loved one and the time each participant was interviewed varied considerably, ranging from one year and seven months to 36 years. The relationship to the deceased included four who were siblings to the deceased and one who was a daughter to the deceased. Included in this chapter, to support each theme, are excerpts from the verbatim descriptions provided by the women during the interviews. The researcher has changed the names of all participants as well as all other proper names mentioned during the interviews to protect the confidentiality of participants.
Table 1

Participants’ Demographic Data

<table>
<thead>
<tr>
<th>Demographic Data</th>
<th>Grace</th>
<th>Judy</th>
<th>Georgia</th>
<th>Crystal</th>
<th>Tina</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>55</td>
<td>46</td>
<td>55</td>
<td>64</td>
<td>48</td>
</tr>
<tr>
<td>Gender</td>
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<td>Female</td>
<td>Female</td>
<td>Female</td>
<td>Female</td>
</tr>
<tr>
<td>Race</td>
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<td>Caucasian</td>
<td>Caucasian</td>
<td>Caucasian</td>
<td>Caucasian</td>
</tr>
<tr>
<td>Marital Status</td>
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<td>Divorced</td>
<td>Married</td>
<td>Married</td>
<td>Married</td>
</tr>
<tr>
<td>Educational Level</td>
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<td>College Graduate</td>
<td>High School Graduate</td>
<td>College Graduate</td>
<td>College Graduate</td>
</tr>
<tr>
<td>Employment</td>
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<td>Full-time</td>
<td>Full-time</td>
<td>Part-time</td>
<td>Full-time</td>
</tr>
<tr>
<td>Relationship to the deceased</td>
<td>Sibling</td>
<td>Sibling</td>
<td>Daughter</td>
<td>Sibling</td>
<td>Sibling</td>
</tr>
<tr>
<td>Cause of Death</td>
<td>Murder (Beaten and hanged)</td>
<td>Murder (Shot to death)</td>
<td>Suicide (Hanging)</td>
<td>Involuntary manslaughter (Pedestrian vs. drunk driver)</td>
<td>Accidental (Motor vehicle crash)</td>
</tr>
<tr>
<td>Number of years since death</td>
<td>36 years</td>
<td>1 year, 7 months</td>
<td>14 years</td>
<td>9 years</td>
<td>22 years</td>
</tr>
</tbody>
</table>

Findings

Verbatim excerpts taken from participants’ descriptions of their lived experience of losing a loved one to sudden traumatic death are presented in this section as they relate to the five themes, or essences, that were identified using Streubert's (1999) Phenomenological Methodology for data analysis:

Theme One:

The traumatic nature of a loved one’s death remains a long-term contextual stimulus for survivors. Participants expressed difficulty accepting the traumatic
nature in which their loved ones had died, but also expressed a need to know and share with others the specific details of their loved ones’ deaths.

Theme Two:

After the sudden traumatic deaths of their loved ones, survivors expressed a need to know that their loved one was okay and perceived certain events as being representative of their loved ones’ presence. This was representative of survivors’ cognator coping processes.

Theme Three:

Survivors expressed a need to have the significance of their loss acknowledged and identified experiencing negative feelings when others minimized their loss. Interactions with others were contextual stimuli that influenced survivors’ abilities to adapt to the sudden traumatic death of their loved ones.

Theme Four:

Survivors expressed a need to discuss the nature of their last encounters with their loved ones prior to death. Participants who perceived their last encounter to be negative expressed difficulty dealing with their loss and their feelings of guilt remained a long-term contextual stimulus for those survivors.

Theme Five:

Participants expressed a need for closure after the sudden traumatic death of their loved one. In particular, the ability to ultimately find meaning in their loss influenced participants’ coping processes and adaptation.

The essence of the lived experience of losing a loved one to sudden traumatic death was evoked through participants’ verbatim descriptions of their experiences of
losing a loved one to sudden traumatic death. Each theme is presented here along with supporting excerpts from the verbatim descriptions provided by the participants. Participants were assigned fictitious names and the researcher changed any identifying information in order to protect the privacy of participants.

Theme One:

The traumatic nature of a loved one’s death remains a long-term contextual stimulus for survivors. Participants expressed difficulty accepting the traumatic nature in which their loved ones had died, but also expressed a need to know and share the specific details of their loved ones’ deaths.

All five of the participants clearly recounted specific details of the traumatic nature in which their loved ones died. All five participants also expressed a need to know the exact details about the death of their loved one, particularly right after the death occurred. Participants described their experiences in vivid detail and demonstrated a need to retell their stories in as much exact detail as possible to the researcher. If participants thought of additional details later in the interview, they went back and recounted these details to the researcher. Every participant, without exception, had thought of additional details after the interview and shared these with the researcher during the follow-up phone calls. Participants vividly recalled such details as exact dates and times, the weather, the clothes they were wearing, who they were with and specific details of the traumatic nature of the deaths. The traumatic nature of the death of their loved ones has remained a contextual stimulus for all of the participants and participants expressed difficulty accepting the manner in which their loved ones had died.

Grace remembered in vivid detail the circumstances surrounding her brother’s
murder and the traumatic nature in which he died despite the fact that it had occurred 36 years prior. She had had a premonition about her brother’s death the night before he had died. Her vivid descriptions of that day seemed reflective of the emotions she expressed. She stated, “It was a rainy, muggy dark day when my father came looking for me and when he found me, I was outside of the high school and he told me to get in the car.” As Grace recalled her experience, she spoke of the traumatic nature in which her brother was killed:

   He was found dead on the base, he was murdered…He was hung, he was beaten first, he was shot up with drugs, he was beaten, and he was disrobed and he was found hung at the bleachers.

   Grace expressed a need for her and her family to know the details about her brother’s death. During the follow-up phone call with the researcher, Grace spoke of the difficulty she had after her brother’s murder when no one else from the marine base would provide her and her family with any further details of who murdered her brother. She and her family perceived it as a cover-up and this has caused difficulty in her ability to deal with her loss. She acknowledged never receiving closure after her brother’s murder due to the lack of information received and the fact that the perpetrator had never been identified and prosecuted. She stated, “They never found the murderers. It bothered me not to know why he was killed. I wanted them to pay. Nobody deserves to die like that.”

   When Judy spoke of the traumatic nature of her brother’s murder, she described her inability to comprehend that her brother could have possibly been shot and killed and the need to know who the perpetrator was:
Ethan was shot seven times from a range of about 8 feet; seven times. Two of the shots were fatal, which shows you the mental status of [the perpetrator]. Who in the hell would have shot Ethan?...You can’t believe it; you have no idea who shot him...I wouldn’t have guessed in a million years that anybody in my family would have been shot to death.

When Judy recounted her experience, she focused on the perpetrator and the murder trial. She expressed a need to remember all of the details, at one point telling the researcher, “I wish I could remember that. I’ll call you when I think of it.”

Georgia also demonstrated a need to recount the exact details of the traumatic nature of her mother’s death. She expressed a sense of knowing right where to find her mother in the basement when she had committed suicide:

I remember hitting the light, the chain, and then, I don’t know why I knew where she was...but went directly in the right direction, had to go past her to turn the second light on, looked up....When I saw her, I just couldn’t get over how close her feet were to the ground...how many times did she get on and off that chair to figure out the length of the rope because she was so close to the floor.

Georgia described how difficult it was for her to look at her mother’s face at the funeral home after having seen her hanging in the basement. The traumatic nature of her mother’s death and the physical reminder of what she had seen was too difficult for her to face at the funeral home:

I stood the first in line because I could look down the casket and not have to look her square in the face because I was the only one that actually saw her [hanging in
the basement], my other sisters didn't...I just couldn't handle seeing the face knowing what I saw in the basement.

Crystal recalled that she and her husband had been outside doing yard work when they received the news from their parish priest that her sister was hit and killed by a drunk driver. The traumatic nature in which her sister was killed remained a central focus of her memory and she described in vivid detail the manner in which her sister was killed:

She was a pedestrian coming home ...when according to witnesses, a van that was driving erratically down the road hit her with such impact, it threw her 80 feet out of her tied shoes, threw her body against the telephone pole and she landed within three to four feet of a basement apartment window. When you look at the vehicle, through what film that the TV station showed and in the report I read, there was tissue on the vehicle. There was broken glass...she died at the scene of a broken neck and blunt force injuries.

Tina clearly recalled the circumstances from 22 years prior when she received the news of her brother’s death in a MVC, stating, “It seems like just yesterday. I can still tell you what clothes I was wearing. I can still tell you who was with me when I found out, where I was.” Of note is that Tina spoke less than the other participants regarding the details of the traumatic nature in which her brother died. Of all of the participants, she also had received the least amount of detail about the circumstances of death. She hadn’t known until several days later that her brother had even been taken to a hospital for attempted resuscitation until her parents received a bill from the hospital. She also spoke of her need to know the details about her brother’s death:
We were told that he was dead at the scene, but then a couple days later, my parents get this bill from the ER for resuscitation. We had no contact whatsoever with the hospital except getting the bill for the resuscitation. The first state trooper on the scene was a friend of mine. He came over to the house the next day and I said, I’ve got two questions for you, “Was he wearing his seatbelt, and did he suffer?”

The traumatic nature of their loved ones’ deaths has remained a long-term contextual stimulus for survivors as demonstrated by participants’ need to recount the specific details of the traumatic nature of the deaths in as exact detail as possible. It was apparent to the researcher that the traumatic nature in which their loved ones had died was unforgettable to survivors.

