

AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS OF PATERNAL  
BEREAVEMENT IN YOUNG ADULTS

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Approval of the Graduate School of Social Sciences

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## ABSTRACT

### AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS OF PATERNAL BEREAVEMENT IN YOUNG ADULTS

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This thesis aims to gain an in-depth understanding on how young adults experience paternal bereavement. Interpretative Phenomenological Analysis is used in order to find superordinate themes that are shared among seven young adults, aging 20-35, who have lost their fathers in the past 10 months to 65 months. The emerged themes are discussed in terms of the related literature on bereavement.

Keywords: Bereavement, young adults, father loss, interpretative phenomenological analysis

## ÖZ

### YORUMLAYICI FENOMENOLOJİK ANALİZ İLE GENÇ YETİŞKİNLERDE BABA KAYBI

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Bu çalışma, genç yetişkinlerin baba kaybını nasıl deneyimlediklerini derinlemesine incelemeyi hedeflemektedir. Bu nedenle Yorumlayıcı Fenomenolojik Analiz kullanılmış, yaşları 20-35 arasında değişen yedi genç yetişkin ile yarı yapılandırılmış derinlemesine görüşmeler gerçekleştirilmiştir. Ortaya çıkan ortak temalar yas literatürü ile ilişkili olarak tartışılmıştır.

Anahtar Kelimeler: Yas, genç yetişkinler, baba kaybı, yorumlayıcı fenomenolojik yaklaşım



To my family



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## TABLE OF CONTENTS

PLAGIARISM.....	iii
ABSTRACT .....	iv
ÖZ .....	v
DEDICATION .....	vi
ACKNOWLEDGMENTS .....	vii
TABLE OF CONTENTS .....	ix
LIST OF TABLES .....	xii
CHAPTERS	
1. INTRODUCTION.....	1
1.1 Statement of the Problem.....	1
1.2 Research Questions.....	4
2. Literature Review .....	5
2.1 Common Grief Reactions.....	5
2.2 Anticipatory Grief.....	7
2.3 Complicated Grief Reactions .....	8
2.4. Theoretical Frameworks for Understanding Bereavement.....	9
2.4.1 Psychoanalytic Understanding of Bereavement.....	9
2.4.2 Stage Theories of Bereavement.....	17
2.4.3 Contemporary Paradigms for Understanding Bereavement .....	22
2.5. Gender Differences in Bereavement.....	26
2.6. Bereavement in the Family Context.....	27
2.7. Parental Bereavement in Adolescents and Young Adults.....	29
2.8. Psychological Role of the Father.....	31
2.8.1 The Authority.....	32
2.8.2 The Protector.....	33

2.8.3 The Nurturer.....	33
2.8.4 The Self-object.....	34
2.8.5 The Facilitator for Becoming a Subject.....	34
3. METHODOLOGY.....	36
3.1 Interpretative Phenomenological Analysis .....	36
3.2 Ethical Considerations in the Study.....	37
3.3 Participants and Sampling Method.....	38
3.4. Procedure .....	39
3.5. Data Analysis.....	40
4. RESULTS .....	42
4.1 The Young Adults' Bereavement Experience .....	42
4.2 Gender Specific Themes: Men and Women.....	79
4.3 Suggestions for Bereaved Individuals.....	80
4.4 Suggestions for the Acquaintances of the Bereaved.....	82
4.5 Suggestions for the Professionals.....	85
5. DISCUSSION.....	89
5.1 Understanding Bereavement: Symptom or Meaning.....	90
5.2 Does PCBD Exist?.....	93
5.3 A Debate on Bereavement on Research and Theory: Continuing Bonds r Detachment.....	94
5.4 Gender Differences in Bereavement.....	96
5.5 What May be Specific to Young Adults?.....	98
5.6 What Helps or Hinders the Bereavement Process?.....	99
5.7 Therapeutic Needs of the Bereaved Young Adults in the Study.. .....	105
5.8 Limitations and Implications for Future Research.....	107
5.9 Conclusion.....	108
REFERENCES .....	109
APPENDICES.....	124
A. Interview Guide.....	124

B. Booklet.....	125
C. Turkish Summary.....	136
D. Cuuriculum Vitae.....	160
E. Tez Fotokopi İzin Formu.....	162



## LIST OF TABLES

### TABLES

Table 1 Information about the subjects.....	39
Table 2 Emergent Themes for the Experience of Bereavement.....	44
Table 3 Gender specific themes.....	79
Table 4 Emergent Themes for the suggestions for the bereaved.....	80
Table 5 Emergent Themes for the suggestions for the acquaintances.....	83
Table 6 Emergent Themes for the suggestions for the professional helpers.....	87

## CHAPTER 1

### INTRODUCTION

Dying is strange and hard if it is not our death, but a death that takes us by storm, when we've ripened none within us.

R. M. Rilke, *The Book of Hours*

#### Statement of the Problem

Death has usually been hard to think, speak and also to study. This is understandable as survival is the ultimate goal of all living beings. Despite the fact that we most likely do not want to, we usually meet the death, by losing our beloved ones.

Although losing a beloved one may have subjective meanings for individuals, researchers in the field of clinical psychology are trying to understand the experience of losing a significant one for the purposes of caretaking (e.g., constructing interventions or gaining insights for social networks surrounding the bereaved).

Literature about losing a significant other involves some keyterms. Even though these terms *bereavement*, *grief* and *mourning* are used interchangeably in the literature, contemporarily, researchers have made attempts to make clear distinctions between them. According to Chris, Bonanno, Malkinson and Rubin (2003) *bereavement* is a broad term that refers to the “entire experience of family members and friends in the anticipation, death, and subsequent adjustment to living following the death of a loved one”. On the other hand, *grief* encompasses “primarily emotional reactions to the loss” (Stroebe, Hansson, Stroebe and Schut, 2001). It also involves cognitive, behavioral and physiological counterparts of these

emotional reactions. The term *mourning* is also used in the literature mainly by clinicians from psychoanalytic approach. Although some researchers define mourning as “social expressions or acts expressive of grief” (Stroebe, Hansson, Stroebe and Schut, 2001), in the clinical literature, it is used as a kind of working mentally on the emotions after losing someone significant. Namely, *mourning* can be defined as the process in which the irreversibility and consequences of the loss are digested or internalized into memory and the capacity for going on life with joy and satisfaction is gained (Shear, 2012).

From a research perspective, bereavement is a broad area that needs to be explored for a better understanding. Theoretical explanations for understanding bereavement goes back to Freud’s early writings (1917/ 2000) in which he tried to make a distinction between mourning and melancholia. In other words, Freud tried to distinguish the underlying mechanisms between normal grief reactions and more serious or pathological ones that comprised melancholia. Today, melancholia may be said to cover depression. What is abnormal for grief reactions is still a current issue in bereavement research that will be mentioned later in the literature review. Following Freud’s theoretical writing, empirical studies also have come to the foreground beginning with Lindemann (1944). Lindemann worked with the families who lost their significant ones in a fire and he published his valid observations and understanding. He stated about acute, delayed or distorted reactions following the loss (1944). Acute reactions were somatic pain, preoccupation with the thoughts of the deceased, guilt, hostility and decline in the functionality whereas distorted reactions involved over activity without a sense of loss, alterations in the relationships to social environment, social withdrawal and agitated depression. Namely, Lindemann’s work may also be thought of an attempt to understand normal and pathological reactions of bereavement. Starting with Freud and Lindemann, theoretical understanding and research on bereavement has extended broadly to cover the issues of normal or pathological (or complicated) grief, the consequences (e.g., reactions, health consequences), coping with grief and interventions designed for bereaved individuals (Stroebe, Hansson, Stroebe and Schut,



2001). Besides the consensus on common grief reactions observed after losing a significant other, some important issues are still controversial about bereavement. These include the idea of recovery (e.g., Is there a whole recovery from grief?) and strategies that facilitate adjustment (e.g., continuing the bond with the deceased or reinvesting libido on other objects) (Kauffman, 2008; ). Namely, bereavement is an underrecognized area of research and understanding bereavement process needs more exploration. Especially, there is a need for an integration of valid qualitative and quantitative studies. Research articles on bereavement especially have examined complicated grief reactions and vulnerability factors with quantitative measures. Although quantitative studies are important, this one sided growth of research papers may not fully reflect the subjective experiences of individuals as it was the case in Balk's study. Balk (2010) used both quantitative and qualitative methods in his longitudinal case study of an individual who was 18 at the time of her father's death. He was surprised when he saw that, despite the subject's intrusion and avoidance scores were very low at most measures, she had added a comment at the bottom of the inventory that mentioned she had thought about her father very much that week. She has commented that the measures were composed of "surface issues" and they did not reflect what she felt inside.

Another issue about literature on bereavement involves developmental processes. Research papers have usually included either adolescent subjects ( e.g., 10-17) or adults whose age range was very broad (e.g., 20-70). However, young and middle adulthood may have different developmental life issues that may result in qualitative differences how these people experience bereavement. Based on these reflections, the current study involves qualitative methods to gain an in-depth understanding on how young adults experience father bereavement. Although there are many quantitative studies on the topic of bereavement, studies focusing especially on paternal bereavement are rare and no qualitative studies focusing on how young adults experience paternal bereavement exist in Turkish literature.

As the current study is qualitative, I should also mention about my personal motivation for studying this topic. My interest in grief and mourning has stemmed earlier from my personal experience of migrating from one city to another and frequent separations from my significant ones that has begun as early as eight years old. However, studying father bereavement has its roots in my father's getting the diagnosis of lung cancer five years ago. This was a painful moment for me and my family in which we all tried our best to fight against this disease even though we knew it was a fatal one. Although the treatment went well and fortunately my father is alive and healthy, this experience made me reflect on the meaning of losing my father. Also I started to question what was it like to experience the death of a father for other adults and this study is an extension of my personal interest in this topic. In addition to the contribution to my personal growth, I wish that it can be useful for both people experiencing loss and psychological help professionals.

### **Research Questions**

The primary research question for this study was mainly "How do the young adults experience father bereavement?". Other research questions were "What do young adults suggest for bereaved, their acquaintances and professional helpers?". In addition to these questions, this study also aimed to examine if there were themes that were gender specific and the question was "Are there themes in the study that are unique to gender?"

## CHAPTER 2

### LITERATURE REVIEW

The literature review includes following topics a) Common grief reactions b) Anticipatory grief c) Complicated grief reactions d) Theoretical frameworks for understanding bereavement e) Gender differences in bereavement f) Bereavement in the family context g) Parental bereavement in adolescents and adults h) Psychological role of the father.

#### **2.1 Common grief reactions**

Grief is accepted as a natural response to loss that is not related to long-term negative outcomes (Love, 2007). However, acutely, grief is thought to involve strong emotional reactions (Parkes, 1996). Kübler-Ross, after her influential study, has suggested that grief involved five phases that were denial, anger, bargaining, depression and acceptance. Other theoreticians and researchers usually supported her findings regarding the feelings experienced in bereavement. Sadness, anger, guilt, distress, remorse, anxiety, yearning and loneliness were stated to be common emotional reactions in grief (Casarett et al., 2001; Tomlinson, 2001; Worden, 2004; Love, 2007).

Besides it is not uncommon not to express sadness overtly with crying, universally, crying behavior that is linked with sadness or pain is the most experienced emotion after losing a significant other (Rosenblatt, Walsch and Jackson, 1976, Shear, 2012). Bereaved individuals state that sadness and crying are their expressions of their love for the lost significant other (Tomlinson, 2001). As all emotions are the compasses for what is going outside the world and its corresponding reflection inside us, sadness has also a function (Bonanno, 2009). Sadness help people to become aware of their inner worlds while enhancing to reflect deeply and in detail. Additionally, sadness may be viewed as helping in the detachment from the relational

goals that are out of reach (Archer, 1999). For some clinicians, not letting oneself to experience sadness or pain may result in complicated bereavement which would be mentioned in later topics (Worden, 2004, Lindemann, 1944).

Anger is another commonly experienced emotion in bereavement. Although anger after losing someone significant is a very common reaction (Shear, 2012), it may be hard for people to recognize their anger. Anger is generally intertwined with the feelings of guilt (Weiss, 2001) and both emotions may point out to the presence of blaming for the death of a loved one. Especially, unexpected deaths seem to trigger angry feelings (Weiss, 2001). Worden (2004) states that anger is mostly related to two factors. One is the frustration of not being able to prevent the death and the other is feeling left, abandoned. According to Worden (2004), anger that targets the dead one should be accepted and validated for a healthy resolution. If it is not, anger may be displaced to others such as doctors, friends, family members or the self which may be the case in depression. In her qualitative study, Tomlinson (2001) found that anger was mostly directed to family members such as siblings whom were described as non-supportive. Other targets involved the bureaucracy system, friends and God.

As it is stated above, guilt that is experienced after losing a significant other is also very frequent in bereavement and it is usually in the form of self-blame and regret (Stroebe et. al, 2014). Guilt may be related to inadequate support for the health of the deceased or something that is evaluated as a mistake or neglect (Worden, 2004). Higher self-blame is seen to be related to intense grief reactions (Hazzard, Weston and Gutterres, 1992) and commonly guilt feelings are stated to be based on implausible thoughts (Worden, 2004). Therefore thoughts related to guilt feelings are usually replaced with reality based evaluations in the bereavement process. Tomlinson (2001), in her study, stated that bereaved individuals reported to feel regret for being inattentive to the deceased or for their frustrated goals or dreams that involved the deceased.

Anxiety and fear also may be felt in relation to death awareness and bereaved people's feeling incapable to survive their own lives (Worden, 2004). In exceptional extreme cases, even phobias and panic attacks may be experienced (Parkes and Prigerson, 2010). Although it seems plausible to think that fear of death may be experienced by those losing a significant other, according to Barr and Cacciatore (2008), fear in bereavement is not examined. The authors, in their study on fear of death in bereaved mothers, found that the fear experienced by mothers were "fear of personal extinction" rather than fear of losing significant others. According to the researchers, this fear contributed to grief symptoms in the bereaved mothers. Weiss (2001) states that feelings of anxiety and fear after a loss point out that the lost one has maintained the security feeling and self-confidence of the bereaved individual.

Loneliness that is experienced in bereavement may be both at an emotional level or social level (Stroebe et al., 1996). According to Worden (2004), day-to-day interaction with an intimate other that especially takes place in spousal relationship, may lead to loneliness and longing for being touched which may be tied to this feeling. In her study, Tomlinson (2001) found that individuals described feeling lonely especially at night and mealtimes. Additionally, feeling the lack of physical and sexual intimacy was contributing to the loneliness experienced by the bereaved individuals.

Relief is also commonly experienced by bereaved individuals. It derives from the ending of the suffering of the deceased, especially if s/he is ill (Worden, 2004). Besides, a conflictual or bad relationship, for instance with an oppressive other, may result in relief or emancipation. However, it may be hard to admit feeling relief (Elison, 2007) as this may give rise to feeling guilty (Worden, 2004). Tomlinson (2001) stated that bereaved individuals described feeling relief with substitute words such as "comfort" or "gladness".

## **2.2 Anticipatory Grief**

Despite the fact that grief is usually about a past loss (Kübler-Ross and Kessler, 2005), in the literature, it is stated that grief may take place even long before losing a significant other that is called *anticipatory grief*

(Lindemann, 1944). In anticipatory grief the individual is aware of the approaching death of a significant other. Even though anticipation may strengthen the individual by preparing to the forecoming event, it may also be an intense reaction such as the grief occurring after the loss of the significant other (Kübler-Ross and Kessler, 2005). Lindemann (1944) stated that individuals may become depressed or preoccupied with the deceased with the expectation of losing her or him. Even, they may review their relationship and adjust to a life without the significant other when they have not lost or may not actually lose the beloved one.

According to Kübler-Ross and Kessler (2005), five stages of grief, that is denial, anger, bargaining, depression, and acceptance, may take place before the actual loss or only some of the stages may be experienced such as denial and anger. If the beloved one has a long-term disease such as ALS or Alzheimer, people may experience all of the stages long before the actual death. Kübler-Ross and Kessler (2005) state that, commonly, anticipatory grief is only the beginning of the following grief reactions.

### **2.3 Complicated Grief Reactions**

Although there is a consensus over common grief reactions in the literature, whether “normal” or “pathological” grief exists has not been established yet. According to Stroebe and his colleagues (2001) distinguishing between normal or pathological grief reactions is difficult as it depends highly on cultures. However, in the literature, pathological grief reactions are suggested to be in the form of *chronic*, *absent* and *delayed* grief (Stroebe et al., 2001; Lindemann, 1944). Rather than absent or delayed reactions, chronic ones have been mostly investigated by the researchers maybe because they are easier to capture. Chronic grief reactions has been given different labels (e.g., complicated grief, traumatic grief, prolonged grief) by different reasearch teams and different diagnostic criteria were suggested for each (Shear et al., 2011; Horowitz et al., 1997; Prigerson et al., 2009). Contemporarily, with the publishment of Diagnostic and Statistical Manual of Mental Disorders (DSM-5, 2015), Persistent Complex Bereavement Disorder

(PCBD) replaced other terms as a possible future diagnosis that was suggested to be studied broadly.

PCBD criterion includes yearning, intense pain, preoccupation with the deceased and his death circumstances, inability to accept the death, numbness, difficulty in positive reminiscing the lost one, anger in relation to the loss, negative evaluations regarding one's place in the relationship with the deceased (e.g., self-blame), avoidance of the reminders of the loss. Additionally, there are other items that focus on social or identity deterioration such as suicidal ideation in order to reunion, being unable to trust others since the death, loneliness or withdrawal, feeling that life has no meaning or aim without the deceased, identity loss, difficulties with maintaining relationships, interests, and future plans. According to the criteria, all these symptoms lead to the dysfunctionality in the social and work life of the individual.

## **2.4 Theoretical Frameworks for Understanding Bereavement**

### **2.4.1. Psychoanalytic Understanding of Grief**

In his inspiring paper on mourning and melancholia, Freud (1917/ 2000) attempted to clarify the underlying mechanisms of mourning and melancholia that is viewed as corresponding to depression today. Freud defined grief as a reaction to the loss of a person or an abstract concept such as freedom, ideal or the motherland. However, Freud (1917/ 2000) stated that some individuals displayed symptoms of melancholia which inclined the clinician to question if these symptoms were pathological or not. On the other hand, grief reactions, even if they appear in the form of withdrawal from the outside world, are accepted as normal and are not offered treatment.

According to Freud (1917/ 2000), both mourning and melancholia involve profound pain, disinterest in the outer world, self-blaming and expectation of punishment. He states that the main difference between mourning and melancholia is the deterioration of the self-worth. In mourning, Freud asserts that reality testing signifies that the love object is lost and libido has to withdraw its investment in this object. However, due to its nature,

libido resists changing its position. This resistance may be so excessive that the individual can lose reality testing in order to maintain the relationship with the lost love object. According to Freud (1917/ 2000), in the natural course of mourning, acquisition of the reality testing is expected. This process needs time in which the memories and expectations that attach the individual to the loved person is foregrounded and the the libido investment is resolved. After this resolution, the libido becomes free to attach other love objects. By the follower psycahoanalysts, this notion of working on detachment has been interpreted as *grief work*.

In addition, Freud (1917/ 2000) stated that another important difference between the mourning process and melancholia was that in melancholia, what is lost was not conscious whereas it was brought to consciousness in the mourning process. Briefly, in melancholia, the relationship between the self and a love object is impaired but the natural result of reinvestment of the libido on another relationship is not actualized. The free libido has returned to the invidual's own self, here building an identification with the lost object. In other words, the self of the individual is compartmentalized in which one part devalues and blames the other part that corresponds to the lost loved person (Freud, 1917/ 2000).

Abraham (1924/ 1994) infers from Freud's paper on mourning and melancholia that these two conditions' relationship resembles the relationship between morbid anxiety and fear. In other words, for Abraham, mourning has its object as it is the case for fear whereas melancholia does not have a concrete object as it is the case with anxiety. Unlike Freud, Abraham (1924/ 1994) states that, in normal mourning, the lost person is also introjected with the aim of retaining the relationship with the lost person. This may also be viewed as a compensation. Abraham (1924/ 1994) states that after he has lost his father, his hair has become grey for some time after which it has turned to normal. He suggests that this is the result of introjection mechanism.



Additionally, Abraham (1924/ 1994) mentions that in mourning, positive feelings toward the lost significant person outweigh the negative ones as opposed to the case with melancholics. Therefore after the death of a significant person, the bereaved individual may even feel happy and content with a feeling of carrying the lost figure in the psyche whereas for melancholics, hatred and hostility easily come over positive feelings with any frustration. Like Freud, Abraham also emphasizes that mourning person is conscious about what is lost as opposed to the case in melancholia (1924/ 1994).

Klein has also contributed to the understanding of grief and mourning. In Klein's theory (1935/ 2008), development of an infant involves mainly introjection and projection mechanisms. From birth, infant introjects all the objects as either "good" or "bad". When s/he derives what s/he needs, the breast of the mother symbolizes the "good object" whereas when s/he is deprived of the object, the breast of the mother symbolizes the "bad object" and this good or bad object is introjected in the inner world of the infant. The infant experiences his or her most significant loss with the end of breastfeeding. This loss is experienced as a threat to lose his inner goodness due to his own destructive wishes that target the mother. This process is called *depressive position*. According to Klein, this depressive position is overcome by the infant, mainly, by reality testing. The infant tests the outer reality, namely the mother in the outer world, with the mother in his psyche. If positive experiences that provide safety and comfort to the infant is dominant in the outer world, overcoming this position may be actualized. Similarly, in loss and mourning, Klein (1940/ 2008) states that the impact of the loss of a loved object grows with the unconscious phantasies of losing the internalized good objects. Therefore the inner world becomes vulnerable to the disintegration that the inner "bad objects" would cause with destructiveness. After the loss of a loved person, the individual is faced with an impulse for not only to reincorporate the lost loved person but also the internalized good objects, mainly the loved parents. These good objects are experienced as if they are vulnerable to be destroyed by the bad objects. Klein (1940/ 2008)

states that early psychotic anxieties, guilt and feelings of loss from earlier developmental stages and the Oedipus Complex are all revival at this point. The object being mourned represents love, goodness and security which is experienced as being lost due to the destructive phantasies and uncontrollable greed. Klein (1940/ 2008) states that the difference between the people overcoming their mourning or not, may be that those who cannot overcome mourning have been unable to build their internal good objects and therefore may be unable to feel safe in their inner world. According to Klein (1940/ 2008), in normal mourning, the depressive position of the child has been overcome by different methods which are again applied in current losses. Like Abraham, Klein also views the internalization of the lost subject in the ego as a central mechanism for mourning. People who were successful to overcome depressive position in the past, reinstate their loved objects again after losing a significant other. However, those who were not able to overcome the depressive position are again vulnerable to fail in the work of mourning (Klein, 1940/ 2008).

Lindemann was also a pioneer in studying grief reactions. He interviewed 101 family members who lost their significant ones and asserted that acute grief reactions involved psychological and somatic symptoms that characterized the grieving process (Lindemann, 1944). These symptoms were some kind of somatic pain or distress, preoccupation with the thoughts of the deceased, feelings of guilt, hostility towards others and decline in the functionality after the loss. In addition, the clinician observed that the survivors had also a tendency to display traits of the deceased. According to Lindemann (1944), the duration of grieving was an outcome of the successful grief work. He used the term *grief work* along similar lines with Freud. Lindemann's *grief work* involved "emancipation from the bondage to the deceased, readjustment to the environment in which the deceased is missing, and the formation of new relationships". He evaluated avoidance of the distress as a hinderance for doing grief work.

Lindemann (1944) stated that some individuals displayed morbid reactions, namely, delayed or distorted reactions after losing their beloved

one. According to him, spontaneous life events of the bereaved individuals may lead to delayed reactions. For instance, the need for carrying out other important tasks such as providing support for others may postpone grieving. Lindeman (1944) stated that distorted reactions involved overactivity without a sense of loss, alterations in the relationships to social environment, hostility, social withdrawal and agitated depression. For treatment, he mentioned that these symptoms could be converted into normal grief reactions and may be resolved. He suggested that bereaved people should reassess their relationship with lost ones, accept and express their related feelings. In addition, fear and hostility that may prevent them from grieving should be worked through in the treatment process (Lindemann, 1944).

Contemporary psychoanalysts have added different ideas on the classical views of psychoanalysis. Bleichmar (2007) asserts that mourning may involve *primary* or *secondary fixation* intertwined with feelings of helplessness and hopelessness. In *primary fixation*, the lost person has been available for satisfying different needs of the bereaved individual before his or her death. According to Bleichmar, the deceased person may have been providing different functions, respectively, fulfilling narcissistic needs (e.g., self-esteem), the need to take care of other people, maintaining psychobiological regulation or sense of identity and aliveness, and fulfilling needs or wishes of self-preservation. Therefore the consequences of the loss varies accordingly, resulting in the imbalance of the inner world. If the deceased served the function of self-preservation with making the subject feel safe, fear will be the consequent emotion after the loss. When the deceased maintains psychobiological regulation, the bereaved person may feel a disorganizing kind of anxiety. If the deceased serves the need to take care of others, the resultant feeling may be guilt. In the case of the deceased's maintaining sense of identity, the bereaved person may feel confusion and disorientation. Lastly, if the deceased person functioned to nurture vitality, devitalization may take place for the mourner (Bleichmar, 2007; 2010).

Besides *primary fixation*, *secondary fixation* is present when the bereaved individual idealizes the lost one after his death due to current negative life conditions (Bleichmar, 2007; 2010). In other words, it may be defined as building a dream of paradise due to current suffering. Secondary fixation may stem from persecutory anxieties, feeling guilty in the relationship, hard life conditions or lack of ego strength to handle current life issues. Namely, the bereaved individual experiences difficulty in his current life and therefore fixate to the lost object and his joyful memories. In addition, Bleichmar (2007) states that pathological mourning takes place when these symptoms are intertwined with the tendency of feeling hopeless and helpless. According to Bleichmar, this tendency stems from the individual's earlier negative experiences or from identifying with some significant figures who have suffered from these depressive feelings.

Kernberg, after losing his spouse has also reflected upon mourning process. In his paper (2010), he underlines important points for understanding mourning. Based on his clinical and subjective experience, he states that bereaved people continue their inner relationship with the deceased while at the same time they may also repair the past relationship in their minds. Kernberg gives an example of his patient who has said he was consulting to his deceased wife when making decisions about his family.

In addition, Kernberg (2010) points out that many bereaved individuals state that they have taken over some characteristics of the lost significant other. He states that identification enables the person both to make changes about his sense of self and to carry the deceased inside while feeling connected to him. According to Kernberg, identification, namely taking on the positive characteristics of the deceased that are praised and yearned, is fundamental for feeling strong and transcending the mourning process.

Additionally, Kernberg (2010) proposes that, even though, the relationship with the deceased and the chances of reparation of this relationship has extinguished in the external world, the internal relationship is open to reparation processes that needs to be examined at a deeper level.

He says that, for instance, ideals, wishes and hopes of the deceased person may take a place in the internal world of the bereaved. Also he states that unlike unconscious guilt which results in depression after the loss, conscious guilt and remorse may be leading forces for reparation. Namely, bereavement may facilitate new inner values or ego ideals. Unlike Freud, Kernberg states that that bereaved person may still love or in Freud's terms, make libidinal investment on, the deceased while at the same time loving other people.

For Kernberg (2010), religious feelings of the bereaved people stem from the hardness of experiencing the discrepancy between inner presence and outer absence of the deceased. He sees grave stones or photos as a way to resolve this discrepancy. These objects give people a sense that the deceased exists in the outer reality. He mentions about Bergmann's idea that this type of consolidation and believing in the permanence of the soul may be preventing people from hallucinatory or delusionary experiences (Kernberg, 2010).

Volkan and Zintl has also reflected and worked on mourning. According to Volkan and Zintl (1993/ 2012), mourning is hardly "normal" as losing a loved one is very painful and the bereaved individual is faced with many reactions intertwined with anger, denial or splitting. They view all these reactions natural in the following weeks after the death and according to the clinicians, mourning takes a one to two years time on the average.

Volkan and Zintl (1993/2012) view mourning as a process starting from denial to acceptance and working on the relationship to leave it behind. Their view on the outcome of the mourning process is consistent with Freud. According to the clinicians, initial denial helps to manage the shock reaction by helping the bereaved to assimilate the reality of the loss inside. Despite this initial denial, the bereaved is usually faced with the reality almost instantly when he sees the dead body or attends to the funeral. Beside this, splitting mechanism helps the individual to deny the reality of loss while at the same time knowing that the loved one has gone forever.

Volkan and Zintl (1993/2012) state that after the acceptance and initial reactions, mourning takes place in which the relationship with the deceased is worked on and left behind. In the mourning process, the person works internally on the meaning of this relationship and transforms this relationship to a memory that has no future. According to the clinicians, the images of the loved person and relatedness to it continues to survive inside. Volkan and Zintl (1993/2012) call these images psychic pairs. After the death of a loved one, the psychic pair even becomes more active and mourning process involves to work on this overactivity in order to extenuate. While working on the meaning of the loss, frustrations, unresolved tensions and unrepaired wounds make the bereaved feel frustrated, angry and sad. More intimate relationships involve more memories with ambivalence and competence. Volkan and Zintl (1993/2012) state that mourning is overwhelming as the past relationship is reviewed a thousand times in the unconscious mind. Therefore the individuals feel weak, apprehensively.

Volkan and Zintl (1993/2012) state that art works like paintings or poems, dreams and acts such as looking at the photos or organizing the objects of the deceased are the signs of the internal processing of the loss. Although, transforming the psychic pair of the deceased to a memory is the ultimate goal of mourning, it may be felt as “killing the loved one” in the unconsciousness. If the relationship is not besieged with extreme anger, guilt or dependency, the bereaved may leave the relationship or psychic pair behind. According to Volkan and Zintl (1993/2012), dreams also have symbolic meanings related to the proceeding mourning process. For instance, a frozen lake thaws or a flower blooms when the end of mourning is close. However, a loss and a psychic pair can always revive and give pain.

Volkan and Zintl (1993/2012) also emphasize that when the end of the mourning is reached, the bereaved individual takes on something needed from the relationship with the deceased. This can be actualized by the identification process that is mostly unconscious. Identifications help to feel powerful and to soothe the pain by repairing the void that occurred as a result of the lost relationship. By taking on traits, ideals and functions of the

deceased, the dependency of the bereaved subsides and s/he gains autonomy and grows as a result. On the other hand, instant identifications with the lost one may usually be unhealthy such as displaying symptoms of an illness.

Regarding pathological mourning, Volkan and Zintl (1993/2012; 2008) state that in order mourning to be complicated, chronic or never ending (e.g., depression), there are some precipitating factors: Unfinished business with the deceased, external factors, reactions to past losses and an emotional structure that cannot tolerate separation. A mature and loving relationship enables to separate easier whereas dependency and ambivalence makes it harder to mourn. A dependent person needs the other to feed his self-esteem and being dependent and vulnerable in a relationship makes him angry. Therefore separation is harder for dependent people. According to Volkan and Zintl (1993/2012), some people may not display grief reactions. These people do not deny the reality of the loss but loss related emotions. However, these people are vulnerable to feel pain and anger when they face with future losses. The clinicians also say that bereaved may project their feelings to objects and cope with their loss by this externalization. They call these “connecting objects” and state that losing the object may even lead to depression as the emotions projected on the object come to light (Volkan and Zintl, 1993/2012).

Volkan (2008) states that chronic grief is different from mourning and melancholia and it is the outcome when the bereaved individual cannot identify with the lost object or cannot find externalization areas for the lost image.

#### **2.4.2 Stage Theories of Bereavement**

Bowlby (1980) asserted that the adults' mourning process was similar to children's reactions to separation with an attachment figure, that is an affectional bond providing security and soothing. According to Bowlby (1980), there are four phases of mourning: numbing, yearning and searching, disorganization and despair, and reorganization.

In the first phase of numbing, the individual is usually confused and unable to accept the reality of loss (Bowlby, 1980). S/he cannot believe but can hope that it was a dream. After this phase, s/he moves onto a phase of yearning and searching for the lost person. The mourning person can restlessly scan her/his environment in order to find the lost person. S/he can think too much about the lost person and may be disposed to attend to any stimuli that suggest the presence of the lost one. S/he can suppose that a man on the street was her loved one. S/he may also prefer the environment that the lost person would be present if he was alive. S/he can call for the lost loved one and speak about him with tears. In the phase yearning and searching, anger is the most common emotional reaction as it is thought to aim at overcoming the restraints to reunion with the lost one. However, anger may be unnecessary when the permanence of loss is accepted. If this anger continues, it may point out that the individual may not be able to accept the reality of loss (Bowlby, 1980).

In the third phase of mourning, disorganization and despair, if the bereaved person is able to tolerate her emotions and thoughts that include “how and why” the loss has happened and to accept the permanency of the loss, she can realize that her life should be reorganized and definitions about herself should be made which constitutes the last phase, reorganization (Bowlby, 1980).

Bowlby (1980) states that people who are more prone to disordered mourning may have anxious attachment patterns or they may be defined as “nervous, overdependent, clinging” in their relationships which may be linked to childhood experiences of insecure attachment. In addition, they may have had a history of anxiety symptoms or depression. He claims that they may have a bereavement history which was also “disordered”. Namely, the individual may have experienced a loss of a parent in childhood that may lead to increased sensitivity to loss events and contribute to developing depressive symptoms. Briefly, he relates childhood bereavement with adulthood psychological problems such as ideas of suicide, anxious attachment, and depressive disorders which may even be psychotic.



Bowlby (1980), unlike Freud, state that bereaved individuals persist their relationship with the deceased. This may be implied from their sense of the lost one's presence at times, dreams, sense of having them inside and mental images evoked in their minds. The bereaved people may take on the characteristics of the bereaved, namely identify with them, which is problematic only if these characteristics are like compulsions or include somatic illnesses.

Kübler-Ross (1969) was affected by Bowlby in developing her stages theory that included denial, anger, bargaining, depression and acceptance (Parkes, 2002). In her influential study of grief, she examined the grief process of terminally ill patients which were than generalized to other people experiencing loss. Kübler-Ross made many interviews with terminally ill patients in order to understand grief and the mourning process. She stated that there were five stages which the grieving individuals lived through: denial and isolation, anger, bargaining, depression and acceptance. In addition, she asserted that hope was always present in all these stages.

According to Kübler-Ross (1969), denial and isolation stage provides the individual with time to prepare herself for the "shocking news" and to activate "less radical defenses". In other words, denial is a transient stage that is followed by partial acceptance. Isolation is also a common defense at this stage in which the individual can mention about "health and illness" as they are like twins. In denial, numbness and feeling overwhelmed is very common (Kübler-Ross and Kessler, 2005). After this stage, anger, envy, resentment and rage are common emotional reactions that characterize the second stage. This stage is a hard one for both the individuals and her acquaintances. The grieving person needs respect and understanding which may not be provided as her acquaintances may find it difficult to bear these emotions and may also get angry, rejecting and defensive in turn. This defensiveness of the acquaintances results mainly from the feeling of guilt which is based upon internal destructive wishes. Anger may be towards the lost one or the self (Kübler-Ross and Kessler, 2005). Being left or not being able to prevent the death may be common reasons for feeling angry.

Although it may seem ceaseless, letting the self to experience anger is important for healing (Kübler-Ross and Kessler, 2005).

The third stage is bargaining. Kübler-Ross (1969) draws a parallel between this stage of grief with the children's reaction to refusal in which they try to be "a good child" in order to attain what they have asked for. Most bargains are between the grieving person and God and they are usually kept as secret. In bargaining, guilt is a common feeling and the individual use phrases involving "if only..." (Kübler-Ross and Kessler, 2005). The stage of depression follows bargaining. In this stage the reality of loss is understood by the individual with sadness, emptiness, guilt and feelings of weakness (Kübler-Ross, 1969; Kübler-Ross and Kessler, 2005). According to Kübler-Ross and Kessler, if the individual allows herself to experience these negative emotions, healing will be quicker. In the last stage, acceptance, if the person has been able to work through other stages, s/he can accept "her faith". This stage is not a happy ending but is also full of many feelings. Kübler-Ross said that one individual defined this stage as "the final rest before the long journey" (Kübler-Ross, 1969). Acceptance involves learning to live with the reality of the loss (Kübler-Ross and Kessler, 2005).

According to Kübler-Ross and Kessler (2005), these stages are not stations that everyone goes and experiences in a linear fashion. These stages are assertions for understanding what bereaved people should be feeling after a loss and therefore they can help individuals to cope better with what they experience.

Another stage theory was proposed by Worden (2004). Based on his clinical work materials, Worden has emphasized his stages to be task-oriented as this approach give people leverage and the sense of being active in the mourning process. Worden's first task include first of all, accepting the reality of the loss at both intellectual and emotional levels. According to him, every bereaved individual at times deny the reality of the loss. However, some people may get stuck on denying the reality of loss. Some people may fully deny the death of the significant one like Queen Victoria who has

prepared her deceased husband's clothes and shaving every day and used to talk to him in his absence. Besides, some people may deny the meaning of the loss like it is the case in denying to miss the deceased or denying the intimacy of their relationship with the deceased. According to Worden (2004), funerals or seeing the dead body may help people to accept the reality. He also says that dreams help the bereaved in accepting the reality of the loss.

According to Worden (2004), when the acceptance has taken place, the second task is working through the pain of grief which is also commonly related to other feelings such as anxiety, guilt, anger and loneliness. Other people or the society may hinder this process with sayings implying the innecessity of being sad. Additionally, some people may avoid feeling the pain by thought stopping, travelling frequently, avoiding the reminders, using substances or by idealizing the deceased.

The second task is followed by adjustment which involves both external, internal and spritual processes (Worden, 2004). People need to handle various roles in the external world that belonged to the deceased before. Therefore they may need to gain new skills regarding these new roles. Also bereaved people need to adapt to their new selves without the lost one. In other words, the bereaved person needs to make changes in his sense of self by questioning about his new self definition. For example, in extreme cases, in some relationships, the bereaved person's self-esteem may be highly fed by the deceased person and this type of dependent relationship may result in lowered self-esteem and depressive states. Regarding spritual adjustments, the bereaved's beliefs about life may be shattered that needs to be readjusted. People may get stuck on this stage when they cannot adapt to the conditions after losing their significant others. For instance, not gaining needed skills or withdrawal to inner world are examples of maladaptation that contribute to feelings of helplessness in the bereaved individuals (Worden, 2004).

The last task proposed by Worden is repositioning the deceased's internal place (2001). This carrying inside both comprise feeling related to the

deceased and carrying on with life simultaneously. When people get stuck on this stage, they may embrace with the love of the lost not letting themselves to love new things or people in their lives.

### **2.4.3 Contemporary Paradigms for Understanding Grief**

Dual Process Model was proposed by Stroebe and Schut (1999) as a reaction to the traditional grief work hypothesis' dominance in the theoretical understanding of grief. The authors state that two kinds of stressors, namely loss and restoration oriented, exist. The bereaved individuals both confront and avoid these stressors. In other words, they *oscillate* between confronting and avoiding these stressors which is the main coping mechanism that can result in adaptation (Stroebe and Schut, 1999; 2010). In other words, unlike it is the case in *grief work* that was introduced by Freud (1917/2000), the bereaved individuals also need time off from grieving.

According to Stroebe and Schut (1999, 2010), loss oriented stressors involve loss of future plans or intimate relationship with the deceased and loss oriented coping comprises grief work, rumination, intrusions, reappraisal, breaking bonds and ventilation. On the other hand, restoration-oriented stressors are related to adapting to changed life situations. Therefore coping processes encapsulate attending to changes in life, distraction, doing new things and establishing new relationships/roles/identities.

According to this model, the syndrome that is called complicated grief is a loss oriented state (Stroebe and Schut, 1999). However, other problems such as denial of the death with an effort of carrying on daily life is restoration oriented. Namely, theory states that problems of grief occur as a result of a disordered oscillation process between loss and restoration oriented coping.

Another newly accepted paradigm of grief is called "Continuing Bonds". According to Continuing Bonds view on grief, the attachment bond with the deceased is persistent (Field, Gao and Paderna, 2005). This view came to the front with empirical studies suggesting a continuing relationship

with the deceased person and it is seen as contradicting to Freud's view of withdrawing libido from the deceased (1917/2000).

There are broad range of different behaviors that come under the name of "continuing bonds". Revival of memories, inner talks with the deceased, clinging to the possessions of the deceased, internalization that helps the bereaved to carry on emotion regulating functions of the deceased, holding on the desires of a better relationship, loving and longing for the deceased, thinking of a reunion in the afterdeath are all viewed as types of continuing bonds with the lost attachment figure (Field, Gao and Paderna; Hogan and DeSantis, 1992).

In an early study on spousal bereavement with 300 bereaved widows and widower (Zisook and Shucter, 1986), it was found that the beraved individuals displayed dysphoric feelings even after four years and they also continued their relationship without fully accepting that they were gone forever. The strategies for continuing the bond with the deceased involved dreams, memories, keeping the possessions, acquiring the traits of the deceased. The spouses continued to relate to the deceased with dialogues which involved telling daily events or consulting when they had problems to solve.

In other studies, continuing bonds among the bereaved siblings was also identified (Hogan and De Santis, 1992; Packman, Horsley, Davies and Kramer, 2006; Foster et.al, 2011). Foster and his colleagues (2011), studying continuing bonds on both parents and siblings, found that 97 % of the participants continued their relationships purposefully with the deceased. In addition, the authors stated that the ongoing relationship should have both comforting and discomfoting effects among the bereaved.

Additionally, bereavement among children aging between 6 to 17 was also studied (Silverman, Nickman and Worden, 1992). Silverman and Worden conducted interviews with 125 children who have lost their parents. Based on the results of the study, they concluded that children tried to maintain their relationship with their deceased parents through five stages:

locating, experiencing, reaching out to the dead parent, waking memories and valuing the linking objects. Interestingly, 81 percent of the children felt as if they were being watched by their parents. In another study (Normand, Silverman and Nickman, 1996) children continued their bonds with their parents in four ways that involved inheriting parent's values or traits, sensing the presence of them as a ghost nearby them, remembering and interactive communication in which they shared their experiences. Marwit and Klass (1996) also found evidence that university students continued their relationships with lost significant ones through modeling, consulting for problems, remembering and defining their own values in accordance with them.

Currently, researchers have contributed to the idea of continuing bonds with wide range of studies. Rubin and Shechory-Stahl (2013) used both qualitative and quantitative methods with six bereaved parents who had lost their sons in war. Their analysis revealed that the parents whose grief symptoms improved were the ones who maintained a relationship characterized by closeness and positive feelings. On the other hand, the parents who were not improved used to describe their ongoing relationship less positively.

The outcomes of continuing bonds seems to be related to other variables such as attachment style and ways of continuing bonds. In a study, it was found that continuing bonds resulted in a worse-adjustment five years after a loss (Field, Galoz, Bonanno, 2003). It was suggested, therefore, insecure attachment style was the main reason of this worse outcome as the continued relationship was also dysfunctional. Field, Nichols, Holen and Horowitz (1999) stated that among continuing bond expressions, hanging on to the possessions of the deceased was related to severe grief symptoms six months after the loss. Field, Gao and Paderna (2005) stated that holding the possessions of the deceased may reflect the inability to accept the reality of the death that occurs in correspondence with *protest and despair* phase of grief. On the other hand, according to the authors, comforting memories may occur as a continuing bond strategy in *reorganization* phase.

Another contemporary paradigm for understanding grief is “meaning-making” which is proposed by Neimeyer (2006). Gillies, Neimeyer and Milman (2014) state that meaning is something that is spontaneously faced with, searched for or created. Memories, goals, hopes, beliefs and interpretations all comprise meaning in the lives of people (Neimeyer, 2011). According to meaning-making view, a loss of a significant other may disturb the personal assumptions and constructions of the world that constitute meanings (Neimeyer, 2006).

In addition, according to Neimeyer (2011), people construct self-narratives that reflect self-understanding, cognitions, emotions and goals and these may also be shaken by groundbreaking losses. As a result, harmony of the life is disrupted (Neimeyer and Burke, 2014). Therefore the individual needs to review and maybe revise the life conditions. After the loss of a significant other, the individual searches for a meaning and answers to questions in her mind such as “why?” and “how?”. The importance of meaning making in grief was supported by studies in which meaning making was reported to be highly related to grief symptoms (Keese, Currier and Neimeyer, 2008). Neimeyer, Prigerson and Davies (2002) state that individuals who cannot make meaning of the loss experience display complicated grief reactions that involve separation (e.g., preoccupation, loneliness) and traumatic distress (e.g., disbelief, shattered worldview). On the other hand, individuals who can make meaning of the loss, experience uncomplicated grief reactions such as accepting the death and believing in the meaningfulness of life.

Namely, meaning-making involves sense making and benefit finding as broad dimensions. Sense-making includes making a beneficial explanation of the loss event such as religious explanations (Holland, Currier and Neimeyer, 2006; Keese, Currier and Neimeyer, 2008). Besides, benefit finding involves finding a ray of hope in the life such as increased empathy or closeness to family (Keese, Currier and Neimeyer, 2008). In addition to these broad dimensions, Gillies, Neimeyer and Milman (2014), after interviewing 15 bereaved individuals, offered a codebook for the meaning of loss. There

appeared 30 items including valuing life, personal growth, lifestyle changes, compassion for others, spirituality, identity change, negative affect and having no meaning.

In a unifying study, Neimeyer, Baldwin and Gillies (2006) studied the continuing bonds and meaning making in five hundred six young adults who have lost their significant one in a two years time. According to the results of their study, continuing bonds predicted higher levels of distress when the bereaved should not make sense of the loss. Therefore they concluded that rather than the “continuing the bond” on its own, meaning making was a central point in understanding grief reactions.

## **2.5 Gender differences in bereavement**

In the literature, some gender differences have been suggested for women and men. Women generally report more distress as compared to men (McGoldrick, 2004). As opposed to women seeking help, men usually do not seek professional help for bereavement as they feel responsible to cope with their own grief (Parkes and Prigerson, 2010). However, mortality rates among bereaved men is higher as compared to married men and bereaved women (Skulason, Jonsdottir, Sigurdardottir, and Helgason, 2012; Young, Benjamin and Wallis, 1963). This is evaluated as men’s suppressing their emotional state (McGoldrick, 2004). Additionally, gender differences may stem from socialization and expectations (Murray, Toth and Clinkinbeard, 2010).

Goldrick (2004), based on the studies on couples who have lost their children or partners, has identified gender differences in bereavement of men and women. According to the author, women express their grief related emotions and seek for the help of intimate others and professionals. In addition, they are more comfortable about reminiscing the lost one and also more likely to take care of others in the family. On the other hand, men evaluate the loss as a loss of control and try to gain the control over the situation and their emotions via problem solving or actively distracting themselves from the loss event. They may also feel angry and therefore may act out (e.g., substance use, risk taking). Additionally, Schneider, Sledge,



Shuchter and Zisook (1996) conducted a study among bereaved widows and widowers. According to the findings, after 25 months have passed after losing their partners, 61 percent of men have been remarried whereas the remarriage rate was only 19 percent among women. Based on the well-being scores, the authors suggested that remarrying was an adaptive strategy for coping with bereavement.

Despite the fact that, gender differences are commonly reported by researchers and clinicians, Martin and Doka (2010; 2011) state that mentioning about masculine or feminine style of grieving is faced with the comments of being stereotyped. In common stereotyping, females are believed to be more emotional whereas males are more cognition oriented and active in coping with loss. Therefore the authors proposed a model and claimed a model of grieving styles that involve intuitive and instrumental styles of grieving. Intuitive style includes painful feelings and expressing them by crying or sharing with others. On the other hand, instrumental style involves mostly intellectually experiencing the grief and being active for coping. According to Martin and Doka (2011), these styles may be used by all people.

## **2.6 Bereavement in the family context**

Although, the grief literature is mostly focused on the intrapersonal processes of grief such as health outcomes or individual symptoms, losing a family member affects both the individual and the family as a system (Rubin, Malkinson, and Witztum, 2011). Even, family therapists have reported success in the therapy of grief as a family when the individual therapeutic processes do not succeed for the members (Kissane and Bloch, 2002). This was explained by blocked mourning of individuals by the family processes.

The family members are interdependent (Rubin, Malkinson, and Witztum, 2011; Walsh and McGoldrick, 2004; Stroebe and Schut, 1999). Therefore any change that occur in the family, affects the relational dynamics of the family member, both in positive and negative ways. After losing a member, the family is faced with two conflicting tasks, namely, integration of changes in the family and regenerating the family unit without the presence

of the lost member (Shapiro, 1996). After the loss, in the family system, relationships, beliefs and roles are all reconstructed. According to Rubin, Malkinson, and Witztum (2011), “the presence of the absent” is integrated to the family narrative.

The family’s adaptation to the loss is enhanced by being supportive, sharing and tolerating the feelings (Kissane and Bloch, 2002). Families with these characteristics may mourn and find new ways of functioning. On the other hand, families with avoidance, silence among members or repression of feelings may not adapt well. Sometimes a dominant member tell others how to grieve which may involve blocking the emotions, therefore leading to negative outcomes. Anger, idealizing the deceased, blaming may also lead to problems (Kissane and Bloch, 2002). Usually ambivalent relationship with the deceased results in extreme anger and blame that is projected onto others. In case of idealization, negative emotions may not be expressed by the survivors that may complicate grief reactions.

According to Vollman, Ganzert, Pitcher and Williams (1970), the family’s mourning process and adaptation in the end depends on the function of the deceased in the family, coping styles of members. Vollman, Ganzert, Pitcher and Williams (1970) state that a family member exhibits either *expressive or task oriented* role. Instrumental roles involve functions such as breadwinning. On the other hand, expressive roles are social and emotional in nature. For example, a member may be significant for resolving a conflict in the family system. Therefore the death of the member leads to disorganization. Some members may be deviant and dysfunctional (e.g., an alcoholic member causing distress). In this case, adaptation after the loss may be easier leading to relief in members (Vollman, Ganzert, Pitcher and Williams, 1970; Bowen, 2004). However, when this deviant member reflects a symptom that characterize the family but this symptom is expressed through this individual, the system is again disorganized profoundly.

## **2.7 Parental Bereavement Among Adolescents and Adults**

Although adolescent and adult bereavement have common characteristics, being in a different life section may also lead to differences (Balk and Corr, 2001) as a loss in adolescence is untimely (Tyson-Rawson, 2004) and adolescence is an overwhelming life cycle with its own challenges such as struggling for sense of belonging, making career decisions, achieving mastery and building self-image and trust (Polmear, 2004; Balk, 2014; Balk & Vesta, 1998). Adolescents are in a developmental phase that may make them more fragile and intense (Robin and Omar, 2014).

As it was suggested to be case with children (Kevin and Oltjenbrus, 2001), adolescents may have to grieve their losses in later phases of their development. This, in part, stems from the fact that they may grieve for a short time due to their own challenging status as an individual in a transformation stage (Robin and Omar, 2014; Leighton, 2008). In other words, adolescents may not possess a consolidated sense of identity that may help them cope with bereavement (Binder and Krohn, 1974). According to Reed (2008) adolescents do not have necessary problem solving and reappraisal skills like adults. This makes the coping with grief harder.

Namely, parental bereavement in adolescence is a complicated issue as adolescents have their own challenges of gaining autonomy versus being dependent in their relationships with parents (Polmear, 2004; Balk, 2014). Additionally, as compared to adults, parents are more important figures for adolescents. Parental bereavement may be more challenging as the parents are the main caregivers providing security, warmth, limits, financial aid and emotional regulation and family relationships become unbalanced (Reed, 2008; Robin and Omar, 2014). In addition, financial and emotional problems may follow parental death. Ironically, in adolescence, identity formation requires separating from parental figures (Keenan, 2014). Losing a parent when the adolescent is trying to gain independence from parental figures may lead to guilt feelings which may hinder the identity formation process. The bereaved adolescent may feel as if gaining internal independence from

the surviving parent would be like letting him or her to die (Binder and Krohn, 1974; Root, 1957). Besides, adolescents may pretend to be adapting easily to the parent death which may lead to complicated grief reactions (Lenhardt and McCourt, 2000). Tyson-Rawson (2004) state that emotionally stable atmosphere in which the intensity of the adolescents' emotions is tolerated and understood by the surviving parent is necessary. Furman (1974) states that the adolescent may feel anger, envy and shame for being different from their peers. Servaty and Hayslip (2001) found that adolescents who have lost their parents feel deficiency and inferiority.

As opposed to the case in adolescence, loss of a parent is expected and it is usually viewed as natural by the bereaved adults (Archer, 1999; Kissane and Bloch, 2002). In addition, there may be positive outcomes such as personal growth. In a study, Pope (2000) interviewed four participants aged 52-59 who have lost a parent in the previous eight months to thirteen years. These adults stated mostly positive outcomes. They stated to become more sensitive, mature, humbler and holding more responsibility. Their sense of meaning and purpose in life increased. They also stated that they have realized positive sides of the parents and realized that they have identified with them in many ways. In another study among parentally bereaved adult men whose age ranged between 35-60 and lost their parents one to five years ago, it was found that men whose autonomy level increased after the loss of father showed less grief symptoms (Özkan, 1998). In addition, a positive relationship with the lost parent was related to less grief symptoms.

As most adults face and mourn their parents' death without complications, it seems plausible that those seeking for help may have other problems. Parkes (2006) stated that adults who experience psychological problems and seeking help after parental death was more likely unmarried, more clinging or have insecure attachments (Parkes, 2006). In addition, in his study the average age of people taking treatment after the loss was 37 which suggested an untimely loss.

Servaty-Seib and Hayslip (2013) conducted a study among parentally bereaved adolescents and adults. According to their results, adolescents had more intense grief reactions and negative perceptions of interpersonal relationships. They also viewed funerals less positively. Authors concluded that adolescents had greater sensitivity for parental loss. In another study, it was found that younger adults were more likely to experience a fear of emotional breakdown as compared to older adults (Anderson and Dimond, 1995).

In another study, Schultz (2012) interviewed nine emerging adults aging 20-27 who had lost a parent during adolescence via suicide. Although the subjects experienced an additional burden of suicide and the stigma of it, they may have common themes with other young adults. Their initial coping strategies involved avoidance and substance use. In addition, they strived for normalcy. The experience had an impact on their identity with increased empathy and a new perspective on spiritual issues. They described the importance of an older figure who provided the lost functions of the dead parent in their lives. They also continued their relationship internally with their deceased parent while the lost parent was also felt as part of the self. These participants described their therapeutic needs in terms of good relationship, respect for the unique nature of grieving and exploring emotions.

## **2.8 Psychological Role of the Father**

“It doesn't matter who my father was; it matters who I remember he was.”

Anne Sexton

Although, in its simplest form, father is defined as “a man with a child” or “man who has role in the birth of a child” (TDK) , understanding the father concept deserves much more exploration and theoretical reflection on the psychological role of him rather than a definition based only on biology. Additionally, as the quote illustrates, the father’s psychological role may be

different from whom he is personally or whom the society defines father to be.

Briefly, father's psychological role may have many components. Literature review uncovered his psychological role as: authority, protector, nurturer, Oedipal rival or love object, self-object and facilitator of becoming a subject.

### **2.8.1 The Authority**

Father's role as an authority who encourage the children to obey the set rules is traditionally known (Pickhardt, 2007; Burlingham, 1973; Freud, 1911/1958). Although it is challenged currently, traditionally, in the history, fathers have been assigned the role of moral leaders for their children (Lamb, 2000; Nobbe and Nobbe, 2008). Father's authority involves prescribing, pursuing the rules and providing consequences in case of violation (Pickhardt, 2007). The father may be viewed as a leader whose permission and approval is very important. Therefore, it is plausible to say that father role as an internalized authority is of vital importance to individuals in their independent functioning as adults.

Similarly, Freud, in Totem and Taboo (1913/ 1998), writes about a community in which the father was the ruler with all the rights over the clan. The father used not to allow the male sons to stay with the clan as the father was the owner of all the females. Sons had to leave in order to mate with a female. However, in the history, the sons of the father rebelled and killed him in order to stay with the clan and mate with the women. After killing the father, the father's authority affected the sons more than before as they internalized him inside. According to Freud (1939/1964), father is a figure who provokes fear in the sons while also being respected and modelled by them and adults may have to overcome this authority in order to be independent adults (Burlingham, 1973).

### **2.8.2 The Protector**

Father is seen as a protector in the family (Burlingham, 1973; Freud, 1930/2014). Being protected is an archaic need for all individuals and fathers are usually referred to for this function (Diamond, 1995). Father's protection includes alertness, holding, preventing and providing. This protection that starts when the woman is pregnant, provides the child and mother with a secure space in which the child is nurtured. Davids (2002) state that father is a container for the anxiety that stems from the mother-child relationship, thus allowing a good alliance between the mother and the child.

### **2.8.3 The Nurturer**

Although the father is usually seen as secondary to the relationship with the mother, many researchers (Jones, 2005; Abelin, 1975; Diamond, 1998; Herzog, 1980) agree that father may be a primary attachment figure who can also maintain maternal functions such as nurturance, warmth and support. According to Lamb (1997), if the fathers take on a caregiving role with warmth and nurturing qualities, there would not be huge differences between the father and mother in terms of the relationship built with the child. In other words, maternal function may also be held by the father. In addition, when the relationship with the mother is traumatic, the child may project soothing properties to the father (Davids, 2002).

Abelin (1976) observed early attachment to father in his case of a young infant called Michael. Abelin stated that father was not a secondary object to mother as most object relations theorists claimed. According to his observations, Michael had a unique relationship with his father at the age of four months. When Michael was seven months old, he became silent and became lively when he returned. Abelin concluded that the relationships with both father and mother evolved simultaneously from birth on and both revealed symbiotic elements.

#### **2.8.4 The Self-object**

In the literature, the father as a self-object is also mentioned (Jones, 2007). According to Kohut, the empathic failures of the mother lead to an idealized father image (1971, 1977) . This idealized image's optimal failures may assist in self-development. Self-objects involve the significant others providing the self with the experience of continuity, consistency and prosperity. These self-objects may be significant others or objects. In this sense, the father is also a self object.

#### **2.8.5 The Oedipal Rival or Love Object**

In psychoanalytic theories, father usually appears when the children are at the Oedipal stage (Applegate, 1987). Freud (1923/2000) stated that the father was an important figure in pre-Oedipal and Oedipal years of the children. In Freud's theory, the children possess love to opposite sex parent between the ages of three to six and dream of attaining their love. In other words, they compete with the same sex parent for this love. This competition contains sexual wishes for the opposite sex parent, hostile feelings, rivalry and fear (e.g., castration anxiety) toward the same sex parent. Especially, the boys fear the father as their love object are their mothers. The boys want to take the place of their father. In this period, girls turn from the mother who are their first love objects, to fathers. Therefore they compete with their mothers. For the resolution of Oedipus Complex, the child accepts the fact that the relationship between mother and father involves love and sexuality which the child cannot obtain. Therefore the child makes an identification with the same sex parent which helps to form the superego. For girls, rather than castration anxiety, threat of losing the love of the mother enables the relinquishment of the love and sexual wishes to the father.

#### **2.8.6 The Facilitator of "Becoming a Subject"**

Lacan talked about father as a paternal function, calling it "Name-of-the-Father" (Nom-du-Père) (Fink, 1997). Lacan's Name-of-the-Father is similar to the castration complex of Freud as in both, the father brings law to



the relationship between mother and the child. According to Lacan, the presence or absence of the paternal function determines if a person is a neurotic or psychotic. The presence of the paternal function does not necessarily involve a “cogitation” or “alive father”. Similarly, the presence of an alive father does not guarantee the construction of paternal function. The presence of the Name of the Father imply that the father separates the relationship of the mother and child which otherwise would be enmeshed resulting in the psychological engulfment of the child by the mother. This does not mean that all the mothers are willing to bring their children under control. Lacan (as cited in Fink, 1997) states that the engulfment may be the perception due to the child’s own desire to be “one with the mother” or it may reflect a real wish of mother to fulfill her unmet needs from her child resulting in her own satisfaction. The father restraints both type of wishes that are called “Desire of the Mother” (*la d sir de la m re*). In this sense, the father is the law-maker and in this way, helps the child to build her own “self” despite being engulfed by the desire of the mother.

## CHAPTER 3

### METHODOLOGY

This study aimed to gain an in-depth understanding of father bereavement in young adults. Therefore Interpretative Phenomenological Analysis was the method of analysis.

#### 3.1 Interpretative Phenomenological Analysis

Qualitative studies are constructed in order to look into an experienced phenomenon and its meaning for individuals thoroughly (Langdrige, 2007). There are different paradigms that follow different philosophical assumptions and guidelines. The current study employs Interpretative Phenomenological Analysis (IPA) that is based on phenomenological paradigm which is the most acknowledged type by psychologists (Langdrige, 2007). IPA researchers, unlike positivists, refuse the idea of objectivity and subject-object polarity (Langdrige, 2007). In positivist paradigm, there is an assumed reality and its perception. However, according to Phenomenology the object cannot exist without our perception of it. An object is real for us when we perceive it. IPA studies do not include priorly formed hypothesis. They are based on one or more general research questions that are investigated with small sample sizes. In line with these, IPA researchers' most common tool is interviewing. Interviews are constructed to get rich descriptions of the phenomenon experienced and individuals' perception. The researcher's influence on the data as it appears in the interviews is guaranteed in phenomenological methodology (Smith and Osborne, 2003; Landridge, 2007). IPA involves the concept of *reflexivity*. Reflexivity means that the researcher should be conscious about the effect of her subjectivity and methods on the knowledge obtained in the interviews. Therefore the researcher asks herself many "what, how, why?" questions regarding the study in progress.

IPA usually involves semi-structured interviews that enable both consistency and flexibility (Landridge, 2007). A guideline for questions make the interview consistent among participants whereas not being rigid in asking the questions allows for flexibility. Interview questions are *funneled*, that is, the interview starts with most general questions and advances to specific issues. The questions are always open-ended and assists detailed answers (Landridge, 2007). The interviews are recorded and transcribed in order to analyze the verbal data in detail. Analysis is done case by case with the researcher reading the transcripts over and over since the superordinate themes that reflect the core phenomenon under study are formed.

According to Yardley (2000), the validity of the research is based on many dimensions. First of all, the research should be grounded on the philosophical foundations of Phenomenology. Another dimension is commitment which is about the researcher's competence and skills and the time that is given to the study. Ricoeur (1981, as stated in Landridge, 2007) states that transparency and coherence are other important dimensions of validity. Namely, the collection of the data, how the analysis is done, the transcripts supporting the findings, the possible impact of the researcher should be stated and discussed.

### **3.2 Ethical Considerations in the Study**

Ethical considerations in qualitative research may be especially important as far as the researchers are actively in touch with the participants, usually conducting in depth interviews. There are main areas of concern for ethical standards in research (Flick, 2007). First of all, informed consent should be given to the participants in order them to be aware of involving in a study and to know that they can leave the study at her own request. Similarly, being honest to participants, respecting their confidentiality and individuality, acknowledging their well-being and justice are all important issues for an ethically valid study. In qualitative research, the common tool for collecting the data is making interviews. This fact makes the researcher's reflecting upon the advantages and disadvantages for the participants especially

important when the study evolves around emotionally sensitive topics (Flick, 2007). Regarding the current study, bereavement process may involve highly emotional material. Therefore the interview content and setting was prepared accordingly. The setting was a room of Ayna Clinical Psychology Support Unit of Middle East Technical University that was designed for psychotherapy sessions. The researcher was trained in clinical interviewing and was sensitive to the individuals' needs and feelings. The participants were asked if they were comfortable and were informed that they were free to leave anytime they wanted. Despite this, anytime the individuals experienced overwhelming emotions, the interviewer was always ready to end the questioning and give support to the participants when need arised. All the participants stated to be comfortable talking and telling about their emotions regarding the bereavement.

### **3.3 Participants and Sampling Method**

Purposive sampling was used in the study. Seven young adults aging 20 to 35 who have lost their father in the past 10 to 65 months were the subjects of the study (See Table 1). Their fathers have died because of cancer, ALS or heart attack. Word of mouth was the recruitment method. The participants stated to volunteer for the study. Out of seven subjects, four of them were recruited from the consultants of Ayna Clinical Psychology Support Unit. Sample size was in line with the IPA studies. Ethical approval was taken from Middle East Technical University. Informed consent was given to the participants and they were encouraged to ask questions and share their feelings about participating in the study. After the study, the participants were offered priority if they wanted to get psychological support at Ayna. Nicknames were used for the participants for protecting their identities.