Theme Two:
After the sudden traumatic deaths of their loved ones, survivors expressed a need to know that their loved one was okay and perceived certain events as being representative of their loved ones’ presence. This was representative of survivors’ cognator coping processes.

All five participants spoke of one or more specific events that occurred around the time of their loved one’s death that held personal meaning for them. Some participants described the events as providing them with a sense that their loved one was okay. Several participants expressed comfort in the sense that their loved one was sending a message. With the exception of the participant who had a premonition about her brother being murdered, four of the five participants perceived these events as providing them with an explanation or sense that their loved one was okay.
Judy described several events that happened in her family after her brother Ethan was murdered that provided her and her family with a sense that their brother was trying to communicate with them. Because her brother Ethan had worked in heating and air conditioning, when two other brothers had difficulty with their furnaces shortly after Ethan’s murder, she and her family perceived these events to represent messages from her brother Ethan:

He [my brother] gets up, goes downstairs and the pilot light is out…there’s a tag hanging on the furnace, “inspected by J.S., 1969” [initials of the convicted murderer]…Ethan told us who killed him…Is that just too freaky? Strangely enough, my other brother had a problem with his furnace, like two days later…I said, yeah, that was Ethan getting even with him because when Ethan put that furnace in, he didn’t pay him to do it.

Judy also recounted how she and her family sensed her brother’s presence at the gravesite on the day of the funeral:

As we’re having the final service at the cemetery, this huge wind just comes up from nowhere, and we kinda start laughing, we were like, “It’s Ethan”. It was just a brief big wind.

Georgia talked about the personal meaning that she had attached to the location of where her mother had hung herself when she committed suicide. The location was right outside the closet where Georgia had been abused as a child. Georgia sought an answer for the reason her mother would have hung herself near that location and questioned the significance, finding it difficult that her mother had not left a suicide note. She stated,
“She could have hung herself any place in that basement, but she chose right there by that closet, so...you can only think, what's the reason?”

Georgia also described the personal meaning that she attached to the fact that they were unable to get any flowers to grow on her mother’s grave for a period of about 10 years. She perceived this to represent her mother’s inability to decide which spiritual direction to follow when she killed herself:

In one of Sylvia Brown's books, it explains about suicide and her interpretation of what happens...that the people who commit suicide, they walk in a circle and there's a door, they have a choice at which door they want to go out...It makes me wonder if it took her 10 years to figure out which door she needed to walk through...because the flowers have now started growing.

Crystal described how she attached personal meaning to butterflies when after her sister’s death she learned how much her sister had loved butterflies. She acknowledged that butterflies now provide her with a sense and peace and comfort and she perceives them to be representative of her sister’s presence. She also acknowledged the need to feel her sister’s presence at times when she is feeling stressed:

We discovered my sister loved butterflies...we didn't know that. So, every time I see a butterfly, I say, "Okay, Faith, I'm glad you're with us", and I find times when I'm stressed, I'll see a butterfly somewhere. I don't care if it's in the air, it could be on clothing, it could be a picture, but that butterfly is there...it gives me a sense of peace.

Tina attributed personal meaning to the morning glory plant outside of her mother’s house on the day of her brother’s funeral. It was representative of her
brother’s death to her and her sisters and gave them a sense that their brother was going to be okay:

My mom had a climbing morning glory plant in front of the house. When we left for the funeral, there were five blooms, four around and one in the center, and they were all open when we left. When we got home from the funeral, the center one was closed up...of course, us girls, we were thinking, there’s four sisters and he was the middle child, the center of the family has gone to rest.

Tina recounted how she attached personal meaning to the death of a planter that she had kept from her brother’s funeral. She expressed that the plant was representative of her brother and keeping it alive had kept her brother’s spirit alive. She described how she felt when the plant died, stating, “When the plant died three years later, I felt like he died all over again. As a result, I never send plants or flowers to someone following a death. I will send silk arrangements or a non-living remembrance.”

Theme Three:
Survivors expressed a need to have the significance of their loss acknowledged and reacted negatively when others minimized their loss. Interactions with others were contextual stimuli that influenced survivors’ abilities to adapt to the sudden traumatic death of their loved ones.

All five participants expressed a need for others to recognize the magnitude of their loss. Participants expressed anger when they perceived others as minimizing the significance of their loss. Participants’ perceptions of their interactions with others during this time, whether helpful or unhelpful, influenced their abilities to adapt to their loss at the time. All of the participants recalled interactions with others that they perceived as
unhelpful at the time. Two of the participants spoke about helpful interactions with
others. All of the participants demonstrated the ability to vividly recall their interactions
with others, despite the fact that the majority of the interactions had taken place at least 9
years prior, with two of the participants recalling events from at least 22 years prior. Of
note is that several participants spoke of how they personally have changed how they
interact with others after a death because of their own experiences.

When Grace recalled being at the funeral home, she remembered feeling angry
and frustrated because the other marines who attended her brother’s funeral would not
provide any further details regarding her brother’s murder and she and her family
perceived this to be a “cover-up”. She also perceived people’s expressions of “I’m sorry”
to be insincere at the time. As a result of her own experience, Grace stated that she never
simply says, “I’m sorry” to someone after a death because she perceives it to be
insincere.

Judy spoke about the anger that she and her family felt when the perpetrator [not
yet convicted murderer] showed up at the funeral home during her brother’s funeral. She
and her family were incredulous at the disrespect that he demonstrated by his presence:

Joe Smith was like a nervous kitten. He never went up to the casket to
acknowledge Ethan. He had guilt written all over his face. How disrespectful to
come. How dare he insult us by coming to the funeral home?

When Judy spoke of the helpful interactions with others after her brother was
murdered, she again spoke about the murder trial and recounted the helpfulness of the
Victim’s of Crime assistance program:

They were wonderful…that is a super program…there’s a lot of value in having
them because they can tell you when the case is on the docket so maybe instead of having to be there at eight o’clock in the morning, your case isn’t going to come up until eleven thirty…so you’re not sitting there listening to every low-life case.

When Judy recounted the helpfulness of the prosecutor, judge and detectives, she spoke of how “wonderful” they were and perceived it to be very important that they had the best defense in her brother’s murder trial. She also acknowledged the importance of the defense being very strong advocates for her and her family. During the follow-up phone call, Judy stated that it would have been helpful to have a counselor or someone immediately available at her brother’s crime scene because the law enforcement personnel were all busy and there was really no one available to provide support to the family.

Georgia recalled how difficult it was to hear the emergency medical personnel laughing while they were down in the basement at her mother’s house. She stated, “I can remember hearing the people, the squad guys, laughing downstairs and it was like one of the worst things to hear.” She expressed a need to let others know how unhelpful their actions were during such a difficult time:

I went back to the squad and said, I think you guys need to realize that this is what happened…I don't want your pity, I don't want anything. I just want you to know so that you can pass the word to please, don't laugh out loud where somebody's gonna hear you when you're in a situation like that because…that would be very hurtful to somebody. They were really glad that I came back and talked to them.

When Georgia talked about the emergency medical personnel, she recalled how one of the personnel seemed harsh and uncaring. Her perception was that this person
was more curious about seeing her mother than she was in attending to the family’s needs. Georgia also recounted the helpfulness of one of the emergency medical personnel that stood out. Her actions were perceived as being very helpful and caring to Georgia and her family:

There was an older lady, I can remember her…she kinda went around upstairs and said, "Is there anything I can do for you, anybody you need to call?" She was right up there with the family, very helpful to the whole family…she was right there, saying, "What can I do for you"?

Georgia explained how unhelpful and rude she and her family perceived curious onlookers to be when they probed them for the details of their mother’s death at the funeral home. Georgia and her sisters perceived this to be very insensitive to their needs:

She [a friend of my mother’s] tried to pump all four of us to find out what had happened, and we just kind of closed our mouths…she didn’t need to know….I wouldn't have enough nerve to ask somebody that question standing here like this.

Crystal also spoke about the interactions that she had with others at the funeral home in which she felt that her feelings regarding her sister’s death were minimized. Because she was a deacon’s wife, others assumed that she should feel the need to forgive the person who had killed her sister. This made her very angry:

Let me tell you, you don't tell anyone who's lost someone so tragically, "You need to forgive him", because all I wanted to do was rip his face off, and I mean that. I was very angry and very hurt.

Likewise, Tina described some of the things that people had said to her at the funeral home that that also minimized the significance of her loss. She recalled
feeling very angry when people told her that there was a reason for her brother’s death:

I was extremely angry at God. I got so tired of people saying, “There was a reason”. I swear the next person that said that, I was going to beat them. That really angered me because I couldn’t see a reason to it or for it… “God needed another bowling partner”…it’s like, stop it, I don’t want to hear that now.

Theme Four:

Survivors expressed a need to discuss the nature of their last encounters with their loved ones prior to death. Participants who perceived their last encounter to be negative expressed difficulty dealing with their loss and guilt remained a long-term contextual stimulus.

All five participants spoke of their last encounter with their loved one prior to their death. Three of the five participants expressed guilty feelings over last encounters that were perceived by participants to be negative. Participants who expressed guilt acknowledged difficulty adapting to their losses and demonstrated a need to share these guilty feelings with the researcher.