Table 1. Information about the Subjects

Participants	Nicknames	Age	Education	Father's death reason	Time Passed After the death-months	Number of interviews conducted
P1	Ceyda	30	Master's Degree	Cancer	17	5
P2	Selin	29	Master's Degree	Cancer	10	5
P3	Aylin	26	University	Amyotrophic Lateral Sclerosis	20	4
P4	Hasan	20	High School	Heart attack	24	5
P5	Doğa	23	University	Cancer	65	3
P6	Serkan	34	Master's degree	Cancer	58	3
P7	Melike	21	High School	Heart attack	16	4

### 3.4 Procedure

Semi-structured interviews were carried out with the participants. The interview took place in Ayna Clinical Psychology Support Unit of Middle East Technical University. For understanding the bereavement process of the individuals, the researcher conducted three to five interview sessions that lasted 50 to 70 minutes and an additional session for giving psychological support to the participants. The researcher had training on clinical interviewing and a ten year experience. The suggestions for IPA researchers were followed (Landridge, 2007; Smith and Osborne, 2003; Smith, Jarman and Osborne, 1999). The researcher had guiding questions. The participants were asked funneled and open-ended questions. Therefore the participants had the opportunity to talk freely. Also at the beginning of the interviews, they were allowed to chat to feel comfortable. When the participants talked about the researcher's questions even without asking for, the researcher cancelled that question if she thought it was appropriate. The researcher asked

questions to open up the issues that appeared in the interviews. The participants mood was always monitored and they were asked if they felt good often. The interview pace progressed according to the participants. They were reassured to feel free to stop answering the questions at any time they felt they did not want to. However, participants stated that they felt comfortable when talking with the researcher and it was a chance to talk freely about their bereavement process. Participants were given a booklet that was prepared by the researcher for the current study. They were encouraged to read it before coming for the last session. Then the last session was devoted to talking about their feelings, thoughts about their bereavement process and bereavement in general. As opposed to the researcher role in the prior interviews, the researcher had the role of a clinician in this last session using the techniques of Supportive Psychotherapy (e.g., advise, reassurance, reframing, encouragement, naming the problem, raising the awareness) (Winston, Rosenthal and Pinsker, 2011). Lastly, in the study, for confidentiality, anonym names were given to individual participant.

### **3.5 Data Analysis**

For a detailed analysis, all interviews were audiotaped. Then they were transcribed in detail. Interpretative Phenomenological Analysis was the method of analysis. In line with IPA, analysis started with the first case and then it is progressed to others. The transcripts were readen and re-readen many times while comments were made on the margins. Comments were in the form of notes, summaries, or interpretations. Then emerging themes were written and listed in a paper and were looked for connections. Some of the themes clustered together and some superordinate ones emerged. Lastly, a table of themes were formed with relevant quotes. Some themes that did not bear rich detail were dropped. These operations were performed for every single case and a table of themes that represented all the cases was formed. In making the analysis, a research team was consulted who checked the transcripts. This team involved the researcher, her supervisor and a clinical psychologist with a PhD degree and experience

in IPA. Before and during the study, the researcher kept a diary about her own feelings and thoughts regarding the research process and her own subjectivity of the study topic.



## CHAPTER 4

### RESULTS

The results section of the study is organized in four sections that capture five different research questions: 1) How do young adults experience paternal bereavement? 2) Are there themes that are unique to gender? 3) What do young adults suggest to other bereaved individuals? 4) What do young adults suggest for the acquaintances of the bereaved? 5) What do young adults suggest for professionals regarding the therapeutic process of the bereaved?

#### 4.1 The Young Adults' Bereavement Experience

According to the results of Interpretative Phenomenological Analysis, nine superordinate themes emerged in the study. The super-ordinate themes were “*symbolic meaning of father loss, emotions experienced in father bereavement, factors that make the bereavement harder to endure, coping with and adapting to father loss, arranging the distance of the relationships in the family, grief not shared in the family, complications related to bereavement, loss as a transformative agent and sustaining the bond with the father*” In Table 2 the emergent superordinate and sub-themes and the participants who have mentioned about them are displayed.



Table 2. Emergent Themes for the Experience of Bereavement

Superordinate Themes and subthemes	Participants mentioning the theme
1. Symbolic meanings of father loss	
<i>Losing an attachment figure providing protection, support and intimacy</i>	P1, P3, P4, P5, P6, P7
<i>Losing a mentor</i>	P1, P4
<i>Loss of authority</i>	P4, P5, P6
<i>Losing expectations and phantasies</i>	P1, P2, P7
<i>Losing the chance of reparation</i>	P4
<i>End of the childhood</i>	P2, P7
2. Emotions experienced after losing the father	
<i>Sadness/pain</i>	All participants
<i>Loneliness/ Emptiness/Yearning</i>	P1, P2, P3, P7
<i>Relief</i>	P1, P2, P4
<i>Anger</i>	P1, P2, P3, P5, P7
<i>Guilt/ remorse/shame/embarassment</i>	P1, P2, P3, P6, P7
<i>Fear</i>	P1, P2, P7
3. Factors that make the mourning process harder	
<i>Personality characteristics that make mourning a harder experience</i>	P1, P2, P4, P5
<i>The broken mother</i>	P1, P2, P3, P7
<i>Relationship style that hinders the mourning process</i>	P1, P2, P4, P5, P7
4. Grief not shared in the family	All participants
5. Coping with and adapting to father loss	
<i>Emotional preparation to loss if the father experienced illness</i>	P1, P2, P3
<i>Avoidance</i>	P1, P2, P3, P5, P7
<i>Finding emotional outlets to cope with feelings</i>	P1, P2, P7
<i>Making meaning</i>	P1, P3, P6, P7
<i>Getting support</i>	P1, P2, P3, P5, P6, P7
<i>Romantic partner as a substitute</i>	P1, P2, P3, P7
<i>Setting goals and ideals to overcome the burden of grief</i>	P1, P2, P3, P5, P6, P7

Table 2 (Continued)

Superordinate Themes and subthemes	Participants mentioning the theme
6. Arranging the distance of the relationships in the family	
<i>Getting closer</i>	P1, P2, P3, P4, P6,P7
<i>Becoming distant</i>	P2, P5
7. Complications of bereavement	
<i>Depressed mood and lowered self-esteem</i>	P1, P6
<i>Social withdrawal</i>	P2, P3, P7
<i>Substance use related psychosis</i>	P6
<i>Not letting oneself to experience pain</i>	P1, P3, P5
<i>Anger problems</i>	P3, P7
<i>Feeling vulnerable</i>	P1, P2, P3, P7
<i>Intrusive ruminations</i>	P2, P4
8. Loss as a transformative agent	
<i>Changes in self</i>	All participants
<i>Questioning current life</i>	P3
9. Sustaining the bond with the father	
<i>Remembrance</i>	P1, P2, P3, P6, P7
<i>Imagination and inner talk</i>	P2, P4, P6
<i>Dreams</i>	P1, P7
<i>Sensing the presence</i>	P1, P2, P3
<i>Internalization of father's behaviors and values after his death</i>	P3, P4, P5, P7

**Symbolic meanings of father loss.** Losing a father had different meanings for the participants. Losing an attachment figure with all the things he had provided, losing a mentor for life decisions, losing expectations and phantasies and the ending of childhood with the loss experience were the emerged subthemes.

***Losing an attachment figure providing protection, support and intimacy.*** All but one participant described the meaning of losing a father in terms of losing a significant attachment figure who has provided many functions. Fathers' protection against external threats was saliently mentioned in the interviews. In addition, the fathers' support included spiritual, physical and economic dimensions. Hasan, Melike and Doğa experienced economical changes and its related outcomes. For instance, Hasan said that his father would do whatever he can for his education such as spending money for him to study abroad. Doğa, after losing his father, had to get financial aid from his other relatives. He described how he felt as:

Asking for money to your uncle is hard at times...If my father was alive, it would be better to share my needs with him and ask for money.

Doğa also described losing his only intimate relationship with his father's death:

I feel his lack...Sometimes...when there is something good, I would share with him.

Serkan described how he had difficulty solving some legally problematic issues in his life till his father's death. He said that at those times, if his father was alive, he would help him as he had many friends who would provide support:

My father was a far-reaching man. He would reach anywhere. When I had problems in the past, he was with me. Then after his death I also had problems. I couldn't solve on my own. If he was alive, he would solve...I felt sad...I wished he was here to help me. I felt lonely.

Serkan had also lost an emotional attachment figure:

I lost my father emotionally. I felt sad. I used to love him very much also when I was a child. My bond with him was different. This is what I lost. I felt lonely.

For Aylin, Melike and Ceyda, their fathers' place was also of special importance. They felt the lack of their father's caring and intimacy. Ceyda's words explained broadly all the things she thought she had lost with her father's death:

I lost love, wisdom with him... My father had a huge place for me. I lost his love, I lost his caring. I lost hope. I lost that safety. He was powerful...Once...I never forget it. I was walking in the street and felt that...I have always felt strong before his death...That there was someone behind me. Someone who would protect me from whatever I experienced...I was walking in the street...I felt there was no one behind me. I feel that at times. If he was alive, he would be responsible for me and he was very strong in my eyes. His support was very big. I feel that I am backless. When something bad happens, for instance...My father always cared me. When it was cold outside, he even used to ask if I wore protective shoes. He was caring that much. So...when something bad happens or someone insults me, I think that my father would get angry with them. The need for father is timeless, I think. I will need him even when I am seventy...

Aylin's father had a long term disease and he was bedbound for seven years. She described losing many facets of their relationship with the disease:

My father was both present and absent in my inner world. Spiritually he was there but physically, not. For instance, I thought that we would never go to a vacation together...And sometimes I felt that there wasn't anyone to protect me. Because if something happens, I can't call my father...He can't protect me. He was at home as a simple being. He wasn't there. It was like a loss..In between...Not actually absent, not actually present...With his death..Emotionally I have lost him during his illness. After his death, I will not touch him again, I will not kiss him. Physical things.

Besides losing many facets of the relationship such as protection, Aylin used to talk to his father and share her feelings with him. She described a better communication with her father as compared to her mother. She felt lonely and more introverted after her father's death:

My communication with my father was better...Now. I have only my mother. I am reluctant to share my personal things with her. Because she reacts in a different way. At first, I felt...Sometimes also I feel...Now my mother and brother are together but I lost someone who was near me. Sometimes I feel lonely. I think like I have to focus other things but when I am irritated or sad, I feel these things...

Melike also described to lose the support her father provided her with:

The support behind me diminished...and because my mother was bad, we couldn't find that support from her, too. Therefore it was hard for me as I lost both of them's support. I was really sad.

Melike described how she felt her father's absence in times of need:

I wanted to call him when I had exams..If I talk to my mother, she has many things to do. How can she support me? My father used to miss me..Talking to him made me feel better. I crave for his caring at those times.

Although Hasan described a "bad" relationship and said that he used to hate his father most of the time, he mentioned about his father's possible support:

Father is a big guarantee....Someone loving unconditionally and someone you can depend on..There was a guarantee like this but now there isn't. Like there is a big tree that supports you...Bigger than you. Someone cuts down and takes it. You're left. You feel the poverty. If it hadn't been before, maybe you wouldn't feel. Maybe you would understand what it meant when you heard others' stories about their dads. But now...It is like this.

***Losing a mentor.*** Losing a father also ment losing a mentor for the participants. Ceyda described her father as "capable, intelligent and strategic" and felt that she has lost a mentor whom she would get advise on her intimate relationships:

I lost someone whom I could consult. If he was alive, I would share with him the problems I experience in my intimate relationship...I used to ask him everything. I relied on his intelligence and experience. I lost all that...What would he think of my current relationship? If he didn't want, it wouldn't continue, I think.

Hasan who described a conflictual relationship with his father said that he felt his father's absence as a mentor eventhough he did not think like this before his death:

We should talk with him. I would get advise. I feel the lack of it. Lack of a character that I can get advise from. Someone I should get advise...I haven't done that when he was alive but I realized the necessity of getting advise...He was someone I could get advise and suggestions about life. I could ask many things to him...

Aylin also described her need for getting advice from her father as he was the "most intelligent one" in the family:

I would want to get advise from my father. He was the most intelligent one in the family. When you can't, you do many things in trial and error...He would give advice about my work. He wouldn't become angry like my mother...He would probably tell me to quit the job if I am unhappy with it.

**Loss of authority.** Especially, the men described loss of authority after losing their fathers. Doğa stated that he was free to make all of his decisions himself, including his career. Hasan, after the death of his authoritarian father, was emancipated in his career decisions and wanted to follow a career in music:

If he was alive, everything would be the same. He would be aggressive..I would be restricted. I would be afraid to do anything...I couldn't even think of many things...He would make me feel ashamed...I would think that I am weak...Now I feel free to think about these...

Although his father was a modest man according to him, Serkan also described loss of authority:

I guess Dostoyevski had said...A man can't become a man until his father's dead. Really, your perception of the world changes. For instance, I wore an earring after my father's death. Before that, I used to think it wouldn't look good but I realized that it was related to my father. When he is present, you can't get involved in a fight and go home injured. You can't do those things. People who live with their family can't do whatever they want. Maybe you would cease school and go to another country but you can't. I had changes...Fathers are good but they are authority figures. Men have power struggle. Really...The father tries to have the right. He tries to protect the family. In fact, my father wasn't authoritarian. He was kind. He has read many books. He was naive but he hadn't allowed me to make a tattoo done, for instance...I realized these soon... I felt much freer. I made my own decisions. I took risk. Like substance use...If he was alive, it wouldn't be like this...I used much more then before.

***Losing expectations and phantasies.*** Participants stated that they have lost their expectations and phantasies with the death of their fathers. They felt disappointed for losing these expectations and phantasies. Dreams and phantasies involved sharing positive life events with the father such as wedding or graduation ceremony. Ceyda and Melike stated that they have always dreamed their fathers' supervisions in their future wedding ceremony. Ceyda said:

From whom will they ask for permission for marriage? I will become sad. Actually I can cry...If my father was alive, it would be different. I dream of these...

Additionally, Melike felt disappointed for losing her dream of graduation ceremony:

I will graduate from university but my father will not be with me...At my happy or bad times, he won't be with me. Especially, in graduation ceremony while throwing away my cap...

Two participants, Selin and Melike, said that they have lost their dreams of seeing their father as a grandfather who involved actively in the child's caregiving. Although Selin had described a conflictual relationship with her father whom was absent from home most of the time she described her phantasy as:

When I have kids, I always thought that my father would look after my them...Because my father was very safe and loving...

***Losing the chance of reparation.*** Hasan had a "bad" relationship with his authoritative father. He stated that he mostly hated him and preferred not to communicate frequently as his father was devaluing and insulting him in most of their conversations. However, after losing his father, if he survived, he thought that his father would may be change in a positive way. Therefore he was dreaming of being able to talk to him as an "adult". He described his feelings as:

If he said a good thing, it was also in an aggressive manner. I felt it was not real. There is no need for this. He could tell me when he was alive. We should talk maybe...Maybe he would become more tender and calmer if he had lived. Maybe...And I feel like something is left unfinished. We didn't use to call each other. I guess I was taking

revenge by hating him. When I came to study here, I began to like him a bit more...I was studying...Reading many books in order to have a good head on my shoulder. Then he would listen to me. We would talk maybe...He was well-read. He had read many books. When I talked, he used to say "Did you read this and that? If no, don't talk."..Yes I feel like something is unfinished. I was reading philosophy and sociology..Then we would be able to talk those things...Losing that chance makes me upset.

**End of childhood.** Selin and Melike told that they felt like they have lost their childness with their fathers' death. As a result, Melike said that she behaved more rational than before:

Your life changes very much. You were a child at home but now you are not. You are now an individual who has to support home...I felt matured. I lost that childness role. The reality is I can't be a child anymore. I have new responsibilities that prevent me from being a child. I see this in my relations with friends. If something is to be done, I want it to be done rationally, in a logical way...

Selin also described losing childness with her father's death:

It may be a cliché...but your childness diminishes when you lose one of your parents. You lose that feeling. His shelter...I can't go and hug my father anymore.

**Emotions experienced following the father loss.** The participants experienced many emotions following the death of their fathers, namely : sadness/pain, loneliness/emptiness/yearning, relief, anger, guilt/remorse/shame/embarassment and fear.

**Sadness or pain.** All of the participants stated that they felt sad or painful. The sadness and pain that was described by the participants was related to wide range of thoughts, feelings and memories. While some participants felt sad while thinking about old memories, others experienced sadness and pain that was isolated and unanticipated. Also some participants described feeling sad or painful in relation to the feelings of loneliness and yearning for the lost father.

Doğa said that there were only two times he felt intense pain and wept. These were in the first two days after his father's death. He described his sadness when he saw the coffin in the funeral. Selin who felt



very guilty due to her conflictual relationship with her father, described her sadness in relation to the fact that she would never have the chance to see him again.

Hasan who did not disclose intense feelings in relation to losing his authoritative and powerful father, said that he felt sadness and pain when he had to issue a death certificate. On the certificate, he read his father's death cause was myocardial infarction. After learning the label of the disease, he has read about it on internet while imagining what he would have felt in those seconds:

My father who was very rational and authoritative...Thinking about him experiencing pain is really bizarre. He even didn't go to doctors for anything. Nothing used to happen to him. When something happens to a man like this, I am challenged...Indeed, it gives pain...

***Loneliness, emptiness and yearning.*** The participants described feelings of loneliness, emptiness and yearning which were intertwined with each other. These feelings stemmed from not having the chance to see him again and the void that was felt due to the lost fathering functions. Melike said that she lost her primary support figure. Therefore she felt insecure as there was no one to hold her when she fell down:

Your mother and father are your primary support figures and one of them is lost...It is a feeling like this...You lean against them. You know that they will help you. But now there is nothing behind. I can fall if I lean...Now my mother also cannot hold me...(due to her mother's fragile nature)

Ceyda described her father as a dominant figure in the family. She felt loneliness, emptiness and yearning for her father. All these feeling seemed to be related to each other:

I felt lonely much more than before. I am uncomfortable with this feeling. For instance, this is the reason for my inappropriate romantic partners. I miss my father very much...Especially when I feel bad for something, I feel that I miss him. It bursts out. I say to myself I would feel stronger if he was here. If I could hug him...He used to hug and kiss me very often. I miss that. I feel the emptiness of that. For compensating that I'm doing inappropriate things...Loneliness makes the problems worse. I feel that I can't cope. Because you think of yourself. You feel sad for yourself...For instance, I have a phobia of

loneliness now. I don't want to stay alone because everything becomes heavier when you are lonely...I think.

Aylin described a feeling of losing a part of herself after her father's death:

I feel incomplete. A part of me is lacking and nothing can compensate for it but you try to do... You miss him. I was special for my father.

Aylin also described an emptiness in the family after her father's death. When he was alive, caregiving for him had taken family's most of the time:

There is a big void. In fact, there is nothing to think. My mother also has nothing to do. So she turned to us...When he was alive, she was looking after him like a baby. We were secondary for her. Now she holds onto us. Thinking like I have fatherless kids. Therefore she pampers us. This makes me feel bored. In fact, I am 25. I work...It is interesting. She calls many times like "what are you doing?"

**Relief.** Participants stated to feel relief in relation to the ending of their father's suffering and reordering their lives. Ceyda stated to feel relief as her father's suffering has ended. Selin also said that relief was a dominant feeling for all the people losing their significant others. This relief was for ending his suffering and reordering their own lives:

I remember the last year very dark. ..and the day my father died...I am ashamed of this but...I felt very sad but I felt also relief. Experiencing the illness is terrible. A person is fading in front your eyes. He couldn't even talk then...I felt relief..Like you don't dance with happiness but it is like his pain has diminished and we will focus on our own lives. In the hospital, you understand that daily life is very valuable...

Aylin also described feeling relief. When her father was alive, she had no time for doing the things she would like to. In addition, her relief was related to the ending of her father's suffering.

In fact, there is nothing that binds us now. His illness used to...Then, all of a sudden, you feel emancipated. In fact, I feel like this...There is relief actually. I am alone now...We used to think of him much but I wanted to do other things that I couldn't...I feel emancipated....In fact, you know that he feels pain. Physical and spiritual. When you see him...That is the thing that should be. He experienced great pain. Okey, we lost him but his pain stopped.

**Anger.** The participants described feeling angry in relation to the actuality of death. In addition anger was projected to father, the acquaintances and helping professionals such as doctors. The acquaintances who was to first to inform the individuals of their father's death were usually the targets of anger. The doctors and the hospital conditions were also held responsible for the outcome. In addition, the participants felt angry to the family members, in case, they thought they were not able to take good care of the deceased father. Sometimes, the anger was not connected to a specific reason but it was acted on in different settings such as work place.

Selin said that she felt angry after losing her father and the target was her work friends:

I was really angry. I was like...I will knock the hell out of them...(work friends). I talked with one of them in an insulting manner. Before, I needed him but after my father's death, I didn't have any tolerance for anyone talking stupidly. I was very brutal and aggressive. There was a kind of aggressiveness especially in the weeks following his death.

Aylin described the moment she learned that her father has died and how she felt angry with her mother's reaction:

I answered the phone. They said "your father is dead" I said "thank you" and hung up. My mother was fainted. I said "We need to rescue the one who is left". Then we went home and I realized the fact. This realization made me feel both sad and angry. Why did he die? I was angry...Then others think that Aylin is not sad because she is not crying...Rather she is angry and irritated. Like I am abnormal, they think...

Doğa was angry with his family for not telling the type of illness before and for not taking good care of his father:

I am angry with my family for they haven't told me the whole thing. Maybe if I knew, I could do something for his caregiving..For instance, his diet or something that would extend the time. They didn't share with me...

**Guilt, remorse, shame and embarrassment.** The participants described feelings of guilt and remorse in relation to the specific moments or general relational patterns with their fathers. They were also concerned of the things they thought they did not do appropriately, especially in caregiving

during the illness or their medical decisions for the health of the father. In addition, sometimes their guilt was related to their grief reactions and their effects on significant others. Ceyda felt guilty for suggesting her father to be operationalized. After the operation, her father was in intense care until he died:

Doctors give you choices. My father asks me what to do...My aunts said he shouldn't be operationalized. I had an oncologist friend, I asked him what to do..I was a point of reference for my father..I said it would be better for him to be operationalized. He agreed to be...He already wanted but he was relieved as I told him to be...After the operation, he asked me how it has passed. I said "very good". He was so happy for that. I felt guilty as everyone was against the operation. I thought if only he hadn't been operationalized. Because he used to dislike intensive care unit. I wish he hadn't lived his last days in the intensive care.

Ceyda also felt guilt and remorse as she had not passed more time with her father:

Why didn't I stay with him? Why did I let him cry every time he welcomed and send me here? I should have stayed with him. I could get a medical report.

Serkan and Selin also felt guilty for overlooking the illness of their fathers. They thought that their father would maybe alive if they realized the illness before. However, they were aware that there was nothing to do as the illness was of aggressive type that would progress in a short time.

Selin felt guilt for her words or mimics that she thought undervalued her father. Selin was affected from both the negative events in the family and her mother feelings in her relationship with her father:

I felt guilty (crying). I felt very bad. In fact, my parents had a troubled relationship. There were always economical problems. My mother started to work again when I was third years old. Then I was sent to my grandmother to live with her. My childhood passed outside the home. This fact has shaped me very much. The anger never disappeared..and it was usually targeted at my father. He was always a kind of mysterious. He had many debts that we learned at times. Huge amounts...That led to overturning in the family. My mother was always the one who cleared them up. He was an example of improvidence...

Therefore Selin had a conflictual relationship which was full of guilt and regret at the moment:

For instance, my brother is messy. My mother used to tell my father not to tidy up. However my father used to tidy up earnestly. I used to ask him why he had done. Then I learned that my brother was very content for his behavior (crying). Sometimes I think that my mother has manipulated me. Especially that anger I felt towards him...We used to quarrel a lot. For instance, from 2001 to 2006 he was away. He lived apart. In that five years, I saw him maybe 20 times or something. I don't know why. Seeing him felt me bad, like bulldozed. I didn't want him to come back to home. My brother and mother wanted...After his death I felt intense pain...(crying) One morning I woke up and heard some noise from the kitchen. I started to complain as "what is he doing again?" I forgot that he was dead and I was angry with him again. Then I told myself "you're disgusting". I have really forgotten that he has died and may be that anger would go on if he survived... I wish our relationship was different. We used to tell our love to each other but I wish I could behave him like he was the father. Not like criticizing a little child. I wish I could shown him more respect.

Selin also described specific moments of caretaking which made her feel guilty:

There were bizarre things. For instance, I used to scrub his feet with cologne. Then I learned that it was really harmful. It made wounds and I felt really bad. In fact, I have thought it would make him relieved.

Selin told about feeling embarrassed and ashamed for her behaviors after losing her father. She said that she attended Gezi event:

I attended Gezi...but on the other side, my father has died. My friends saw me and they were surprised. They asked me if I was fine. To confess, I felt embarrassed. Because I was there. Others might have thought "she had lost her father few days ago"...When I got on a bus, I met a friend of mine. He asked how my father was. I said that he has died ten days ago. He then said "Look you're fine". I was really ashamed at that moment. Then I started to cry. No I am not, but I don't express this...

Melike felt guilty for both past events and her reactions following the death of her father:

When I remember the times of struggle, I say if only I haven't...I wish I haven't failed in my classes. I wish he had seen that I have passed the class and then die...I wish I made him live that happiness...I wish I have called him more...

Regarding her feelings of guilt that was related to her reactions to friends, Melike said:

I ceased to see my friends. Then I thought that was unjust for them. When we met, I caused disturbance when there was nothing big. Then I felt guilty and told myself to calm down...

Aylin felt guilty as she was reluctant to give care to him sometimes during his father's seven years illness:

My father is also a hard person, caregiving is also hard. Sometimes when I had to look after him, I was bored. I feel guilty and remorseful for that...I couldn't prevent feeling like this...I feel guilt and remorse. However, if he was alive, it would be the same, I think. In fact, I knew that he would die. If I had known the exact time, I would spend more time with him when the time approached...

Aylin also said that she felt remorse as she had a quarrel with her father in the days before he was institutionalized. She said that she wanted to go to a concert and her mother did not allow her to go. Her father was like a jury in quarrels with her mother. She said that:

...I told him that I would go to a concert if he gave permission or not. He was disappointed...I would apologize but he fell into a vegetative state. In fact, our quarrel wasn't driven by him. He got involved implicitly. Apologizing from him...It remains inside me.

**Fear.** Participants, specifically women, reported to feel fear after losing their fathers. The fear was about dying, getting ill or losing a significant other. Melike described her fear:

I was fearful. Will I lose someone again and again...I thought. My sister, my mother...Fear of losing them was great. I struggled with this fear for three or four months. Like I could lose someone else...I also feared my own death. But not because I thought myself. I thought what my sister and mother would do if I died as I know what we experienced after losing my father. It was like my loved ones would die day by day...Then the fear began to disappear. Eventhough, I still feel fearful of it at times.

Selin was also fearful of becoming ill:

For instance, I had a health problem in the last days. I feel fearful of death. Does something happen to me? My father's death may have triggered this fear.

**Factors that make the bereavement harder to endure.** The participants told about different factors that made them more vulnerable in their mourning process. These factors encapsulated their personality characteristics, having a broken mother and their relationship style with their fathers.

**Personality characteristics.** Introversion, emotionality, a melancholic nature and being prone to rumination was the personality characteristics that the participants stated to make them more vulnerable in mourning process. Selin said that being prone to rumination made her vulnerable. She said that she thought about all the past events in detail and could not prevent herself from doing this. Hasan said that his melancholic nature made him vulnerable. Doğa underlined his being introverted that prevented him from sharing his inner experiences with others:

You always keep things inside. Then these things appear in your mind when you're at school, for example. There is something always working in your mind like a another tab when you're using internet...Introversion results in that.

Selin and Ceyda stated that emotionality made their mourning process harder. Ceyda said that she used to exaggerate what she experienced and worried by thinking about her father's future absence:

I am emotional. My emotions take over me. That made it harder. I dramatize the events...I think about things in the future and think "What will it be like? And then cry...I dream about future then I get upset. Somethings will happen but he won't be here. I cry for that. I cry for something that is not present at the moment.

**The Broken Mother.** Specifically, the women in the study described their mother and how important she was in their bereavement process. As described above, they were mostly affected by their mothers intense grief reactions and "weakness". They stated that they needed a stronger mother while their mothers were in deep grief. For instance, Ceyda described her needs:

If my mother was stronger, it would be easier for me to cope...Because I kept everything inside. The responsibility was overwhelming...If she was stronger and was not prone to illness...If

she gets a bit upset, she becomes ill when she is demoralized...Something like fever, for instance...Something happens to her, actually. Headache, fever with chills...The doctors usually say that it is psychological...Once I have told her that I was overwhelmed. She was very upset. Then I couldn't talk to her again. She said "How did you say that? You broke me into pieces..."

Melike was also affected by her "weak" mother in a different way.

Although she was concerned for her mother's well being, she was hesitant to ask her how she felt due to her fears. She feared that her mother would even become suicidal and would tell her to come and stay with her. Melike did not want to change her life. She did not want to go back and live with her but felt that she would have to offer going back if she asked her mother about her feelings and in case, she stated to feel bad:

My mother was the most affected one in the family...She is weaker as compared to me...However I couldn't ask her how she felt. I daren't...Because if she was bad, I thought of going back and living with her...If I had to do that....

In addition, Melike said that she had lost both her father's and mother's support as her mother was weak and depressed. She said that she had to support her mother and sister both spritually and economically.

Aylin said that she delayed living her pain due to her mother's weakness after the loss and she felt emptiness which was related to her mother:

I was irritated with my mother. Because she reacted intensely...and I don't react like that. I didn't want to talk with anyone. The home was crowded. I only sat and watched TV. On the other hand, my mother was crying all the time. Then everone hugged her...and she also used to entartain the guests. Then she cried. I was very irritated with this. You have lost your partner. You don't have to do housework. You can cry alone...She is very devoted to rituals. The funeral, reading Quran...It passed like this. Everyone pampered her. Because she reacted intensely. I was only watching TV and no one came to see me. I don't know, maybe, they thought I wanted to be alone...I was really angry with her. I used to ask "Are you still crying?"...Like her grief was never ending...There is a void. In my life. My mother created it, partly. She couldn't get over the loss. My mother lost control of herself so I couldn't live my pain. We have trusted her before. She was our support. She was the rock. For seven years, she had done everything.



But after his death, that rock was crashed. Then I said I am down. Someone had to do other things. I had to...

Selin was affected by her mother's guilt feelings. She said that she was taking side in the quarrels between her parents and she felt that she was sometimes being manipulated by her mother. In bereavement process, she was also affected by her feelings of guilt that passed through her. Therefore her guilt was fostered.

***Relationship style with the father.*** Participants' relationship style with their fathers seemed to hinder their mourning process. Their relationship styles were unique but it mostly affected them in a negative way. Dependency with overidealization, father's being the only emotional attachment figure, being donor for father, both having a good or negative relationship had negative consequences for the mourning process.

Ceyda described her father as a "super" man whom she depended on very much. Her father used to love and cuddle her like "a five-year old child". She was reluctant to accept his absence after his death and described her feelings as "like a fish out of water". She also said that she had overidealized him and maybe she had to cease this idealization to feel better at the time. Also Ceyda's feelings was conflictual as they appeared in the interviews. She has been a donor for her father when she was very fearful it. After all the others were screened for being donor, no one was found suitable by the doctors. When she offered to be a donor after a four months of searching, her father complained as "Are we late? I couldn't think of you but my daughter why didn't you?". This was very hard for Ceyda. She felt both guilt and anger.

Doğa's father was his only emotional attachment figure and he said that he shared his feelings only with him. Therefore he stated that no one could replace the emptiness. Selin had a negative relationship with her father that involved frequent quarrels in which she said she insulted him. She described her feelings as:

Anyway, we had a problematic relationship. So, at first I felt guilty. I felt very very bad for what I have done to him in our relationship.

Melike described their relationship with her father as very good and her expectations were shattered:

Losing a good father was the hard part...I am very very sad. I was proud of my father. He was a good father who could represent me. In the future, when I get married I would introduce him...I used to dream these...Now..I had many expectations from him. He was a good father and a good person. Maybe he would help me for many things. He would not cause problems. He was not aggressive or something like that. So I had many expectations. Maybe he was a alcoholic or a gambler, I wouldn't have any expectations. Then he would not be of great value...

**Grief not shared in the family.** All of the participants told that after losing their fathers, the family members avoided talking about the death and their feelings about it. Most of the time, the reason was that they did not want to touch each others' deep feelings. In addition, for a participant, Doğa, it was a kind of "self-protection" from the overwhelming emotional atmosphere in the family. Melike said that the family members did not talk about their feelings for about one year:

We were apart from each other. There was no communication. In fact not talking about it for a year made me feel that we were distant from each other, emotionally. I didn't go to home frequently. On New Year's Day I was there but not to disturb the atmosphere...I didn't want to talk about my father. They didn't open up the subject, too. For a year, it continued like this...When my mother called me, she asked "are you fine?" I said "fine" and asked in return "are you fine?". She answered "fine"...

**Coping with and adapting to father loss.** Participants described different coping strategies after losing their fathers. These strategies involved emotional preparation to loss, avoidance, emotional expression, meaning making, substituting the father's place with a romantic partner, getting support and setting ideals for overcoming the burden of grief.

***Emotional preparation to loss if the father experienced illness.*** Some of the participants in the study had lost their fathers due to chronic illnesses (e.g., cancer, ALS). Therefore they had a time to reflect on the

oncoming loss. However, this time varied from a few months to years. Even if the illness progressed rapidly, they described to have a time to accept the reality before it did happen. Aylin, losing his father after a seven year of illness, stated that she knew the end long before the death of her father:

I already knew that he would die. It was okay. There was nothing to do. In any case, he would die. If he didn't die at that time, he would die maybe a year later. All in all, the progress of the illness is certain. There is not anyone, except Stephen Hawking, who lives for a long time. Because you live by the help of caring. You make the patient live with caring. His life depends on how good you care...

In addition, Aylin described that she has lost many facets of the father-child relationship before his father's actual death:

We lost many things with the illness. You lose "the father concept". Actually, everyone starts to think of him as "an ill person" rather than a father. He is given compassion and caring. Therefore you have a relationship that is different from the normal father child relationship...If he wasn't ill, he would not be that much fragile. He wouldn't cry for everything. Then your behavior also changes...Normally, in a Turkish family, father has a protective role. You think you don't have someone to protect you...

Selin described a feeling of preparedness for his father's death which happened in a two months time:

This was a death that was assured before. So I don't feel like having fallen down from a high place. Okay, he was not ill for six years, for instance, but...Fortunately, it was not...Everything happened in two months. Even so, it was not like a traffic accident.

**Avoidance.** Participants talked about avoiding the reality of the loss or remembering some moments that made them feel distressed. The avoidance was in the form of forgetting, suppressing the events or denying the reality of death. Aylin said that, after a seven year illness, her father was hospitalized. She found those times very hard and overwhelming as she had also externship in which she had many quarrells and conflicts. She said that she could not remember those times during the illness as "they were erased from her memory". She described herself as "It was like I have shut up my brain". In addition she was reluctant to attend remembrance ceremonies that her mother organized:

The rituals...Quran reading, praying together...These things make me feel tense...You don't have to remember him with praying. He is someone whom you'll always remember...Those things affected me negatively. Once you live the loss and it has to finish. I felt like experiencing those moments over and over again...What is the point in living all the thing over and over?...The feeling of loss. I feel better...then there is a ceremony and all the things come to my mind again...I feel all the emotions that I felt after his death. That emptiness...The thought that everything is meaningless. The thought that I will never see him again...All these thoughts overwhelm me...Then I feel very sad. I express my pain with becoming angry. So as my mother organizes the ceremonies, I explode to her.

Selin also said that she could not remember the times of her father's illness that lasted two months and forgot many details regarding their conflictual relationship with her father :

I realized that I forget many things easily. For instance, his face was very puffy. I have forgotten that. Because it was terrible. I guess I throw some details out of my mind...I have forgotten many things. I don't want to think...

Selin also avoided to visit her father's cemetery:

I don't like visiting the cemetery. My mother likes to...It makes me feel bad. I think about him under the ground. Is he rotten?...It is weird.

Ceyda said that eventhough she knew her father would die, she was reluctant to accept the reality. In the last weeks, she said that one doctor, as opposed to many other doctors, told that he would be fine. She said that she believed that doctor who was in the first year of his career. In addition, after losing her father, she was still reluctant to accept the reality of death:

I don't believe in death. It is weird. He's under the ground. How? I can't imagine. He is not there, I say to myself...Like he has hidden. He has gone to a distant place. For instance, he has gone to United States...It is immature, I know...but I think in this way...

Doğa described to avoid from the reality both before and after the death of his father:

I didn't know exactly what his illness was. It was in his throat, related to that area...Actually, the tissue...Do I know what exactly it was? I don't. Did I ask? I didn't...That time I was away from home..at school. So I could not...Anyway, I didn't want to ask. Some sort of avoidance...

Doğa avoided to talk about the death of his father as he thought that talking about his loss would be worse for him:

Like if we talk, we remember more...It would be like reopening the wounds for me. So my attitude (not talking) to my family protected me in a way.

***Finding emotional outlets to cope with feelings.*** Participants described different ways for letting their emotions out. Ceyda stated that she cried voluntarily at times. She said that she would want to feel the sorrow and listened to affectively intense music for crying. Melike, Doğa and Ceyda also found looking at the photographs helpful to discharge their emotions.

Ceyda described her being voluntary for listening to music and looking at the photos that made her feel like crying:

Sometimes I did things although I knew I would become sad. Like listening to intense music and crying...Like looking at the old photos..You miss him and by this way, you reminisce, cry and tell that you have missed him. It is a good thing.

Selin talked about discharging her emotions in Gezi event:

Strangely, Gezi broke through just five days after my father's death....We, my brother and me, found ourselves in the street....At first, I thought nothing other than my loss should be important. However it was my area of interest. There was something very different with Gezi. Something that I would never see again. I thought I should be a part of this...That also gave a chance to discharge my negative emotions. Kind of a cry, scream...If I was at home, it would be harder for me.

***Making meaning.*** Participants described ways for meaning making of the death event and their related feelings, especially guilt. This meaning making encompassed mainly religious or spritual beliefs and reappraisals. In addition, some participants collected information from doctors or those who had experienced loss themselves. This information was helpful in resolving their feelings such as guilt for not realizing the illness earlier.

Ceyda stated that she felt guilty for suggesting her father to be operationalized for the last time when all other family members were against it. She felts guilty as her father valued her thoughts much. She said that her

father spent his last days in intensive care which he did not like at all.

However she made meaning by getting information and thinking differently with the help of her religious beliefs:

I asked the doctors many times if we were late. No, the type of the cancer was aggressive and recurring...At least, he was anaesthetised and the process was accelerated. Dying process. I was happy for that. If he was not operationalized, it would continue. Also according to my belief, the number of breath is determined for everyone. When the time comes, we die. By taking this as reference, I soothed myself...Probably you soothe yourself with thoughts...If I was involved in the process more, I wouldn't pull myself together again. That's the good way...I did whatever I could do. Doing more would be sacrifice...I was also operationalized and my liver was small. It didn't grow properly...I tried to protect myself...I was reading Quran. It made me feel good. My religion...sustained me. Some of my friends have told me to get professional support. I said them my religious beliefs are sufficient. My beliefs tell me...You will live pain in this world but you will be rewarded in the end. If God promises this...It is right. You believe wholly....Yes these moments are distressing but they will pass and good times will come...

Melike mentioned about some family problems in the extended family. She said that her father was torn between his parents and nuclear family. After losing him before a religious festival in which she thought he would be again torn between them, she said she reappraised the situation with a different point of view:

Now he won't be torn between us. It is something positive. Making a choice between the family members is a hard work. Now he is dead. Maybe it is good for him. He didn't participate to the festival.

Additionally, she mentioned about her mother and aunt's losing their parents in an earthquake. She felt encouraged as they were able to cope:

In fact, if my mother and aunt has experienced their parents' death and survived...Then I can survive, too, I think. I feel motivated by this fact.

Aylin described her reappraisive thinking in making sense of the loss:

I think you never forget him...You'll always remember him...But you think about positive things besides the negative ones. At least, he is someone who has lived with you for a time. He had affected you, your life, your development and personality. Someone who had brought you up. These are good things to know. Maybe, it is sad to know that you

can't share your future with him. And for that..Spritual things help. Thinking like he watchs us makes feel good...You think like this in order to feel happy.

**Getting support.** The participants emphasized the importance of getting support for coping with the bereavement process. They have gotten support from the relatives, friends or psychological/psychiatric helping professionals. Aylin said that all of her friends came home to visit her frequently. Her friends asked her to go out for distracting her from the feelings associated with loss. Ceyda also said that her friends were with her all the time, calling her to take out.Hasan, Ceyda, Serkan and Melike said that they got help from a professional. Serkan was prescribed an antidepressant and was advised to accept his loss. Although he could not understand what the psychiatrist's advice meant, then, after a while, he said that he was aware of its meaning. Ceyda stated that she has consulted a psychologist due to her extreme anger and somatic complaints. However, she said that she felt she was not understood and lonely. Therefore she was not content with the offered psychological help.

Melike emphasized the importance of getting support from her aunt who had also experienced the death of her parents:

My aunt made me feel that she was always with me. Like she was always behind us. She told that she would always be with us. Both financially and spritually. That motivated me very much...She said that she had also lost her parents and overcame the bad times...She told that I was also strong. Hearing her words...I thought I would also overcome and I was supported.

Another supportive figure was her best friend whom she described to take her out, share her feelings and encourage her to study. In addition, Melike has consulted a psychologist whom helped her to solve sleeping problem. She was content with the offered help that made her aware of her own responsibility in solving her problems.

Selin described how her aunt's words were supportive when she felt bad and guilty of her behavioral manner to her father:

When my aunt was with us...I had a nervous attack...Then she said "you did your best. You looked after him very good. You were always a good kid".

Although, this friend was the one to offer him a synthetic drug, Serkan described to find a friend's words helpful as he had also lost his father:

My friend who gave me the synthetic drug for the first time...When he gave me, he told me his story of losing his father. He told in a calm manner. He was a doctor...When he was trying to take his father to the hospital with his car...He told that his father died due to the accident this guy did. Although his father had a progressed illness...When I saw the conflict he survived, I thought..There is nothing to feel guilty. You have to accept what happens. You can't prevent...

***Romantic partner as a substitute for the father.*** Specifically, women described to substitute their relationship with romantic partners. This was sometimes in the form of consciously looking for a similar man or looking for and seeing the characteristics of the father in the boyfriend. Melike was eager to marry a man like his father. Aylin also said that she was trying to find the properties and functions of her father in a partner.

Ceyda said that she was involved with Ali when she felt her father's absence but he could not replace his place. She stated that she was looking for her father's qualities in a partner: tall, bellied and funny. She said that she had faulty decisions about relationships as she looked for these and suddenly decided to get involved with a partner:

When he went from our lives...I have problems till then. I didn't need anyone when he was alive. Even a boyfriend...Of course, I would want but it was not a big problem. But now it's a problem. I need caring...Now I want a special attention. This wouldn't be at the center of my life... I haven't hugged him for a while. Then I had a boyfriend...However I knew he wasn't the one that I wanted to hug. It was my father...My father went... and Ali came to my life. But he wasn't enough. Because my father was so caring...He can't replace him. He does not compliment me as much as my father... I feel his absence very much...And in order to feel that void, I do wrong things. I am sure, for instance, that guy is not competent with me but...For instance, my father was bellied...The men I get involved are also bellied...



Selin described how she looked for the shared characteristics between his father and boyfriend:

For instance, Ali is like my father. His bathing habits. He is also from Black Sea area. He is also nosy-parker. He criticizes everything in the kitchen. Not his face. But the order at home. His sitting style. These are like my father. Like his putting the sweater on his shoulder. His foot. It is strange.

***Setting goals and ideals to overcome the burden of grief.*** All but one of the participants talked about setting goals and ideals for coping with their bereavement process. These goals were related to both their daily lives and building their future careers. Ceyda stated that after losing his father, she was mainly concerned about her life:

After a week I came to school and started to study like it had to be. I thought I should focus on my own life. If I didn't, my life would slip through my fingers...

Aylin, after spending many months sitting at home alone, described an urge to invest on her career. She said that she began looked for a job and was accepted. Melike said that she was motivated to succeed in college:

At first, I said I would succeed at my classes. Like...I will be a good child for him...I want to be an academician...My goals are clear now. I have set them. Being a good person for my father and my country and supporting my family... My father was dead. But I told myself I would succeed. In fact, I did. I don't know how...but I did.

Serkan also described how he has motivated himself to finish his master thesis. He also took a job which helped him to solve his financial problems. He was distracted by focusing on his career:

I began to work on my thesis and took a job as an assistant. It helped me, I guess. When you focus on something, you don't ruminate on your pain.

Doğa was also motivated to succeed as he thought his father would want it to be in this way. Selin have set future ideals and goals for herself. She described her life before her father's death as not moving to somewhere and drifting with the current. She told that she had bad romantic relationships and a job she was not happy with. She said that eventhough she felt broken for the death of her father, she built her life up after his death:

I have made a plan and set a goal for myself. That made me feel good. I had to study for applying graduate school. As I had a plan and ideal, I focused on that. Something finished and the other one started. The exam...I passed that. I had to rent an apartment. I did. I arranged the apartment. I handled the debts of my father on my own.

**Distance and relationship arrangements in the family following the loss of the father.** After losing their fathers, all the participants talked about either becoming distant or closer to each other with their family members. Melike said that they became closer after losing her father:

After a year passed from his death, we're closer with my mother. I share much more things with her. I don't hide small things from her now. In the past, I thought that she would become angry and I used to share with my father. For instance, when I wanted to travel to another city, I would share with my father first...My mother was more authoritarian. She made the last decisions...Now we are closer and I think she has changed. She is trying to understand us now...I felt that her love has increased. She tries to spend more time with us. We go to cinema, for instance. In the past, we used to go to the cinema with my father...She is trying to replace his place...Now she is trying not to get in conflict with us. In the past, we used to quarrel very much...Before his death, there was a gap between us. Now we are side by side. We got very much closer.

Hasan said that after his death, he felt closer to his mother and brother:

I didn't call them in the past. Now I changed...I call frequently..I don't know maybe in the past they reminded me of my father....

Ceyda described how her mother got closer to her:

My mother became very attached to me. Probably because I am single. She wants a bond...She likes my attention. I don't know, maybe she thinks that I am lonely...We are much more like a family, two of us...

While most of the participants experienced closeness with the family members, Doğa described severed ties with his other family members after losing his father.

Our bond is broken. In terms of sharing something...Our bond is only economical.

In addition, Selin described both getting closer with the extended family members and becoming distant from her nucleus family. She said that, after losing her father, she has realized that her father was the one whom made their relationship distant with her cousins. She said that her father used to give the impression that their relatives did not like her, her brother and mother. However, in the end, she stated that she has learned that her father had debts to the relatives which she thought to be the reason of his motivation to estrange them.

Selin has moved to another city after her father's death, she described becoming distant from her mother and more autonomous after the death of her father:

I was estranged from my friends and family after losing my father. I drew a boundary. I reacted negatively to their calling me to come home... Sometimes my mum ask to sleep together but I don't want it anymore... In the past I used to think of my mother very much. Now we talk two or three times a day. I can soothe myself now... I realized that I should also have a life on my own... For instance, after my father's death, I believe that they are more peaceful...

**Complications related to bereavement.** The Participants talked about different problem they have experienced after losing their fathers. These were depressed mood and lowered self-esteem, social withdrawal, substance use and a resultant psychosis, not letting themselves to experience their pain, anger problems, feeling vulnerable and having intrusive ruminations.

***Depressed mood and lowered self-esteem.*** Serkan explained what he had experienced after losing his father as:

I felt broken inside. For a few months... I had no energy and motivation. I woke up hardly in the mornings... I was in a deep depression. I felt that way. Maybe it is wrong to label it. I felt guilty. I thought if I had taken my father to United States for treatment, it should be better. But it is not true. He had lung cancer which was in the fourth phase.

Ceyda also talked about her depressed feelings after losing her father. She said that she was a self-confident person when her father was alive.

After losing him, she described shyness and embarrassment in her graduate classes. She said that she was unsatisfactory in her graduate proficiency exam which was very unexpected for her. She said that her father has fed her self esteem:

I am so diffident...Normally, I don't get anxious or shake. I had high self-esteem. Probably my father supported my self-esteem very much. He used to say "You can do that. You're the best". With his support, nothing could stop me from reaching my goals.

**Social withdrawal.** Some of the participants, after losing their fathers, described to socially withdrawn for some time. Melike said that she was socially withdrawn after losing her father as she did not want others to pity her:

For some time, I was very disconnected...I didn't see my friends...I didn't see my friends for some time. I didn't want to..Maybe because I didn't want them to look at me in a different way...Her father died, she is weak...

Aylin described being socially withdrawn and taking time to reflect on:

For some time, I was always at home. Only my friend came to cheer me up. I recovered in this way... I liked the solidarity. Being on my own..and reflecting...Thanks to them, my friends were with me. But I was at home all the time watching television whole day. I used to go to sports center. I didn't think of anything. Like I have shut my brain up. So that I would not consume energy. I was on my own. Like I have withdrawn into my shell. Then I said "it's enough". For about three months, it went like that.

Ceyda also was reluctant to see her friends as she did not want to overwhelm other people with talking about her loss all the time:

Eventhough I didn't experince...I felt like I would overwhelm others with my pain... So I said to myself to pull myself together...I didn't answer the phones when I felt bad...As I would talk all the same things with them. I was bad. I didn't answer the phones and I was withdrawn for some time...

**Substance use related psychosis.** Serkan, after feeling very depressed for few months, told that he met a girl and divorced her wife. Then he used a strong substance that resulted in psychosis:

I took a synthetic drug. It had bizarre side effects. I felt like a third person to myself...Until the psychosis I had fun. Every day was better than the day before...Then I was in psychosis for 10 days.

***Not letting oneself to experience pain.*** Some of the participants told that they could not experience the pain. Ceyda said that her father was very special for her and losing him was unacceptable for her.

I feel that I have suppressed my feelings. Because I am in a state like...I will live and die. Everything will end. Or...Everyone has a life. Mee, too. I have to live and die. I wasn't very sad after his death. I didn't cry very much after his death. I tried to pull myself together instantly. I was anxious. Like I would be unsuccessful at school...In one festival, I did my make-up and went to my mother city. In our culture, normally, people don't do make up after a loss...I wanted to pull myself together. I didn't want to let out...If I did, I was afraid not to pull myself together...I tried to be powerful.

Aylin described not to experience her pain fully:

The pain should be experienced at the time. When you experience the pain, it is better for recovery. Cry it all. Crying makes you relieved. Cry, scream...There is always someone for other things. I acted like there was no one for those issues. But someone could do the other tasks. You lose your father and you have to cry. This should be your part. Others should try to help you. It had to be experienced. But I could not...

***Anger problems.*** Some of the participants described angry feelings instead of pain. Melike described her anger instead of feeling pain. She told that she was suddenly angry with her friends and told something that she knew to be offensive for them. Melike said:

I didn't show my pain outside. I kept inside but this time I felt nervous and withdrawn. I didn't see my friends. After a while I realized that I behaved in an angry manner and damaged my friends. Then I said to myself "Pull yourself together. You don't have the right to offend your friends".

Ceyda said that she felt angry now as she had not experienced her pain fully:

I understand today that I couldn't live the pain. Something is still inside. Now I am very angry, for instance. I have no toleration. I can't tolerate anything. Because I have suppressed very much...Now I show my anger to those around me. My sisters, for instance. They are tolerating me as I have been the donor and I was also operationalized... and as I am lonely here. Sometimes I don't answer

the phone when they call or I tell them to hang up. When they ask me why I didn't answer, I say "I didn't want to"...If they react to me, I will never mind. I have no toleration...I am really angry...I feel like this anger will make me sick. It is not normal...I have always been a calm person before...For instance, my boyfriend didn't answer my call for four hours..I was really angry and shouted him with swears...In fact, I didn't use swears in the past...Being angry makes me feel overwhelmed...I feel like I am causing harm to my body like something is burning inside. I was that much angry...I am angry because I suppressed my feelings. I didn't cry much. I tried to pull myself together instantly...I didn't want to mourn...

Aylin also said that she could not experience her pain wholly that resulted in her delayed reactions and anger:

I couldn't get over my anger. I had to involve in many tasks...When my mother had nervous breakdowns...I used to talk to doctors...I couldn't get over my anger so I explode sometimes..It extended over time.

Aylin also told that she feels the need to talk with her father when she has some problems. However, as he is dead, she described to feel angry and to explode:

Sometimes I explode...For instance, when I had problems I used to talk with my father. Now I cannot talk to him...It makes me distressed. Anyway, I have a problem and the person whom I want to talk is not here. Then these two things come together and I get angry. Sometimes I say "why did he die?" Then when I am soothed, I think logically again...

**Feeling vulnerable.** Especially, the women described feelings of vulnerability. This encapsulated fear of death, loss or disease and being pitied by other people. In addition to her fear of death, Melike dreaded that she should lose other significant people in her life. Ceyda feared to get ill and avoided medical examination. In addition she felt that others pitied her:

Others want to see me as I am the donor. They point out me and say "She is a half person now.". Then cry for that. That made me feel sad. They look at me as I am incomplete.

Ceyda also felt that after her father's death, her uncle pitied her and called her often. Therefore she did not respond to many of the calls:

Like...pitying...She is unprotected. We should care for her...They call very often. They didn't use to call in the past.

Selin also told that she feared of becoming ill and was sensitive to any sign of illness. She described to be more concerned about health issues and cared for what she ate. She also stated that she deared to lose her beloved ones.

Melike talked about dreams in which she saw her mother die and felt fearful to call her. She said that:

Losing your father makes you feel fearful of death. I lived with that fear for months...Like who has the turn to die...Losing your loved ones...

Additionally, Melike has been socially withdrawn:

I didn't want to see those whom knew my father's death. Maybe I felt they should look at me with different eye...I don't know...She is weak, her father has died, we should be nice to her...Like being pitied...

Aylin described feeling pitied by others that made her withdrawn from some people:

In some people's eyes, you see... Like "these children have lost their fathers"..Like being pitied. I don't like that. I feel like I am experiencing all the things over and over again. So I don't want to get in touch with those people.

**Ruminations.** Some of the participants told about ruminative thoughts after their father's death. Hasan told that he had thoughts of his father's heart attack and ruminated on them. Selin used to think about her father's life and their relationship:

I sometimes think..He didn't leave a trace behind. Except me and my brother. I feel very sad for his life. He is an example of improvidence. A 70 year of life in unhappiness and anxiety. A mystery...Debts. Anxiety. What did he think in his mind? He stayed alone in a room all the time. What did he think to do with his debts? I think of these and feel disappointed. Then I dismiss them from my mind.

She also used to ruminate about their relationship:

I think about...if I have something that I couldn't tell him. Everyone needs to feel pride sometimes. Everyone needs to hear good things about themselves. To feel motivated...But did we humiliate him? Implicitly, did we devalue him? Did we discredit? These would break down a person. He may give up himself. I think about these frequently (crying). In fact, I don't think. I am trying to get out of my head.

**Loss as a transformative agent.** The participants told about different transformations they have experienced after losing their fathers. These included changes in self and questioning their current lives to make changes if it was possible.

**Changes in self.** Participants described changes in themselves such as increased autonomy, maturation and becoming more introverted. In fact, these changes were experienced as, sometimes positive and sometimes negative. Additionally, some of the changes were interpreted as reflecting the subjects' internalization of their fathers' characteristics. Melike, Aylin and Doğa described becoming more helpful to other people. Selin described positive changes that involved becoming more autonomous:

Since my father died, I am sad but I feel better about myself and my decisions. I do something for my life...I don't mess around....My father's death led all of us to map out a route. I came to this city. My brother will get married and my mother went to her motherland. Sometimes I think was my father the suppurate? In fact, he is clean, not guilty. What did he do?

Selin said that after losing her father, she has settled her own life and she was reluctant to be together with her mother frequently like she liked very much in the past. Doğa told that he became extremely introverted after losing his father. He has become a person who did not share what was inside him. Melike described herself as more mature and responsible after her father's death. She told that she has replaced her father's place in the family. She also said that she felt stronger and her feet on the ground as she did many things on her own. She was matured after losing him:

After his death, I was matured. With more responsibilities...Standing on my own legs...When he was alive, I used to think that he would handle the problems...After losing him, I felt I more mature. Because when he was alive. I trusted him. He would do anything. Now I am with my mother and sister. My mother is weaker as compared to me. Emotionally...She easily gives away and I think I have to support them. I am trying to support my sister emotionally and economically. I have a fellowship and also I worked last year. I sent money to her. I worked as a teacher... I have a role now. In the past I was a child who didn't affect her environment..Now I am a member. Who can have decisions...and affect my environment...When he died..Everyone said



“you are the most strong person in the family. You’ll pull them together..I don’t know maybe I am affected by those...You’re the strongest. You’ll stand upright...Your sister is younger. Your mother is weak...You’ll support them”. They said these many times.

**Questioning current life.** Aylin said that her father was young when he died. Therefore she thought:

Why do we feel sad? Why do we need this? It is meaningless...I have an example in front of me. I don’t know what I will experience in the future. I can live bedbound for seven years. When you have so many things to do, you may become ill and maybe you may not be able to do so...No one knows what the future will bring. So when I have desires, not doing them is like losing my grasp on time...I don’t want to work now. I want to do other things before getting old...

**Sustaining the bond with the father.** The participants described a continuing relationship with their fathers. The relationship was sustained through different mechanisms that were imagination and inner talk, remembrance, dreams, sensing the presence and internalization of father’s characteristics. Although remembrance and internalization were the most commonly stated bonding strategies, other strategies were also dominant for some participants.

**Remembrance.** All the participants were remembering their good or bad memories with their fathers. Sometimes it was intended and sometimes it was not but triggered with a current event or place.

Serkan described his experience of remembering his father:

At first, I remembered him all the time...Sometimes I remembered good things but they made me sad, too. As I have lost him..He is not there...You feel sad that you can’t see him again....Then after a time, I don’t know how, I started to remember good things. Even bad things became funny. Like “what things we have lived together”...

Although Selin and Hasan had described conflictual relationships with their fathers, they told that they remembered them in a positive way. Hasan said:

Actually, if I am born and I am the one whom I am today, he has contributed to it...So I don’t remember him negatively.

***Sensing the presence.*** The participants described sensing the presence of their fathers. This involved being watched, sensing him alive somewhere or sensing his presence through some objects. Ceyda said that she was sometimes believing that her father was alive and living in another country. In addition, Aylin and Selin said that they felt like being watched by their parents.

Selin told that she kept some objects that belonged to her father. These objects served to maintain a feeling of connectedness with her father. Selin stated that she slept with her father's bead under her pillow:

I am a person who attribute meaning to objects...I took his bead, for instance. I slept with it for some time...While holding it...Now it is at home...

In addition, Selin felt his father's bird had a special mission of being with her until she was not in need:

I always loved the bird but I was keen on her after his death. The day it was apparent that I would move to Ankara...The door of our balcony was always open. Suddenly she flew away. Naturally, she doesn't do that...I thought of it as...That day she completed her mission and flew away. She had to be with me. Then she flew to my father.

***Imaginary and inner talk.*** Hasan and Serkan said that they used to ask questions or make their father talk when they had to solve some problems. Selin told that after her father's death, she was sometimes imagining where her father is and how he looked like at that moment. She said that she used to talk with him about her problems and asked for advice. In this way, she was still in touch with her father.

I am imagining my father on a veranda. He has a hat and he is wearing his blue shirt and jeans. He had a hat that he used to wear...like old people wear to protect themselves from the sun. I imagine him in a good, beautiful place. In fact, I cannot stand it if I think he is in a bad place (crying). I think he is watching for me. Sometimes I feel like he is telling me something. In fact, I am making it up. Like I am asking him a question and he is answering such as "Do this, my daughter, don't dwell on that". For instance, I am asking something about my relationship with my boyfriend and he is answering. I play games in my mind. It is the first time I am telling someone about this.

**Dreams.** Melike and Ceyda stated that they had frequent dreams of their fathers. These dreams were sometimes pleasurable and sometimes painful. Ceyda's dreams were usually about trying to rescue her father from cancer:

In my dreams, I used to help him recover..In fact, I couldn't. When I was a little bit distressed. He was in my dreams..He was ill. Very thin...Even worse at times.We bring him to the doctors. There is nothing to do. Those dreams were overwhelming....But since two months, I have good dreams about him...Sometimes after those dreams, I feel content that he is dead because he was really bad. I would not want to live those days again.. I wouldn't want him to be sick now...Death is better, I think.

At other times, Ceyda's father was alive in her dreams and she was talking to him.

When I miss him, he hears my voice and he comes to my dreams. He hugs me..When I need him he comes. He says I missed you my daughter and I ask "why haven't you come for some time?" He says "look I came". He hugs and kisses me. Then I wake up...In a recent dream, he has come..We are at home, my sister, my father and me. In fact, we all know that he has died, however nobody talks about it. Then my sister asks "What is it like to be dead?" I don't want her to ask...My father answers "it is not good"...Then when I woke up I thought, thank God, we are alive...

Melike also had frequent dreams of her father. She said that, after losing her father, she used to have bad dreams which then evolved into better ones:

At first...I felt bad when I saw him in my dreams...I saw him alive, we talked to each other. However, I know he is dead at the same time. Then I start to cry..and wake up while crying...But then dreams started to make me feel good.

Melike's dreams were both a way for realizing her wishes to communicate with him and taking his support:

I see him in my dreams when I think much about him. He gives support to me...We lost him suddenly and I thought if only I could have seen him one more time and hugged him...That night I slept. It was new year's day...I slept and woke up very happy. In my dream, I've really hugged him. My last wish was to hug him. Then I was really relieved. I felt good.

Melike also talked about a dream in which he felt his father's presence and support:

You know Özgecan was stabbed. I was affected deeply and in my dream someone shot me on the throat. I have undergone an operation. There was a tubercle on my throat. I was looking for water. I opened the refrigerator and my father asked what I looked for. He said "I can help". I said that I couldn't find water. That was my last dream. I felt like he is still behind me...I thought even he is dead, he is still supporting me... These dreams make me feel good.

**Internalization.** The participants said that after losing them, they had gained the characteristics of their fathers. For instance, Aylin has taken on some characteristics of her father that she always appreciated. She had become more competent and helpful in her social relationships like her father whom she has always admired him for. Melike also said that she became more sensitive and helpful to others like her father.

Hasan had a conflictual relationship with his father and he used to hate him. However, after the sudden death of his father, he was admiring him more than before and was trying to take on his good characteristics to himself:

I am trying to take on his good sides. In my mind, I make him talk about these...If he had lived, it would be worse. He would be destructive... in fact...If he remained as the same... I am more proud to be like him in some ways like standing behind his own beliefs. These are enviable. After his death, I am more involved with these. I am modeling him. When he was alive, I would not want to love him much. Our relationship was really bad. Therefore you don't see his good sides. After his death, I was able to see more objectively and I could take on his good sides. When your relationship is bad, you throw away everything... If he was alive, I would have to ask for permission for everything. Now he is only in my mind. I try to hold his positive sides in my mind. When I make him talk...When I decide on something..."Did you think broadly? Think broadly about positive and negative sides...Do you really want it?" For instance, when I do the things that would make him angry...I remember him..Or sometimes I think what would he think of this issues? For instance, Gezi event..What would he think about it?

Melike told that her father was a role model for her:

He is a role model. I can be like him...This is my goal now....Even when I am deciding on something, I try to behave like he would do...He is a model for me...After his death...If he was alive, I could call him and ask anything. But after his death, I have to think on my own. So I think what would he do now how would he behave in this situation...For instance, he would stay calm in quarrels...I tried to behave like him....I want to be a mother like him. Like holding flexible rules...

Aylin told that she has taken on many characteristics of her father:

I try to be like him in many ways. For instance, I can communicate with others better, I can observe better. I don't discriminate them based on their social status...I am more helpful to other people. In the past, I was colder..It was hard for me to communicate. Now I am more social.

#### 4.2 Gender Specific Themes: Men and Women

According to the results of Interpretative Phenomenological Analysis, three superordinate themes emerged for women. These were “*the broken mother, vulnerability, romantic partner as a substitute for father*”. In addition, one superordinate theme emerged for men. This was “Loss of authority”. In Table 3 the emergent themes are displayed.

Table 3 . Themes specific to gender

Women	Men
The broken mother	Loss of Authority
Vulnerability	
Romantic partner as a substitute for father	

### 4.3 Suggestions For Bereaved Individuals

According to the results of Interpretative Phenomenological Analysis, one superordinate theme emerged which was “Strategies for enhancing emotional well-being”. In Table 4 the emergent superordinate theme and sub themes are displayed.

Table 4. Emergent Themes for Suggestions for the bereaved individuals

Superordinate theme and subthemes	Participants mentioning the theme
Strategies for enhancing emotional well-being	
Expressing the pain	P3, P4
Making changes	P2
Getting support	P1, P3, P5, P7
Meditation and sports	P1
Meaning-making and acceptance	P1, P2, P5
Socialization	P6
Occupation	P2, P7

**Strategies for enhancing well-being.** Participants’ suggestions merged under the theme of strategies for enhancing well-being. This superordinate theme involved expressing the pain, making changes, getting support, doing meditation or sports, meaning making and distracting oneself from the overwhelming emotions.

**Expressing the pain.** Participants suggested other people experiencing father loss to live and express their pains. Hasan said that he did not express his pain externally but suggested others to do so:

You have to experience your pain fully. If you don't...It doesn't end. You have to weep openly. I didn't experience these things. Don't keep it inside. A big pain like this shouldn't be kept inside. The person needs to throw out, absolutely...Talking to anyone who listens. Everyone can't stand, anyway. Indeed, expressing the pain is important.

Aylin also stated that she denied her pain for handling the formal things that needed to be done after her father's death. However, she was regretful about it:

I think you should experience the pain at the time. It should be experienced. Then, in the future, you can carry on your life better. Don't keep it inside. Crying makes people feel better. Cry, weep openly...Someone other than you can do other things. Your part is to be sad and cry at that moment...Even you can have a nervous break down because it is normal at that time.