Grace expressed regret when she described how she came to the realization years later that she had supported her brother’s drug habit in the past by giving him money for drugs. She had last seen her brother the week prior to his death and he was very secretive and insistent that she not tell her mother that she had seen him. His murder was thought to be drug related. This left her feeling guilty after his death:

Unfortunately, I didn't know back then what I know today, but…I was an enabler. I would just see him in pain and…I would just give him the money and go, "Go get it, get your fix, whatever you need" and I would encourage him to use the
drugs not knowing it was the wrong thing to do. I was trying to protect him not realizing I kept him in the habit.

Georgia recounted the guilt that she and two of her sisters felt about things that they had said to her mother the day before she died. She expressed the need for the researcher to understand that even though she had truly felt those things about her mother at the time, she wouldn’t have wanted that to be her last encounter with her mother. She acknowledged her regret and how she had to rationalize this in her mind in order to adapt:

All three of us at all kind of scolded her for something that had went on during that day because she was bad and she was giving us all grief…It was hard to think that your last words was something like…coming down on her for being the way she was, you know. Sure, you would have taken it back had you realized what was going to happen.

Tina expressed continued feelings of guilt over her last interaction with her brother. She demonstrated a need to share these feelings with the researcher. She said, “I could just kick myself because he wanted me to make him breakfast Saturday morning and I was too busy, I had stuff to do, I had to get to the lake.” She expressed feeling additional guilt as a result of harsh words that she had used to describe her brother to the neighbor on the day that he died. She stated, “Here I am condemning him to my neighbor as he’s dying saying…when is he going to grow up and I looked at my watch right then and that was the time he was being hit.” Tina acknowledged that her feelings of guilt associated with her brother’s death have been a difficult thing for her to deal with and she was very emotional as she described this to the researcher.
Two participants acknowledged having no regrets regarding their relationships with their siblings and both of them had experienced positive last interactions with their loved ones prior to their death. Judy stated, “I have no regrets where Ethan is concerned. I helped Ethan out a lot and he and I did a lot of tit for tat stuff…it was always nice.” Crystal spoke of how she and her sister had spent the day before her death shopping together. She expressed what a nice time they had together. These two participants did not express the guilty feelings that the other three participants had expressed regarding their last encounter with their loved one.

Theme Five:
Participants expressed a need for closure after the sudden traumatic death of their loved one. In particular, the ability to ultimately find meaning in their loss influenced participants coping processes and adaptation.

All of the participants talked about how they dealt with their loss. Participants expressed a variety of emotional reactions to the loss of their loved one including shock, disbelief, sadness, anger, guilt, devastation, loneliness, and pain. The participant who had lost her mother to suicide was the only participant who expressed feeling a sense of relief. All participants expressed a need for closure after their loved ones’ deaths. Three of the five participants talked about how professional counseling was helpful in their ability to deal with their loss. All participants shared examples of ways that they tried to find meaning in their loss. Those participants who expressed having a difficult time finding meaning in their loss also expressed having a more difficult time dealing with their loss and finding closure.

Grace spoke of how she and her family traveled to Washington, D.C. after her
brother was murdered on the marine base to get further details regarding her brother’s murder. She acknowledged never receiving closure after her brother’s murder due to the lack of information received and the fact that the perpetrator had never been identified and prosecuted, stating, “It bothered me not to know why he was killed. I wanted them to pay. Nobody deserves to die like that.”

When Grace spoke of her brother’s murder, it evoked memories of numerous other losses. She acknowledged that she was never able to share her feelings with anyone after her brother was killed:

My father told me to suppress my feelings in front of my mother [when my baby brother died] and then, when my brother was murdered five years later, I had to really suppress. It’s almost like I wasn’t allowed to mourn for two brothers.

Grace ultimately sought the help of a professional counselor many years after her brother’s death and learned to express her emotions through writing. She said that she still finds it helpful to write out her feelings.

Tina also expressed difficulty with closure 22 years after the death of her brother in a MVC. She became very emotional and stated, “Even after all these years, it’s still difficult to talk about.” She was never able to perceive a reason for his death and also described emotional distress due to her feelings of guilt. She acknowledged the use of ineffective ways of dealing with her feelings by drinking alcohol and spending money:

I was extremely angry at God, as much as my faith is important to me…We spent a lot of time closing bars…I started drinking more that whole summer and it just continued after this…I spent a lot of money too, I’d go shopping, that was my other outlet…I didn’t sleep much, I was awake a lot at night, crying in my room,
hoping my parents didn’t hear me…I think we all had our own guilt…I was mad at myself that I hadn’t fixed him breakfast the morning before when he asked me.

Georgia described the difficulty that she had in seeking closure after her mother’s suicide. She had discovered through hypnotism several years prior to her mother’s death that her mother had abused her as a child. Because Georgia had never confronted her mother with her abuse, this was one aspect of closure that she never obtained before her mother’s death. She stated, “Because she was bad enough that she'd had so many shock treatments that she probably wouldn't have remembered anyway. It wasn't worth bringing it up to her because it's very possible that she would have become worse, in my mind.”

When Georgia spoke of her mother’s death, she denied feeling sorrow or sadness over the loss of her mother, but instead acknowledged grief over the loss of a normal childhood and a normal relationship with her mother. She also expressed feeling anger, disappointment and guilt over her mother’s death at different times over the years:

What I grieved was the fact that I didn't have the relationship that everybody else had, that other people had with their own family members, it wasn't there…. I don't gripe that she's gone. It bothers me that she had beaten breast cancer, she had beat a lot of things and had worked to beat it, and yet turned around and commit suicide…what a waste.

Georgia also acknowledged her difficulty in obtaining closure because her mother hadn’t left a suicide note to explain her actions. She mentioned this several times throughout the interview and acknowledged that she has difficulty dealing with this aspect of her mother’s death:

You don't have anything to go by, there is no letter, there is no nothing. There was
nothing that said I'm gonna do this and this is why I'm doing it, or anything.

According to the books and stuff, they say, well, at that point they don't think
about other family members, they don't think about what they're going to cause,
they just are so in tuned to themselves and how much grief they're in…that they
just got to get out, that that's all they can think about and that may be.

When Crystal described how she dealt with the death of her sister who was a
pedestrian killed by a drunk driver, she spoke about her ability to find meaning in her
loss. She became very active in Mothers Against Drunk Drivers (MADD) and has found
this to be very helpful. She also described her need for others to acknowledge and
understand the pain that she has endured in the loss of her sister:

I tell my story…to get across to them the pain that they cause….Just talking about
it, whether I cry or not, I do it anyway. I have to. I have to show people it hurts,
that it's real, but I do it with God's help. I ask Him everyday, “Give me the
strength to get through this day” and he does.

Crystal also spoke of how she sought closure through attending a spiritual retreat,
receiving professional counseling, and writing a letter to the perpetrator:

I was angry, but while there [spiritual retreat], I had a change of heart, and I
learned if God could forgive who killed Him, I could forgive the [perpetrator].
The difference is, they meant to kill Christ, he didn't mean to kill Faith….So, for a
full year of counseling and a lot of prayer, because I have a strong faith in God, I
was able to forgive him….I was able to write, it just flowed, and I told him I
forgive him for what he did and I mean it to this day. But, I'll never forget what he
did.
Crystal talked about how important it was for her to come to terms with the fact that the perpetrator had not intended to kill her sister. This was an important aspect of closure for her and she was able to do this with the help of a professional counselor. She stated, “The biggest thing it [professional counseling] helped me [to do] is to get through the fact of her being killed, and dealing with that, and realizing that this man didn't set out that day a little after six at night that he was going to kill Faith. It wasn't that at all. It was just bad choices.”

Judy described how important it was for her and her family to have the perpetrator convicted after her brother’s murder. She also described the fear and anxiety associated with the thought that the perpetrator might not get convicted. The “ups and downs” of the murder trial were a source of emotional distress for Judy:

He would turn around and look at us sometimes…he would just turn around and glare at us. I mouthed to him, “you did it”, because he wouldn’t stop looking at me, he just stared at me, he’s very creepy looking too…it was a scary thought that he may get let out….Lots of ups and downs…there was a lot of crying. You cried a lot. You feel like you’re not winning…you just pray that the system does work for you.

Judy’s loss of her brother to murder had been the most recent loss out of all of the participants (less than 2 years). Yet, she verbally expressed the least amount of difficulty in dealing with her brother’s loss. Her words reflected her need for closure: “I’m over all that, I think most of my family is”. She expressed how important it was to find and prosecute the person who had killed her brother:
This is probably very hard for people to believe, but I don’t hate him. Do you know why? Because the decision he made has put him in the place he’s in and I know that’s not a pleasant place to be. I feel nothing for Joe Smith [the perpetrator]. I don’t feel anything. I have no feeling for him whatsoever… I don’t care, he’s nothing. Joe is where he’s at because of decisions that Joe made.

When Judy spoke of the perpetrator, her tone inflected anger despite the fact that she told the researcher that she had “no feeling for him [the perpetrator].”

When Judy spoke of finding meaning in her brother’s murder, she described her brother’s death as an experience that she will use to somehow help someone else who has had a similar experience:

If you really believe in God, when your time comes, your time comes. My brother just happened to get killed and why did God not stop [the perpetrator] from doing it? Because God gives us a free will. So, it’s at Ethan’s expense and our hearts’ expense, but you don’t know when you’re getting out… I know Ethan’s in a better place… I say God makes you go through this because somewhere down the line, I’m gonna have to help somebody with it… a similar loss, and they’re gonna need somebody to talk to.