**Making changes.** Selin suggested other people who have lost their father to make changes in their lives if they are not content with their current state. She said that they could move to another city, maybe a rural area:

If they don't love their current life and have possibility, making change is rational. Big cities are like nightmares....I would take risk if I am unhappy. I wouldn't insist on living in İstanbul, Ankara or İzmir...I would choose a peaceful place.

**Getting support.** Participants suggested to get support from both significant others and helping professionals. Aylin suggested getting support from a professional as s/he was an outsider and as painful family members cannot give support to each other:

I think psychological support should be taken. Because you can't share everything with your family members...Someone you can tell about your feelings freely...Someone you didn't know before...

**Meditation or sports.** Ceyda suggested meditation or sports for others experiencing father loss:

Sports make you feel good. You rest your head. Anyway, they can do meditation, too.

**Meaning making and acceptance.** Participants suggested different ways for making meaning of their loss. These included accepting their loneliness while maintaining their hope about future, saying a good goodbye

to their fathers and religious beliefs. Doğa told that accepting the reality of the loss was important. Selin told that no one would stay in a person's life forever and also suggested others to have a good goodbye with their fathers:

If you accept your loneliness, you become stronger...Because new people come and help you with your pain. People you haven't dreamt of and you haven't known they existed. They help with your pain and longing. This is a good feeling. I couldn't know Ahmet existed and I would meet him and be happy. So..you should believe that surprising things can happen. The life will go on and there will not be emptiness...After an illness, you shouldn't beat yourself up. You need to say a good good-bye to your lost one. You should be happy for him.

Ceyda stated that after losing her father, getting answers to her questions was important for her and she had her answers by the help of religion and she suggested others to make sense:

Everyone has an exam according to my belief. Everyone has a determined life time. When the end comes you can't prevent it. My values make me these explanations...When I think like these...For instance, the question if something more could be done...Then you answer. Life time is determined. Then you feel relaxed as you could do nothing more about it. Everyone has an exam with something, I believe...Someone with her children, someone with money...And my exam is with my father's illness and his early death..This makes you relieved. I have to experience this pain, I say. Religion, beliefs, something to answer your questions. Whatever it is.

**Socialization.** Serkan told that socialization was important and helpful in the bereavement process:

In a way, it helps to overcome your grief. With others, your big pain may even be funny. Maybe you don't need to exaggerate that much. If the atmosphere is fun, you go with that. You don't feel sad all the time. If you don't laugh and be mentally occupied, you think about the loss.

**Occupation.** Selin said that being occupied with work or other things made to feel alive. Melike also stated that being occupied mentally with either the significant ones in one's life or the work would be helpful in the bereavement process.

#### **4.4 Suggestions for the Acquaintances of the Bereaved**

According to the results of Interpretative Phenomenological Analysis, one superordinate theme emerged which was "The appropriate relationship



with the bereaved”. The subthemes involved being natural and consistent, supporting, not to criticize, not to be self-centered, and not to ask intruding questions. In Table 5 the emergent superordinate theme and sub themes are displayed.

Table 5. Emergent themes for Suggestions for the acquaintances of the bereaved

Superordinate theme and subthemes	Participants mentioning the theme
The appropriate relationship	
<i>Being natural and consistent</i>	P2, P5, P7
<i>Supporting</i>	P1, P2, P6, P7
<i>Not to Criticize</i>	P6
<i>Not to be self-centered</i>	P4
<i>Not to ask intruding questions</i>	P2, P3

***Being natural and consistent.*** Participants suggested being natural and behaving as they were in their past relationship with the bereaved.

Melike said:

They should go on as they were before. If they were concerned with the bereaved before her father’s death, they can also be concerned after...If they were not, then they shouldn’t call after the death. Because it makes you feel uncomfortable...If you don’t talk to a person before her loss and then you begin to talk after her loss, the person feels uncomfortable. Okay, they may be trying to help but you think as “he is calling me because my father died”. That makes irritated. Why didn’t you call before the death? There were many people doing like that. I thought I wish you have called before and so..I could share my feelings with you now. It doesn’t mean that you will tell them everything because they have called. You don’t tell actually. You talk about lessons or something else...When they begin to ask how you are..Those who weren’t in touch with you. It makes angry...It doesn’t make me feel happy....If they used to be supportive in the past, you feel that and talk to them...Hearing their voice even can make you feel good.

Doğa also told that the acquaintances should behave in a normal way:

I think they shouldn't make the bereaved feel needy. They can act as normal...They shouldn't make you feel incomplete. Or there is something wrong with you. There should be nothing that prevents the bereaved from getting better...Their support may not help the bereaved when it is not asked for.

Selin said that others should not express excessive love. She told that she felt disturbed by that:

I only wanted to hold my mother's and cousin's hand. I didn't want others to pat my shoulder. They were enough for me...Others excessive love was choking.

**Supporting.** Participants also suggested the acquaintances to support the bereaved. Giving support included calling and attending to the funeral, spending good time together, not behaving as if nothing has happened, understanding and sharing their emotions, sharing the silence, and making their presence felt by the bereaved.

Selin said that she remembered everyone's face whom attended the funeral. She said:

You should have called me and come to the funeral. Saying "the funeral is crowded. I can't stand a funeral" is a silly thing. You will stand many funerals in your life time. No...You had to call. Everyone calling makes you happy.

Serkan suggested the acquaintances to talk about other life issues with the bereaved. He said that talking other things and having good time made him feel better:

They can talk about daily events. Funny things for instance. It helps. These things take you out of that bad mood.

Serkan told that everything may become worthless after losing the father and suggested the acquaintances of the bereaved to have an understanding of the bereaved's situation. Hasan told that the acquaintances should be helpful by making the bereaved feel comfortable to talk about their experiences.

Ceyda told that sharing the emotions was valid:

They should share her emotions. Her sadness or maybe sometimes happiness. Nobody is sad all the time. The life is going on. Sometimes funny things also happen. You carry on...They shouldn't let the bereaved alone.

Ceyda said that her boyfriend had prevented her from crying and expressing her pain. She said:

They shouldn't behave as if nothing has happened. I was angry with my boyfriend. At that moment, I remembered my father and needed to cry. He didn't allow...He didn't want to see me crying. Of course, it was well-meaning but it has wore me out.

Selin said that it was not necessary to talk with the bereaved. She stated that sharing the silence together was also important. According to Selin, after the funeral, bereaved people are left on their own. Therefore she thought that the people should make their presence felt for two or three months following the loss. Serkan told that he needed to hug someone after his loss and this was an important dimension for helping the bereaved:

I needed to be hugged very much. There was no words to say sometimes. I felt good when someone hugged me. Sometimes I cried on their shoulders...

Ceyda told that the acquaintances should not leave the bereaved alone:

They shouldn't leave the bereaved alone...On the other hand, they should also prevent the bereaved from talking about the loss all the time.

**Not to Criticize.** Serkan told that after losing a father, the person becomes sentimental. Therefore he said:

Everything and everyone becomes worthless at that time. There shouldn't be any blaming words...You feel defenseless...They should be careful. You shouldn't accuse the bereaved of something about the illness process. Everyone have asked about the hospital issues. It is disturbing. If something is not done, it is because you couldn't do...

**Not to be self-centered.** Serkan and Hasan told that others should not talk much or tell mainly about themselves. Serkan stated that the bereaved should talk and they should be listened in a calm and warm manner. Hasan also told that the others should listen to the bereaved:

They should behave in a a manner that facilitates the bereaved to tell about himself. Only the bereaved...They shouldn't tell about their own problems.

***Not to ask intruding questions.*** Aylin and Selin stated that the others should not ask intruding questions to the bereaved. Aylin said that if the bereaved needs to tell about something, s/he can tell without intruding questions:

If the breaved person wants to talk, she talks...It shows that she depends on you. Except that, they shouldn't go over her...

Selin also said that the acquaintaces should not intrude the bereaved with many questions:

Asking five thousand questions like how do you feel...They shouldn't do that. How do you feel? Are you fine? Be with the bereaved. That's the thing. Make your presence felt. Don't ask these questions almost immediately after the loss.

#### **4.5 Suggestions for the Professionals**

According to the results of Interpretative Phenomenological Analysis, one superordinate theme emerged which was "Helping strategies and targets for helpers". The subthemes involved encouraging internal locus of control, reducing feelings of guilt, focusing on the family relations or other issues, advise, good listening, appreciating the worth of the father, and acceptance and carrying on with life. In Table 6 the emergent superordinate theme and sub themes are displayed.

Table 6. Emergent themes for Suggestions for professionals

Superordinate theme and subthemes	Participants mentioning the theme
Helping strategies and targets for helpers	
<i>Encouraging internal locus of control</i>	P7
<i>Reducing feelings of guilt</i>	P2
<i>Focusing on the family relations or other issues</i>	P4, P5
<i>Advise</i>	P2, P3, P6, P7
<i>Good listening</i>	P3
<i>Appreciating the worth of the father</i>	P1
<i>Acceptance and carrying on with life</i>	P1, P5

### **Helping Strategies and Targets for the Helpers.**

***Encouraging internal locus of control.*** Melike told that she had gotten help from a psychologist who has helped her to realize that she had the control. Therefore she suggested encouraging internal locus of control:

He made me feel that he had gone forever and everything depends on me. He told me “I can tell you something but you may not do that. It depends on you”. Actually psychologist may give that message. It is good. You own your life. You have the control. You can consult a psychologist but you may not use the pills he had given. You may not actualize his suggestions. Then you’re in the same point.

***Reducing feeling of guilt.*** Selin stated that professional helpers should give a message like “you can’t do anything more” in order to reduce feelings of guilt.

***Focusing on the family relations or other issues.*** Doğa said that the professional helpers may focus on family issues:

If the bereaved needs it, family issues may be focused. For instance, involving my family issues in the therapeutic process...Like how to get along with my family...

Hasan said that helping professional may also focus on other issues that are implicitly related to father loss:

Identifying the problems and talking about them...Problems that are related to his father or not. Implicitly related to the death or the father. They may be of concern. The person may make more productive decisions by the help of the therapist...For instance, I can't stand lies maybe because my father was very strict. I can't forgive myself when I lie, for instance. This may be solved in the therapy.

**Advise.** Selin, Aylin, Serkan and Melike said that the professionals should give advise regarding what to do in the unique situation of the bereaved person that s/he needs help. Melike gave example of her experience with a psychologist and said:

Of course, problem solving is important. For the issues you are concerned. When I consulted the psychologist I have told that I couldn't wake up in the morning. He had suggested to put my phone far away in order to get up and take it.

**Good listening.** Aylin said that the helper should be a good listener who encourages the bereaved to tell about her feelings.

**Appreciating the worth of the father.** For Ceyda, appreciating the worth of her father for her was very important. She told that the helping professional should see that.

**Acceptance and carrying on with life.** Doğa and Ceyda said that helping the bereaved to accept the loss was important. In addition, Doğa stated that the helping professional should help the bereaved to carry on with his own life rather than focusing on the pain and loss. Ceyda stated that the professional helper should help the bereaved accept the loss eventhough she did not know how it would be.

## CHAPTER 5

### DISCUSSION

In this chapter, the findings of the study will be briefly reviewed and it will be followed by a discussion that focus on critical questions about bereavement in order to integrate the literature and the current findings. As this study aimed to get an in-depth understanding of young adults' paternal bereavement, the data was analyzed with Interpretative Phenomenological Analysis. The results of the analysis revealed many themes regarding the research questions: 1. How do young adults experience paternal bereavement? 2. Are there any gender specific themes across genders? 3. What do bereaved young adults suggest for other bereaved individuals? 4. What do bereaved young adults suggest for the acquaintances of the bereaved? 5. What do bereaved young adults suggest for professional helpers?

The participants experience of bereavement after the loss of the father, revealed several themes: *symbolic meanings of father loss, emotions experienced after losing the father, factors that make the mourning process harder to endure, coping with and adapting to father loss, arranging the distance of the relationships in the family, grief not shared in the family, complications related to bereavement, loss as a transformative agent and sustaining the bond with the father*, respectively.

Some of the subthemes were unique to gender. The sub-themes romantic partner as a substitute for father, vulnerability, and the broken mother were unique for women whereas loss of authority was unique for men.

In addition, there were valid suggestions for bereaved, their acquaintances and helping professionals. Suggestions for the bereaved

emerged under the superordinate theme “*strategies for enhancing emotional well-being*”. These strategies included *expressing the pain, making changes in life, getting support, meditation and sports, meaning making, socialization and occupation*.

Suggestions for the acquaintances of the bereaved emerged under the super ordinate theme “*the appropriate relationship with the bereaved*”. This involved *being natural and consistent, supporting the bereaved, not to criticize, not to be self-centered, and not to ask intruding questions*. In addition, suggestions for the professional helpers emerged under the superordinate theme “*helping strategies and targets*”. This involved *encouraging internal locus of control, reducing feelings of guilt, focusing on the family relations or other issues, giving advice, good listening, appreciating the worth of the father, and acceptance and carrying on with life*.

### **5.1 Understanding Bereavement: Symptom or Meaning?**

Beginning with Freud who has offered dimensions to distinguish between melancholia and mourning, many formulations and attempts were done in order to understand bereavement. Although, it is still a debate if depression and bereavement are different and complicated bereavement exists, there is a consensus on the common emotional reactions experienced in bereavement. For most clinicians, the emotions experienced in bereavement serve as compasses to understand the clients’ inner experiences. In the current study, the participants also described many emotional reactions, namely, sadness/pain, loneliness/emptiness/yearning, guilt/remorse/shame/embarassment, anger, relief and fear. The results of the current study was also consistent with common grief reactions that were reported in the psychological literature. However, besides these emotional reactions, the participants described unique meanings of losing their fathers. These meanings encompassed losing an attachment figure providing support, protection and intimacy, loss of authority, losing a mentor, losing the chance of reparation and end of childness. In the literature, the father’s psychological role is also stated to include protection, authority, nurturing



(Pickhardt, 2007; Burlingham, 1973; Freud, 1911/1958, 1913; Burlingham, 1973; Freud, 1930/ 2014; Lamb, 1997; Davids, 2002; Abelin, 1976). In addition, although the current study's research question was "How do young adults experience bereavement?" and did not intentionally focus on the relationship with these symbolic meanings and the experience of bereavement, the transcripts revealed that the individuals' emotions were related to these meanings attributed to losing the father. Therefore, when the reality that there is a consensus on the emotions experienced in the bereavement, which was also supported by the current study, is taken in to consideration, understanding the symbolic meanings of the loss for individuals may be of special importance. As it was revealed in some of the transcripts, the meaning of losing a father may guide researchers and clinicians to understand the related emotions, complications and transformations experienced by the bereaved individuals. For instance, losing a significant one who have provided protection may result in feelings of fear and vulnerability. In addition, while losing a mentor, authority figure and losing the childness role may lead to feelings of emancipation and autonomy, it may also lead to confused states and indecisiveness about life issues when the individual has not internalized or, after the death, is not able to internalize these internal guide standards, values and behaviors offered by the significant attachment figure. Bleichmar (2007, 2010) has stated that the lost person may be maintaining different functions for the individuals such as fulfilling narcissistic needs and the need to take care of others or maintaining self-preservation, psychobiological regulation or sense of identity. After losing a significant other who provides the specific function, the bereaved individual may experience an inner imbalance related to the function held by the deceased (Bleichmar, 2007, 2010). For instance, when the deceased provided psychobiological regulation, the deceased feels anxiety or when self-preservation is maintained by the deceased, the bereaved experiences fear. When the deceased maintains sense of identity, the bereaved experiences confusion. The results of the current study is consistent with Bleichmar's view on bereavement. However, the functions offered by

Bleichmar are broader categories and as stated above, for instance, confusion may result from losing a significant one who meant to be a mentor, authority and “being a child”. Namely, besides maintaining sense of identity which is a broad term, focusing on specific meanings such as losing a mentor or authority, may enrich our knowledge and understanding regarding the bereavement experience. These meanings may also be the components that, for instance, the broad term “maintaining identity” covers.

In order to understand bereavement experience, Neimeyer (2002; 2006) has suggested a paradigm that focused on meaning-making. According to this paradigm, the individuals’ self narratives that involve self-understanding, cognitions, emotions and goals is disrupted after the loss of a significant one (Neimeyer, 2011; Neimeyer and Burke, 2014). The individuals need to ask “why?” and “how?” questions in order to reorganize their personal meanings. For Neimeyer, meaning-making involves sense making (e.g., finding beneficent explanations for the loss via religious beliefs) and benefit finding (e.g., finding a ray of hope in life such as increased empathy or closeness to family) (Holland, Currier and Neimeyer, 2006; Keese, Currier and Neimeyer, 2008). Although Neimeyer’s call for meaning is very valuable, Neimeyer’s focus on meaning encompasses meaning making as a form of coping strategy (e.g., religious meaning making) or outcome of bereavement (e.g., growth). As the results of the current study suggests, focusing on symbolic meanings that may be both unique and shared by different groups of individuals (e.g., bereaved spouses, sons, adults, or children) may very much add to meaning-making paradigm.

To conclude, when the current paradigms for understanding bereavement and the current research is put together, although emotions and related cognitions and behaviors that usually come under the name of the “symptoms” have contributed our current understanding of bereavement in the past decades, as the results of this study suggest, symbolic meaning of the loss for individuals may offer new insights to bereavement research and practice.

## 5.2 Does Persistent Complex Bereavement Exist?

Another topic that is related to symptom or meaning orientation in understanding grief is the existence of Persistent Complex Bereavement Disorder. In the literature, many attempts were made in order to distinguish between normal and pathological forms of bereavement (Sheat et al., 2011; Horowitz et al., 1997). However, with the establishment of Diagnostic and Statistical Manual of Mental Disorders (DSM-V, 2015), Persistent Complex Bereavement Disorder was suggested as a possible diagnosis that needs to be studied. PCBD criterion involve separation distress (e.g., yearning, pain, preoccupation with the deceased), reactive distress (e.g., inability to accept the death, numbness, difficulty in positive reminiscing, anger, self-blame, avoidance of the reminders) and social/identity disruption (e.g., suicidal thoughts in order to reunion, inability to trust others, loneliness and social isolation, loss of identity, problems in daily functioning).

The results of the current study showed that most of the young adults displayed the proposed symptoms especially from separation and reactive distress part of the criteria. On the other hand, they did not possess most of the symptoms that was suggested in social/identity disruption criteria. Besides these, the participants talked about problematic areas in their lives that occurred due to losing their fathers. These were depressed mood and lowered self-esteem, social withdrawal, substance use related psychosis, not letting themselves to experience pain, anger problems, feeling vulnerable and intrusive ruminations. These were perceived as problematic by the participants.

Although, it is not possible to answer the question if PCBD exists based on the current study, some implications may be valid. When taken together, the results of the current study imply that reactive and separation distress symptoms may be present in “normal” mourning process. On the other hand, identity disruption may be a more serious problem which may be related to many factors other than having experienced a loss.

### **5.3 A Debate on Bereavement Research and Theory: Continuing bonds or Detachment**

Freud (1917/2000), in his paper mourning and melancholia, has stated that after losing someone significant, the individuals foreground their relationships and work on the memories and expectations in order to detach their libidinal investment to the deceased. However, Continuing Bonds paradigm of bereavement has stemmed from early empirical studies that offered a continuing relationship with the deceased in different forms such as establishing dialogues with the deceased (Zisook and Schuhter, 1986).

In the literature, inner talks with the deceased, clinging to the possessions of the deceased, internalization, holding a desire for a better relationship, longing, thinking of reunion after death, dreams, memories, and sensing the presence as a ghost were all mentioned to reflect a continuing bond with the deceased (Field, Gao, and Paderna, ; Hogan and DeSantis, 1992; Zisook and Shuhter, 1986; Silverman and Worden, 1992).

In the current study, participants described different ways for sustaining their relationships with the lost fathers. These ways involved remembrance, imaginary and inner talk, dreams, sensing the presence, and internalization of the lost father's characteristics, values and goals. As it is revealed in the transcripts, the ways to sustain the relationship with the deceased father reflected a need to assume the father's presence in either inner and outer world as externalizations. The participants' descriptions externalizations like sensing his presence (e.g., being watched, objects) and dreaming of his aliveness. In adapting to the father's absence, it seems plausible to think of the deceased as surviving in the outside world or in the self or to revive him in the dreams. In line with these results, Kernberg (2010) states that religious feelings of the bereaved is due to the hardness of accepting the discrepancy between inner presence and outer absence of the lost one. He says that objects such as gravestones and photos are ways to resolve this discrepancy while referring to Bergmann's view that believing in

the permanence of the soul may be preventing people from experiencing hallucinations or delusions.

In addition to the father's assumed presence outside, the participants also stated that they have taken on characteristics, values and ideals of their deceased fathers. Kernberg (2010) suggested that identification, or taking on positive characteristics of the lost person is fundamental for feeling strong and transcending the mourning process. In addition, Volkan and Zintl (1993/2012) has also mentioned about identification with the deceased. According to the clinicians, individuals make identifications with the deceased that help to soothe themselves and carry ideals, traits and functions of the deceased. Making identifications help the bereaved to abandon their dependency to the deceased and therefore results in increased autonomy. In other words, the bereaved person becomes capable to carry on the functions of the deceased on his/her own. The results of the current study was consistent with these clinical insights as the participants mentioned about taking on the admired and positive characteristics, values and behaviors of the deceased fathers. In this sense, internalization may be viewed as a more mature strategy for sustaining the relationship as the individuals consciously think and take on these characteristics as opposed to the case with assuming the father's presence in the outer world via sensing the presence, reviving in dreams, or in related objects.

In addition to internalization, it should also be noted that, as this was a research and knowledge about the individuals are restricted by few interview sessions, the knowledge about their unconscious processes such as introjections may be limited. In other words, there may be some other negative or positive characteristics that the participants have taken from their fathers that they may not be consciously aware of. These introjections may not be called as mature like internalizations, as they take place in the unconscious mind.

To conclude, the current study lends support to continuing bonds view. However, when some theoretical assertions and the results of the study are

put together, it may be said that many types of continuing bonds that were found in studies (e.g., inner talks with the deceased, clinging to the possessions of the deceased, dreams, and sensing the presence) and in the current study may not always be healthy as they imply unconscious grief work rather than a conscious one. Especially, even after many years have passed, continuing the bond via these externalization strategies such as frequent dreams of the deceased's revival or clinging to the possessions of the deceased may imply problems in relation to bereavement. On the other hand, remembrance and internalization which were also mentioned by the participants of the current study may be examples of more mature continuing bond types as they involve the awareness of the individuals and conscious grief work.

#### **5.4 Gender Differences in Bereavement**

In the literature, some differences in the bereavement process of men and women were suggested. Women are reported to display more distress symptoms and to seek for professional help (McGoldrick, 2004; Parkes and Prigerson, 2010). On the other hand, men were reported not to seek help and evaluate the loss as loss of control that they try to gain control over via active coping and problem solving. Also they were reported to feel angry and to act out (e.g., substance use, risk taking). In addition, men's coping was suggested to reflect suppression of their emotional state as the mortality rates after the loss was common among men (McGoldrick, 2004). In addition, women were reported to be affected more negatively by parental death as compared to men (Carver, Hayslip, Gilley, and Watts, 2014). When the interaction of sex was taken into account, women were more negatively affected by the death of their mothers as compared to the death of their fathers.

In the current study, gender specific themes for women were vulnerability feelings, romantic partner as a substitute for father, and the broken mother. Vulnerability encompassed fear of death, illness and losing beloved ones. Bleichmar (2007, 2010) has stated that when the deceased

used to serve the function of self preservation with making the person feel safe, fear would be felt after the loss. Similarly, Weiss (2001) also stated that fear may be experienced after the loss if the deceased one maintained security feelings and self-confidence of the bereaved. Based on these, the fear of women may be thought as reflecting the meaning they attributed their father as a protector. In other words, losing the protective father may result in fear. Being pitied was also reported to be unwanted by the bereaved people (Holte, 2013). It was also salient for the women in the study. This may also be related to their self perception as “weak” when they have lost their protective figures, fathers. In addition, women described trying to substitute their fathers with a romantic partner although it was not the case with men. As women were stated to experience more distress after losing a parent (Carver, Hayslip, Gilley, and Watts, 2014), it may be inferred that women may feel a bigger void due to their fathers’ death. In a relevant study (Blyth, Hill and Thiel, 1982), young adolescent girls were found to report more intimate relationships as compared to young boys. Likewise, women may be more keen on intimate relationships which lead them to find another substitute for the lost relationship with the father whereas men may perceive other social relationships as sufficient. In addition, women described being affected very much by their mothers’ deep grief and weakness. They felt in a state that they had to compensate for their mothers’ absence. They had to take responsibility over medical decisions, funeral arrangements and financial issues as their mothers were in deep grief. Therefore they also felt anger towards their mothers and also felt superior to them in this sense (e.g., more powerful). Freud (1923/2000) has stated about Oedipal rivalry between the same gender parent and child. Because the child competes for the love for the opposite sex parent, the child perceives the same sex parent as a threat. The child comes over this fear by accepting the intimate nature of the relationship between parents and identifying with the same sex parent. Therefore it may be said that women identify with their mothers whereas men identify with their fathers. Although being affected by the mother’s deep grief may reflect the identification with the mother, it can also contain elements

from competence that make the women perceive their mother weaker as compared to her real state and therefore experience a triumph. On the other hand, the gender specific theme for men was the meaning of father's death as a "loss of authority". This is also consistent with Freud's view on Oedipal rivalry. According to Freud (1939/1964), father is a figure that make the men fearful while also being respected and modelled. Burlingham (1973) states that becoming an independent adult may mean to overcome father' authority which may be related to the men's perception in the study. Men were freer to make decisions on their own. However, this led to both emancipation and confusion for them.

To conclude, the results of the current study suggest that there may be differences in the meaning of the father loss, feelings and coping styles among genders. Although these differences may be reflecting the differences of quality of relationship between father-son and father-daughter relationships, it points out to the importance of understanding these qualitative differences among genders with acknowledging whom was lost (e.g., father, mother, spouse).

### **5.5 What May be Specific to Young Adults Experiencing the Loss of the Father?**

In the literature, the detrimental effects of paternal loss on children is well documented (Jones, 2007). On the other hand, adults were reported to experience the parental death as natural and timely, which most of the time could result in positive outcomes such as gaining insight and personal growth (Archer, 1999; Kissane and Bloch, 2002; Pope, 2000). As the studies focusing on young adults' paternal bereavement is sparse, the current study may add to current knowledge on young adults' paternal bereavement experience.

Although many themes were consistent with the past literature on bereavement, some themes may especially be salient for young adults. Children and young people may be more emotionally, behaviorally and economically dependent on their parents (Reed, 2008; Robin and Omar,



2014; Stuyck and Gonzales, nd). For instance, in the current study, the participants mentioned about losing fathers' protection, support and guidance. In addition, for some participants, the loss of father meant "end of childness" and "loss of authority" (e.g., men), resulting in becoming more autonomous and emancipated in their decisions. Regarding the emotional, guidance and economic needs of the young adults in a state of transition to forming a life and career on their own, these meanings may especially salient for them. Additionally, the young adults described many coping strategies. However, setting goals and ideals was described by most of the participants. As they are already dealing with establishing a career (e.g., studying in undergraduate and graduate schools), this coping strategy may also be more salient and important for the young adults. The young adults may also perceive the death of father as a critical milestone for ending their "childness" and becoming more autonomous and mature adults as it was reported by some of the participants.

To conclude, meaning of losing a father (e.g., attachment figure providing support, protection, intimacy, mentor, authority, end of childness), setting goals and ideals as a coping strategy, perceiving the father's death as a critical milestone for becoming autonomous and matured may be more salient in young adult paternal bereavement as compared to older adults.

## **5.6 What Helps or Hinders the Bereavement Process?**

**5.6.1 Personality Characteristics and Bereavement.** Some personality factors such as neuroticism, alexythymia, pessimism and low self esteem were found to be related to negative thoughts and emotions after the loss whereas other personality variables such as optimism were protective in the grief and mourning process (Robinson and Marwit, 2006; Boelen et. al 2006; Tomarken et al., 2008; Boelen and Van den Bout, 2010; Worden, 1996; Worden, 2004; Lobb et al., 2010; Boelen et. al, 2011). As the current study is qualitative in nature, participants' own statements regarding the factors that make the bereavement harder to endure may be also of special importance. Participants talked about introversion, emotionality, melancholic

nature and being prone to rumination that made them more vulnerable. In the literature, emotional instability and depressive history were also reported to affect bereavement outcome. Although, in the literature, introversion was stated not to predict bereavement intensity and depression scores (Waddington, 2004; Grad and Zavasnik, 1996), in the current study, one participant described introversion as contributing to hardness by preventing the individual from sharing the inner world and feelings. The participant stating about introversion was not able to get emotional support in the bereavement process. The importance of social support in the bereavement process was also well documented. In this sense, it may be plausible to think of introversion as a possible hindering factor that prevents the individual from getting emotional support. Therefore future studies focusing on the relationship between introversion and getting support in the bereavement process may be informing.

**5.6.2 Relationship with the Father.** In the literature, interpersonal conflict with the deceased, higher level of interaction with the deceased, close kinship relation, insecure attachment, childhood separation anxiety and adversities such as death of a parent, high levels of dependency with a supportive deceased were all found to predict complicated grief reactions (Melhem et al., 2003; Metzger and Gray, 2008, Shear and Shair, 2005; Bonanno et al., 2002; Carr, House, Wortman, Nesse, & Kessler, 2001; Prigerson, Maciejewski, & Rosenheck, 2000 as cited in Lobb et al., 2010, Shear et. a, 2011; Wayment and Viertaler, 2002; Fraley and Bonanno, 2004; Boelen et. al, 2011; Gona & K'Delant, 2011; Stroebe et. al, 2012).

In the current study, participants described different relationship styles that affected their bereavement process negatively. These were dependency with overidealization, father's being the only attachment figure, being the donor for father, and both having a good or negative relationship with the father. Dependency, attachment problems and a conflictual relationship was already reported to affect bereavement negatively. However, being a donor and having a good relationship was also contributing to the participants' bereavement process in a negative manner. In a study, Sheffield (2003)

found that the donor individuals did not perceive being the donor as directly linked to their bereavement process. In addition, in another study, Merchant et al. (2008) found that when the deceased was younger and shorter time have passed between the transplantation and death and when the donor felt something was negative about the donation, higher bereavement intensity and post traumatic stress were observed. However, when the donor was comfortable with being the donor, the bereavement outcome was better. In line with these, one participant whom served to donate her father, although her father was a special person for her, has reluctantly been the donor. She thought she was young and would not be able to marry someone as they would think that she was “incomplete”. In addition, after the transplantation, she has learned that the donation would probably not be helpful in liver cancer. Even she has learned that her uncle has shared this knowledge with her father. Therefore this participant was angry with her father that complicated her reactions after the loss. In addition to being the donor, although a conflictual relationship was stated to lead to negative bereavement outcomes, one participant stated that losing a good father-daughter relationship was the factor that made her bereavement process harder. As she had many dreams and expectations, her frustration was also high with the unexpected death of her father. It was interesting to note that whether the quality of the relationship is good or bad, it is felt by the individuals as a vulnerability factor in their inner worlds.

**5.6.3 Changes in the Family.** Losing a family member is stated to influence the whole family as a system (Rubin, Malkinson and Witztum; Walsh and McGoldrick, 2004). After losing a member, the family is faced with the tasks of integrating the changes and regenerating the family unit (Shapiro, 1996). In the current study, there were some changes in the family after the death of the father. The individuals either described to become closer or distant. Becoming distant was described to be helpful for gaining autonomy and avoiding the overwhelming emotional atmosphere in the family. Becoming closer was both helpful and unhelpful for different participants. It meant a closer emotional tie when it was helpful. However, the

closeness that was provided with especially the mother was perceived as intruding and hindering autonomy when it was described as unhelpful. These findings reflect that the family members were trying to establish a new equilibrium by making distance arrangements. As they were frequently getting closer, this may be reflecting an attempt to fill the void experienced with getting closer to each other. Especially, mothers were described as promoting this closeness.

In addition, the participants described that they were mostly emotionally alone in their bereavement because they did not want to touch each others' feelings. However, this led to feelings of emotional loneliness. On the other hand, although family therapists point out to the importance of being supportive, sharing and tolerating to feelings (Kissane and Bloch, 2002), avoiding to share their feelings with other family members was sometimes described as protective by the participants. The participants whom tried to escape from the overwhelming emotional atmosphere were content for not sharing the bereavement process with the family members. One participant especially described that the extended family members used to tell him about many personal issues, therefore he was very overwhelmed and tried to protect himself with avoiding to discuss the death of his father.

To conclude, according to the results, distance arrangements in the family reflect a new organization in the family and not sharing the bereavement process may be both debilitating or protective for the individual family members.

**5.6.4 Cultural Influences.** Although cultural influences was not the focus of the current study, regarding the effect of culture, in the current study, one participant stated to feel shame and embarrassment in relation to her experience of loss. The shame and embarrassment she felt stemmed from a perception that there was an appropriate behavioral manner after losing a significant other. She has taken part in a social event, namely Gezi event, in which she had to chance to scream her anger related to both the social system and her loss. However, she felt embarrassed when she felt that others

felt surprised to see her after her father's death. Probably, she felt guilty and embarrassed as she was not behaving "as it should be". Fisher and Tangney (1995) state that, like shame and guilt, embarrassment is a self-conscious emotion. Individuals assess and judge themselves in relation to other people. While feeling embarrassment, the individuals, in a way, discredit themselves in the eyes of the other people (Lewis, 1995). The person feels that s/he has displayed an image that is not consistent with how s/he wants to appear in other people's eyes. Therefore it should be thought that, in her mind, this participant had an "appropriate behavioral manner" for the bereaved individuals which was maintained by cultural expectations. However, she was not able to meet these standards of behavior. This draws attention to the importance of cultural expectations of bereavement that may shape individuals' unique experience. From this subject's experience, it should be inferred that bereaved individuals may be expected to socially withdraw from daily events. The social withdrawal, many subjects experience after losing their significant ones, may be both related to their wish to experience and reflect on their pain individually and the social expectations they feel in accordance with cultural norms.

**5.6.5 Coping with Bereavement.** In the literature, active coping, positive reframing, support seeking and religiosity were stated to be related to less severe complicated grief symptoms (Lobb et al., 2010; Cowhock et al., 2011; Kelley & Chan, 2012). In addition, the availability of social support, its perception by the grieving person and the satisfaction of that person all are important in mitigating the complicated grief reactions and facilitating the mourning process (Sherkata and Reed, 1992; Shear et. al, 2011). On the other hand, deficits in problem solving behavior, cognitive (e.g., thought suppression, rumination) and behavioral avoidance that were classified into anxious or depressive avoidance and less overall coping flexibility were reported to be related to higher complicated grief reactions (Shear et. al, 2011; Horowitz et. al, 1997; Boelen & Van den Bout, 2010, Burton et al., 2012).

In the current study, the participants described many different coping strategies: emotional preparation, avoidance, substituting father's place with a romantic partner, finding emotional outlets to cope with feelings, meaning making, getting support and setting goals and ideals to overcome the burden of grief, respectively. Although these strategies were mentioned in the literature frequently, focusing on the content of some of these strategies may be helpful.

In the literature, anticipatory grief was defined as the grief that takes place before losing the loved one (Lindemann, 1944). In the current study, emotional preparation may be equivalent to anticipatory grief reactions that were reported in the literature. When their father's death was expected before, the individuals described a preparedness. For instance, one participant whose father had a long term disease, this preparedness involved experience of losing "the father concept and protection he provided" long before his actual death. Therefore this participant was ready to accept his absence with the death.

In addition, avoiding the reality of loss was mentioned by most of the participants. This avoidance was in the form of forgetting, suppressing, denying or avoiding reminders. They described forgetting, suppressing and denial as unhelpful as they should not experience their pain wholly and had delayed bereavement reactions. However, avoidance of reminders were usually viewed as a helpful and rational type of coping that helped them to regulate their emotions. In other words, they avoided ceremonies, cemetery visits and talking about the death when they were not ready to handle the related thoughts and emotions. Although they did not describe suppression, denial and forgetting as helpful, the participants seemed to need them for regulating their emotions. For instance, one participant, Aylin used to suppress her emotional experience as she was overwhelmed with career issues. Another participant, Selin suppressed the thoughts that made her feel guilty about her conflictual relationship in which she devalued her father and Doğa described his avoidance to guard himself from overwhelming emotions. However, it should be noted that avoidance may not mean they do not never

think about negative or death related issues. Most of them also stated to feel the pain and reflect on the memories at other times. In other words, other themes revealed that they also find emotional outlets to cope with feelings and use meaning making strategies such as religiosity, reappraisal and collecting right information about the illness. Therefore avoiding may not be viewed as a wholly aggravating type of coping. This is consistent with Dual Process Model which states that individuals may both use loss oriented and restoration oriented coping strategies and sometimes need a time off the bereavement (Stroebe and Schut, 199; 2010).

Regarding meaning making, religiosity and finding information on the illness helped individuals to reduce their feelings of guilt. In addition, reappraisal helped them to view some positive sides of their father's death.

Although the importance of social support has been mentioned broadly, it was interesting to note that most of the participants talked about social support in terms of socialization and distraction. In other words, they described to distract their minds by being with others rather than sharing their grief related feelings. In addition, especially, the support of intimate others and the ones who have also experienced the same loss was very encouraging for the individuals as it led to the thought "I can also handle the loss".

To conclude, the participants used many different coping strategies to deal with their bereavement process and even avoidance was helpful for coping with their experience as it is also stated by Dual Process Model (Stroebe and Schut, 199; 2010).

### **5.7 Therapeutic Needs of the Bereaved Young Adults in the Study**

In the current study, the suggested helping strategies and targets for the professional helpers were encouraging internal locus of control, reducing the feelings of guilt, focusing on the family relations or other issues, advise, good listening, appreciating the worth of the father and acceptance and carrying on with life. Most of the participants had a history of brief

professional help, even though they were not content most of the time. One participant stated to feel content for how the psychologist helped her to see “she had control over the life”. Others described what they needed in a professional help situation.

Reflecting on these suggestions may also be helpful for understanding paternal bereavement experience. Hasan had a “bad” relationship with his father as he described him aggressive and insulting. He suggested to focus on the issues related to the loss of father and his effects on the personality of the bereaved. In addition, he tried to repair his relationship with his father in his mind by focusing on the positive characteristics of his father. While taken together, Hasan may be said to need a “reparation of the inner relationship with the father”. Selin suggested the professional to focus on guilt feelings and help to reduce them. She was also struggling with her guilt as she has described a conflictual relationship in which she devalued her father. Therefore she may be said to need also “reparation of the inner relationship with reduced guilt”. Ceyda suggested the professionals to see the worth of the lost father and help the bereaved accept the loss. In fact, she was also reluctant to accept the death’s reality with thinking of her father as living in another country. In addition, she was experiencing self-esteem problems after his death. Ceyda may be said to need “reparation of self-worth which was dependent on her father and acceptance of the separation”. Doğa suggested the professionals to focus on family relations. He was also experiencing an attachment problem. His father was his “only emotional tie” and he has become introverted after his death. He has become distant from his family with whom he did not share much. Therefore he may be said to need “reparation of family relations and attachment bonds”. Melike suggested the professional helpers to encourage internal locus of control. She has experienced a sudden death of his beloved father with whom she described a good, supportive and loving relationship. Therefore it is plausible to think that her assumption of control over life was shattered. Therefore Melike needed “reparation of self-control”. Aylin suggested to the professionals to be a good listener. Although she had lost many aspects of her relationship with



her father during his seven years illness, she was sharing her emotions with him comfortably as compared to her mother with whom she had a conflictual relationship. Most of the time, her father was the moderator in their quarrells with her mother. Therefore she may be said to need “sharing her emotions and reparation of her relationship with the mother.

To conclude, there are many valid information that the current study offers as helpful or hindering for paternal bereavement and bereavement in general. Although many themes are shared among participants, the bereavement process is unique to individuals. As the results suggest, reparation of the inner relationship with the father, focusing on guilt, reparation of self worth which was fed by the deceased, reparation of family relationships and attachment bonds, reparation of self control beliefs, and offering a chance to express the feelings may be the targets in the therapeutic process. In addition, some coping mechanisms that are helpful (e.g., setting goals and ideals, sustaining the bond) may be supported for the individuals while some hindering factors (e.g. personality traits) may also be focused in the helping process.

### **5.8 Limitations and Implications for Future Research**

This study involved qualitative analysis, namely, Interpretative Phenomenological Analysis. Although, IPA provides the researcher a tool for an in depth understanding of subjective experience, regarding the small sample size, generalizability of the research findings is limited. In addition, besides the researcher’s efforts to minimize her own biases through journaling and consultation to other professionals while constructing the themes, diminishing the researcher’s bias may be impossible as this analysis is highly interpretative in nature. Additionally, the study did not include cultural issues which may be focused in future studies. Another limitation was that the women had lost their fathers more recently as compared to men. Therefore this may also affect the reported gender differences. Also the time that has passed after the loss of the father varied from 10 months to 65

months. A more homogenous sample in terms of the time passed after the loss may be included in future studies.

## **5.9 Conclusion**

To conclude, there are many valid information that the current study offers as helpful or hindering for paternal bereavement and bereavement in general. First of all, focusing on the symbolic meaning of loss (e.g., loss of authority, loss of protection) may help theoreticians and clinicians for a better understanding. Gender differences emerged in the analysis may also be important. These differences such as importance of mother's deep grief and men's feeling as losing an authority figure with their fathers' death should not be overlooked in future theoretical understanding and clinical practice.

Although many themes are shared among participants, the bereavement process is unique to individuals. As the results suggest, reparation of the inner relationship with the father, focusing on guilt, reparation of self worth which was fed by the deceased, reparation of family relationships and attachment bonds, reparation of self control beliefs, and offering a chance to express the feelings may be the targets in the therapeutic process. In addition, some coping mechanisms that are helpful (e.g., setting goals and ideals, sustaining the bond) may be supported for the individuals. Some hindering factors (e.g. personality traits) may also be focused in the helping process.

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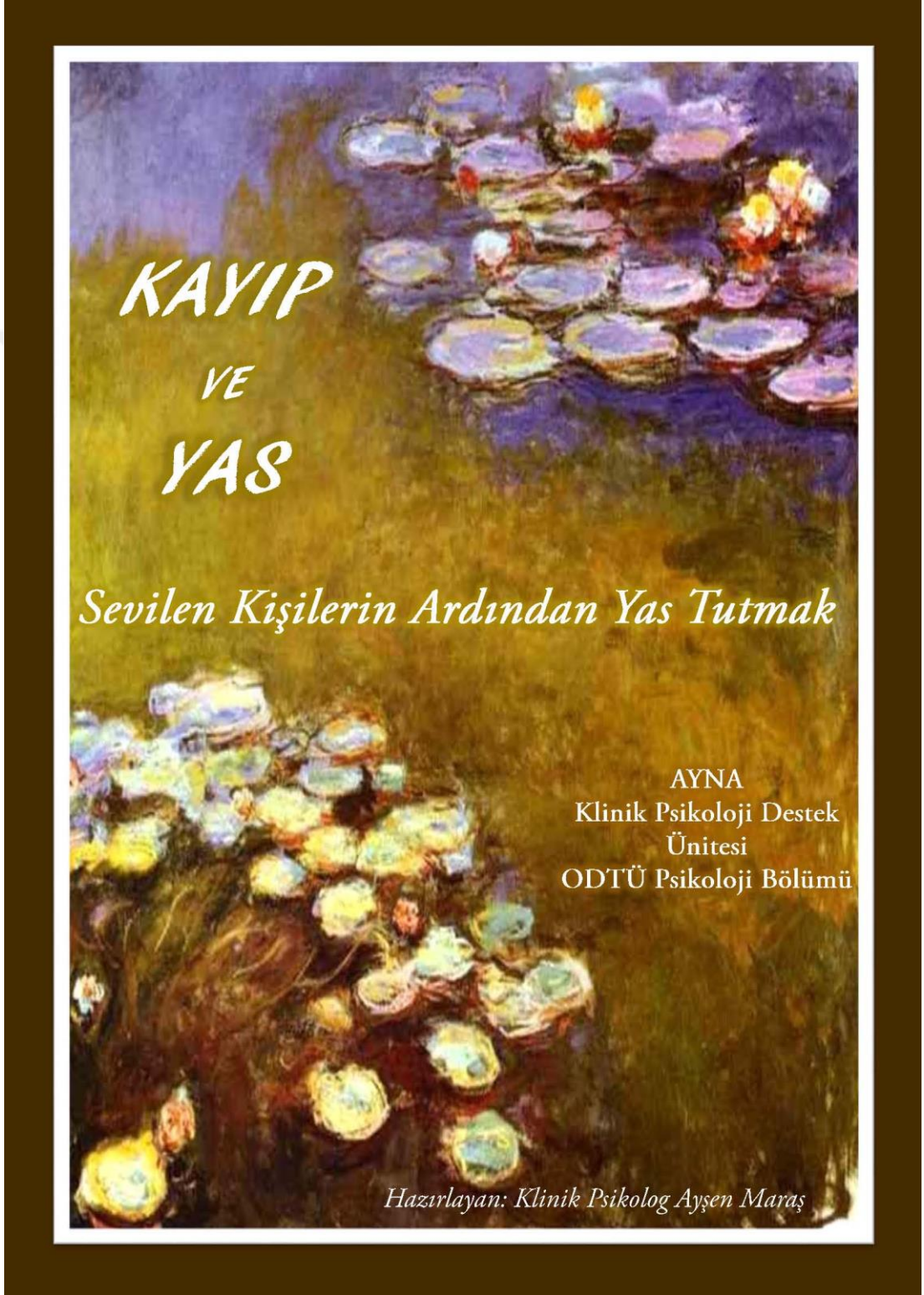
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## APPENDICES

### Appendix A. Sample Interview Guide Questions

1. Can you tell me about yourself?
2. Can you describe your experience of paternal bereavement?
3. How did you learn about your father's death?
4. Can you describe what you have experienced during his illness? (If he had)
5. Can you describe what you have experienced after losing him?
6. Can you tell me about your reactions to his death?
7. How were you affected?
8. Can you describe your relationship with him?
9. How was he as a person?
10. What did you lose with his death? (Concrete or abstract)
11. What is left for you after him? (Concrete or abstract)
12. What do you suggest others for coping with their father's loss?
13. What do you suggest the acquaintances of the bereaved?
14. What do you suggest to the psychological help professionals for the therapeutic process?
15. Is there something that you would like to share with me that I haven't asked?

Appendix B. The Booklet on Bereavement



## **ÖLÜME KARŞI DOĞAL BİR YANIT OLARAK YAS TEPKİLERİ**

Yas, sevilen kişinin kaybına karşılık verilen doğal bir yanittir. "Sevilen" kişi tanımı, kaybedilen kişiye ilişkin yalnızca "olumlu" duyguların var olduğu durumlar olarak anlaşılmamalıdır. Sevilen kişi ile ilişkide olumlu duyguların yanı sıra öfke, nefret gibi olumsuz duygular da yaşanabilir.

Yas, çeşitli duygusal, zihinsel ve davranışsal bileşenlerden oluşur. Yas tepkilerinin içeriği, yoğunluğu ve süresi, kişiden kişiye değişir. Yas sürecindeki tepkiler, kaybın nasıl gerçekleştiği, kaybedilen kişi ile ilişkinin taşıdığı anlam ve içinde bulunulan yaşam koşulları gibi çeşitli faktörlere bağlı olarak değişiklik gösterir.

**Yas tepkileri genel olarak şu şekilde özetlenebilir:**

### ***Duygusal Tepkiler***

Şok, hissizlik, üzüntü, kızgınlık, kaygı, çaresizlik, suçluluk, pişmanlık, huzursuzluk, iç sıkıntısı, yalnızlık, kendine yabancılaşma, hasret, rahatlama/ özgürlük hissi.

### ***Düşümsel/ Zihinsel Tepkiler***

İnanamama, inkar, kafa karışıklığı, düşüncede dağınıklık, dalgınlık, odaklanamama, dikkat dağınıklığı, unutkanlık, rahatsız edici/takıntılı düşünceler, sürekli kaybedileni düşünme, kaybedilen kişi ile ilişkili rüyalar ve gündüz düşleri, ölen kişinin hala yaşadığını hissetme.

### ***Fiziksel ve Davranışsal Tepkiler***

Enerji düşüklüğü, yediklerinden tat alamama, midede boşluk hissi, ağız kuruluğu, nefes darlığı, boğazda tıkanma hissi, sese aşırı hassaslaşma, uyku sorunları, güçsüzlük hissi, bitkinlik, ağlama, sosyal hayattan uzaklaşma, kaybedileni hatırlatan yer, kişi ve nesnelere kaçınma, kaybedilen kişiye ait eşyaları saklama, aşırı hareketlilik ve çeşitli fiziksel şikayetler.

## **YAS SÜRECİNE İLİŞKİN FAYDALI OLMAYAN İNANIŞLAR**

Faydalı olmayan bazı inanışlar aşağıda numaralandırılarak açıklanmıştır.

1. “Yas süreci herkes için aynıdır.”  
√ Yas süreci kaybedilen kişiyle ilişkiye, yas tutan kişinin özelliklerine ve içinde bulunulan yaşam koşullarına göre farklılaşır. Herkes aynı duyguları aynı yoğunlukta **hissetmez**.
2. “Zaman ilerledikçe duyduğum acım devamlı azalmalı.”  
√ Hissedilen acının ya da diğer duyguların şiddeti dönem dönem artıp, dönem dönem azalabilir.
3. “Yas tutarken diğerlerine ihtiyacım yok, en iyisi yalnız kalmak.”  
√ Yas sürecinde yakınlardan destek almak ve duyguları paylaşmak oldukça rahatlatıcı ve iyileştirici olmaktadır.
4. “Çok seviyorsan, daha çok acı çeker ve daha uzun süre yas tutarsın.”  
√ Yas tutma süresi kişiden kişiye değişmektedir. Daha çok seven kişinin daha uzun süre yas tutacağı söylenemez.
5. “Kaybedilenin ardından olumsuz konuşulmaz, sadece olumlu anıları düşünmeli ve paylaşmalıyım.”  
√ Kaybedilen kişiye dair olumlu ve olumsuz anıların varlığı ve konuşularak paylaşılması çok doğal ve iyileştiricidir.
6. “Ölümünün ardından kendi istek ve ihtiyaçlarımı düşünmek bencillik olur.”  
√ Kişinin kendi istek ve ihtiyaçlarının farkında olarak, bunları ifade edip karşılayabilmesi çok sağlıklıdır.
7. “Görmezden gelirse, acım daha kolay geçer.”  
√ Görmezden gelmek duyguların paylaşılmasına ve yoğunluğunun azalmasına engel olabilmektedir.



### **YAS SÜRECİNE İLİŞKİN FAYDALI OLMAYAN İNANIŞLAR (devamı)**

8. "Çok güçlü olmalıyım."

√ Yas sürecinde acı çekmek, zayıf hissetmek doğaldır. Kişi kendine hislerini yaşamak için alan ve zaman tanımaktan fayda görmektedir.

9. "Küçük çocuklar kayıptan etkilenmez ve yas tutmaz."

√ Yas tutmanın yaşı yoktur. Küçük çocuklar güçlü duyguları kolaylıkla hisseder ve bu süreçte ihmal edilmemelidirler.

10. "Çocukları ve gençleri korumak için kayıp, ölüm ve yas sürecinden bahsedilmemelidir."

√ Çocuklar ya da gençler, gelişimlerine uygun şekilde, kayba ilişkin bilgilendirilmekten ve bu süreçte yer almaktan fayda görürler. Onları korumak adına, bilgilendirmemek ya da yaşanan duygulara ortak etmemek, pembe yalanlar söylemek, onların daha çok zedelenmesine yol açmaktadır.

### **YASIN AŞAMALARI**

Yas süreci beş aşamadan oluşmaktadır. Bu aşamaların, sırası, süresi, yoğunluğu kişiden kişiye değişmektedir. Kayba karşı doğal olarak verilebilecek tepkileri içeren bu aşamalar şunlardır:

#### **1.İnkar**

Sevilen bir kişinin kaybedildiğini ve o kişi ile birlikte paylaşılacak bir geleceğin olmayacağını kabullenmek oldukça zor olabilir. Bu nedenle, ilk aşamada, kaybın gerçekliğini kabul etmekte güçlük yaşayabilirsiniz.

İnkar sürecinde, "sanki her an kapıdan girecekmiş gibi" hissedebilir, kaybettiğiniz kişinin eşyalarını, kıyafetlerini ya da kahvaltısını "o sabah kalkacak ya da gelecekmiş gibi" hazırlamak isteyebilirsiniz. Bunun yanı sıra, "sanki hiçbir şey olmadı/ hiç etkilenmedim" gibi düşünceleriz olabilir ve kendinizi "hissizleşmiş" olarak duyumsayabilirsiniz.

İnkar süreci, kayıp yaşantısına ve buna bağlı değişen yaşama uyum sağlamak açısından önemli bir rol oynar. Bu süreç, acı verici kayıp gerçeğini kabullenmek üzere kendinize zaman tanımanızı sağlar ve zaman içerisinde, inkar, yerini diğer duygulara bırakır.

## 2. Kızgınlık

Kızgınlık aşamasında, kendinizi kaybın gerçekliği ile karşı karşıya hissedebilirsiniz. Bu gerçek, engellenmişlik ve kızgınlık yaratabilir. "Neden benim başıma geldi?", "Bu nasıl olabilir?", "Suçlu kim?" gibi düşünceler, zihninizde belirebilir. Bu kızgınlık, kendize, kaybettiğiniz kişiye, yakınlarınıza ya da hekimler gibi meslek elemanlarına yönelik olabilir. Ölen kişiye kızgınlık duyduğunuzda, bu kızgınlık, çoğunlukla ölüme engel olamamak ve ölümlü ile terk edilmiş hissetmek ile ilişkilidir. Bu durum, yanında yürüyen annesinin bir anda kaybolduğunu fark eden bir çocuğun yaşadığı kızgınlığa benzetilebilir. Sevilen kişi, haber vermeden gitmiştir ve ölümlü engel olunamamıştır.

Bunun yanında, kendinize yönelik kızgınlık ya da suçluluk duyabilirsiniz. Suçluluk hissi, çok farklı kaynaklara bağlı gelişir. Kaybettiğiniz kişiye yeterince destek olup olmadığınızı ya da geçmişte ilişkinizde yaşanan sorunlara dair içsel sorgulamalar bu kaynaklardan bazılarıdır.

Çoğunlukla yastaki kişi, kaybettiği kişi ile ilişkisinde kendini hatalı ya da suçlu görebilmektedir. Yas sürecinde, bu sorgulamaların ve duyguların varlığı oldukça doğaldır. Kendinize yönelen bu suçlamalara ve kaynaklarına dair farkındalık önem taşımaktadır. Suçlamaların içeriği çoğunlukla gerçekçi olmamakta; sevilen kişi hayatta iken sorun olarak görülmeyen konular, ölümün ardından kendinize yönelmiş suçlamalara dönüşebilmektedir. Kızgınlık ve suçluluk duygularının farkına varmak, kaynaklarını gerçekçi bir bakış açısı ile değerlendirmek faydalıdır.



## 3. Pazarlık

Bu aşamada, pazarlık geçici olarak zihinsel ve duygusal rahatlatıcı görevi görebilir. Pazarlık tamamen kendi iç dünyanızda ya da dualarınızda yer alabilir. Pazarlık sürecinde, "Hayatımı başkalarına iyilik yapmaya adasam, uyanıp bunun kötü bir rüya olduğunu anlayabilir miyim?" ya da "Keşke daha çok yanında olsaydım, o zaman ölmeyebilirdi" gibi düşünceleriniz olabilir. Bu düşüncelere pişmanlık duygusu gibi çeşitli duygular eşlik edebilir. Kaybın gerçekliği ve

hissettiğiniz duygulara dair kabulünüz arttıkça, pazarlıkların yoğunluğu azalır.

#### 4. Depresyon

Depresyon aşaması, bir ruhsal tanı olarak anlaşılmalıdır. Bu aşamada deneyimlenen olumsuz duygular, yas sürecinin doğal bir parçasıdır. Depresyon aşaması, ölümün gerçekliği ile yapılan yüzleşme niteliğindedir. Bu yüzleşmede üzüntü, çökkünlük, çaresizlik ve zayıflık hissedebilirsiniz. “Onsuz yaşamın bir anlamı var mı?”; “Neden yaşama devam etmeliyim ki?”; “Gelecekte ne bekleyebilirim?” gibi düşünceleriniz olabilir.

Bazen yoğun olumsuz duygular, ie kapanma, yaşamdan zevk almama, iřtah ve uyku bozuklukları, kaybettiğiniz kişiye dair aklınızdan çıkmayan düşünceler, üzüntü, umutsuzluk duyguları, yaşamla başa çıkmanızı çok zorlaştırabilir. Bu durumda, uzman yardımı almak gereklidir.

#### 5. Kabullenme

Bu aşama, ölümün gerçekliğini ve kaybettiğiniz kişinin geri dönemeyeceğini kabullenme sürecidir. Kabullenme, yeni gerçeklik ile yaşama devam edebilmenin temelini oluşturur. Sağlıklı bir kabullenme, “hiçbir şey olmamış gibi” hissetmek olarak anlaşılmalıdır. Sevdiğiniz kişinin ardından yaşamınızdaki değişikliklere uyum sağlamak, üzüntünüze karşı umudunuzu korumak; “O öldü ve geri dönmeyecek.. Her şey yoluna girecek..” diyebilmek önemlidir.

### YAS SÜRECİNDE YAPILABİLECEKLER

Yas sürecini sağlıklı tamamlayabilmek için, çaresiz değil gerçekleştirmekte etkin olduğunuz süreçler řu řekilde özetlenebilir:

#### 1. Kaybın Gerçekliğini Kabul Etmek:

Sevdiğiniz kişinin kaybını kabullenmek oldukça güç olabilir. Bu gerçeği bilmenize karşın sevdiğiniz kişi “sanki hayattaymış” hissi yaşayabilirsiniz. Kaybın gerçekliğini bilişsel ve duygusal anlamda kabul edebilmek önemlidir. Bu süreçte yapılabilecekler, kişiden kişiye deęişmekle birlikte; kaybettiğiniz kişinin cenazesine katılmanız, onun anılabileceęi ortamlar yaratmanız ve ona ait fotoęraflara bakmanız kabullenmenize destek olabilir. Bunun yanı sıra, yaşadıklarınızı yakınlarınız ile paylaşmanız da önemlidir.



## **2. Yas Sürecindeki Acıyı Ele Almak:**

Sevdiğiniz ve bağlılık duyduğunuz kişinin ölümünün ardından acı duymak kaçınılmaz olabilir. Ancak yas sürecinde her insan aynı derecede acı duymaz.

Üzüntü, hüznün, suçluluk, pişmanlık, kızgınlık gibi bir çok duygunuzu fark etmek, içsel olarak yaşamak, kabul etmek, paylaşmak ve konuşmak rahatlatıcı olacaktır.

Kendinize bu acıyı yaşamak için izin verdiğinizde, hiç bitmeyeceği hissine kapılabilirsiniz. Fakat acı geçicidir ve bu duyguların ele alınması, duyulan acıyı zaman içinde hafifletecektir. Bu süreçte sosyal çevrenin ve uzmanların desteği (psikolog/psikiyatrist/psikoterapist) faydalı olabilir.



## **3. Kaybedilenin Olmadığı Bir Yaşama Uyum Sağlamak:**

Sevdiğiniz kişinin kaybının ardından, onsuz bir yaşama içsel ve dışsal olarak uyum sağlamanız önemlidir. Kayıp herkes için farklı anlamlar taşımaktadır. Kaybettiğiniz kişinin yaşamınızdaki rolü çok farklı boyutları kapsayabilir. Size destek olan sevdiğiniz bir kişiyi kaybederken aynı zamanda onun yaşamınızdaki var olduğu rolleri de kaybedersiniz. Örneğin babanızı kaybettiğinizde, duygusal destek ve yakınlığın yanı sıra, evin mali yükümlülüklerini organize eden kişiyi de kaybetmiş olabilirsiniz. Bu anlamda, sizi uyum sağlayacağınız yeni roller ve görevler bekleyebilir. Bu kayıplar karşısında yaşadığınız olumsuz duyguları ve çaresizliği aşabilir, gerektiğinde çevrenizden ve uzmanlardan destek isteyerek, yaşamınıza yeni başa çıkma yöntemleri ile devam edebilirsiniz.

#### **4. Kaybedilen Kişiyi İç Yaşamda Taşımak ve Yaşama Devam Edebilmek**

Bu süreçte kaybettiğiniz kişiyi iç dünyanızda yeni bir yere taşımak ve onunla bağlantılılık hissini kaybetmeden yaşamınıza devam edebilmek temel yaşantıdır. Sevilen kişiyi kaybetmek onu unutmak anlamına gelmemektedir. Ancak onu unutmamak da yaşamdan geri çekilmeyi, yaşam enerjisinin kaybolmasını gerektirmez. Yaşamdan zevk almanız ve başka insanları sevmeniz, kaybettiğiniz kişiyi sevmediğinizi, kolay unuttuğunuzu, ona değer vermediğinizi göstermemektedir. Kaybettiğiniz kişiyi hafızanızda ve düşüncelerinizde yaşatılabilirsiniz. Bu sürecin gerçekleştiğine ilişkin önemli bir ipucu, kaybettiğiniz kişiden rahatlıkla bahsedebilmenizdir.