Exhaustive Formalized Description of Phenomenon

This researcher has attempted to illuminate the lived experience of survivors who have lost a loved one to sudden traumatic death by sharing verbatim excerpts from participants’ vivid descriptions of their experiences. The five participants included in this study described unique individual experiences of losing a loved one to sudden traumatic death. The researcher developed an exhaustive description of this phenomenon based
upon the five themes discovered in this study. Conceptualized within Roy’s Adaptation Theory, the sudden traumatic nature of the death of a loved one as well as the last encounter with the loved one prior to death remained long-term contextual stimuli for survivors as they struggled to adapt and find closure after their loss. Survivors expressed a need to know and share the details of their loss with others so that others might begin to understand the significance of their loss. Interactions with others were contextual stimuli that influenced survivors’ abilities to adapt to their loss. Survivors’ coping processes included the search for meaning in their loss and a need to know that their loved ones were okay. The experience of losing a loved one to sudden traumatic death is a complex phenomenon that is unique to every individual and leaves an indelible imprint on survivors.

Qualitative Criteria

The excerpts extracted from the research data were validated with each participant to ensure that the understanding of the essences extracted were accurate. The researcher incorporated any added or deleted content into a revised description. Every participant confirmed that the essences that were uncovered by the researcher were an accurate representation of their experiences. Trustworthiness of qualitative research includes an accurate representation of participants’ experiences (Speziale & Carpenter, 2003). Saturation includes repetition of data and signifies the completion of data collection on a particular phenomenon (Speziale & Carpenter, 2003). Due to the small number of participants, the researcher was unable to achieve saturation.
Summary

The results of the data analysis using Streubert’s (1999) Phenomenological Methodology were discussed in this chapter. Five themes emerged from the data and were identified as:

Theme One:
The traumatic nature of a loved one’s death remains a long-term contextual stimulus for survivors. Participants expressed difficulty accepting the traumatic nature in which their loved ones had died, but also expressed a need to know and share with others the specific details of their loved ones’ deaths.

Theme Two:
After the sudden traumatic deaths of their loved ones, survivors expressed a need to know that their loved one was okay and perceived certain events as being representative of their loved ones’ presence. This was representative of survivors’ cognator coping processes.

Theme Three:
Survivors expressed a need to have the significance of their loss acknowledged and identified experiencing negative feelings when others minimized their loss. Interactions with others were contextual stimuli that influenced survivors’ abilities to adapt to the sudden traumatic death of their loved ones.

Theme Four:
Survivors expressed a need to discuss the nature of their last encounters with their loved ones prior to death. Participants who perceived their last encounter to be
negative expressed difficulty dealing with their loss and their feelings of guilt remained a long-term contextual stimulus for those survivors.

Theme Five:

Participants expressed a need for closure after the sudden traumatic death of their loved one. In particular, the ability to ultimately find meaning in their loss influenced participants’ coping processes and adaptation.

Each of the five themes were discussed using excerpts from the verbatim descriptions provided by participants. This chapter concluded with an exhaustive description of the lived experience of losing a loved one to sudden traumatic death and the qualitative criteria used to evaluate the findings.
CHAPTER V
Discussion

The purpose of this study was to explore the lived experience of survivors who had lost a loved one to sudden traumatic death. Five participants were interviewed and asked to describe their personal experiences. Roy’s Adaptation Model (Roy & Andrews, 1999) was the theoretical framework used to guide this study. Conceptualized within Roy’s Adaptation Theory, survivors’ adaptation to the focal stimulus of losing a loved one to sudden traumatic death was influenced by numerous contextual and residual stimuli, some of which have remained long-term contextual stimuli for survivors.

Streubert’s (1999) Phenomenological Methodology was used to collect and analyze the data obtained from this study. Streubert’s (1999) process for data analysis included several steps: (a) explicating a personal description of the phenomenon of interest; (b) bracketing the researcher’s presuppositions; (c) interviewing participants in comfortable surroundings; (d) carefully reading the transcripts of the interview to obtain a general sense of the experience; (e) reviewing the transcripts to uncover essences; (f) apprehending essential relationships; (g) developing formalized descriptions of the phenomenon; (h) returning to participants to validate descriptions; (i) reviewing the relevant literature; and (k) distributing the findings to the nursing community. Five themes were identified to give common understanding to the phenomena under investigation. In this chapter, a discussion of the themes identified in this study as they relate to Roy’s Adaptation Model (Roy & Andrews, 1999) and the documented research literature is presented. The study conclusions, limitations, implications for nursing and recommendation for further research are presented.
Discussion of Findings Related to Literature and Theory

The five participants described unique individual experiences of losing a loved one to sudden traumatic death. Each participant provided valuable data that led the researcher to discover five themes that became apparent after a thorough analysis of the data. Each theme represents a commonality that existed among participants’ descriptions of their experiences. Each theme is discussed here as it relates to Roy’s Adaptation Theory (1999) and the research literature. Figure 2 (p.102) includes a conceptualization of Roy’s Adaptation Model as it relates to the findings of this study.

Theme One

The traumatic nature of a loved one’s death remains a long-term contextual stimulus for survivors. Participants expressed difficulty accepting the traumatic nature in which their loved ones had died, but also expressed a need to know and share with others the specific details of their loved ones’ death.

Findings related to theory

Roy’s Adaptation Model (1999) is based on the belief that human systems function in a holistic manner and each aspect of the system is interrelated and affected by the others. Stimuli are classified as focal, contextual, and residual. Focal stimuli are the stimuli that are most immediately confronting a person. Contextual stimuli are all other stimuli, internal or external, that might have a positive or negative influence on the situation. Residual stimuli include internal and external factors, of which the effects are unclear. The combined effects of the focal, contextual and residual stimuli influence the adaptation level of a person at a given point in time (Roy & Andrews, 1999). Pertinent to the findings of this study, participants’ ability to adapt to the focal stimulus of losing a
loved one was influenced by the traumatic nature in which their loved one had died. All five participants in this study expressed difficulties accepting the traumatic nature of their loved ones’ death.

According to Roy (Roy & Andrews, 1999), contextual stimuli are tied to the meaning that an individual ascribes to a situation. Pertinent to this study, the meaning that participants attributed to their loved one’s death continued to be influenced by the traumatic nature in which their loved ones died. All five participants in this study expressed emotional distress regarding the traumatic manner in which their loved ones had died. The participant whose brother was beaten and hanged stated, “Nobody deserves to die like that.” Another participant whose brother was murdered stated, “I wouldn’t have guessed in a million years that anybody in my family would have been shot to death.” The participant whose mother committed suicide stated, “What a waste.” The participant whose sister was hit and killed by a drunk driver stated, “I had no idea of the impact [drinking and driving], and it's very strong. It hurts. Its nine years and it still hurts.” The participant whose brother was killed in a MVC stated, “It was devastating, you never expect that to happen.” Conceptualized within Roy (1999), the traumatic nature of the death of their loved one influenced survivors’ abilities to adapt to their loss and has remained a long-term contextual stimulus for survivors. All five participants in this study also expressed a need to know and share with others the specific details of their loved ones’ death.

Findings related to literature

In the literature, the unexpected and traumatic nature of a loved one’s death has been found to create an added dimension of psychological stress that challenges
survivors’ abilities to deal with their loss. In addition to grief reactions such as sadness, numbness, loneliness, despair and yearning, survivors also react to the traumatic nature of the event and have difficulty recognizing and accepting the reality of the death (Ambrose, 2001; Kaul, 2001; Purves & Edwards, 2005). Similarly, participants in this study also expressed difficulty accepting the traumatic nature in which their loved ones had died. Four of the five participants described feelings of shock and disbelief. Only the participant whose mother committed suicide described feeling a sense of relief due to the numerous times that her mother had previously attempted suicide. All five participants described feelings of anger at some point after their loss regarding the manner in which their loved one had died. Those survivors who perceived their loved ones’ death as intentional directed their anger toward the perpetrators. The participant whose mother committed suicide directed her anger toward her mother. The participant whose brother was killed in a MVC initially directed her anger towards God.

According to Ambrose (2000), traumatic bereavement survivors are preoccupied with the traumatic event itself, while bereavement survivors are more likely to be preoccupied with the lost person. Similar to the findings in the literature, participants in this study also demonstrated a preoccupation with the traumatic event itself. This was apparent in the vivid descriptions that participants used to describe the details of the traumatic nature in which their loved ones had died. Participants in this study expressed a need to know and share with others the specific details of the traumatic nature in which their loved ones had died. All participants in this study, the majority of whom were recounting their experiences from at least 9 years prior, were able to recall their experiences with such vivid detail that it was apparent to the researcher that the traumatic
nature of their loved ones’ deaths had remained a long-term contextual stimulus for survivors.

This finding has also been noted in the research literature. According to van der Kolk (1994), researchers dealing with traumatized patients have consistently found that the sensory experiences and visual images related to trauma do not seem to fade over time and are less subject to distortion than ordinary experiences. Ambrose (2001) echoed this concept describing sudden, unexpected, and traumatic deaths as producing “circumstances in which it seems that time stops and the circumstances surrounding it become frozen in time like an overexposed snapshot” (p.4). Participants in this study also expressed feelings of anxiety, shock, disbelief and numbness over the death of their loved one that made it difficult to comprehend the reality of the news.