#### **KAYIP YAŞAYAN KİŞİLERİN YAS SÜRECİNE İLİŞKİN ÖNERİLERİ**

Ebeveynlerini kaybeden kişilerin size de faydalı olabilecek önerileri şu şekildedir (Umberson, 2003):

##### **1. Acınızı içinizden geldiği gibi yaşayın.**

*"İnsanlara duygularını yaşamalarını, bastırmamalarını önerirdim. Eğer geri dönüp bir şeyi farklı yapabilseydim sanırım bu olurdu. Ama bu bir şeylerle nasıl baş ettiğinizle ilgili, kişiliğinizle..." (L., s. 235)*

##### **2. Sırtınızı başkalarıyla ilişkilerinize yaslayın.**

*"Eğer yardıma ya da ağlayabileceğiniz bir omuza ihtiyaç duyarsanız, bunu dile getirin, bunun size sunulmasını beklemeyin" (N., s. 236)*

##### **3. Mümkünse ebeveynlerinizle meselelerinizi onlar ölmeden çözüme ulaştırmaya çalışın.**

*"Ebeveynleri ile konuşsunlar...Konuşmaktan öte onları dinlesinler ve sorular sorsunlar ve kendi çocuklukları, büyümeleri ve birlikte geçirdikleri yetişkin yaşamlarıyla ilgili bir şeyler anlatmalarını istesinler ki, aslında nereden geldikleri hakkında daha iyi fikir sahibi olabilsinler...çünkü bu bir miras" (R., 237)*

##### **4. Suçluluk ve pişmanlık duygularına teslim olmayın.**

*"Geçmişte olanlar için suçluluk hissetmeyin. Kaybettiğiniz ebeveyninize öfkeliyseniz ya da söylemek istediklerinizi onlar hayattayken söyleyemediyse, şimdi söyleyin-kime olduğu önemli değil, herhangi birilerine." (C., s. 237)*

*“Annem öldükten sonra rahatlama hissettiğim için suçluluk duyuyorum. Neden rahatlama hissettiğinizi bilerseniz sanırım sorun ortadan kalkıyor. Artık acı çekmiyor ve hastalığının sefaletiyle uğraşmak zorunda değil. Bu rahatlama duygusunu hissetmekten dolayı suçluluk duymayın.” (N., s. 237-38)*

**5. Kaybettiğiniz kişinin kişisel eşyalarını elden geçirin.**

*“Aile üyelerinin siz görmeden ebeveynlerinizin eşyalarını atmalarına izin vermeyin..O eşyaların bir kısmını almış olmayı isterdim. Benim için çok anlamları vardı.” (G., 239)*

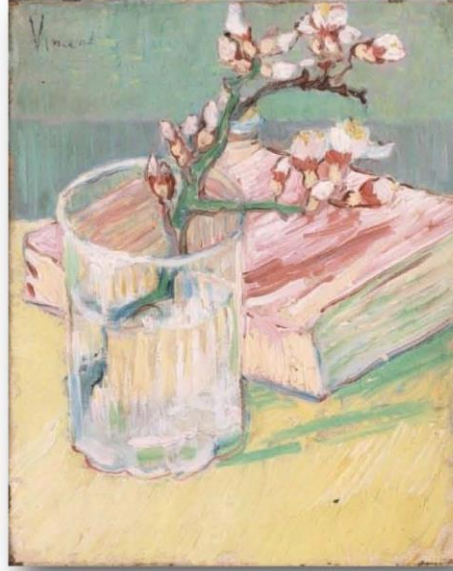
**6. Maneviyata sarılın.**

*“Öbür dünyaya inanmak çoğu kişi tarafından rahatlatıcı olarak tarif edilmektedir. Bunun dışında doğa ile ilişki kurmak (örn., ağaç dikmek, gezintiye çıkmak), kaybedilene ilişkin düşüncelerin kağıda dökülmesi öneriler arasındadır” (Umberson, 2003).*

*“Bu süre içinde kendinizden çok fazla şey beklemeyin” (E., s. 240)*

**7. Profesyonel yardım alın.**

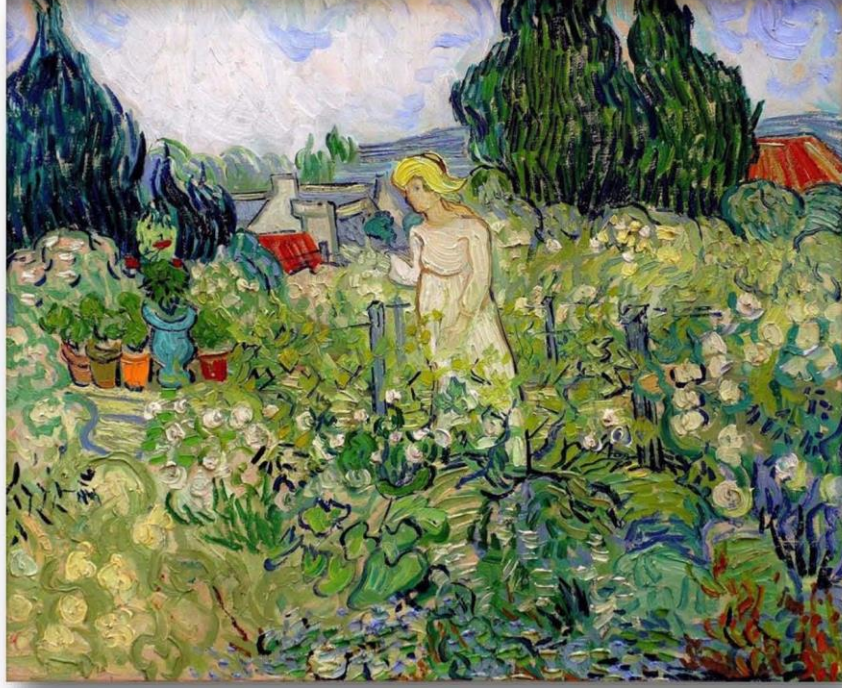
*“İhtiyacınız olduğunda profesyonel yardım almaktan korkmayın. Yardıma ihtiyacınız olduğunu kabul etmek aciz olduğunuzu göstermez” (H., s. 240)*



### **YAS TUTMA SÜRECİNİ SAĞLIKLI YAŞAYABİLMEK İÇİN;**

1. *Yasın uzun bir süreç olabileceğini kabul edin, yaşadığınız acıyı ve duygularınızı yok saymaya çalışmayın. Kendinize duygularınızı yaşamak için izin verin. Hiç bitmeyeceğini düşünmeyin.*
2. *Fiziksel sağlığınıza ve ihtiyaçlarınıza (yemek, uyku) önem verin, ihmal etmeyin.*
3. *Yaşadığınız duyguların doğal olduğunu unutmayın. Onları fark etmeye, kabul etmeye ve ifade etmeye çalışın.*
4. *Kaybettiğiniz kişiye dair gerçekleşmemiş hayalleriniz, beklentileriniz ve çözülmemiş çatışmalarınız olması çok doğaldır. Bunları fark etmeye, anlamaya çalışın.*
5. *Kaybettiğiniz kişi ile ilişkinizde yaptığınız ya da yapamadığınızı düşündüğünüz şeyler için kendinizi anlamaya çalışın. Kendinizi bağışlayın.*
6. *Sizi dinleyip anlayabilecek kişilerle yaşadıklarınızı ve duygularınızı paylaşın. Konuşmak istediğinizi dile getirmekten çekinmeyin, bu sizin "zayıf olduğunuz" anlamına gelmez. Ailenizi ve yakınlarınızı duygularınızı paylaşarak üzmekten çekinmeyin. Herkes kendine uygun şekilde yaşantı ve duygularınıza eşlik edecektir.*
7. *Kaybettiğiniz kişiye karşı olumlu ve olumsuz bir çok duygunuzun olması çok doğaldır. Bunları güvendiğiniz kişilere anlatmaktan çekinmeyin.*
8. *Duygularınızı ifade etmek için yazılar ya da şiir yazabilir, resim yapabilirsiniz.*
9. *İçinize kapanarak yaşamdan geri çekilmeyin. Arkadaşlarınız ile bir araya gelin, dışarı çıkın, müzik dinleyin, kitap okuyun.*
10. *Size destek olmak isteyen yakınlarınıza izin verin.*
11. *Ölüm yıldönümlerine ve özel günlere yoğun duyguların eşlik edebileceğini unutmayın.*

11. Yakınlarını kaybeden diğer kişiler ile konuşun, kayıp yaşayanların yazdığı kitapları okuyun. Yaşadıklarınızı paylaştığınızı ve anlaşıldığınızı hissedebilirsiniz.
12. İhtiyaç duyduğunuzda uzmanlardan yardım almaktan çekinmeyin.



#### **Kaynakça**

- Kübler-Ross, E. (1973). *On Death and Dying*. New York: Routledge.
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*Danışmanım Prof. Dr. Faruk Gençöz'e desteği ve yönlendirmeleri için en içten teşekkürlerimle...*

## Appendix C. Turkish Summary

### BÖLÜM 1.

#### GİRİŞ

Kayıp ve yas, insan yaşamının doğal bir parçası olmakla birlikte, uyandırdığı yoğun duygular, gerçek yaşamda olduğu gibi araştırma alanında da göz ardı edilebilmesine yol açabilmektedir. Psikoloji literatüründe, kayıp ve yas Freud'un (1917/2000) Yas ve Melankoli makalesi ile teorisyenlerin dikkatini çekmeye başlamıştır. Freud, bu makalesinde normal yas süreci ile melankoli, bugünkü şekliyle depresyon arasındaki farkları nitelemeye çalışmıştır. Lindemann (1944) gibi diğer araştırmacılar da normal yas sürecinin içeriğini tanımlamaya çalışmışlardır. Günümüzde hala normal yas ya da sorunlu (örn., komplike, gecikmiş, patolojik) bir yas sürecinin arasında nitel olarak farklar olup olmadığı konusunda tartışmalar mevcuttur. Ancak bunun yanında yas literatürü yas reaksiyonları, yasin sonuçları, yas ile başa çıkma, yasa yönelik tedavi yöntemleri gibi konuları dahil etmek üzere genişlemiştir (Stroebe, Hansson, Stroebe and Schut, 2001). Yastaki reaksiyonlar konusunda literatürde genel bir fikir birliğinin varlığından söz edilebilir. Ancak "yas sonrası tamamen iyileşme var mıdır?", "ne gibi stratejiler yas sürecinde uyum sağlamaya destek olur?" (örn., ölen ile bağı sürdürme ya da başka kişilere sevgi yatırımı) gibi sorular güncelliğini korumaktadır. Literatürdeki ampirik çalışmaların, yoğunlukla patolojik yas reaksiyonlarının neler olduğuna odaklandığı ve nicel araştırma yöntemlerini kullandığı görülmektedir. Nicel araştırma yöntemleri ve onlar sayesinde edinilen bilginin değeri yadsınmaksızın, nitel, kişilerin yas sürecini derinlemesine anlamaya odaklanan çalışmaların azlığının, yas sürecini içerik olarak anlamayı zorlaştırdığı düşünülmektedir. Yas konusunda nitel

alıřmaların azlıđının yanında, Trkiye’de baba kaybına odaklanan bir alıřmanın olmaması da dikkati ekmektedir. Bu alıřma, gen yetiřkinlerin baba kaybını nasıl deneyimlediklerini derinlemesine anlamayı hedeflemiřtir. alıřmanın arařtırma soruları ařađıda belirtilmiřtir:

1. Gen yetiřkinler baba kaybını nasıl deneyimlemektedir?
2. Babasını kaybeden gen yetiřkinler diđer baba kaybı yařayanlara neler nermektedir?
3. Babasını kaybeden gen yetiřkinler baba kaybı yařayanların yakınlarına neler nermektedir?
4. Babasını kaybeden gen yetiřkinler psikolojik destek veren uzmanlara neler nermektedir?
5. Gen yetiřkinlerin baba kaybını deneyimlemelerinde cinsiyete zg temalar var mıdır?

## BÖLÜM 2

### LİTERATÜR TARAMASI

Literatür taraması aşağıdaki alt başlıkları içermektedir: 1) Yas tepkileri 2) Beklenen yas 3) Komplike yas tepkileri 4) Yası anlamaya yönelik teorik yaklaşımlar 5) Yasta cinsiyet farklılıkları 6) Aile içinde yaşanan yas 7) Ergenlerde ve yetişkinlerde ebeveyn kaybı ve yas 8) Babanın psikolojik rolü.

#### 2.1 Yas Tepkileri

Yas, kayba karşı doğal bir tepki olmakla birlikte, bir süreliğine de olsa yoğun duygusal tepkilere neden olabilir (Love, 2007; Parkes, 2002). Kübler-Ross (1969), kanser hastalarıyla yürüttüğü önemli çalışmasının sonucunda yas sürecinin beş aşamayı içerdiğini belirtmiştir: İnkâr, öfke, pazarlık, depresyon ve kabullenme. Kübler-Ross'u takip eden çalışmalar da benzer şekilde, yas sürecinde üzüntü, öfke, suçluluk, pişmanlık, kaygı, hasret ve yalnızlık gibi duyguların varlığından söz etmektedirler (Casarett, Kutner ve Abrahm, 2001; Tomlinson, 2001; Worden, 2004; Love, 2007).

#### 2. 2 Beklenen Yas

Yas, ölüm sonrası verilen tepkilere denmekle birlikte, literatürde yas sürecinin ölüm öncesinde başlayabileceği belirtilmekte ve bu süreç "beklenen yas" olarak adlandırılmaktadır (Kübler-Ross ve Kessler, 2005; Lindemann, 1944). Kübler-Ross ve Kessler, yas aşamalarının bu süreçte de görülebileceğini belirtmiştir. Lindemann da (1944) kişilerin yakınlarını kaybetmeden, zihinlerinde ölecek kişi ile ilişkilerini ele alıp, onsuz bir yaşama, henüz kaybetmeden uyum sağlayabileceklerini belirtmiştir.

#### 2. 3 Komplike Yas Tepkileri

Olağan yas tepkileri konusunda, literatürde fikir birliği bulunmakla birlikte, hangi tepkilerin patolojik (veya komplike) sayılabileceği konusunda



fikir birliğinin sağlanamadığı görülmektedir. Literatürde kronik, eksik (absent) ve gecikmiş yas tepkilerinin varlığından söz edilmektedir (Stroebe et al., 2001; Lindemann, 1944). Bu tepkiler arasında kronik yas tepkileri, ampirik çalışmalarda ön plana çıkmaktadır ve bu tepkileri nitelendirmek için çeşitli isimler önerilmiştir: Komplike, travmatik, uzamış (Shear et al., 2011; Horowitz et al., 1997; Prigerson et al., 2009). 2013 yılında yayınlanan DSM-5 ile Süreğen Kompleks Yas Bozukluğu (SKYB), gelecekte tanı kitabına eklenmek üzere önerilmiş ve bu konuda çalışmalar beklendiği belirtilmiştir. SKYB hasret, acı, ölene ilişkin yoğun düşünceler, ölümü kabullenmekte güçlük, uyuşmuşluk, öleni olumlu anımsamakta güçlük, kendini suçlama, ölümü hatırlatan şeylerden kaçınma gibi kriterleri içermektedir. Bunlara ek olarak, SKYB sosyal alanda ve kimlik konusunda bazı problemlerin varlığını içermektedir: ölenle kavuşmak için intiharı düşünme, ötekilere güvenememe, yalnızlık, içe çekilme, hayatı anlamsız bulma, kimlik kaybı, ilişkilerini, ilgi alanlarını ve gelecek planlarını sürdürme güçlüğü. Bütün bu belirtilen semptomlar kişinin sosyal yaşamı ile iş yaşamındaki fonksiyonelliğini olumsuz etkilemektedir.

## **2.4 Yas Sürecini Anlamaya Yönelik Teorik Yaklaşımlar**

### **2.4.1 Psikanalitik Yaklaşımlar**

Freud (1917/2000), yas ve melankolinin yoğun ıstırap, dış dünyaya karşı ilgi yoksunluğu, kendini suçlama ve cezalandırılma beklentisi içerdiğini belirtmiştir. Freud'a göre yas ve melankoli belirli noktalarda farklılaşmaktadır. Bunlardan ilki melankolide kişilerin özsaygılarını yitirmesidir. İkincisi ise yas sürecinde kaybedilenin bilinç tarafından kavranırken, melankolide neyin kaybedildiğinin bilinçdışına ait olmasıdır. Normal yas sürecinde, kişiler yaşadıkları kaybın gerçekliğini kabul ederek, libidinal yatırımlarını kaybettikleri kişiden geri çekip başka sevgi nesnelere yatırırlar. Bu süreç kişinin kaybettiği kişi ile ilişkisi üzerine içsel bir çalışma yapmasını gerektirir. Ancak bu çalışma sonucunda, libidinal enerji serbest kalıp, başka nesnelere yönelebilir. Melankolik kişilerde kaybedilen kişi ile kurulan içsel ilişkide problemler vardır. Bu nedenle serbest kalan libidinal enerji tekrar kişinin kendisine döner ve kaybedilen ile özdeşim kuran kişinin benliği birbirine

yabancı parçalara bölünür. Kaybedilen kişi ile özdeşim kurulduğu için kişi kendi benliğinin bu özdeşim kuran kısmını aşağılar, suçlar ve değersizleştirir ki bu da melankolideki öz-saygı düşüklüğü ile ilişkilidir (1917/2000). Freud'u takip eden Abraham (1924/1994), Klein (1935/2008; 1940/2008), Lindemann (1944), Bleichmar (2007; 2010), Kernberg (2010), Volkan ve Zintl (1993/2012) gibi teorisyenler, yasa psikanalitik bakışa farklı noktalar eklemiştir. Abraham, Klein ve Kernberg kayıp yaşayan kişilerin kaybettikleri ile kurdukları özdeşime dikkat çekmişler, bu özdeşim mekanizmasının yas sürecini atlatmakta önemini vurgulamışlardır. Lindemann (1944), Freud ile benzer şekilde, yas tutmanın ölen kişi ile bağları koparmak, onsuz bir yaşama uyum sağlamak ve yeni ilişkiler kurmak anlamına geldiğini belirtmiştir. Bleichmar (2007; 2010) yasta birincil ve ikincil saplanmaların varlığından söz etmiştir. Birincil saplanma, ölen kişi kayıp yaşayanın hayatında farklı ihtiyaçları karşıladığında yaşanmaktadır. Örneğin, ölen kişi narsistik ihtiyaçları karşıladığında, kişinin kayıp sonrası özgüveni düşmekte ya da ölen kişi kimlik duygusunu sürdürme işlevi gördüğünde kişi ölüm sonrasında konfüzyon yaşayabilmektedir. İkincil saplanma ise, kişinin güncel yaşamındaki sorunların varlığı, bunlarla başa çıkamayarak ölen kişiyi ve onla ilişkisini idealize etmesi ile ilişkilidir.

Kernberg (2010), ölen kişi ile ilişkinin onarıma açık olduğuna ve ölüm sonrasında bu ilişkinin ve bağlantılılık hissinin sürdüğüne dikkat çekmiştir. Volkan ve Zintl (1993/2012), yas tutmanın inkar ile başlayıp, kaybedilen kişi ile ilişki üzerine içsel bir çalışma ile devam ettiğini ve ölen kişinin sadece bir anı olarak geride bırakılması ile sonlandığını belirtmişlerdir. Volkan ve Zintl'e göre resimler, şiirler, rüyalar ve fotoğraflara bakma gibi eylemler, yasin içsel olarak işlemlendiğinin göstergeleridir. Ayrıca kişiler bazı nesnelere yas sürecini ve hislerini dışsallaştırabilmektedirler. Volkan (2008) bu nesnelere bağlantı nesnelere adını vermektedir. Volkan, kronik yas tutan kişilerin ölen kişi ile özdeşim kuramayan ve kendilerine kaybettikleri kişiyi dışsallaştıracak kaynaklar bulamayan kişiler olduğunu söylemiştir.

## 2.4.2 Aşama Teorileri

Bowlby (1980), Kübler-Ross (1969), ve Worden (2004) yas sürecini anlamak için farklı aşama yaklaşımları öne sürmüşlerdir. Bowlby'e göre (1980), yas süreci dört aşamadan oluşur: Uyuşmuşluk, hasret ve arama, çözülme ve çaresizlik, yeniden yapılanma. İlk aşamada kişi kaybın gerçekliğini kabullenmekte zorlanır ve karmaşa yaşar. İkinci aşamada, kaybettiği kişiyi dışarıda bulacakmışçasına bir arayışa girer. Onu göreceğini umduğu yerlere gidebilir ya da onunla konuşabilir. Üçüncü aşamada, kişi kaybın gerçekliğini kabullenir ve olumsuz duygularını tolere edebilirse son aşamaya yani yeniden yapılanmaya yönelebilir. Yeniden yapılanma süreci, kişinin kendini ve yaşamını tekrar tanımlamasını içerir. Bowlby'e göre (1980), yas sürecinde problemler yaşayan kişiler ilişkilerinde kaygılı bağlanmış olan, bağımlı, yapışkan kişilerdir. Kübler-Ross (1969) ise yasin aşamalarını inkar, öfke, pazarlık, depresyon ve kabullenme olarak belirtmiştir. Bu aşamaların isimleri kayıp yaşayan kişilerin ön plana çıkan duygusal ve bilişsel yaşantılarını kapsamaktadır. İlk aşamada, kayıp yaşayan kişi kabullenmekte güçlük yaşayarak inkar etme eğilimi gösterebilir. İkinci aşamada kişi kaybettiği kişiye ya da kendisine karşı öfke duyabilir. Terk edilmiş olmak ya da ölüme engel olamamak öfkenin başlıca nedenleri arasındadır (Kübler-Ross ve Kessler, 2005). Üçüncü aşamada kişi iç dünyasında Tanrı ile pazarlıklar yapar. Dördüncü aşamada kaybın gerçekliğine ıstırap, boşluk, suçluluk ve zayıflık gibi çeşitli hisler eşlik eder. Son aşamada ise kişi kaybı ve kaderini kabullenir. Yani kaybın gerçekliği ile yaşamayı öğrenir. Diğer bir aşama yaklaşımı da Worden'a (2004) aittir. Worden yas sürecindeki kişiye ait görevleri şöyle sıralamıştır: 1) Kaybın gerçekliğini kabul etmek 2) Acıyı içsel olarak işlemek 3) Uyum sağlamak 4) Ölen kişiyi içinde taşımak. Worden'a göre uyum sağlamak, acıyı, suçluluk, öfke gibi çeşitli duyguları kabullenip, içsel olarak işlemeyi, ifade etmeyi gerektirmekte ve uyum aşamasından sonra kayıp yaşayan kişi ölen ile ilişkili hissetmekle beraber gündelik yaşamına da devam edebilmektedir.

### 2.4.3 Yası Anlamaya Yönelik Güncel Yaklaşımlar

Yas sürecini anlamaya yönelik olarak Stroebe ve Schut Çift Yönlü Süreç Modelini (Dual Process Model) (1999) önermişlerdir. Bu modele göre kayıp yaşayan kişi yasa ilişkin stres etkenlerinden hem kaçınır hem de onlarla yüzleşir. Sağlıklı bir adaptasyon için kişinin kaçınma ve yüzleşme arasında gidip gelmesi ve bir denge yakalayabilmesi önemlidir. Kişi kayba odaklandığında kayba ilişkin düşünmesi ve değerlendirmeler yapması söz konusuyken; geleceğe odaklandığında yani kayıp olayını düşünmekten kaçındığında, dikkatini başka konulara yönlendirmesi, yeni ilişkilere veya yaşamındaki başka işlere odaklanması söz konusudur.

Yas sürecine ilişkin diğer bir paradigma ise “Devam eden bağ” olarak adlandırılır. Buna göre, kayıp yaşayan kişi ölen kişi ile bağını ölüm sonrasında da devam ettirmektedir (Field, Gao ve Paderna, 2005). Bu görüş Freud’un (1917/2000) ölen kişiden libidonun geri çekilmesi görüşüne karşı geliştirilmiştir. Bağlı sürdürmenin, ölen kişi ile dialog kurma, anma, içsel konuşmalar, ölenin eşyalarını sahiplenme ve onlara anlam yükleme, ölen kişinin özelliklerini içselleştirme gibi çeşitli yolları olduğu belirtilmiştir (Field, Gao ve Paderna; Hogan ve DeSantis, 1992).

Bir diğer yaklaşım ise “Anlam Yaratma” yaklaşımıdır. Bu yaklaşıma göre (Neimeyer, 2011; Neimeyer ve Burke, 2014; Keese, Currier ve Neimeyer, 2008), kayıp sonrası kişilerin yaşamı ile yaşama ve kendilerine dair düşünceleri, duyguları ve hedefleri kayıp ile kesintiye ve değişime uğrar. Kayıp yaşayan kişiler yaşadıkları kayıp ve yaşama ilişkin anlam yaratmak için “neden?” “nasıl?” gibi çeşitli sorular ile karşı karşıya kalırlar. Anlam yaratmakta başarılı olan kişiler kaybı kabullenip, yaşamın anlamlılığına inanmaya devam ederken; anlam yaratmakta başarısız olan kişiler ölüme inanamama, ölen kişi ile düşünsel uğraşı gibi komplike yas semptomları sergilerler.

## 2.5 Yasta Cinsiyet Farklılıkları

Literatürde yas sürecinde cinsiyetler arasında bazı farklılıklar olduğu belirtilmiştir. Kadınlar, erkeklere göre daha fazla acı duymakta ve psikolojik yardım aramakta iken erkekler profesyonel yardım aramamayı tercih etmekte ve yaşadıkları kayıp ile başa çıkma konusunda kendilerini sorumlu hissetmektedirler (McGoldrick, 2004; Parkes ve Prigerson, 2010). Bunun yanında, erkeklerin kayıp yaşadıktan sonra ölüm oranlarında artma olduğu görülmektedir (Skulason, Jonsdottir, Sigurdardottir ve Helgason, 2012; Young, Benjamin ve Wallis, 1963). Bu durum erkeklerin duygularını bastırması ile ilişkili olarak açıklanmaktadır (McGoldrick, 2004).

McGoldrick'e göre (2004), kadınlar yasa ilişkin duygularını daha açık yaşamakta ve profesyoneller ile yakınlarından destek talep etmektedirler. Bunun yanında ölen kişiyi düşünmekte ve anmakta daha rahat hissetmekte ve kayıp sonrası diğer aile üyelerinin de bakımını üstlenmektedirler. Erkekler ise kaybı bir kontrol kaybı olarak değerlendirmekte ve tekrar kontrolü kazanmak için aktif, problem odaklı başa çıkma yöntemlerini tercih etmektedirler. Bunun yanında erkeklerde yoğun öfke ve bunun dışavurumu olan madde kullanımı ve risk alma davranışları gözlenebilmektedir.

## 2. 6 Aile içinde Yas

Yas literatürü genellikle kişisel süreçlere odaklanmakta olsa da kayıp sonrası bütün aile sistemi etkilenir (Rubin, Malkinson ve Witztum, 2011). Bir aile bireyinin kaybından sonra, ailenin önünde odaklanması gereken iki görev bulunur: aile içindeki değişimleri entegre edebilmek ve ölen kişi olmadan aileyi tekrar yapılandırmak (Shapiro, 1996).

Aileni kayıp sonrası adaptasyonu, destekleyici, paylaşımcı ve duyguları tolere edebilen bir ortam olduğunda kolaylaşır (Kissane ve Bloch, 2002). Buna karşın, aile içinde aşırı kaçınma, sessizlik ve duyguları bastırma adaptasyonu olumsuz etkilemektedir. Vollman, Ganzert, Pitcher ve Williams'a göre (1970), ailenin yas süreci ve yas sonrası uyumu, ölen kişinin aile içinde üstlendiği fonksiyon ve rollere ve aile bireylerinin başa çıkma yöntemlerine

bağlıdır. Örneğin, aile içindeki çatışmalarda çözüm yolları yaratan bir kişinin ölümü, aile içinde önemli olumsuz etkilere yol açabilir. Bazı durumlarda ise ölen kişinin kendisi aile içinde çatışma yaratmaktadır ve ölümü sonrasında aile bireyleri rahatlama hissedebilir ve kayıp sonrası daha kolay uyum sağlayabilir (Vollman, Ganzert, Pitcher ve Williams, 1970; Bowen 2004).

## **2.7 Ergenlerde ve Yetişkinlerde Ebeveyn Kaybı**

Ergenler ve yetişkinler kayba karşı benzer reaksiyonlar verse de, farklı yaşam dnemlerinde olmak bazı farklara neden olabilir (Balk ve Corr, 2001). Ergenlik yoğun duygu ve çatışmalar barındıran bir dönemdir ve ergenler için aidiyet hissi, kariyer, kendilik imajı ve güven duyma gibi konular önemli çatışma konularıdır (Polmear, 2004; Balk, 2014; Balk ve Vesta, 1998).

Ergenler için ebeveynleri güvenlik, sıcaklık, sınırlar, ekonomik destek ve duygusal regulasyon sağlayan kaynaklardır ve bu nedenle ebeveyn kaybı onlar için yetişkinlere göre daha zor olabilir (Reed, 2008; Robin ve Omar, 2014). Yetişkinler için ise ebeveyn kaybı beklendik ve doğaldır (Archer, 1999; Kissane ve Bloch, 2002) ve çoğunlukla “kişisel büyüme” gibi olumlu değişimlere yol açabilir. Parkes (2006) ebeveyn kaybı sonrasında yardım arayan yetişkin kişilerin çoğunlukla evlenmemiş, ebeveynlerinden ayrışamayan ve güvensiz bağlanmış kişiler olduğunu gözlemlemiştir.

Servaty-Seib ve Hayslip (2013), ebeveynlerini kaybeden yetişkin ve ergenleri inceleyen bir çalışmada, ergenlerin daha yoğun yas tepkileri sergilediğini ve kişilerarası ilişkilerini ve cenaze törenlerini daha olumsuz değerlendirdiklerini bulmuştur. Araştırmacılar, ergenlerin ebeveyn kaybına karşı daha hassas oldukları çıkarımını yapmışlardır. Diğer bir çalışmada, genç yetişkinlerin, ileri yaştaki yetişkinlere kıyasla, kayıp sonrası duygusal çöküntü yaşamaktan daha fazla korktukları görülmüştür (Anderson ve Dimond, 1995).

## 2.8 Babanın Psikolojik Rolü

Literetürde babanın psikolojik rolü “otorite figürü, koruyucu, bakan/besleyen, Ödipal rakip ve sevgi nesnesi, kendilik nesnesi ve özne olmayı destekleyen” olarak belirmektedir.

Babanın kuralları koyan bir otorite olarak rolüne çeşitli kaynaklarda sıkça rastlanmaktadır (Pickhardt, 2007; Burlingham, 1973; Freud, 1911/1958). Babanın otoritesi, kuralları koymayı, onlara uyulmasını takip etmeyi ve uyulmamasına ilişkin sonuçlar sağlamayı içerir (Pickhardt, 2007). Baba aile için koruyucu olarak da görülmektedir (Burlingham, 1973; Freud, 1930/2014). Bu koruma, tehlikelere karşı tetikte olmayı, aileyi korumayı içermektedir. Ayrıca baba anne ve çocuklar arasındaki ilişkide yaşanan kaygıyı kapsayan ve bu ilişkinin iyi olmasını sağlayan kişidir (Davids, 2002).

Aile içinde annenin bakım veren rolü ön planda görülse de, çeşitli kuramcılar babanın da birincil bağlanma figürü ve bakım veren olabileceğini ifade etmektedirler (Jones, 2005; Abelin, 1975; Herzog, 1980). Ayrıca anne ile çocuk arasındaki ilişki sorunlu olduğunda, baba çocuk için yatıştırıcı figür olabilmektedir (Davids, 2002).

Kohut’a göre kendilik nesnesi, kişiye devamlılık, tutarlılık ve refah sağlar (1971; 1977). Baba bu açıdan değerlendirildiğinde bir kendilik nesnesidir. Psikanalitik teoride, baba Ödipal rakip ve sevgi nesnesi olarak belirmektedir (Freud, 1923/2000). Freud’a göre Ödipal dönemdeki çocuk, farklı cinsiyetteki ebeveyne sevgi duyar ve kendi cinsiyetlerindeki ebeveyni rakip olarak görür. Çocuk karşı cins ebeveynin aşkına erişemeyeceğini kabul ettiğinde kendi cinsiyetindeki ebeveyni ile özdeşim kurarak kimlik gelişimi için önemli bir adım atar. Bu bağlamda, baba kız çocukları için sevgi nesnesi ve erkek çocukları için bir rakip olarak değerlendirilir. Son olarak, Lacan “babanın adı” kavramını öne sürer (Fink, 1997). Bu kavrama göre, baba anne-çocuk arasındaki iç içe geçmiş ilişkiyi ayıran ve düzen getiren kişidir. Yani çocuğun “özne” olmasının yolunu açar.

## BÖLÜM 3

### METODOLOJİ

Bu çalışmada, genç yetişkenlerin baba kaybını nasıl deneyimlediklerini derinlemesine anlamak hedeflenmiş ve nitel araştırma yöntemlerinden Yorumlayıcı Fenomolojik Analiz (YFA), analiz yöntemi olarak kullanılmıştır. Nitel çalışmalar, kişilerin deneyimlerini derinlemesine anlamaya izin vermektedirler (Landridge, 2007). Yorumlayıcı Fenomolojik Analiz, fenomolojik paradigma üzerine kurulmuştur ve psikoloji alanındaki araştırmacılar tarafından tercih edilmektedir. YFA, pozitivist yaklaşımların aksine, özne-nesne kutupluluğunu reddetmekte ve nesnenin öznenin bağımsız var olamayacağını ifade etmektedir. Bu yaklaşımda, nesne, özne onu algıladığında var olmaktadır. YFA, önceden kurulmuş hipotezler içermez. Araştırmacı genel şekilde sorulan araştırma soruları ile yola çıkar ve bu sorular az sayıda örneklem ile çalışılır. YFA'nın araştırma yöntemi genellikle görüşmelerdir. Araştırmacının görüşmelere subjektif etkisi ise tartışmasız kabul edilir (Smith ve Osborne, 2003; Landridge, 2007).

Bu çalışma da YFA kriterlerine uygun şekilde gerçekleştirilmiştir. Çalışma örneklemini amaca uygun şekilde babalarını geçmiş 10 ila 65 ay içerisinde kaybetmiş olan yedi genç yetişkinden oluşmaktadır. Katılımcıların yaş aralığı 20 ve 35 arasında değişmektedir. Katılımcılar babalarını kanser, ALS ve kalp krizi nedeniyle kaybetmişlerdir. Çalışma için Orta Doğu Teknik Üniversitesi'nden etik izin alınmıştır. Katılımcılara çalışmaya dair bilgilendirme formu verilmiştir. Katılımcılar zihinlerinde oluşan soruları araştırmacıya sormaları için cesaretlendirilmiş ve çalışmayı istedikleri aşamada bırakabilecekleri bilgisi verilmiştir. Ayrıca katılımcılara çalışma sonrası Ayna Klinik Psikolojik Destek Ünitesi'nde psikolojik destek imkanı sağlanmıştır. Çalışmada katılımcılar için takma isimler kullanılmıştır.



Katılımcılar ile haftada bir, 50-70 dakika süren görüşmeler gerçekleştirilmiştir. Her bir katılımcı ile üç ila beş görüşme gerçekleştirilmiş, görüşme içeriği katılımcıların rahat hissedebileceği hızda ilerlemiştir. Buna ek olarak, bütün katılımcılara, araştırmacı tarafından hazırlanan yas sürecine ilişkin bilgilendirici bir kitapçık verilmiştir. Katılımcılar bu kitapçığı okuduktan sonra, her biri ile psikolojik destek vermeyi amaçlayan bir görüşme daha gerçekleştirilmiştir. Bu görüşmelerde katılımcıların kayıp yaşantılarına dair geribildirim verilmiş ve destekleyici yöntemler kullanılmıştır.

Verilerin analizi için bütün görüşmeler kaydedilmiş ve yazılı transkriptleri hazırlanmıştır. Transkriptler YFA ile analiz edilmiştir. YFA'ya uygun şekilde transkriptler, araştırmacı tarafından defalarca okunmuş ve yanlarına notlar alınmıştır. Analiz sonucunda temalar ve bütün katılımcıların kayıp yaşantısını temsil eden üst temalar oluşturulmuştur. Temaların oluşturulmasında araştırmacı, süpervizörü ve YFA konusunda deneyimli doktora derecesine sahip bir klinik psikolog birlikte çalışmışlardır.

## BÖLÜM 4

### SONUÇ

Yorumlayıcı Fenomenolojik Analiz sonuçlarına göre, çalışmada dokuz üst tema bulunmuştur. Bu üst temalar şu şekildedir: Kaybın sembolik anlamları, baba kaybına bağlı duygular, yas sürecini zorlaştıran etmenler, baba kaybı ile başa çıkma ve kayba uyum sağlama, aile içi ilişkilerdeki mesafe değişimi, aile içinde paylaşılamayan yas, yasa bağlı komplikasyonlar, bir değişim aracı olarak yas, baba ile bağı sürdürme.

#### 4.1 Genç Yetişkinlerin Babalarını Kaybetme ve Yas Deneyimi

**Kaybın sembolik anlamları.** Katılımcılar için babalarını kaybetmek farklı anlamlara sahipti: koruma, destek ve yakınlık sağlayan bir bağlanma figürünün kaybı, akıl hocasının kaybı, otorite kaybı, beklenti ve hayallerin kaybı, ilişkiyi onarma şansının kaybı ve çocukluğun sona ermesi.

***Koruma, destek ve yakınlık sağlayan bir bağlanma figürünün kaybı.*** Bir kişi hariç bütün katılımcılar babalarının kaybının onlar için koruma, destek ve yakınlık sağlayan bir figürün kaybı anlamına geldiğini anlattılar. Babanın dış tehditlere karşı koruyucu rolü ön plandaydı. Babanın desteği ekonomik, duygusal ve fiziksel boyutları içermekteydi. Ceyda'nın sözleri babasını kaybetmenin onun için anlamını açıkça anlatmaktaydı:

Bir defasında hiç unutmuyorum...yolda yürürken bile arkamda hani sanki eskiden böyle çok daha güçlü hissediyordum. Arkamda biri var, başıma ne gelirse gelsin o beni koruyacak...işte yolda yürüyorum böyle..öylesine turlamak için çıkmıştım. Arkamda kimsenin olmadığını falan hissettim. Hani çok böyle güçsüz olduğumu hissettim. Onu hissediyorum arada. Babam olsa her şeyimden sorumlu benim. Ve çok güçlüydü benim babam gözümde. Onun desteği çok büyüktü. Desteksiz kaldığımı hissedebiliyorum...herhangi bir olay ne bileyim başına bir şey gelir kötü bir olay olur...benim babam ayakkabıma kadar sorgulayan bir adamdı. İşte ankarada kar yağıyor. Haberlerini

duyuyor ayağında ayakkabı ne şu an ne giydin sen...o kadar ilgili bir babaydı. O kadar ilgili olunca tabi..tabi en ufak bir şeyde ne bileyim. Biri seni rahatsız ettiği zaman..babam olsa çok kızardı onlara diyorum. İnsanın babaya olan ihtiyacı ömür boyu sürer heralde. Yetmişime gelsem de babanın yeri ayrı diye düşünüyorum.

**Akıl hocasının kaybı.** Bazı katılımcılar için baba kaybı akıl hocasını kaybetmek anlamına geliyordu. Bu katılımcılar babaları hayatta olsa romantik ilişkileri, hayat, iş ve güncel olaylar hakkında babalarına danışmak isteyeceklerini ve bu fırsatı kaybettiklerinden bahsettiler.

**Otorite kaybı.** Özellikle erkek katılımcılar babalarının ölümü ile otorite kaybı yaşadıklarını ifade ettiler. Babalarını kaybettikten sonra kararlarında özgürleşmiş olduklarını söylediler.

**Beklenti ve hayallerin kaybı.** Katılımcılar babalarının ölümünün beklenti ve hayallerinin kaybı anlamına geldiğini anlattılar. Bu hayaller genellikle mezuniyet ve evlilik gibi yaşam olaylarını paylaşabilmeyi kapsıyordu. Örneğim Melike mezun olduğu gün babasının yanında olmasını hayal emişti:

Bir süre sonra zaten şeyi düşünmeye başladım. Mezun olacağım ama babam yanımda olmayacak... her mutlu anımda her kötü anımda artık yanımda olmayacak gibisinden...Özellikle mezun olduğumdaki o kep atma töreninde geçitte hani hep bir insanın aklında vardır. Sonuçta ailenin karşısına yüzün şey çıkıyorsun başardım ifadesiyle...

**İlişkiyi onarma şansının kaybı.** Katılımcılardan Hasan babası ile ilişkisini “kötü” olarak tarif etmişti. Hasan, babası eğer yaşasaydı, ilişkilerinin düzelebileceğini düşünüyordu.

**Çocukluğun sona ermesi.** Bazı katılımcılar için babalarını kaybetmek çocukluk dönemlerinin bitmesi anlamına gelmekteydi.

**Baba kaybına bağlı duygular.** Katılımcılar babalarını kaybetmeleri ile ilişkili yaşadıkları çeşitli duygulardan bahsettiler. Bu duygular üzüntü/acı, yalnızlık/boşluk/hasret, rahatlama, öfke, suçluluk/pişmanlık/utanç/mahcubiyet ve korkuydu.

**Üzüntü veya acı.** Bütün katılımcılar babalarının kaybına ilişkin üzüntü ve acı hissettiklerini ifade ettiler. Bu hisler, anıları düşünürken ya da herhangi bir nedene bağlı olmaksızın belirebiliyordu.

**Yalnızlık, boşluk ve hasret.** Katılımcılar birbirleri ile bağlantılı olan yalnızlık, boşluk ve hasret duygularından bahsettiler. Bu hisler babalarını bir daha göremeyecek olmak ve babanın yaşamlarındaki fonksiyonlarının kaybının yarattığı boşluk ile ilişkiliydi.

**Rahatlama.** Katılımcılar babalarının acılarının dinmesi ile yaşamlarını ölüm sonrası tekrar düzene sokabilmeye bağlı rahatlama hissinden bahsettiler. Selin'in sözleri bu hislerini açıklıyordu:

İlk hissettiğiniz, ölümden sonra hasta olan ailelerin kaybettikleri hastalardan sonra bence bir rahatlama hissi var, kim ne derse desin. Çünkü o çok başka bir psikoloji. mesela geçen erkek arkadaşımın bir arkadaşı, 2 senedir hastaymış babası, cumartesi kaybetmişler, eminim çok üzölmüşlerdir ama hepsinin hayatı biraz düzene girecek. Muhtemelen hepsi biraz bağımlı yaşıyorlardı, sonra ondan sonra geliyor zaten, acı böyle dalga dalga geliyor yani rahatlık, kalkıp çiftetelli oynamıyorsunuz yani de şey gibi, acıları dindi, biz de artık çok acı bunu söylemek ama daha gündelik hayatımıza döneceğiz gibi, çünkü gündelik hayat çok kıymetli bir şey aslında, bunu hastanede anlıyorsunuz. Derste işleştik de onu fark etmiştim. Orada bir fanustasınız, çünkü hastanede başka bir hayat yaşıyorsunuz, o akışında değilsiniz. O yüzden sonra böyle daha işte cenaze günü zaten birine veda ettiğinizi anlıyorsunuz. Ama kim derse yalan söyler. Hani ağır bir hastayı kaybettiğinizde bir rahatlama yaşıyorsunuz. Onun adına da yaşıyorsunuz. Onu izlemek korkunç bir şey. Hiç müdahale edemediğiniz bir şey yani hiçbir şey yapamıyorsunuz, dindiremiyorsunuz acısını. İnsan, bitki gibi bir şey oluyor.

**Öfke.** Katılımcılar ölümün gerçekliğine ilişkin öfke duyduklarını ifade ettiler. Bu öfke yakınlarına, sağlık profesyonellerine ve babalarına karşı duyuluyordu. Özellikle ölüm haberini aldıkları kişiler, doktorlar ve iyi bakım veremediği düşünölen aile bireyleri bu öfkenin odak noktası oluyordu.

**Suçluluk, pişmanlık, utanç ve mahçubiyet.** Katılımcılar babaları ile yaşadıkları bazı olaylara ya da genel ilişki tarzlarına dair suçluluk ve pişmanlık duyuyorlardı. Selin'in sözleri bu duygularını açıklıyordu:

Söyleyemediğim bir şeyler var mı diye çok düşünüyorum. Çünkü her insan bazen onore edilmek istiyor. Başkalarından kendisine dair hoş şeyler duymak istiyor, motive olmak istiyor yani ve biz bazen babamı çok yani bazen aşağıladık mı acaba doğrudan olmasa bile onu değersizleştirdik mi..itibarsızlaştırdık mı..diye çok düşünüyorum. Bu insanı zaten yıkar ki, kendinden vazgeçer. Bunu çok düşünüyorum. Aslında düşünmüyorum, bunları kafamdan atmaya çalışıyorum...Doğrudan değil yani kelimelerle ama ona fikir sormamak, aynı mekanı paylaştığımızda mimiklerimiz, hallerimiz, kızmak yani...Kızmak yani iyi de o öyle değildi vesaire diye. Yani mesela daha ölmesinden 1 ay evvel, bu kadar yatağa düşmedikten, bir futbolcu hakkında küfrediyordu. Ben de "baba lütfen!" falan diye...ya bırak küfretsin. Yani insanların babaları sanki çok hakkaniyetli işte, ne bileyim bu kadar politik doğrucu falan insanlar mı...hayır. Nedir senin bu adamla derdin? Durmadan yaraladığımı hissediyorum bu didişmelerde. Ufak ufak, belki sen işe yaramaz bir adamsın demedim ama bunları hissettirdim.

Bunun yanında bir katılımcı, babasının ölümünden sonra sosyal olaylara katılması ve kendisinin arkadaşları tarafından nasıl değerlendirildiği konusunda utanç ve mahcubiyet duyduğunu ifade etti.

**Korku.** Katılımcılar, özellikle kadınlar, babalarını kaybettikten sonra korku duyduklarını ifade ettiler. Bu korku, ölüm, hastalanma ve sevdiklerini kaybetme korkusunu içeriyordu.

**Yas sürecini zorlaştıran etmenler.** Katılımcılar yas sürecini onlar için zorlaştıran çeşitli etmenlerden bahsettiler. Bu etmenler bazı kişilik özelliklerini, annelerinin duygusal olarak yıkılmış olmasını ve babaları ile ilişki biçimlerini kapsıyordu.

**Kişilik özellikleri.** Katılımcılar içe dönüklük, duygusallık, melankolik yapıya sahip olmak ile ruminasyona yatkın olmanın yas süreçlerini zorlaştırdığını tarif ettiler.

**Yıkılan anne.** Özellikle kadın katılımcılar annelerinin yas sürecindeki tepkilerinin kendilerini çok etkilediğini anlattılar. Annelerini zayıf buluyor ve güçlü olsa sürecin onlar için daha kolay olacağını söylüyorlardı. Ceyda'nın sözleri bu konuda açıklayıcıydı:

Annem rahatsız olmasaydı, daha güçlü bir kadın olsa belki daha kolay olurdu. Ne bileyim..Aile bireylerinin de biraz daha güçlü

olması...Çünkü sen saklıyorsun ondan mesela. Biraz da hep derim ya..Sorumluluk bende gibiydi. Daha güçlü olsalardı belki bilmiyorum. Annem daha güçlü, rahatsız bir kadın olmasaydı, hastalığı var annem sürekli...azıcık üzülse hemen hastalanabilir hani. Morali bozulduğu zaman şey oluyor. İşte. Ateşi çıkar hani...Bir şey olur mutlaka. Gidersin doktora hani aslında psikolojik falan derler ama hani. Başı ağrıyor, ateşi çıkıyor. Üşüyor, ediyor. Bu tarz şeyler hani. Bünye zayıf düşüyor. Çok çabuk gribal bir şeyler oluyor. O tarz hastalıkları... Bir kez anne çok üstümde yük var dediğimde, açıklama yapmıştı bana, çok üzülmişti bana hani ama biliyorsun onun sana çok üzüldüğünü...Söyleyemiyorsun bir daha aynı cümleyi kuramadım mesela çünkü o kadar büyük bir tepki verdi..Sen nasıl öyle dedin, yüreğimi parçaladın falan hani..Bakıyorum çok üzülüyor. Çok üzüntünün ardından hastalanacak. Onu biliyorum ve bir daha öyle bir şey dememişim ona. Hani üzülmesin diye. Çünkü mesela Seda ablam güçlü bir kadındır. O bana çok destek olur mesela. Ona her şeyi söylerim. Hani...Güçlü bir yerde daha belki evet şey olabilir. Güçlü..Aileden birileri ne bileyim o dönem belki..Ama annem daha güçlü dursa hani hastalanmayacağını bilsem daha kolay geçebilirdi.

**Baba ile ilişki biçimi.** Katılımcıların babaları ile ilişki biçimi de yas sürecini zorlaştıran etmenlerdendi. Aşırı idealize ve bağımlı ilişki, babanın tek duygusal bağ olması, babaya donörülük yapmak, baba ile olumlu ya da olumsuz ilişkiye sahip olmak zorlaştırıcı olabiliyordu.

**Aile içinde paylaşılmayan yas.** Katılımcılar, babalarını kaybettikten sonra, aile içinde bu konuya ilişkin paylaşımda bulunmadıklarını, birbirlerini üzmemek için babalarından ve ölümünden bahsetmekten kaçındıklarını belirttiler. Melike'nin sözleri bu konuda açıklayıcıydı:

Hani sonuçta farklı yerlerdeyiz. İletişim yok bir de dediğim gibi 1 sene boyunca hani kimse birbiriyle o konu hakkında konuşmayınca şey oluyor insan..demek ki ben o kadar yakın değilim de konuşmuyor gibisinden düşünceye itiyor insanı...Evden geldikten sonra bayramdan çok fazla gitmedim zaten, yılbaşında gittim bir kere..onda da zaten şey olmasın diye...hani ortamı bozmayalım..kutlama gibi bir şey yapmadık ama birlikteydik, aileceydik ama şimdi hani konuşup da şey yapmamak adına ben açmadım konuyu. Onlar da açmadılar. Böyle 1 yıl boyunca yani yaklaşık haziran ayına kadar şöyle oluyordu..annem hani arıyordu iyi misin iyiyim..ya da anneme ben soruyordum iyi misin iyiyim

**Baba kaybı ile başa çıkma ve kayba uyum sağlama.** Katılımcılar babalarının kaybı ile başa çıkabilmek için çeşitli yöntemler tarif ettiler. Bunlar duygusal hazırlık, kaçınma, duygusal ifade yolları bulma, anlamlandırma,

destek alma, babanın yerine romantik partneri koyma ve hedef ve idealler koymaydı.

***Duygusal Olarak Hazırlık.*** Katılımcılar, eğer babalarının hastalık süreci olduysa, kendilerini duygusal olarak hazırladıklarını belirttiler.

***Kaçınma.*** Katılımcılar kaybın gerçekliğinden ve babaları ile yaşadıkları bazı anıları hatırlamaktan kaçındıklarını anlattılar. Örneğin, Ceyda ölüme inanmadığını söyledi:

Ben ölüme inanmıyorum, gerçekten ölüme hala inanmadığımı düşünüyorum. Ölüm çok garip geliyor bana, yaşıyordun, işte toprağın altında nasıl yani falan hani, çok tasavvur edemiyorum. O orda değil aslında diyorum hani... Saklanmış gibi. Kaybolmuş gibi geliyor bana, ölüm hani, kayboldu, işte hep böyle diyorum ya uzak bir yere gönderiyorsun, o sanki göç ediyor gibi, nasıl bir yere göç ediyor? Yakın bir yerlere göç ediyor Amerikaya göç ediyor bir süre konuşamayacağız biz onunla. Çok çocuksal ... öyle düşünüyorum.

***Duygularla başa çıkmak için ifade yolları bulma.*** Katılımcılar isteyerek ağlama, müzik dinleme, fotoğraflara bakma ile üzüntülerini yaşadıklarını söylediler. Bunun yanında, bir katılımcı Gezi olaylarına katılarak öfkesini ifade etme şansı bulunduğunu belirtti.

***Anlamlandırma.*** Katılımcılar, ölüm ve özellikle suçluluk duygularına ilişkin anlamlandırmalardan bahsettiler. Anlamlandırma, dini veya ruhsal inançları, geçmişe ve kayba dair yapılan olumlu değerlendirmeleri içeriyordu. Bunlara ek olarak, hastalığa ilişkin güvenilir bilgi toplamak da suçluluk duygularını rahatlatmalarına yardım ediyordu.

***Destek alma.*** Katılımcılar yakınlarından veya profesyonellerden yardım aldıklarını belirttiler.

***Babanın yerine romantik partneri koyma.*** Özellikle kadın katılımcılar babaları ile ilişkilerinin yerine romantik ilişkilerini koymaya çalıştıklarını anlattılar.

***Hedefler ve idealler koyma.*** Katılımcılar kayıp ile başa çıkmak için kendilerine hedefler ve idealler yarattıklarını söylediler. Bu hedefler günlük yaşam ve kariyere odaklıydı.

**Aile içi ilişkilerde mesafe değişimi.** Katılımcılar babalarını kaybettikten sonra aile içi ilişkilerinde yakınlaşma ya da uzaklaşma yaşadıklarını ifade ettiler. Örneğin Melike babasının ölümünden sonra annesi ile yakınlaştıklarını söyledi:

Bir yıl boyunca değil tabii ama bu dönem ölümün üzerinden 1 yıl geçtikten sonra..annemle artık daha yakınız. Daha çok şey paylaşıyorum. Artık hani anneme nasıl diyeyim küçük şeyleri saklamaktan vazgeçiyorum çünkü eskiden ya kızarsa ya bir şey derse gibisinden babama söylerdim anneme söylemezdim yani çoğu şeyi..nasıl diyeyim...Bir yere gideceğim şehir dışına,Ankara'dan başka bir yere gidicem babama söylerdim ilk önce..babam anneme söylerdi hani diyorum ya Türk aile yapısı olarak tam tersiz aslında. Anneye söylenir ilk önce, o babaya söyler izin alınır babadan filan ama hani babamın bana destek olacağını biliyorum zaten annemi yumuşatma açısından biraz şey yapıyordm. Daha otoriterdi annem..yani şöyle otoriter derken ikisi birlikte karar verirlerdi ama genellikle annem son şey yapardı..mesela bir yere gideceksem izin alıncaksam annemden almadan çıkamazdım ama babamdan izin almadan çıkabilirdim. Annemin haberi varsa sıkıntı yok gibisinden. O yüzden de dediğim gibi annemle daha da yakınlaştık ve annemin bize karşı da annelik biraz daha sanki şey oldu gibi...o da bizi anlamaya çalışıyor artık.

**Yasa bağlı komplikasyonlar.** Katılımcılar babalarını kaybettikten sonra çeşitli sorunlar yaşadıklarını anlattılar. Bu sorunlar depresif duygu durumu ve özsaygının düşmesi, içe çekilme, madde kullanımına bağlı psikoz, acıyı yaşayamama, öfke sorunları, incinebilirlik ve ruminasyonlardı.

**Depresif duygu durumu ve özsaygının düşmesi.** Serkan'ın sözleri babasının kaybından sonra yaşadığı depresif duygu durumunu açıklıyordu:

Çok ağır bir depresyondaydım. Belki de öyle hissediyorum. Adlandırmam çok yanlış olabilir ama kendimi hissettiğim ruh hali onun içerisindeydi. Çok suçluyordum kendimi. Amerika'ya götürsem iyileşir sanıyordum, öyle bir şey yok, akciğer kanseri. 2. aşamaya geldiğinde bile mümkün değil. Dördüncü aşamadaydı.

**İçe çekilme.** Bazı katılımcılar, babalarını kaybettikten sonra içe çekildiklerini söylediler. Bu içe çekilme bazen diğerleri tarafından acınmaktan kaçınma ile ilişkiliydi.



**Madde kullanımına bağı psikoz.** Bir katılımcı babasını kaybettikten sonra sentetik bir uyuşturucu kullandığını ve buna bağı olarak 10 gün boyunca psikozda olduğunu söyledi.

**Acıyı yaşayamama.** Bazı katılımcılar acılarını yaşayamadıklarını söylediler. Ceyda'nın sözleri bu yaşantısını açıklıyordu:

Ama bugün görüyorum..Ben üzülmemişim yeterince. Onlar orda kalmış hani. Ve ben çok öfkeliyim artık mesela. Hiç sabrım yok mesela. Hiç tolerasyonum sıfır. Tolere edemiyorum hiçbir şeyi..Ya böyle o kadar bastırılmışım demek ki..O kadar sıkıntı içimde ki...işte en yakın insanlara gösteriyorum mesela işte ablaamlar annemler..Onlar biraz da ben ameliyat oldum diye beni biraz daha tolere ediyorlar onu hissediyorum. Biraz da yalnızım burda diye. Mesela çok rahat işte..Telefonu kapat ben konuşmak istemiyorum diyorum. Ya da telefona bakmıyorum...

**Öfke sorunları.** Bazı katılımcılar acı yerine öfke duyduklarını söylediler. Melike'nin sözleri açıklayıcıydı:

Dışarıya üzüntüyü vermiyordum içime atıyordum ama bu sefer dışarıya sinirim çıkıyordu hani asabi oluyordum veya kimseyle görüşmüyordum içime kapanıyordum ama...bir süre sonra işte bu siniri dışarı vurduğumu fark ettiğimde sürekli etrafımdakilere zarar vermeye başladığımı gördüğümde dedim ki artık toparlan kendine gel hani....Kimseyi kırmaya hakkın yok...

**İncinebilirlik.** Özellikle kadın katılımcılar babalarını kaybettikten sonra incinebilirlik hislerinden bahsettiler. Bu hisler ölüm, kayıp ve hastalık korkusu ile acınma hissinin varlığını içeriyordu.

**Ruminasyonlar.** Bazı katılımcılar, babalarının kaybindan sonra ruminatif düşüncelerin varlığından bahsettiler. Örneğin Hasan, babasının ölüm anında neler yaşadığı üzerine düşündüğünü söyledi. Selin ise babası ile ilişkisine dair, kaçınmak istediği düşünceerin varlığından söz etti.

**Bir değişim aracı olarak yas.** Katılımcılar babalarının kaybindan sonra çeşitli değişimler yaşadıklarını belirttiler. Bu değişimler kimlik değişimi ve yaşamı sorgulamayı kapsıyordu.

**Kimlik değişimi.** Katılımcılar otonomi kazanma, büyüme ve içe dönükleşme gibi değişimler yaşadıklarını anlattılar.

**Yaşamı sorgulama.** Bir katılımcı babasının ölümünün ardından kendi yaşamını ve isteklerini sorgulamaya başladığını ifade etti.

**Baba ile bağı sürdürme.** Katılımcılar, babaları ile bağlarının ölümünden sonra da devam ettiğini anlattılar. Babaları ile bağları hatırlama, varlığını hissetme, hayaller ve içsel diyaloglar, rüyalar ile içselleştirme yolu ile devam ediyordu.

**Hatırlama.** Katılımcılar babaları ile olan iyi ve kötü anıları hatırladıklarından bahsettiler.

**Varlığını hissetme.** Katılımcılar babalarının varlığını hissettiklerinden bahsettiler. Bu his, babaları tarafından izleniyor olmayı, babalarının başka bir yerde yaşıyor olduğunu hissetmeyi ve bazı nesnelere yolu ile babalarının varlığını hissetmeyi içeriyordu.

**Hayaller ve içsel diyaloglar.** Bazı katılımcılar babalarını hayal ettiklerini ve onunla içsel diyaloglar gerçekleştirdiklerini anlattılar.

**Rüyalar.** Bazı katılımcılar babalarına ilişkin tekrarlayan rüyalarından bahsettiler. Bu rüyalar bazen mutluluk bazen de üzüntü veriyordu. Örneğin Melike, rüyasında babasının desteğini hissettiğini ifade ediyordu:

Biliyorsunuz ki özgecan bıçaklandı..Ondan çok etkilendim sanırım ve rüyamda birileri beni, silahla vuruyordu boğazımdan ve ameliyat olmuşum. Burda bir şişkinlik var. Su arıyordum, buzdolabını açıyordum evde ve babam hani ne istiyorsun gibisinden bir yardım edeyim diye soruyordu baba hani su bulamadım...diyordum ben de. Hani en son öyle gördüm ama...Biraz şey oldu..Hala arkadayım gibisinden bir şey hissettim... Bu da işte hala yani..vefat etmiş olsa da beni hala destekliyor arkamda gibisinden düşündüm...iyi gelmeye başladı rüyaları görmek..en azından rüyamda görüyorum gibisinden yani. Öyle.

**İçselleştirme.** Katılımcılar, babalarının ölümünün ardından babalarına ait bazı özellik ve değerleri kendilerine aldıklarını anlattılar. Örneğin Hasan babası ile olumsuz tarif ettiği bir ilişki olmasına karşın ölümünden sonra babasının bazı özelliklerini aldığını söyledi:

Ben sadece iyi yanlarını almaya çalışıyorum. Kendime onları söylettirmeye çalışıyorum devamlı kafamın içinde. O olsaydı yani çok

daha yıkıcı olurdu muhtemelen. Aynı kalacak olsaydı yani...Öncesine kıyasla belki daha çok ona benzemek gurur verici olmuş olabilir o öldükten sonra. İşte o hani bahsettiğimiz doğru olduğunu düşündüğün şeyin arkasında durma falan bunlar çok imrenilecek şeyler. Babam öldükten sonra bunlarla daha çok ilgileniyor olabilirim. Kendime hani örnek olarak alıyor olabilirim yani. Öyle çok sevmek istemezdim babamı yaşıyorken..hiçbir özelliğini sürekli çünkü aramız çok kötü olurdu hep o yüzden iyi yanlarını da görmüyor insan öyle olduğu zaman. Öldükten sonra daha objektif bakabildim iyi yanlarını iyi olduğunu düşündüğüm yanlarını daha kolay alabildim, almak isteyebildim sevebildim onu öyle diyeyim. Vefatından sonra..... ama aramız kötüyken külliyen atıyorsunuz çöpe yani çocuğuz da biraz..öyle. küçüktüm bayağı bunu yaptığımda..öyle düşünüyorum.öyle yani hepten atıp siliyordum yani aman neyse neyi doğru yapıyor olabilir ki...öyle saçma düşünceler vardı ama şimdi saçma geliyor. Öyle şey olur mu tabi..kim için denebilir yaptığı her şey yanlış diye. Öyle.

#### **4.2 Cinsiyete Özgü Temalar**

Çalışmada bulunan bazı alt temalar sadece kadınlara veya sadece erkeklere özgüydü. Özetle, kadınlar annelerinin yas sürecinde yıkılmış olmasından etkilendiklerini, erkek arkadaşlarını babaları yerine koymaya çalıştıklarını ve babalarının ölümünden sonra incinebilirlik hissettiklerini anlattılar. Erkekler için ise babalarının kaybı bir otorite kaybı anlamına geliyordu.

#### **4.3 Kayıp Yaşayanlara Öneriler**

Katılımcılar, diğer kayıp yaşayanlara çeşitli önerilerde bulundular. Bu öneriler “iyilik hali için yöntemler” üst temasında birleşiyordu.

**İyilik hali için yöntemler.** Katılımcıların iyi hissetmek için önerileri acıyı ifade etmeyi, yaşamda değişiklikler yapmayı, destek almayı, meditasyon ve spor yapmayı, anlamlandırmayı ve kabullenmeyi ve sosyalleşmeyi içeriyordu.

#### **4.4 Kayıp Yaşayanların Yakınların Öneriler**

Katılımcıların kayıp yaşayanların yakınlarına çeşitli önerilerde bulundular. Bu öneriler “kayıp yaşayan kişi ile uygun ilişki tarzı” üst temasında birleşiyordu.

**Kayıp Yaşayan ile Uygun İlişki Tarzı.** Katılımcılar kayıp yaşayanlar ile uygun ilişki tarzını, doğal ve tutarlı olmayı, destekleyici olmayı, eleştirmemeyi, kendine odaklı olmamayı ve rahatsız edici sorular sormamayı içerecek şekilde anlattılar.

#### **4.5 Profesyonel Destek Verenlere Öneriler**

Katılımcılar psikolojik destek veren profesyonellere de çeşitli önerilerde bulundular. Bu öneriler “yardım yöntemleri ve hedefleri” üst temasında birleşiyordu.

**Yardım yöntemleri ve hedefleri.** Katılımcılar yardım yöntem ve hedeflerini, iç kontrol odağını desteklemeyi, suçluluk hissini azaltmayı, aile ilişkilerine ve başka konulara odaklanmayı, öğüt vermeyi, iyi bir dinleyici olmayı, babanın değerini görebilmeyi ve kabullenmeyi ve yaşama devam edebilmeyi içerecek şekilde anlattılar.

## BÖLÜM 5

### TARTIŞMA ve SONUÇ

Yas üzerine yapılan çalışmalar ve anlamaya yönelik yaklaşımlar çoğunlukla, duygu, düşünce ve davranışlardan oluşan semptomlara odaklanmaktadır. Şu anda yas üzerine bildiklerimiz bu çalışma ve yaklaşımlar sayesinde genişlemiş olsa da, bu çalışma kaybın anlamına odaklanmanın gelecek çalışmalar ve yas sürecini anlamak için ufuk açıcı olacağına işaret etmektedir. Bunun yanında, çalışmanın sonuçları kadın ve erkeklerde, kaybın anlamı, başa çıkma ve yaşanan hisler konusunda bazı farklılıklar olabileceğine de işaret etmektedir. Çalışma, ayrıca psikoterapi sürecinde baba ile içsel ilişkinin onarılması, suçluluk duygusuna odaklanma, özgüvenin onarılması, aile ilişkilerine odaklanması, duyguların ifade edilmesi ve kontrol algısına odaklanması gibi noktaların önemine dikkat çekmektedir.

## Appendix D: Curriculum Vitae

### PERSONAL INFORMATION

Surname, Name: Maraş, Ayşen  
Nationality: Turkish (TC)  
Date and Place of Birth: 6 April 1981, İstanbul  
Marital Status: Married  
Phone: +90 312 286 67 02  
email: aysenmaras@yahoo.com

### EDUCATION

Degree	Institution	Year of Graduation
MS	METU Clinical Psychology	2007
BS	METU Psychology	2004
High School	Eskişehir Anadolu High School, Eskişehir	1999

### WORK EXPERIENCE

Year	Place	Enrollment
2012- Present	METU Department of Psychology	Research Assistant
2010-2012	ESOGU Department of Psychiatry	Psychologist
2009-2010	75. Yıl Dinlenme ve Bakımevi	Psychologist
2005-2009	Special Education and Rehabilitation Centres	Psychologist

### FOREIGN LANGUAGES

Advanced English, Intermediate French, German (beginner)

### PUBLICATIONS

1. Komplike Yas: Derleme ve Vaka Çalışması, AYNA Klinik Psikoloji Dergisi, 1, 41-59.
2. Bağlanma Kuramı Temelinde Gerçekleştirilen Bir Vaka Çalışması, AYNA Klinik Psikoloji Dergisi, 1-14.
3. The Relationship Between Depression Levels and Big Five Personality Traits, e-poster, ICAP- 2014, Paris.
4. The Relationship Between Trait Anxiety and Big Five Personality Traits, e-poster, ICAP, 2014, Paris.
5. Evaluation of a Case of Obsessive Symptomatology, International Congress of Rorschach and Projective Methods, poster, 2014, İstanbul.
6. Depression After An Actual Loss, International Congress of Rorschach and Projective Methods, poster, 2014, İstanbul.

**TRANSLATION**

Winston, A., Rosenthal, R. N., Pinsky, H. (2004/2011) Destekleyici Psikoterapiye Giriş, Tuna Matbaacılık: Ankara.

**REGULATORY BOARD**

Psikoloji ve Sanat Sempozyumu III, METU.

**REVIEWER**

AYNA Klinik Psikoloji Dergisi, 2014-present.

**EDITORIAL BOARD**

AYNA Klinik Psikoloji Dergisi, 2014-present.

**EDITORSHIP**

Psinema, 2015-present.



## Appendix E: Sample Tez Fotokopisi İzin Formu

### ENSTİTÜ

- Fen Bilimleri Enstitüsü
- Sosyal Bilimler Enstitüsü
- Uygulamalı Matematik Enstitüsü
- Enformatik Enstitüsü
- Deniz Bilimleri Enstitüsü

### YAZARIN

Soyadı : Maraş  
Adı : Ayşen  
Bölümü : Psikoloji

**TEZİN ADI** (İngilizce) : An Interpretative Phenomenological Analysis of Paternal Bereavement in Young Adults

**TEZİN TÜRÜ** : Yüksek Lisans  Doktora

1. Tezimin tamamından kaynak gösterilmek şartıyla fotokopi alınabilir.
2. Tezimin içindekiler sayfası, özet, indeks sayfalarından ve/veya bir bölümünden kaynak gösterilmek şartıyla fotokopi alınabilir.
3. Tezimden bir bir (1) yıl süreyle fotokopi alınamaz.

**TEZİN KÜTÜPHANEYE TESLİM TARİHİ:**