Davies (1997) stated that repetition of details is important for loved ones after losing a loved one to sudden traumatic death because sudden death leaves the bereaved with a need to know every detail of the event. It has been noted in the literature that survivors who have lost a loved one to sudden traumatic death often have disturbing thoughts and images of the deceased, concerns regarding pre-death pain and suffering by the deceased and are left with many unanswered questions (Attig, 2001; DeRaneiri et al., 2002). Similarly in this study, participants expressed mental distress regarding the traumatic nature in which their loved ones had died. All participants in this study demonstrated both the need to obtain the specific details of the event and the need to recount the exact details to the researcher as accurately as possible. A participant whose brother was killed in a MVC stated, “I had two questions, was he wearing a seatbelt and did he suffer?” Another participant whose brother was murdered stated, “They never
found the murderers. It bothered me not to know why he was killed.” It was apparent to
the researcher that it was important for all of the participants in this study to know the
specific details regarding the traumatic nature in which their loved ones had died.

Theme Two:
After the sudden traumatic deaths of their loved ones, survivors expressed a need
to know that their loved one was okay and perceived certain events as being
representative of their loved ones’ presence. This was representative of survivors’
cognator coping processes.

*Findings related to theory*

Conceptualized within Roy’s Adaptation Model (1999), the control processes of
the person as an adaptive system are known as coping processes. The coping processes
are known as the regulator and the cognator, and these are considered to be subsystems of
the person as an adaptive system. The regulator subsystem includes inherited or genetic
coping mechanisms that require no conscious thought on behalf of the person. The
cognator subsystem control processes are related to the cognitive brain functions. These
include: (a) perception and information processing, (b) learning, (c) judgment and
(d) emotion (George, 1995).

Pertinent to this study, survivors perceived and processed (cognator subsystem)
certain events as being representative of their loved ones’ presence and these events
provided survivors with a sense of comfort (emotion) and helped them adapt to their loss
(cognator coping processes). According to Roy, a person’s ability to adapt to stimuli, or
input, is influenced by his or her coping abilities. The behavioral response, or output, also
serves as feedback stimuli to the person (Roy & Andrews, 1999). The regulator and
cognator coping mechanisms act together to maintain the integrity of the person (George, 1995). The individual’s development and use of these coping mechanisms influences the ability of the individual to adapt, or cope, at a given point in time (George, 1995).

Pertinent to this study, survivors’ perception of events that were representative of their loved ones being okay influenced survivors’ coping abilities and also served as feedback to the system, allowing survivors to better adapt to the focal stimulus of losing a loved one to sudden traumatic death. Four of the five participants in this study expressed personal meaning (perception and information processing) that they attached to events that occurred after their loved ones’ deaths that they perceived to be symbolic of their loved ones’ being okay. For example, when Jane and her family were at the gravesite, she sensed her brother’s presence when “this huge wind just comes up from nowhere, and we kinda start laughing, we were like, it’s Ethan.” Another participant stated that after her sister’s death, she discovered that her sister had loved butterflies. She stated, “Every time I see a butterfly, I say, okay, Faith, I'm glad you're with us.” A participant whose brother was killed in a MVC described the closing of the center of her mother’s morning glory plant the morning of the funeral as “the center of the family has gone to rest.” It was apparent in survivors’ descriptions that these events provided them with a sense of comfort as they struggled to adapt to their sudden loss. Survivors expressed a need to know that their loved ones were okay. This was an interesting finding in this study that had not been noted in the review of the literature conducted by the researcher.

Theme Three:

Survivors expressed a need to have the significance of their loss acknowledged and identified experiencing negative feelings such as anger, frustration and hurt
when others minimized their loss. Interactions with others were contextual stimuli that influenced survivors’ abilities to adapt to the sudden traumatic death of their loved ones.

*Findings related to theory*

Participants in this study expressed a need to have the significance of their loss acknowledged by others and experienced negative feelings such as anger, frustration and hurt when others minimized their loss. All five participants recounted examples of things that other people said or did after their loss that were perceived by survivors as minimizing their loss. It was evident in this study that participants readily recalled the interactions that they had with others around the time of their loved ones’ deaths despite the fact that many participants were recalling events from 9 to 36 years prior. Conceptualized within Roy (1999), interactions with others served as contextual stimuli that influenced survivors’ adaptive modes or grief responses to the focal stimulus of losing a loved one to sudden traumatic death. Thus, survivors’ perceptions of their interactions with others (perception and information processing) influenced survivors’ emotional responses (judgment and emotion) and adaptation to their loss.

*Findings related to literature*

The concept that others have difficulty in providing effective support to those who have lost a loved one suddenly or violently has been supported in the literature (Sprang & McNeil, 1998; Williams & Frangesch, 1995). According to Sprang & McNeil (1998), the more sudden, unexplained, and unnatural a death is, the greater difficulty people have in expressing support to survivors. Likewise, Williams & Frangesch (1995) found that survivors of sudden violent deaths such as suicide and homicide have additional struggles
because society has a difficult time supporting them. Similarly, participants in this study described feelings such as anger, frustration and hurt (emotion) as a result of their perceptions (perceptual and information processing) regarding interactions with others (contextual stimuli) after their loss. The intensity of the emotions that participants revealed as they recounted these interactions supported the findings in the literature that interactions with others around the time of death have a long-term impact on survivors (Clements et al., 2004; DeRanieri et al., 2002; Jurkovich et al., 2000; Ptacek & Ellison, 2000).

In a study examining spousal grief in working men, Smith (2001) found that attempts at support by others generated both positive and negative effects on participants that either hindered or promoted widowers’ adaptation to the loss of a spouse. Sprang & McNeil (1998) stated that society lacked the skill and knowledge to respond to bereaved individuals and had misconceptions about the intensity and duration of reactions to trauma, especially after a traumatic death. As a result, unrealistic expectations are often imposed upon the grieving individual. Similarly, participants in this study described feelings of anger, frustration and hurt regarding unrealistic expectations from others. The participant whose sister was hit and killed by a drunk driver stated, “You don't tell anyone who's lost someone so tragically, ‘You need to forgive him’, because all I wanted to do was rip his face off…I was very angry and very hurt.” Another participant stated, “I got so tired of people saying, ‘There was a reason’. I swear the next person that said that, I was going to beat them. That really angered me because I couldn’t see a reason to it or for it.”

It has also been noted in the literature that the interactions with survivors around
the time of the sudden traumatic death of a loved one can have a profound effect on the bereavement process and long-term outcomes of survivors (Clements et al., 2004; DeRanieri et al., 2002; Jurkovich et al., 2000; Ptacek & Ellison, 2000). Likewise in this study, participants expressed the importance of having the support of family, co-workers and friends and acknowledged the positive impact on their ability to adapt.

Theme Four:

Survivors expressed a need to discuss the nature of their last encounters with their loved ones prior to death. Participants who perceived their last encounter to be negative expressed difficulty dealing with their loss and feelings of guilt remained a long-term contextual stimulus for those survivors.

Findings related to theory

Participants’ perceptions of their last encounter with the deceased influenced how participants dealt with their losses. Conceptualized within Roy’s Adaptation Model (1999), survivors’ last encounters with the deceased were contextual stimuli that influenced survivors’ adaptation to the focal stimulus of losing a loved one to sudden traumatic death. Specifically, participants who perceived (perception and information processing) their last encounter with their loved one to be negative expressed feelings of guilt (judgment and emotion) that influenced how survivors adapted (adaptive mode) to their loss. Further, survivors who expressed feelings of guilt also exhibited less adaptive responses such as withdrawal, alcohol abuse and excessive spending.

Three of the five participants expressed feelings of guilt over their last encounter with their loved ones. Each of these three participants voluntarily recounted their last interaction with their loved ones and expressed feelings of guilt to the researcher. The
two participants who had not perceived their last encounter with their loved one to be negative did not mention their last interactions with their loved one during the course of the interviews. During the follow-up phone calls, these two participants recounted positive last interactions with their loved ones. Feelings of guilt seemed to be something that the other three participants felt a need to express to the researcher as evidenced by participants’ readiness and willingness to openly express their feelings of guilt.

Findings related to literature

Similarly noted in the literature, vulnerability in attachment to the deceased or feelings of guilt or resentment associated with the last encounter or relationship to the deceased have been associated with survivors having difficulty adapting to their loss (Jacobs et al., 2000; Cable, 1996; Gamino et al., 2002). Likewise in this study, participants continued to associate feelings of guilt with their loss despite the passing of many years. The participant who lost her brother to a drug-related murder 36 years prior expressed feelings of continued guilt over having given her brother money for drugs in the past. She stated, “Unfortunately, I didn't know back then what I know today, but…I was an enabler.” The participant whose brother was killed in a MVC 22 years prior became very teary and emotional when she talked about her feelings of guilt related to not fixing her brother breakfast the morning of his death, stating, “I could just kick myself because he wanted me to make him breakfast Saturday morning and I was too busy.” She continues to struggle with guilty feelings associated with a disapproving description that she had used to describe her brother to a neighbor the morning of his death, stating, “Here I am condemning him to my neighbor as he’s dying.” The participant whose mother committed suicide continued to struggle with feelings of guilt
associated with having scolded her mother during their last interaction with each other, stating, “Sure, you would have taken it back had you realized what was going to happen.”

In this study, past interactions and relationships with the deceased were contextual stimuli that influenced how participants dealt with their loss. According to Jacobs et al. (2000), vulnerability in attachment style might be the result of inherited characteristics, early nurturing experiences or a combination of the two that shape a person’s attachment style. The participant who lost her mother to suicide expressed having a negative relationship with the deceased and this directly impacted how she responded to her mother’s death. She was the only participant who expressed a sense of relief over her loved one’s death, mainly due to the numerous occasions in which her mother had previously threatened and attempted suicide. This participant had also been abused as a child by her mother and expressed regret that she had never had a normal relationship with her mother. She stated, “What I grieved was the fact that I didn't have the relationship that everybody else had with their own family members, it wasn't there”. Similar to the findings of Jacobs et al. (2000), this participant’s relationship with her mother was an example of vulnerability in attachment to the deceased.

Theme Five:

Participants expressed a need for closure after the sudden traumatic death of their loved one. In particular, the ability to ultimately find meaning in their loss influenced participants coping processes and adaptation.

*Findings related to theory*

According to Roy (1999), the coping processes (regulator and cognator) influence the adaptive response of an individual to stimuli or input. Pertinent to this study,
participants’ coping processes were influenced by their perceptions and information processing, learning, judgments and emotions. In this study, participants’ ability to find meaning in their loss influenced participants’ adaptation to their loss. Participants in this study cited numerous factors in their abilities to find meaning in their loss, including spirituality, social support and professional counseling. Participants who expressed the ability to find meaning in their loss also expressed less difficulty dealing with their loss than those who struggled to find meaning in their loss. The participant whose brother was murdered cited her spirituality as enabling her to perceive the event as something that was allowed to happen because of the free will that is provided by God. She stated, “I say God makes you go through this because somewhere down the line, I’m gonna have to help somebody with a similar loss.” Her perception allowed her to adapt better than some of the other participants who struggled to find meaning in their loss.

Another participant who eventually accepted the loss of her sister, a pedestrian killed by a drunk driver, also cited her spirituality as a factor in her ability to forgive the person who killed her sister. She acknowledged that it took “a full year of counseling and a lot of prayer” to help her to forgive the person. Once she achieved this ability, it changed her perception of the event and allowed her to deal more effectively with her loss. Similarly, the participant who lost her mother to suicide also dealt more effectively with her loss after she was able to perceive her mother’s suicide as something that finally allowed her mother peace after years of struggling with mental illness. She stated, “I'm not mad anymore for her doing it, for one thing.” The two participants who struggled to find meaning in their loss acknowledged having more difficulty adapting to their loss and exhibited such behaviors as withdrawal, excessive alcohol consumption and excessive
spending. Conceptualized within Roy’s Model (1999), these two participants’ outputs, or adaptive responses to the sudden traumatic death of their loved ones were ineffective behavioral responses.

Findings related to literature

Similar to the findings in this study, Davis et al. (2000) found that those who found meaning in their loss were usually better adjusted than those who never found meaning in their loss. Interestingly, Davis et al. (2000) also found that a significant number of survivors do not search for meaning, yet appear relatively well-adjusted to their loss. In this study, two of the participants took several years to find meaning in their loss but it allowed those participants to adapt more effectively once they were able to do so. In contrast, two participants continue to struggle to find meaning in their loss more than 20 years later. These two participants expressed more difficulty adapting to their loss. The participant whose brother was beaten and hung stated, “It bothered me to not know why he was killed. I wanted them to pay. Nobody deserves to die like that.” This participant demonstrated ineffective adaptation and admitted suppressing her feelings for a long time. She acknowledged that she had never really mourned the loss of her brother. Likewise in the literature, Akins (2003) stated that homicide survivors in which no perpetrator is found live with the uncertainty that anyone they see could be the one who murdered their loved ones. Survivors may also believe that law enforcement officials have given up on solving the case, “condemning them to live their lives with an enormous never-ending question mark” (p. 31). The participant who lost her brother in a MVC 22 years prior admitted never being able to find a reason for his death and
continues to have difficulty accepting her loss, stating, “Even after all these years, it’s still difficult to talk about”.

The ability to find meaning correlated with more effective adaptation on behalf of participants in this study. Two of the five participants expressed more difficulty adapting than the others and both indicated that they had difficulty finding any meaning in the loss of their loved ones. These two participants expressed difficulty coping.

These findings are comparable with the findings of Davis et al. (2000) who found that less than half of the 217 participants in the study who had lost a loved one to sudden death (93 of them as a result of motor vehicle crashes) reported finding any meaning in their loss, even more than a year after their loss. Davis et al. (2000) also found that those who were unable to find meaning in their loss were unable to put the issue of meaning aside and move on. They continued to struggle with the issue of finding meaning. This was true for the two participants in this study who struggled to adapt and continue to search for meaning in the death of their loved ones.

Conclusions

In this study the researcher explored the lived experience of survivors who had lost a loved one to sudden traumatic death. The lived experience of five survivors was discovered through verbatim descriptions provided by each of the participants. The findings of this study indicated that the lived experience of losing a loved one to sudden traumatic death is a unique experience that varies considerably from one survivor to another. The findings in this study were supported in the literature with two exceptions. One notable exception was the reaction of the participant who lost her mother to suicide. Her reaction to this loss varied considerably from that of the other participants possibly
related to the negative relationship that she shared with her mother prior to her death. This participant expressed no feelings of sadness related to the loss of her mother, but instead grieved the loss of a normal relationship with her mother.

Another exception found in this study compared with the literature was related to survivors’ abilities to adapt in relation to the degree of violence of their loved ones’ death. One participant whose brother was shot to death acknowledged adapting quite well despite the violent nature of her brother’s death. Surprisingly, this participant’s loss was the most recent loss (less than two years ago) of all the survivors. This contrasts with the literature that supports that the more violent the nature of a death, the more predictive of mental distress for the survivor (Kaltman & Bonnano, 2003; Prigerson et al., 1997; Zisook, 1998). Based upon this participant’s expressed anger toward the perpetrator and insistence that, “I’m over all that”, it is possible that the participant is in denial, but outwardly appears to be functioning normally and adapting to this loss.

Survivors’ reactions varied considerably based upon personal beliefs, spirituality, the availability of support systems, the nature of their relationship with the deceased, coping abilities and the ability to find meaning in the death of their loved ones. It was also apparent in this study that interactions with others around the time of their loved ones’ deaths had a major impact on survivors and they still recalled the details many years later. These findings are consistent with the research literature, which indicated that interactions with survivors around the time of death have a long-term impact on survivors (Jurkovich et al., 2000; Klein & Alexander, 2003; Leash, 1996; McQuay, 1995).

Conceptualized within Roy’s Model (1999), the sudden traumatic death of a loved one was a focal stimulus for survivors that initiated the need for adaptation, or coping in
survivors. The ability of survivors to adapt to this focal stimulus was influenced by focal, contextual, and residual stimuli. Examples of residual and contextual stimuli included survivors’ personal beliefs, spirituality, available support systems and coping mechanisms. The regulator and cognator coping processes, which included survivors’ perceptions, learning, emotions and judgments, influenced survivors’ adaptation levels. This included survivors’ perceptions of their last interaction with their loved one; their abilities to find meaning in their loss; the need to know the detailed information about the traumatic nature of their loved ones’ deaths and express the details to others; and the need to forgive, especially if the death was intentional. Survivors’ behavioral outputs, or adaptive modes, whether effective or ineffective, in turn served as input or stimuli back into the system and influenced participants’ adaptation levels.

Coping processes and adaptive responses varied considerably from one participant to the next, but it was apparent that adaptation and coping with the sudden traumatic death of a loved one is an ongoing process for most survivors. Based upon participants’ vivid descriptions of their experiences, some recounted from greater than 20 years ago, the sudden traumatic death of a love one and the circumstances surrounding it remained etched into the hearts and minds of survivors.
Figure 2. Theoretical Framework of Study Based on Research Findings
The Lived Experience of Losing a Loved One to Sudden Traumatic Death
Conceptualized within Roy’s Adaptation Model (1999)

**Stimuli**
- **Focal:**
  Sudden traumatic death of a loved one

- **Contextual:**
  - Support systems
  - Spiritual beliefs
  - Coping mechanisms
  - Relationship with loved one
  - Last interaction with loved one
  - Circumstances surrounding death
  - Helpfulness of others

- **Residual:**
  - Personal beliefs and feelings
  - (Internal and external factors, the effects of which are unclear)

**Coping Processes**
- **Regulator:**
  Automatic adaptation
  - Fight or flight response

- **Cognator:**
  - Perceptual and information processing
  - Ability to find meaning in loss
  - Perception of event
  - Perceived meaning of events after death
  - Ability to forgive

- **Learning**
  - A need for detailed information about the death
  - A need to know that loved one is okay

- **Judgments**
  - Problem-solving (what to do next, how to cope)
  - Decision-making (funeral plans)

- **Emotions**
  - Shock and disbelief
  - Anger, Pain, Sadness
  - Loneliness, Devastation
  - Relief
  - Numb

**Adaptive Modes (Grief Response)**
- **Physiologic**
  - Lack of sleep
  - Fear of safety

- **Self-concept**
  - Seeking meaning and purpose
  - Feelings of guilt

- **Role function**
  - Revised role in relation to loved one

- **Interdependence**
  - Social support
  - Feelings of love
  - Helpfulness of others

**Outputs**
- **Adaptive responses**
  - Finding comfort in spirituality
  - Constructive outlet (i.e., MADD)
  - Seeking professional counseling
  - Expression of feelings through writing
  - Sharing experiences with others

- **Ineffective responses**
  - Drinking alcohol
  - Excess spending
  - Withdrawal from others

### (Inputs)
Limitations

The limitations of this study included the inability to reach saturation due to the sample size and limited timeframe of the study. It is possible that additional findings may have been revealed if true saturation had been obtained. Saturation signifies completion of data collection on a particular phenomenon (Speziale & Carpenter, 2003). According to Speziale and Carpenter (2003), saturation is achieved when no new themes, or essences emerge from participants, thus making it impossible to predetermine the number of participants in a given study, as was done with this study.

Another limitation was the researcher’s inexperience with phenomenological inquiry and qualitative research. Additionally, the timeframes from the time of death to the interviews varied considerably for participants and this may have influenced the results. Another major limitation to this study in relation to nursing implications is that only one of the five participants had any interactions with healthcare providers at the time of death. Additional findings for healthcare providers may have been revealed if other participants had encountered healthcare professionals at the time of the deaths. All of the sudden traumatic deaths in this study occurred outside of the hospital setting with the exception of one. This participant’s loved one had been taken to the emergency room for resuscitation, but there had been no interactions with healthcare professionals. An additional limitation of this study is the variety of the causes of death. A study examining survivors’ experiences specific to homicide, suicide, or accidental death may have resulted in different findings.
Implications for Nursing

The findings of this study and the supporting literature substantiate the need for nurses to gain an understanding of the lived experience of losing a loved one to sudden traumatic death in order to better assist survivors in dealing with this experience. Despite the fact that none of the participants in this study had any interactions with nurses at the time of their loved ones’ deaths, participants’ descriptions of their lived experiences provided useful information that nurses may utilize to better meet survivors’ needs.

By conceptualizing this study with Roy’s Adaptation Model (1999), it becomes apparent that nursing must gain an awareness and understanding of the lived experience of losing a loved one to sudden traumatic death in order to promote the adaptation of survivors to this focal stimulus. Nurses cannot alter the focal stimulus of losing a loved one to sudden traumatic death, but they can impact the perceptions that survivors have regarding the care and concern demonstrated by nurses at the time of death. It is important for nurses to assess the availability of support and provide additional support whenever possible to survivors to help facilitate coping, or adaptation to this focal stimulus in the earliest stages. In this study, all participants expressed a need to know the details surrounding the death of their loved ones. Nurses can facilitate a loved one’s need to know details by ensuring that survivors are provided with as many details as possible regarding their loved one’s death. In this study, it was apparent that the availability of support and receiving detailed information were helpful to survivors. This was also noted in the research literature (DeRanieri et al., 2002; Fraser & Atkins, 1990; Kirchoff et al., 2002; McQuay, 1995; Warren, 2000).
Interactions with others around the time of their loved ones’ death had a long-term impact on survivors in this study as evidenced by the verbatim descriptions of participants who recounted their experiences from 9 to 36 years earlier. The research literature reviewed also indicated that interactions with healthcare providers at the time of death had a life-long impact on survivors (Jurkovich et al., 2000; Kirchoff et al., 2002; Li et al., 2002; Merlevede, 2004; Warren, 2002). Survivors in this study readily recounted their interactions with others after their loss, especially those interactions that they perceived as causing them negative emotions such as anger, frustration and hurt or those that were perceived as minimizing their loss. This has very important implications for nursing because nurses, especially emergency room nurses, are in a unique position to facilitate grieving in the earliest stages. Based on the findings from this study, it is important to recognize the significance of survivors’ losses and avoid the use of clichés. According to Egan (2002), the use of clichés is dismissive to clients and is a poor substitute for understanding. Based on the findings of this study, survivors perceived the use of clichés by others as minimizing their loss.

It was apparent in this study that participants perceived the availability and support of others as helpful. One survivor recounted how helpful it was just to have the presence of someone who simply asked, “What can I do for you”? Nurses can facilitate coping for survivors by making themselves available to survivors and offering assistance if needed. This involves creating an atmosphere that includes attentive listening, patience and genuineness, which facilitate an environment of trust and understanding (DeRanieri, Clements, & Henry, 2002).
An additional nursing implication is the need to identify those participants who may have difficulty dealing with their loss based upon last interactions with loved ones. It was apparent in this study that those participants who experienced feelings of guilt related to their last encounter with their loved ones needed to express feelings of guilt to the researcher. Allowing survivors the ability to express feelings of guilt may facilitate survivors’ abilities to deal with these feelings early on. It was evident in this study that feelings of guilt remained a long-term contextual stimulus for survivors. It may be helpful for nurses to identify that survivors who express feelings of guilt may need additional help, such as professional counseling to deal with their feelings effectively.

Another nursing implication includes the need to assess the effectiveness of survivors’ ability to adapt to their loss. Signs of ineffective adaptation should alert nurses to the possible need for professional counseling. Nurses may facilitate referrals for professional counseling for those who have difficulty adapting or for those survivors who might express a desire for counseling. All of the participants in this study who received professional counseling found it beneficial in helping them to deal with their loss more effectively.

Survivors in this study expressed a desire and need to tell their story. They talked freely and willingly and several participants thought of other things after the interview that they later shared with the researcher during the follow-up phone call. All of the participants in this study expressed how helpful it was to share their stories. One participant stated, “I felt so relieved. It was good for my soul.” One major implication for nursing may be as simple as allowing survivors a chance to share their stories with a nurse who expresses a desire and willingness to listen.
Recommendations for Future Research

The findings of this study provided valuable knowledge for nurses and other healthcare professionals regarding the lived experience of losing a loved one to sudden traumatic death. A review of the nursing literature indicated that there is a gap in the literature related to phenomenological studies on the lived experience of survivors who have lost a loved one to sudden traumatic death. Additional qualitative research is needed to allow more survivors of sudden traumatic death an opportunity to share their stories so that nurses may better understand their specific needs. A greater number of participants may have allowed for saturation of data.

Also, this researcher would recommend at least two interviews with survivors because every participant in this study thought of additional information they wanted to discuss with the researcher in the follow-up phone call. The follow-up phone calls with some of the participants lasted more than an hour and an additional face-to-face interview with participants may have revealed additional findings. In addition, research involving a more diverse demographic and cultural population would provide greater data from a larger population of survivors who have lost a loved one to sudden traumatic death.

Specific to nurses and other healthcare providers, it would be useful to do a qualitative study with survivors regarding their interactions with healthcare professionals at the time of their loss. This might provide additional knowledge to healthcare professionals regarding the specific needs of survivors in the healthcare setting. It might also be beneficial to do additional research examining the experiences of a distinct group of survivors, such as survivors of homicide, suicide or accidental death to allow for more in-depth findings of a specific group of survivors. In addition, a study involving survivors
with more similar time frames from the time of their loved ones’ death may have revealed additional findings.

The findings of this research study indicated that the lived experience of losing a loved one to sudden traumatic death is a unique experience for each survivor. It is only through allowing more survivors to “walk backwards” and share their experiences that we can gain a greater understanding of what this experience has been like for survivors. The invitation to survivors to “walk backwards must come from someone who is not afraid to walk alongside” (Moules et al., 2004, p.106). Nurses are in a unique position to invite survivors to share their experiences.

Summary

In this chapter, the themes, or essences extracted from participants verbatim descriptions of their lived experience of losing a loved one to sudden traumatic death was discussed. The five themes were discussed as they related to Roy’s Adaptation Model (1999) and the literature reviewed for this study. The conclusions and limitations of this study were provided. This chapter was concluded with a discussion of the nursing implications and recommendations for future research. The findings of this study provide nurses with an opportunity to gain increased knowledge and insight regarding the lived experiences of survivors who have lost a loved one to sudden traumatic death. As nurses, we have a unique opportunity to improve the quality of care provided to survivors of sudden traumatic death. Nurses must be willing and unafraid to “walk alongside” survivors of sudden traumatic death.
THE LIVED EXPERIENCE OF LOSING A LOVED ONE TO SUDDEN TRAUMATIC DEATH

Principal Investigator: Joanne Ehrmin, PhD, RN
Phone number: 419-383-5837

Co-investigator: Sherry Watson, BSN, RN
Phone number: 419-787-1852

What you should know about this research study:

- We give you this consent/authorization form so that you may read about the purpose, risks, and benefits of this research study. All information in this form will be communicated to you verbally by the research staff as well.

- The main goal of this research study is to gain knowledge about the lived experience of survivors who have lost a loved one to sudden traumatic death. The research findings may be used to help healthcare professionals better care for future survivors who have lost a loved one to sudden traumatic death.

- We cannot promise that this research will benefit you.

- You have the right to refuse to take part in this research, or agree to take part now and change your mind later.

- If you decide to take part in this research or not, or if you decide to take part now but change your mind later, you may change your decision without any consequences for doing so.

- Please review this form carefully. Ask any questions before you make a decision about whether or not you want to take part in this research. If you decide to take part in this research, you may ask any additional questions that you may have at any time.

- Your participation in this research is voluntary.

PURPOSE (WHY THIS RESEARCH IS BEING DONE)

You are being asked to take part in a research study about the lived experience of losing a loved one to sudden traumatic death. There is little research reported in the nursing literature about the human experience of losing a loved one to sudden traumatic death. The purpose of the study is to discover what the experience of losing a loved one to sudden traumatic death has been like for survivors so that the specific needs of survivors may be better understood. These findings may be helpful to nurses and other healthcare professionals who care
for survivors who have lost a loved one to sudden traumatic death so that the needs of survivors can be met in a sensitive and skillful manner.

Using a phenomenological method, a research design used to study the lived experience, the researcher will examine and interpret the findings from five survivors who have lost a loved one to sudden traumatic death in order to better understand what this experience is like for survivors. The researcher will examine the findings for meaning and common themes, or essences, in order to gain a better understanding of what this experience has been like for survivors. You were selected as someone who may want to take part in this study because you have lost a loved one to sudden traumatic death.

DESCRIPTION OF THE RESEARCH PROCEDURES AND DURATION OF YOUR INVOLVEMENT

If you decide to take part in this study, you will be asked to participate in one private, audio taped interview lasting 60-90 minutes with Ms. Watson. The interview will be audio taped so that your descriptions of your experience can be accurately documented. During this interview, you will have the opportunity to describe what the experience of losing a loved one to sudden traumatic death has been like for you. A secretary will transcribe the tape into written format. The written format will not include your name or any information that would identify you as a participant.

You will also receive a follow-up phone call from Ms. Watson 1-2 weeks after the interview at which time you may offer any additional information that you would like included. Ms. Watson may also ask for clarification and validation of information that you provided during the interview process.

RISKS AND DISCOMFORTS YOU MAY EXPERIENCE IF YOU TAKE PART IN THIS RESEARCH

There are no known risks to you participating in this study. However, discussing your experience of losing a loved one to sudden traumatic death may produce anxiety or emotional distress as you recall memories and feelings associated with your loss. You may want to see your primary care provider for evaluation and possible treatment. If you do not have a doctor, you will be assisted in finding support services.

There is also a low risk of loss of confidentiality. The researcher will destroy the audiotape as soon as the tape is transcribed into written format. Only the principal and co-investigators will have any identifiable information and the written transcripts will not contain any identifiable information.

POSSIBLE BENEFIT TO YOU IF YOU DECIDE TO TAKE PART IN THIS RESEARCH

We cannot and do not guarantee or promise that you will receive any benefits from this research. However, many individuals find it helpful to share their experiences about losing a loved one to sudden traumatic death with a healthcare provider. In addition, the information received may be useful to nurses and other healthcare providers to better care for survivors who have lost a loved one to sudden traumatic death.

COST TO YOU FOR TAKING PART IN THIS STUDY

The only cost to you is your cost of transportation to and from the interview.

PAYMENT OR OTHER COMPENSATION TO YOU FOR TAKING PART IN THIS RESEARCH

There will be no payment or compensation to you for taking part in this study.

CONFIDENTIALITY – (USE(S) AND DISCLOSURE OF YOUR PERSONAL INFORMATION)

If you indicate your willingness to participate in this study by signing this document, we will safeguard your personal information in the following manner:

- The tape recordings and transcripts will not include your name
- The researcher will assign a code name so that your name will not be associated with the material
Appendix A

A secretary who does not know you will transcribe the tapes
The researcher will destroy any tapes after they are transcribed and the researcher has verified the accuracy of the transcriptions
We plan to disclose only general information about participants and their experiences
Any published versions of the study will not include any personal identification

The information that we will use or disclose includes your description of what your experience has been like for you. We may use this information ourselves, or we may disclose or provide access to the information to other agencies such as nursing journals for the purposes of education. Under some circumstances, the Institutional Review Board and Research and Grants Administration of the Medical University of Ohio at Toledo may review your information for compliance audits.

Your permission for us to use or disclose your personal information as described in this section is voluntary. However, you will not be allowed to participate in the research study unless you give us your permission to use or disclose your personal information by signing this document.

You have the right to revoke (cancel) the permission you have given us to use or disclose your personal health information at any time by giving written notice to Joanne Ehrman, PhD, RN and Sherry Watson, BSN, RN; 3015 Arlington Avenue; Graduate Program, CON; Toledo, Ohio 43614. However, a cancellation will not apply if we have acted with your permission, for example, information that already has been used or disclosed prior to the cancellation. Also, a cancellation will not prevent us from continuing to use and disclose information that was obtained prior to the cancellation as necessary to maintain the integrity of the research study. Except as noted in the above paragraph, your permission for us to use and disclose personal information has no expiration date.

A more complete statement of Medical University of Ohio at Toledo’s Privacy Practices are set forth in it’s Joint Notice of Privacy Practice. If you have not already received this Notice, a member of the research team will provide this to you. If you have any further questions concerning privacy, you may contact the person identified in the Notice.

VOLUNTARY PARTICIPATION

Taking part in this study is voluntary. If you decide not to take part in this study, your decision will not affect your future relations with the Medical University of Ohio at Toledo, its personnel, and associated hospitals. If you do decide to take part in this research, you are free to withdraw your consent and to discontinue your participation at any time without a penalty.

Continued Next Page
OFFER TO ANSWER QUESTIONS
Before you sign this form, please ask any questions on any aspect of this study that is unclear to you. You may take as much time as necessary to think it over.

SIGNATURE SECTION (please read carefully)
YOU ARE MAKING A DECISION WHETHER OR NOT TO TAKE PART IN THIS RESEARCH STUDY. YOUR SIGNATURE INDICATES THAT YOU HAVE READ THE INFORMATION PROVIDED ABOVE, YOU HAVE HAD ALL YOUR QUESTIONS ANSWERED, AND YOU HAVE DECIDED TO TAKE PART IN THIS RESEARCH.

BY SIGNING THIS DOCUMENT YOU AUTHORIZE US TO DISCLOSE YOUR PERSONAL INFORMATION AS DESCRIBED IN THIS FORM

The date you sign this document to enroll in this study, that is, today’s date, MUST fall between the dates indicated on the approval stamp affixed to the bottom of each page. These dates indicate that this form is valid when you enroll in this study but do not reflect how long you may participate in the study. Each page of this Consent/Authorization Form is stamped to indicate the form’s validity as approved by the MUOT Institutional Review Board (IRB).

Name of Subject (please print)  
Signature of Subject or Legally Authorized Representative  
Date  

Relationship to the Subject  
Signature  
Time  
a.m.  
p.m.  

Name of Person Obtaining Consent (please print)  
Signature of Person Obtaining Consent  
Date  

Name of Witness to Consent process (when required by ICH guidelines) (please print)  
Signature of Witness to Consent Process (when required by ICH guidelines)  
Date  

YOU WILL BE GIVEN A COPY OF THIS SIGNED FORM TO KEEP.

If you have any questions concerning this study or consent/authorization form beyond those answered by the investigator, including questions about the research or your rights as a research subject. Please feel free to contact the Chairperson of the Medical University of Ohio at Toledo Institutional Review Board at (419) 383-6796.
Appendix B

The Loss of a Loved One to Sudden Traumatic Death
Research Study

If you have lost an adult parent, sibling, spouse, or significant other
as the result of
sudden traumatic death (accident, homicide, or suicide),
please consider sharing how this loss has affected your life.

The researcher is a graduate nursing student who is interested in
learning more about the impact of sudden traumatic death
on survivors.

Participation will involve meeting with the researcher
for 60-90 minutes and a follow-up phone call.

Please call Sherry Watson BSN, RN
(Graduate Student at the Medical University of Ohio at Toledo)
for details at 419-787-1852

Please leave a message and I will return your call.
Appendix C

Demographic Interview Guide

**The Lived Experience of Losing a Loved One to Sudden Traumatic Death**

Sherry Watson, BSN, RN

1) Age

2) Gender

3) Racial/ethnic background

4) Marital status

5) Employment status

6) Educational level

7) Cause of loved one’s death

8) Number of years since death

9) Relationship to the deceased
Examples of Possible Open-ended Probes

1) What was the experience of losing a loved one to sudden traumatic death like for you?

2) Give me an example

3) How did that make you feel?

4) In what way?

5) Tell me more about that
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ABSTRACT

The purpose of this phenomenological qualitative study was to investigate the lived experience of survivors who had lost an adult loved to sudden traumatic death. This study utilized Roy’s Adaptation Model (Roy & Andrews, 1999) as the theoretical framework to guide the study. The researcher interviewed five adult female survivors. Data from the interviews were analyzed utilizing Streubert’s (1999) Phenomenological Methodology to identify five common themes. Conceptualized within Roy’s Adaptation Theory, the sudden traumatic nature of the death of a loved one as well as the last encounter with a loved one prior to death remained long-term contextual stimuli for survivors as they struggled to adapt and find closure after their loss. Survivors expressed a need to know and share the details of their loss with others so that others might begin to understand the significance of their loss. Interactions with others were contextual stimuli that influenced survivors’ abilities to adapt to their loss. Survivors’ coping processes included the search for meaning in their loss and a need to know that their loved ones were “okay”. The experience of losing a loved one to sudden traumatic death is a complex phenomenon that is unique to every individual and leaves an indelible imprint on survivors.